



Benton County Health Department

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

30 December 2011

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

Dear Mr. Engle:

Enclosed is Benton County's 2011-2012 Annual Public Health Plan, including narrative, fiscal, and minimum standards sections.

As previously noted, Benton County Health Department is actively working preparing for National Public Health Accreditation & plans to submit an official letter of intent to the Public Health Accreditation Board early in 2012.

I hope you find these materials satisfactory. Please contact me if you require any further information.

Sincerely,

Charlie Fautin
Health Administrator / Deputy Director

Mitchell Anderson
Director

I. EXECUTIVE SUMMARY

The Benton County Commissioners, in their role as Local Public Health Authority have charged the administration of Benton County Health Department (BCHD) with maintaining outstanding and innovative public health service to everyone who lives, works, learns, plays, prays and visits our county. A key aspect of our approach is to significantly improve program-and-cost-effectiveness through functional integration of public health, mental health, environmental health and primary care services.

Improved client service, improved cost-effectiveness, and service integration are the major influences on defining management roles, design of multi-disciplinary work teams, development of department-wide quality improvement processes, and improvement of data management systems. One aspect of BCHD's QI process involves work toward being in the first round of applicants for voluntary national Public Health Accreditation. BCHD is on track to submit an official letter of intent to the Public Health Accreditation Board (PHAB) early in 2012.

Another major focus of department program design is a commitment to reducing health disparities and inequities. As resources have declined we have worked to improve and focus our services for the sub-populations that remain relatively under-served, that are subject to greatest health risks, and that have the worst health indicators.

Primary prevention – increasingly through health policy work – is at the core of our public health work. However we continue to have significant investments and strong programs for secondary prevention services directed toward targeted high-risk groups (sexually active teens, injection drug users, high-risk families, etc). All programs strive to implement evidence-based practices.

County General Funds provide significant supplemental funding for public health programs. Unlike most other Oregon counties, Benton has adopted a biennial budget calendar which runs concurrently with the state budget. Competitive grant funding provides important financial support for a number of primary prevention programs, and enables much of our most innovative work. Environmental health, MCH and other programs are sustained largely by fees and reimbursements.

BCHD continues to look “over the horizon” at demographic, environmental & economic trends. The oncoming “age-wave” and health consequences of climate change are squarely on our radar along with significant local population growth associated with increasing enrollment (and associated faculty & staff) at Oregon State University.

II. ASSESSMENT

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

Basic Demographic Profile and Public Health Indicators:

BCHD's staff epidemiologist created & maintains a web-based County Health Status Report. This is a "one-stop-shop" for county staff & community partners to locate local, state & national, public and privately sourced health-related data about demographics, health surveys, health indicators, socio-economic information, etc. The site contains both graphical & narrative information as well as basic background & interpretation to help viewers understand the health implications of the information presented.

The complete report can be viewed at:

http://www.co.benton.or.us/health/health_status/index.php

Select highlights reveal:

The 2010 population was 85,579 – a 9.5% increase from 2000 (slower than the 12% increase for Oregon). The county population is forecast to grow to about 100,000 by 2040.

4.4% of the population is under 5 years of age & 17.8% is under 18 years of age (both are lower percentages than Oregon as a whole)

12% of the population is 65 years of age or older (slightly below Oregon). This age-group is forecast to be the fastest growing with a remarkable 151% growth in the population of persons 85 years of age & older.

White persons comprise 87.1% of the county population, Hispanic/Latino persons 6.4%, Asians 5.2%, Blacks 0.9%, American Indians & Alaskan Natives 0.7%, Native Hawaiians & Pacific Islanders 0.2%. 8.2% of the county population is foreign born.

Benton County's population has very high educational attainment with 47.7% having earned a bachelor's degree or higher – almost twice the rate for Oregon.

The top ten causes of death are Cancer, Heart disease, Stroke, Chronic respiratory disease, Unintentional injuries, Diabetes, Alzheimer's disease, Influenza & pneumonia, Hypertension and Suicide.

Corvallis residents report that on 57% of days they commuted to work in a motorized vehicle either alone or with others. By contrast 34% of trips were made by walking or riding a bicycle. Six percent work at home and 3% utilize public transportation. Unfortunately the county has poor public transportation services, so only 1.2% of rural residents used public transportation, significantly lower than the 4.1% statewide.

84.9% of adults report having health insurance – slightly higher than Oregon. 5.2% are enrolled in the Oregon Health Plan – slightly lower than the state rate of 6.2%.

81% report having a Primary Care Provider – above the 77.4% rate statewide.

Benton has among the lowest smoking rates in the state with 10.8% of adults using cigarettes (compared with 18.7% for Oregon), and 8.6% of 8th graders. Worryingly, 16% of 11th graders reported smoking.

Like many areas with large universities Benton has an increasing problem with binge drinking with 11% reporting binge drinking within the past 30 days, slightly above the Oregon rate and up 3% since the 2002-2005 survey period.

Among males who self-reported binge drinking, the percent in Benton County decreased during the same measurement period by 24%. This statistic is being used by the substance abuse prevention specialists to help target interventions – in this case to university women.

Both 8th and 11th grade alcohol use in Benton remains below Oregon rates.

2. ADEQUACY OF LOCAL PUBLIC HEALTH SERVICES

BCHD enjoys strong support from the community and governing bodies. As a result of partnership nurturance, funding collaborations, and education, awareness of Public Health's role across a wide range of jurisdictions & disciplines continues to grow.

BCHD receives about 47% of its total funding from County General Funds – this places us among the highest levels of local support in Oregon. The five-year County Health & Safety Levy will be up for voter renewal in November 2012. Levy funds support a variety of law enforcement & mental health functions in addition to 0.5FTE of the BCHD Epidemiologist and parts of two different Public health Nursing positions. Improved documentation & billing processes have resulted in greater revenue recovery for MCH and STI services.

A two-year old "RWJF Healthy Communities Grant" partnership with the City of Corvallis' Parks & Recreation Department has improved that department's

awareness of health policies, decreased health disparities within their programs to the benefit of minority children in the city.

The county itself has a cross disciplinary “Healthy Active Community Environments (HACE)” project spearheaded by public health but comprised of department heads from law enforcement, public works, parks & open spaces, planning, development & human resources. The group works across county departments to break down programmatic barriers standing in the way of better (and cheaper) workplace wellness, physical activity, recreational access, and recreational safety.

Three out of five school districts operating in the county contract to BCHD for public health nursing to provide school nurse services. This strengthens education-based linkages between the districts and BCHD’s CD, Mental Health, Health Promotion, EH and other programs.

BCHD has a collaborative relationship with many departments and programs at Oregon State University, most notably the Environmental Health & Safety office and Student Health Services. Monthly meetings that include a wide range of OSU departments and programs are held to coordinate preventive and responsive elements.

MCH and Health Promotion have strong community partnership programs with other government programs as well as schools, religious congregations and community based organizations. Health Promotion has been particularly creative and successful in this realm. In addition to the City/County Healthy Communities project mentioned above, the Health Promotion team put on the 6th annual soccer tournament and health event. This is a creative & increasingly successful 2 ½ day health outreach event aimed at the Spanish-speaking population. Children’s and semi-pro adult soccer tournaments are the “hook” that brings hundreds of Latino families to an event where the following services are provided: vaccinations, hearing & vision screenings, dental care, FQHC registration & appointments, OHP enrollment, as well as linkages with over 2 dozen community-based organizations.

Environmental Health lost 0.5 FTE during 2011 as a result of flat revenue & increasing costs. Reorganization and other efficiencies have minimized service disruptions. The program continues to have a very strong relationship with licensed restaurants and other regulated entities & receives frequent complements and commendations, even from those whom they regulate. This affirms the effectiveness of their customer-service approach which emphasizes consultative problem solving before regulatory action. EH has very strong functional linkages with other county departments as well as municipal water & sanitation departments throughout Benton County.

3. PROVISION OF FIVE BASIC SERVICES (ORS 431.416)

BCHD under the authority of the Benton County Commissioners acting as the Local Public Health Authority is fully compliant with the requirement for providing five basic public health services as described in ORS 431.416 and all associated OARs.

Details of those and other public health services are fully described in section III.

III. ACTION PLAN

A. Epidemiology and Control of Preventable Diseases

Oral disease prevention in one part of Benton County suffered a serious setback in 2011 when the Philomath City Council voted to discontinue municipal water fluoridation after more than 40 years of problem-free supplementation. The initial action was taken without consultation with BCHD, OHA, or local dentists / physicians. Public health, medical and community advocates were able to get the council to reconsider their decision, but after 2 months they reaffirmed the original decision – basing their decisions largely upon scientifically unsupported information gleaned from anti-fluoridation internet sites. Local political activists are attempting to get a public referendum mandating resumption of fluoridation in Philomath on the ballot in March 2012.

In the process of this debate, it has come to our attention that activists in a number of other western Oregon communities are watching the Philomath situation carefully with an eye toward abolishing fluoridation in their communities.

BCHD continues to have a very strong model of collaboration between CD and EH for gastroenteritis prevention and investigation as well as food-borne outbreak investigations. Offices are located directly across a hall which facilitates continuous communication & interdisciplinary collaboration.

The department uses internal call lists to alert CD staff during business hours and an after-hours answering service to assure timely response to disease reports 24/7. There is also a proven system of faxes and emails for distributing CD information to local health providers, clinics, hospitals, pharmacies, veterinarians and others. We are hoping to add social network capabilities to that menu of communication options soon. There is a library of health alert and media release templates for reportable conditions saved on a County server with back-ups saved in multiple, secure, distributed locations so notifications can be made rapidly when needed.

Chlamydia continues to be the most frequent reportable disease in Benton County. Gonorrhea incidence remains below the state average. In the past year targeted community-based testing by our HIV/HCV outreach worker has revealed a larger population of HIV+ injection drug users (IDU's) than we were previously aware of. Prior testing among men who have sex with men (MSM) failed to reveal a significant HIV reservoir in that population in Benton County.

Gastroenteritis, particularly Noro-type virus incidence continues to be problematic, especially during winter months. Outreach prevention efforts have

been well received in some day-cares, long-term care facilities, homeless shelters and, notably, at Oregon State University who's Student Health Services, Housing and Dining Services and Recreation Center have expended considerable resources to upgrade prevention efforts. OSU Greek fraternities and Sororities (especially fraternities) remain populations of high risk for significant gastroenteritis outbreaks. Unfortunately the male undergraduate culture remains difficult to influence with prevention & food hygiene messages.

BCHD continues to receive periodic reports of reportable diseases among OSU veterinary medicine students and staff. Poor hygiene protocols and inadequate handwashing facilities in teaching labs, bare-handed handling of infectious specimens (including wild bats) have led to a persistent trickle of cases and risks for Campylobacter, Leptospirosis, E. coli, Salmonella and rabies over the past few years. For several years BCHD's CD and EH programs have been working with OSU Biological Safety Officers, OSU's office of Environmental Health & Safety and OSU Student Health Services to try to influence the OSU Vet Med School to institute improved hygiene and PPE practices to reduce chances of infection by zoonotic illnesses. To date, these efforts have met with little success. A culture of inevitability and a "guild mentality" among veterinary faculty and practicing veterinarians is a recurring contributing factor. On several occasions we have encountered faculty and community veterinarians who have expressed the opinion that infection with zoonotic illnesses is a "rite of passage" for vet med students. This attitude does not appear to be unique to OSU. The same attitude was noted in a 2010 ASTE presentation about a Cryptosporidiosis outbreak at a Minnesota vet school.

These sort of institutional and cultural practices present ongoing prevention challenges as BCHD continues to educate, investigate and advise in congregate living, educational, long-term-care, child care and food services settings. There have been some successes as with a recent agreement to institute voluntary food service inspections of university fraternities & sororities. It will be very interesting to track outbreak reports to see the impact of that agreement.

Looking toward the future, OSU is undergoing a significant increase in enrollment, with a disproportionate increase in international graduate students. The OSU population has a large impact on the incidence of STIs, gastroenteritis, and TB. In particular, increases in foreign-born OSU students & faculty are likely to result in increases in cases of active TB in Benton County.

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

MCH Programs

BCHD's public health nursing staff includes a long-term, well-qualified and capable public health nurse doing CaCoon program services. This program is fully integrated with Developmental Disabilities' case management system which improves client and family services & reduces costs, duplication and frustration for all. The PHN and DD case managers work extremely closely. This collaboration was positively noted by OHSU which recently made BCHD one of three Oregon CaCoon programs to receive CaCoon For Youth supplemental funding to focus on services for clients transitioning from pediatric to adult services & care.

We are fortunate to have recently hired another very competent & energetic PHN whose MCH duties include Babies First! as well as immunization coordination. Those services are gaining strength and improving community-wide coordination.

BCHD's WIC program is extremely well coordinated with MCH nursing. The programs are physically adjacent which benefits both programs. The WIC certifiers often consult with PHNs on medical issues while the WIC staff provides particular expertise in nutrition and breastfeeding – as well as a high level of cultural competency - when needed by the PHNs.

Family Planning Services – ORS 435.025

FAMILY PLANNING PROGRAM ANNUAL PLAN FOR COUNTY PUBLIC HEALTH DEPARTMENT FY 2013

July 1, 2012 to June 30, 2013

Agency: Benton County **Contact:** Kathryn Weeks, RN

Goal # 4 Address the reproductive health disparities of individuals, families, and communities through outreach to 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) and by partnering with other community-based health and social service providers.

Problem Statement	Objective(s)	Planned Activities	Evaluation
<p>Decrease in teen clients being served.</p>	<p>Increase outreach to teen community</p>	<p>Present to HS Health Classes on BCHC services and reproductive/sexual health topics.</p> <p>Finalize teen flyers detailing clinic location and services and distribute to area schools and youth shelters.</p> <p>Start work on facebook page for family planning program at BCHC and continue to advise PR staff on updating general BCHC website to be more user-friendly and include information on family planning services.</p>	<p>Have teachers provide written and verbal feedback to presenter from students as well as teacher perspective.</p> <p>Consider developing client survey asking “how did you hear about our clinic/services?” so we can know what form of media is most used by our clients.</p>
	<p>Increase coordination within BCHC and to other organizations that deal with teens on daily basis.</p>	<p>Initiate “Teen Night” at clinic in conjunction with Health Navigator staff at BCHC to introduce teens to clinic site and services.</p> <p>Present on Teen Pregnancy to Jackson Street Youth Shelter per their request</p> <p>Present information on BCHC family planning/sexual health services to staff at alternative schools</p>	<p>Have participants at any presentations or teen nights give written and verbal feedback to presenters/program coordinators.</p>

Goal # 3 Promote awareness and access to long acting reversible contraceptives (LARCs).

Problem Statement	Objective(s)	Planned Activities	Evaluation
<p>The only LARC currently available through BCHC is the Paragard IUD. Many more clients are interested in Mirena, but clinic has not offered in past due to budgetary issues. Some clients are interested in Implanon, but currently no providers trained to do insertion and also have same concern over budgetary issues.</p>	<p>Add Mirena to BCHC formulary.</p>	<p>Determine what percentage of patient population is interested in Mirena and gather data on insurance status and CCare eligibility through use of quick survey to FP clients.</p> <p>Discuss budgetary issues with health center director and family planning staff.</p>	<p>FP RN will gather and sort data and present to family planning team and health center director.</p> <p>Budgetary issues discussion can proceed after data is collected.</p>
	<p>Consider Implanon/Nexplanon addition to formulary</p>	<p>Determine what percentage of patient population is interested in Implanon and gather data on insurance status and CCare eligibility through use of quick survey to FP clients.</p> <p>Discuss with providers if any have an interest in insertion training.</p>	<p>FP RN will gather and sort data and present to family planning team and health center director.</p> <p>Insertion training issues discussion can proceed after data is collected.</p>

Progress on Goals / Activities for FY 2012

(Currently in Progress)

The annual plan that was submitted for your agency last year is included in this mailing. Please review it and report on progress meeting your objectives so far this Fiscal Year.

Goal / Objective	Progress on Activities
Decrease in teen clients being served.	<p>FP Advisory Committee has been re-established and has as a goal to work on outreach to teen community. FP RN will be working with Health Navigator staff and committee members to have events at clinic and in community.</p> <p>FP RN met with local HS health teachers and school nurses to discuss needs in teen population. FP RN has composed presentations for teens about BCHC services and sexual/reproductive health topics.</p> <p>Now have scheduler dedicated to family planning/women's health team that understands special needs of teen clients.</p>
Increased health risks of clients r/t obesity, tobacco use, poor diet, and lack of physical activity in combination with birth control medications.	<p>New handouts on nutrition and weight have been reviewed by FP Advisory Committee. Committee will be reviewing tobacco use and physical activity materials at future meeting.</p> <p>BCHC is in process of becoming a WISEWOMAN provider, which will enable us to offer better care to women over 40, including screenings for diabetes and cholesterol.</p>

Immunizations

Local Public Health Authority Immunization Annual Plan Checklist July 2012-June 2013 Benton County Health Department

LHD staff completing this checklist: Holly Saulie-Rohman

State-Supplied Vaccine/IG

- 1. Uses the Oregon Immunization Program (OIP) Vaccine Administration Record (VAR), or a county VAR given prior approval by OIP
- 2. Accurately codes all immunizations according to OIP Vaccine Eligibility Charts
- 3. Pays quarterly Billable Project invoices in timely manner

Vaccine Management & Accountability

- 4. Has an assigned immunization program coordinator
- 5. Uses OIP-approved Standard Operating Procedures for Vaccine Management
- 6. Uses and maintains OIP-acceptable refrigeration equipment
- 7. Uses and maintains OIP-acceptable temperature tracking, calibrated and certified thermometers in every vaccine containing refrigerator & freezer
- 8. Has an OIP-approved vaccine emergency plan
- 9. Complies with OIP vaccine expiration & wastage requirements

Delegate Agencies

- 10. Has one or more delegate agencies: LHD has up-to-date addendum agreements for each site N/A
- 11. Has one or more delegate agencies: LHD has reviewed each site biennially, following OIP guidelines N/A

Vaccine Administration

- 12. Has submitted annual Public Provider Agreement & Provider Profile
- 13. Provides all patients, their parents or guardians with documentation of immunizations received
- 14. Complies with state & federal immunization-related document retention schedules

- 15. Does not impose a charge for the cost of state-supplied vaccines or IG, except for Billable Project or Locally Owned doses
- 16. Does not impose a charge of more than \$15.19 per dose for VFC/317 vaccine
- 17. Does not deny vaccine administration to any VFC or 317-eligible patient due to inability to pay the cost of administration fee, and waives this fee if client is unable to pay

Immunization Rates & Assessments

- 18. Participates in the annual AFIX quality improvement immunization assessment and uses rate data to direct immunization activities

Perinatal Hepatitis B Prevention & Hepatitis B Screening and Documentation

- 19. Provides case management services to all confirmed or suspect HBsAg-positive mother-infant pairs
- 20. Has a process for two-way notification between LHD and community hospital infection control or birthing center staff of pending deliveries by identified HBsAg-positive pregnant women
- 21. Enrolls newborns into case management program & refers mother plus susceptible household & sexual contacts for follow-up care
- 22. [Multnomah County only] provides centralized case management work over the tri-county area of Washington, Clackamas & Multnomah N/A
- 23. Documents & submits to OIP the infant's completion or status of 3-dose Hepatitis B vaccine series by 15 months of age (excluding Washington & Clackamas counties) N/A
- 24. Works with area hospitals to promote the Hepatitis B birth dose vaccine to all infants and Hepatitis B vaccine and IG to affected infants whose mothers are HBsAg positive or whose status is unknown
- 25. Screens all pregnant women receiving prenatal care from public programs for HBsAg status or refers them to other health care providers for the screening
- 26. Works with area hospitals to strengthen hospital-based screening & documentation of all delivering women's hepatitis B serostatus
- 27. If necessary, has an action plan to work with area hospitals to improve HBsAg screening for pregnant women
- 28. Requires and monitors area laboratories & health care providers to promptly report HBsAg-positive pregnant women

Tracking & Recall

- 29. Forecasts shots due for children eligible for immunization services using ALERT IIS
- 30. Cooperates with OIP to recall any patients who were administered sub-potent (mishandled or misadministered) vaccines

WIC/Immunization Integration

- 31. Assists and supports the Oregon Health Authority (OHA) to provide WIC services in compliance with *USDA policy memorandum 2001-7: Immunization Screening and Referral in WIC*

Vaccine Information

- 32. Provides to patients or patient's parent/legal representative a current VIS for each vaccine offered
- 33. Confirms that patients or patient's parent/legal representatives has read or had the VIS explained to them, and answers questions prior to vaccine administration
- 34. Makes VIS available in other languages

Outreach & education

- 35. Designs & implements a minimum of two educational or outreach activities in each fiscal year (July 2012 through June 2013). [Can be designed for parents or private providers and intended to reduce barriers to immunization. This can not include special immunization clinics to school children or for flu prevention.] **Report activity details here:**

Tdap clinic for expecting parents and family members

Benton County Health Services Strategic Plan-Initiative to improve immunization rates. The initial focus will be at the FQHS and then rolled out to the community.

Surveillance of Vaccine-Preventable Diseases

- 36. Conducts disease surveillance in accordance with *Communicable Disease Administrative Rules*, the *Investigation Guidelines for Modifiable Disease*, the *Public Health Laboratory Users Manual*, and OIP's *Model Standing Orders for Vaccine*

Adverse Events Following Immunizations

- 37. Completes & returns all reportable LHD patient adverse event VAERS report forms to OIP
- 38. Completes the 60-day and/or 1-year follow up report on prior reported adverse events if requested by OIP
- 39. Completes & returns VAERS reports on other adverse events causing death or the need for related medical care, suspected to be directly or indirectly related to vaccine, either from doses administered by the LHD or other providers

School/Facility Immunization Law

- 40. Complies with Oregon School Immunization Law (ORS 433.235-433-284)
 - a. Conducts secondary review of school & children's facility immunization records
 - b. Issues exclusion orders as necessary
 - c. Makes immunizations available in convenient areas and at convenient times
- 41. Completes & submits the required annual Immunization Status Report to OHA by the scheduled deadline
- 42. Covers the cost of mailing/shipping: school exclusion orders to parents, and packets to schools & other facilities

American Recovery & Reinvestment Act (ARRA) Stimulus Funds

- 43. Completes and meets all ARRA (state and federal) reporting requirements including the ARRA Final Summary Report by November 30, 2011.

Report submitted? Yes No

Performance Measures

- 44. Meets the following performance measures: [Refer to your 2011 Performance Measure spreadsheet]
 - Yes No: 4th DTaP rate of $\geq 90\%$, or improves the prior year's rate by 1% or more
 - Yes No: Missed Shot rate of $\leq 10\%$, or reduces the prior year's rate by 1% or more
 - Yes No: Correctly codes $\geq 95\%$ of state-supplied vaccines per guidelines in ALERT IIS
 - Yes No: Completes the 3-dose hepatitis B series to $\geq 80\%$ of HBsAg-exposed infants by 15 months of age

Yes No: Enters $\geq 80\%$ of vaccine administration data into ALERT IIS within 14 days of administration

Terms & Conditions Particular to LPHA Performance of Immunization Services

- 45. Reimburses OHA for the cost of wasted state-supplied vaccines/IG when required
- 46. Returns at LHD's expense all styrofoam containers shipped from Oregon Immunization Program (and not by McKesson)
- 47. Participates in state-sponsored annual immunization conferences, and uses dedicated OIP-provided funds for at least one person to attend

Reporting Obligations & Periodic Reporting

- 48. Submits, in timely fashion, the following reports (along with others required & noted elsewhere in this survey):
 - Monthly Vaccine Reports (with every vaccine order)
 - Vaccine Orders (according to Enhanced Ordering Cycle [EOC] assignment)
 - Vaccine inventory via ALERT IIS
 - Immunization Status Report
 - Annual Progress Report
 - Corrective Action Plans for any unsatisfactory responses during triennial review site visits N/A

Non-Compliance Explanation Detail Sheet

Use these table rows to document any checklist statements you were unable to check off or answer with a "Yes". Be sure to insert the corresponding statement number for each response.

Q. 25. Screens all pregnant women receiving prenatal care from public programs for HBsAG status or refers them to other health care providers for the screening. Prenatal Hepatitis B screenings are all done through private providers.
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Q. 44. 4 th DTap rate of $\geq 90\%$, or improves the prior year's rate by 1% or more. Strategic Plan initiative stated in question 35.

Q. 48. Vaccine Inventory via Alert IIS N/A. The ability to do inventory through Alert is not available to BCHD yet.
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C. Environmental Health Services (ORS 333-014-055 (2)(e) and ORS 431.416(2)(e):

The Division of Environmental Health performs inspections, licensing, consultation and complaint investigation of food services, tourist facilities, institutions, public swimming and spa pools, regulation of water supplies, solid waste and on-site sewage disposal systems, animal bite investigations to prevent the spread of rabies, food-borne and waterborne disease outbreak investigations, and other issues where the public's health is potentially impacted through contact with surrounding environmental conditions. See our website at:

<http://www.co.benton.or.us/health/environmental/index.php>

The Division of Environmental Health collaborates and coordinates service delivery with several city and county departments and is co-located with the Health Department.

Activities:

Animal-bite

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

Communicable Disease

Environmental Health Specialists work closely with the Communicable Disease team on food-borne and water-borne disease outbreak.

Drinking Water

Environmental Health Specialists monitor the results and assist public drinking water systems in achieving compliance with the Oregon Administrative Rules (OAR) for Drinking Water Standards. When a sample from a public drinking water system exceeds a maximum contaminant level, an Environmental Health Specialist investigates and takes appropriate action. Environmental Health Specialists assist public drinking water systems in developing a written emergency response plan. Environmental Health has an emergency response plan for drinking water systems. As of December 5, 2011, the total number of EPA and Non-EPA regulated Public Water Systems in Benton County is 67, serving an estimated population of 5,418.

Environmental Health Inspections

This fee-supported program reduces risk to county residents and visitors from disease and injury by investigating food and waterborne diseases,

educating the public about food safety, and performing routine inspections of licensed facilities such as restaurants, swimming pools, hotels, child care centers, adult foster care, and correctional facilities.

Onsite Wastewater Treatment (Septic) Systems Inspections

This fee-supported program reduces risk to county residents and visitors from diseases caused by failing or improperly designed septic systems. Improperly designed and installed septic systems may contaminate surface and groundwater sources, and the surrounding environment. This program has been adversely affected by the downturn in housing construction. With a 50% reduction in work there has been a corresponding decrease in FTE by 50%.

Solid Waste and Nuisance Abatement Program

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

Voluntary Contract Inspections:

Environmental health has a voluntary contract inspection program that provides services to schools, Oregon State University, and Greek Life in the form of inspections of fraternity and sororities upon request.

Emergency Response

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

Stormwater Illicit Discharge/Total Maximum Daily Load (TMDL)

Under a new program established in this year (2011), Environmental Health in collaboration with various city and county public work's departments, and Benton County Community Development developed a plan and a county ordinance for helping the county meet DEQ Phase 2 requirements. Environmental health primary focus will be to investigate illicit discharge complaints associated with OHA license facilities.

Climate Change

The Division for Environmental Health in partnership with Health Promotions has applied for a climate change grant.

Action Plan: Environmental Health Division

The Environmental Health Division is responsible for assuring the public of safe food, controlling diseases that can be acquired from food and water, animal bite reporting, West Nile Virus, regulating selected businesses and accommodations, and enforcing State and Local environmental health laws and rules.

Environmental Health Division staff work in collaboration with federal, state, county and city officials such as Assessment, Animal Control, Community Development, Communicable Disease, Emergency Planning, Natural Areas and Parks, Public Health, Public Works, Law Enforcement, Oregon Department of Agriculture, Oregon Department of Education, Oregon Health Authority, Oregon Health Licensing Agency, US Food and Drug Administration and others to refine procedures for responding to a broad range of disasters and emergencies that threaten the health of the community including floods, vectors, earthquakes, bioterrorism and other mass casualty events.

Goals

The goals of the Environmental Health Division are to (1) analyze local environmental health issues from a local perspective, (2) regulate specified businesses and accommodations to assure compliance with Oregon Administrative Rules and County Ordinances, (3) enforce State and Local environmental health laws and rules, and (4) act as a change agent to improve environmental health programs at the local, state and federal level of government.

Activities

Target populations include all residents and visitors to Benton County. The following activities are implemented on an ongoing basis by Environmental Health staff:

- Animal Bites (including bats and rabies exposures).
- Environmental Assessment Priority List.
- Food handler and Food Service Manager training and certification.
- Disaster Preparedness.
- Inspection, licensure, consultation and complaint investigations of food facilities and temporary events, tourist facilities, institutions, public swimming pools and spas and public drinking water systems; ensuring conformance with public health standards.
- Contract inspections of Oregon State University (OSU) food service facilities, sororities and fraternities on campus food service facilities.

- Community education about environmental health risks, food safety alerts, and hazards including: asthma, poor indoor air quality, lead poisoning, and vectors.
- Data analysis to identify environmental health trends and future service needs.
- Grant development to support Environmental Health Services.

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

Evaluation

The effectiveness of environmental quality and health programs are measured by the types of measures listed on the table below.

Program Area	Measurable Outcome
Health Inspections	Number of routine food inspections performed
	Number of critical violations in food service facilities
	Number of temporary restaurant inspections performed
	Number of day care inspections performed
	Number of hotel and motel inspections performed
	Number of organizational camp inspections performed
	Number of public water system surveys performed
	Number of public water system alerts investigated
	Number of public water system Maximum Contamination Level (MCL) violations investigated
	Number of recreational camp inspection performed
	Number of school inspections performed
	Number of swimming pool and spa inspections performed
	Trend analysis of inspectional findings
	Foodborne and Waterborne Disease Outbreaks
Number of food-borne illness outbreaks investigated	
Number of food-borne illness outbreaks confirmed	
Number of total cases for all confirmed outbreaks	
Food Handler/Food Manager Training and Certification	Percent of food handlers who passed the test
	Percent of food service managers who passed the food service manager certification exam

	Number of food handler tests taken by language
	Number of food manager certification tests taken by language.
Nuisance Abatement	Number of nuisance complaints investigated
	Number of initial and follow-up nuisance inspections
Onsite Waste Water (Septic)	Number of site feasibilities performed
	Number of construction permits issued by type of system
	Number of repair permits issued
Solid Waste and Recycling	Percent recycling rate
	Number of Disposal Site Advisory Committee Meetings
	Number of Solid Waste Advisory Council Meetings
Vector Control	Number of birds that test positive for West Nile Virus
	Number of mosquito pools that test positive for West Nile Virus
Community Education and Outreach	Number of educational events conducted
	Number of individuals who attend the educational Events
	Number of newspaper articles published

Environmental Health Work Force Development

Benton County has retained a staff of highly skilled Environmental Health Specialists who are cross-trained to take advantage of changes in workflow and allow surge capacity for seasonal work, such as food inspections at OSU sporting events, festivals and other large temporary food events, Onsite waste water programs, or to provide additional support and rapid response during foodborne or waterborne disease outbreak investigations.

Environmental health staff will attend all state required training provided by Oregon Health Authority and Oregon Department of Environmental Quality. As is appropriate required training will be supplement as appropriate with other training related to the field of environmental health and science as provided for by the US Food and Drug Administration, US Environmental Protection Agency, Oregon Epidemiology, Oregon State University and others.

D. Collection and Reporting of Health Statistics

Vital statistics including reporting, recording and access to birth & death records are recorded and reported in compliance with current ORS and OAR. An experienced team of three staff are cross-trained in all required services to assure compliance during all business hours.

Certified copies of birth and death certificates can be provided while the customer waits, and forms from the websites of other states are made available, increasing satisfaction for customers.

E. Health Information and Referral Services

I&R services are available in Benton through an ever-increasing variety of paths: Internally, BCHD provides a variety of community I&R services through our front desk services. The telephone, reception and eligibility staff provide information and referrals for internal public health, environmental health, mental health and primary care services, as well as direct eligibility & enrollment assistance for the Oregon Health Plan. They also provide some direct referrals to other community services, and direct customers to in-person, on-line and telephonic access points for many other services.

In partnership with Linn County, Benton County recently implemented 211 information & referral services. This service was instituted in 2011, so usage and cost-effectiveness data is not yet available.

BCHD and Community Health Centers of Benton & Linn Counties – our FQHC – have recently implemented a Health Navigation program that has already gained a great deal of statewide recognition and acclaim. Health Navigators work with BCHD and primary care clients to help direct them to services and “navigate” around obstacles to services such as costs, transportation, literacy, child care, eligibility, etc. Although there are no limits on who can use navigation services, at this time the program is mainly focused on low-income Latinos. We foresee expanding this team to provide services to all groups that may be at risk due to health & service inequities as funding becomes available.

F. Public Health Emergency Preparedness

Preparedness for disasters, both natural and man-made, is a public health priority. Our Public Health Emergency Preparedness ("PHEP Program") develops and maintains the capacity of the department to rapidly mount an effective response to an emergency and to prevent, investigate, report and respond to outbreaks or the spread of communicable diseases. The PHEP program addresses public health mitigation, preparedness, response and recovery phases of emergency preparedness through plan development, training

and exercise, and plan revision. The program also works with the community to tackle local preparedness needs. The program is actively monitored to assure the attainment of professional standards and compliance with State/Federal guidelines and to evaluate the program's success.

Goals

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

The new PHEP will coordinate with Emergency Management, Red Cross, and Health Promotions to reach out to populations that are in need of training on being prepared for any type of disaster.

Maintain and update all Benton County Health Department Emergency Preparedness Plans.

Activities

A new PHEP Coordinator was hired August of 2010 and has done very well in integrating into the process of the PHEP Coordinator. They continue to strive to do their best in the position and seek help from the State Liaison, Emergency Management, and Red Cross as needed.

BCHD PHEP will work with all partners in ensuring that the plans are up-to-date. This will be done by the end of the fiscal year per the PE-12 Grant cycle. This will help to ensure that all plans are in line with the Emergency Management Plans.

BCHD PHEP will work through Health Promotions to reach out to those who may not be comfortable with coming to an Emergency Preparedness workshop. PHEP will go to coalition meetings to provide information on how people can be prepared for an incident (earthquake, food issues, etc.). This will be an ongoing process do to the many coalitions that PHEP is planning to take part in.

Evaluation

Evaluation is done via the twice-a-year Oregon Health Authority (OHA) PHEP program reviews. One of the reviews is semi-annual and one is annual. Documentation of these evaluations is available from OHA PHEP.

There will be evaluations on how the outreach through Health Promotions is working through questionnaires. There will also be goals set that will also help to determine how this part of plan is working.

G. Adequacy of Other Services Important to Benton County

Primary care for uninsured

Benton County has had an FQHC since 2004, the Community Health Centers of Benton and Linn Counties (BCHC) operating at three sites in Benton County and one in Linn County. BCHC operates as a full service primary care provider. All clients pay a co-pay, but services are offered to low-income clients on a sliding scale.

A private, non-profit agency, Community Outreach, Inc. (COI) has operated a free, volunteer-staffed medical clinic in Corvallis since 1971. All services are provided by volunteers & are free.

The small, rural community of Alsea, located near the Lincoln County border in SW Benton County supports the Alsea Community Clinic which is designated a Federal Rural Access Clinic. This clinic is staffed by a single nurse practitioner, is a vaccine delegate of BCHD and provides FPEP and school nursing services in addition of primary medical care.

Despite these “safety net” medical services, significant gaps still exist between needs and services. Health disparities between Benton County’s well-employed and well-insured majority and the increasingly strained, underserved minority of county residents. There is no doubt that in the current economy, health and social disparities are widening and demands upon the free clinic as well as urgent care clinics and hospital emergency rooms are financially unsustainable.

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

Other area populations that suffer excessively from health disparities are those living with mental and behavioral health challenges including chronic persistent mental illness and addictions.

It is hoped that Benton County Health Services’ new Health Navigation program (referenced above) can provide meaningful and critical services to those experiencing health & social disparities that pose barriers to preventive and curative health services.

Oral health prevention and care for uninsured

Oral health is a significant gap in local health services. A complex network of public and private organizations has provided a relatively strong “safety net” of dental care for children. However there is almost no free or low-cost dental access for uninsured adults in Benton County. Free dental cleaning is available through the Community college, but patients must be free of major cavities and oral abscesses, and the waiting list is months-long.

A task group is working hard to expand dental care services in the Community Health Centers of Benton and Linn Counties to adults but as yet, funding does not come close to meeting actual needs.

Childhood obesity

BCHD is developing a strong coalition of organizations and agencies working toward addressing this issue. Three of the five school districts operating in the county contract with BCHD to provide PHNs to implement a public health school nurse model. This model goes well beyond traditional school nursing to help schools better coordinate and address nutrition, physical activity, oral health, curriculum, policy, indoor air, allergen, injury prevention, communicable disease, pregnancy & STI prevention among other problems. The nurses are helping schools to focus particular attention on nutrition & physical activity issues that impact the childhood obesity epidemic.

In addition, BCHD has a highly innovative Robert Wood Johnson Foundation “Healthy Kids, Healthy Communities” grant that provides funding for a Health Promotion specialist to be co-located and co-managed between BCHD and Corvallis City Parks & Recreation. This is providing important linkages and innovations to improve access, participation & acceptance of city child recreation by minorities and other high-risk populations.

We also have a number of smaller grants and projects aimed at urban agriculture, minority health awareness (and mobilization), and healthy aging. Those projects help fund and improve community-wide awareness of social determinants of health and health disparities among community activists, philanthropists, governments, businesses, faith communities, and non-governmental organizations.

Looking forward: Awareness & community mobilization are strong tools, but mandates are needed to assure participation from social assistance, mental health, addictions, developmental disability and other publicly funded programs. While local efforts can help address local needs, more comprehensive state and federal action will be necessary to address the consequences of the obesity epidemic.

Substance abuse

Alcohol, tobacco and other substance abuse remains as a cause of crime, social disruption and economic distress in Benton County. While use rates may not be as high as in other Oregon counties, the burdens on Benton County schools, justice and social service systems remains excessive. The fact that BCHD’s Harm Reduction Program exchanged over 50,000 syringes and needles in 2010

indicates that methamphetamine and narcotic use is an ongoing problem in the county.

BCHD takes an integrated approach to prevention. Our Mental Health division recognizes the competencies offered by public health & turns over alcohol, substance and gambling prevention funds that generally remain in mental health. The idea is that mental health professionals are trained primarily in treatment, whereas public health professionals have greater competence in population-based prevention. This is a good example of the increased efficiencies & decreased duplication that is available thru true multi-disciplinary collaborations.

Food insecurity

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

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

New efforts are underway at BCHD to increase urban agriculture & food distribution systems, to help improve rural access to healthy foods, and to focus greater local attention on hunger.

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

Homeless services

Awareness of and services for the homeless population is constantly improving, due in large part to a high profile ten-year city/county initiative. However significant barriers remain. Mental & behavioral health for the chronically homeless is still very difficult to provide & sustain. Without those services, shelter, nutrition, communicable disease, and other problems can only be dealt with on a reactive basis for which inadequate resources are available.

Disparities

BCHD has been very active for several years working to raise community awareness about the social determinants of health and the public health impacts of health, racial and social disparities. We have helped form and support a regional coalition with a wide variety of partners including municipal governments, community-based organizations, Oregon State University, Linn-Benton Community College, hospitals, faith communities, businesses and other County government departments. This coalition has sponsored public forums and focus groups, sometimes using the PBS series “Unnatural Causes” as a starting point for education and to stimulate discussion.

This process has been notable in bringing public health considerations into the discussions of Corvallis city’s sustainability strategic planning process. We now have grant funding through the DHS Office of Minority Health to support the coalition and increase community activities & awareness.

This educational & mobilization effort is extremely closely tied to our Health Navigation, chronic disease & obesity prevention projects, mental health peer worker program, and many others to really address fundamental underlying causation – and not just the symptoms of disparities.

Epidemiology

BCHD employs a 0.5FTE professional epidemiologist that enables us to do a measure of internal health data collection and analysis which is unavailable to most local health departments in Oregon. One extremely significant accomplishment has been the data collection, analysis and narrative within the Benton County Health Status Report <http://www.co.benton.or.us/health/healthstatus/index.php> This report is a “one-stop shop” for health-related data for all county departments, municipalities and the rest of the health system as well as for cities and non-governmental agencies such as United Way and CBO’s that may be writing grants & preparing reports. Those organizations often do not have the internal capacity or expertise to do their own data collection and analysis. At this time the epidemiologist is busy completing a full update and upgrade to Health Status version 2.0 which will provide significantly greater access, analysis and utility.

We are approaching the final year of a 5-year county Health-And-Safety tax levy which has funded the epidemiologist along with several public health nursing and youth mental health positions. Renewal of the levy will be on the ballot in November of 2012. Without that funding local epidemiology capacity will be at risk. We are working with partner agencies and our neighboring counties to help make funding of public health epidemiology a core component of the nascent regional Coordinated Care Organization (CCO) – see below.

Public Health Accreditation

BCHD is committed to being an early applicant for local public health department accreditation through the national Public Health Accreditation Board (PHAB). We have been actively educating our staff, County Commissioners (Board of Health), and community about this effort for the past three years. During that time we have been monitoring development and testing of the PHAB standards & measures and beginning to collect sample documentation that can be used in our submission.

During the first half of 2012 we anticipate providing PHAB with our official letter of submission which will start the clock toward our official accreditation application before the end of the year. We had the services of a 0.5FTE AmeriCorps VISTA worker to work on accreditation preparation during FY 2010-11 and now have a full-time AmeriCorps VISTA worker which has accelerated our process. We will be eligible for one more year of AmeriCorps VISTA assistance during FY 2012-13 which will be critical to providing the dedicated staffing necessary for this important process.

Our accreditation project is managed jointly by Public Health Administration and the Health Services Improvement manager who oversees Quality Assurance / Quality Improvement processes throughout Benton County Health Services.

Coordinated Care Organization (CCO)

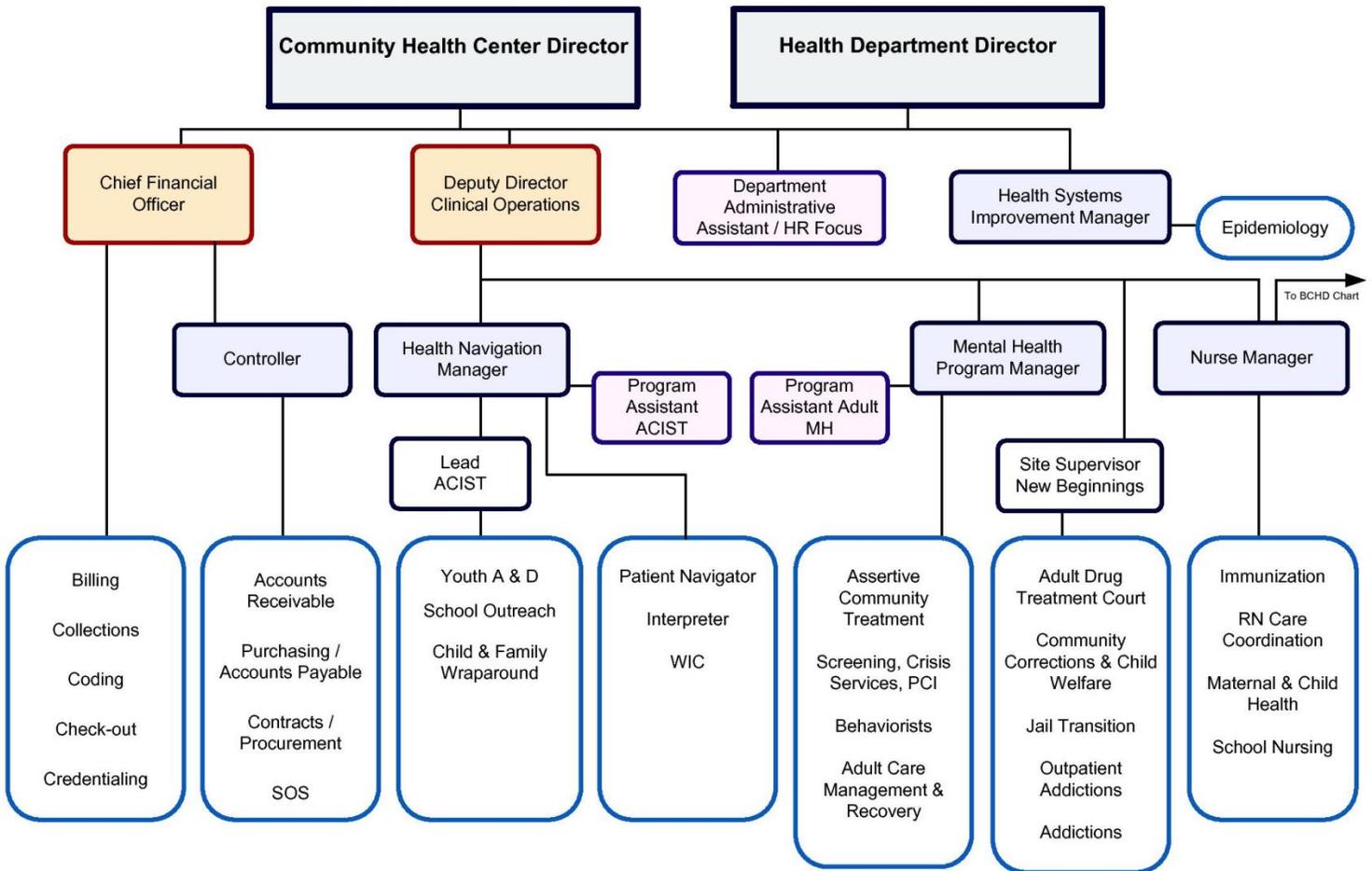
Benton, Lincoln, and Linn Counties have been very closely and actively working with regional health providers and Inter-Community Health Network (IHN - our regional OHP plan) to plan for a regional CCO. Discussions are well advanced and many of the regional leaders have been named to statewide panels and work teams as part of the Governor's Health Transformation initiative mandated by House Bill 3650.

As this is written, we are anxiously awaiting final reports from the transformation committees to the Oregon Health Policy Board, and then to actions in the upcoming 2012 legislative session that should enable and guide regional implementation.

IV. ADDITIONAL REQUIREMENTS

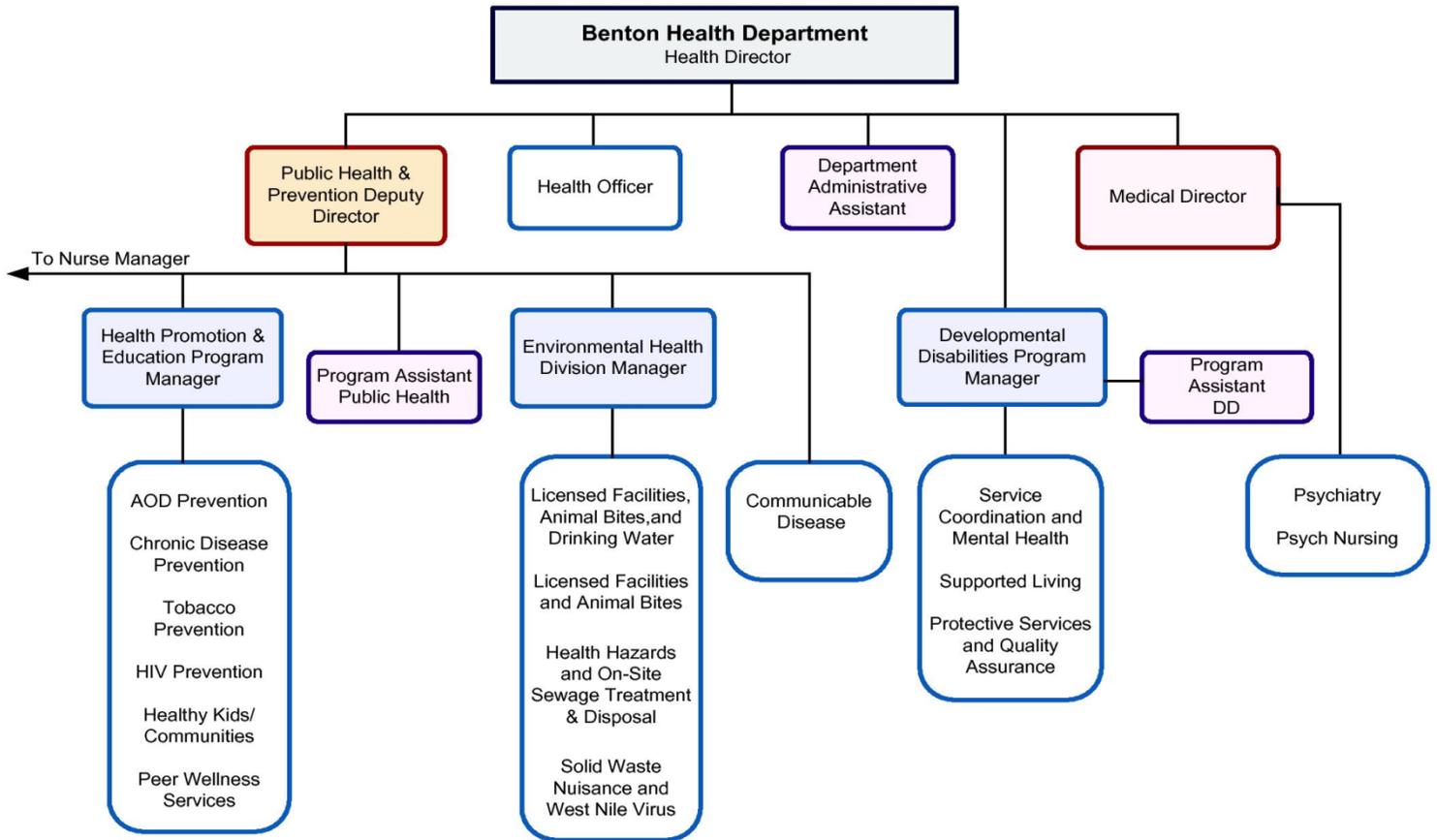
1. BCHD Organizational Charts:

BENTON COUNTY HEALTH DEPARTMENT HEALTH CENTERS OF BENTON AND LINN COUNTIES (SHARED REPORT ORGANIZATION CHART)



BENTON COUNTY HEALTH DEPARTMENT

(Direct Report Organizational Chart)



2. Benton County Board of Health:

Benton County has a 3-member Board of Commissioners (BOC) which are all elected at-large and serve 4-year terms. The BOC serves as the Board of Health.

The BOC meets weekly in public session advertised in compliance with Oregon statutes and rules. Public health issues, finance, staffing and operations are integrated into regular BOC business.

The BCHD Director meets monthly at regular standing meetings with the BOC. The HA is included in those meetings as necessary. The HA also has direct access for public health matters as needed individually, and as the BOC in Board work sessions and formal Board meetings.

3. Public Health Advisory Board:

The Public Health Planning and Advisory Committee (PHPAC) has been in existence for over 20 years. It is made up of 13 county residents who are named to the committee by the BOC.

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

The committee meets monthly. Meetings are always attended by the HA, but chaired by a committee member elected by the members.

Additional information about PHPAC is posted on the Benton County website at: <http://www.co.benton.or.us/health/publichealth/phpac.php>

PHPAC by laws are posted at

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

4. Triennial Review Compliance:

No compliance issues remain outstanding from the February 2009 triennial review

5. SB 555:

The Benton County Commission on Children and Families (CCF) is administratively located within the Benton County Administrative Services Department under that department's director.

The BCHD director is a member of the local Commission Executive Team and the department & public health managers maintain a close collaborative relationship with the Commission and CCF Director for programming as well as development and updating of the local Comprehensive Community Plan.

Additional CCF information and documents are available through:
<http://www.co.benton.or.us/admin/ccf/index.php>

V. UNMET NEEDS

Climate Change Preparedness

The public health consequences of current and anticipated changes in climate patterns are increasingly well documented. With a very high level of community awareness and a major national research center located at Oregon State University, BCHD is locally expected to be doing more in this field.

BCHD is one of the LHDs receiving minimal CDC/State funding through PE 11 during the current biennium. The intent of this funding is to support minimal FTE (0.2FTE the first year, 0.15 the second year) to outline a local climate change health mitigation plan. However this tiny amount of support is insufficient to facilitate a realistic review of health-related needs, adaptation, and remediation planning which could lead to meaningful program changes and community mobilization.

BCHD is actively integrating its work into that also being done by the Planning Department and Emergency management in line with the department's intent to avoid "stove-piped", duplicative efforts. In addition, some of the FTE for this project is being added to the work time for the BCHD PH Preparedness Planner, so that our natural hazards plans look forward with climate change in mind.

State promotion and support for strategies aimed at greater support for activities around the health consequences of climate change would be helpful.

School Public Health Nursing

Public Health School Nurses consistently take their work to a higher level than regular school registered or practical nurses. Combining public health nursing skills, a collaborative approach to care, with a detailed knowledge of student's individual needs the Public Health School Nurse can develop a high degree of credibility and trust among students, staff, administration and parents.

The primary prevention focus of public health nursing allows for both meeting the mandates & needs of education, but also sets the stage to integrate the schools into overall community primary prevention around chronic & acute disease prevention, injury prevention, toxicity prevention, better community design and integrated health planning.

Using a model analogous to home visiting, a school-based PHN can help schools to review policy & improve infection control measures, improve indoor air quality, reduce mold mildew & other allergens, improve nutrition & physical activity, monitor & reduce concussions and other injuries, reduce teen pregnancy, reduce the use of tobacco alcohol drugs and other risky behaviors.

BCHD has contracts with three of the five school districts in Benton County to staff their school nursing programs with PHNs. Unfortunately the level of resources available does not allow these nurses to come close to fulfilling the public health potential of this model.

In our experience, the major barrier in this regard is twofold: 1) Compartmentalization of PHNS in OHA and school nursing in ODE without any coordination of child health & educational needs and goals at the state level; 2) Complete lack of meaningful school nursing ratio mandates & fiscal support ORS & OAR.

Considering the known health system burdens that increasingly obese, allergic and diabetic children will impose, it is difficult to understand why the opportunities inherent in school public health nursing are not being explored.

Harm Reduction / Needle Exchange

As with the previous two issues, BCHD has put together funding for a minimal program aimed at preventing HIV & HCV transmission as well as reduction other risks among our IDU and MSM communities. We do this by funding an outreach worker dedicated to conducting prevention work among the homeless, IDU, MSM and LGBTQ populations. Through years of effort our outreach worker has been able to develop a high level of trust & penetration into those populations. That in turn has enabled him to work with the CD nurses, treatment specialists, CBOs, Schools and others to provide referrals, counseling, clean “works” and prevention education to groups who otherwise avoid government, clinics and other “authorities”.

Up until now we have applied our minimal state HIV prevention funding toward the parts of this program allowable under that funding & supplemented it with a significant amount of County general fund. The impending loss of Benton County’s HIV prevention funding will significantly challenge our ability to sustain this important work.

Benton County currently has a low HIV prevalence. A case can be made that this is at least partly due to our consistent implementation of effective, community-based, highly targeted preventions strategies.

It would be a tragedy if reduction of prevention funding has the unintended effect of allowing so much more infection that Benton becomes eligible prevention funding in the future as a result of increased-incidence.

PH Education for Policy Makers

BCHD has been asked by AOC to assist with the “County College” process of orientations for newly elected commissioners and judges by presenting overviews of Oregon’s Public, Mental & Environmental Health mandates, laws & rules for several years. It is apparent to us that very few commissioners come into their jobs with knowledge of their responsibilities & mandates as the local public & mental health authority.

It is highly likely that knowledge of public health is equally low (or lower) among city mayors & counselors. This problem has had significant public health consequences in Benton County with the Philomath City Council abolishing municipal water fluoridation in mid-2011 after more than 40 years of problem-free supplementation. The initial action was taken without consultation with BCHD, OHA, or local dentists / physicians. Public health, medical and community advocates were able to get the council to reconsider their decision, but after 2 months they reaffirmed their original decision – basing their decisions largely upon scientifically unsupported information gleaned from anti-fluoridation internet sites. Local political activists are attempting to get a public referendum mandating resumption of fluoridation in Philomath on the ballot in March 2012.

In the process of this debate, it has come to our attention that activists in a number of other western Oregon communities are watching the Philomath situation carefully with an eye toward abolishing fluoridation in their communities.

This experience has revealed a profound and dangerous gap in promotion of public health fundamentals among elected decision-makers at all levels of government. A gap begging for development and support of a curriculum in basic public health science that could be offered through the Association of Oregon Counties, the League of Oregon Cities, and other elected decision-making bodies throughout the state whose pronouncements and choices have profound impact on the public's health.

VI. LPHA BUDGET ACCESS INFORMATION

Benton County operates on a biennial budget.

The current Benton County budget for the 2011 – 2013 biennium is available on the web at:

<http://www.co.benton.or.us/admin/budget/documents/BudgetDoc2011-13.pdf>

Morry McClintock
Chief Financial Officer – Benton County Health Services
530 NW 27th Street, Corvallis, OR 97330
541-766-6291

VII. MINIMUM STANDARDS

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

Organization

1. Yes No A Local Health Authority exists which has accepted the legal responsibilities for public health as defined by Oregon Law.
2. Yes No The Local Health Authority meets at least annually to address public health concerns.
3. Yes No A current organizational chart exists that defines the authority, structure and function of the local health department; and is reviewed at least annually.
4. Yes No Current local health department policies and procedures exist which are reviewed at least annually. **BCHD policy requires that all department policies be reviewed & updated at least every 3 years. Not annually.**
5. Yes No Ongoing community assessment is performed to analyze and evaluate community data.
6. Yes No Written plans are developed with problem statements, objectives, activities, projected services, and evaluation criteria.
7. Yes No Local health officials develop and manage an annual operating budget.
8. Yes No Generally accepted public accounting practices are used for managing funds.
9. Yes No All revenues generated from public health services are allocated to public health programs.
10. Yes No Written personnel policies and procedures are in compliance with federal and state laws and regulations.
11. Yes No Personnel policies and procedures are available for all employees.

12. Yes No All positions have written job descriptions, including minimum qualifications.
13. Yes No Written performance evaluations are done annually.
14. Yes No Evidence of staff development activities exists.
15. Yes No Personnel records for all terminated employees are retained consistently with State Archives rules.
16. Yes No Records include minimum information required by each program.
17. Yes No A records manual of all forms used is reviewed annually.
18. Yes No There is a written policy for maintaining confidentiality of all client records which includes guidelines for release of client information.
19. Yes No Filing and retrieval of health records follow written procedures.
20. Yes No Retention and destruction of records follow written procedures and are consistent with State Archives rules.
21. Yes No Local health department telephone numbers and facilities' addresses are publicized.
22. Yes No Health information and referral services are available during regular business hours.
23. Yes No Written resource information about local health and human services is available, which includes eligibility, enrollment procedures, scope and hours of service. Information is updated as needed.
24. Yes No 100% of birth and death certificates submitted by local health departments are reviewed by the local Registrar for accuracy and completeness per Vital Records office procedures.
25. Yes No To preserve the confidentiality and security of non-public abstracts, all vital records and all accompanying documents are maintained.
26. Yes No Certified copies of registered birth and death certificates are issued within one working day of request.

27. Yes No Vital statistics data, as reported by the Center for Health Statistics, are reviewed annually by local health departments to review accuracy and support ongoing community assessment activities.
28. Yes No A system to obtain reports of deaths of public health significance is in place.
29. Yes No Deaths of public health significance are reported to the local health department by the medical examiner and are investigated by the health department.
30. Yes No Health department administration and county medical examiner review collaborative efforts at least annually.
31. Yes No Staff is knowledgeable of and has participated in the development of the county's emergency plan.
32. Yes No Written policies and procedures exist to guide staff in responding to an emergency.
33. Yes No Staff participate periodically in emergency preparedness exercises and upgrade response plans accordingly.
34. Yes No Written policies and procedures exist to guide staff and volunteers in maintaining appropriate confidentiality standards.
35. Yes No Confidentiality training is included in new employee orientation. Staff includes: employees, both permanent and temporary, volunteers, translators, and any other party in contact with clients, services or information. Staff sign confidentiality statements when hired and at least annually thereafter.
36. Yes No A Client Grievance Procedure is in place with resultant staff training and input to assure that there is a mechanism to address client and staff concerns.

Control of Communicable Diseases

37. Yes No There is a mechanism for reporting communicable disease cases to the health department.
38. Yes No Investigations of reportable conditions and communicable disease cases are conducted, control measures are carried out, investigation report forms are completed and submitted in the manner and time frame specified for the particular disease in the Oregon Communicable Disease Guidelines.

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

Environmental Health

47. Yes No Food service facilities are licensed and inspected as required by Chapter 333 Division 12.
48. Yes No Training is available for food service managers and personnel in the proper methods of storing, preparing, and serving food.
Note: Since May 2008, Benton County Environmental Health has provided a Voluntary Food Manager Certification. Currently the course is offered twice a year
49. Yes No Training in first aid for choking is available for food service workers. **Note: OHA use to provide training when it was in the Food Safety Training Manual for Food Employees. OHA removed this section in or about 2007. It would be very helpful if OHA would devote one page in the Food Handler's Training Manual to help LPHA to**

address this requirement under state statute. Environmental Health is now providing choking materials at our cost through a training poster.

50. Yes No Public education regarding food borne illness and the importance of reporting suspected food borne illness is provided. **Note: It is covered in our Food Handler and Voluntary Food Manager Certification training courses We provide education during an outbreak investigation and on request from individuals.**
51. Yes No Each drinking water system conducts water quality monitoring and maintains testing frequencies based on the size and classification of system.
52. Yes No Each drinking water system is monitored for compliance with applicable standards based on system size, type, and epidemiological risk.
53. Yes No Compliance assistance is provided to public water systems that violate requirements.
54. Yes No All drinking water systems that violate maximum contaminant levels are investigated and appropriate actions taken.
55. Yes No A written plan exists for responding to emergencies involving public water systems.
56. Yes No Information for developing a safe water supply is available to people using on-site individual wells and springs. **Note: Information is provided in a variety of handouts or publications including: “12 Simple Things You Can Do to Protect Your Well Water,” Six Basics for a Safe Water System”, and “A Consumer’s Guide to Water, Well Construction, Maintenance, and Abandonment.”**
57. Yes No A program exists to monitor, issue permits, and inspect on-site sewage disposal systems.
58. Yes No Tourist facilities are licensed and inspected for health and safety risks as required by Chapter 333 Division 12.
59. Yes No School and public facilities food service operations are inspected for health and safety risks.
60. Yes No Public spas and swimming pools are constructed, licensed, and inspected for health and safety risks as required by Chapter 333 Division 12.

61. Yes No A program exists to assure protection of health and the environment for storing, collecting, transporting, and disposing solid waste.
62. Yes No Indoor clean air complaints in licensed facilities are investigated. **Note: There is no funding source identified for EH involvement. Tobacco is referred to the Public Health Tobacco Specialist. School Nursing is doing limited indoor clean air work with the school districts. Most other indoor air complaints, “mold complaints,” are referred to private industry, OSHA, or the fire department.**
63. Yes No Environmental contamination potentially impacting public health or the environment is investigated.
64. Yes No The health and safety of the public is being protected through hazardous incidence investigation and response. **Note: We are involved if it concerns food establishments and drinking water. There is very limited involvement with meth labs and usually in support of local law enforcement in coordination with OHA. Other hazardous incidents, chemical spills, etc. are handled by first responders, typically police and fire.**
65. Yes No Emergency environmental health and sanitation are provided to include safe drinking water, sewage disposal, food preparation, solid waste disposal, sanitation at shelters, and vector control.
66. Yes No All license fees collected by the Local Public Health Authority under ORS 624, 446, and 448 are set and used by the LPHA as required by ORS 624, 446, and 448.

Health Education and Health Promotion

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

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

72. Yes No All health department facilities are smoke free.

Nutrition

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

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

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

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

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

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

Older Adult Health

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

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

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

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

Parent and Child Health

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

Primary Health Care

93. Yes No The local health department identifies barriers to primary health care services.
94. Yes No The local health department participates and provides leadership in community efforts to secure or establish and maintain adequate primary health care.

95. Yes No The local health department advocates for individuals who are prevented from receiving timely and adequate primary health care.
96. Yes No Primary health care services are provided directly or by referral.
97. Yes No The local health department promotes primary health care that is culturally and linguistically appropriate for community members.
98. Yes No The local health department advocates for data collection and analysis for development of population based prevention strategies.

Cultural Competency

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

Health Department Personnel Qualifications

Local health department Health Administrator minimum qualifications:

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

Answer the following questions:

Administrator name: **Charlie Fautin**

Does the Administrator have a Bachelor degree? **Yes X** No ___

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

Has the Administrator taken a graduate level course in biostatistics? **Yes X** No ___

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

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

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

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

- a. Yes X No ___ The local health department Health Administrator meets minimum qualifications:**

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

- b. 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.

- c. Yes No The local health department Environmental Health Supervisor meets minimum qualifications:**

Registration as a sanitarian in the State of Oregon, pursuant to ORS 700.030, with progressively responsible experience in a public health agency

OR

a Master's degree in an environmental science, public health, public administration or related field with two years progressively responsible experience in a public health agency.

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

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

Licensed in the State of Oregon as M.D. or D.O. Two years of practice as licensed physician (two years after internship and/or residency). Training and/or experience in epidemiology and public health.

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

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

Local Public Health Authority

County

Date

Local Public Health Authority

County

Date

Local Public Health Authority

County

Date