

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



**ANNUAL PLAN
2012-2013
COMPREHENSIVE**

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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. Over the past several months, Linn County Public Health has been working on accreditation readiness. Currently, we are doing a community health assessment using the MAPP (Mobilizing Action through Partnerships and Planning) process. The community partners we established with the Healthy Communities work have continued to be an active part in the MAPP process. We will be developing a Community Health Improvement Plan in the spring after the assessment is complete. In addition, we are finalizing work on a comprehensive strategic plan for Linn County Public Health. This involves looking at the current goals, mission, and values for public health and defining our collaboration with community partners as well as focus on prevention and promoting healthy lifestyles and choices. Another piece is the development of a quality improvement process and identifying and learning tools to improve our service delivery.

As part of our demographic community assessment work, there are areas of concern for our county including:

- Continued increasing rates of sexually transmitted infections and insufficient capacity to address them. Chlamydia rates at 359 in 2010 and expected to exceed this rate in 2011.
- High rates of tobacco use among our citizens, especially pregnant women 20% in Linn County compared to 12% for the state of Oregon. There is also an alarming rate of smoking among our 11th grade students at 23% vs. 16% for the state of Oregon.
- Increased infant mortality rates of 8.4 per 1000 live births compared to the state of Oregon at 4.8 per 1000 live births.
- In Linn County, the death rate from motor vehicle accidents is almost double the state rate. In 2010, the county had a rate of 21.1 crashes per 100,000 population. In Oregon, the rate was 14 crashes per 100,000 individuals.
- Poor air quality days 21 vs. 12 from 2006 data.
- Poor immunization rate for 2 year olds stands at 57.8% vs. 70.3% for the state of Oregon. This may be a data issue and are looking into this problem countywide.
- County Health Rankings as published in March 2011, places Linn County 28 out of 33 counties in health ranking emphasizing the work we need to do to make our county a healthier place to live.

Uncertainty in state and federal funding threaten the core public health functions such as immunizations, family planning, HIV and STD work. With the passage of HB 3650 there is even more uncertainty about the future funding and work of public health in this system of care. We have been part of an ongoing discussion with community healthcare partners about participating in the CCO (Coordinated Care Organization) model. Our administration continues to meet monthly with our hospital and OHP provider in our community to discuss how best to integrate the services we all provide into this new system of care.

On a positive note, our Health Advisory Council has become an active participant in our work on assessments, programs, and direction for the health department. Our WIC program continues to develop its peer breastfeeding program, and we continue to share a strong partnership with the Albany Soroptimist International on breast health and other women's health issues. Linn County Department of Health Services under the guidance of our Tobacco Prevention Coordinator has established an active Wellness Team who sponsor health events and work on health policies for our employees.

Improving health outcomes for our community will require that we, as a partnership of diverse public health agencies and community residents, decide which pathways are going to lead to a healthier community.

II. ASSESSMENT

Demographics

Linn County is located in the center of Oregon’s Willamette Valley. The county is 2,310 square miles and spans from its western boundary, the Willamette River, across to the top of the Cascade Mountain range. The climate and soils in Linn County create ideal agricultural conditions; the county produces a variety of specialty crops and is the nation’s leader in grass seed production.



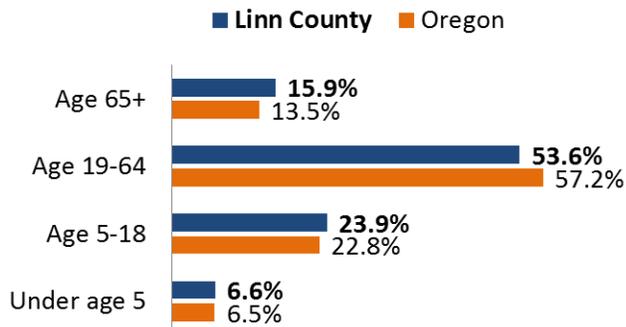
Population

2010	Linn County	Oregon
Population	116,672	3,831,074
Population change, 2000 to 2010	+13.2%	+12.0%
Land Area	2,292 square miles	95,997 square miles
Population density	51 people per square mile	40 people per square mile
*Percent of population living in a rural location	37%	21%
Female population	50.5%	50.4%

Source: US Census Bureau-State and County QuickFacts: Linn County, Oregon, 2010

*County Health Rankings- Linn County, 2011

Linn County population by age, 2010



Source: US Census Bureau-State and County QuickFacts: Linn County, Oregon, 2010

Since 2000, Linn County has experienced a 13.2% population increase¹. According to the 2010 US Census, the population of Linn County is 116,672¹. The population density in Linn County is 51 people per square mile¹. Because the county is an agriculturally driven community, there are proportionately more people

living in rural areas compared to the state in general. It is estimated that 37% the Linn County’s population resides in a rural location while only 21% of Oregon lives in a rural setting².

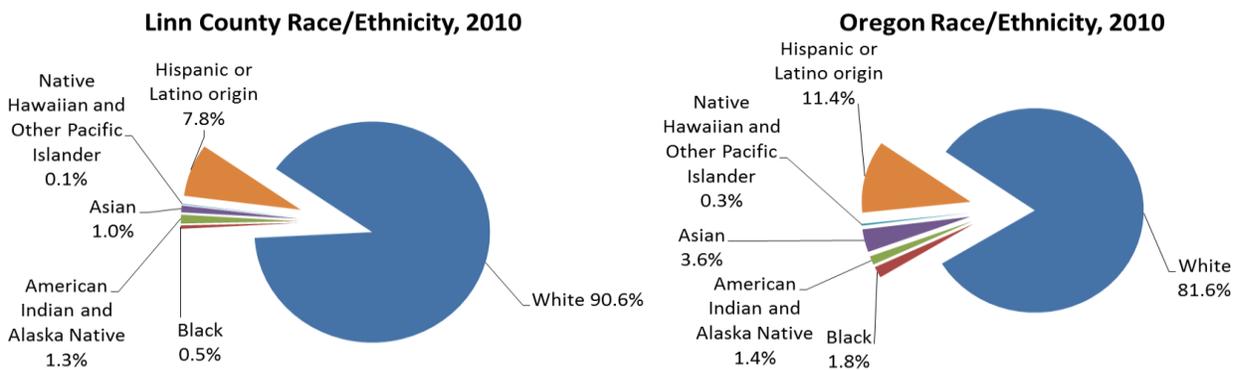
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Linn County has a greater percentage of its population over age 65 compared to the total population of Oregon. In Linn County, 15.9% of the population is over 65; the number of people over 65 in the state of Oregon is 13.5%¹. The percent of Linn County between the ages of 19-64 is 53.6%; this is lower than Oregon where 57.2% of the

population is between 19-64^{Error! Bookmark not defined.}. About 6.6% of the County is under age 5 and 22.8% of the population is between the ages of 5-18; these numbers are right in line with Oregon's^{Error! Bookmark not defined.}.

Race/Ethnicity

In Linn County, the majority of the population is White. According to the 2010 US Census, Linn County is 90.6% White, 7.8% Hispanic or Latino, 1.3% American Indian or Alaskan Native, 1.0% Asian, 0.5% Black, and 0.1% Hawaiian or Pacific Islander¹. In Oregon, the majority of the population is also White. The Oregon Population is 81.6% White, 11.4% is Hispanic or Latino origin, 3.6% Asian, 1.8% Black, 1.4% American Indian or Alaskan Native, and 0.3% Native Hawaiian or Pacific Islander.



Source: US Census Bureau-State and County QuickFacts: Linn County, Oregon, 2010

Socioeconomic Characteristics

In Linn County, the median household income is \$46,717^{Error! Bookmark not defined.}. This sits below Oregon's median household income of \$48,325^{Error! Bookmark not defined.}. The average household size in Linn County is 2.56 people and the average family size is 3.05 people⁴.

	Linn County	Oregon
Median household income, 2010	\$46,717	\$48,325
Average household size, 2010	2.56	2.6
Average family size, 2010	3.05	3.05

Source: US Census Bureau-State and County QuickFacts: Linn County, Oregon, 2010

The unemployment rate in Linn County is higher than the overall rate in Oregon. According to the Oregon Employment Department, 11.9% of Linn County was unemployment in August 2011⁵. The unemployment level in Oregon during August 2011 was 9.6%⁵.

The number of people in Linn County living at or below poverty level is slightly higher than Oregon. Approximately 14.9% of Linn County lives at or below poverty level and an estimated 19.7% of individuals under the age of 18 live at or in poverty⁶. In Oregon 14.3% of the population lives at or below poverty level and so does 19.4% of the population under the age of 18⁶.

Educational Attainment

In Linn County, the high school graduation rate is 70%; the Oregon high school graduation rate is 74%². Graduation rate is considered the number of ninth graders in public schools who graduate from high school in four years.

Linn County has fewer residents over the age of 25 with a high school diploma and college degree compared to the rest of Oregon. In Linn County, 86.2% of the population over age 25 have received a high school diploma; in Oregon 88.3% of the population have received high school diplomas¹. Only 15.6% of Linn County residents over age 25 have received a bachelor's degree compared to 28.3% of Oregon¹.

Education level for people 25 and older , 2005-2009	Linn County	Oregon
*High School Graduation Rate	70%	74%
Less than high school degree, no diploma	13.8%	11.8%
High school graduate (or equivalency)	33.1%	26.0%
Some college, no degree	29.1%	26.1%
Associate's degree	8.4%	8.0%
Bachelor's degree	10.9%	18.1%
Graduate or professional degree	4.8%	10.2%

Source: US Census Bureau-State and County QuickFacts: Linn County, Oregon, 2010

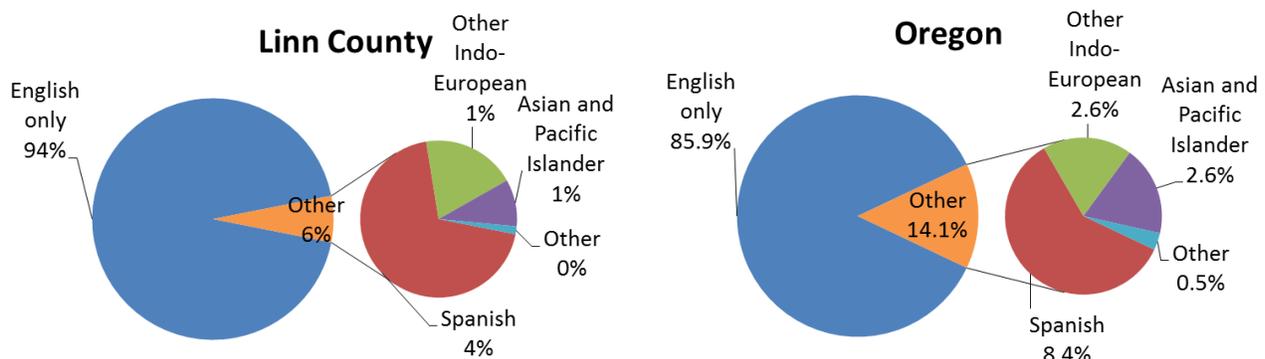
Linn County School District 2010-2011	Student Population
Central Linn School District	721
Greater Albany Public Schools	9169
Harrisburg School District	922
Lebanon Community School District	4333
Santiam Canyon School District	595
Scio School District	3257
Sweet Home School District	2347

Source: Oregon Department of Education School Directory 2010-2011

Language

According to the 2005-2009 US Census Bureau data, 6.8% of Linn County residents speak a language other than English in their home. Of the non-English speaking households, 4.3% speak Spanish, 1.2% speak a form of indo-European language, 0.6% speak Asian or Pacific Island language, and 0.1% speak other languages⁴.

Source: US Census Bureau- Selected Social Characteristics: 2005-2009



Health Resource Availability

Health insurance coverage remains an area of concern in Oregon and Linn County.

Approximately 10.8%⁷ of Linn County children are uninsured and 19%² of adults are not insured. In

Oregon on a whole 10.6%²² of children and 21%²³ of adults are uninsured.

	Linn County	Oregon
Uninsured children, 2010	10.8%	10.6%
*Uninsured Adults, 2010	19%	21%

Source: Oregon Department of Human Services: Children First For Oregon, 2010
County Health Rankings: Linn County, 2010

In Linn County, there are two hospitals with 88 short-term general hospital beds². There are approximately 69.8 primary care physicians and 30.9 dentists per 100,000 population². About 83.4% of adults have someone they consider their own personal doctor; in Oregon, only 79.6% of adults have a personal doctor⁸.

Linn County Public Health continues 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 Federally Qualified Health Center in Lebanon. The Health Center contracts with Linn County Mental Health for a clinician a couple days a week. We have a referral process in place for other services.

There are no school based health clinics in Linn County or anything comparable. Throughout Oregon, there are a total 53 certified health clinics operating within schools⁷.

Availability of mental health care in Linn County is an area of concern. The county has one mental health provider for 9,614 of the population². In Oregon, the ration of mental health care providers to population is 1: 2,211².

Childhood Health Indicators

	Linn County	Oregon
Entrance into prenatal care by 1st trimester, 2010	96.2%	94.7%
Teen pregnancy per 1,000 girls (ages 15-17), 2010	21.4	20.8
Infant mortality per 1000 live births, 2010	8.4	4.8
*Children living in single parent households, 2005-2009	32%	29%
*Low birthweight, 2001-2007	6.2%	6.0%
Percent of 2 year olds up to date with immunizations	57.8%	70.3%
Child Obesity rate	27.4%	26.8%
Abuse and neglect victims (per 1,000 ages 0-17), 2010	12.3	7.3

Source: Oregon Department of Human Services: Children First For Oregon, 2010
*County Health Rankings: Linn County, 2010

The percent of pregnant women in Linn County who obtain early prenatal care is high. Approximately 96.2% of pregnant women obtained prenatal care by the 1st trimester, which this is slightly better than the Oregon rate of 94.7%⁷.

While the number of pregnant women receiving prenatal care is high, childhood health is an area of concern in Linn County.

The teen pregnancy rate in Linn County for girls ages 15-17 is 21.4 per 1,000 females age 15-17 from 2009 live births; slightly higher than Oregon's teen pregnancy rate of 20.8 per 1,000 live births².

Approximately 32% of children in Linn County live in single parent households, compared to the overall Oregon Rate of 29%².

The infant mortality rate in Linn County is nearly twice as high as Oregon's. In 2010, the Linn County infant mortality rate was 8.4 deaths per 1,000 live births². In Oregon, the rate was 4.8 per 1000 live births. In Oregon and Linn County, approximately 6% of babies have a low birth weight (less than 2,500 grams)².

Immunization rates throughout Oregon could improve. In Linn County, only 57.8% of 2 year olds were up to date with their immunization series in 2010². Oregon's immunization rate was higher at 70.3%².

In Linn County there are almost twice as many child abuse and neglect victims reported in a year compared to the state. In 2010, the rate of abuse and neglect in Linn County among children under the age of 17 is 12.3 per 1000 children². In Oregon, 7.3 per 1,000 children are victims of abuse and neglect².

In Linn County public schools, 52.3% of public school kids are eligible for either free or reduced lunches⁹.

In Linn County, 27.4% of children are considered obese, slightly higher than the state average of 26.8%⁹.

Quality of Life

Over the last two years, County Health Rankings has used data obtained from the Centers for Disease Control and Prevention's Behavioral Risk Factor Surveillance System (BRFSS) and the CDC's National Vital Statistic System to compile the County Health Rankings. This document is a key component of the Mobilizing Action toward Community Health (MATCH) project. MATCH is a collaborative effort between the Robert Wood Johnson Foundation and the University of Wisconsin Population Health Institute.

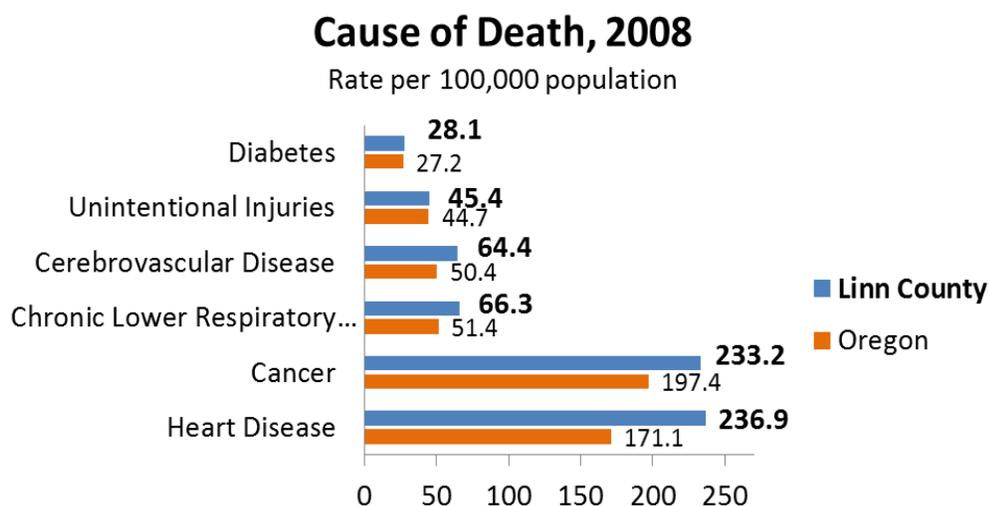
The most recent data from County Health Rankings published in 2011 ranks Linn County 28th out of 33 Oregon Counties in overall health outcomes². Health outcomes are measured on factors of mortality and morbidity.

Mortality

Linn County is ranked 23rd out of 33 Oregon counties for mortality measures². Mortality is measured by a rate of premature death, factored with the common statistical measurement of years of potential life loss, (YPLL). YPLL is used to factor the frequency and distribution of death before the age of 75, which is considered a premature death. Linn County has a premature death rate of 7,952 per 100,000 population, compared to Oregon's rate of 6,478².

Causes of Death

In 2008, the leading causes of death in Linn County were Heart Disease (23.2%), Cancer (22.8%), Respiratory Disease (6.5%), Cerebrovascular Disease (6.3%), Unintentional Injuries (4.4%), and Diabetes (2.6%)¹⁰. Other causes of death are reported among the county and state¹⁰.



Source: Oregon Health Authority, *Leading causes of death by county of residence, 2008*

In Linn County the rate of death from Cancer and Heart Disease is concerning. In 2008, the rate of death from Heart Disease in Linn County was 236.9 per 100,000 population; In Oregon the rate of death from Heart Disease was 171.9. per 100,000¹⁰. The rate of death from cancer in Linn County is 233.2 per 100,000 and in Oregon, it is 197.4 per 100,000¹⁰.

Morbidity

	Linn County	Oregon
Premature Death	7,755	6,537
Living in Poor Health	18%	14%
Days in poor Physical Health	4.5	3.6
Days in Poor Mental Health	4.0	3.3

Source: County Health Rankings: Linn County, 2010

In terms of morbidity, Linn County ranks 29th out of 33 Oregon counties². Morbidity attempts to explain the quality of health experienced by the living population. County Health Rankings

specifically reports on measures pertaining to physical, mental, and overall health. Approximately 18% of Linn County residents report living in poor to fair health and 17% report inadequate social support¹¹. Another 8% have had least one major depressive episode over the last 30 days¹¹. Linn County residents report living an average of 4.5

days a month in poor physical health, and an average of 4.0 days in poor mental health².

This is in contrast to 14% of Oregon adults who report living in poor to fair health and only experience 3.6 days a month in poor physical health and 3.3 days a month in poor mental state².

Chronic Disease

The rate of chronic disease in Linn County in some incidences exceeds Oregon State average rates. Arthritis, high blood pressure, and stroke are the highest incidence markers for chronic disease in Linn County. Approximately 29.5% of county residents are living with arthritis in comparison to the average state rate of 25.8%¹². Around 27.7% of the county has high blood pressure and 29.6% have high cholesterol; state rates are 25.8% and 33% respectively¹².

Approximately 10.5% of the population has asthma; the rate of asthma in Linn County is similar to the overall state rate¹². Almost eight percent of Linn County residents have diabetes; the state average is 6.8%¹². The rate of heart attack, coronary heart disease, and stroke in the county is 4.5%, 5%, and 3.7% respectively¹².

Adult chronic disease rate 2006-2009	Linn County	Oregon
Arthritis	29.5%	25.8%
Asthma	10.5%	9.7%
Heart Attack	4.5%	3.3%
Coronary Heart Disease	5.0%	3.4%
Stroke	3.7%	2.3%
Diabetes	7.9%	6.8%
High Blood Pressure	27.7%	25.8%
High Cholesterol	29.6%	33%

Oregon Health Authority- Age-adjusted and unadjusted prevalence of selected chronic conditions among adults, 2006-2009

Modifiable Behavioral Risk Factors

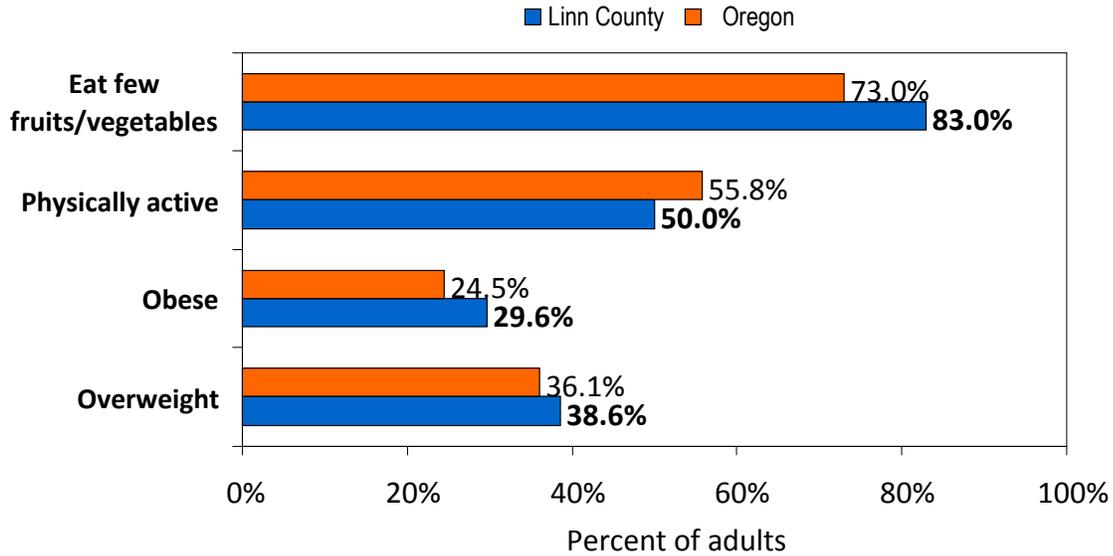
Prevention is a core value in public health. The majority of prevention and health promotion programs and models are adopted and implemented to prevent chronic disease. Tobacco use, alcohol consumption, obesity, lack of proper physical activity, and poor dietary habits contribute to the onset of chronic disease.

Physical Health and Nutrition

Perhaps the most profound data in the chart is related to fruit and vegetable consumption. In Linn County 83% of adults, report eating less than five fruits and vegetables per day¹².

In Linn County, about 30% of Linn County adults are considered obese and 38.4% of adults are considered overweight¹². In Oregon, about 25% of the adult population is considered obese and 36.1% overweight¹². Only 51.6% of adults in the county meet the CDC recommendations for physical activity compared to 56% of Oregon adults¹².

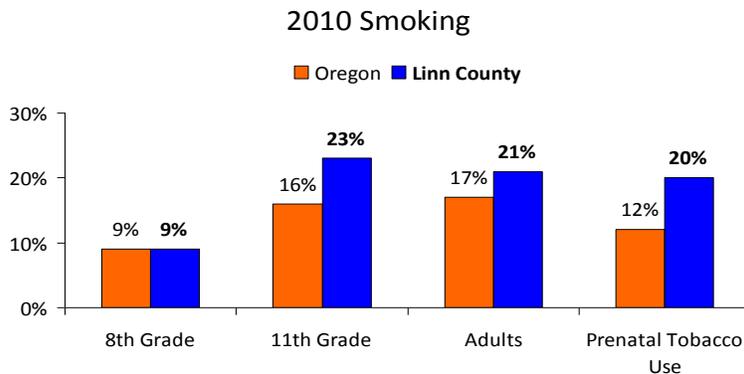
Modifiable risk factors



Tobacco

Tobacco use is a problem in Linn County. The Tobacco Prevention and Education Program (TPEP) releases information about tobacco use in each Oregon County. According to the 2010 tobacco fact sheet, 21% of Linn County adults smokes tobacco, compared to the statewide average of 17%.

Around 9% of county 8th graders and 23% of 11th graders smoke cigarettes¹³. In Oregon, 9% of 8th graders and only 16% of 11th graders report smoking cigarettes¹³.



Source: Oregon Department of Human Services *Linn County Tobacco Fact Sheet*,

Since 1996, the percent of infants born to mothers in Oregon who use tobacco has decreased 34%¹³.

Despite this significant decrease, there are an astonishing number of infants born to mothers who smoke in Linn County. Approximately 20% of pregnant women use tobacco while pregnant; this number is much different from the overall Oregon average of 12%¹³.

Motor Vehicle Accidents

In Linn County, the death rate from motor vehicle accidents is almost double the state rate. In 2010, the county had a motor vehicle death crash rate of 21.1 crashes per 100,000 population¹¹. In Oregon, the motor vehicle crash death rate was 14 crashes per 100,000 individuals¹¹. Only 30% of Linn County crash fatalities involved alcohol while 37% of vehicle fatalities in Oregon involve alcohol¹¹.

Motor vehicle crash death rate (per 100,000)
Linn County: 21
Oregon: 14

Motor vehicle fatalities involving alcohol
Linn County: 30%
Oregon: 37%

Source: Oregon Health Authority-Linn County's
*Epidemiological Data on Alcohol, Drugs and Mental
health, 2000-2010*

Alcohol

Alcohol consumption negatively affects many human organ systems. It is linked to certain types of cancer and is the leading cause of chronic liver disease.

Alcohol use, especially binge drinking, results in negative health consequences and contributes to motor vehicle crashes, birth defects, and a number of other chronic and acute conditions¹¹. Binge drinking is considered five or more drinks by men or four or more drinks by women in a short time span. 14% of Linn County adults are considered binge drinkers, which is the same as the overall rate in Oregon¹¹.

Unfortunately, young people who consume alcohol are more likely to binge drink than adults are¹¹. Young binge drinkers are much more likely to engage in risky behaviors such as drug use, risky sexual behavior, and aggressive antisocial behavior. In 2010, approximately 9% of 8th graders in Linn County and Oregon reported binge drinking¹¹. During the same year 26% of Linn County 11th graders reported binge drinking; this is higher than 21% of 11th graders throughout the state¹¹.

Drug Use

An important area of focus in public health revolves around substance use. Drug use affects families, schools, workplaces, and the community. Misuse drugs can lead to long-term health problems and premature death. It can also contribute to injuries, abuse and violence.

In Linn County, the rate of death from drug-induced causes is 12 people per 100,000 populations¹¹. The state rate is slightly higher; approximately 14 people per 100,000 population die from drug related causes¹¹.

Marijuana

Marijuana use is common in Linn County and throughout the state of Oregon. The use of marijuana can be addicting and cause adverse physical, mental, emotional, and behavioral changes. Adverse health effects include respiratory illnesses, memory impairment, and weakening of the immune system¹¹.

Marijuana use is highest among individuals between the ages of 18 to 25. According to the 2006-2008 National Survey on Drug Use and Health, about 18% of Linn County and 20% Oregon residents from ages 18 to 25 use marijuana¹¹. In Linn County 7% of adolescents between ages, 12 to 17 use marijuana as well as 5% of adult residents over age 26¹¹. Approximately 8% of Oregon youth between 12 and 17 years of age and 6% of Oregonians over the age of 26 are marijuana users¹¹.

The most current information regarding youth marijuana use is from 2010. According to information gathered from the Oregon Healthy Teens Survey and the Oregon Student Wellness survey, 10% of Linn County 8th graders and 12% of Oregon 8th graders reported using marijuana in the past 30 days¹¹. A higher portion of youth in 11th grade reported using marijuana. In Linn County over 1 in 4 students in 11th grade used marijuana¹¹. Nearly 26% of 11th grade students in Linn County used marijuana one or more times in the last 30 days¹¹. In Oregon 24% of the 11th grade population used marijuana¹¹.

Preventative Screening

Preventative screening rates in Linn County are in line with the state rates. In Linn County, 68.1% of the population has had their blood cholesterol

Preventative health screening rates, 2006-2009	Linn County	Oregon
Cholesterol checked within past 5 years (18+)	68.1%	71.3%
Mammograms (40+)	77.4%	82.0%
PAP smears (ages 18-64)	83.3%	85.8%
Colonoscopy/sigmoidoscopy (50+)	57.9%	56.8%
Adults 65+ who had a flu shot within the past year	68.6%	69.2%

Source: Oregon Health Authority

checked within the past 5 years; this rate is slightly lower than 71.3% of the state¹⁴. About 77.4% of women ages 50-75 in Linn County have had a mammogram in the past 2 years; the state mammogram screening rate is 82%¹⁴. Women in Linn County between the ages of 18-65 who went in for a PAP smear within the past 3 years is 83.3%¹⁴. This is slightly lower than the state rate for PAP smears, which is 85.8%¹⁴. Colon cancer screening rates in Linn County are slightly higher than the state rate. About 58% of Linn County is screened for colon cancer and around 56.8% of Oregon¹⁴. Approximately 68% of Linn County residents over the age of 65 received a flu shot; the average number of Oregonians accessing this preventative service is 69.2%¹⁵.

Sexually Transmitted Infections

An increased incidence of sexually transmitted infections is a concern in Linn County. The number of Chlamydia cases has steadily increased over the past 5 years. In 2005 the county reported 194

Linn County sexually transmitted disease total counts						
	2005	2006	2007	2008	2009	2010
Chlamydia	194	250	278	315	316	359
Gonorrhea	24	28	29	27	29	35
Syphilis	0	2	1	0	0	0

Source: Oregon Health Authority: Oregon STD statistics

Chlamydia cases; by 2010 the annual number of Chlamydia cases in Linn County reached 359¹⁶. The rate of Gonorrhea has also increased in the county. In 2005, 24 cases of gonorrhea were reported. Thirty-five cases were reported in 2010¹⁶.

Criminal Offenses and Arrests

Every year the Oregon Law Enforcement Agency compiles a report of criminal offenses and arrests of Crimes Against Persons, Crimes Against Property and Behavioral Crimes.

Crimes Against Persons are criminal offenses where the victim is present and the act is violent, threatening or has the potential of being physically harmful. Examples of crimes against persons include willful murder, negligent homicide, forcible rape, other sex crimes, kidnapping, robbery, aggravated assault, and simple assault. In 2009, Linn County had the 11th highest rate in

	Linn County	Oregon
Crimes against persons	101.9	95.5
Crimes against property	472.1	460
Behavioral crimes	791.1	400.1

Source: Oregon Uniform Crime Reporting- State of Oregon report of criminal offenses and arrests, 2009.

Oregon for crimes against people, a total of 1,130; this equates to a county rate of 101.9 per 10,000 population¹⁷. This is slightly higher than the average rate in Oregon, which sits at 95.4 crimes per 10,000 population¹⁷.

Crimes Against Property are criminal offenses that involve taking something of value by theft, deception or the destruction of property¹⁷. Examples of property crimes include burglary, larceny, motor vehicle theft, arson, forgery, fraud, embezzlement, stolen property offenses, or vandalism. Linn County reported 5,234 crimes against property in 2009. This is the 7th highest rate in Oregon at a rate of 472.1 crimes per 10,000 population. The average rate in Oregon is 460 per 10,000 population¹⁷.

In 2009 Linn County had the second highest behavior crime rate in Oregon¹⁷. Linn County reported 8,777 behavior crimes. This is an annual rate of 791.7 crimes per 10,000 population¹⁷. The state average is 400.1 crimes per 10,000 population.

Behavioral Crimes are crimes that represent society’s prohibitions on engaging in certain types of activity, such as criminal offenses that violate laws relating to personal conduct, responsibility and public order¹⁷. Behavioral Crimes may not necessarily be violent or property offenses in themselves; however, they may often contribute to other criminal acts.

Cancer Rates

The cancer rate in Linn County is slightly lower than the overall cancer rate in Oregon. Linn County has a cancer rate of 461 per 100,000 individuals, the state rate is 481.5¹⁸. Prostate cancer in males and breast cancer in females are the two forms of cancer with the highest prevalence in Linn County and in Oregon. The prostate cancer rate of 149.9 per 100,000 population and breast cancer rate of 127.9 per 100,000 population in Linn County are slightly lower than the state rates¹⁸. Colorectal and lung cancer are two other forms of cancer with high prevalence rates in Linn County. The county lung cancer rate of 73.5 and colorectal cancer rate of 50 per 100,000 population is slightly higher than the state rate of 70.3 and 48.5, respectively¹⁸. Linn County has lower cancer rates than Oregon per 100,000 population for bladder cancer (22.8), uterine cancer (20.3), lymphoma (20.2), melanoma (18.7), leukemia (10.1), thyroid cancer (6.8), cervical cancer (6.3), and liver cancer (4.3)¹⁸. The rate of brain cancer (7.5), esophageal cancer (5.6), oral/pharyngeal cancer (11.3), pancreatic cancer (10.8), and stomach (5.8) are fairly in line with the state averages¹⁸. Kidney cancer rates (13.5) and ovarian cancer rates (15.2) per 100,000 are slightly higher than state rates of 12.2 and 14.1 per 100,000, respectively¹⁸.

	Linn County	Oregon
All Cancer	462.1	481.5
Bladder	22.8	23.5
Brain/CNS	7.5	7.3
Breast Cancer (females)	127.6	139.8
Cervical	6.3	7.4
Colorectal	50	48.5
Esophageal	5.6	5.3
Kidney	13.5	12.2
Leukemia	10.1	11.5
Liver	4.2	4.4
Lung	72.5	70.3
Lymphoma	20.2	22.9
Melanoma	18.7	23.2
Oral/Pharyngeal	11.3	11.1
Ovarian	15.2	14.1
Pancreatic	10.8	10.8
Prostate	149.9	158.4
Stomach	5.8	5.7
Thyroid	6.8	7.4
Uterine	20.3	24.4

Source: Oregon State Cancer Registry Cancer in Oregon, 2006.

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 1 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 diseases¹⁹. 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 389 reported Chlamydia cases this past year in 2011 compared to a 5 year average of 266.

Immunizations

During the 2009-10 school year, Linn County Public Health mailed over 1330 letters threatening exclusion, resulting in about 177 actual school exclusions. The past school year 2010-2011, 1660 exclusion letters were generated with 232 exclusions. This seems to be due to the 7th grade requirement for Dtap. In addition, 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 300 employee seasonal flu shots.

There are many questions associated with why the overall 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. One of the issues identified was the state no longer sending out reminder cards to parents. The absence of the 4th DTaP dose was the most common reason children were reported as not Up To Date (UTD) with the full

series. There may also be some data issues that allow for children to be counted under Linn County's vaccination assessment, while in fact may have only received one vaccine with us and now are receiving them from another clinic. This can skew the results.

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 services²⁰.

Family Planning

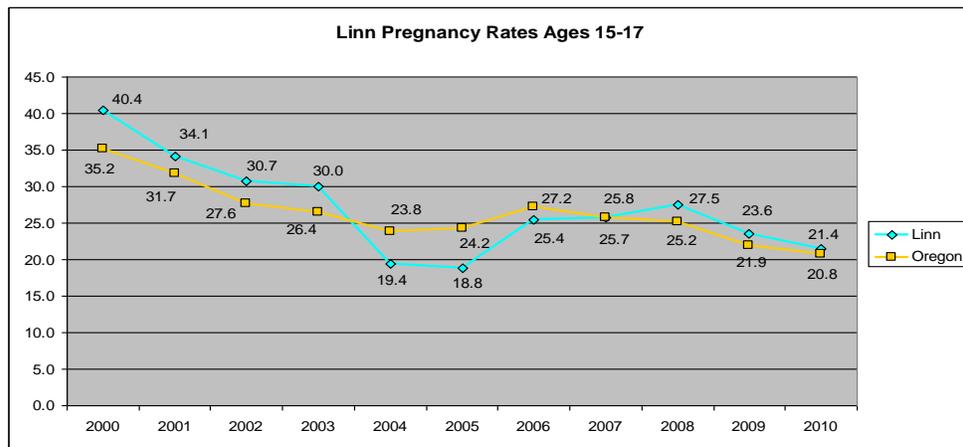
Linn County offers full reproductive health and family planning services. Under the Federal Title X Family Planning Program we are able to see clients on a sliding scale

based off 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 2011, Linn County vital statistics registered 1010 death certificates and issued 4,292 certified copies of death certificates. The County also issued 254 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). The efficiency of our submission rates has increased dramatically for death certificates from 20.9 days to 5.9 days. Certificates are now mailed daily instead of batching and mailed 3 times a week.

Oral Health

Linn County continues to have difficulty addressing the dental needs of adults as well as children. However, recently In-Reach clinic is helping establish a children's dental clinic at the Albany Boys and Girls Club. This will be a free standing clinic to serve children 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. Recently, our WIC program was able to acquire an additional office and class room space in the Albany downtown area to hold the WIC peer breastfeeding classes as well as other WIC services.

Other Community Interactions

- Developed informational and promotional materials, including web-based media for distribution to the public.
- Received a small grant to develop Flu immunization campaign targeted for health care workers at assisted living and nursing facilities to receive their flu vaccines. The **Its Not Just About You Campaign** was well received and picked up by the State OHCA (Oregon Health Care Association) who partnered with Linn County

Public Health to provide 5 state webinars on the information for administrators of these facilities.

- 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 – Public Health has hosted a room with information for **600 8th 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

¹ US Census Bureau (2011) *State and County Quick Facts: Linn County, OR* Retrieved 20 September 2011 from <http://quickfacts.census.gov/qfd/states/41/41043.html>

² County Health Rankings (2010) *Snapshot: Linn County Oregon*. National Vital Statistic System, Centers for Disease Control and Prevention. Retrieved 21 September 2011 from <http://www.countyhealthrankings.org/oregon/linn>

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⁴ US Census Bureau (2011) *Selected Social Characteristics: 2005-2009: 2005-2009* Retrieved 20 September 2011 from http://factfinder.census.gov/servlet/ADPTTable?_bm=y&-geo_id=05000US41043&-qr_name=ACS_2009_5YR_G00_DP5YR2&-ds_name=&-lang=en&-redoLog=false

⁵ Oregon Unemployment Department (2011) *Current Unemployment Rates*. Retrieved 7 October 2011 from <http://www.qualityinfo.org/olmisi/AllRates>

⁶ U.S. Census Bureau (2009) *Small Area Income and Poverty estimates- Linn Count.* Retrieved 7 October 2011 from <http://www.census.gov/cgi-bin/saipe/saipe.cgi>

⁷ Children First for Oregon (2010) *Linn County*. Oregon Department of Human Services Center for Health Statistics. Retrieved 21 September 2011 from http://www.cfo.org/images/pdf_downloads/county_data_books/Linn%20County.pdf

⁸ Oregon Health authority (2011) *Adults who have someone they consider their own personal doctor, Oregon, 2006-2009*. Retrieved 20 October 2011 from <http://public.health.oregon.gov/BirthDeathCertificates/Surveys/AdultBehaviorRisk/county/index/Documents/hcaowndocnaa.pdf>

⁹ Children First for Oregon (2010) *Linn County*. Oregon Department of Human Services Center for Health Statistics. Retrieved 21 September 2011 from http://www.cfo.org/images/pdf_downloads/county_data_books/Linn%20County.pdf

¹⁰ Oregon Health Authority (2008) *Leading causes of death by county of residence, Oregon 2008*. Retrieved 21 November 2011 from http://public.health.oregon.gov/BirthDeathCertificates/VitalStatistics/annualreports/CountyDataBook/cdb2008/Documents/tbl18_08.pdf

¹¹ Oregon Health Authority (2011) *Linn County's Epidemiological Data on Alcohol, Drugs and Mental health 2000-2010*. Retrieved 20 September 2011 from <http://www.oregon.gov/DHS/addiction/ad/main.shtml>

¹² Oregon Health Authority (2011) *Age-adjusted and unadjusted prevalence of selected chronic conditions among adults, by county, Oregon 2006-2009*. Retrieved 20 October 2011 from <http://public.health.oregon.gov/DiseasesConditions/ChronicDisease/Documents/TableI.pdf>

¹³ Oregon Department of Human Services (2011) *Linn County Tobacco Fact Sheet 2011*. Tobacco Prevention and Education Program. Retrieved 8 March 2011 from <http://www.oregon.gov/DHS/ph/tobacco/docs/countyfacts/linnfac.pdf>

¹⁴ Oregon Health Authority (2011) *Age-adjusted and unadjusted prevalence of preventive health screening among adults, by county, Oregon 2006-2009*. Retrieved 20 October 2011 from <http://public.health.oregon.gov/DiseasesConditions/ChronicDisease/Documents/TableIII.pdf>

¹⁵ Oregon Health Authority (2011) *Adults 65+ who had a flu shot within the past year, Oregon 2006-2009*. Retrieved 20 October 2011 from <http://public.health.oregon.gov/BirthDeathCertificates/Surveys/AdultBehaviorRisk/county/index/Documents/immfluNAA.pdf>

¹⁶ Oregon Health Authority(2011) Oregon STD statistics. Retrieved on October 10, 2011 from <http://public.health.oregon.gov/PreventionWellness/SafeLiving/SexuallyTransmittedDisease/Pages/annrep.aspx>

¹⁷ Oregon Uniform Crime Reporting (2011) State of Oregon report of criminal offenses and arrests 2009. Retrieved 20 October 2011 from http://www.oregon.gov/OSP/CJIS/docs/2009/2009_ANNUAL_REPORT.pdf

¹⁸ Oregon State Cancer Registry (2009) *Cancer in Oregon, 2006*. Retrieved on 21 October 2011 from <http://public.health.oregon.gov/DiseasesConditions/ChronicDisease/Cancer/oscar/arpt2006/Documents/ar06.pdf>

¹⁹ Linn County Public Health (2010) Communicable Disease Report

²⁰ Linn County Public Health Healthy Start Program (2010) NPC Research Annual Status Report 2008-2009.

III. ACTION PLANS

A. Epidemiology and Control of Preventable Diseases and Disorders

2012-2013

Linn County documented 681 confirmed cases and investigated 806 cases of communicable disease in 2011. All of the 681 confirmed cases were reported within the state specified timeline. 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 390 cases last year compared to a five year average of 297. Practitioners also reported 34 cases of Gonorrhea and 3 cases of Syphilis, compared the five year averages of 30 and 1, respectively.

This past year we followed up on 9 outbreaks – of these 4 involved Norovirus. Linn County had 44 cases of Campylobacteriosis in 2011 compared to 28 cases in 2010 and a five year average of 28 per year. In 2012, 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 6 latent TB cases. The county continues to work with the local shelter to test all of their homeless clients. We placed 568 TB tests last year. The primary TB nurse obtained advanced TB training at a workshop at the Curry Center.

Linn County had 4 new cases of HIV/AIDS. Our two part-time Ryan White nurses manage a case load of over 75 clients.

Time Period: 2012-2013				
GOAL: Provide effective communicable disease case management, which includes responding to communicable disease reports 24/7, surveillance, investigation, education, and prevention activities to assure the health of the public.				
Objectives	Plan for Methods/Activities/Practice	Outcome Measure(s)	Outcome Measure(s) Results	Progress Notes
A. Maintain response to communicable disease calls 24/7	Test Linn County 24/7 response time and reporting two times a year.	Linn County staff will respond within 30 minutes of receipt of call to 24/7 number.	Met in 2011	Linn County Public Health staff continue to be available 24/7 to receive communicable disease reports.

Time Period: 2012-2013
GOAL: Provide effective communicable disease case management, which includes responding to communicable disease reports 24/7, surveillance, investigation, education, and prevention activities to assure the health of the public.

<p>B. Communicable Disease (CD) program registered nurses will continue to utilize ORPHEUS for disease surveillance, monitoring and reporting.</p>	<p>CD nurses will utilize ORPHEUS for disease reporting with all CD data being entered according to reporting requirements provided in the state investigative guidelines. ORPHEUS utilization will be expanded to generate local disease statistics to guide public health outreach.</p>	<p>>80% of cases will be investigated and reported within the timeline for the specific disease/condition.</p>		
<p>C. Continue to review/update policies annually and ensure a quality workforce through training.</p>	<p>Review policies annually and update as needed. Engage staff in training for new policies and procedures; encourage staff to utilize on-line training opportunities when possible and CD staff will attend OR-Epi if funding is available.</p>	<p>Policies and procedures will be up to date. Staff will stay current in CD practice.</p>		

Time Period: 2012-2013				
GOAL: Promote prevention of disease transmission in care home settings.				
Objectives	Plan for Methods/ Activities/Practice	Outcome Measure(s)	Outcome Measure(s) Results	Progress Notes
A. Assess educational needs of staff in Linn County Care Facilities.	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.	All care facilities will be mailed a letter and receive a follow-up phone call.		
B. Provide infection control trainings to care homes in the county	Care homes will be contacted 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.		

Time Period: 2010-2012				
GOAL: Provide TB Prevention in homeless shelters in Linn County				
Objectives	Plan for Methods/ Activities/Practi ce	Outcome Measure(s)	Outcome Measure(s) Results	Progress Notes
A. Homeless residents residing in Linn County shelters will have initial TB screening prior to staying overnight in the shelter.	Residents will have TB screening at LCHD by appt. or at the shelter. Once resident is cleared for TB, they will be given a TB clearance card good for 1 year. LCPH will provide staffing to meet this goal.	All homeless clients will have TB clearance prior to staying at the shelter.	Met in 2011	TB nurse goes to shelter Tuesday and Thursday to place and read tests.
B. Shelter TB plan will be reviewed and updated as needed annually	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 training as needed and policies will be up to date.	Met in 2011	

B. Parent and Child Health Services

1. Babies First, Child Adolescent, Perinatal

Maternal Child Health Program Annual Plan For Linn County Public Health Fiscal Year 2012-13

July 1, 2011 – June 30, 2012

Contact: Judy Treanor, RN MSN

A continuum of Public Health home visit programs serve Linn County families with young children.

1. Maternity Case Management (MCM) .2 FTE Public Health Nurse
2. Oregon Mother's Care (OMC) .2 FTE Bilingual in Spanish Health Aide
3. Babies First (B-1st) 2 FTE Public Health Nurse
4. Care Coordination (CaCoon) .33 FTE Public Health Nurse
5. Healthy Start ~ Healthy Families of Linn County (HSLC) 2.5 FTE Home Visitor

Three local collaborative projects in partnership with Linn County Public Health support families with young children.

- Linn County Intimate Partner Violence and Pregnancy Coalition
- Linn County Car Seat Program with the Albany Fire Department and Albany Kiwanis Club
- Linn County Early Childhood Team - Infant Toddler Group

Program Accessibility

Linn County Maternal Child Health Programs are

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

Funding Sources

1. Maternity Case Management (MCM) County General funds, Linn County Commission on Children and Families, Medicaid fee for service, State General funds through the Oregon Health Authority for local Perinatal, Child and Adolescent services.
2. Mother's Care (OMC) State General funds through the Oregon Health Authority for local perinatal services
3. Babies First (B-1st) County General funds, Medicaid Targeted Case Management, State General funds through the Oregon Health Authority for local Babies First services
4. Care Coordination (CaCoon) County General funds, Medicaid Targeted Case Management, Funds through the Oregon Center for Children & Youth with

Special Health Care Needs Child Development and Rehabilitation Center (CDRC) for local CaCoon services.

5. Healthy Start ~ Healthy Families of Linn County (HSLC) State General funds through the Oregon Commission on Children and Families, Medicaid Administrative funds, Safe Schools Healthy Students grant.

Linn County Perinatal Programs

Population Served	Service Goals and Focus	Referral Process	Intake Period	Staffing
<p>1. Maternity Case Management (MCM) serves women and the newborn during the perinatal period (prenatal through 8-weeks postpartum).</p> <p>50 pregnant women are served annually</p>	<p>1. Maternity Case Management (MCM) supports and assists pregnant women from early access to quality prenatal care, provide assistance a with the OHP application, referral to a medical provider and on-going service coordination.</p> <p>Services include home visits, advocacy, case management, education and the skills of a public health nurse monitoring and assessing the health and the needs of this family with potential for poor pregnancy and birth outcomes.</p> <p>MCM is offered to pregnant teens, women 40 + years of age, women who have had 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 outcomes for the child. In the infant this includes low birth weight, prematurity, drug effects, genetic problems</p>	<p>1. MCM prenatal referrals are received from the community, Linn County OMC, community medical providers, hospital maternity care coordinators, public health programs, WIC and Healthy Start</p>	<p>1. MCM intake is typically during the first and second trimester</p>	<p>1. MCM is staffed by .2 FTE Public Health Nurse</p>
<p>2. Oregon Mother's Care (OMC) services pregnant women needing early access and referral to prenatal services</p>	<p>2. Oregon Mothers Care (OMC) improves access to early prenatal care services in Linn County by authorizing OHP coverage for eligible pregnant women within 24-48 hours, providing referral to quality prenatal care and other needed services. OMC also provides ongoing outreach to pregnant women and providers serving pregnant women; the use of the statewide SafeNet hotline and access to community referrals</p>	<p>2. OMC referrals come from the community, public health programs, WIC, and local physician offices</p>	<p>2. OMC intake period for pregnant women is typically within the first trimester</p>	<p>2. OMC is staffed by a .2 FTE Bilingual in Spanish Health Aide</p>

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Linn County Perinatal Programs – Annual Plan and Evaluation

Problem	Issue	Goal	Activity	Evaluation
Linn County's Comprehensive Assessment shows that almost 20 % of infants born were to mothers who smoke cigarettes. As compared to Oregon statistics of 12 %.	Pregnant women and Infants exposed to cigarette smoke are at risk for stillbirth, prematurity, low birth weight, SIDS, asthma and other respiratory problems.	To reduce the number of pregnant women who smoke or are exposed to cigarette smoke by 5 %.	Staff training to increase awareness of the issue and the consequences of smoking and pregnancy for the woman and the child, to learn and update skills in the use of the 5 A's intervention and the Oregon Quit line resources and faxed referral process.	Attendance at training ORCHIDS data

Linn County Child Health Programs

Population Served	Service Goals and Focus	Referral Process	Intake Period	Staffing
3. Babies First! (B-1 st) serves medically and socially high risk infants and young children 0 to 5-years. 200± children 0-5 years and their parents are served annually.	3. Babies First! (B-1 st) a Public Health nurse engages a family with a high risk infant because of actual or potential risk from challenging birth outcomes, attachment issues, problems with growth and development, and concerns about social and behavioral issues within the family situation. B-1 st connects the infant to a medical home, assesses and monitors health, growth and developmental status, and provides service coordination. Voluntary in-home nurse visits are offered to families with children 0-5 years. Services include case management, advocacy, health, growth & developmental screening, health and parenting education, support and appropriate referral.	3. B-1 st referrals are risk based and made by medical providers, hospital nurses and social workers, the community, DHS child welfare and self-sufficiency staff, Public Health programs and WIC.	3. B-1 st Newborn through age 5-years.	3. B-1 st is staffed by 2 FTE Public Health Nurses

<p>4. Care Coordination (CaCoon) serves children & youth 0-20 years of age with special health care needs.</p> <p>40± children with special health needs and their parents</p>	<p>4. Care Coordination (CaCoon) Public Health Nurses assist parents to be the case manager of their child's special health care needs.</p>	<p>4. CaCoon infants, children or youth are referred by NICU's, medical providers, hospital nurses and social workers, public health programs and community partners.</p>	<p>4. CaCoon Newborn through age 20-years.</p>	<p>4. CaCoon is staffed by .33 FTE Public Health Nurse.</p>
<p>5. Healthy Start (HSLC) serves first-time families prenatally or shortly after the birth of the baby.</p> <p>50 to 60 % of families screened and offered basic service. Eligible families offered intensive service.</p>	<p>5. Healthy Start of Linn County (HSLC) offers a Welcome Baby service with information and a regular home visits to eligible families 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 to prevent child abuse and neglect. Families at higher risk receive intensive home visit services with a trained family support worker who provides parenting support, Parents As Teachers curriculum, developmental screening, and access to health care and community resources.</p>	<p>5. HSLC referrals come from the family's maternity care coordinator, medical provider, hospital nurses, Mother's Care, public health programs, WIC & community partners.</p>	<p>5. HSLC First-birth families prenatally or shortly after the birth of their first baby.</p>	<p>5. HSLC is staffed by 2.5 FTE home visitors.</p>

Linn County Child Health Programs – Annual Plan and Evaluation

Problem	Issue	Goal	Activity	Evaluation
1. Linn County's Comprehensive Assessment	1. Children exposed to cigarette smoke	1. To reduce the number of children exposed	1. A staff training update on the research related	1. Attendance at training

<p>shows that almost 20 % of infants are born to mothers who smoke cigarettes. As compared to Oregon statistics of which show a rate of 12 %.</p>	<p>prenatally or after the baby is born are at risk for stillbirth, prematurity, low birth weight, SIDS, asthma and other respiratory problems.</p>	<p>to cigarettes or cigarette smoke in Linn County.</p>	<p>to the effects of smoking during pregnancy for the mother and the child. Training on the use of the 5 A's smoking cessation intervention and, the Oregon Quit line resources and faxed referral process.</p>	<p>ORCHIDS data</p>
<p>2. Oregon Early Childhood Home Visit Program models are required to include best practice strategies that support the parent and their child's early learning so that the child is ready to learn as they enter kindergarten.</p>	<p>2. A child who is physically and social-emotionally healthy responds to their parents nurturing and effort as their child's first teacher, creating the potential for the child's optimal growth & development-emotionally, physically and cognitively.</p>	<p>2. To monitor the physical and the social emotional health of the child as another means to support positive parent child interaction, and a family structure and home learning environment that enhances healthy brain development and early learning.</p>	<p>2. Staff training to add the ASQ-SE developmental screening tool to service. This includes the ASQ-SE activities and referrals where indicated, in order to support a child's healthy development, emotionally, physically and cognitively.</p>	<p>2. Attendance at training ORCHIDS data</p>

2. Family Planning

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

July 1, 2012 to June 30, 2013

Agency: Linn County Health Services
R.N.

Contact: Norma O'Mara,

Goal 2: Assure ongoing access to a broad range of effective family planning methods and related preventive health services, including access to EC for current and future use.

Problem Statement	Objective(s)	Planned Activities	Evaluation
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 for 2011 is down, and we need to look at ways to get the revenue for the service that staff has already provided for our clients.	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>* Send Thank You notes to clients who are making progress on paying off their account balances.</p> <p>* Remind client at check in and check out of their outstanding balances. Offer debit as a form of payment.</p> <p>*Internal reminders in Raintree software to remind clerical staff to let clients know prior to their appointment that they have unpaid balances.</p>	<p>Set up a random list of clients to follow in their progress toward paying the amount that they owe. Also using Raintree 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, then see if there is an increase in clients paying their bills each quarter.</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 services on the day of service or to assist the client, if needed, to develop a payment plan. Look for areas and policies that may be affecting our ability to collect fees that are owed by our clients.</p>	<p>*Establish a billing committee to work on appropriate billing policies that are compliant with Title X and county policies. Prioritizing of services for the low income as mandated by Title X.</p>	<p>Review all current CPT codes to be sure that billing codes are correct for the various procedures.</p>
	<p>Within the next 12 months increase the number of paying clients with reimbursable services, through either increased CCare enrollment, more OHP clients, insurance that reimburses the county, self-pay or sliding fee clients who get a service other than a “supply only.”</p>	<p>* Educate the public on family planning services available through our two clinics.</p> <p>* Send a letter to all local physicians regarding the family planning services available and the options for payment.</p>	<p>Track quarterly the number of new clients to our clinics after sending the letters to the physicians or to other agencies or local employers.</p>

<p>The cost of birth control supplies through the State identified supplier is often not the most cost effective option available for the county clinics. Saving resources will allow us to provide more preventive health care to our clients.</p>	<p>Locate a lower cost supplier of family planning medications and products in order to maintain or reduce our current budget. This will give the clinic an option to have funds available to maintain supplies for our current and future clients.</p>	<p>* Perform a cost comparison of 2-3 different suppliers and then establish a plan to purchase the identified lowest cost products as soon as possible in 2012.</p> <p>* With our savings we will purchase and distribute brochures to our clients on topics regarding preventable or perhaps reversible negative health conditions.</p>	<p>Monitor the cost of pharmaceuticals on a monthly basis in order to purchase birth control products and supplies from the most economical supplier.</p> <p>Monitor amount saved put toward educational materials on preventive health services for our clients.</p>
<p>We have been increasing yearly our distribution of ECs to our clients. There is some disparity in the percentage of those given to the under 20 and the 20 and over clients. Currently < 20 was given 38.9% of the time and the 20 & over was only 19.4% of the time. Current overall rate for both age groups is 24.2%</p>	<p>To increase the number of ECs distributed to 30% overall by increasing the number offered and given to the 20 and over age group.</p> <p>To increase our current rate for the < 20 level of 38.9% to 40% as a minimum.</p>	<p>*Continue to offer clients an “EC to go” and make sure that every new client is given one as a matter of routine unless the client strongly objects.</p>	<p>Monitor EC level with our annual statistics from the state.</p> <p>Discuss EC plan at monthly staff meetings at least quarterly as a reminder to give EC even if they are on a reliable method.</p> <p>Perform a simple survey to see if clients have an EC at home then offer them one if they do not have one available for their immediate use.</p>

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>A number of our Hispanic clients do not receive services in their home city. In 2009, 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>*The Lebanon and Albany Hispanic WIC Certifiers will tell their Hispanic clients about the Family Planning services available in the Lebanon office.</p>	<p>Utilizing Ahlers data, by July 2011, see a minimum of a 10% increase from 2009 in the number of Hispanics seen in our Lebanon office when compared to our Albany office.</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>*A brief 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. This will be distributed through the Lebanon WIC clinic, and through the home visiting staff, and distributed at time of a positive pregnancy test through family planning and OMC.</p>	<p>Survey Hispanic clients for a 2 month period of time annually; ask 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>

<p>As a Family Planning clinic, less than 1% of our clients are males. We need to increase the number of available services for our males in order to increase the percentage of our overall clients.</p>	<p>To increase the number of males who access our clinic for services. In the next 3 years we will increase the percent of male clients to at least 1.5%.</p>	<p>*Develop a policy that covers what male services are available through family planning by January 2012.</p> <p>*Research educational materials that will assist in establishing a male friendly clinic.</p> <p>* Educate staff regarding male services.</p>	<p>Monitor Ahlers data quarterly for numbers of participating males in the program.</p> <p>Increase male services above 1% by January 2012</p>
<p>Family Planning Services have been closed to our Sweet Home office and has impacted our rural and teen population's birth control options and services.</p>	<p>To offer a more convenient method for rural clients to receive their birth control products.</p>	<p>*Offer mail order birth control to clients, therefore saving appointment slots for new clients and for initial or annual examinations.</p>	<p>By April 1, 2012 complete the process and policy for mailing birth control products to our existing clients.</p>
	<p>To promote and increase the knowledge of the rural and general public regarding how to access our family planning services.</p>	<p>*Make our website more interactive and informative regarding how to enroll in CCare and what a family planning appointment would involve.</p> <p>*Advertise in the LBCC Commuter (student newspaper) which has a large circulation across Linn and Benton Counties.</p> <p>*Advertise our services in the Lebanon paper.</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>

<p>The uninsured often do not know where or how to access our services and need to be contacted utilizing different forms of media.</p>	<p>To increase the general public's knowledge about the services available to them through the family planning clinic in either Lebanon or Albany.</p>	<p>*Participate in different venues, and send out brochures or flyers, targeting larger local employers who might do not have benefits available for their employees but may be interested in distributing brochures to their employees.</p> <p>* Explore the possible opportunity to utilize social media and networking to contact potential clients.</p>	<p>Survey our new clients to see how they heard about our services. Survey will specifically ask what form of media the client accessed to find out about our clinic information and services.</p>
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Progress on Goals / Activities for FY 2012
(Currently in Progress)

Goal / Objective	Progress on Activities
<p>Goal 1: 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>Completed a new cost analysis in 2011. Making adjustments on fees charged.</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</p>	<p>Track clients regarding payment on their accounts and we have sent bills with additional bright reminders on both our English and Spanish clients. When clients are paying their back bills we are sending personal thank you notes to clients.</p> <p>Clients can now pay by debit card. These new services have increased the client's options for payments as most don't carry cash or have checks.</p> <p>We have established a small group of staff to problem solve ways to get our services paid for. Placed within our Raintree (appointment software) reminder pop-ups so staff can remind the client of the account balances. Client</p>

<p>their services on the day of service or to assist the client, if needed, to develop a payment plan.</p>	<p>letters have been generated to encourage those with extremely high balances to make payments.</p> <p>Looking into changes in department wide policy to start sending clients for collection.</p>
<p>Decrease the number of clients who were having difficulty getting their exam appointments in a timely manner.</p>	<p>With a full complement of Nurse Practitioner staff we are able to keep clients up to date with their required annual appointments. Wait times for annuals were about 3 weeks out, but with our last survey this past summer they were able to secure an annual or initial examination in less than 2 weeks.</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>Have been going to outreach at Lebanon and Albany High Schools regarding our service. New outreach to LBCC for increased awareness of our services by attending the new student orientation fair in August 2011.</p> <p>Plan for ongoing connection with the OYA to give a talk on birth control methods. One presentation given in December. Since 1/1/11 we have served 722 new clients with an average of about 55-60 new teens per month (ages 13-19). We have not made contact with the LBCC Leadership group but have taken LBCC nursing students into the clinic for their practicum. We have also expanded our clinic to accepting MA externs, which is an additional way to get the word out about our services. Working on our website in Spanish. Mail order birth control policy is written but not yet approved. Plans for implementation by April 2012.</p>
<p>Goal 4: 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>Our Hispanic WIC certifier has educated many of her Spanish WIC clients about the Family Planning services available in our Lebanon clinic. 1st Quarter 2011, there were 6 new Hispanic clients as compared to the previous quarter in 2010 where there was only 1 new client and 4 existing clients. 2nd quarter 2011, there were 19 new and 20 existing clients as compared to 2010 when there were only 2 new clients. 3rd quarter 2011, there were 15 new and 17 existing Lebanon Hispanic clients. There have been small numbers but a large percentage increase in the Hispanic population served. The Spanish brochure is available for Family Planning clients. There was an existing brochure in Spanish that we are using.</p>

**OFFICE OF FAMILY HEALTH
ADOLESCENT HEALTH ANNUAL PLAN
FY 2013**

Agency: Linn County Health Services

Contact: Norma O'Mara, R.N.

Goal #1: Through our Health Services Clinics we will focus on health goals and services appropriate for adolescents by providing accurate information, giving quality and respectful care, which is age appropriate and available to all youth.

Problem Statement	Objective(s)	Planned Activities	Evaluation
<p>Sexual health, accurate sexual education and preventing pregnancies and sexually transmitted diseases are vital for supporting healthy teens within our community.</p> <p>As a clinic providing services to teens, as well as adults, we will increase our focus on how and what we present to the teen population. We will need to focus our efforts on providing age appropriate and accurate information with a goal to maximize the time we have available in clinic.</p>	<p>“Knowledge is Power” is a strategy to reduce our teen pregnancy rate. In 2010 the Linn County teen pregnancy rate was 10.2%. Increase knowledge of services available for birth control with a primary focus on teens.</p>	<p>Educate teens in how the reproductive system works as most young women do not know the basics of how conception occurs. This will occur by having the appropriate posters, brochures and anatomical model available in our exam and counseling rooms. Staff will engage the teens in what their knowledge level is in regard to their own body function.</p> <p>Advertise services to the teen community through places where teens normally meet.</p> <p>The client will return within three months to be sure that they are using their birth control method correctly and will evaluate clients for barriers to their taking their birth control.</p> <p>Work to increase the number of teens served through other family planning activities.</p>	<p>Include in a specific teen survey after 1 year from implementation to determine if teens are knowledgeable about their reproduction. Can be included with other questions focused on teen risks in Goal #2.</p> <p>Evaluate annually if more teens are accessing our website and make contact for more information.</p> <p>Annually determine if we are increasing our “new” teen client numbers and reassess activities as needed.</p>

<p>Our clinic serves clients age 12– 60 for services but we need to provide high quality with a focused service for our teen population.</p>	<p>To increase the quality and service to our teens that presents a message that, as teens, they are important to our clinic and us.</p>	<p>Provide Mail Order birth control for existing clients.</p> <p>Give talks at schools on how to access our services and how teens qualify for the free birth control program.</p> <p>Use young interns and nursing students to provide staff closer in age to the teens, and to have them assist us to make our clinic more teen friendly.</p>	<p>By April 2012 provide Mail Order service for birth control.</p>
<p>Teens communicate utilizing different forms of media. To communicate effectively with the teens, we as a clinic need to utilize the form of media that they find to be most effective.</p>	<p>To improve our Website with a greater focus on teen needs.</p>	<p>Add a virtual tour of a clinic, ours if at all possible.</p> <p>Improve links on our Website focused on birth control. Increased information specific for teens.</p> <p>Look into option for social media to encourage teens to come to clinic.</p> <p>Communicate via text messaging for appointments and other communications when approved by the teen.</p>	<p>Start work on changing the website and providing links to the state website with emphasis on teen information within 2012.</p> <p>During 2012 determine the feasibility of engaging in some form of social media for our clinic such as Facebook.</p>

Teens are concerned about their personal confidentiality in the sexual health services that are provided through our clinics.	To provide the client with the reliability of knowing that their care with us remains confidential.	Make available the written information, on site, about the legal rights of teens to make their own decisions regarding birth control and STD testing and treatments Provide daily walk-in EC service for teens.	Have available by March 2012 "Minor Rights" (booklet by OHA) available in the rooms for teens.
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Goal #2: Known risks to teens need to be highlighted and a plan made to address those risks through and in our clinic practice. Our goal is to reduce those that we have the ability to personally impact. Teen identified risks include; teen pregnancy, sexually transmitted diseases, suicide, alcohol and drug use, intimate partner violence and sexual coercion. As a family planning and STD clinic we can impact most of the above identified risks to some degree.

Problem Statement	Objective(s)	Planned Activities	Evaluation
The state's highest incidences of STDs are in the age group 17 – 25. Linn County is no exception; in 2011 we had 67 documented cases of Chlamydia or Gonorrhea in the 20 and under age group in our Lebanon and Albany clinics.	To reduce STI's to less than the CY 2011 figures as listed in those 20 and under in our clinics. There may be an increase initially in the figures for 2012 due to the increased testing planned as a mechanism to the overall reduction in STDs over the next 3 years in our teen population.	Testing all those who enter the clinic for services at their first visit for STIs. Start 1/2/12	Annually, check our internal data to see if the numbers of positive CT/GC tests are decreasing each year in the less than 20 age group.

<p>Teen suicide and attempts in Linn County is at approximately the same level as the state average. Nevertheless, if one child dies that is one too many.</p>	<p>Educate our clients – both teens and parents regarding the dangers of the Choking Game.</p>	<p>Post pamphlets and posters regarding the Choking Game in the clinic. Include in the pamphlet and on our website links to the CDC Podcast on the choking game and additional “YouTube” video links that show or explain the risks of the Choking Game.</p> <p>Provide an environment where teens feel comfortable and supported in order to share their concerns.</p>	<p>Monitor if the pamphlets are being taken and if questions are being asked about teen concerns around suicide.</p> <p>Regularly inquire of the teen population if they have heard of teens trying the choking game or if they have participated in the activity themselves and if they understand the risk.</p>
<p>Teen Pregnancy addressed above in Goal 1.</p>			
<p>Approximately 1 in 4 women experience Intimate Partner violence. An increasing number of teens do not have healthy relationships, including IPV, date rape or sexual coercion.</p>	<p>To decrease the number of teens experiencing sexual violence, abuse or coercion.</p>	<p>During clinic visits the staff will be routinely asking questions about IPV and discussing possible sexual coercion by partners.</p> <p>DOJ and Public Health have a grant to out station a CARDVA advocate at Public Health to be available to address these issues with our clients.</p>	<p>Monitor if the CARDVA or sexual abuse brochures are being taken.</p> <p>Monitor if we are making referrals to CARDVA in the next year and utilizing our onsite CARDVA advocate.</p>

Part 1. Assessment of activity areas you are involved in regardless of whether you have a well-defined plan or program in place

1. School-Based Health Centers

- a. There are no school based health centers in Linn County. There was a previous attempt to establish a school based health center, but the community interest was not there at that time. We will continue to keep the lines of communication open with the superintendents and consider a survey in the future to identify local areas of interest.
- b. Participate within the schools as much as possible.

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

- a. No involvement

3. Teen Pregnancy Prevention & Contraceptive Access

- a. We make presentations regularly at 2 of the local high schools in Albany and Lebanon on the subject of Birth Control and STDs. The school health teachers regularly request presentations several times per year. On average family planning staff goes to the school 6-8 times per year for the presentations. We are also presenting birth control information at the local juvenile detention center at Oak Creek. We feel this is important and will maintain a focus and presence in this area. We do not have a health educator dedicated to family planning, so we rely on our existing staff. We have also been giving presentations to the local alternative education program in Albany.
- b. Home visiting nurses participate in the "Teen Task Force" in East Linn County; staff are an integral part of the Lebanon High School's class for pregnant and parenting Teens. In the Albany school district they participate and collaborate with the FACT program, who case manages students who are pregnant or parenting.
- c. Members of the Family Planning staff meet monthly with the local hospital Maternity Care Coordinators to work as a community team regarding support and referrals for pregnant teens and adults as well.
- d. Look into the use of other forms of social media to interact with youth.
- e. Update website for Family Planning and STD's.

4. Work with High School health teachers to insure the teens are referred for appropriate services as needed.

- a. Working with teachers and school nurses to present current up to date information on birth control and STIs.
- b. Participates regularly with the Teen Pregnancy Task Force in East Linn.

5. Continue oversight and coordination of My Future My Choice contract and services in Linn County.

- a. We still have a contract with the state and one of the Mill City schools was interested but at this time we have no signed or official contract with them.

6. Youth Suicide Prevention

- a. We track youth suicide statistics for Linn County and present them as part of our monthly report to our County Commissioners. From January 2009 through December of 2009 there were no youth suicides in Linn County.
- b. See Goal 2.

7. Tobacco Use Prevention & Cessation

- a. Our Tobacco Coordinator provides activities which specially focus around schools and adolescents includes: providing information regarding the Quit Line to school partners for inclusion in their back to school newsletters, assist school partners to establish policies around smoking.
- b. The rate for 11th graders smoking has increased in the last 6 years and has gone from 14% to 23% in 2011. State level currently is at 11%. We will be attempting to identify what has caused this increase and make future plans to address them.

8. Alcohol & Other Drug Use Prevention

- a. Talk with teen clients in our family planning and STD clinics and give them information about drug use. We provide education at visits and during school presentations.
- b. Discuss the role of alcohol and drug use in the practice of “unsafe sex.” Have handouts on drugs and alcohol use, placed for easy client access available in the each client room.
- c. Presentations at the local schools will include information regarding the effect that drugs and alcohol have on one’s ability to remember to take their birth control, or having sex with an unknown partner or not maintaining ones personal goal of abstinence.

Part 2. Assessment of Current Activities Related to Adolescent Health

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	
TOPIC OR HEALTH RISK AREA Current Activities/Involvement	Individual Services	Community Activities	Health Systems Delivery
STD/HIV prevention	X	X	X
STD/HIV counseling	X	X	X
Tobacco prevention	X	X	X
Tobacco cessation	X	X	X

<p style="text-align: center;">TOPIC OR HEALTH RISK AREA Current Activities/Involvement</p>	<p style="text-align: center;">No plans to expand</p>	<p style="text-align: center;">Would like to expand</p>	<p style="text-align: center;">Would like more info or assistan ce</p>
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Alcohol & Other Drug (AOD) Use Prevention	X		X
AOD Assessment/screening			
Nutrition Promotion	X limited	X	X
Physical Activity Promotion			
Motor vehicle Safety			
Seat belt use			
DUII			
Street Racing			
Violence Prevention			
Harassment/Bullying			
Physical fighting			
Weapon carrying			

Access to care		X	X
School-Based Health Centers			X
Comprehensive screening (GAPS/Bright Futures)			X
Coordinated School Health (Healthy Kids Learn Better)			X
Parent/family involvement		X	X
Primary care services	X		
Mental health services			
Youth suicide prevention			X
Depression screening	X		
Teen pregnancy prevention		X	X
Contraceptive access		X	
Condom distribution		X	X
ECP promotion		X	X
STD/HIV prevention		X	X
STD/HIV counseling		X	X
STD/HIV treatment		X	X
Tobacco prevention		X	
Tobacco cessation			
Alcohol & Other Drug (AOD) Use Prevention			
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
Nutrition Promotion		X	X
Physical Activity Promotion		X	X
Motor Vehicle Safety			
Seat belt use			
DUII			
Street racing			
Violence Prevention			
Harassment/Bullying		X	X
Physical fighting			
Weapon carrying			

3. Immunizations

Immunizations

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

LHD staff completing this checklist:

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:**

(Activity 1)

(Activity 2)

(Activity 3)

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, 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

Q.

4. WIC

The current WIC plan runs through July 2012. The current plan will be updated at that time.

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 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, and 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 CaCoon 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 limit staff and time (and a

family emergency), we did not have ant 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>July PCE e-learning Modules</p> <p>Group PCS Training</p> <p>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>October Group PCS</p> <p>PCS Focus on Breastfeeding</p> <p>Support and Promotion</p> <p>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>January</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
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. In addition, 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 2nd 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 2nd 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 2nd 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 assess the completion of 2011-12 NE Plan objectives.</p>

		<p>To evaluate current 2nd NE opportunities and 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>To assess the success and PCE skills with currently offered 2nd nutrition ed. 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 2011 were 944 births and deaths were 1010. The Oregon Health division web site has preliminary 1st births for 2011 at 418. This is down by 37% from 2010 figures. In 2011, we issued 254 birth certificates and 4292 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, 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. Emergency Preparedness

2012-2013

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. Continuity of operations plans are being completed for each department and are being exercised in Table Top exercises. 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 agency's who serve various Linn County residents. Our goals this year are to complete a county Vulnerable Population plan and to aid in the development of emergency plans of group homes with vulnerable populations. A VISTA volunteer is working with the group homes to assess and help develop the emergency plans of the homes as needed, and is working to coordinate community resources for the plans.

We participated in a table top exercise in August 2011 to test Continuity of Operations Plans and in a functional exercise with the Local Emergency Planning Group in September, 2011. We continue to test the satellite phones monthly. An increased number of Linn County Health Services Staff became proficient at using the web-based Health Alert Network, which allows staff to receive local and state emergency alerts.

New members of the Linn County Medical Reserve Corps were recruited and trained to respond in an emergency. To continue to build a sustainable and robust Medical Reserve Corps (MRC), Linn County applied for and received a MRC VISTA volunteer for 8/2011 to 8/2012.

Linn County Health Services 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 a full scale exercise together for Linn and Benton counties for next summer.

Time Period: 2012-2013				
GOAL: Complete work with key partners on the Linn County vulnerable populations plan.				
Objectives	Plan for Methods/ Activities/Practice	Outcome Measure(s)	Outcome Measure(s) Results	Progress Notes
A. 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 August 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.

Time Period: 2012-2013				
GOAL: Improve the ability of Public Health to respond to local and state emergencies.				
Objectives	Plan for Methods/ Activities/Practice	Outcome Measure(s)	Outcome Measure(s) Results	Progress Notes
A. Assess and evaluate Health Services Departments' Continuity of Operations Plans.	Engage staff to collect current data. Conduct Table Top exercise to practice plans in April, 2012.	Completed COOP plans and After Action Report to guide future improvements.		
B. Review/revise emergency operations plans	Evaluate the Linn County Basic Plan and attached plans and work with the Linn County Emergency Manager to integrate Public Health plans into the county emergency plans.	Compliance during annual program reviews.		Plans are being updated to new county format and progress is being made.
C. Improve surge capacity for public health response.	Continue to recruit and train Medical Reserve Corps members.	10 new members will be recruited and trained by August 2012.	In Progress	VISTA volunteer helping with recruiting, training and orientation.

Time Period: 2012-2013				
GOAL: Linn County Public Health will participate in a Linn and Benton county wide functional exercise September 2012 with the Local Emergency Planning Committee.				
Objectives	Plan for Methods/ Activities/Practice	Outcome Measure(s)	Outcome Measure(s) Results	Progress Notes
A. Participate in planning and preparation for county wide 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.		Meeting monthly with planning committee.

Time Period: 2012-2013

GOAL: Linn County Public Health will participate in a Linn and Benton county wide functional exercise September 2012 with the Local Emergency Planning Committee.

B. Assist other county departments and other county partners to prepare to participate in the exercise	Encourage and provide support to county emergency management, City of Albany, local hospitals, American Red Cross and Medical Reserve Corps Members to participate in preparing for and participating in the exercise.	County Public Health department will prepare and participate in the exercise with partners.		
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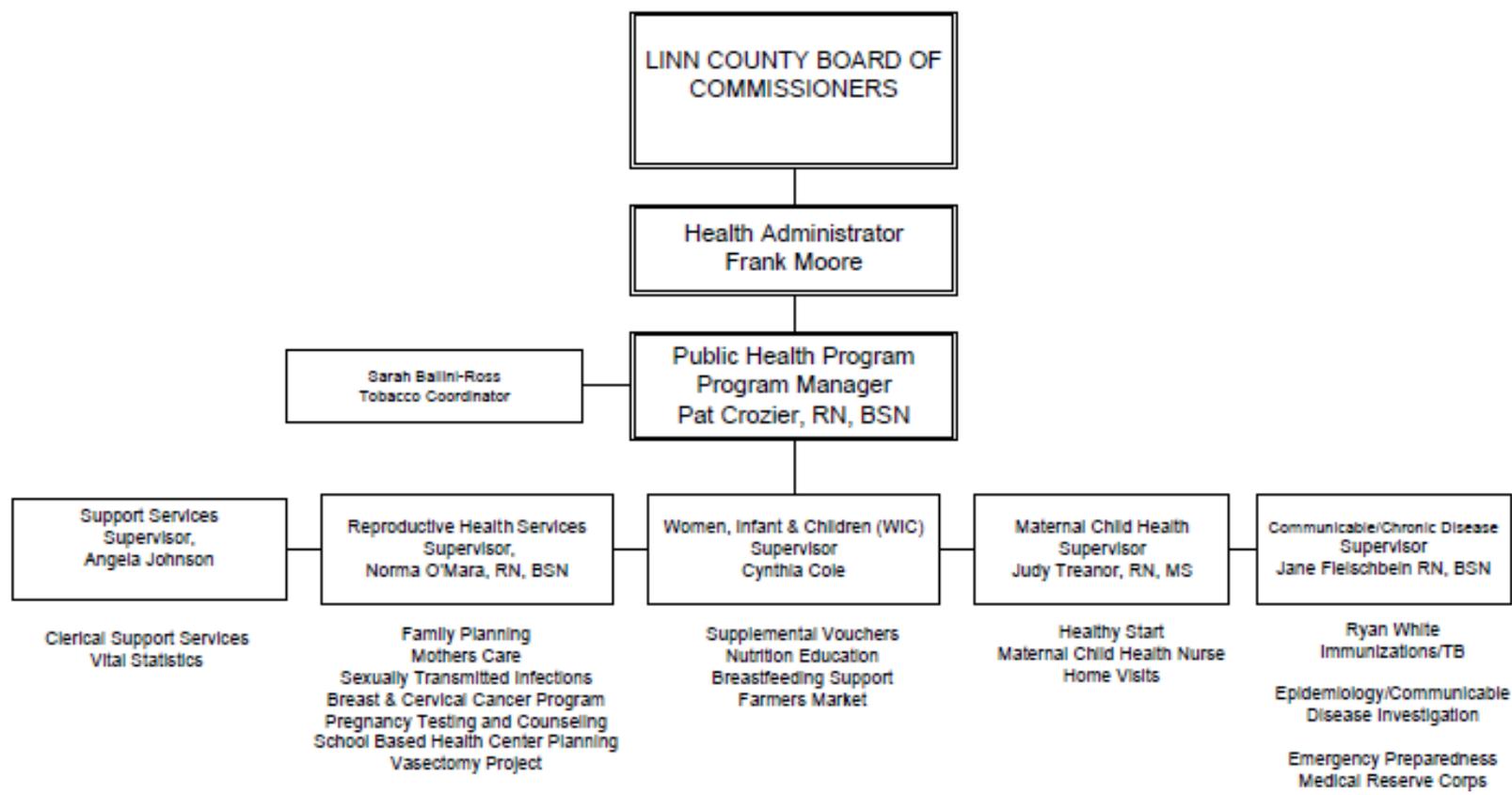
G. Other

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

IV. ADDITIONAL REQUIREMENTS

A. Organizational Chart

LINN COUNTY HEALTH SERVICES PUBLIC HEALTH PROGRAM January 2012



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 to fill. 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 have recently updated 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. The health advisory council has been active in participating in our recent community assessment work with MAPP as well as Linn County Public Health strategic planning work.

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 one 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 which have occurred in our county.

1. **Physical activity and nutrition**- 2010-2011, 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 completed 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. There is not nearly, enough being done to prevent chronic disease 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**- 15.9% 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 us work with Senior and disabled Services, our cities senior centers, the YMCA and Samaritan Health to make sure our seniors do not 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 is run by Samaritan health Services is collaborating to provide some dental services through the mobile dental van on a limited basis. The Albany Boys and Girls club is also providing space for

children dental services. This new clinic is up and running on Fridays 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. These talks have not continued at this point, however. Continued discussions on this topic have occurred. The FQHC has had difficulty-maintaining provider staffing and just recently re-hired for a 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. We recently sent a letter of intent for a March of Dimes grant to look at this problem.
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 28th out of 33 counties in health. As we look to accreditation work, we were fortunate to receive grant funds to do a comprehensive community assessment using the MAPP process. This is currently being conducted with the help of a workgroup of community members. We were able to have an intern help gather demographic information and are currently conducting surveys as well as gathering a group to do a Public Health Assessment. In addition, we are currently in the writing phase from our strategic planning work, which should be complete by April 2012.

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.

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

Please go to 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?

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. **(County policy that after 5.5 years, evaluations are every 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.
(Each program has their own. No formal manual)
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. **(Available from local pharmacies)**

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. **(Public drinking water systems)**
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. **(Public drinking water systems)**
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. Work closely with environmental health and have done dual visits.)**
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. (**new 211 referral service**)
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. (**by referral**)

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. (**limited**)
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. (**Albany city water fluorided**)

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. **(Currently in the process of developing a strategic plan for Health Department)**

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: **Frank Moore**

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

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

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

Health Administrator is looking into graduate level courses to meet the minimum standards. Checking on funds through CLHO for course tuition.

b. Yes No *The local health department Supervising Public Health Nurse meets minimum qualifications:*

Licensure as a registered nurse in the State of Oregon, progressively responsible experience in a public health agency;

AND

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

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

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

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

OR

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

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

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

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

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

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
Roger Nyquist Chairman
Board of Commissioners

Linn
County

1-17-2012
Date