

**LINN COUNTY DEPARTMENT OF HEALTH  
SERVICES  
PUBLIC HEALTH PROGRAMS**



**ANNUAL PLAN  
2011-2012**

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## **I. EXECUTIVE SUMMARY**

Linn County Public Health focuses on prevention and uses selected interventions to prevent the spread of disease and reduce health risks. Prevention strategies are population based and designed to improve the overall health of communities. For example, even though a client may never have stepped into our offices, by monitoring communicable diseases and keeping them in control, citizens can go into crowded places and not worry about getting infected with tuberculosis. Through childhood immunizations, we are striving to make this a safer place for all residents. Public Health is on call 24/7 to respond to any public health emergency or disaster that could affect our populations. Public health prevention measures also save taxpayers the costly expense of future medical treatment.

Linn County Public Health Department provides the basic public health services as dictated by Oregon Revised Statutes. These include prevention and control of communicable diseases, parent child health services including family planning, environmental health services, public health emergency preparedness, collection and reporting of health status, health information and referral to other community agencies and clinical service providers. Linn County Public Health is committed to providing services to the underinsured, uninsured, and needy residents of Linn County and to assist them to lead healthy and productive lives.

This past year, we received the Healthy Communities grant, which has allowed us to work with community partners to establish an active coalition and work together to assess our community on health issues. We continue to partner with Samaritan Health Service on Childhood Obesity Efforts. Recently, we collaborated with Oregon State Extension Service on a grant titled Outreach Collaborative for a Healthy Oregon (OCHO) focusing on the Latino population in Linn County with a Latino Wellness Network. We are also involved with Center Against Rape and Domestic Violence (CARDV) with an intimate partner violence project. These partnerships are vital to the overall health of our citizens and a way to spread the word about our services.

Public health services remain stretched and there are unmet needs and challenges in every program area. These challenges include:

- Continued increasing rates of sexually transmitted infections and insufficient capacity to address them. Chlamydia alone increased to over 345 cases.
- Lack of capacity to investigate increasing prevalence of communicable diseases such as E Coli, campylobacteriosis, Giardiasis, and salmonella.
- High rates of tobacco use among our pregnant women-20% in Linn County compared to 12% for the state of Oregon.
- Uncertainty in state funding that threatens the core public health functions such as immunizations, family planning, HIV and STD work.
  
- Maintaining links with community on emergency preparedness including vulnerable populations.

- Decreasing rates of Linn County children up to date (UTD) on vaccinations going from 67% in 2007 to 51% in 2009.
- County Health Rankings as published in March 2011 places Linn County 28 out of 33 counties in health rankings emphasizing the work we need to do to make our county a healthier place to live.

On a positive note, our Health Advisory Council continues to actively participate in public health topics and goals. Council members help advise and bring forth topics for discussion and research. Our WIC program was selected as one of 9 counties to receive new funding to establish a Breastfeeding Peer Counseling program. We continue to share a strong partnership with the Albany Soroptimist International on Breast Health and other Women's health issues.

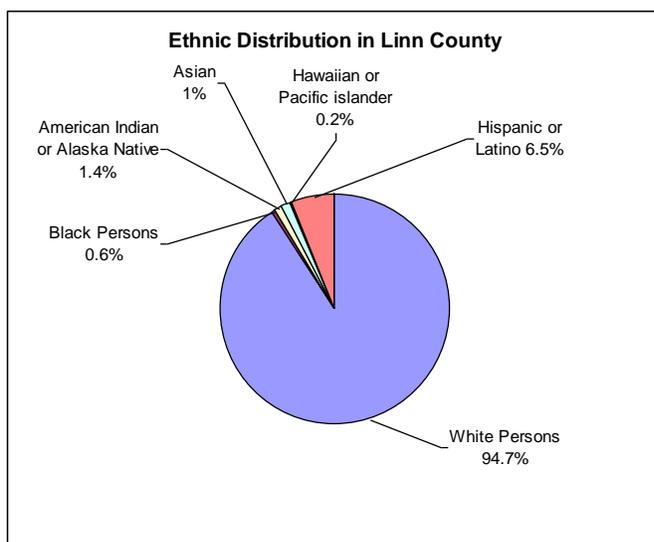
## II. COMPREHENSIVE ASSESSMENT

### Geography

Linn County is 2,310 square miles, of which 2,292 is land and 18 is water. Linn County is located in the heart of the Willamette Valley, with the Willamette River forming its western border with Benton County. The Santiam River and its north fork form the northern border with Marion County. We are bordered to the east by the foothills of the Cascade Mountains, a range that spans from southern Canada to northern California. Linn County shares a southern border with Lane County. Linn County oversees 23 county parks and recreation sites, 21 boat ramps and manages 6 United States Forest Service campgrounds. Large portions of the Santiam State Forest reside in the borders of Linn County.

Its location in the center of the Willamette Valley gives Linn County prime agricultural land. The county is the national leader in grass seed production and also has a strong production in grains and hay.

### Demographics

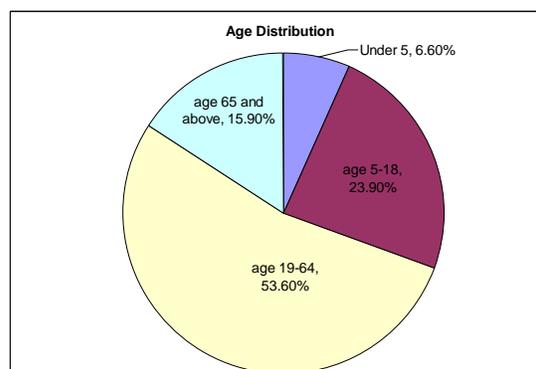


unincorporated communities of Cascadia, Crawsfordville, Crabtree, Marion Forks, Shedd and South Lebanon.

Linn County ethnic distribution is 94.7% White persons, 6.5% Hispanic or Latino Persons, 1.4% American Indian or Native Alaskan, 1.0% Asian, 0.6% Black persons and 0.2% Hawaiian or Pacific islander<sup>2</sup>.

### Population

The population of Linn County is 116,672<sup>1</sup> according to the 2010 census. This represents a 13.1% increase from the 2000 census figure. Linn County has a population density of 45.0 persons per square mile compared to the Oregon average of 35.0. Albany (52,612) is the seat of the county and the largest population. Other incorporated cities in the county include Gates, Halsey, Harrisburg, Idanha, Mill City, Millersburg, Lyons, Lebanon, Scio, Sodaville, Tangent and Waterloo. It also consists of the



Age distribution is 6.6% under 5, 23.9% aged 5-18, 53.5% aged 19-64 and 15.9% aged 65 and older. Median age in Linn County is 39.1 years old<sup>3</sup>.

Social Economic Factors

Data from the American Community Survey, a portion of the US census, shows the average household in Linn County is 2.56 people and the average family size is 3.05 people<sup>4</sup>. 86.2% of individuals 25 years and older have a high school diploma and 15.6% have a Bachelors degree or higher<sup>5</sup>. Oregon’s rates are 88.3% for having a high school diploma and 28.3% for having at least a Bachelors degree. Median household income in Linn County is \$45,700 and median family income is \$55,078 compared with \$49,033 and \$60,025 for Oregon state averages<sup>6</sup>. 60.4% of Linn County’s population is part of the labor force. In Linn County 10.8% of families and 14.9% of individuals are below the poverty limit compared to Oregon averages of 9.2% for families and 13.6% for individuals<sup>7</sup>. Unemployment in Linn County was 13.0% in December of 2010 and among the highest in the state. Statewide unemployment was 10.6 for the same time period.

Linn County produces about \$2.7 billion in manufactured goods, \$1.1 billion in retail trade and \$125 million in food and accommodations<sup>8</sup>. The county has a very strong agricultural industry, producing nearly \$240 million in sales, with \$80 million coming from grass seed<sup>9</sup>.

**Health Outcomes**

All data on health outcomes is obtained from the Centers for Disease Control and Prevention’s Behavioral Risk Factor Surveillance System (BRFSS), or the CDC’s National Vital Statistic System. This data is reported at [www.countyhealthrankings.org](http://www.countyhealthrankings.org), which is a collaborative effort from the University of Wisconsin Population Health Institute and the Robert Wood Johnson Foundation.

As reported in the County Health Rankings published in 2011, Linn County ranks 28<sup>th</sup> out of 33 Oregon Counties in overall health outcomes<sup>10</sup>. Health outcome is measured on factors of mortality and morbidity.

Mortality is measured by a rate of premature death, factored with the common statistical measurement of years of potential life loss, or YPLL-75. YPLL-75 is used to factor the frequency and distribution of death before the age of 75, which is considered to be a premature death. Linn County has a premature death rate of 7,755 per 100,000 population, compared to a rate of 6,537 for Oregon<sup>11</sup>. This ranks Linn County as 23<sup>rd</sup> out of 33 Oregon Counties for mortality measures.

	Linn County	Oregon
Premature Death	7,755	6,537
Living in Poor Health	20%	15%
Days in poor Physical Health	4.5	3.6
Days in Poor Mental Health	4.0	3.3
Low Birth Weight	5.9%	5.9%

In measures of morbidity, Linn County ranks 29<sup>th</sup> out of the 33 Oregon counties. 20% of County residents report living in poor to fair health, compared to 15% for Oregon. County residents report an average of 4.5 days a month they are in poor physical health and 4.0 days a month they are in poor mental health. This compares to Oregon's rates of 3.6 and 3.3 respectfully. The final measure of health outcome is low birth weight. 5.9% of live births in Linn County are low birth weight, which is even with the statewide average of 5.9%<sup>12</sup>.

### Childhood Health Indicators

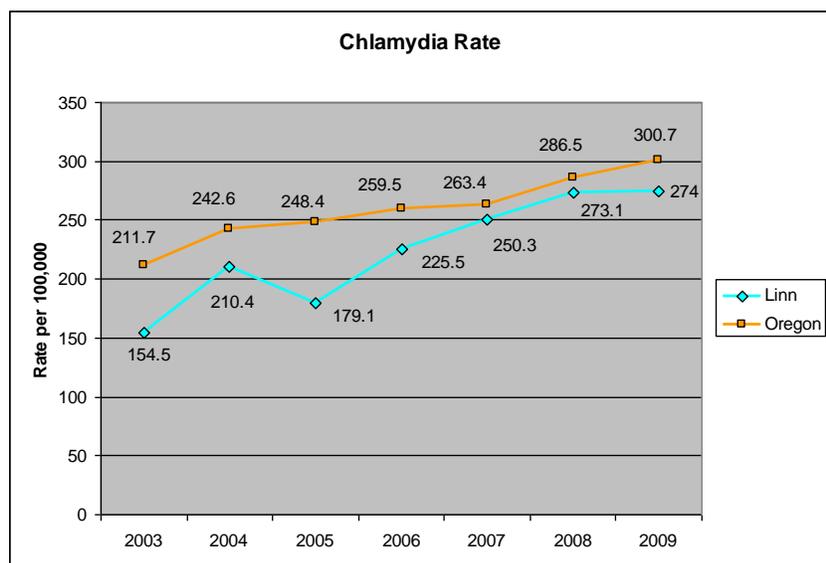
Childhood health indicators are compiled from Children First for Oregon with the most recent available data coming from 2010. CFFO measures 21 total indicators for child welfare in the state. All statistical data on health from CFFO fact sheets are provided by Oregon Department of Health Services. Specific to health, Linn County's infant mortality rate is 8.4 per 1,000 live births compared to 4.8 for Oregon<sup>13</sup>. There are 3,037 uninsured children in the county, making a rate of 10.8, which is slightly higher than the statewide rate of 10.6<sup>14</sup>. Unfortunately, Linn County is worse than statewide averages in rate of immunization, teen pregnancy and childhood obesity. Immunizations stand at 57.8% a 15% fall from previous years and 18% worse than the statewide average<sup>15</sup>. We are looking into this issue and have found it partly due to data issues . 27.4% of children are considered obese, which is 2% worse than the state average<sup>16</sup>. The teen pregnancy rate (ages 15-17) is 21.4 per 1000 live births, which is 3% above the state rate of 20.8%<sup>17</sup>.

	Linn County	Oregon
Infant Mortality (per 1000)	8.4	4.8
Uninsured Children	12.1%	12.9%
Immunizations	57.8%	70.3%
Childhood Obesity	27.4%	26.8%
Teen pregnancy rate (per 1000 aged 15-17)	21.4	20.8

Statewide there are 53 certified school based health centers operating within schools. Linn County has none. Across the county 52.3% of public school kids are eligible for either free or reduced lunches. An average of 12,769 students eat a free or reduced lunch every day at school. 56,555 lunches were served over the summer months<sup>18</sup>.

### Health Behaviors

Health Behaviors is another indicator used to rank overall health outcomes for a county. Standard measures of health behaviors, all collected from the BRFSS or US Census information, consist of 23 points, spanning risk behaviors, clinical care, social and

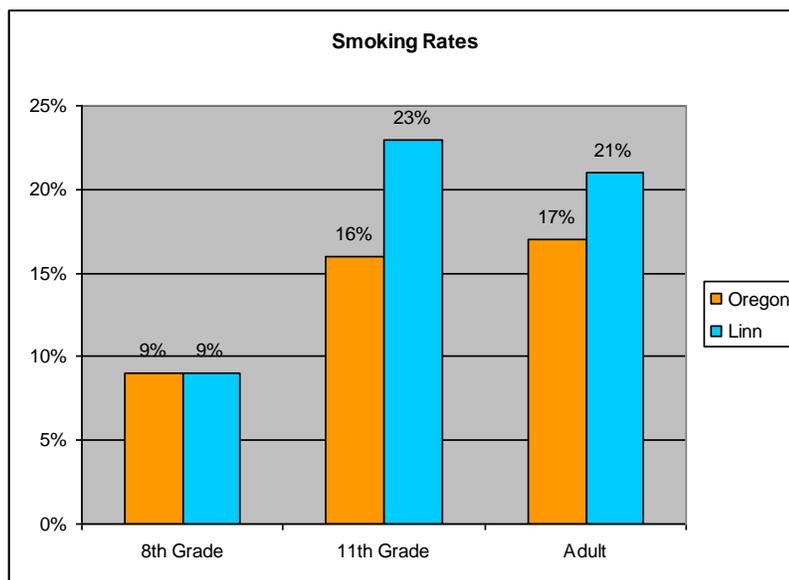


economic factors and environmental factors. Some of these points have been covered, and others will have their own expanded section. As a whole, Linn County ranks 28<sup>th</sup> out of 33 counties for health behaviors<sup>19</sup>.

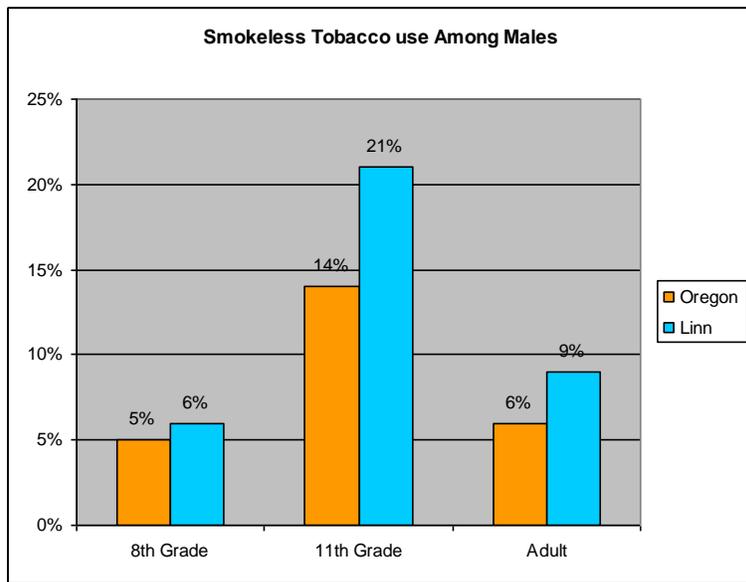
Risk factors are measured on the points of smoking rate, obesity rate, binge drinking rate, rate of motor vehicle deaths, Chlamydia rate and teen pregnancy rate. Smoking will be covered in an expanded tobacco section. Obesity in Linn County stands at 30% compared to 26% statewide<sup>20</sup>. Binge drinking, as reported by the number of adults consuming 5 or more drinks in a single occasion in the last 30 days, is at 13% comparing favorably to Oregon at 14%<sup>21</sup>. The county's rate of death from motor vehicle crashes is 20 per 100,000, which is above the statewide rate of 14 per 100,000<sup>22</sup>. Vehicle crash rate is included because of strong links to risk behavior such as drinking and driving or phone use while driving. As mentioned above, the teen pregnancy rate in Linn County is at 21.4 per 1000 live births compared to a state average of 20.8. Chlamydia rate is a concern for us as well. Linn County's rate is 274 per 100,000, which is below the state average of 300.7<sup>23</sup>. However, we have tracked a steady increase in cases the last several years, and early data for the end of 2010 show another year of increased incidence. Linn County tracked 345 new cases of Chlamydia this year, compared to a 5 year average of 247<sup>24</sup>. Gonorrhea was also up with 30 new cases compared to a 5 year average of 29<sup>25</sup>.

## Tobacco

According to the newest 2011 tobacco fact sheet from Tobacco Prevention and Education Program (TPEP) 17,601 adults in Linn County Smoke<sup>26</sup>. That is 21% of the population, compared to a statewide average of 19%. County wide 9% of 8<sup>th</sup> graders and 23% of 11<sup>th</sup> graders smoke cigarettes<sup>27</sup>. Smokeless



tobacco also remains a concern, with 6% of 8<sup>th</sup> grade males, 21% of 11<sup>th</sup> grade males and 9% of adult males reporting as regular users<sup>28</sup>. Those figures all compare negatively to Oregon rates as statewide 9% of 8<sup>th</sup> graders and 16% of 11<sup>th</sup> graders report smoking cigarettes and 5% of 8<sup>th</sup> graders and 14% of 11<sup>th</sup> grades report using smokeless tobacco<sup>29</sup>.



Officials with the Tobacco Prevention and Education Program (TPEP) have identified an increase in hookah usage among teenagers and new prevalence of E-cigarettes as areas of concerns. Currently, there are no hookah bars in Linn County. E-cigarettes are particularly concerning because they work around existing clean air act laws as they are not technically tobacco products, despite being regulated as such.

Tobacco use during

pregnancy remains a concern for Linn County Public Health. Almost 20% of infants born are to mothers who smoke in our county compared to a state rate of 12%. The tobacco and education program continues to raise awareness amongst the general public on the harmful effects of smoking and second hand smoke.

## Access

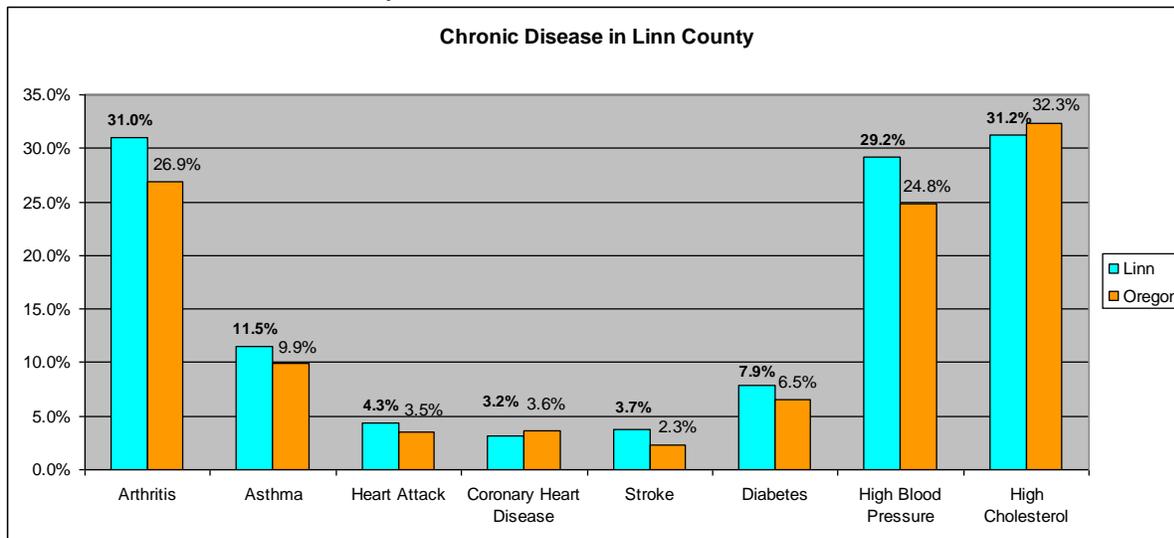
Access to health care continues to be a struggle in Linn County. A focus of much of the care-coordination services that Linn County Public Health offers is to match clients with sources of either health insurance or affordable primary care. We do however, compare favorable to the rest of the state. Linn County ranks 6<sup>h</sup> out of 33 counties in standard measures of clinical care<sup>30</sup>. 15% of county adults are uninsured, compared to 19% for the state<sup>31</sup>. The rate for uninsured children is lower, at 10.8% showing the impact of child insurance programs. Access can be measured on the rate of primary care providers as well. This is computed as the number of primary care, or family practice physicians per 100,000 population. Linn County has a primary care provider rate of 100 per 100,000 compared to a statewide rate of 133<sup>32</sup>. The provider rate not only measures access to primary care but provides an insight into specialty care influx. Increased rates of specialization are linked to increased cost of care and access disparities. The rural nature of Linn County and the disproportionate population distribution has factors here. East Linn has the biggest need for health access as it is populated by many small cities and some unincorporated communities. Approximately 65% of family practice doctors practice in Albany, despite Albany only representing 45% of the population of Linn County.

We continue to partner with Samaritan Health Services In-Reach clinic and Community Outreach, Inc. (COI) donating clinic space, supplies and electronics for a weekly free clinic in both Albany and Lebanon. In addition we remain connected with Benton

County and the FQHC in Lebanon. The FQHC contracts with Linn County Mental Health for a clinician a couple days a week.

## Chronic Disease

A fundamental basis of public health is the prevention of chronic disease. Most prevention and health promotion models we adopt are for the sake of chronic disease prevention. Tobacco use, alcohol consumption, obesity, physical activity and diet all contribute to chronic disease. In Linn County we have higher than the state average rates in 6 of the 8 commonly measured chronic disease indicators.



Arthritis, high blood pressure and high cholesterol are the highest incidence markers for chronic disease in Linn County, at 31%, 29.2% and 31.2% respectively<sup>33</sup>. Rate of heart attack (4.3%), heart disease (3.2%) are fairly in line with state averages of 3.5% and 3.6% respectively<sup>34</sup>. The rate of stroke (3.7%) is significantly above the state average of 2.3%<sup>35</sup>. Diabetes (7.9%) remains high compared to Oregon at 6.5%<sup>36</sup>, and does not bode well with the county's high obesity rate of 30%. The prevalence of diabetes coupled with higher than average rates of obesity, tobacco use, and high blood pressure are significant risk factors for heart disease and other chronic disease as well as a direct contributing factor to the county's high premature death rate.



develop a community

**Healthy Communities Grant:** In July 2010 Linn County Health Services received a \$32,500 Healthy Communities grant from the Oregon Public Health Division. The purpose of the grant is to build and expand community partnerships and policies that work to ultimately prevent, detect and manage chronic diseases most closely linked to physical inactivity, poor nutrition, and tobacco use. In order to make a plan for positive change, Healthy Communities is assessing the environments in which people live, work, worship, and play. The next step is to action plan focused on the prevention and management of

chronic diseases, rather than on individual services, health education or access to health care. The goal is to create, promote and build on positive policies that will support an environment that will encourage **making the healthy choice the easy choice**. Currently, there is no implementation funding for this process.

Currently through Samaritan Health Services we promote the “LIVE WELL” program that helps Linn County residents manage chronic conditions.

### **III. Adequacy of Local Public Health Services:**

Linn County is fortunate to receive strong support from our Board of County Commissioners for public health services. During the recent budget cycle, we were flat funded but through cost savings measures we managed to save some revenue and avoid potential cuts. For nursing services there is a public health nurse to community resident ratio of 1 to 8384. Any further reductions in staff threaten our already fragile capacity to detect outbreaks of infectious disease and mobilize responses quickly.

#### **Epidemiology and control of preventable diseases and disorders (Communicable Disease )**

The communicable disease staff at Linn County continues to remain active and vigilant within the community. For 2010 the CD nurses investigated and managed 8 outbreaks and took 705 reports of communicable diseases<sup>37</sup>. Nurses investigated and managed one case of active tuberculosis and managed 8 cases of latent TB. Staff was onsite at Albany Helping Hands shelter two days a week for TB screening and gave 538 TB tests in the past year.

The communicable disease staff also remained active with community partners, working with Samaritan’s Albany and Lebanon hospitals on infection control. CD nurses stayed actively involved with H1N1 activities through public education, vaccine distribution and direct service.

STI testing, treatment, and case follow-up are mandatory services offered by Linn County Public Health. Chlamydia is Oregon’s and Linn County’s most common reportable STI. the number of Chlamydia cases reported by all practitioners in Linn County increased once again. There were 345 reported Chlamydia cases this past year compared to a 5 year average of 266. There were 31 gonorrhea cases and 4 new HIV/AIDS cases reported.

#### **Immunizations**

During the 2009-2010 school year, Linn County Public Health mailed over 1300 letters threatening exclusion, resulting in about 200 actual school exclusions. Immunization staff gave seasonal flu mist to 200 students in the Sweet Home school district. 1527 immunizations were given through Linn County’s clinic as well as 9000 H1N1 flu shots. 300 county employees were given flu vaccines.

There are many questions associated with why the vaccine rates have dropped recently in Linn County. Recent vaccine shortages as well as changes in the vaccine schedule have contributed to many children not being up to date in their vaccinations. Linn County is currently investigating the lower rates and looking for explanations. We have been fortunate to have an MPH student intern researching the declining immunizations rates for Linn County and will have the results later this year.

## **Parent and Child Health Services**

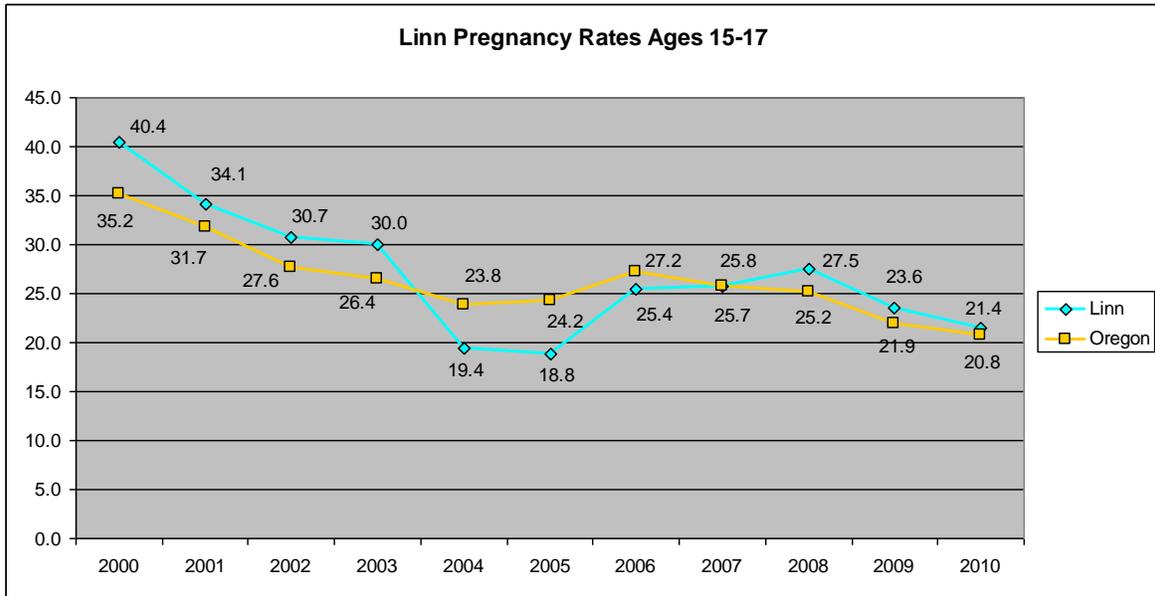
Linn County offers home nursing services for parents and infants in the form of Maternity Case Management, Babies First and CaCoon services. Maternity Case Management referrals come from a list of social risk factors identified by a primary care provider or other care provider. Examples of such risk factors are young age, alcohol or substance abuse, mental illness, lower economic status, lower educational status among others. People identified with such risk factors are referred to Linn County for support and assistance to their specific needs. Maternity Case Management covers pregnant mothers and their newborns up to three months of age. Babies First operates similarly, but after the child is born and up to age five. Referrals are a mix of social and physical risk factors. Along with the social risk factors the parent may have, low birth weight, premature birth or other risks may flag a referral. The maternal care nurses at Linn County take referrals and make contact with parents and offer support services. CaCoon is also a referral service, but focuses primarily on physical condition of the child and less on social factors. Conditions such as heart disease, spina bifida, hearing loss, or autism spectrum disorders flag referral to CaCoon nursing staff. All programs are truly prevention in nature. Risk factors that are flagged are proven to be determinants of later child abuse, developmental delays or other hardships for the family. Early support, as well as matching families with vital services, works to help parents in difficult situations to raise a healthy child safely.

Linn County also provides support for first time parents in the form of the Healthy Start program. Healthy Start is a service that provides information on caring for a child as well as connects the parents with other community services. Children in Health Start are typically well babies and the referral is based on parental risk factors.

In the past year, Linn County saw 67 high need first birth families and engaged in intensive home visits through Healthy Start. 347 families were screened for community resource and service needs and 1029 visits were provided. 294 families received basic Healthy Start services. 261 children were engaged in Babies First and CaCoon services. 1085 home visits were provided by Linn County Public Health Nurses.

Linn County's Healthy Start program resulted in 98% of children establishing a primary care provider and 93% of children receiving up to date immunizations. 94% of parents reported reading to their child three times or more a week and 97% of parents reported positive parent-child interactions. 73% of parents reported having reduced parenting stress as a result of services<sup>38</sup>.

## Family Planning



Linn County offers full reproductive health and family planning services. Under the Federal Title X Family Planning Program we are able to see clients on a sliding scale based on ability to pay. Linn County also utilizes the Oregon Contraceptive Care (formally the family planning expansion project) or CCare extension of Medicaid. CCare is a program for people seeking contraceptive services and are below 185% of the federal poverty limit. Both the Albany and Lebanon offices have reproductive health clinics. A nurse from the reproductive health clinic also travels to some county schools as well as the Community Services Consortium to give presentations on contraceptives and sexually transmitted diseases.

In 2010 Family Planning provided unduplicated service to 1945 clients and 417 unintended pregnancies were averted through contraceptive services including 131 teen pregnancies. These services combine to be a cost savings for \$3,127,500 for tax payers and \$928,500 for teen pregnancy alone. Unintended pregnancy prevention is based on method of birth control provided and factored by the state. Linn County does not provide abortions. As mentioned earlier, Linn County had a birth rate of 21.4 per 1000 for teens aged 15-17 in 2010 compared to 20.8 for Oregon.

Linn County provided Family Planning services to 27.1% of women in need of publicly supported family planning services in Linn County. 94.8% of Family Planning clients were below 150% of the federal poverty level.

27% of the Family Planning clients are teens. Resources provided to teens keep the pregnancy rate for 10-17 year olds in line with state averages. Pregnancy rate in 2009 for that age category was 8.8 per 1000, a drop from 10.6 2008.

Additionally Family Planning funded 12 vasectomies for low income men and helped 132 pregnant women access OHP and prenatal providers through Oregon Mothers Care.

Beyond contraceptive services Linn County Public Health is a contracted provider with the state for Breast and Cervical Cancer program (BCC). 67 women were screened by Linn County nurse practitioners. Additionally 88 more women were screen thanks to a gift from Soroptimist International of Albany.

### **Vital Statistics**

In 2010, Linn County vital statistics registered 1,013 death certificates and issued 4,340 certified copies of death certificates. The County also issued 207 certified copies of birth certificates. The County no longer registers births as they are registered directly from hospitals to the state. All billing for Vital Statistics is still done by hand as that phase of the computer system is still to come. The State computer system for vital stats is OVERS (Oregon Vital Events Registration System)

### **Oral Health**

Linn County continues to have difficulty addressing the dental needs of adults as well as children. However, recently In-Reach clinic in partnership with United Way and Samaritan Health has helping established a dental clinic at the Albany Boys and Girls Club. This will be a free standing clinic to serve children and adults on an appointment basis.

### **Ryan White**

Ryan White provides case management services to individuals with HIV or AIDS in Linn and Benton Counties. Clients are offered services and matched with community resources based on need. Linn County's case load is 76 clients and 2010 saw 4 new cases of HIV/AIDS. The number of new cases increases at the same time funding decreases.

### **WIC**

As part of the USDA's Women, Infant and Child program, Linn County administers WIC services to the county. WIC offers vouchers to purchase approved nutritious foods for mother and child and in certain cases medically prescribed formulas. Nutritional information and education is key to the program and clients must attend educational courses to maintain certification. Linn County serves over 6418 woman and children, issuing \$2.33 million in grocery vouchers and \$11,692 in farmer's market coupons. 44% of Linn County's pregnant women are on WIC. Thanks to nutrition and parenting classes associated with WIC, 86.9% of mothers in WIC start out breastfeeding.

The most significant change in Linn County WIC in 2010 was new funding to establish a Breastfeeding Peer Counseling program. Linn County was one of nine counties chosen for this funding. The program is due to get underway sometime in March 2011 and will involve recruiting pregnant participants who are interested in breastfeeding. There will be group sessions learning everything they need to know about breastfeeding.

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### Other Community Interactions

- Developed informational and promotional materials, including web-based media for distribution to the public.
- Participated in 2010 Linn County Fair – display and information
- Provide space for weekly Thursday evening In-Reach clinic. In kind contribution
- Serve on numerous state committees.
- Grant writing to bring in additional program dollars
- Teen Maze – host a room with information for **600 8<sup>th</sup> grade students** from county middle schools on Prevention including STI, Teen Pregnancy and tobacco use.
- Linn County Public Health was a preceptor site for nursing students and public health interns from the following colleges and universities:
  - ✓ Oregon State University
  - ✓ Western Oregon State University
  - ✓ Oregon Health Sciences University
- Provided numerous class presentations on STI and birth control in local schools.



### Challenges:

- Linn County Public Health promotes the health and well being of all Linn County residents. For nursing services, there is a public health nurse to community resident ratio of 1 to 8384. Reduction in budgets and staff threatens our already fragile capacity to detect outbreaks of infectious disease and mobilize responses quickly.
- CD staff overburdened- must investigate active TB cases, communicable disease outbreaks, pertussis, etc. All which have occurred in our county this past year.
- Chlamydia rates continue to increase – over 300 cases this past year. Requires CD tracking and reporting.
- Chronic disease is one of the leading causes of death in our county. Need to focus programs to address this issue including obesity, tobacco use, and nutrition.
- Maintain links with community on emergency preparedness including vulnerable populations.



**Public Health**  
Prevent. Promote. Protect.

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### III. ACTION PLANS

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

##### **2011-2012 Update**

Linn County documented 733 confirmed cases and investigated 344 cases of communicable disease in 2010. Out of 344 reports, 332 investigations were completed in less than 8 days, and 7 less than 15 days. Cases were reported, investigated and followed up in line with state investigative guidelines, and no change is needed. Linn County continues to experience an increase in rates of Chlamydia. We had over 345 cases last year compared to a five year average of 266. Practitioners also reported 32 cases of Gonorrhea, an increase over the five year average of 27.

This past year we followed up on 8 outbreaks – of these there were 14 cases of Escherichia coli 0157 compared to a past five year average of 3 cases per year. Linn County had 28 cases of Campylobacteriosis in 2010 compared to 36 cases in 2009 and a five year average of 26 per year. In 2011, CD staff continues to follow up each case with a more extensive questionnaire at the request of state epidemiology to see if there is a commonality to the cases.

Linn County investigated and managed 1 active tuberculosis case and 8 latent TB cases. The county continues to work with the local shelter to test all of their homeless clients. We placed 538 TB tests last year.

Linn County had 4 new cases of HIV/AIDS compared to 8 the previous year. Our two part-time Ryan White nurses manage a case load of over 70 clients.

A significant amount of time was spent in the H1N1 response for the first quarter of 2010. Some time was spent in disease surveillance, but a large effort was also made in education about H1N1 and prevention of the disease. By the end of the 2009 – 2010 flu season, Linn County had had 33 hospitalized people with influenza A; of those, 25 were confirmed H1N1 subtype and 2 were another influenza A subtype. Linn County had no deaths due to H1N1 during 2009-2010.

<b>Time Period: 2010-2012</b>				
<b>GOAL: Provide current information to public regarding influenza prevention including access to information on vaccination clinics during influenza season.</b>				
<b>Objectives</b>	<b>Plan for Methods/Activities/Practice</b>	<b>Outcome Measure(s)</b>	<b>Outcome Measure(s) Results</b>	<b>Progress Notes</b>
<b>A. Maintain influenza clinic information hotline.</b>	A flu hotline will be maintained with influenza clinic info throughout Linn county	Clients will be able to access up-to-date flu vaccination information during flu season	Met	Maintained H1N1 and seasonal flu line through 2009-2010 flu season and added an H1N1 flu web page with clinic and disease information.

<b>Time Period: 2010-2012</b>				
<b>GOAL: Provide current information to public regarding influenza prevention including access to information on vaccination clinics during influenza season.</b>				
<b>B. Provide prevention information leases to media.</b>	Messages will be released to the media with information on cover your cough, wash your hands and stay home when sick.	Community will be aware of how to prevent illness from flu and other respiratory illnesses.	Met	Albany Democrat Herald, Lebanon Express, Sweet Home News, KGAL, KSHO, KFIR radio

<b>Time Period: 2010-2012</b>				
<b>GOAL: Promote prevention of disease transmission in care home settings.</b>				
<b>Objectives</b>	<b>Plan for Methods/ Activities/Practice</b>	<b>Outcome Measure(s)</b>	<b>Outcome Measure(s) Results</b>	<b>Progress Notes</b>
<b>A. Assess educational needs of staff in Linn County Care Facilities.</b>	Letters will be mailed out to care facilities in Linn County to offer basic infection control training and to determine the training needs of facilities. This will be followed-up with a phone call to be completed by a health educator requested for in our budget.	All care facilities will be mailed a letter and receive a follow-up phone call.	Not met	We lost our health educator so unable to work on this task.
<b>B. Provide infection control trainings to care homes in the county</b>	Care homes will be contacted by the health educator to arrange for training opportunities that include hand washing, standard precautions, and common disease transmission information.	All care facilities in Linn County will have an opportunity to receive training.	Partially Met	We lost our health educator so unable to work on this task doing direct training, but facilities were contacted by phone and given information on reducing the risk of H1N1 transmission.

<b>Time Period: 2010-2012</b>				
<b>GOAL: Provide TB Prevention in homeless shelters in Linn County</b>				
<b>Objectives</b>	<b>Plan for Methods/ Activities/Practice</b>	<b>Outcome Measure(s)</b>	<b>Outcome Measure(s) Results</b>	<b>Progress Notes</b>
<b>A. Homeless residents residing in Linn County shelters will have initial TB screening within 5 business days of entering a shelter</b>	Residents will call the LCHD to make an appointment for TB screening. Once resident is cleared for TB, they will be given a TB clearance card good for 1 year to expire on their birthday. LCPH will provide staffing to meet this goal.	All homeless clients will have TB clearance within 5 business days of entering the shelter.	Met	TB nurse goes to shelter Tuesday and Thursday to place and read tests.
<b>B. Homeless Shelter staff will maintain records of residents TB clearance and refer to LCPH for testing when appropriate</b>	LCPH will give residents a clearance card as proof of TB clearance to be shown to the shelter. Shelter staff will maintain records and refer residents to LCPH when testing is needed.	TB clearance records will be current at the shelter.	Met	Shelter uses computer to track clients
<b>C. Shelter TB plan will be reviewed and updated as needed annually</b>	Annual training for review and updates will be provided for shelter staff by LCPH. LCPH will be available for additional on-going support and training as needed.	Shelter staff will participate in initial and annual training.	Met	Provided Training as needed for new staff.

## **B. Parent and Child Health Services including Family Planning**

### **1. Babies First, Child Adolescent, Perinatal**

Linn County Public Health Maternal Child Health Annual Plan [Update 2011 4/25/11](#)

A Continuum of Public Health home visit programs serves Linn County families with young children

- 1. Maternity Case Management (MCM). Staffed by .4 FTE Public Health Nurse.**
2. Oregon Mother's Care (OMC). Staffed by .2 FTE Bilingual Health Aid
3. Babies First (B-1<sup>st</sup>). B-1<sup>st</sup> is staffed by 2.00 FTE Public Health Nurses
4. Care Coordination (CaCoon) CaCoon is staffed by .33 FTE Public Health Nurses
5. Healthy Start of Linn County (HSLC). Staffed by 3 FTE Family Support Workers.

**Three local collaborative projects in partnership with Linn County Public Health support families with young children 0-8 years.**

1. Linn County Intimate Partner Violence and Pregnancy Grant
2. Linn County Car Seat Program with the Albany Fire Department
3. Linn County Juvenile and Adult Drug Court Project for Pregnant and Parenting Women

### **Program Criteria, Cost, Capacity and Hours.**

These Public Health Programs serving families and their children are

- 1. Available to serve all Linn County families.**
2. Voluntary and free.
3. Program capacity varies according to staffing level and program model requirements.
- 4. Hours of service are Monday through Friday, 8am – 5pm with some evening and weekend hours based on family need.**

Funding Sources by program

- 1. Maternity Case Management (MCM): County General Fund; Local Commission on Children and Families grant; Medicaid fee for service; Medicaid targeted case management; State General Funds through the Oregon Health Division for local Perinatal services, Child and Adolescent services.**

**2. Mothers Care: State General Funds through the Oregon Health Division for local perinatal**

**services.**

3. Babies First (B-1<sup>st</sup>): County General Fund; Medicaid targeted case management and Medicaid Administrative funds; State General Funds through the Oregon Health Division for local Babies First services.
4. Care Coordination (CaCoon); County General Fund; Medicaid targeted case management and Medicaid administration funds; State General Funds through Child Development and Rehabilitation Center (CDRC) for local CaCoon services.
5. Healthy Start of Linn County (HSLC). State General Funds through the Oregon Commission on Children and families; Medicaid Administrative funds.

**Linn County Perinatal Programs**

<b>Population Served</b>	<b>Service Focus by Program</b>	<b>Referral Process by Program</b>	<b>Intake Period by Program</b>	<b>Staffing</b>
<p><b>1. (MCM) Maternity Case Management</b> serves women and the newborn during the perinatal period (prenatal through 8-weeks postpartum.</p> <p>50 Pregnant women are served annually.</p>	<p><b>1. Maternity Case Management (MCM)</b> - The goals are to support and assist pregnant women through early access to quality prenatal care, to provide assistance with the OHP application, referral to a medical provider and on-going case management for at-risk pregnant women.</p> <p>Services include home visits, advocacy, case management, education and the skills of a public health nurse monitoring and assessing the health and needs of this family with potential for poor pregnancy and birth outcomes.</p> <p>MCM is offered to prenatal women who are at risk for poor health and birth outcomes. Teen pregnancy, women 40 + years of age, previous pregnancy problems, substance use, gestational diabetes and other chronic health problems that can cause a health problem for the pregnant woman and poor birth outcome of the child. This includes, low birth weight prematurity, drug effected infant, genetic problems.</p>	<p><b>1. MCM</b> prenatal referrals are received from community medical providers, hospital maternity care coordinators, from public health clinics, WIC, Mothers Care and Healthy Start.</p>	<p><b>1. MCM</b> intake is during the first and second trimester is the primary intake period.</p>	<p><b>1. MCM</b> is staffed by .40 FTE Public Health Nurse</p>

<p><b>2. Oregon Mothers Care (OMC)</b> serves pregnant women needing early access and referral to prenatal services.</p>	<p><b>2. Oregon Mothers Care (OMC)</b> The goal is to improve access to early prenatal care services in Linn County by providing referral for prenatal care and other related services to pregnant women as early as possible in their pregnancy. Services of OMC also include on-going outreach to pregnant women and providers serving pregnant women; the use of the statewide Safe Net hotline and local access points within Linn County.</p>	<p><b>2. OMC</b> referrals come from public health clinics and local physicians offices.</p>	<p><b>2. OMC</b> intake period for pregnant women supports early access to service</p>	<p>2. OMC is <b>staffed by a Spanish bilingual health aide.</b></p>
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**Perinatal Programs – Plan and Evaluation**

Problem	Issue	Goal	Activity	Evaluation
<p>Oral health among Oregon's children has deteriorated, especially in rural Oregon. Oregon Smiles 2007 DHS Public Health</p>	<p>It is important to see a dentist during pregnancy to prevent dental problems. The dental health of a pregnant woman is reflected in the unborn child. A pregnant woman with cavity-causing germs is likely to pass them on to the baby.</p>	<p><b>Pregnant women's general and oral health. To build a foundation for the newborn's general and oral health.</b></p>	<p><b>A dental appointment before the baby is born.</b></p>	<p><b>ORCHIDS Data</b> <b>The team researched and put into practice updated oral health practice for pregnant women.</b></p>

**Linn County Child Health Programs**

Population Served	<i>Service Focus by Program</i>	Referral Process by Program	Intake Period by Program	Staffing
<p><b>3. Babies First (B-1<sup>st</sup>)</b> serves medically and socially high-risk infants and young children 0 to 5-years.  <b>261 children 0-5 years and their parents.</b></p>	<p><b>3. Babies First (B-1<sup>st</sup>)</b> - The goal of this program is for a Public Health nurse to engage, assess, monitor, case manage, and connect high risk infants to a medical home because of actual or potential risks for poor birth outcomes, attachment problems, growth and developmental risks, and concerns about high risk social and behavioral issues within the family situation. Voluntary in-home nurse visits are offered to families with children 0-5 years. Services include case management, advocacy, health, growth &amp; developmental screening,</p>	<p><b>3. B-1<sup>st</sup></b> referrals are risk based and made by medical providers, hospital nurses and social worker, DHS child welfare and self-sufficiency staff, WIC, Maternity</p>	<p><b>3. B-1<sup>st</sup></b> Newborn through age 5-years.</p>	<p><b>3. B-1<sup>st</sup></b> is staffed by 2.0 FTE Public Health Nurse.</p>

	<p>health and parenting education, support and referral by a public health nurse.</p> <p>Children served may be alcohol &amp; drug exposed prenatally or within their environment; exposed to child abuse/neglect, failure to thrive, have poor attachment, low birth weight, prematurity or developmental delay.</p>	Case Management, Healthy Start and other community partners.		
<p><b>4. Care Coordination (CaCoon)</b> serves infants and children 0-20 years with special health care needs.</p> <p>46 children with special health needs and their parents.</p>	<p><b>4. Care Coordination (CaCoon)</b> – Public Health nurses assist parents to be the case manager of their child’s special health care needs.</p>	<p><b>4. CaCoon</b> infants and children are referred by the CDRC, NICU’s, medical providers, hospital nurses and social worker, Healthy Start and other community partners.</p>	<p><b>4. CaCoon</b> Newborn through age 20-years.</p>	<p><b>4.CaCoon</b> is staffed by .33 FTE Public Health Nurse.</p>
<p><b>5. Healthy Start (HSLC)</b> serves first-time families, prenatally or shortly after birth.</p> <p>347 families were screened, 294 received basic service, and 67 received intensive service.</p>	<p><b>5. Healthy Start Of Linn County (HSLC)</b> - Offers a Welcome Baby telephone call with information and a visit to higher needs families in Linn County having their first baby. The goal is to promote positive parent-child interaction and relationship, readiness to learn, healthy thriving children, strong nurturing families and the prevention of child abuse and neglect. Families at higher risk receive intensive home visit services with a trained family support worker who provides parenting support and education, developmental screening, access to health care and community resources.</p>	<p><b>5. HSLC Their health care provider, hospital nurses, WIC, Mothers Care, B-1st and the community, completes screening with a 1st</b></p>	<p><b>5. HSLC</b> First-birth families prenatally or shortly after the birth of their first baby.</p>	<p><b>5.HSLC</b> is staffed by 3.0 FTE Family Support Workers</p>

		time family.		
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**Child Health Programs – Plan and Evaluation**

Problem	Issue	Goal	Activity	Evaluation
<p><b>Oral health among Oregon's children has deteriorated, especially in rural Oregon. Oregon Smiles 2007 DHS Public Health</b></p>	<p>Infants and children require special oral health care and attention. According to the Surgeon General, dental decay (cavities) is the most common chronic disease of childhood.</p>	<p><b>To build a foundation for a child's general health and oral health by providing information about oral health habits and preventive care in the early years.</b></p>	<p><b>Staff Training</b>  <b>Parent Handouts</b>  <b>Preventing Baby Bottle Tooth Decay</b>  <b>Oral Hygiene</b>  <b>Weaning</b>  <b>Inform parents about fluoride prevention by providing information on city water supply or well water</b>  <b>Support a Dental Visit at 1-year</b></p>	<p><b>Staff Training</b>  <b>ORCHIDS Data</b>  <b>Program Handouts</b>  <b>The team researched and put into practice updated oral health practice for children. The practice was added to the Babies First/CaCoon flow sheet. Handouts for parents were obtained to support the practice in each program</b></p>

## 2. Family Planning

### FAMILY PLANNING PROGRAM ANNUAL PLAN FOR COUNTY PUBLIC HEALTH FY '12

July 1, 2011 – June 30, 2012

**Agency:** Linn County  
**Contact:** Norma O'Mara R.N.

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

Problem Statement	Objective(s)	Planned Activities	Evaluation
<p>A significant amount of county general funds, Title X and CCare reimbursement supports our Family Planning program. We have identified that a significant number of clients do not pay for the services that they are obligated to pay. Our annual revenue is down, and we need to look at ways to get the revenue for the service that staff has already provided for our clients.</p> <p>In 2010, Family Planning hired two Nurse Practitioners to replace two vacated positions and it was a lengthy process to find their</p>	<p>To determine whether we are charging our clients what our services actually cost us to deliver, so that we can charge a realistic fee for those services.</p> <p>To find ways to encourage our clients to pay their bills and avoid the repeated monthly statement that may not get paid and may later be written off due to non-payment of services.</p> <p>To work within the Title X guidelines and county policies to develop new or better procedures for getting clients to pay for their</p>	<p>*New cost-analysis of our services in Family Planning in order to bill for the actual cost of our services.</p> <p>*Place reminder stickers on the monthly statement that encourages the client to pay their bill.</p> <p>*During the evaluation period send personal thank you notes to clients who have been regularly paying their bill or who paid off their bill.</p> <p>*Remind client at check out and on their statement that we also offer a debit service.</p>	<p>Start the work on a new cost-analysis for Family Planning services by February 2011. Turn in new cost for services to the Commissioners for approval by May 2011.</p> <p>Set up a random list of clients to follow in their progress toward paying the amount that they owe. Also using Rain Tree review quarterly the client's ledger to see if the clients are paying their bills.</p> <p>Look at the number of clients and the amount owed for services currently and then see if there is an increase in clients paying their</p>

<p>replacements. With two positions vacant for a total of 26 weeks our clients were having some difficulty getting appointments for completing their exams in a timely manner.</p>	<p>services on the day of service or to assist the client, if needed, to develop a payment plan.</p> <p>To identify and schedule those clients who have delayed their examinations for additional months while we were short on staff. Wait times for available examination appointments should be 3 weeks as a maximum wait time.</p> <p>Within the next 6 months increase the number of paying clients with reimbursable services, through either increased CCare enrollment, more OHP clients, insurance that reimburses the county for services or by those self-pay or sliding fee clients who get a service other than a "supply only."</p>	<p>*Billing clerk is available to discuss a payment plan with the client at any time.</p> <p>*Internal reminders in Rain Tree software to remind clerical staff to schedule annuals when due and not just for supply only appointments.</p> <p>*Provide birth control education at Lebanon and Albany High schools and where to access services.</p> <p>*Offer mail order birth control to clients, therefore saving appointment slots for new clients and for initial or annual examinations.</p> <p>*Outreach to the leadership group at Linn Benton Community College to assist with getting the message out regarding CCare.</p> <p>*Make our website more interactive and informative regarding how to enroll in CCare and what an</p>	<p>bills each quarter.</p> <p>Survey Rain Tree quarterly for the number of weeks from call in to appointment time. If &gt; 3 weeks check to see why this is happening and make changes.</p> <p>Monitor Ahlers data quarterly for the age of new clients and watch for an increase in clients within the age group that staff are informing about birth control services.</p> <p>By April 1 complete the process and policy for mailing birth control products to our existing clients.</p> <p>3 months and 6 months after updating our website: Survey our new clients to see how they heard about our services and ask if they accessed our website for information.</p>
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		appointment would involve.	
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**Goal 4: To direct services to address disparities among Oregon’s high priority and underserved populations, including Hispanics, limited English proficient (LEP), Native Americans, African Americans, Asian Americans, rural communities, men, uninsured and persons with disabilities.**

<b>Problem Statement</b>	<b>Objective(s)</b>	<b>Planned Activities</b>	<b>Evaluation</b>
<p>A number of our Hispanic clients do not receive services in their home city. 84.7% of our Hispanic clients receive services in our Albany clinic. There should be an increase in our Hispanic population utilizing Family Planning services in the Lebanon Clinic as they become informed of our Hispanic interpreter in the Lebanon clinic.</p>	<p>To increase our Hispanic clientele in our Lebanon clinic for Family Planning services through having a Spanish interpreter working directly in the Family Planning clinic as the Medical Assistant.</p> <p>Anticipate some small decrease in the percentage of Hispanic clients seen in the Albany clinic as clients move back to their home clinic in Lebanon for services.</p>	<p>*The Lebanon and Albany Hispanic WIC Certifiers will tell their Hispanic clients about the Family Planning services available in the Lebanon office.</p> <p>*A brochure in Spanish will be developed to inform the Hispanic clientele about our Lebanon clinic, which now includes interpreting services available within the Family Planning staff.</p> <p>*There is a strong word of mouth referral system within the Hispanic community and we will make brochures and business cards available to clients with our Lebanon clinic phone number and address along</p>	<p>Utilizing Ahlers data, by July 2011, see a minimum of a 6% increase from 2009 in the number of Hispanics seen in our Lebanon office when compared to our Albany office.</p> <p>Survey Hispanic clients for a 2 month period of time annually, asking how they heard of our services in Lebanon, if they are new clients to the clinic, or if they have returned to their home clinic in Lebanon from Albany.</p>

		with our clinic hours.	
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<b>Goals / Objectives</b>	<b>Progress on Activities for FY 10</b>
<p>To Increase the number and percentage of teens receiving birth control services in our clinics by a minimum of 1%.</p>	<p>We have made several presentations on Birth Control and STD's in the Lebanon and Albany High Schools and we are considered a part of the educational curriculum.</p> <p>We provide educational materials to the schools for the presentation as well as send brochures to health fairs where teens and young adults may participate.</p> <p>We accept interns in Public Health and utilize them for the word of mouth advertising for our clinic. We have included Nursing Students from OHSU into public health and they have participated in the Teen Maze, local agencies make organized presentations to Middle School student. Family Planning and Public Health have tables where we engage the teens in conversation about STDs, teen pregnancy prevention and smoking. We have accepted this year, second year students from our local community college nursing program for a 4 week clinical. They are learning and participating in the Family Planning program primarily, but also they are participating and seeing the many functions of what nurses do throughout Public Health. This will increase the medical community awareness of our services and especially increase our numbers in the teen to college age clients.</p> <p>We lost two Nurse Practitioners that resulted in about 25 weeks with reduced staff time for our two clinics, until we could replace them. In 2008 we added 350 new teens to our clinic, 2009 we add 377, and in 2010 we added 295. We have seen a steady increase in our college age population, which in past years was noticeably lower than the other ages in new clients.</p> <p>We have seen a drop in the number of clients served in 2010 by 428 from 2009 totals. No doubt our drop in numbers was impacted by the lack of staff and appointment slots available. We are back to full staff with two new NPs hired and hope to add many new clients in this next year.</p>

<p>Increase services to males to 1.5% for the next year. Increasing services to all males will increase our services to teen males as well.</p>	<p>We took a slight drop in our numbers from 2009-2010. We went from 1.1% down to 1% which is still a better number than 3 years ago when we were well below 1%. We have not completed our educational plan for males that will increase their knowledge of birth control. We participated in the Male Webinar Series that was just completed in April. Several good suggestions were received regarding how to engage our male population that we will be including in our services.</p>
<p>Continue to provide vasectomies up to 20 per year by contract with local physician providers.</p>	<p>In the FY 2008-2009 - vasectomy counseling and the vasectomy procedure were completed for 9 men through our clinic. In the FY 2009-2010 we completed 12 and for the current FY we have completed 9 with 3 scheduled before the end of this FY.</p>
<p>To decrease the percentage of clients leaving the clinic without an effective method to a goal of 12%.</p>	<p>The number from Ahlers, which includes all family planning and STD clients, in 2009 the percent of clients leaving our client with no birth control method, was 21%. The statistics for 2010 show a reduction to 19.8%. We continue to encourage a reliable method at each visit, especially at the EC visits.</p>
<p>Continue to increase the number of EC's dispensed from 27.8% to 30%.</p>	<p>In or 2009 CY statistics showed that we have increased our numbers from 27.8% to 29.9%. The state average has stayed consistent at about 20.7%. We have included a part on our chart, which includes asking if the client desires Emergency Contraception for future need. Our goal was 30% and we are close to that goal.</p>

# OFFICE OF FAMILY HEALTH

## ADOLESCENT HEALTH PROGRAM PLAN

2009-2010-**NEW**

**2010-2011**

**2011-2012**

County Agency - Linn County  
Person Completing Form –  
Norma O'Mara, R.N.  
Phone (541) 967-3888

Return this form attached to e-mail to [robert.j.nystrom@state.or.us](mailto:robert.j.nystrom@state.or.us) Bob Nystrom,  
503-731-4771

The Adolescent Health Program Plan is organized in three sections to provide updated information on your public health activities related to a wide range of adolescent health issues. For questions, contact Bob Nystrom, 503-731-4771, [robert.j.nystrom@state.or.us](mailto:robert.j.nystrom@state.or.us)

- Part 1. Plans for improvement where you have defined programs
- Part 2. Assessment of activity areas you are involved in regardless  
of whether you have a well-defined plan or  
program in place
- Part 3. Assessment of your future interests

### Part 1. Program Plans

Briefly describe your plan of involvement or improvement of services for the following focus areas over the next two years, where you have defined programs or new plans specific to adolescent or school-aged child populations (indicate no plan or program when appropriate):

#### 1. School-Based Health Centers

Currently there are no school based health centers in Linn County. Even though our last attempt failed to engage a community in a school based health center, this area remains a priority. We will continue to explore different community interests in this quest. We will continue to keep the lines of communication open with the

superintendents and consider a survey to identify local areas interest.

- Looking at long-range plan to engage the communities.

2. Coordinated School Health (Healthy Kids Learn Better) Schools

- No involvement

3. Teen Pregnancy Prevention & Contraceptive Access

- We continue to do presentations at the schools on Birth Control and STD. We plan about 3 -4 presentations per year. We feel this is important and will maintain our focus in this area. We currently do not have a health educator dedicated to family planning, so rely on current staffing. Propose adding 1 FTE health educator for Linn County.
  - Due to staff reductions we will not be adding a Health Educator. Clinical Registered Nurse staff has presented birth control and STD information at 2 of the 3 local high schools (Lebanon and Albany) through their Health Education class. There is work being done to increase our contacts with community members in outlying areas to offer this same education to as many teens as possible.
  - Still no health educator added to staff. Last year we had staff reductions. We have continued giving presentations at 2 of the 3 local High Schools in Albany and Lebanon.
  - We continue having a Family Planning STD Nurse go to the local high schools and alternative education programs to give information regarding abstinence information, Birth Control for prevention of teen pregnancy and STD prevention.
- Work with High School counselors to insure the teens are referred for appropriate services as needed.
  - Working with teachers and school nurses but have not accessed counselors.
  - Have made 3 presentations at the local high schools with a special focus on the pregnant and parenting teens. They are staffed by actual counselors. We have added the Albany Options School to the list of education facilities that we present our information to.
  - Nothing new to add.
- Working on updating our power point presentation for schools on birth control and STI information.
  - Staff presenting Birth Control and STI information to students has updated the Power Point presentation.
  - Had a male intern who assisted in updating the Power Point presentation, removing several of the photos that were included that have been proven not to be highly effective for teen presentations and behavioral changes. Scare tactics don't seem to work.

- Teen Maze - work with local CCF to participate in Teen Maze. Life skills experience for area Middle School students. (500 -700) students. This year's Teen Maze being held over two days and area teens are helping plan and be in the rooms for help as well as Linn Benton community college students. We are planning an interactive game related to STD's.
  - Just completed the Teen Maze for 2009, utilizing assistance from multiple volunteers from the community college as well as other adult volunteers and public health staff.
  - We have an Intern that is doing the work on our Teen Maze this year that will cover information for the Middle School age students in our local area regarding STD, Teen Pregnancy and Tobacco.
  - Just completed participation in the Teen Maze for 2011. Our section focused on Smoking, STD's and Prevention of teen pregnancy. We had an OSU intern who upgraded the booths this year and we were featured in the local newspaper. We had assistance from an OHSU Nursing Student at Teen Maze assisting in the Prevention of Teen Pregnancy table.
  
- Reestablish connecting with the Teen Pregnancy Task Force in East Linn. Look at being a more active group on teen pregnancy prevention. Preliminary pregnancy rate in 2007 in Linn County shows an increase from 7.6 to 9.8. We will continue to watch data as well as look at plan to address this issue. Possibly look at AmeriCorps worker. (TA from state)
  - We have been fortunate to have several interns from OSU and an OHSU RN to BSN student participates in our Health Department. East Linn Teen Task Force has monthly meeting that the Reproductive Health Manager attends. 2008 teen pregnancy rate is up to 10.0% slowing from a dramatic increase from '06-'07.
  - East Linn meets regularly and is attended by the supervisor from Maternal Child Health.
  - East Linn meets regularly and is attended by the Baby's First nurse who represents Linn County. Reproductive Health Supervisor and the OMC staff participate with the Maternity Care Coordinators who assist pregnant women, including teens, with locating resources available in our local communities in Linn County.
  
- Co-locating at the new FQHC in Lebanon. Networking with physicians on a referral system for teen clients seen.
  - Located a Nurse Practitioner and R.N. at the East Linn FQHC to provide family planning and STI services ½ day per week. After one year we didn't see a significant increase in our clients and pulled staff

to utilize both our NP and RN for in house clients. A large percentage of the FQHC clients we saw were existing public health clients that we were putting on the FQHC schedule. FQHC has hired their own NP now and has agreed to refer clients to LCHD for FP and STI services, especially teens.

- There were tentative plans to add a day of services at the FQHC utilizing our Sweet Home clinic space, but due to the economy and apparently prior commitments of resources, this has been placed on hold. The FQHC is a service provided through Benton County in the East Linn area.
- Continue oversight and coordination of STARS contract and services in Linn County.
  - 5 school districts out of 7 in Linn County are participating, only Central Linn and Sweet Home High School do not participate.
  - Lack of interest this year in the STARS program due to the change in the curriculum to “My Future My Choice.”
  - Interest for “My Future My Choice” for next year at one of the Linn County schools.

#### 4. Youth Suicide Prevention

- We continue to focus on youth suicide statistics and present a monthly report to our County Commissioners.
- I would like to include an awareness campaign for teens in the STD/Family Planning clinic that focuses on the dangers of the Choking Game.

#### 5. Tobacco Use Prevention & Cessation

Possibly subcontracting with Samaritan Health on TPEP.

- Linn County hired a Tobacco Coordinator in October 2008 who developed and began a program, and then the coordinator left the position. We are in the process of placing advertisements to rehire for the position
- Once again this year at this time we are faced with losing our Tobacco Coordinator who is returning to dental school. We are in the process of getting applicants for the position.
- We are fortunate to now have a Tobacco Coordinator. Some of the activities around schools include; providing information re: Quit Line to school partners for inclusion in their back to school newsletters, assist school partners to establish policies around smoking, will conduct a review of student tobacco use and work to help establish a School Health Advisory Council or School Wellness Committee that will focus on tobacco prevention.

6. Alcohol & Other Drug Use Prevention
 

Talk with clients in clinic and give information. We provide education at visits and during school presentations. Have handouts we use for educational purposes. A&D Program also experienced cuts.

  - Part of our assessment with each physical and at our initial visit with our client, we review their history and discuss the clients possible use of drugs and alcohol and make referrals as needed.
  - Continue with the education in clinic and have handouts available in the rooms on drugs and alcohol use. Discuss the role of alcohol and drug use in the practice of “unsafe sex.”
  - During presentations at the local schools, education regarding the effect that drugs and alcohol, have a big affect on one’s ability to remember to take birth control, or having sex with an unknown partner or not maintaining ones plan for abstinence.
  
7. Nutrition & Physical Activity
  - Work with Diabetes Health Educator to look at obesity and physical activity issues as related to the “Healthy, Active Oregon” We have started a local coalition “Healthy Albany Partnership” (HAP) and are planning a symposium in May. HAP works with East County CHIP (Healthy Active Lebanon- HAL) projects in this area.
  - The LCHD Program Manager is part of the “HAP” planning committee where we partner with other community groups, and are planning for the [Linn County Health and Safety Expo](#) scheduled for spring 2010.
  - Work with family planning state staff for possible pilot project for obesity in FP clients. Could target teens.
  - No program has been developed at this point.

## **Part 2. Assessment of Current Activities Related to Adolescent Health**

Please indicate (with “X”) any of the following activities specific to adolescent or school-aged child populations that you are currently involved in. Some areas have both general and specific activities. *Check all that apply for any topic area.*

***Individual client services*** are those that are generally delivered one-to-one or in groups.

**Community activities** are those efforts that bring community members together to address a topic, or that provide health promotion or education to the community in general.

**Health delivery system** activities are those that result in linking individuals or communities to needed health care or other services, through coordination, collaboration, or communication.

TOPIC OR HEALTH RISK AREA Current Activities/Involvement	Individual Services	Community Activities	Health Systems Delivery
Access to care	X	X	X
Comprehensive screening (GAPS/Bright Futures)			
Parent/family involvement	X		X
Primary care services		X	X
Mental health services		X	X
Youth suicide prevention	Refer		X
Depression screening	X		X
Teen pregnancy prevention	X	X	X
Contraceptive access	X	X	X
Condom distribution	X		
ECP promotion	X	X	

<b>Access to care</b>		<b>X</b>	<b>X</b>
<b>TOPIC OR HEALTH RISK AREA</b> Current Activities/Involvement	<b>Individual Services</b>	<b>Community Activities</b>	<b>Health Systems Delivery</b>
<b>STD/HIV prevention</b>	<b>X</b>	<b>X</b>	<b>X</b>
STD/HIV counseling	<b>X</b>	<b>X</b>	<b>X</b>
<b>Tobacco prevention</b>	<b>X</b>	<b>X</b>	<b>X</b>
Tobacco cessation	<b>X</b>	<b>X</b>	<b>X</b>
<b>Alcohol &amp; Other Drug (AOD) Use Prevention</b>	<b>X</b>	<b>X</b>	<b>X</b>
AOD Assessment/screening			
<b>Nutrition Promotion</b>	<b>X limited</b>	<b>X</b>	<b>X</b>
<b>Physical Activity Promotion</b>			
<b>Motor vehicle Safety</b>			
Seat belt use			
DUII			
Street Racing			
<b>Violence Prevention</b>			
Harassment/Bullying			
Physical fighting			
Weapon carrying			

<b>School-Based Health Centers</b>			<b>X</b>
<b>Comprehensive screening (GAPS/Bright Futures)</b>			<b>X</b>
<b>Coordinated School Health (Healthy Kids Learn Better)</b>			<b>X</b>
<b>Parent/family involvement</b>		<b>X</b>	<b>X</b>
<b>Primary care services</b>	<b>X</b>		
<b>Mental health services</b>			
Youth suicide prevention			<b>X</b>
Depression screening	<b>X</b>		
<b>Teen pregnancy prevention</b>		<b>X</b>	<b>X</b>
Contraceptive access		<b>X</b>	
Condom distribution		<b>X</b>	<b>X</b>
ECP promotion		<b>X</b>	<b>X</b>
<b>STD/HIV prevention</b>		<b>X</b>	<b>X</b>
STD/HIV counseling		<b>X</b>	<b>X</b>
STD/HIV treatment		<b>X</b>	<b>X</b>
<b>Tobacco prevention</b>		<b>X</b>	

Tobacco cessation			
<b>Alcohol &amp; Other Drug (AOD) Use Prevention</b>			
AOD Assessment/screening			

Part 3. Assessment of Future Interests Related to Adolescent Health For the topic areas or health risks:

TOPIC OR HEALTH RISK AREA Current Activities/Involvement	No plans to expand	Would like to expand	Would like more info or assistance
<b>Nutrition Promotion</b>		X	X
<b>Physical Activity Promotion</b>		X	X
<b>Motor Vehicle Safety</b>			
Seat belt use			
DUII			
Street racing			
<b>Violence Prevention</b>			
Harassment/Bullying		X	X
Physical fighting			
Weapon carrying			

### 3. Immunizations

#### 2011-2012 Update

**NOTE: Immunization assessment data (AFIX data) is not yet available from the Oregon Immunization Program for the year 2010. Plans and progress reports will be updated as soon as this data is available.**

Our immunization program served x% of the 948 births in Linn County in the last year (2010). Of those being served by Linn County, XX% of the two year olds are up-to-date. We continue to use the children's story books as one way to help increase our numbers. Each child that receives immunizations at Linn County Public Health receives a book with a reminder inside of the cover as to when they should return for their next set of vaccinations. The Immunization Coordinator makes burp clothes that she rolls up with immunization information inside then ties a nice ribbon around it. These are handed out to new moms at Linn County hospitals at the time of birth. Immunization services provided at the Linn County Health Service clinics were advertised in the local newspaper and on our web site that resulted in some increase in new clients.

To explore other means to boost the immunization rates of two year olds, a study was begun at the end of 2010 to research causes of the decline in up-to-date immunizations in children. This research is being completed in the spring of 2011. During winter 2010 Linn County mailed over 1300 letters threatening exclusion, with about 200 children actually excluded.

During 2010, 1527 immunizations were given through our regular clinics and by the end of the 2009-10 flu season, Linn County Health Department gave over 9000 H1N1 flu shots at 91 county-wide immunization clinics.

## **Immunization Comprehensive Triennial Plan**

### **Plan A - Continuous Quality Improvement: Reduce Vaccine Preventable Disease**

*Calendar Years 2009-2011*

Time Period: Year 3: January 2010 - December 2010				
<b>GOAL: Reduce Vaccine Preventable Disease</b>				
<b>Objectives</b>	<b>Plan for Methods/ Activities/Practice</b>	<b>Outcome Measure(s)</b>	<b>Outcome Measure(s) Results</b>	<b>Progress Notes</b>
A. Raise in-house immunization rates for two year olds 6% over three years.	<ul style="list-style-type: none"> <li>Each child will receive an age appropriate book with each immunization visit with a reminder inside the cover of when they need next set of immunizations</li> </ul>	Increase UTD 2 yr old rates by 2% each year.	[Not Met? – need AFIX data]	Continuing to provide books. Research underway to examine causes and possible improvement of UTD rate.
B. Decrease missed shot rates 6% over 3 years	<p>Educational materials will be given to parents explaining the importance of immunizations being given on time.</p> <p>Parents will be encouraged to make next immunization appointment before leaving health department</p>	Decrease missed immunization opportunities by 2 % each year.	[Not Met? Need AFIX data] based on AFIX data which does not account for the lack of HIB vaccine supply, whether a 3 or 4 dose brand is used and counts children that have moved out of the area.	Parents are given the Heidi Murkoff pamphlet. Cards of parents who refuse vaccinations are flagged and entered into Iris.

## **Plan B – Community Outreach and Education**

### **Calendar Years 2009-2011**

Time Period: Year 3: January 2010 - December 2010				
<b>GOAL: Community Outreach and Education</b>				
<b>Objectives</b>	<b>Plan for Methods/ Activities/Practice</b>	<b>Outcome Measure(s)</b>	<b>Outcome Measure(s) Results</b>	<b>Progress Notes</b>
<b>A.</b> Promote flu mist in targeted Sweet Home school age children	<p>Flu mist clinics will be provided in Sweet Home Junior and Senior High School in 2009. Will assess ability for further outreach in the fourth year.</p> <p>Information and consent forms will be given to parents through mailings, school conferences or at school registration.</p>	<ul style="list-style-type: none"> <li>Number of students served at each school site.</li> </ul>	Needs improvement	65 middle and high school students were vaccinated in 2010, which is a decrease from 2009. The decrease is due to school staff forgetting to pass out consent forms to parents in packets. Forms were made available at school offices.
<b>B.</b> Encourage parents of all babies born in Linn County to vaccinate their babies.	Continue to provide burp cloths sewn by immunization coordinator will be wrapped with immunization information and given to new parents at birth in the hospital.	Increase Linn County Public Health infant immunization rates 1% per year	[Need AFIX data]	Burp clothes are being provided to Samaritan Albany General Hospital and Samaritan Lebanon Hospital.

#### 4. WIC

##### EVALUATION OF WIC NUTRITION EDUCATION PLAN FY 2010-2011

WIC Agency: Linn County WIC

Person Completing Form: Katey Bosworth, MA, RD

Date: April 20, 2011 Phone: (541) 967-3888 x2594

Return this form, attached to email to: [sara.e.sloan@state.or.us](mailto:sara.e.sloan@state.or.us) by May 1, 2011

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

### **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 online Participant Centered Education Module by July 31, 2010.*

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

- Did your WIC Training Supervisor complete the module by December July 31, 2010?
- Was the completion date entered into TWIST?

Response: [Both the WIC Coordinator and the WIC Training Supervisor in Linn County completed the online Participant Centered Education Modules by July 31, 2010.](#)

*Activity 2: WIC certifiers who participated in Oregon WIC Listens training 2008-2009 will pass the posttest of the Participant Centered Education e-Learning Modules by December 31, 2010.*

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

- Did all certifiers who participated in Oregon WIC Listens training 2008-2009 pass the posttest of the Participant Centered Education e-Learning Modules by December 31, 2010?

Response: Yes, all Linn County WIC Certifiers completed and successfully passed the posttest for the Participant Centered Education e-Learning Modules before 12/31/2010.

*Activity 3: Local agency staff will attend a regional Group Participant Centered training in the fall of 2010. The training will be especially valuable for WIC staff who leads group nutrition education activities.*

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

- Which staff from your agency attended a regional Group Participant Centered Education in the fall of 2010?
- How have those staff used the information they received at the training?

Response: All WIC Certifiers (Leah Brunson, Candy Calhoun, Pam Massey, Alma Mora, Leonor Rodriguez) and the WIC Coordinator (Katey Bosworth) attended a regional Group Participant Centered training in the fall of 2010.

In Linn County we have been holding some group NE opportunities already and found some of the shared techniques and adult learning theory information to expand on those events. We also have plans to start other various PCE Groups in each of the clinics.

We really find that all the information we have learned from the State Program has made the idea of group settings more manageable, efficient and effective for anyone, especially the participants.

## **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.

*Activity1: Each agency will continue to implement strategies identified on the checklist entitled "Supporting Breastfeeding through Oregon WIC Listens" by December 31, 2010.*

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:

In Linn County WIC, we have been extremely fortunate to have Leah Brunson, a skilled IBCLC on staff who in the past years has successfully applied and got approval for our County (employer) to be a breastfeeding friendly employer and we display this in the

Public Health Department waiting room. Most of the WIC Certifiers in our county have completed the Advance Breastfeeding modules and we hope to have at least one bi-lingual staff complete the more advance training offered by the State Program or another creditable program. Linn County WIC certifiers are all very passionate about breastfeeding and do their best at providing PCE to participants especially during prenatal visits. We have also incorporated the infant cues information during our prenatal group session. Linn County WIC does a great job at supporting postpartum woman with breastfeeding questions or complications; usually either being readily available to help or returning calls within less than a day. Linn County WIC is very good at having breast pumps available and having staff available to instruct on usage.

*Activity 2: Each local agency will implement components of the Prenatal Breastfeeding Class (currently in development by state staff) in their breastfeeding education activities by March 31, 2011.*

No response needed. The Prenatal Breastfeeding Class is still in development.

### **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 strengthen partnerships with these organizations by offering opportunities for 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.*

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

- Which community partners did your agency invite to attend the Group PCE training fall of 2010?
- How do you feel partnerships with those agencies were enhanced?
- What went well and what would you do differently?

Response: In Linn County, we invited our Public Health nurses with Cacoons and Babies First, other non-nurse staff from the Healthy Start program, and one of the Lactation Educators from the Albany Hospital but unfortunately with limited staff and time (and a family emergency), we did not have any partners able to attend the Participant Centered Group trainings. We were happy that our new Breastfeeding Peer Counselors and all other WIC certifiers were able to attend. We are already and will continue to encourage

involvement with these important partners and share as much as possible when partners are not able to participate in applicable state offered trainings.

*Activity 2: Each agency will invite community partners that provide breastfeeding education to WIC participants to attend a Breastfeeding Basics training and/or complete the online WIC Breastfeeding Module.*

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

- Which community partners did your agency invite to attend Breastfeeding Basics training and/or complete the online WIC Breastfeeding Module?
- How do you feel partnerships with those agencies were enhanced?
- What went well and what would you do differently?

Response only if you invited community partners to attend Breastfeeding Basics training. The online WIC Breastfeeding Course is still in development.

#### **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 June 30, 2011.

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

- Did/will the appropriate staff complete the new online Child Nutrition Module by June 30, 2011?
- Are the completion dates entered into TWIST?

Response: *All Linn County WIC staff will have completed the online Child Nutrition Module and completion dates will be entered into TWIST no later than June 30, 2011.*

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

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?

**FY 2010-2011 WIC Staff In-services**

In-Service Topic and Method of Training	Core Competencies Addressed	Desired Outcome
<p><b>July</b>  PCE e-learning Modules  Group PCS Training  Breastfeeding Peer Support</p>	<p>The participant centered e-learning modules and the PCS Group trainings addressed all of the following competencies: Communication; Multicultural awareness; Critical thinking; Technology Literacy; Nutrition Education.</p> <p>In addition to the competency skills listed above, during the Breastfeeding Peer Counseling program developments, we have also used: Principles of life-cycle nutrition competency skills.</p>	<p>To create a plan for WIC staff to successfully complete the PCE e-Learning Modules by 8/31/2010</p> <p>To establish a plan to allow all WIC staff to attend Group PCS training in the fall.</p> <p>To establish a goal and plan for incorporating the breastfeeding peer counselor to our program.</p>
<p><b>October</b>  Group PCS  PCS Focus on Breastfeeding  Support and Promotion  PCE e-learning Modules</p>	<p>Same as July.</p>	<p>To assess and/or evaluate current group classes and changes made to incorporate the PCS into group classes. To establish ways to implement the PCS approach more appropriately within group settings especially breastfeeding classes or support groups.</p> <p>To facilitate the completion of the e-Learning PCS Modules by any WIC staff who attended the 2009 Statewide Meeting and any new staff.</p>

<p><b>January</b></p> <p>Prenatal and Breastfeeding class</p> <p>Child Nutrition Module</p>	<p>Community Resources and Referrals competency skills.</p> <p>This new module will pretty much involve all the core competencies. May be not Program</p>	<p>To establish a plan for our county to improve or incorporate the state designed Prenatal and Breastfeeding class.</p> <p>To complete as a group the new Child Nutrition Module provided by the state program.</p>
<p>April</p> <p>Evaluate 2010-2011 NE Plan</p> <p>NE Plan 2011-2012 Review</p>	<p>The NE Plan and evaluation for the previous year involves all core competencies, especially Nutrition Education, Communication, Assessment, Community Referrals and Resources.</p>	<p>To assess successes and identify areas were not completed successfully of the 2010-2011 WIC NE Plan.</p> <p>To share ideas and thoughts about the 2011-2012 WIC NE Plan.</p>

# FY 2011 - 2012 WIC Nutrition Education Plan Form

**County/Agency:** Linn County  
**Person Completing Form:** Katey Bosworth, MA, RD / WIC Coordinator  
**Date:** April 20, 2011  
**Phone Number:** (541) 967-3888 x2594  
**Email Address:** kbosworth@co.linn.or.us

Return this form electronically (attached to email) to: [sara.e.sloan@state.or.us](mailto:sara.e.sloan@state.or.us)  
by May 1, 2011  
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 2 Objective:** During planning period, staff will incorporate participant centered education skills and strategies into group settings.

**Activity 1:** Local agency staff will attend a regional Group Participant Centered training focusing on content design to be held in the fall of 2011.

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

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

All Linn County WIC certifiers and breastfeeding peer counselors will attend a regional PCS Group training in the fall of 2011. And as many partners and clerical staff will be invited to also attend a regional Group Participant Centered training focusing on content design to be held in the fall of 2011.

**Activity 2:** Each agency will modify at least one nutrition education group lesson plan from each category of core classes and at least one local agency staff in-service to include PCE skills and strategies by March 31, 2012. Specific PCE skills and strategies were presented during the PCE Groups trainings held Fall 2010 and Spring 2011.

**Implementation Plan and Timeline:**

Linn County WIC will modify at least one nutrition education group lesson plan from each category of core classes in effort to follow the specific PCE skills and strategies that will be and have already been presented at the PCE Group trainings before March 31, 2012.

Linn County WIC will also offer at least one staff in-service to present and or review the specific PCE skills and strategies for offering group sessions no later than March 31, 2012.

**Activity 3:** Each agency will develop and implement a plan to familiarize all staff with the content and design of 2<sup>nd</sup> Nutrition Education options in order to assist participants in selecting the nutrition education experience that would best meet their needs.

**Implementation Plan and Timeline:**

Since Linn County WIC has a smaller group of staff, we already attempt to keep all staff familiarized with the content and design of 2<sup>nd</sup> Nutrition Education opportunities that are currently offered.

Linn County WIC will assure a plan is in place to continue to keep staff well informed in effort to assist participants in selecting a 2<sup>nd</sup> Nutrition Education opportunity that best meets their needs.

Currently Linn County WIC holds two staff meetings per month for discussing such matters.

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

**Year 2 Objective:** During planning period, each agency will incorporate participant centered skills and strategies into their group settings to enhance their breastfeeding education, promotion and support.

**Activity 1:** Each agency will modify at least one prenatal breastfeeding class to include PCE skills and strategies by March 31, 2012. Specific PCE skills and strategies were presented during the PCE Groups trainings held Fall 2010 and Spring 2011.

**Implementation Plan and Timeline:**

Linn County WIC will modify at least one nutrition education group lesson plan from each category of core classes in effort to follow the specific PCE

skills and strategies that will be and have already been presented at the PCE Group trainings before March 31, 2012.

**Activity 2:** Each agency's Breastfeeding Coordinator will work with the agency's Training Supervisor to provide an in-service to staff incorporating participant-centered skills to support breastfeeding counseling.

**Note:** In-service content could include concepts from Biological Nurturing, Breastfeeding Peer Counseling Program – Group Prenatal Series Guide and/or Breastfeeding Basics – Grow and Glow Curriculum. An in-service outline and supporting resource materials developed by state WIC staff will be sent by July 1, 2011.

**Implementation Plan and Timeline:**

Linn County's WIC Breastfeeding Coordinator and with assistance from the WIC Coordinator will offer an employee in-service to incorporate PCS to support breastfeeding counseling.

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

**Year 2 Objective:** During planning period, each agency will continue to develop strategies to enhance partnerships with organizations in their community that serve WIC participants by offering opportunities to strengthen their nutrition and/or breastfeeding education.

**Activity 1:** Each agency will invite at least one partner that serves WIC participants and provides nutrition education to attend a regional Group Participant Centered Education training focusing on content design to be held fall of 2011.

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

**Implementation Plan and Timeline:**

Linn County WIC will invite Public Health partners such as, Cacoon and Babies First Nurses, as well as Head Start staff in our county and hospital partners who serve WIC participants and provide nutrition education to attend a regional Group Participant Centered Education training fall 2011.

**Activity 2:** Each agency will invite at least one community partner that provides breastfeeding education to WIC participants to attend a Breastfeeding Basics – Grow and Glow Training complete the Oregon

WIC Breastfeeding Module and/or complete the new online Oregon WIC Breastfeeding Course.

**Note:** Specific Breastfeeding Basics - Grow and Glow training logistics and registration information will be sent out prior to the trainings. Information about accessing the online Breastfeeding Course will be sent out as soon as it is available.

**Implementation Plan and Timeline:**

Linn County WIC will invite Public Health partners such as, Cacoon and Babies First Nurses and lactation consultants from the local hospitals that provide breastfeeding education to WIC participants to attend a Breastfeeding Basics – Grow and Glow Training complete the Oregon WIC Breastfeeding Module and/or complete the new online Oregon WIC Breastfeeding Course when it becomes available during this NE Plan year.

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

**Year 2 Objective:** During planning period, each agency will continue to increase staff understanding of the factors influencing health outcomes.

**Activity 1:** Each agency will conduct a Health Outcomes staff in-service by March 31, 2012.

**Note:** An in-service outline and supporting resource materials developed by state WIC staff will be sent by July 1, 2011.

**Implementation Plan and Timeline:**

Linn County WIC will conduct a Health Outcomes staff in-service by March 31, 2012 using Oregon WIC provided in-service outline and supporting resource materials that will be sent by July 1, 2011.

**Activity 2:** Local agency staff will complete the new online Postpartum Nutrition Course by March 31, 2012.

**Implementation Plan and Timeline:**

Linn County WIC staff (CPA's, WIC Coordinator and home visiting nurses) will complete the new online Postpartum Nutrition course by March 31, 2012.

**Activity 3:** Identify your agency training supervisor(s) and projected staff quarterly in-service training dates and topics for FY 2011-2012. Complete and return Attachment A by May 1, 2011.

Agency Training Supervisor(s):

Linn County WIC Training Supervisors:

Leah Brunson, BS, IBCLC

[Katey Bosworth, MA, RD](#)

**Attachment A**  
**FY 2011-2012 WIC Nutrition Education Plan**  
**WIC Staff Training Plan – 7/1/2011 through 6/30/2012**

**Agency:** Linn County

**Training Supervisor(s) and Credentials:** Katey Bosworth, MA, RD/ WIC Coordinator and Leah Brunson, BS, IBCLC/ Nutrition Educator II, work together as the training supervisors.

**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, 2011 – June 30, 2012. State provided in-services, trainings and meetings can be included as appropriate.

Quarter	Month	In-Service Topic	In-Service Objective
1	July	<p>Review and discuss information gained from PCE Group conference call in June.</p> <p>Coordinator to review Health Outcome in-service materials, and get a plan in place.</p> <p>Biological Nurturing in-service for all PH staff.</p>	<p>To assess current classes offered to assure PCE group skills are being used and/or how they can be improved.</p> <p>To get a plan started for a Health Outcome in-service for staff.</p> <p>To present information on Biological Nurturing to all Public Health staff; in effort to share this valuable information with staff who couldn't attend the NWA Conference.</p>
2	October	<p>Invite all WIC staff and other community partners to attend a PCE Group training offered by Oregon WIC.</p> <p>Health Outcome in-service.</p> <p>Postpartum Nutrition Module.</p>	<p>To continue and expand our understanding and skills in PC Group settings. Also, share these skills with community partners.</p> <p>To complete a Health Outcome in-service for staff in effort to increase staff understanding of the factors influencing health outcomes.</p> <p>To complete the new Postpartum Nutrition Module.</p>
3	January	<p>Evaluate 2011-2012 NE Annual Plan.</p> <p>To evaluate current 2<sup>nd</sup> NE opportunities and</p>	<p>To assess the completion of 2011-12 NE Plan objectives.</p> <p>To assess the success and PCE skills with currently offered 2<sup>nd</sup> nutrition ed.</p>

		<p>start planning for next year.</p> <p>Nutrition Topic in-service topic to be selected based on understanding of the Health Outcome in-service.</p>	<p>opportunities and to consider any changes that need to occur.</p> <p>To offer continued information regarding Health Outcomes or similar topic, in effort to increase understanding of the larger picture of how we can best serve WIC participants.</p>
4	April	<p>2012-13 NE Plan review and discussion with staff.</p> <p>Nutrition topic in-service to be selected based on 2012-13 NE Plan goals.</p>	<p>To gain input and share with staff the three-year goals and objectives.</p> <p>To have a better understanding of the WIC program outcomes for the next three-year plan. Reviewing in more detail the objectives and how our county would like to fulfill these goals.</p>

## C. Environmental Health

Include the following in this section:

1. A description of the problems, goals, activities, and evaluations related to environmental health from OAR 333-014-0050 (2) (e) and ORS 431.416 (2) (e).

The major problem we face is implementing program requirements that are not consistent with real world public health priorities. For example:

- ◆ Industry influence seems to exceed that of the general public and regulators, and
- ◆ At times, proposed rules, interpretations, or policies are poorly crafted and go beyond legislative intent and authority.
- ◆ Responding to poorly crafted rules or policies usurps limited local resources needed to carry out the program. Not responding to proposals risks (what should be) non-starters becoming law or practice.

Our goals are to fulfill the contractual requirements between OHA and Linn County for Environmental Health Services. We conduct the activities necessary to provide program services in all areas of 333-014-0050(2)(e). Evaluations are in the form of the annual Environmental Health Statistics Report, and OHA Triennial Review. Eric Pippert's recent site visit (2009) was a welcomed and useful departure from past practices.

2. A description of the problems, goals, activities, and evaluations related to your contract (program elements) with the OHA. This will include any items not fully captured above. The reader should be able to understand your approach to providing the services in your contract:

Statewide goals, program activities, evaluations and public health priorities are not always in alignment. For example, if one goal is to develop the food protection program in a manner consistent with the FDA Model Retail Food Program Standards, then the annual self review and triennial review should be completely aligned with and supportive of that goal. The mandatory FDA based field standardization does not mirror our day-to-day inspection procedure. One or the other should change.

An opportunity for regular evaluation of OHA by local health authorities concerning significant state program activities (for example, rule making, training, technical assistance, program development efforts and public health priorities) would be welcomed and meaningful if appropriate changes are made as a result. The Drinking Water Program provides a good example of well-articulated goals, pertinent evaluation tools, alignment, and tight integration between state and local efforts.

3. A description of how the program will accomplish the following program requirements. This will, in part, be a description of your management and staffing plan.

- ◆ Licensure, inspection and enforcement of facilities under ORS 624, 448, and 446: By complying with the requirements of the statutes.
- ◆ Consultation to industry and the public on environmental health matters: By responding to requests based on health significance and available resources.
- ◆ Investigation of complaints and cases of foodborne illness: By investigating, tracking and closing all complaints received, and by following the investigative guidelines for foodborne illness.
- ◆ Staff access to training and satisfaction of training requirements: At a minimum, staff attend all mandatory training.
- ◆ Reduction of the rate of health and safety violations in licensed facilities and reduction of foodborne illness risk factors in food service facilities: These reductions will likely come as a result of more effective program management (i.e. alignment with real world public health priorities and needs) at the state level. We faithfully implement all existing program requirements to the full extent allowed within the financial and legal constraints of our contract with OHA.

#### **D. Health Statistics**

Linn County births for 2010 were **948** and **deaths were 1013**. The Oregon Health division web site has preliminary **1<sup>st</sup> births for 2010 at 572**. This is down by 9% from 2009 figures. In 2010, we issued 207 birth certificates and 4340 Certified Death Certificates. We enter data into a computer program for death certificates for all deaths for which we produce certified copies. Birth certificates are directly registered into the computer system by the hospitals through the State and we download any requested copies and enter intaglio information and orders for certified copies into the computer system. All billing is still done by hand, as that phase of the computer system is still to come. The State computer system for vital stats is OVERS (Oregon Vital Events Registration System).

#### **E. Information and Referral**

All of our site telephone numbers and addresses are listed in the various telephone books throughout the county. Staff is competent in triaging individuals who may have questions about services we do not offer as well as knowledgeable about program area services located within the department of health services. Many of our specific programs have brochures that speak to eligibility for that particular program. In addition; Linn County Department of Health Services has a brochure with all of its programs (Alcohol and Drug, Mental Health, Developmental Disabilities, Environmental Health, Commission on Children and Families and Public Health).

We have made efforts to get out into the community at special events to advertise our services. A new display board was developed by one of our OSU interns, which has

been used during public health week, at Linn-Benton Community College Career Fair, Our Local Teen Maze, and potentially at the Linn County Fair.

Our website is well maintained with timely information. This proved helpful during H1N1 and the recent developments with the Japan radiation situation. The community is responding and we keep track of the number of inquiries we receive. The numbers have steadily risen over the past year or so. The web address is [www.co.linn.or.us](http://www.co.linn.or.us) , go to Departments and click on Health Services. We utilized our web site to advertise a special training opportunity to the community as well as developed surveys for our employees regarding wellness issues.

Finally, Linn County United Way, in partnership with Benton & Lincoln County United Ways will implement a “211” information & referral service.

## **F. Public Health Preparedness**

### **2011-2012 Update**

Linn County's public health ESF8 emergency response plan was rewritten during 2010 and work continues on integrating it with a newly revised county all-hazards emergency response plan. Work was also carried out on continuity of operations plan for each department. We continue to work with a county multidisciplinary group to plan for special needs populations during an emergency event. The work group is made up of agencies who serve various Linn County residents. Our goal is to assess who our special needs populations are likely to be, assess what the needs of those populations may be and to develop plans to meet those needs. A representative of the American Red Cross joined the committee during 2010 and work began to develop alternative care site plans serving people with functional needs. Linn County was able to sponsor a VISTA volunteer for 6 months beginning in February 2011 to help with vulnerable population planning.

We participated in a two-county flood exercise in April 2010 and held a shelter-in-place training and drill in December 2010. We installed a Satellite phone docking station in our Lebanon Public Health Clinic site, and continue to test the satellite phones monthly. Public Health Staff became more proficient using the web-based Health Alert Network, which allows staff to receive local and state emergency alerts.

Major efforts continued toward the H1N1 Pandemic Flu response during the first quarter of 2010. Following our Pandemic Flu and Mass Dispensing Emergency Plans, multiple mass vaccination sites were utilized and over 9000 immunizations were given at 91 county- run flu clinics during the H1N1 response. We participated in a tri county flu coalition to manage distribution of vaccine and anti-virals fairly to the priority groups. Many activities occurred with our health department and local partners including hospitals, private providers, and local emergency response staff to get influenza information, vaccine and mitigation messages out to the public. Members of the Linn County Medical Reserve Corps were recruited and trained to participate in the mass flu clinics. To continue to build a sustainable and robust Medical Reserve Corps (MRC), Linn County applied for and received a MRC VISTA volunteer for 8/2010 to 8/2011.

Linn County Public Health staff completed all the Incident Command System training required of them in their current emergency response positions. We continue to work with an active Local Emergency Planning committee that meets monthly and are planning exercises together for Linn and Benton counties.

<b>Time Period: 2011-2012</b>				
<b>GOAL: Complete work with key partners on the Linn County vulnerable populations plan.</b>				
<b>Objectives</b>	<b>Plan for Methods/ Activities/Practice</b>	<b>Outcome Measure(s)</b>	<b>Outcome Measure(s) Results</b>	<b>Progress Notes</b>
A. Assess who vulnerable populations in Linn County are and define in plan	A work group has been formed and is working on defining vulnerable populations through use of census data and agency input.	Completed definition of vulnerable populations in the plan.	Met	Group had defined vulnerable populations and is in the process of compiling identified groups into a database.
B. Compare current emergency plans to needs of vulnerable populations to assess for gaps	As vulnerable populations are identified, their special needs will be compared to the existing emergency plans. Areas where the general population plans do not meet the needs for special populations will be identified in the special needs plan.	Completion of the plan by June 2012.	In progress	Group meets monthly and progress has been made towards this goal. VISTA volunteer is aiding effort at collecting necessary data. Rough drafts of example drafts are being reviewed.

<b>Time Period: 2011-2012</b>				
<b>GOAL: Improve the ability of Public Health to respond to local and state emergencies.</b>				
<b>Objectives</b>	<b>Plan for Methods/ Activities/Practice</b>	<b>Outcome Measure(s)</b>	<b>Outcome Measure(s) Results</b>	<b>Progress Notes</b>
A. Assess and evaluate response to H1N1 pandemic flu	Engage staff and community partners in debriefings to collect improvement data.  Conduct assessments and compile results into a summary.	Completed H1N1 After Action Report.	Met	Staff and community debriefings have been held. Data is compiled.
B. Revise Pandemic Flu and Mass Dispensing Plans.	Revise plans utilizing H1N1 response assessments.	Completion of the plans by May 2011.	In Progress	Plans are being updated to new county format and progress is being made.

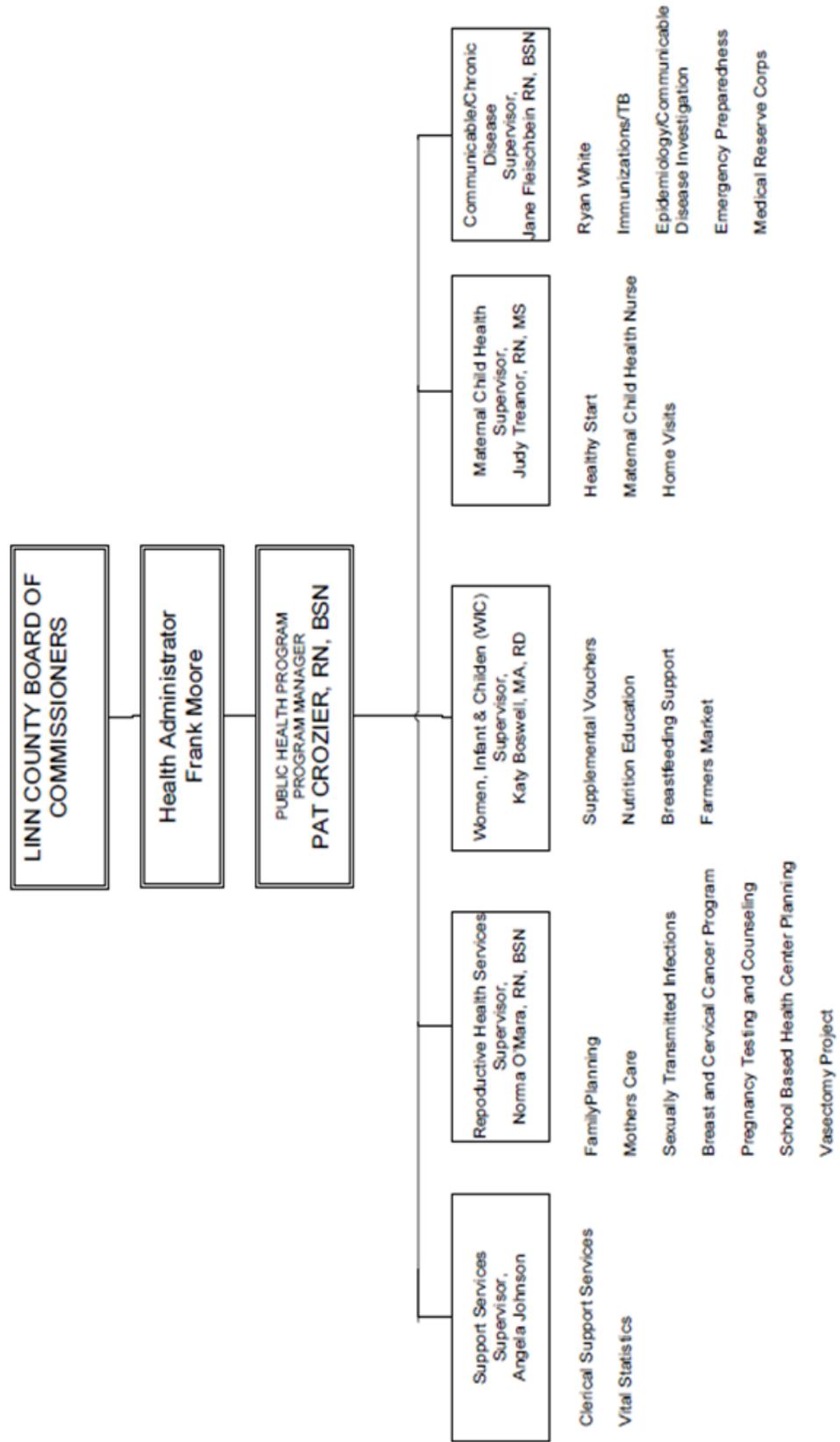
<b>Time Period: 2011-2012</b>				
<b>GOAL: Improve the ability of Public Health to respond to local and state emergencies.</b>				
C. Improve surge capacity for public health response.	Development of policies and procedures for deployment and utilization of Medical Reserve Corps.	Completion of policies and procedures by July 2011.	In Progress	VISTA volunteer helping with policy development; volunteer application, handbook, recruiting brochures completed.

<b>Time Period: 2011-2012</b>				
<b>GOAL: Linn County Public Health will participate in a Linn and Benton county wide flood exercise April 2010</b>				
Objectives	Plan for Methods/Activities/Practice	Outcome Measure(s)	Outcome Measure(s) Results	Progress Notes
A. Participate in planning and preparation for countywide exercise.	Attend planning meetings. Review policies and procedures in preparation for exercise. Update staff training on roles and responsibilities during an event. Update call down list and other critical contact information.	Plans and contact lists will be up-to-date for exercise. Public health will participate in the exercise planning using the HSEEP format as much as possible.	Met	Monthly meetings locally And regionally.
B. Assist other county departments and other county partners to prepare to participate in the exercise	Encourage and provide support to county emergency management and road departments, local hospitals, American Red Cross and local HAM radio operators to participate in preparing for and participating in the exercise.	County Public Health, Emergency Management and Road departments will prepare and participate in the exercise.	Met	Material provided To local partners for exercise.

**G. Other**

HIV Prevention is no longer run out of this clinic. Please see the executive summary for more information.

# LINN COUNTY HEALTH SERVICES PUBLIC HEALTH PROGRAM APRIL 2011



## IV. ADDITIONAL REQUIREMENTS

## **B. Board of Health**

Our Board of Health consists of the three county commissioners. Generally, the Board of Health holds regular meetings on the third Wednesday of the month. During this time the public health program manager, public health administrator, public health medical director, and environmental program manager attend. A monthly report on communicable disease activity, birth and death statistics, and other pertinent health department issues are discussed. These meetings are open to the public and frequently our public health newspaper contact is in attendance.

## **C. Public Health Advisory Board**

The Public Health Advisory Board consists of 7 community members representing a cross section of agencies and private citizens. Currently, there are two vacancies that we will be recruiting for. The Health Advisory Board receives information on public health programs, issues, and helps provide suggestions on service delivery. They are a committed group of individuals who take their responsibility seriously. They are currently updating the By-Laws for the Council. They have given good feedback on educational materials for our programs, as well as asked questions about public health threats such as H1N1 and the recent radiation information. We try to update their knowledge on all public health activities so the council can advocate for public health and assist staff in the identification of unmet public health needs.

## **D. Local Commission on Children and Families**

Linn County Local Public Health Authority is the governing body that oversees the local commission on children and families.

## **V. UNMET NEEDS**

Linn County Public Health promotes the health and well-being of all Linn County residents. For nursing services there is a public health nurse to community resident ratio of 1 to 8384. Our Communicable Disease staff continues to be overburdened with investigations for active TB cases, communicable disease outbreaks, meningitis, etc. All of which have occurred in our county.

1. **Physical activity and nutrition**- This past year, we were successful in being awarded the Healthy Communities grant to conduct a community wide assessment in specific areas including Physical Activity, Nutrition, and Tobacco Prevention. This grant has allowed us the opportunity to connect with many different agencies and work on a countywide action plan. We are just completing the action plans. Unfortunately, there is not continued funding at this point to carry out some of the activities, which might be identified.

We have also been active in participating in a Childhood Obesity Coalition.

2. **Chronic disease prevention**- Chronic disease is one of the leading causes of death in our county. Not nearly enough is being done in Linn County. This is what county public health programs should be dealing with. Currently through Samaritan Health Services we promote the “Living Well With Chronic Conditions” program, which helps Linn County residents manage chronic conditions. Without funding for a sustained health educator, other than our tobacco coordinator, there will be a gap in implementation of any action plan steps.
3. **School Based Health Centers**- We are unable to provide school based access to health care for any of our children in Linn County. This is even in light of the alarming rate of asthma in our school-aged children. There are no plans for any school based health centers in the coming year, especially in light of unstable funding.
4. **Senior Services**- 15% of our population is over age 65 yet all we offer to seniors is maybe a flu shot every year. How can we help them manage their chronic disease? How can we help them stay fit and healthy? Let’s work with Senior and disabled Services, our cities senior centers, the YMCA and Samaritan Health to make sure our seniors don’t fall through the cracks. The Chronic Disease Capacity building grant would again be the first step in addressing the issues facing our seniors.
5. **Dental**: - Currently, there seems to be increased interest in dental services in Linn County. The In-Reach clinic run by Samaritan health Services is partnering to provide some dental services through the mobile dental van on a limited basis. The Albany Boys and Girls Club in partnership with Linn County

United Way and Samaritan Health is providing space for a new dental suite to serve children and adults. This new clinic is staffed with volunteer dentists.

6. **Access to Services** – Other than the communities of Albany and Lebanon, primary care services are not available to all Linn County citizens. We are discussing the possibility of the Linn Benton FQHC locating in Sweet Home once a week to ease the burden of no universal access in that community. Continued discussions on this topic have occurred. The FQHC has had difficulty maintaining provider staffing and just recently hired a new physician. In light of the recent discussion with health care reform, it is yet to be seen how the primary care situation will unfold in our county.
7. **Perinatal Tobacco Use**- Currently 20% of pregnant women in Linn County use tobacco while the state percentage is 12%. We need to know who these women are, where they live and how do we reach them. A health educator would be very helpful in starting this process. This continues to be an issue we are assessing. Perhaps with the help of student interns who could take on this problem and gather some statistics we will get a better understanding of who these citizens are.
8. **Community Assessment**- The Healthy Communities Capacity Building Grant has helped spearhead efforts to get a snapshot of some county level data. This assessment is looking at chronic disease, smoking, obesity, and substance abuse. From the recent County Ranking report, Linn County was 28<sup>th</sup> out of 33 counties in health. As we look to accreditation work, we need to get a more comprehensive community assessment done. We will be applying for some grant opportunities that have come about with accreditation to hire an intern to work on this piece. Without extra funding, this will be difficult to achieve with our limited staff and no funding to sustain a health educator position.

## **VI. BUDGET**

Shirley Wertz is the keeper of our budget information. She can be reached at (541)924-6914 Ext. 2035 and [swertz@co.linn.or.us](mailto:swertz@co.linn.or.us).

Our address is P.O. Box 100, Albany, OR 97321

Please go to [www.co.linn.or.us](http://www.co.linn.or.us) for a complete financial report.

## **VII. MINIMUM STANDARDS**

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

### ***I. 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. **((After 5 1/2 yrs, done very two years))**
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. **( If requested )**

40. Yes  No  Access to prevention, diagnosis, and treatment services for reportable communicable diseases is assured when relevant to protecting the health of the public.
41. Yes  No  There is an ongoing/demonstrated effort by the local health department to maintain and/or increase timely reporting of reportable communicable diseases and conditions.
42. Yes  No  There is a mechanism for reporting and following up on zoonotic diseases to the local health department.
43. Yes  No  A system exists for the surveillance and analysis of the incidence and prevalence of communicable diseases.
44. Yes  No  Annual reviews and analysis are conducted of five year averages of incidence rates reported in the Communicable Disease Statistical Summary, and evaluation of data are used for future program planning.
45. Yes  No  Immunizations for human target populations are available within the local health department jurisdiction.
46. Yes  No  Rabies immunizations for animal target populations are available within the local health department jurisdiction.

#### *Environmental Health*

47. Yes  No  Food service facilities are licensed and inspected as required by Chapter 333 Division 12.
48. Yes  No  Training is available for food service managers and personnel in the proper methods of storing, preparing, and serving food.
49. Yes  No  Training in first aid for choking is available for food service workers.
50. Yes  No  Public education regarding food borne illness and the importance of reporting suspected food borne illness is provided.
51. Yes  No  Each drinking water system conducts water quality monitoring and maintains testing frequencies based on the size and classification of system.

52. Yes  No  Each drinking water system is monitored for compliance with applicable standards based on system size, type, and epidemiological risk.
53. Yes  No  Compliance assistance is provided to public water systems that violate requirements.
54. Yes  No  All drinking water systems that violate maximum contaminant levels are investigated and appropriate actions taken.
55. Yes  No  A written plan exists for responding to emergencies involving public water systems.
56. Yes  No  Information for developing a safe water supply is available to people using on-site individual wells and springs.
57. Yes  No  A program exists to monitor, issue permits, and inspect on-site sewage disposal systems.
58. Yes  No  Tourist facilities are licensed and inspected for health and safety risks as required by Chapter 333 Division 12.
59. Yes  No  School and public facilities food service operations are inspected for health and safety risks.
60. Yes  No  Public spas and swimming pools are constructed, licensed, and inspected for health and safety risks as required by Chapter 333 Division 12.
61. Yes  No  A program exists to assure protection of health and the environment for storing, collecting, transporting, and disposing solid waste.
62. Yes  No  Indoor clean air complaints in licensed facilities are investigated. ( **by public health tobacco program** )
63. Yes  No  Environmental contamination potentially impacting public health or the environment is investigated.
64. Yes  No  The health and safety of the public is being protected through hazardous incidence investigation and response.
65. Yes  No  Emergency environmental health and sanitation are provided to include safe drinking water, sewage disposal, food preparation, solid waste disposal, sanitation at shelters, and vector control.

66. Yes  No  All license fees collected by the Local Public Health Authority under ORS 624, 446, and 448 are set and used by the LPHA as required by ORS 624, 446, and 448.

### Health Education and Health Promotion

67. Yes  No  Culturally and linguistically appropriate health education components with appropriate materials and methods will be integrated within programs.

68. Yes  No  The health department provides and/or refers to community resources for health education/health promotion.

69. Yes  No  The health department provides leadership in developing community partnerships to provide health education and health promotion resources for the community.

70. Yes  No  Local health department supports healthy behaviors among employees.

71. Yes  No  Local health department supports continued education and training of staff to provide effective health education.

72. Yes  No  All health department facilities are smoke free. **(We follow the indoor clean air act and 10' rule.)**

### *Nutrition*

73. Yes  No  Local health department reviews population data to promote appropriate nutritional services.

74. The following health department programs include an assessment of nutritional status:

- a. Yes  No  WIC
- b. Yes  No  Family Planning
- c. Yes  No  Parent and Child Health
- d. Yes  No  Older Adult Health
- e. Yes  No  Corrections Health

75. Yes  No  Clients identified at nutritional risk are provided with or referred for appropriate interventions.

76. Yes  No  Culturally and linguistically appropriate nutritional education and promotion materials and methods are integrated within programs.

77. Yes  No  Local health department supports continuing education and training of staff to provide effective nutritional education.

#### *Older Adult Health*

78. Yes  No  Health department provides or refers to services that promote detecting chronic diseases and preventing their complications.

79. Yes  No  A mechanism exists for intervening where there is reported elder abuse or neglect.

80. Yes  No  Health department maintains a current list of resources and refers for medical care, mental health, transportation, nutritional services, financial services, rehabilitation services, social services, and substance abuse services.

81. Yes  No  Prevention-oriented services exist for self health care, stress management, nutrition, exercise, medication use, maintaining activities of daily living, injury prevention and safety education.

#### Parent and Child Health

82. Yes  No  Perinatal care is provided directly or by referral.

83. Yes  No  Immunizations are provided for infants, children, adolescents and adults either directly or by referral.

84. Yes  No  Comprehensive family planning services are provided directly or by referral.

85. Yes  No  Services for the early detection and follow up of abnormal growth, development and other health problems of infants and children are provided directly or by referral.

86. Yes  No  Child abuse prevention and treatment services are provided directly or by referral.

87. Yes  No  There is a system or mechanism in place to assure participation in multi-disciplinary teams addressing abuse and domestic violence.

88. Yes  No  There is a system in place for identifying and following up on high risk infants.

89. Yes  No  There is a system in place to follow up on all reported SIDS deaths.

90. Yes  No  Preventive oral health services are provided directly or by referral.
91. Yes  No  Use of fluoride is promoted, either through water fluoridation or use of fluoride mouth rinse or tablets.
92. Yes  No  Injury prevention services are provided within the community.

### **Primary Health Care**

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

### *Cultural Competency*

99. Yes  No  The local health department develops and maintains a current demographic and cultural profile of the community to identify needs and interventions.
100. Yes  No  The local health department develops, implements and promotes a written plan that outlines clear goals, policies and operational plans for provision of culturally and linguistically appropriate services.
101. Yes  No  The local health department assures that advisory groups reflect the population to be served.

102. Yes  No  The local health department assures that program activities reflect operation plans for provision of culturally and linguistically appropriate services.

## II. 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: **Frank Moore**

- Does the Administrator have a Bachelor degree? Yes  No
- Does the Administrator have at least 3 years experience in public health or a related field? Yes  No
- Has the Administrator taken a graduate level course in biostatistics? Yes  No
- Has the Administrator taken a graduate level course in epidemiology? Yes  No
- Has the Administrator taken a graduate level course in environmental health? Yes  No
- Has the Administrator taken a graduate level course in health services administration? Yes  No
- Has the Administrator taken a graduate level course in social and behavioral sciences relevant to public health problems? Yes  No

**If the answer is “No”, submit an attachment that describes your plan to meet the minimum qualifications. ( Need info from State Public Health on resources to assist administrator to begin to meet their “requirements”.)**

**a. Yes X 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.**

**b. Yes X 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 X 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.**