



**Marion County**  
OREGON  
Health Department

# **Marion County Health Department**

## **Three-Year Plan for Public Health Services**

**2012-2015**

# Marion County Health Department Three-Year Plan for Public Health Services

2012-2015

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Supplemental documents:

Marion County Community Health Improvement Partnership 2012 Report:

<http://www.co.marion.or.us/HLT/chip.htm>

## Section I. Executive Summary

The Marion County Public Health Plan outlines the Health Department's plan for public health services during the next three years (July 1, 2012 - June 30, 2015). This plan includes summaries of the 2011 Community Health Assessment, the collaborative Marion County Community Health Improvement Plan, the Public Health Strategic Plan, and an action plan denoting activities that will be measured to track progress on selected objectives.

The local public health authority must assure activities necessary for the preservation of health and prevention of disease. In Marion County, the role of the local public health authority lies with the Board of Commissioners (BOC). The BOC delegates the responsibility for this assurance to the Marion County Health Department. Oregon statute (ORS 431.416) and rule (OAR 333-014-0050) identify five basic services that health authorities must assure, including Epidemiology and control of preventable diseases and disorders; Parent and child health services, including family planning clinics as described in ORS 435.205; Collection and reporting of health statistics; health information and referral services; and Environmental health services.

Provision of these mandated services is guided by data and community input gathered through collaborative county-wide efforts. In January 2011 Marion County Health Department launched a community health assessment and planning cycle in collaboration with the three local hospitals located in Salem, Silverton and Stayton. Mobilizing for Action through Planning and Partnerships (MAPP), developed by the National Association of City and County Health Officials (NACCHO) was used as a framework for the process. Over 2000 Marion County residents and health and social service partners helped to rank health priorities and identify solutions. The result of this collaborative effort is a community-based plan for community health improvement in Marion County and the formation of the Marion County Community Health Improvement Partnership (CHIP). Health issues prioritized in the plan include adult obesity and physical activity, teen pregnancy, early entry to prenatal care, and three teen behaviors including fruit and vegetable consumption, physical activity and marijuana use.

The Marion County Community Health Improvement Plan may be found on the website for the Community Health Improvement Partnership at <http://www.co.marion.or.us/HLT/chip.htm>

The Health Department's *2011-2013 Biennial Implementation Plan for Mental Health, Addictions and Gambling*, <http://www.co.marion.or.us/HLT/annualplan.htm> presented to the Oregon Health Authority Addictions and Mental Health Division.

## Section II. Marion County Community Health Assessment and Planning, 2011

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## 1. Introduction

The first essential function of the local public health department is to “monitor health status to identify community health problems” (Public Health Functions Steering Committee, 1994). Recognizing that the public health department is only one part of the local health system impacting the health of the community, Marion County Health Department (MCHD) Public Health Division engaged local hospitals, community leaders and residents in a 2011 community health assessment and subsequent development of a community health improvement plan. This report describes the work of the Marion County Community Health Improvement Partnership (CHIP). A printable summary, including relevant data may be found on the Marion County Community Health Improvement Partnership WebPages at <http://www.co.marion.or.us/HLT/>.

## 2. Methodology and Background

The Mobilizing for Action through Planning and Partnerships (MAPP) framework of four assessments – *Community Health Status, Community Themes and Strengths, Local Public Health System, and Forces of Change*, was used to guide the community health assessment process. *Community Themes and Strengths* were assessed via primary data obtained through surveys of county residents and partners, and results from teen pregnancy focus groups the Health Department held with Latino teens and parents in 2010.

Salem Health’s investment in a new dashboard of over 100 health-related indicators provided the secondary data needed to complete the assessment of the *Community’s Health Status*. Discussions about *Local Public Health System and Forces of Change* were incorporated into local health improvement planning activities as they related to the health issues prioritized by that region.

## 3. Demographics for Marion County

A convenient list of demographic facts from the latest U.S. Census for Marion County and Oregon can be found on the Salem Health data dashboard at <http://www.salemhealth.org/#!/community.home>. Selected demographic information for Marion County is included in the Community Health Improvement Partnership 2012 Report found at <http://www.co.marion.or.us/HLT/chip.htm>

## 4. Community Health Survey

A community health survey was conducted in February-March 2011 to gather information from community residents regarding their perceptions about the health of Marion County. A companion survey was simultaneously distributed to key partners in health, social service, education and other sectors. Over 2000 residents participated in the survey which was available at 40 host sites around the county, as well as on line, in English, Spanish and Russian. Over 200 individuals completed the on-line partner survey, which was available in English only.

The survey results provide insight into community themes down to the zip code level. Demographics of community survey participants matched fairly well with demographics for county residents in general, including age and ethnicity (2010 Census). An effort was made to control the sample-bias the Health Department encountered during the 2008 Community Health Survey when a large proportion of surveys were completed by clients visiting Department of

Human Services. However, the survey still had some limitations. Two examples where the survey group differed from the overall population of Marion County (2010 Census) include a higher proportion of female respondents (70%) compared with the county (49%) and greater representation from the Salem-Keizer area (73%) versus Salem-Keizer actual residency (60%). Persons willing to participate in a survey may not fully represent the views of the general population, however among those who did participate, certain themes emerged.

For comparison, and to facilitate planning at the local level, survey results were grouped into four regions based on hospital service areas. The regions were Salem-Keizer, Silverton area, Stayton/Canyon area and Woodburn/North County.

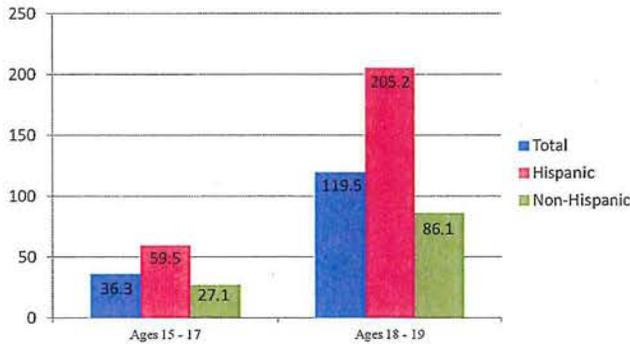
When asked what are your top three health concerns, respondents identified cost of health care/insurance and obesity as the number one and two community health concerns, respectively for all four regions. However, survey findings identified some differences by region. For example, the Silverton area, with a higher average self-reported annual income (74% at \$30,000+) also reported the highest perceived health, insurance rates, and access to health services. In contrast, Woodburn/North County, with a lower self-reported average income (57% earning less than \$30,000) reported lower health, and less access to health services than the rest of the county. In addition, survey findings identified health inequities related to ethnicity. Those reporting lower income, lower access to health services and lack of health insurance were more likely to self-identify as Hispanic.

#### **5. Health and Social Services Partner Survey**

The partner survey was sent out via e-mail contact lists with a note encouraging the recipient to pass it on to other interested partners serving Marion County. About 62% of respondents were providers of direct medical care, 11% social service or other community based organization, 8% public or community health, 7% mental health and 2% education. The top five health issues named by respondents were cost of care/insurance, substance abuse/addiction, obesity, mental health and lack of providers. Answers to another survey question further clarified that “lack of providers” may refer to not enough providers taking Medicare and OHP, and/or not enough primary care providers in general. As with the community survey, the partner survey had some regional differences. Both Silverton area and Woodburn/North County partners named obesity as the number one health issue, and Stayton/Canyon, Silverton and Woodburn/North County areas all listed diabetes, a condition that is often related to obesity, in their top five.

#### **6. Teen Pregnancy Focus Groups, Surveys and Interviews**

In response to the teen pregnancy data revealed by the Health Department’s 2008 Community Health Status Assessment, a workgroup of the Marion County Commission on Children and Families was formed in October 2009. Workgroup members represented the YWCA teen parent program, Boys and Girls Club, Mid-Valley Mentors, Marion County Health Department, Marion County Children and Families Department and Salem Hospital Community Health Education Center.



**Table 1.0 Marion County Teen Pregnancy**  
Rates shown per 1000 females ages 15-17 and 18-19

Source: Unpublished report by Oregon Health Authority 9/29/2011

When it was determined that additional community input was needed to more fully define the status of teen pregnancy in Marion County, it was agreed that the Health Department would conduct focus groups throughout the county. Focus groups were held in partnership with Juntos Podemos, Farmworker Housing Development Corporation and Marion County Children and Families Department. That information was supplemented by surveys and interviews facilitated by the Woodburn School Health Advisory Council. Hispanic community members were especially sought out to participate in community discussions on teen pregnancy, as a significant proportion of teen pregnancies occur in this particular population. Each focus group began with a data presentation followed by a group discussion. Participants were asked a standard set of questions to determine:

- Whether members of the Latino community view teen pregnancy as a problem;
- What the participants viewed as local risk factors which lead to teen pregnancy;
- What the participants viewed as local protective factors to prevent teen pregnancy; and
- The most appropriate and effective next steps for their community.

Key stakeholder focus group discussions and community surveys also helped to further describe the issues of teen pregnancy in Marion County.

For Latino parents, it is apparent that cultural issues play a significant role in communication about teen sexuality. Participants said that it is a “taboo” topic and expressed concern that talking about it might give their child “permission” to have sex.

Latino parents described difficulties in dealing with what they see as the more permissive U.S. culture. Focus group participants clarified that they welcome a baby if their teen becomes pregnant, but like most U.S. parents, they see that teen pregnancy may have undesirable financial and other consequences for their teen and grandchild. Latino teens participating in the focus groups agreed that a teen pregnancy might prevent them from reaching professional or educational goals, but many think it will not happen to them. Teens acknowledged that sex, pregnancy prevention, and relationships are difficult subjects to talk about openly, but said they want and need more information. Many said they’d like to get the information from their parents rather than being told “don’t do it” or nothing at all. Latino teens also described the challenges of navigating both the U.S. and the Latino cultures.

Limitations of the data include relatively small sample size, and the participants may not be representative of all members of the community. Parents and youth who participated in the focus groups and/or surveys may be more involved in the community and with their families, and have

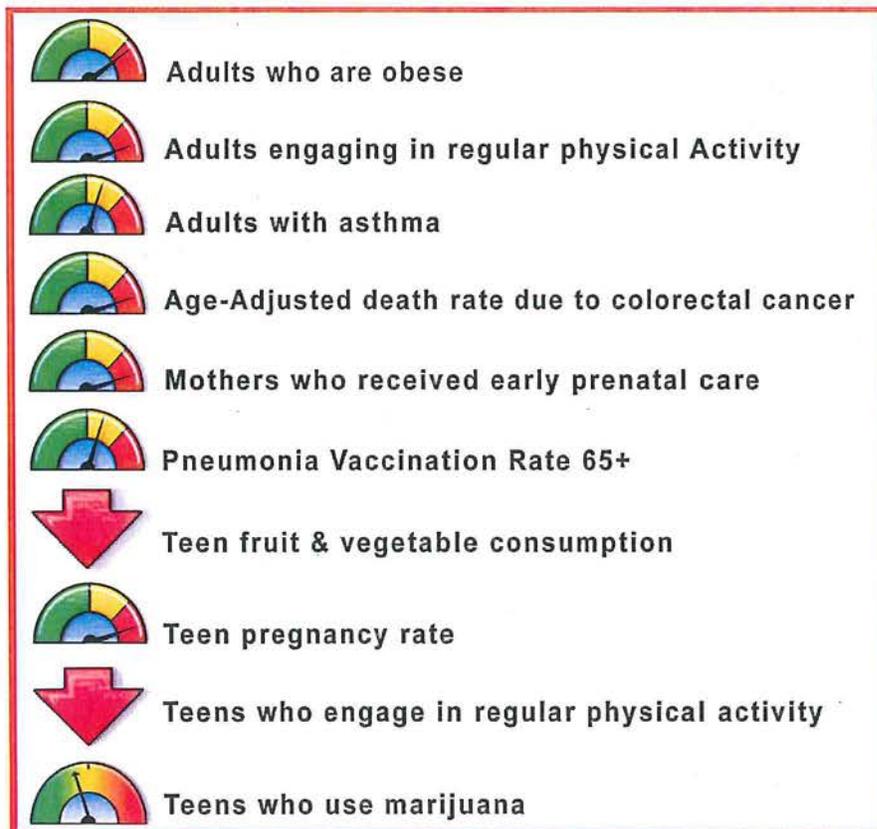
better coping skills than their counterparts who did not participate. Participants in the focus groups also are more likely to have greater awareness about the issue of teen pregnancy and the impacts it can have on teen parents, families, and the community at large.

In summary, the focus groups, surveys and key stakeholders identified that:

- Parents need and want information to support them in communicating with teens.
- Cultural differences play a role in teen sexual health and teen pregnancy.
- Youth are seeking accurate information regarding sexual health and desire improved communication with their parents.

### 7. Ten Key Community Health Indicators

The Salem Health Foundation invested in the development of a data dashboard to help inform the hospital system’s community benefit work. When the dashboard became available in June 2011, the Community Health Improvement Partnership steering committee, formed of representatives from Marion County Health Department and each of the three local hospitals, reviewed health indicator data for Marion County. Community themes and concerns revealed by the 2011 Community Health and Partner surveys were also considered. Steering committee members expressed an interest in identifying a subset of indicators that might be impacted at the local level through a community-based collaborative approach. The group looked most closely at health indicators for which Marion County fell in the lower quartile in comparison with other Oregon counties. Ten health indicators for which the data dashboard gauge showed Marion County to be in the red zone and in need of improvement were selected for prioritization.



**Table 2.0 Ten Key Health Indicators for Marion County**

The three-color gauge shows how Marion County is doing in comparison with other Oregon counties. Red means Marion is in with the 25% worst counties. Yellow is the next 25%. Green is the best 50%

The arrow shows the direction of the trend. Red arrows mean the trend is moving in an undesirable direction

The bottom gauge shows use of marijuana by Marion County 11<sup>th</sup> graders compared with Oregon

Graphics courtesy of Salem Health

In discussing how the indicators might be presented, reviewed and impacted at the local level, the steering committee agreed to present the data at four regional community health improvement kick-offs scheduled in July and August 2011. The kick-offs, which included community members as well as health and social service partners launched a local planning process facilitated by the Health Department and hosted by the hospitals, and the formation of the Marion County Community Health Improvement Partnership.

#### **8. Adequacy of Local Health and Related Services and Unmet Need**

Primary health and dental care: While the 2011 Community Health Survey did show that not all residents feel they have ready access to health care, Marion County is fortunate to have a Federally Qualified Health Center with clinics in Woodburn and Salem as well as a Community Health Center just across the Willamette River in Polk County. These three clinics all provide low cost health and dental care. In addition, the Salem Free Clinics have greatly expanded from their original two weekends a month at a local church, to provide regular medical, dental and mental health care to the uninsured. Silverton Health also operates a free medical and dental clinic in Silverton.

Nutrition: Marion County is home to two federally funded nutrition programs for Women, Infants and Children (WIC). One is program is managed by the Health Department and offered at four sites, the second is managed by Salud Medical Center in Woodburn. In recent months both Marion County WIC programs have seen decreasing enrollment. Similar trends have been seen in other Oregon counties and may, in part be due to loosening of Food Stamp eligibility requirements and stricter Oregon requirements for obtaining the legal identification documents needed to apply for WIC. Local food banks continue to report increasing demand for food and are striving to change the types of donations they receive to a healthy selection of basic foods.

Health education and promotion: These services are not comprehensive. There are community-based Living Well classes for chronic disease management, dental education in the Salem-Keizer schools and some Head Start classes, drug and alcohol prevention, and a smattering of other services being provided around the County. Educational efforts targeting health promotion and disease prevention have the potential to positively impact the long-term health of our community. However increased, secure funding is required to ensure a comprehensive coordinated effort.

The Health Department is working to raise awareness of decision-makers on the benefits of adopting health policy. If an employer offers smoking cessation resources to staff, some may quit. However, if the employer makes the workplace smoke free, all of the staff will benefit from reduced exposure to tobacco smoke. Funding for this work is not adequate and a statewide awareness campaign targeted at decision-makers is needed.

#### **9. Community Health Improvement Plan**

The community health improvement planning process began with the regional kick-off events. At each event, regional-level community health survey results were shared along with information about the 10 key health indicators for Marion County. Slides from the data dashboard were used to display trends and compare Marion County to other Oregon counties as

well as National Healthy People 2020<sup>1</sup> targets for each indicator when available. In addition, participants were provided an overview of the planned community health improvement process to:

- 1 Select health indicators that are important to the region and are feasible to address;
- 2 Create a three-year, county-wide plan for addressing the selected health indicators at the regional level; and
- 3 Measure success and trends over time;

All information was presented with an emphasis on local priorities, local planning and local implementation. Examples were given to illustrate how systems and policy changes at the organizational or community level can be effective without costing a lot of money or requiring a new, unfunded program. It was pointed out that communities with an organized plan to address an issue may be better positioned to seek and receive grant funding for specific efforts.

After the assessment data was presented, at three of the locations (Silverton, Woodburn and Stayton), participants broke into small groups to discuss what activities were currently underway in the community that might have a positive impact on a given indicator as well as gaps and potential barriers to improvement. The small groups then shared the discussion results with the larger group. At each of the four regions, all participants engaged in a prioritization exercise, using dots to vote on their top three of the ten health issues presented that day.

<b>Salem-Keizer</b>	<b>Santiam Canyon</b>	<b>Silverton Area</b>	<b>Woodburn / North Co</b>
1. Teen pregnancy	1. Teen pregnancy	1. Adult activity	1. Adult obesity
2. Adult obesity	2. Adult activity	1. Teen fruit & vegetable consumption	2. Teen pregnancy
3. Early prenatal care	3. Teen marijuana use	2. Teen physical activity	3. Teen physical activity 3. Teen fruit & vegetable consumption

Table 3.0 – Top health priorities chosen by community members in each region.

Following the July and August kick-off events, a regional workgroup was formed. Membership included local volunteers, the Health Department and the local hospitals, which hosted the meetings. Beginning in October 2011, regional workgroups met to discuss the three indicators prioritized for their region at the kick-off events. Each workgroup reviewed a list of existing community resources and activities that could be expected to have a positive impact on the indicator and analyzed the information to identify gaps or opportunities for improvement. Two common themes emerged: there are many resources available, but they are not always well publicized; and many resources may not be accessible to all due to lack of income. The bad economy, rising unemployment, large numbers of low income families, and potential for decreasing funding were identified as external forces that make it difficult to consider implementing new programs. The workgroups discussed what was feasible to change or implement given those economic trends. The Health Department Facilitators emphasized the value of policy changes, even at the organizational level, as a means of having a budget-neutral

<sup>1</sup> [www.healthypeople.gov](http://www.healthypeople.gov)

impact on indicators such as adult obesity.

A summary of the planning process as of December 2011, including the regional implementation plans is found in the 2012 Marion County Community Health Improvement Partnership Report found at <http://www.co.marion.or.us/HLT/>.

The regional workgroups are scheduled to meet approximately every six months to evaluate progress, consider new information and possible revisions to the plan. Each workgroup has selected at least one representative to participate on the county-wide Community Health Improvement Partnership committee with the hospitals and the Health Department. The county-wide committee will meet every six months in-between the regional workgroup meetings, and will provide a forum for monitoring the progress of the implementation process, as well as an opportunity for the regions to share experiences that might be replicated or avoided.

A summary of assessment data as well as the initial report of the Marion County Community Health Improvement Partnership may be found on line at the Health Department website: <http://www.co.marion.or.us/HLT/>.

### Section III. Marion County Public Health Division Strategic Plan

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## **1. Introduction**

The 2012-2015 Strategic Plan for Marion County Health Department Public Health Division provides a roadmap to guide our work within the department as well as within the community. It will assist us in our efforts to provide quality services, accountability and responsiveness to community needs. The plan was developed by Public Health Division leadership and staff with input from the Marion County Health Advisory Board, and includes four goals and related objectives.

The first goal is specific to the Oregon laws that mandate the basic services to be provided by local public health departments. The last three goals are intended to improve and maintain our effectiveness in the community and are in addition to the ongoing, mandated work done by the Health Department on a daily basis.

This plan is intended to be a “living document” that will be reviewed annually to monitor progress and ensure responsiveness to changing community need.

## **2. Governance**

In Marion County, the role of the local public health authority lies with the elected Board of Commissioners (BOC). The BOC delegates the responsibility for this assurance to the Marion County Health Department. Public health services are provided by the Public Health Division of the Health Department. Each year the Health Department Administrator presents the annual update of the Three-Year Plan for Public Health Services for approval by the BOC, acting in its role as the Board of Health ex officio to the Oregon Health Authority (ORS 431.410).

In addition, the Board of Commissioners appoints a Health Advisory Board to advise the BOC and Health Department on matters of public and mental health. The term of appointment is four years. Advisory Board members include a mix of local residents and health and social services providers from all regions of the County. The Health Advisory Board meets every third Tuesday of the month, except July and August. More information is available by calling (503) 588-5357 or at <http://www.co.marion.or.us/HLT/advisoryboard.htm>.

### 3. Marion County Public Health Division – Mission, Vision and Values

#### Mission

Provide leadership to improve and protect the health of our communities through:

- Community partnerships
- Health promotion & education
- Disease prevention
- Protection of food, water, and air
- Emergency preparation

#### Vision

*For Marion County Public Health Division:* Excellent provider of services, resources, and leadership for Marion County communities. Responsive and accountable to community health needs in a culturally competent manner.

*For Community:* Healthy people living, working and playing in healthy communities.

#### Values

##### Compassion

*Cares about people*

We value people, and seek for all individuals a long and high-quality life free from disease and disability. We strive to treat all people with dignity, respect, and in a confidential manner.

##### Collaboration & Integration

*Works with community partners and integration within Marion County Health Department*

We believe that residents know their communities best and have a vested interest in their well-being. We partner in innovative ways with communities and other stakeholders to create healthful places to live, work, and play. We strive for integration among all Public Health Division programs and for collaboration among the whole health department.

##### Prevention

*Promotes and preserves health*

We strive to prevent suffering and the cost of disease whenever possible. We address health issues through the full spectrum of prevention, from working for increased health awareness or behavioral change in individuals, to system and policy change. We use facts discovered through scientific methods to establish and evaluate programs, interventions, and policies to improve health.

##### Social Justice & Equality

*Serves everyone*

We strive to serve every person living in or visiting Marion County in a culturally sensitive and appropriate manner. We work toward elimination of health disparities between groups of people. Every community in the county is important to us, and we seek to assure that each has access to important preventive and other health services. We recognize that services and solutions must be accessible, affordable, and appropriate for all.

##### Integrity

*Acts accountable and honest*

We aim to do the most possible to protect and improve health with the financial resources available to us, always striving to make efficient and productive use of the public's funds. We are committed to honesty in all of our activities, transparency in decision-making and information sharing, and sincerity in our relationships.

##### Diverse Public Health Workforce

*Employs skilled & innovative employees*

A well-trained, dedicated and creative workforce is the foundation of our ability to assess and address the health of the community.

#### 4. Framework for Public Health: **Core Functions & Ten Essential Services** (IOM, 1988)

##### **Core Functions of Public Health**

###### *Assessment*

- Monitor health status to identify community health problems
- Diagnose and investigate health problems and health hazards in the community
- Evaluate effectiveness, accessibility, and quality of personal and population-based health services

###### *Policy Development*

- Develop policies and plans that support individual and community health efforts
- Enforce laws and regulations that protect health and ensure safety
- Research for new insights and innovative solutions to health problems

###### *Assurance*

- Link people to needed personal health services and assure the provision of health care when otherwise unavailable
- Assure a competent public health and personal health care workforce
- Inform, educate, and empower people about health issues
- Mobilize community partnerships to identify and solve health

##### **Ten Essential Services of Public Health**

1. **Monitor Health Status.** We identify and solve community health and mental health problems. We conduct community health profiles, vital statistics, and prepare health status reports.

2. **Conduct Epidemiology** (study the incidence, distribution and control of diseases in a population). We diagnose and investigate health and mental health problems and health hazards in the community. We maintain “epidemiologic surveillance” (tracking of diseases) and laboratory support.

3. **Conduct Health Promotion and Social Marketing.** We raise awareness, inform, educate, and empower people about health and mental health issues including addictions (Alcohol, Tobacco and Other Drug abuse prevention).

4. **Mobilize Communities.** We develop community partnerships and action to identify and solve health, mental health and addictions problems. We convene and facilitate community groups to promote health. Community mobilization is primary prevention.

5. **Recommend Policy.** We develop plans that support individual and community health efforts. Policy begets programs. We support leadership development and health systems planning. County Administration develops and approves policy.

6. **Enforcement of laws and regulations** that protect health and ensure the public safety. Part of our job is to enforce sanitary codes, health and mental health codes to ensure safety of the environment.

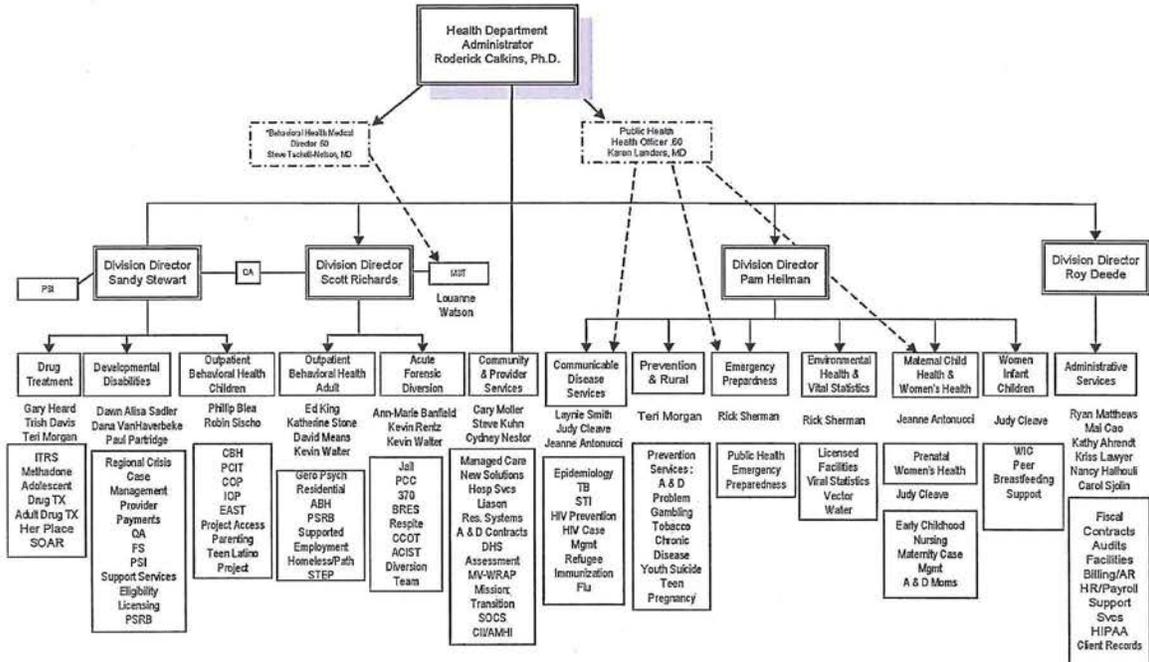
7. **Link people to needed personal health services.** We provide services that increase access to health care. We assure that services are available. Our eventual goal is: “100% access, 0% disparity” by increased access and decreased barriers to health care and promotion.

8. **Assure competent public and personal health care workforce.** We provide education and training for all public health care providers. We provide prevention training for professionals and lay members of the community especially in support of #4 above. We conduct continuous quality improvement.

9. **Evaluate effectiveness, accessibility, and quality** of personal and population-based health services. We conduct ongoing evaluation of public health and mental health programs.

10. **Research for new insights and innovative solutions to health problems.** We develop and maintain links with academic institutions. Working together we analyze disease trends and study the economic impact of disease and disease prevention. Specifically, we create partnerships with Oregon State University and community researchers for participatory program evaluation and development.

### 5. Marion County Health Department Organizational Chart



Phone numbers for these contacts will be maintained and distributed on wallet cards, reviewed and updated every six months



## 6. Marion County Public Health Division Strategic Plan: Goals and Objectives

The following goals and objectives were developed by Public Health Division leadership and staff with input from the Marion County Health Advisory Board.

### Strategic Goal 1: Provide the Five Basic Health Services – (ORS 431.416)

The local public health authority must assure activities necessary for the preservation of health or prevention of disease. “These activities shall include but not be limited to Epidemiology and control of preventable diseases and disorders; Parent and child health services, including family planning clinics as described in ORS 435.205; Collection and reporting of health statistics; Health information and referral services; and Environmental health services.”

#### Objectives:

##### *1.1 Epidemiology and control of preventable diseases and disorders*

a. *Communicable Disease* – nurses investigate cases of diseases that are reportable by law to identify the source and prevent spread. Nurses and sanitarians work as a team to respond to foodborne outbreaks and nursing home Norovirus outbreaks.

b. *Sexually Transmitted Infection (STI) Clinic* – low cost clinics in Salem and Woodburn to diagnose and treat sexually transmitted infections. Also work with County Jail staff to ensure treatment of inmates who have been identified as contacts to known cases of STI.

c. *Immunizations* - clinics in Salem, Stayton, Woodburn, Silverton focus on disease prevention by providing Advisory Committee on Immunization Practices (ACIP)-recommended vaccine administration to infants, children, and adults. Provide regular well child immunizations as well as immunizations post-exposure to communicable diseases. Convene coalitions for adult and child immunizations to provide information to providers and promote best practices such as use of the state immunization registry. Provide community based clinics for flu, pneumonia, Tetanus-diphtheria-pertussis and school required vaccines. Lead community planning and exercising for point of dispensing clinics for pandemic influenza, anthrax and other communicable diseases.

d. *Tuberculosis Program* – provides treatment and case management to persons with tuberculosis, and targeted screening of high risk populations. Program staff and Health Officer provide consultation to local medical providers. Two local federally funded clinics act as delegate agencies for purpose of treatment of latent tuberculosis infection.

e. *Human Immunodeficiency Virus services* – Counseling and testing of high-risk persons is offered in coordination with STI clinic and through outreach.

f. *Chronic Disease Prevention* – Tobacco Prevention and Education Program focuses on promoting policy change that results in reduced use of tobacco and exposure to secondhand smoke. Chronic Disease Prevention Program implements community plan to put policies and systems in place with the aims of reducing access to tobacco, and increasing access to healthy food choices and opportunities for physical activity.

g. *Drug, Alcohol, Gambling Prevention* – School-based services, primarily in rural Marion County. Provide technical assistance to community Together Groups and Community Progress Teams which work at the local level to prevent these behaviors in youth.

### **1.2 Parent and child health services**

- a. *CaCoon* – Nurse case management in home setting to infants and children (0-20 years) at risk for developmental delays due to qualifying medical conditions.
- b. *Babies First!* – Nurse case management in home setting to infants and children (0-4 years) at risk for developmental delays due to qualifying medical or social risk factors.
- c. *Maternity Case Management* – Nurse case management in home setting by referral in order to facilitate a healthy birth outcome..
- d. *A&D Moms* – Case management services for women with substance abuse issues who are pregnant and/or parenting young children.
- e. *Women-Infants-Children (WIC)* – Nutrition program for children 0-5 and pregnant and postpartum women. Provide nutrition and health screening, education and food vouchers. Offer breast pump loaner program.
- f. *Peer Breast Feeding Support* – Trained peer counselors provide support
- g. *Women's Health Clinic* – Women's health services and information
- h. *Prenatal Project* – Administrative partnership between two local hospitals and local medical insurance program that provides low cost prenatal care for women without health insurance.
- i. *Prenatal Clinic* – Provide pregnancy-related care to women pre and post delivery.
- j. *Oregon Mother's Care* – Pregnancy testing, screen for immediate health problems and referral to prenatal provider
- k. *Teen Pregnancy Prevention* – Implement *¡Cuidate!* with Latino youth and families. Provide technical assistance to local school districts implementing *My Future, My Choice*. Participate on Marion County Teen Pregnancy Prevention Action Team.
- l. *Dental* – Coordinate dental vans and limited referrals for acute care if funding allows. Participate on Salem area dental coalition. Partner with local dental provider to provide preventive services to WIC clients.
- m. *Strengthening Families Program 10-14* – Evidence-based parenting class for parents/caregivers and their 10-14 year old youth. The program improves communication skills, family harmony, bonding, and ability to set appropriate rules and limits.

### **1.3 Health Statistics**

- a. *Birth* – Electronic birth registry, provide birth certificates for first month of life, paternity testing
- b. *Death* – Electronic death registry. Provide death certificates to families and mortuaries.
- c. *State immunization database* – Submit data for all immunizations provided in MCHD clinics. Enter data from WIC client immunization records
- d. *Communicable disease data* – Receive reports and submit data for reportable diseases via Communicable Disease 2000 database, mail and fax.

### **1.4 Health information and referral services**

- a. Clients are provided with program-specific materials. Many written materials are available in Spanish as well as English; some are available in Russian and other languages.
- b. All receptionists have information on community health resources to assist callers.
- c. Maintain comprehensive website that includes e-mail capability and links to other resources. Some pages are in Spanish.

- d. *24/7 phone response* – Main department and clinic numbers give caller the option to speak to the public health supervisor on call.
- e. Resources are available to schools and community members through participation in health fairs, community presentations, and individual meetings.
- f. Provide updates to local 211 information and referral system as Health Department services change.

#### **1.5 Environmental health services**

- a. *Licensed facilities* – Sanitarians inspect and license food service facilities, traveler's accommodations, pools/spas and organizational camps. Food service facilities include restaurants, mobile food units and temporary food booths. Other work includes plan review for new or remodeled facilities, investigation of complaints and foodborne illness investigations, and semi-annual inspections of school lunch programs throughout the county.
- b. *Food handler training* – Food handler classes are provided via classroom and online training. Manager training is good for five years and is available in-person only. All classes are available in Spanish.
- c. *Drinking Water* – MCHD is responsible for enforcing the laws pertaining to the Safe Drinking Water Act. Aside from six community systems regulated by the state, MCHD inspects and provides technical support to public water systems in Marion County.
- d. *Child Care Facilities* – Environmental Health contracts and inspects licensed day care centers annually.
- e. *Other Services* – Environmental Health investigates high blood lead levels in young children as well as bites from rabies-susceptible animals. Sanitarians also respond to mosquito and rodent complaints with information and technical assistance.
- f. *Clean Air* – The Tobacco Prevention and Education Program is responsible for enforcing the Smoke Free Workplace Law. This is a complaint-driven system. TPEP staff sends out complaint letters and educational materials; they also go on site visits and develop remediation plans as necessary.

#### **1.6 Other Services**

- a. *Emergency Preparedness* – planning and exercising for natural disaster, pandemic influenza and other public health disasters. Major focus has been use of point of dispensing clinics. Partner with hospitals, healthcare providers, law enforcement, fire, schools, and emergency managers from all jurisdictions.

**Strategic Goal 2: Maintain a well-trained and competent public health workforce. (Workforce Development)**

The eighth essential service of local health departments is to assure a competent public and personal health care workforce. A 2011 report by the Oregon Center for Nursing states that nearly 50% of Oregon public health nurses are nearing retirement.<sup>1</sup> This percentage is likely even higher among the public health nursing supervisor population. In addition to development and retention of existing public health staff, the Health Department seeks to develop and recruit new staff to the field of public health by providing internships to students of nursing, public health, environmental health, and health education programs.

**Objectives:**

- 2.1 Provide cultural competency training opportunities for staff*
- 2.2 Provide staff development opportunities on data analysis and Quality Improvement(QI) strategies*
- 2.3 Implement morale building activities for public health division*
- 2.4 Public health programs will identify strategies to meet the program's workforce development needs.*

**Strategic Goal 3: Establish, maintain, and enhance community and internal partnerships through appropriate collaboration. (Partnerships/Collaboration)**

The fourth essential service of local health departments is to mobilize communities into action to identify and solve health problems. Marion County seeks to increase capacity for services both internal and external to the Health Department through collaborative efforts.

**Objectives:**

- 3.1 Increase collaboration between public health program areas to ensure continuity of care and broad understanding among staff of all program areas*
- 3.2 Increase public's awareness of public health*
- 3.3 Build on existing community partnerships and create new partnerships*
- 3.4 Public health programs will identify strategies to promote meaningful partnerships and collaborations internally and externally*
- 3.5 Facilitate a collaborative community health improvement process for Marion County, including development of a community health improvement plan (CHIP).*

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<sup>1</sup> The Changing Demand for Registered Nurses in Oregon, 2011. Oregon Center for Nursing.  
<http://www.oregoncenterfornursing.org/documents/NursesWanted1PagerFINAL.pdf> viewed 11/15/2011.

**Goal 4: Increase health promotion and prevention activities internally and externally.  
(Prevention)**

**Objectives:**

*4.1 Look for opportunities to integrate health promotion and prevention activities into daily operations*

*4.2 Promote wellness and prevention at team level*

**7. Self-Assessment: Oregon Minimum Standards for Public Health**

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

**Organization**

1. Yes  No  \_\_\_ A Local Health Authority exists which has accepted the legal responsibilities for public health as defined by Oregon Law.
2. Yes  No  \_\_\_ The Local Health Authority meets at least annually to address public health concerns.
3. Yes  No  \_\_\_ A current organizational chart exists that defines the authority, structure and function of the local health department; and is reviewed at least annually.
4. Yes  No  \_\_\_ Current local health department policies and procedures exist which are reviewed at least annually.
5. Yes  No  \_\_\_ Ongoing community assessment is performed to analyze and evaluate community data.
6. Yes  No  \_\_\_ Written plans are developed with problem statements, objectives, activities, projected services, and evaluation criteria.
7. Yes  No  \_\_\_ Local health officials develop and manage an annual operating budget.
8. Yes  No  \_\_\_ Generally accepted public accounting practices are used for managing funds.
9. Yes  No  \_\_\_ All revenues generated from public health services are allocated to public health programs.
10. Yes  No  \_\_\_ Written personnel policies and procedures are in compliance with federal and state laws and regulations.
11. Yes  No  \_\_\_ Personnel policies and procedures are available for all employees.
12. Yes  No  \_\_\_ All positions have written job descriptions, including minimum qualifications.
13. Yes  No  \_\_\_ Written performance evaluations are done annually.
14. Yes  No  \_\_\_ Evidence of staff development activities exists.
15. Yes  No  \_\_\_ Personnel records for all terminated employees are retained consistently with State Archives rules.
16. Yes  No  \_\_\_ Records include minimum information required by each program.

Section III. Marion County Public Health Division Strategic Plan

17. Yes  No  \_\_\_ A records manual of all forms used is reviewed annually.
18. Yes  No  \_\_\_ There is a written policy for maintaining confidentiality of all client records which includes guidelines for release of client information.
19. Yes  No  \_\_\_ Filing and retrieval of health records follow written procedures.
20. Yes  No  \_\_\_ Retention and destruction of records follow written procedures and are consistent with State Archives rules.
21. Yes  No  \_\_\_ Local health department telephone numbers and facilities' addresses are publicized.
22. Yes  No  \_\_\_ Health information and referral services are available during regular business hours.
23. Yes  No  \_\_\_ Written resource information about local health and human services is available, which includes eligibility, enrollment procedures, scope and hours of service. Information is updated as needed.
24. Yes  No  \_\_\_ 100% of birth and death certificates submitted by local health departments are reviewed by the local Registrar for accuracy and completeness per Vital Records office procedures.
25. Yes  No  \_\_\_ To preserve the confidentiality and security of non-public abstracts, all vital records and all accompanying documents are maintained.
26. Yes  No  \_\_\_ Certified copies of registered birth and death certificates are issued within one working day of request.
27. Yes  No  \_\_\_ Vital statistics data, as reported by the Center for Health Statistics, are reviewed annually by local health departments to review accuracy and support ongoing community assessment activities.
28. Yes  No  \_\_\_ A system to obtain reports of deaths of public health significance is in place.
29. Yes  No  \_\_\_ Deaths of public health significance are reported to the local health department by the medical examiner and are investigated by the health department.
30. Yes  No  \_\_\_ Health department administration and county medical examiner review collaborative efforts at least annually.
31. Yes  No  \_\_\_ Staff is knowledgeable of and has participated in the development of the county's emergency plan.

32. Yes  No  Written policies and procedures exist to guide staff in responding to an emergency.
33. Yes  No  Staff participate periodically in emergency preparedness exercises and upgrade response plans accordingly.
34. Yes  No  Written policies and procedures exist to guide staff and volunteers in maintaining appropriate confidentiality standards.
35. Yes  No  Confidentiality training is included in new employee orientation. Staff includes: employees, both permanent and temporary, volunteers, translators, and any other party in contact with clients, services or information. Staff sign confidentiality statements when hired and at least annually thereafter.
36. Yes  No  A Client Grievance Procedure is in place with resultant staff training and input to assure that there is a mechanism to address client and staff concerns.

### **Control of Communicable Diseases**

37. Yes  No  There is a mechanism for reporting communicable disease cases to the health department.
38. Yes  No  Investigations of reportable conditions and communicable disease cases are conducted, control measures are carried out, investigation report forms are completed and submitted in the manner and time frame specified for the particular disease in the Oregon Communicable Disease Guidelines.
39. Yes  No  Feedback regarding the outcome of the investigation is provided to the reporting health care provider for each reportable condition or communicable disease case received.
40. Yes  No  Access to prevention, diagnosis, and treatment services for reportable communicable diseases is assured when relevant to protecting the health of the public.
41. Yes  No  There is an ongoing/demonstrated effort by the local health department to maintain and/or increase timely reporting of reportable communicable diseases and conditions.
42. Yes  No  There is a mechanism for reporting and following up on zoonotic diseases to the local health department.
43. Yes  No  A system exists for the surveillance and analysis of the incidence and prevalence of communicable diseases.

44. Yes  No  Annual reviews and analysis are conducted of five year averages of incidence rates reported in the Communicable Disease Statistical Summary, and evaluation of data are used for future program planning.
45. Yes  No  Immunizations for human target populations are available within the local health department jurisdiction.
46. Yes  No  Rabies immunizations for animal target populations are available within the local health department jurisdiction.

### **Environmental Health**

47. Yes  No  Food service facilities are licensed and inspected as required by Chapter 333 Division 12.
48. Yes  No  Training is available for food service managers and personnel in the proper methods of storing, preparing, and serving food.
49. Yes  No  Training in first aid for choking is available for food service workers.
50. Yes  No  Public education regarding food borne illness and the importance of reporting suspected food borne illness is provided.
51. Yes  No  Each drinking water system conducts water quality monitoring and maintains testing frequencies based on the size and classification of system.
52. Yes  No  Each drinking water system is monitored for compliance with applicable standards based on system size, type, and epidemiological risk.
53. Yes  No  Compliance assistance is provided to public water systems that violate requirements.
54. Yes  No  All drinking water systems that violate maximum contaminant levels are investigated and appropriate actions taken.
55. Yes  No  A written plan exists for responding to emergencies involving public water systems.
56. Yes  No  Information for developing a safe water supply is available to people using on-site individual wells and springs.
57. Yes  No  A program exists to monitor, issue permits, and inspect on-site sewage disposal systems.
58. Yes  No  Tourist facilities are licensed and inspected for health and safety risks as required by Chapter 333 Division 12.

59. Yes  No  School and public facilities food service operations are inspected for health and safety risks.
60. Yes  No  Public spas and swimming pools are constructed, licensed, and inspected for health and safety risks as required by Chapter 333 Division 12.
61. Yes  No  A program exists to assure protection of health and the environment for storing, collecting, transporting, and disposing solid waste.
62. Yes  No  Indoor clean air complaints in licensed facilities are investigated.
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.

### **Nutrition**

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

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

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

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

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

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

### **Older Adult Health**

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

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

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

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

### **Parent and Child Health**

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

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

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

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

### **Primary Health Care**

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

### **Cultural Competency**

99. Yes  No  The local health department develops and maintains a current demographic and cultural profile of the community to identify needs and interventions.

100. Yes  No  The local health department develops, implements and promotes a written plan that outlines clear goals, policies and operational plans for provision of culturally and linguistically appropriate services.

101. Yes  No  The local health department assures that advisory groups reflect the population to be served.

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

## Health Department Personnel Qualifications

### Local health department Health Administrator minimum qualifications:

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

Answer the following questions:

Administrator name: Roderick P. Calkins, PhD

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

**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.**

(see the Action Plan for Quality Improvement)

**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;

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.**

## Section IV. Public Health Action Plan for Quality Improvement

### Introduction:

This quality improvement action plan is part of the overall quality improvement program for the Marion County Health Department. Objectives for the action plan are specific to the public health division and were selected to support the public health division mission to improve and protect the health of the community, vision to be a provider of excellent services, resources and leadership. Progress on objectives is reviewed at least annually and the plan revised if needed. Results are reported to the Marion County Health Advisory Board and the Marion County Board of Commissioners annually as part of the update of the plan for public health services

The Marion County Community Health Improvement Plan includes additional objectives for the Health Department, which are intended to improve the health indicators prioritized by community members, such as adult obesity and teen pregnancy. For more information visit <http://www.co.marion.or.us/HLT/chip.htm> .

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Section IV. Public Health Action Plan for Quality Improvement

**Strategic Goal 1: Provide the Five Basic Health Services – (ORS 431.416)**

Contracted programs for the five basic health services are monitored for performance quality by Oregon Health Authority through required reports and electronic data submission. To supplement that process, we have selected specific areas for improvement.

**Objective 1.2 Provide parent and child health services by increasing and maintaining WIC participant enrollment between 97-103% of current assigned caseload of 9818.**

**Description of the problem:** Access to nutritious food is a basic foundation for health. The WIC program does not provide for all the nutrition needed by a family, rather it provides information, empowerment, referrals, and food vouchers to supplement the diets of eligible families. The assigned caseload measure reflects the level of financial need in Marion County as estimated by Oregon Health Authority WIC Program. Marion, like other counties in Oregon, has seen a decrease in actual client participation in WIC since 2009. However, unlike most other counties, Marion County’s participation rates have continued to drop over the past year. Therefore, it is felt that clients in need are not receiving services. Strategies to increase enrollment were chosen after an assessment of the problem. If these strategies are not successful, the Health Department will receive reduced funding for WIC services.

**Vision:** Healthy people

**Value:** Prevention - Promote and preserve health

**Responsible parties:** *WIC Program Supervisor and WIC Coordinator*

<b>Strategies</b> (Actions needed to achieve objectives)	<b>Outputs</b> (Direct product of actions)	<b>Planned Measurable Outcomes</b>
Reminder phone calls to clients who failed to return to clinic and/or utilize WIC vouchers	<b>Eligible women infants and children receive WIC services and WIC funding is maintained</b>	300-400 reminder calls to clients per week
Mail reminder postcards to clients that they have an appointment scheduled		Mail reminder postcards to 100% of clients in advance of their appointments
Market the program to the public and health/social service partners		Market program to 25 partners. Advertise on local bus system for six months
Monitor WIC enrollment monthly to check effectiveness of the three strategies		WIC enrollment increases to 97-103% of current assigned caseload assignment of 9,818 by 6/1/2012

Actual Measurable Outcomes:

CY 2012	
CY 2013	
CY 2014	

Section IV. Public Health Action Plan for Quality Improvement

**Strategic Goal 1: Provide the Five Basic Health Services – (ORS 431.416) cont'd**

**Objectives 1.1-1.5 Provide clinic and community-based services to the public**

**Description of the problem:** Public health staff provides a variety of services in multiple settings. Staff seek to treat all people with dignity, respect, and in a confidential manner while providing excellent service. Customer satisfaction is a measure of quality of service.

**Vision:** Healthy people

**Value:** Compassion - care about people

**Responsible parties:** *Division Director and Senior Office Manager*

<b>Strategies</b> (Actions needed to achieve objectives)	<b>Outputs</b> (Direct product of actions)	<b>Planned Measurable Outcomes</b>
Conduct customer service survey in all public health programs		Survey implemented 2/2012 Results analyzed by 4/1/2012 Plan of correction developed and implemented by 12/31/2012

Actual Measurable Outcomes:

CY 2012	
CY 2013	
CY 2014	

Section IV. Public Health Action Plan for Quality Improvement

**Strategic Goal 2: Maintain a well-trained and competent public health workforce**

**Objective 2.1 Provide cultural competency training opportunities for staff**

**Description of the problem:** It is the vision of Marion County Public Health Division to be responsive and accountable to community health needs in a culturally competent manner. According to data obtained from the Health Department's electronic billing system, 52% of clients seen for public health services in 2010 self-identified as Hispanic. About 11% of clients seen prefer a language other than English. This data doesn't include clients served by phone, or the WIC client population which is about 43% Hispanic overall, with 21% of those served in Salem being non-English speakers. Other populations served in smaller numbers include clients from Russia and Somalia as well as Asian/Pacific Islanders. Another culture well-represented by clients seeking public health services is that of poverty.

The Health Department has taken action to provide culturally competent services. The Department employs many bilingual/bicultural Hispanic and some Russian staff. In addition, A group has been formed to make a formal cultural competency plan for the Health Department. Part of that plan will include training of staff. A baseline survey of staff to assess perception of the cultural competency of the Health Department as well as staff training needs was conducted in 2011. The data needs to be thoroughly analyzed, however one preliminary finding is that many staff feel a need for more information about the culture of poverty.

**Vision:** Culturally appropriate services      **Value:** Social justice and equity - serve everyone

**Responsible party:** *Division Director*

<b>Strategies</b> (Actions needed to achieve objectives)	<b>Outputs</b> (Direct product of actions)	<b>Planned Measurable Outcomes</b>
Form a cultural competency workgroup analyze the results of the cultural competency survey	<b>Staff provide culturally appropriate services</b>	Report analyzed and key findings summarized by 6/30/2012
Develop and implement a plan to increase organizational and staff cultural competency		Plan developed, implemented, analyzed and plan developed by 9/30/2012
Implement cultural competency training plan		Offer at least one training opportunity at Public Health Grand Rounds or Inservice Training day by 4/2013
Repeat survey to evaluate progress and effectiveness of plan		Repeat survey by 6/ 2014
Coordinate a poverty simulation for staff and community members		Hold two simulations in 2012

**Actual Measurable Outcomes:**

CY 2012	
CY 2013	
CY 2014	

Section IV. Public Health Action Plan for Quality Improvement

**Strategic Goal 2: Maintain a well-trained and competent public health workforce cont'd**

**Objective 2.1 Provide opportunities for the Health Administrator to continue progress towards meeting the minimum qualifications as identified by CLHO**

**Description of the problem:** The Health Administrator has completed all of the state minimum educational requirements but those for environmental health and epidemiology. In 2011 the Health Administrator completed CD303 course on outbreak investigation offered at OR-Epidemiology conference. Oregon State University will begin offering the core courses for public health online Winter Term 2012 which will make course completion more feasible than previously. The first course to be made available is epidemiology.

**Vision:** Excellent provider of leadership      **Value:** Employ skilled and innovative employees

**Responsible party:** *Health Administrator*

<b>Strategies</b> (Actions needed to achieve objectives)	<b>Outputs</b> (Direct product of actions)	<b>Planned Measurable Outcomes</b>
Complete an epidemiology course	<b>Health Administrator will meet the minimum qualifications</b>	Course completed by 12/31/2012
Complete an environmental health course		Course completed by 12/31/2013

**Actual Measurable Outcomes:**

CY 2012	
CY 2013	
CY 2014	

Section IV. Public Health Action Plan for Quality Improvement

**Strategic Goal 2: Maintain a well-trained and competent public health workforce cont'd**

*Objective 2.2 Provide staff development opportunities on use of data and Quality Improvement*  
*Objective 2.4 Identify strategies to meet the program's workforce development needs.*

**Description of the problem:** Marion County seeks to hire the most qualified public health professionals. On-going staff development after hire is critical to improvement of services as well as job satisfaction and staff retention. Public health programs have identified topics for orientation and training of new employees and topics for mandatory annual refreshers such as bloodborne pathogens. Staff are authorized to attend other trainings on a case-by-case basis for professional development. Each employee has a job description listing their specific job duties, however competencies for professional staff have not been identified. It is thought that self-assessment against a core set of professional competencies would assist staff and supervisors in formulating an individual training plan that would focus on areas for growth. This would also help to ensure targeted use of training dollars.

**Vision:** Responsive, accountable services    **Value:** Skilled and innovative employees

**Responsible party:** *Division Director*

<b>Strategies</b> (Actions needed to achieve objectives)	<b>Outputs</b> (Direct product of actions)	<b>Planned Measurable Outcomes</b>
Form a workgroup that includes staff and supervisors to select competencies for public health professionals	<b>Data-based training plan results in professional staff being better trained to provide public health services</b>	A workgroup is formed by 1/31/2012 A set of core competencies are agreed upon by 3/31/2012
Professional staff conduct and report results of self-assessment of training needs based upon the core competencies		100% of professional staff do the self-assessment. by 4/30/2012
Use data to identify top two priorities, one of which will be quality improvement, and make plan for group training.		Data analyzed by 6/30/2012
Implement training plan		Offer at least one training opportunity at Public Health Grand Rounds, Inservice Training day, or on-line for each topic by 12/30/2013
Program supervisors and professional staff utilize training self assessment when setting goals at the annual performance evaluation		by 6/30/2012, 100% of supervisors report using the self-assessment to assist staff in setting goals at the time of performance evaluations

**Actual Measurable Outcomes:**

Section IV. Public Health Action Plan for Quality Improvement

CY 2012	
CY 2013	
CY 2014	

**Objective 2.3 Implement morale building activities for public health division**

**Description of the problem:** Hiring, orienting and training staff is labor intensive and costly. In 2011, four public health staff resigned from the Health Department for a variety of personal reasons. Retention of well-trained staff is beneficial to the organization.

**Vision:** Excellent provider of services and leadership

**Vision:** Skilled employees

**Responsible party:** *Division Director and Public Health Supervisors*

<b>Strategies</b> (Actions needed to achieve objectives)	<b>Outputs</b> (Direct product of actions)	<b>Planned Measurable Outcomes</b>
Support Public Health Division activities that promote team and division cohesiveness	<b>Increased job satisfaction and staff retention</b>	Public Health Fair held Spring 2012 Public Health Month potluck 2012 Dept parties, spring and winter 2012
Assess staff satisfaction/engagement		Baseline survey by 12/31/2012
Promote inter-team coordination and communication		Hold four Division Director/Coordinators meetings in 2012
Promote inter-team connections at work and social level		Hold inter-team meetings Hold inter-team potlucks

**Actual Measurable Outcomes:**

CY 2012	
CY 2013	
CY 2014	

Section IV. Public Health Action Plan for Quality Improvement

**Strategic Goal 3: Establish, maintain, and enhance community and internal partnerships through appropriate collaboration. (Partnerships/Collaboration)**

**Objective 3.1 Increase collaboration between public health program areas to ensure continuity of care and broad understanding among staff of all program areas**

**Description of the problem:** Clients may be eligible for or appropriate to receive multiple public health services. Staff knowledge about other services and how to make a referral can enhance the client's care.

**Vision:** Excellent provider of services and leadership

**Value:** Skilled employees

**Responsible party:** *Division Director*

<b>Strategies</b> (Actions needed to achieve objectives)	<b>Outputs</b> (Direct product of actions)	<b>Planned Measurable Outcomes</b>
Create structure for active sharing of program service information with other public health staff	<b>Improved client care due to improved communications and referrals</b>	Hold Public Health Services fair spring 2012 attended by 80% of public health staff.
Promote communication between programs		Hold four coordinator meetings in 2012

**Actual Measurable Outcomes:**

CY 2012	
CY 2013	
CY 2014	

Section IV. Public Health Action Plan for Quality Improvement

**Strategic Goal 3: Establish, maintain, and enhance community and internal partnerships through appropriate collaboration. (Partnerships/Collaboration) cont'd**

**Objective 3.2 Increase public's awareness of public health**

**Description of the problem:** Local health departments are often silent heroes, protecting the public behind the scenes through restaurant inspections, emergency planning and other work. Awareness of public health increased during the Influenza Pandemic of 2009-2010 when health departments were seen as a source of information and vaccine. Continued awareness of public health and the services it provides benefits the community through access to health information and prevention services such as immunizations, supplemental nutrition services (WIC) and direct services such as prenatal clinic.

**Vision:** Excellent provider of services and leadership

**Vision:** Promote and preserve health

**Responsible party:** *Clinic Health Educator*

<b>Strategies</b> (Actions needed to achieve objectives)	<b>Outputs</b> (Direct product of actions)	<b>Planned Measurable Outcomes</b>
Provide information about public health and services at community events	<b>Increased public awareness of public health and access to related services</b>	Track annual data re participation community health fairs and report each January
Share health and services information via Health Department Website		Monitor number of hits by program for calendar year each January Post internet survey to assess user-friendliness of WebPages and make plan for modification as needed by 12/31/2012
Utilize social media with target audiences		Facilitate development and implementation of social media policy and procedure for the Health Department by 6/30/2012

**Actual Measurable Outcomes:**

CY 2012	
CY 2013	
CY 2014	

Section IV. Public Health Action Plan for Quality Improvement

**Strategic Goal 3: Establish, maintain, and enhance community and internal partnerships through appropriate collaboration. (Partnerships/Collaboration) cont'd**

**Objective 3.3 Build on existing community partnerships and create new partnerships**

**Description of the problem:** The local health department is only one part of the community health system. Collaboration of all relevant partners is the most effective way of impacting a health indicator such as adult obesity.

**Vision:** Excellent provider of leadership      **Vision:** Collaboration with community partners

**Responsible party:** *Division Director and Public Health Program Supervisors*

<b>Strategies</b> (Actions needed to achieve objectives)	<b>Outputs</b> (Direct product of actions)	<b>Planned Measurable Outcomes</b>
Facilitate development and implementation of Community Health Improvement Plan (CHIP)	<b>Improved community health through collaboration and partnerships</b>	Division Director facilitates: Three-year plan developed and implemented with plan for progress reports every six months by Jan 31, 2012
Health Department programs providing services related to the County Health Improvement Plan goals, participate in the process by submitting strategies they will implement as part of the CHIP initiative		Program Supervisors of Prenatal program, WIC, and Healthy Communities submit and implement program objectives and strategies by 1/31/2012. The results of the activities will be tracked as part of the Community Health Improvement plan process
Increase inter-program partnerships and collaborations		Two Program Supervisors describe one new collaboration with or outreach to another Department program by 12/31/2013
Increase external partnerships and collaborations		Each Program Supervisor describes one new outreach or collaborative effort with a community partner by 12/31/2014

**Actual Measurable Outcomes:**

CY 2012	
CY 2013	
CY 2014	

Section V. Budget

**Fiscal Contact for Marion County Health Department:**

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(503) 361-2670

Section VI. Signature Page

**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.**

MARION COUNTY BOARD OF COMMISSIONERS

Opposed Patricia Melni  
Chair

Janet Carlson  
Commissioner

Samuel A. Brent  
Commissioner

January 18, 2013  
Date