

Marion County

OREGON

Health Department

Marion County Health Department

Three-Year Plan for Public Health Services

July 2012 - June 2015

Annual update December, 2013

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

July 2012 – June 2015

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View at <http://www.co.marion.or.us/HLT/annualplan.htm>

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Marion County Community Health Improvement Partnership 2012 Report and Action Plan update may be found at:



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

Executive Summary

This is an update to the 2012-2015 Marion County Public Health Plan. A significant change to the plan is that the three plan components are now posted on-line as separate documents. These are: The Community Health Assessment; the Strategic Plan for Public Health Services; and the Quality Improvement Action Plan.

In Oregon, 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. In addition, Oregon Revised Statutes 431.330 to 431.350 require the state to adopt minimum standards for local health departments. The minimum standard self-assessment which must be submitted to Oregon Health Authority annually follows this executive summary.

The Marion County Community Health Assessment has been updated to include additional information on health equity and access to health care. The assessment of healthcare access was conducted in collaboration with the Community Advisory Committee of Willamette Valley Community Health. The report includes information about Polk as well as Marion County and is found at <http://www.co.marion.or.us/HLT/communityassessments/>.

The Strategic Plan for Public Health Services aligns with and supports the Marion County Strategic Plan strategic goal #6: Health and Community Services, *Promote the overall health of people in Marion County by improving the delivery of quality health services and supporting community-based prevention efforts.* Provision of mandated public health services is Strategic Goal #1 in the public health plan. Delivery of public health services is also informed by data and community input. There are no significant changes to the strategic plan, however in 2014, Marion County Public Health will engage in a new strategic planning process.

The Quality Improvement Action Plan for Public Health update includes progress reports on selected quality improvement activities. It also includes a new measure to pilot the selection and monitoring of program and community performance measures intended to create a stronger link between program activities and population health. The current plan will end in December 2014, to accommodate the state's required planning cycle that runs from January through December. The measures selected through the pilot will be included in the next triennial plan for public health services, beginning January 2015.

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

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.

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.

CLHO and OHA are currently revising the minimum standards. Plan of action will be developed when that process is complete.

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.

Budget information

Fiscal Contact for Marion County Health Department:

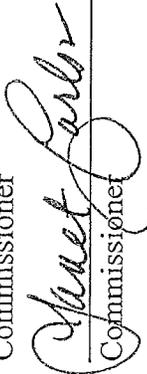
Ryan Matthews, Senior Administrative Services Manager
Rmatthews@co.marion.or.us
(503) 361-2670

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


Chair


Commissioner

9/19/14
Date



Marion County
OREGON
Health Department

Marion County Health Department

Community Health Assessment

Update December, 2013

Section II. Marion County Community Health Assessment, 2011 Updated 12/2013

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1. Introduction

This section is updated and expanded from the assessment submitted with the December 2011 version of the 2012-2015 plan for public health services. To find updated sections, watch for the symbol: 

The first essential service 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 assessment portion of that work. A printable summary, including relevant data may be found on the Marion County Community Health Improvement Partnership (CHIP) WebPages at <http://www.co.marion.or.us/HLT/>. Also included in this report is information about assessments performed to further define a particular health status indicator, for example access to early prenatal care.

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 Hispanic teens and parents in 2010. This data was reviewed and analyzed with community input.

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.

Focused assessment activities were conducted to further define the following issues. The details are found after the relevant health indicator later in the document:

- Teen Pregnancy, 2010 – focus groups of Hispanic teens, parents, health care providers and others were conducted in 2010.
- Early Access to Prenatal Care, 2012 – a survey of clients served by the Marion County Prenatal Project.
- Student overweight and obesity, 2010-2011 – a review of the BMI data for two schools in the Salem-Keizer School District.
- Childhood Lead Screening Assessment 2010 – Provider survey
- Alcohol & Drug Needs Assessment, 2011. Local Alcohol & Drug Prevention Committee
- Health Inequity 2013. Summary of a review of local data and relevant literature.
- Health Care Access 2013. In collaboration with Community Advisory Council of Willamette Valley Community Health, the coordinated care organization serving Marion and Polk Counties.

3. Demographics for Marion County

Quick Links:

- Demographic facts from the latest U.S. Census for Marion County and Oregon can be found at <http://www.salemhealth.org/#!community.home>
- Selected demographics for Marion County in the Community Health Improvement Partnership 2012 Report found at <http://www.co.marion.or.us/HLT/chip.htm>

Home to nearly 320,000 people, Marion County is the second most populous Oregon County outside the Portland-metropolitan area. Marion County spans over 1,200 square miles and includes both rural and suburban areas. It is known that poverty, race and ethnicity often correlate with lack of access to health care, preventive services and overall poorer health outcomes, and Marion County has a disproportionate number of persons that may fall into that risk group. Nearly one in six residents is foreign born, and 24.3% of the population is Hispanic (2010 US Census).¹ Some northern communities have larger Hispanic populations, including Woodburn, which is nearly 60% Hispanic. Income is another challenge for many Marion County families, where more than 15% of the population lives below the Federal poverty level and nearly one in four has no health insurance.² Northern Marion County has a higher burden of poverty as evidenced by the percentage of students receiving free or reduced lunch: 69% in Aurora/Donald/Hubbard, 87% in Gervais, and 78% in Woodburn.³

4. Describing the Potential for Inequities and Health Disparities in Marion County

It is known that certain factors, also known as “social determinants of health”, such as income, race and where you live, may contribute to better or poorer health outcomes for individuals. To explore the impact of some of these factors the county is divided into regional groups based on the nearest Census-tracked city allowing comparison of the data for Salem-Keizer, Woodburn, Silverton, and Stayton. Following is a snapshot of the findings.

Income and Poverty Rate: Woodburn and Salem are the communities with the most persons living with low median household income and in poverty.

Age: All of Marion County has a greater proportion of persons under 18 than Oregon. Many of these children and youth are at poverty level. The highest percentage of youth is in Woodburn.

Gender: Women in Marion County are increasingly likely to be without a husband, with children, and beneath the poverty level. However, they are also more likely to have health insurance.

Ethnic Diversity: Ethnic diversity is growing in Marion County. Woodburn and Salem currently have the highest percentage of persons of different ethnicities.

¹ US Census Bureau Quick Facts. <http://quickfacts.census.gov/qfd/states/41/4183750.html> viewed 4/10/2012.

² US Census Bureau Quick Facts. <http://quickfacts.census.gov/qfd/states/41/4183750.html> viewed 4/10/2012.

³ Oregon Department of Education. Students Eligible for Free/Reduced Lunch 2011-2012. <http://www.ode.state.or.us/sfda/reports/r0061Select2.asp>. Viewed 4/10/2012.

Lesbian, Gay, Bisexual, and Transgender Persons: Data on this community is unavailable, except that Marion County has an average rate of 1% of same-sex households.

Foreign-Born/Language Other than English Spoken at Home: Woodburn has the highest percentage of persons who are foreign-born and speak a language other than English at home. Salem has the second highest percentage in both of these categories. Foreign birth frequently correlates with lack of health insurance, disproportionately affecting persons who are not citizens. Other languages spoken at home also correlates with disproportionately high poverty levels and low education achievement.

Lack of Food Access and Poverty: Possibly due to a combination of food deserts and low household income, the youth in northern Marion County are most likely to be receiving free or reduced lunch. Disproportionately affecting Woodburn, 1,630 low-income persons have low access to healthy foods and 122 households do not have a vehicle.

Prevention Access: Depending on the type of prevention screening, 14%-45% of persons who should be are not being screened. This is most likely to impact groups whose social determinants affect health insurance coverage.

Morbidity: Two-thirds of Marion County adults are overweight or obese. Food deserts, lack of streets, and lack of rural parks are all contributing to Marion County's high obesity and overweight issue.

In summary, the evidence shows that many residents of Marion County may be experiencing less than optimal health because of their socio-economic situation. This is information that will be shared with the Marion County Community Health Improvement Partnership and the Community Advisory Council of Willamette Valley Community Health, the Coordinated Care Organization serving Marion and Polk Counties, for consideration in community health improvement planning efforts.

Health equity report

The following is an excerpt from the final report prepared by a Health Department VISTA worker 2013.

“In Marion County, compared with Oregon, there are significant differences in the proportions of (1) persons who are foreign born and/or speak a language other than English at home, (2) have a low education achievement level, (3) are young adults, and (4) live in certain geographic areas with low-access to healthy and affordable foods. Many county residents may experience only one or two of these factors. However, most notably in Woodburn, where there is greater poverty, there are geographical areas in which these social determinants have the potential to compound, creating noticeable barriers that result in preventable health disparities. Both Woodburn and Salem demonstrate the highest number of social determinants, including the greatest proportion of uninsured persons.

This lack of equal distribution of health insurance has been noted on a national level, along with many of its correlations that cannot be measured locally. Nationally, health insurance and

health costs are not equally distributed amongst American people. The Joint Center for Political and Economic Studies' report on The Economic Burden of Health Inequalities in the United States found that one third of direct medical costs faced by African Americans, Hispanics, and Asian Americans were due to health inequities, adding up to more than \$230 billion over a three year period (2003-2006). They estimated that indirect costs of these inequities over the same three year period came to \$1.24 trillion dollars.

Marion County's diverse population presents a unique challenge if we are to improve the community's health. It isn't as simple as individual choice. Complex socio-economic factors can limit the individual's access to healthy choices, making it more difficult for them to achieve optimal health.

Promotion of healthy environments that make healthy choices accessible to all is a recognized strategy for improving the public's health. This can be done through implementation of public policies and programs that alleviate consequences of living in lower socioeconomic neighborhoods. Targeting modifiable social determinants, such as education can help to increase the number of persons who live above the poverty level, obtain health insurance, and have time and resources to engage in healthier lifestyles.⁴

In summary, to combat health inequities and the resulting disparities, it is important to have strategic targets, engage strongly with vulnerable communities, integrate health services, and advocate for health in all policies-especially those that deal with housing, transportation, land use, infrastructure, and education.⁵

5. 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.

⁴ Office of Minority Health and Public Health Policy. "Virginia Health Equity Report 2008: Executive Summary." Virginia Department of Health (2008):11.

⁵ Bell, Judith and Mary M. Lee. "Why Place and Race Matter: Executive Summary." Policy Link. 2011.

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 to name their 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. It is worth noting, however, that survey findings did show 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. Overall, 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.

6. 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.

7. Ten Key Community Health Status Indicators

The Salem Health Foundation invested in the development of a community data dashboard to help inform the Salem Health’s community benefit work. When the dashboard became available in June 2011, the Community Health Improvement Partnership steering committee reviewed health indicator data for Marion County. The steering committee included representatives from Marion County Health Department and each of the three local hospitals. Community themes and concerns revealed by the 2011 Community Health and Partner surveys were also reviewed. Steering committee members decided to identify 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 in comparison with other Oregon Counties were selected for prioritization. The most current available data pulled from the data dashboard as of June 2011 are shown in parentheses for each indicator. When available, the Healthy People 2020 objective for the indicator is included in the narrative. Healthy People 2020 is an initiative that provides science-based 10-year national objectives for improving the health of all Americans. More information can be found at

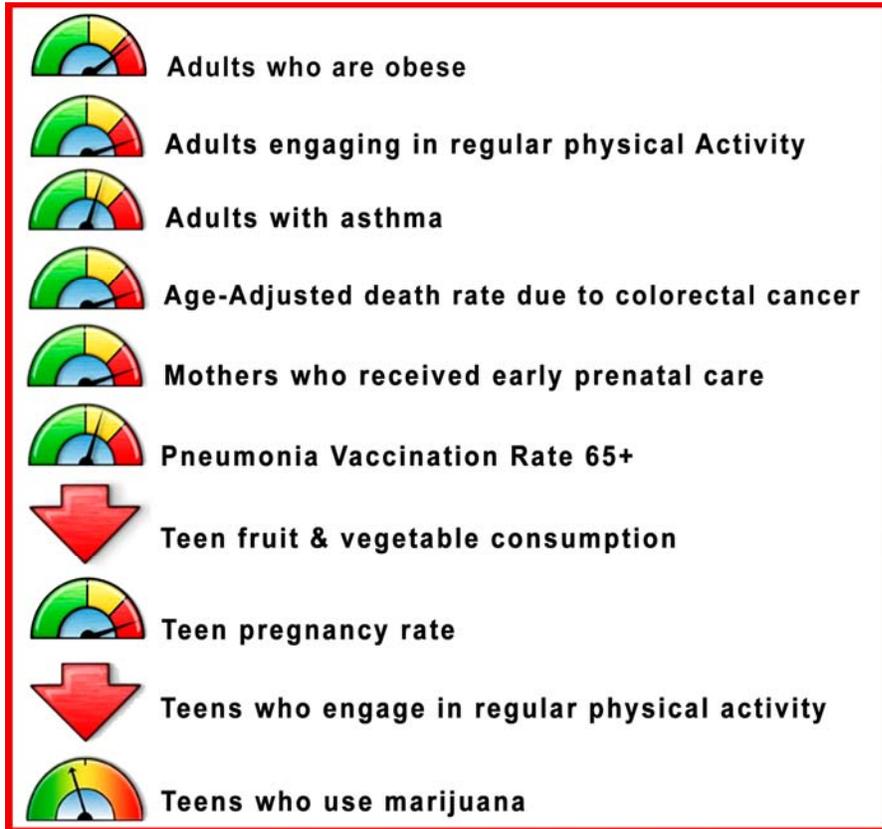


Table 2.0 Ten Key Health Indicators for Marion County

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 11th graders compared with Oregon

Graphics courtesy of Salem Health

Indicator 1: Adults who are obese (28.3%) Obesity is a known risk factor for chronic diseases such as diabetes and cardiovascular disease. The Healthy People 2020 objective for this indicator is 30.6%. The most recent data shows that nearly two-thirds of Marion County adults are overweight or obese. Furthermore, the percent of adults who are obese is significantly higher than Oregon as a whole,⁶ and has been increasing over time.⁷ This trend is likely to continue as the percent of Marion County 11th graders who self-reported as overweight on the Oregon Healthy Teen Survey increased between 2005-2006 and 2007-2008.⁸ Similar small increases are seen in low-income preschoolers, 18.7% of whom were obese in 2009.⁹ Also of interest, nursing staff at a School Based Health Center formerly run by the Health Department, analyzed height and weight data from two low-income elementary schools and found that half of the students' weights were above the 85th percentile (2010).

⁶ Health Promotion and Chronic Disease Section. Oregon Overweight, Obesity, Physical Activity and Nutrition Facts. Portland, OR: Oregon Department of Human Services, Oregon Public Health Division, 2012.

⁷ Behavioral Risk Factor Surveillance System. Marion County and Oregon data. Available at: <http://www.dhs.state.or.us/dhs/ph/chs/brfs/index.shtml>

⁸ Oregon Healthy Teen Survey, <http://public.health.oregon.gov/BirthDeathCertificates/Surveys/OregonHealthyTeens/>

⁹ USDA Food Environment Atlas. <http://www.ers.usda.gov/FoodAtlas/downloadData.htm>

Environmental factors that contribute to obesity rates include: decreased access to healthy foods and limited opportunities for physical activity. Full service grocery stores are only available in seven of twenty Marion County communities, with the result that many families utilize convenience stores as their main source of groceries. There are 100 parks in Marion County; however, less than 10% are located in low-income neighborhoods outside the City of Salem. Many of these parks are not within walking distance of neighborhoods, making it difficult for children and adults to access them for physical activity and active play. Given our rural environment, many areas do not include sidewalks making it difficult and/or unsafe to walk.

Further investigation on obesity - Assessment of overweight/obesity among students at two public schools

During the 2010-2011 school year, Health Department staff calculated Body Mass Index (BMI) figures for 463 students, ages 5-14 years old, from two Marion County schools. School A included 154 students ages 5-12 years, 58% of whom were overweight or obese. School B included 299 students ages 6-14 years, 47% of whom were overweight or obese. When the school data was combined, 19% of the students were overweight and 31% were obese. These numbers are much higher than would be expected, given that the national percentage of children ages 6-11 who are obese is just fewer than 20%.¹⁰ The assessment may be limited by selection bias at School A, where participants included only those for whom the parents provided consent. School B included all students. Also, the students at the two schools may not be representative of all students in Marion County.

Indicators 2 & 9: Adults (53.6%) and teens (49.5%) who engage in regular physical activity

Physical activity is a behavior that can reduce the risk of obesity as well as heart disease, colon cancer, diabetes, high blood pressure. Regular physical activity can also affect general mental health by reducing feelings of anxiety and improving feelings of well-being and promoting healthy sleep patterns. For adults, regular physical activity means moderate physical activity for at least 30 minutes on five days per week, or vigorous physical activity for at least 20 minutes three or more days per week. For teens regular physical activity means being physically active for a total of at least 60 minutes per day on five or more of the 7 days prior to being surveyed at school. About 54%¹¹ of adults and 50%¹² of Marion County 11th graders reported that they engaged in regular physical activity when surveyed. The adult rate is actually higher than the Healthy People 2020 objective of 47.9%, and appears to be holding steady. In contrast, the last (2007-2008) Oregon Healthy Teens Survey showed a decreasing trend in the number of Marion County 11th graders participating in this level of physical activity. Inactive teens are likely to be inactive as adults. It is unfortunate that the Oregon Healthy Teens Survey is no longer funded to be administered in each school, so county-level data will no longer be available and another means of measuring progress will need to be identified.

¹⁰ Centers for Disease Control and Prevention. <http://www.cdc.gov/healthyyouth/obesity/facts.htm>

¹¹

<http://public.health.oregon.gov/BirthDeathCertificates/Surveys/AdultBehaviorRisk/county/index/Pages/index.aspx>
Behavioral Risk Factor Surveillance System, by County 2006-2009.

¹²

<http://public.health.oregon.gov/BirthDeathCertificates/Surveys/OregonHealthyTeens/results/2007/county/Pages/index.aspx> 2007-2008 Oregon Healthy Teens Survey, by County. Note – does not include Salem-Keizer Schools.

Indicator 3: Adults with asthma (10%) Marion County has slightly more adults living with asthma than Oregon as a whole. The Marion County rate has increased to 11.3%, while the Oregon rate has remained stable at 9.3%. The reason for that difference is uncertain. The County Health Rankings provides data for some common environmental contributors to asthma as shown below.¹³ Pollen and mold may also be contributors.

Healthy People 2020 objectives are not specific to the prevalence of asthma in a community; rather the objectives are focused on reducing hospitalizations and lost work time and improving treatment. For comparison, it's possible to look at asthma-related hospitalizations. The data dashboard information obtained from the Oregon Hospital Association shows the age-adjusted rate for Marion County as 6.5 asthma-related hospitalizations per 10,000 residents. Healthy People 2020 objectives are by age group. The objective for the 5-64 year old age group, which comprises nearly 80% of the Marion County population, is 8.6/10,000 persons. Objectives for the under 5 and over 64 year old age groups are higher at 18.1 and 20.3 per 10,000, respectively. This indicates that while we have a higher proportion of adults living with asthma than Oregon as a whole, our hospitalization rates appear to meet the Healthy People 2020 objectives.¹⁴

Possible environmental contributors to adult asthma¹⁵

Indicator	Marion County	Oregon	National Benchmark*
Adult smoking	16%	18%	14%
Air pollution-particulate matter days	13	12	0
Air pollution-ozone days	3	1	0

*90th percentile, i.e., only 10% are better

Indicator 4: Age-Adjusted death rate due to colorectal Cancer (21.0%) Cancer of the colon or rectum is the second leading cause of cancer-related deaths in the United States. The Healthy People 2020 national health target is to reduce the colorectal cancer death rate to 14.5 deaths per 100,000 population. Screening can reduce the number of new cases (incidence) of colorectal cancer by allowing removal of polyps before they become cancerous and may prevent deaths through early detection of cancer while it is still treatable. Just over 55% of Marion County adults ages 50-75 years old report having been screened (fecal occult blood test in past year or colonoscopy/sigmoidoscopy in past 5 years).¹⁶ Marion County's lower screening rate may contribute to its higher death rate when compared with Oregon. As previously noted, more than 15% of Marion County lives below the Federal poverty level and nearly one in four has no health insurance.¹⁷ These conditions likely limit access to health screening.

¹³ <http://www.countyhealthrankings.org/#app/oregon/2012/marion/county/1/overall>

¹⁴ Healthy People 2020. <http://www.healthypeople.gov/2020/topicsobjectives2020/objectiveslist.aspx?topicId=36>

¹⁵ County Health Rankings. <http://www.countyhealthrankings.org/#app/oregon/2012/marion/county/1/overall>

¹⁶ <http://public.health.oregon.gov/BirthDeathCertificates/Surveys/AdultBehaviorRisk/county/Pages/index.aspx> 2006-2009 data.

¹⁷ US Census Bureau Quick Facts. <http://quickfacts.census.gov/qfd/states/41/4183750.html> viewed 4/10/2012.

Colorectal Cancer Data for Marion County, Oregon

	Marion	Oregon	Healthy People 2020 Objective
Colorectal cancer screening rate persons 50-75 yrs ¹⁸	55.5%	57.3%	70.5%
Colorectal cancer incidence rate ¹⁹ (new cases diagnosed)	47.8 cases/ 100,000	50.1 cases/ 100,000	38.6 cases/100,000
Age-adjusted colorectal cancer death rate ²⁰	19.5 deaths/ 100,000	18.3 deaths/ 100,000	14.5 deaths/ 100,000

Indicator 5: Mothers who received early prenatal care (59.8%) One measure of adequate prenatal care is whether the care starts during the first trimester of the pregnancy. Entering care early allows for early detection and treatment of problems that might be harmful to the mother or the developing baby. The Healthy People 2020 target for this indicator is 77.9%.

Marion County Health Department manages a collaborative project with Willamette Valley Providers Health Authority, Salem Health and Silverton Health that is designed to provide uninsured women with access to prenatal care. In response to the June 2011 data dashboard review showing that only 59.8% of women were entering prenatal care during the first trimester, the Health Department facilitated a survey of prenatal project participants who entered care after the first trimester, to gain a better understanding of the problem. The key finding was that, they felt like they had received care at the appropriate time, indicating a possible lack of knowledge about the benefits of early prenatal care.

Further investigation – Understanding why women are late to care

The Marion Polk Prenatal Task Force is a collaborative group that addresses the issue of access to prenatal care and agreed to work on further investigation of this issue beginning in October 2011. Participants in the investigatory process included representatives from United Way Postpartum Depression, Salem Hospital, Family Building Blocks, Willamette Family Medical Center, Salud Medical Center, Silverton Hospital, Salem Nurse Midwives, WHP Health Authority and Marion County Health Department. The following plan was implemented and reviewed at each meeting:

- Research current literature
- Review current data, including Marion County statistics and PRAMS
- Collect local data via survey to determine barriers to prenatal care in our community
- Determine further indicators or barriers and evaluate local strategies
- Increase marketing of current successful programs already implemented in Marion County

¹⁸ <http://public.health.oregon.gov/BirthDeathCertificates/Surveys/AdultBehaviorRisk/county/Pages/index.aspx>

¹⁹ National Cancer Institute State Cancer Profiles. <http://statecancerprofiles.cancer.gov/incidencerates/>

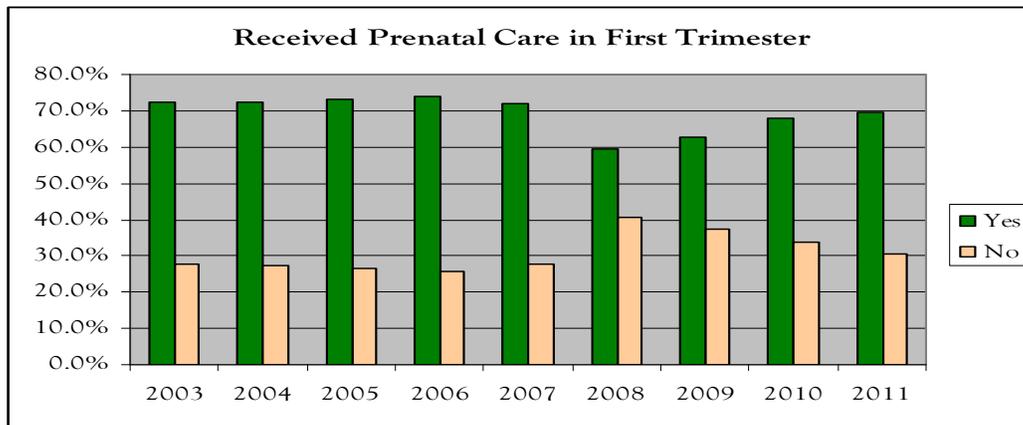
²⁰ <http://public.health.oregon.gov/BirthDeathCertificates/Surveys/AdultBehaviorRisk/county/Pages/index.aspx>

- Increase information regarding access to prenatal care with outreach to social services serving women of child bearing age in the community

Data for Oregon, 2008
 Source: CDC's On-line Data for
 Epidemiological Research Pregnancy Risk
 Assessment Monitoring System (PRAMS)

29.1%	Did not initiate prenatal care in the first trimester
21.5%	Had income less than \$10,000
45.3%	Had no health insurance
85%	Could not get an appointment when wanted
83.1%	Did not have enough money or insurance to pay for visits

When the Task Force began its investigation in October 2011, new information posted on the data dashboard website showed that Marion County's rate for women who received early prenatal care had improved to about 64%, compared with the approximately 60% seen at the time of the initial data review in June 2011. Preliminary data for 2011, (added to this assessment report in May, 2012) shows further improvement as illustrated in the table below.



Research supports that the beneficial effects of early prenatal care are strongest among socially disadvantaged women. This group is the target population for services provided through both the Marion County Prenatal Care Project and the Oregon Mothers Care program.

Oregon Mothers Care Program is a state program for women who:

- Do not have health insurance or cannot afford care,
- Do not know that low-cost services are available or don't know where to find them, or
- Find "the system" for accessing care overwhelming or confusing.

Marion-Polk Community Prenatal Project offers discounted prenatal care to women, who meet income requirements, and:

- Do not have a prenatal provider,
- Do not qualify for OHP, or
- Do not have other insurance.

To further describe why women enter care late, a local survey, modeled on the Pregnancy Risk Assessment Monitoring System (PRAMS) questions was developed. The survey was conducted at the Marion County Health Department Prenatal Clinic and Salud Medical Center. Of the 31 respondents, 85% were Hispanic, 82% had incomes under \$20,000, 89% used Oregon Health Plan or Marion Polk Community Health Plan (MPCHP) for prenatal services, and 39% initiated care in the first two months. For the remaining 61% of the 31 respondents, when asked why they entered care after the second month, half stated they did not have enough money or insurance to pay for prenatal care and more than half stated they did not know where to go for insurance or prenatal care. Despite noting those barriers, 84% of the women indicated that they were not able to receive prenatal care as early in the pregnancy as they wanted.

Limitations of the local survey included a relatively small sample size that may not be representative of the entire community. The clinics in the survey typically serve Hispanic and other underserved populations. There was no determination of what women considered “starting” prenatal care. Data sets did not indicate start of care by trimester, but by pregnancy months 1-2, 3-4, 5-6, or more than 6 months as is asked in the PRAM survey. No women participating in the survey began care later than 6 months.

Conclusion: After review of the data, including information from a focus group of key informants, the Prenatal Task Force members agreed that barriers to receiving early prenatal care include lack of money/insurance, lack of knowledge of where to obtain insurance, and lack knowledge of where to receive prenatal care. Furthermore, the Task Force agreed that increased marketing and identification of system changes to ensure improved ease of access to the Oregon Mothers Care program and the Marion-Polk Community Prenatal Care Project will be the best focus for their efforts.

Indicator 6: Pneumonia Vaccination Rate 65+ (68.4%) This indicator shows the percentage of adults ages 65 years and older that have ever received a pneumonia vaccination. The vaccine protects against a common type of pneumonia that kills about one out of every 20 people that catch it. The Healthy People 2020 objective for this indicator is 90%; therefore Marion County has room for improvement. Possible reasons that seniors have not been vaccinated may be that they aren't aware that they should get it, and a vaccine that is needed only once after age 65 may be overlooked when the senior sees their medical provider about more pressing health issues.

Indicator 7: Teen fruit and vegetable consumption (19.0%) As with physical activity for Marion County teens, fruit and vegetable consumption is on a downward trend. Eating the recommended amounts of fruits and vegetables helps to provide the balanced diet needed to maintain a healthy weight and prevent chronic disease. There is no specific Healthy People 2020 objective for this indicator, but less than one in five 11th graders reported eating the recommend 5 or more servings daily during the seven days preceding the survey. In contrast, adult fruit and vegetable consumption for Marion County has improved and compares favorably with the rest of Oregon (29.1% vs. 26.1 for Oregon).²¹ As with teen physical activity, the fact that the Oregon Healthy Teen Survey will no longer be administered in each school will make it difficult to track improvement at the local level.

Indicator 8: Teen pregnancy rate (40.6/1000 females ages 15-17) Marion County exceeds the average rate for Oregon (40.6/1000 females ages 15-17). The Healthy People 2020 national health target is to reduce the teen pregnancy rate to 36.2 pregnancies per 1,000 females aged 15 to 17 years.

Concern about Marion County's teen pregnancy rate predates this report by several years. The following is an excerpt from a document prepared in 1998 by the Marion County Health Advisory Board. *"The Marion County Health Advisory Board is very concerned about the teen pregnancy rate in Marion County. Teen pregnancy is not a new issue. However, today there is greater urgency to focus on the issue as a part of cultivating the best potential for Marion County Youth."* In response to that concern, the Health Department implemented the abstinence-based program Students Today Aren't Ready for Sex (STARS), and hired a mental health specialist to work with pregnant and parenting teens in north Marion County. In 2008, the community health assessment report prepared by the health department again named teen pregnancy as a problem. At that time, it was noted that there seemed to be higher numbers of pregnancies occurring to Hispanic teens. Table 1.0 Marion County Teen Pregnancy illustrates that teen pregnancies are occurring disproportionately in the Hispanic teen population. Oregon Health Authority received a five-year grant from the Centers for Disease Control to implement ¡Cuidate! a teen pregnancy prevention program designed specifically for Hispanic teens. Marion County was chosen as one of the Oregon sites and the Health Department has been working with schools and other partners to provide this curriculum to participants for whom parental consent has been provided. The Health Department has also been providing a companion class to Hispanic parents to increase knowledge, skills and comfort levels for talking with their teens about teen sexuality.

21

<http://public.health.oregon.gov/BirthDeathCertificates/Surveys/AdultBehaviorRisk/county/index/Pages/index.aspx>
Behavioral Risk Factor Surveillance System, by County, 2006-2009.

Further investigation - 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.

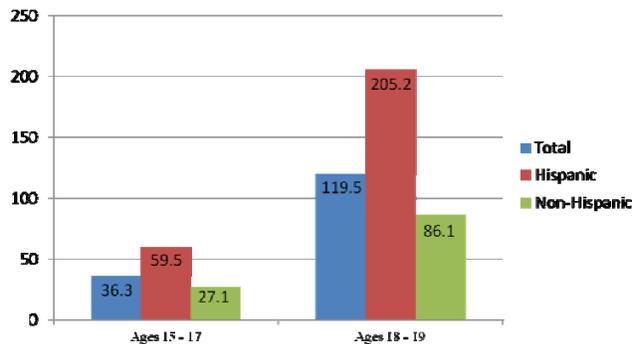


Table 1.0 Marion County Teen Pregnancy
Rates shown per 1000 females ages 15-17 and 18-19

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 Hispanic 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 Hispanic 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.

Hispanic 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. Hispanic 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. Hispanic teens also described the challenges of navigating both the U.S. and the Hispanic 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.

Indicator 10: Teens that use marijuana (14.2%) This number represents the 11th graders who used marijuana one or more times in the 30 days before they were surveyed at school. Comparatively, 24.3% of students sampled throughout the state of Oregon said they used marijuana one or more times in the 30 days preceding the survey, indicating Marion County 11th graders reporting marijuana use is significantly lower than the statewide rate.

According to the 2010 Student Wellness Survey Marijuana use in the last 30 days for Marion County 8th graders is 9.2% -- also lower than the 12.2% among 8th graders statewide.²² This data also shows marijuana use increases as teens age both locally and statewide.

“Among youth, illicit drug use is associated with heavy alcohol use, tobacco use, delinquency, violence, and suicide. Marijuana is the most commonly abused illicit drug in the United States. Marijuana intoxication can cause distorted perceptions, impaired coordination, difficulty thinking and problem solving, and problems with learning and memory. Many research studies have shown that marijuana's adverse effects on learning and memory can last for days or weeks after the acute effects of the drug have worn off. Chronic marijuana use can lead to addiction. Addictive behaviors may result in harmful effects on social functioning in the context of family, school, work, and recreational activities.”²³ Healthy People 2020 does not have an objective specific to this indicator, rather the focus is on increasing the proportion of youth that do not start to use marijuana, the proportion that disapprove of use of marijuana, and the proportion that perceive great risk in using marijuana once per month.²⁴

The average age of first use among Marion County teens at all grades surveyed is on par with statewide averages. Among students that have ever tried marijuana: 10.5% were 6th graders, 12.1% were 8th graders, and 14.2% were 11th graders. These figures are important because “onset

²² <http://www.oregon.gov/OHA/amh/student-wellness/reports/county/marion.pdf>

²³ Healthy Communities Institute. <http://www.salemhealth.org/#!/community.snapshot>

²⁴ <http://www.healthypeople.gov/2020/topicsobjectives2020/objectiveslist.aspx?topicId=40>

of drug use prior to the age of 15 is associated with greater risk of developing dependency. The earlier the onset of any substance use, the greater the involvement in other drug use and the greater the frequency of use.²⁵

Parental attitudes about teen marijuana use are important to consider because “in families where parents are heavy users of alcohol, use illegal drugs or are tolerant of children’s use, adolescents are more like to engage in substance use.” 99% of 6th graders, 96.1% of 8th graders and 92.1% of 11th graders surveyed reported their parents feel it would be “wrong” or “very wrong” for teens to smoke marijuana. However, this data also shows teens’ perceptions of parental attitudes toward marijuana use decline as they age and enter young adulthood. Additionally, *abstinence from substance use* declines as teens age. 97.1% of 6th graders surveyed indicated they “never have smoked marijuana” and that figure drops to 68.6% of 11th graders surveyed. These figures mean Marion County’s teens need to be equipped to make good choices when presented with readily-available substances like marijuana. While Marion County teens report lower-than-statewide-average “availability” rates of cigarettes, alcohol, marijuana and other drugs, 57.8% of 11th graders indicated it would be “easy” or “very easy” for the student to get marijuana.²⁶

The data presented in this section may not represent marijuana use by all teens in Marion County as it does not include teens attending school in the Salem-Keizer school district.

8. Childhood Lead Screening Assessment

In 2010, Marion County Health Department attempted to assess the level of childhood lead poisoning among children in Marion County. The Department of Human Services Oregon Lead Poisoning Prevention Program (OLPPP) has developed a lead screening protocol for identification and mitigation of lead exposure in children 0-5 years of age, including a screening questionnaire that helps to identify when a child should be tested. By law, local public health must investigate childhood blood lead levels at or above 10µg/dL. In these cases Health Department sanitarians follow up with the family to provide information and to identify possible environmental sources of lead exposure.

To increase our understanding of the risk of childhood lead poisoning among children of Marion County, a survey was developed to assess the amount of lead screening and testing being conducted in offices providing primary health care to children 0-5 years of age. The survey was sent to 49 pediatric and family practice offices around Marion County.

2010 Survey of healthcare provider lead screening practices:

Total respondents / surveys delivered to providers serving children 0-5 years	45/49
Screening	
▪ Said they screen children for risk of lead exposure and/or that they test if the child has risk of lead exposure	43/45
▪ Doesn’t screen - Only tests children with symptoms of lead poisoning	2/45

²⁵ Healthy Communities Institute. http://www.salemhealth.org/#!/community_snapshot

²⁶ <http://www.oregon.gov/OHA/amh/student-wellness/reports/county/marion.pdf>

Routinely test children 0-5 yrs at least once	11/45
Use capillary sample for initial testing	26/45
Offices that would like information for use with patients	29/46

Conclusion: Most providers responding are screening children 0-5 yrs for risk of lead exposure. Slightly less than 25% of respondents test routinely. Routine testing without identified risk factors is not a recommendation of the OLPPP, though it is a requirement for Head Start participants. Slightly over half of survey respondents use capillary blood for the initial test, which is acceptable when the finger is carefully cleaned to remove lead-containing dirt. Finally, several offices asked for information for use with patients in Spanish as well as English. A summary of BLL testing on children 0-5 years in Oregon, by county can be found at <http://www.cdc.gov/nceh/lead/data/state/ordata.htm>. In summary, for the years 2005-2007, Marion County providers ordered 2,850 tests or 9.3% of the total tests for Oregon. Of those tests, Marion County had 8 confirmed as $\geq 10\mu\text{g/dL}$, or about 5.9% of the confirmed cases for Oregon. Marion County (16%) has a lower proportion than Oregon (21%) of housing units built before 1950. It appears that careful screening may be useful to identify children at risk, yet minimize unnecessary testing. For an electronic copy of the enclosed State-recommended screening questionnaire go to: <http://www.co.marion.or.us/HLT/PH/EHS/insp/lppp.htm>.

9. Emergency Preparedness Assessment

The question “Have you talked with your family about what to do in a community emergency? (Examples: flood, earthquake, fire, pandemic flu, landslide, winter/wind storm, chemical spill, terrorist event)” was asked on the 2011 Community Health Survey. County wide, 50% of people responded ‘yes’ and 50% responded ‘no’. Looking further into the data, only 41.6% of people with household income after taxes below \$20,000 responded ‘yes’ compared with 59.5% of people with income over \$50,000. Among those without health insurance, 35.4% of people responded ‘yes’. Thirty point eight percent of people who did not complete high school responded that they have not spoken with their family about an emergency. Only 36.8% of people who identify as Hispanic responded ‘yes’ compared with 53.7% of people who do not identify as Hispanic.

In conclusion, county wide 50% of survey respondents have talked with their families about what to do in a community emergency. When the data is examined further, it appears that household income, having health insurance, level of education, and whether or not a person identifies as Hispanic are specific factors that influence whether or not this conversation has taken place. The lowest ‘yes’ response rate was among those who did not complete high school.

10. Alcohol and Drug Services Needs Assessment

In 2011, Marion County Health Department and the Marion County Alcohol and Drug Planning Committee reported the results of an assessment of needs related to alcohol and drug prevention and treatment services in Marion County. After a review of the data, the Committee identified three key gaps in services. First, the Santiam Canyon, being geographically remote, struggles with lack of many kinds of health and other services. Collaboration with Linn County Health Department, which shares the border communities of the Canyon, is intended to help mitigate this problem. For example, Linn County provides transportation from canyon communities to

mental health services in Albany, but the round trip can easily take most of the day. Second, adolescent and family centered alcohol and drug treatment is lacking throughout Marion County. According to the Committee report, 11 Marion County youth were housed in residential treatment facilities during the first week of 2010, with an additional 24 on the waiting list for admission. These youth will wait three to four months on average. Currently, Marion County does not have an adolescent inpatient treatment program; however outpatient services for adolescents are available at multiple locations. Outpatient treatment programs with a family-centered counseling component, which also accept Oregon Health Plan clients, are available only in the more populated areas of Salem and Woodburn. Involvement of the family in the treatment process greatly increases the likelihood of the youth maintaining a successful recovery. Lastly, Marion County does not have prevention and treatment services specific to the needs of adults ages 60 and older. Older adults, when compared with other adult age groups, are more likely to successfully complete an alcohol or drug program. This is especially true when the program is geared to older adults.^{27,28} The Committee continues to discuss and engage in planning to address these three issues. Further information about the full assessment can be obtained by contacting Scott Smith at 503-576-4574, or Community and Provider Services at 503-585-4977.

In addition to the data dashboard found at <http://www.salemhealth.org/#!/community.home>, a user-friendly summary of assessment data, and 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/>.

11. Adequacy of local health services and unmet needs

Community health surveys of Marion County residents and health and social services providers conducted by the Health Department in 2008 and 2011 named issues related to healthcare access as a concern. About 76% of community respondents reported having health insurance. Overall, cost of care and health insurance was the number one concern of respondents, with access to care as number six, and lack of providers as number eight. Results varied by region with Santiam Canyon (83%) and Silverton (92%) area respondents being more likely to have health insurance than those from Woodburn/North County (76%) or Salem/Keizer (77%). It appears that access for those with Oregon Health Plan has increased since 2008 as there are now more clinics, including two operated by Salem Health and Silverton Health that are focused on providing service to clients with Oregon Health Plan coverage. Survey participant comments mentioned need for low cost clinics. This is despite a significant increase in the service capacity of the Salem Free Clinic. The clinic now operates a medical clinic each week day and has added mental health and dental services as well. Silverton Health continues to operate a free medical and dental clinic in Silverton.

In 2013, the Health Department provided leadership to an assessment conducted by the Community Advisory Council of Willamette Valley Community Health, the primary coordinated

²⁷ Substance Abuse and Mental Health Services Administration, “Tip 26: Substance Abuse Among Older Adults”, SMA08-3918, October 2008.

²⁸ Han, Beth; Groefer, Joseph; and Colliver, James, “An Examination of Trends in Illicit Drug Use among Adults Aged 50-59 in the United States”, OAS Data Review, August 2009, from <http://oas.samhsa.gov>.

care organization serving Oregon Health Plan members in Marion and Polk counties. Specifically the assessment took a broad look at the capacity of the health care system in an attempt to identify populations with barriers to care, gaps in the health care system and possible solutions. The assessment also identified several issues that warrant further investigation if feasible. The following extract from the assessment lists common themes identified through the assessment process. A copy of the full report is available by emailing a request to health@co.marion.or.us.

Common themes identified through the 2013 Health Care Access Assessment conducted by the Community Advisory Council of Willamette Valley Community Health:

- Areas that are geographically remote with lower population density have fewer providers and less diversity of services. It was felt that providers may be discouraged by the perception/reality that the cost of providing services in these areas is greater than the funding or potential revenue
- Certain services are underdeveloped or nonexistent due to unstable funding, for example
 - Community-based prevention
 - Free clinics
 - Nurse home visiting programs
- There is a need for more providers who are actively accepting Oregon Health Plan and Medicare, Especially for Medicaid Expansion which is set to enroll 25,000 new clients in 2014
- There is a need for prevention, screening and treatment services relating to patients with a history of trauma/violence
- Closure of Easter Seals Therapy Center has created a new gap in coordinated care for children with special needs
- There is a need for information and education campaigns targeting healthcare professionals and the public on several topics, for example:
 - Adverse Childhood Events Study (ACES)
 - Violence/trauma
 - Providing services to persons with special needs
 - HIV Case Management
- There is a need for policies that incentivize volunteerism by licensed physical, dental and mental health care professionals
- A common reason for seeking care at free and reduced care clinics is diabetes
- There are opportunities for use of non-traditional healthcare workers and others to provide services outside the clinic setting
- There is a need for outreach to the homeless and underserved in the settings where they gather, to promote wellness and engage in care
- Public transportation systems are inadequate for persons living in all parts of the WVCH region who need transportation assistance to access care

The information gathered through this assessment will inform the community health improvement plan that the Community Advisory Council must develop by July 2014.

12. Marion County Community Health Improvement Partnership (CHIP)

Assessment of assets, opportunities and challenges related to priority health indicators

Through the community health improvement planning process, four regional groups selected the health indicators their community wants to address. The work groups also assessed assets, threats and opportunities for improving the health indicators as is shown in the following tables. This information has informed outreach and other efforts of the group work.

Salem-Keizer Region, 2011: The community prioritized teen pregnancy, adult obesity and early prenatal care as indicators to address, but because there are already community committees focused on teen pregnancy and early prenatal care, the group decided to narrow the focus to adult obesity. The group identified assets, opportunities and challenges related to adult obesity.

Asset = existing resource

Opportunity = an existing resource that could be replicated or expanded upon

Challenge = something that would need to change to create an asset or opportunity

	Asset	Opportunity	Challenge
Chamber of Commerce members do not have wellness as a key priority, but some are reaching out to the Salem Health CHEC for wellness programs	X	X	
The 5210 initiative is underway and could be an easy thing for employers to adopt	X	X	
OSU-Extension has a program focused on teaching recipients of SNAP, the Supplemental Nutrition Assistance Program (foodstamps) how to eat healthy with SNAP benefits and could coordinate with various settings to provide that information to clients	X	X	
The Salem Health Community Education Center (CHEC) is a resource for information and educational activities	X	X	
Nutrition education, healthy vending and healthy food options policy efforts are taking place in the community	X	X	
Salem-Keizer Transit has already conducted an assessment to ensure that routes go to the major grocery stores	X		
There are several large employers in Salem area and focus on worksites could have a big impact		X	
There is no funding to support implementation of a new program.			X

Santiam Canyon Region, 2011: The community prioritized Adult physical activity, teen pregnancy and teen marijuana use as indicators to address, but the group decided to narrow the initial focus to adult physical activity, with the adult as part of a family unit. The group identified assets, opportunities and challenges related to physical activity.

Asset = existing resource

Opportunity = an existing resource that could be replicated or expanded upon

Challenge = something that would need to change to create an asset or opportunity

	Asset	Opportunity	Challenge
Swimming pool, skate park etc.	X		
Church youth groups	X		
Mill City Clinic	X		
Organizations that provide positive support for youth e.g. Boy Scouts	X		
Parent-aided drug testing at local police department	X		
Stayton Meth Busters group	X		
School activities & sports, competition may discourage some from participation	X		X
Stayton ordinance against selling drug paraphernalia	X	X	
There are many existing activities, such as fun runs, walking/running groups, exercise groups in the park and resources a family might access for physical activity if they knew about them	X	X	X
There are existing activities for teens, such as Church groups, etc. but community may not be aware	X	X	X
Many resources are membership-based and may require a fee. Gyms are cheaper in Salem			X
School grounds are not accessible outside of school hours			X
There is no central website to hold information			X
The Canyon has limited transportation for getting people to the opportunities			X
13 year olds seem to become less involved			X
Contraceptives not covered in schools			X
Homelessness			X
Limited jobs or activities for teens			X
Both parents working. Kids raising themselves. Too much unsupervised time			X
Kids don't see getting caught with marijuana as a problem			X
Families don't interact			X
Habitat for Humanity could add youth component?		X	
City ODOT grant to add more sidewalks near hospital		X	

Silverton Area Region, 2011: The community prioritized adult activity, teen fruit and vegetable consumption and teen physical activity. The group identified assets, opportunities and challenges related to the prioritized health indicators.

Asset = existing resource

Opportunity = an existing resource that could be replicated or expanded upon

Challenge = something that would need to change to create an asset or opportunity

	Asset	Opportunity	Challenge
Numerous community events focused on physical activity that a family could access if they knew about it.	X	X	
Silver Falls School District is scheduled to do a review of their food service menus	X	X	
Hospital has a robust wellness program for staff	X	X	
Schools distribute bilingual information	X	X	
Our Town, prints local stories	X	X	
Safe routes to school grant – more sidewalks	X	X	
First Friday – events could be connected to this on-going event	X	X	
High School still has a Home Economics class	X	X	
Commercial kitchens in schools & some churches	X	X	
Silverton Together provides a connection to families	X	X	
School sports programs	X		X fees
The foodbank has worked with a dietician to ensure healthy foods in the pantry	X		
Silverton Senior Center has senior exercise	X		
Local gyms offer membership	X		
Runners club	X		
City park	X		
Saturday farmer's market	X		
City pool	X		
YMCA organizes activities for youth, pool	X		
Courtesy clerks at grocery stores – carry your own!		X	X
Compulsory PE in school		X	X
Fast food restaurants			X
Open campus means HS students go to fast food			X
Food services in schools	?	?	?

Woodburn / Northern Marion County Region, 2011: The community prioritized adult activity, teen pregnancy and had a tie for third place between teen fruit and vegetable consumption and teen physical activity. The group identified assets, opportunities and challenges related to the prioritized health indicators.

Asset = existing resource

Opportunity = an existing resource that could be replicated or expanded upon

Challenge = something that would need to change to create an asset or opportunity

	Asset	Opportunity	Challenge
Health Department has new grant for teen pregnancy prevention with Hispanic teens	X	X	
Silverton Health hosts a Saturday, seasonal farmer's market. Will be adding Wednesdays	X	X	
Woodburn Pediatrics has been conducting walks with patients	X	X	
Woodburn Schools food service modified meal plan. Promotes vegetables, whole grains and less fried foods	X	X	
Comprehensive sex-education curriculum in place Woodburn	X	X	
Classes to help parents talk with youth about sex Woodburn	X	X	
Youth development programs empowering youth to take on teen pregnancy as an issue	X	X	
Woodburn has a master trail plan. One mile greenway trail complete.	X	X	
WIC & SNAP accepted at farmer's market	X	X	
Wellspring as partner for wellness	X	X	
Woodburn community events adopting healthy food policies	X	X	
There are many opportunities, but community members may not know about them	X		X
Wellspring 0700-2000 – walk around indoor track	X		
Senior estates – cycling, pool	X		
Woodburn pool also open to Hubbard & Gervais	X		
Woodburn Bicycle Club, Parks & Rec sports leagues	X		
Body balance class at Wellspring - free	X		
Senior communities have exercise programs for residents	X		
Wilsonville/Champoeg pedestrian bridge planned	X		
Collaboration - Woodburn Peds/Wellspring pediatric & teen nutrition program	X		
Fast food marketing vs. fresh food marketing		X	X
Scare tactics vs. “real” health education for youth		X	X
Hubbard group interested in walking trail from Aurora to Hubbard		X	
Vacant lots might be used for community garden		X	
Work health messages in at all grade levels		X	
Local media such as Radio Movimiento, La Pantera and WCAT community cable		X	

Concerns about safety preventing physical activity			X
Access to activity			X
Most youth programs are in Salem			X
No Russian or Marshallese in our workgroup			X

Community Health Improvement Plan Communication Plan

The results of this assessment have been communicated via a printed summary of the Community Health Improvement Partnership work (attached) as well as the media, presentations in the community, and posting on the Health Department webpage at <http://www.co.marion.or.us/HLT/communityassessments/>.

Next Steps for the community health improvement plan (CHIP)

The information from the community health indicator assessment, community health and provider surveys, and the assessments of assets, opportunities and challenges has been used to guide the development of the community health improvement plan for Marion County. Data for health issues prioritized by the community will be monitored as part of the on-going community health improvement planning process. The plan is updated yearly and runs on the calendar year. A copy of the latest plan and related initiatives can be found at: <http://www.co.marion.or.us/HLT/chip/chip.htm>

Acknowledgements of assessment and planning partners

It is important to recognize leadership and vision of Sharon Heuer, Director of Community Benefit for Salem Health for recognizing the value and promoting the development of the community data dashboard for Marion County. This tool will be an on-going resource to community residents and partners with an interest in health measures for Marion County. Thanks also to Silverton Health and Santiam Hospital joining with Salem Health to ensure the sustainability of the dashboard. The data dashboard is available for viewing by the public at: <http://www.salemhealth.org/community/home.php>

Partners that participated in the collection and/or review of the assessment data as part of the community health improvement planning process included:

Health Status Indicators as shown on Salem Health data dashboard June 3, 2011:

A steering committee of the following members looked at the health status indicators for Marion County and selected ten key health status indicators to present to the community for prioritization and community health improvement planning.

Marion County Health Department: Josh Hollabaugh, Emily deHayr, Mary Archibald, Tonya Johnson, Pam Heilman; Salem Health: Sharon Heuer; Silverton Hospital Network: Terri Merritt-Worden, Ken Hector; Stayton Hospital: Tanni Swisher

Ten Key Health Status Indicators, Community Health Survey, Community Provider (health, social service, education) Survey, community demographics:

A variety of persons from healthcare, public health, education, local government, community based organizations, business, students, Marion County Health Advisory Board, and the general public participated in the review and prioritization process in preparation for community health improvement planning. Those persons included:

Adelina Torres, Alice Roundtree, Alison Kelly, Andrea Morgan, Ann Krier, Arlene Harris, Ashley McElroy, Barb Rivoli, Beth Davisson, Bob Renggli, Bruce Thomas, Chrissy Creighton,

Christina Shearer, Circe Barraza, Colleen Clark, Dale Erickson, Dan Fleishman, David P. Craig, Debbie Turrell, Diana Linderoth, Dixon Bledsoe, Donna Gormley, Doreen Kelly, Dorothy Cruz, Earnest Freeman, Elizabeth Swain, Emily DeHayr, Emily DeSantis, Eric Swenson, Erin Moller-Johnson, Fabiola Azcue, Gary Rychard, Gayle Goschie, Genny Baldwin, Gerardo Trejo-Martinez, Greta Ledford, Jamie Baxter, Janet Newport, Janice Naimy, Jeanine Stice, Jeanne Antonucci, Jim Winters, Jodi Berry, Josh Hollabaugh, Joyce Zook, Karen Armstrong, Karen Van Tassell, Karen Wusstig, Karla Hunt, Kat Daniel, Kathleen Gormley, Kathy Fleury, Ken Hector, Kristin Jordan, Lacie Hartlieb, Lauren Benjamin, Linda Brown, Linda Hays, Lisa Eckis, Maria Garcia, Maria Pineda, Mary Archibald, Melinda Veliz, Michael Grady, MD, Michelle Campione, Nancy Hendricks, Nancy Mitchell, Pamela Heilman, Rachel Wolf, Rhoda Jantzi, Rita Kester, Roberta Lilly, Ron Randall, Sabrina Perez, Sean Riesterer, Sharon Heuer, Stan Taylor, Stephen Dickey, Susan Sasano, Susana Ghio, Susy Saray, Suzie Cauraud, Tami Kochan, Tass Morrison, Teresa Alonso, Therese Gerlits, Terri Merritt-Worden, Tim Wilson, Tonya Johnson, Tricia Costa-Hidalgo, Tyler Butenschoen, Victoria Lara.

The following community health assessment information was collected, reviewed and analyzed in collaboration with specific interest groups, rather than as part of the overall community health improvement planning process.

Teen Pregnancy Focus Group Assessment:

The focus groups were held in collaboration with the Marion County Children and Families Department, Juntos Podemos Family Center and Woodburn School District. The results of the focus groups were shared with community groups and individuals such as Marion County Children and Families Commission Youth Consortium, and Marion County Prenatal Taskforce, Marion County Board of Commissioners and Marion County Health Advisory Board.

Prenatal Care Access Assessment:

The results of a survey of persons entering care after the first trimester was shared with the Marion County Prenatal Task Force, a collaborative working to address the issue..

Body Mass Index Assessment of students attending two public schools:

The results of the assessment were shared with school leadership and the School Based Health Center Operations Council.

Alcohol and Drugs Services Needs Assessment:

The results of the assessment were shared with the membership of the Local Alcohol and Drug Planning Committee and the Marion County Health Advisory Board.

Childhood Lead Assessment:

The results of the provider survey were shared with providers serving children in Marion County via a mailed written summary.

Emergency Preparedness Assessment:

The results of the assessment were shared with partners at the 2012 Public Health Emergency Preparedness Coalition meeting.

Health Equity Assessment:

Results were shared in presentation format to the Marion County Health Advisory Board, the Marion County All-County CHIP group and provided in written format to Healthy Oregon Partnerships for Equity (HOPE) for use in their assessment of health equities and disparities in the four-county region of Multnomah, Washington, Clackamas and Marion.

Healthcare Access Assessment:

The results were reviewed and analyzed by the Community Advisory Council of Willamette Valley Community Health.



Marion County
OREGON
Health Department

Marion County Health Department

Strategic Plan for Public Health Services

July 2012 – December 2014

Annual update December, 2013

Marion County Public Health Division Strategic Plan 2012- Dec. 2014

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1. Introduction

The 2012-2014 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. This plan aligns with, and is supportive of Marion County's Strategic Goal #6 **Health and Community Services**: *Promote the overall health of people in Marion County by improving the delivery of quality health services and supporting community-based prevention efforts.* This strategic plan for public health provides division-specific information to 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, was approved by the Marion County Board of Commissioners, and includes four goals and related objectives. Updates to the plan and are denoted by the symbol



The first goal of the current plan 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.

The process for developing the plan: In winter 2010-2011, MCHD Public Health Division supervisors and program coordinators worked jointly on components of a divisional strategic plan, including defining mission, vision, values and goals. The process included an assessment of the division's current strengths and weaknesses as well as internal and external threats and opportunities that might impact community health and/or our health department. A full description of the process and analysis are found at <http://www.co.marion.or.us/HLT/annualplan.htm>. The goals identified are: Goal 1 – Provide the five basic health services defined by ORS 432.416, Goal 2 – Maintain a well-trained and competent public health workforce, Goal 3 – Establish, maintain and enhance community and internal partnerships through appropriate collaboration and Goal 4 – Increase health promotion and prevention activities internally and externally. Each Program Supervisor worked with their teams to identify program priorities for improvement under goals 3-4 and developed objectives and action plans. In December 2012, the values statements were modified to include continuous quality improvement, a value which is foundational to our work.



Planned for 2014: Programs will develop program and community level performance measures. Performance measures will align with department strategic plan goals and objectives. Whenever possible, program measures will also align with Community Health Improvement Plan (CHIP) County goals. Focused quality improvement projects will be chosen based on the monitoring and tracking of performance measure data.

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.

Continuous Quality Improvement

Incorporate an ongoing systematic approach to processes and service evaluation

We promote the use of continuous quality improvement by public health division, its partners, and contractors to achieve strong performance, program goals, and positive results for service recipients.

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.

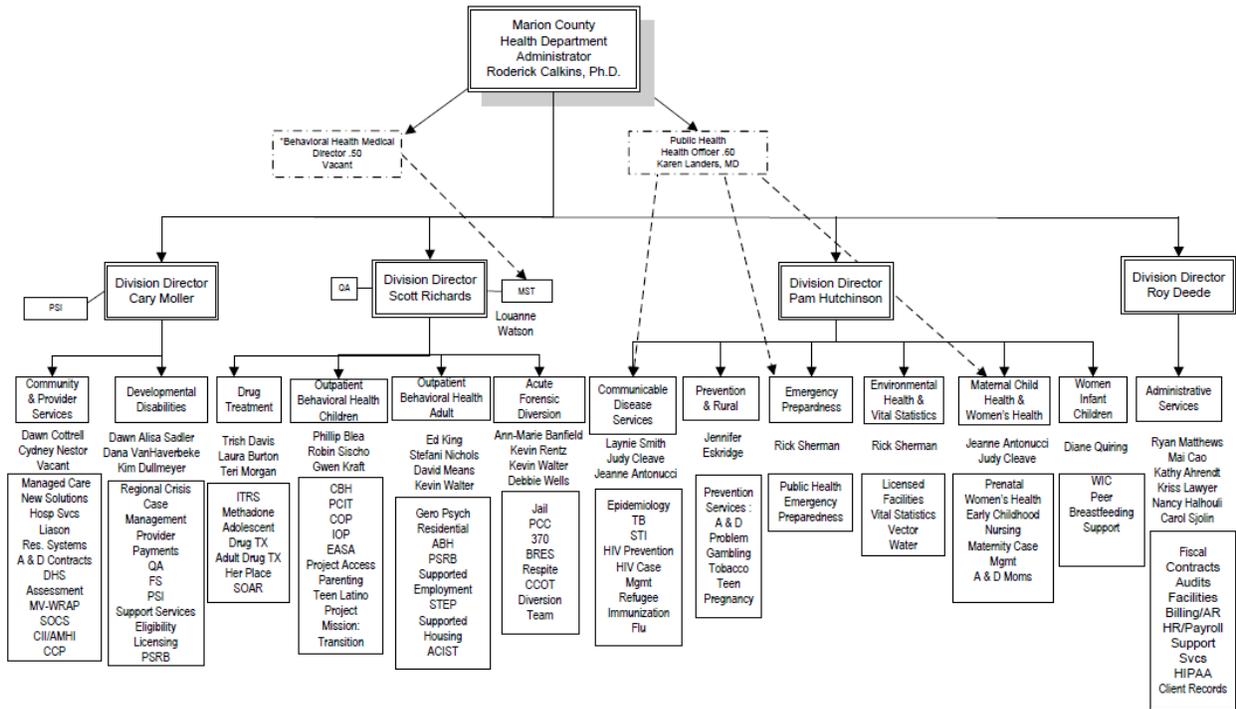
7. **Link people to needed personal health services.** We provide and/or promote services that increase access to health care. We assure that services are available. Our eventual goal is: “100% access, 0% disparity” by increased access and decreased barriers to health care and promotion.

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, physical 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 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



Org Chart FY 08/02/13

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 north county 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. Healthy Corner Stores is a grant-funded program that works with local mini-marts to increase healthy food options in neighborhoods that have no grocery store.
- g. *Drug, Alcohol, Gambling Prevention* – Partner with schools, community groups and businesses to implement policy, provide technical assistance and implement evidence-based interventions to decrease alcohol and drug abuse and problem gambling with youth and families in Marion County.

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. Provide services and education to promote breastfeeding.
- 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; and assistance with Oregon Health Plan enrollment.
- k. *Teen Pregnancy Prevention* – Implement *¡Cuidate!* with Latino youth and families. Participate on Children and Families, Marion County Teen Pregnancy Prevention Action Team.
- l. *Strengthening Families Program 10-14* – Support and technical assistance to community partners providing this 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.
- m. *Cover Oregon* –  Outreach and assistance to persons eligible for Oregon Health Plan and/or the health insurance exchange.

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, community presentations, individual meetings and on request.
- f. Provide updates to local 211 information and referral system as Health Department services change.
- g.  Social media are used to provide timely information to a mobile population.

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.
- b. *HIV Case Management* – Provide nursing case management to persons living with AIDS and HIV.

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.¹ 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. Health Department programs facilitate the Marion –Polk Prenatal Task Force, All Marion Immunization Coalition (AMIC), Marion County Community Health Improvement Partnership (CHIP), and the Marion County Public Health Emergency Preparedness Coalition, Marion County Breastfeeding Coalition.

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

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

3.5 Facilitate a collaborative community health improvement process for Marion County, including development of a community health improvement plan (CHIP).

**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



Marion County
OREGON
Health Department

Marion County Health Department

Quality Action Plan

July 2012 - June 2015

Annual update December, 2013

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. Each section has a 2013 update and new measures are identified by 

The Marion County Community Health Improvement Plan (CHIP) 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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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*

Strategies (Actions needed to achieve objectives)	Outputs (Direct product of actions)	Planned Measurable Outcomes
Reminder phone calls to clients who failed to return to clinic and/or utilize WIC vouchers	Eligible women infants and children receive WIC services and WIC funding is maintained	300-400 reminder calls to clients per week on-going
Mail reminder postcards to clients that they have an appointment scheduled		Mail reminder postcards to 100% of clients in advance of their appointments implemented
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 Not-met
		7/1/2012 Maintain enrollment at 97-100% of new assigned caseload of 9523. On-going

Actual Measurable Outcomes:

CY 2012	<ul style="list-style-type: none"> Marion County WIC’s assigned caseload and related funding was reduced from 9818 to 9523 for FY 2012-2013 because the drop in the number of participating clients did not increase significantly despite efforts by staff. It was decided that discontinuation of the reminder letters contributed to this problem because client phone numbers may not always be active to receive text or voice reminders. A less expensive post card reminder system has been implemented and certain clients are prioritized for phone calls,
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	<p>including those have not picked up their vouchers those who have received an initial month of vouchers, but need to return to the clinic with additional documentation that would allow them to receive the remaining vouchers for their 3 month time period, and those whose certification period is ending for the current month. The calls are made between visits with other clients. This combined effort has resulted in an improved show rate, from 66.4%, 2011 to 69.6% in Salem where most clients are seen.</p> <ul style="list-style-type: none"> ● Seven presentations and 42 contacts were made to agencies / individual partners to inform them about WIC services. ● Information was provided to the public at nine community events / health fairs. ● WIC contracted with Salem-Keizer Transit to post signage about WIC services inside and outside the buses. The contract ended April 1, 2012, however as of 10/1/2012, some buses continue to carry the signage. ● The actual number of participating clients has increased since October 2011 from 9081, to the current 9226. Caseload has been steady at about 97% of the assigned 9523. This is positive data, but it will require on-going efforts to assure that Women and Children who are eligible and in need of WIC receive services.
CY 2013	<ul style="list-style-type: none"> ● Marion County WIC agency caseload target was reduced for the FY 2013-2014 year (effective 7/01/2013) to: 9237 participating clients. While our agency as with many other WIC agencies across the state of Oregon saw slight increases mid-year 2012, volumes declined over the second half of 2012. During CY 2013 across the state of Oregon, WIC agencies have struggled with maintaining caseload volumes. As a result assigned targets were reduced for many agencies starting in July 2013. As of October 2013, we are at 89.4% of our assigned caseload. ● We have continued our actions with phone call reminders to clients, post cards for upcoming appointments and classes. We began a new process to send post cards to clients to remind them of their assigned on-line nutrition class each month as well as our take home class modules that can be completed in our clinic lobby. ● Active outreach / marketing of our program and services has included the following during CY 2013: <ul style="list-style-type: none"> ○ Five presentations to community partner agencies (as of 11/12/13) plus 80 contacts were made to community partners (as of 11/12/13) ○ WIC services were highlighted at a display during the Marion County Fair in July 2013 ○ WIC has had a presence at 3 other community events ○ Thus far in 2013, WIC has submitted 2 press releases to Marion County BOC for distribution. As a result of one of those, WIC responded to a local media contact. ○ We prepared some radio PSAs for radio broadcast in both English & Spanish and have sent those to several local stations ○ Radio interview @ KBZY was conducted 8/23/13 ○ We've begun to use the MCHD Face book & Twitter pages to post WIC news & program updates ● Our Participating Caseload for Marion County WIC has fluctuated over the past year. We continue to monitor enrollment activity through the reports available to us through the State WIC data system. Each week we look at reports that identify clients who need to bring in missing documentation, those who need to pick up their food vouchers or complete an education session and those who need to schedule an appointment to remain on the program. Despite our efforts, our October participating caseload was

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	8263 which is 89.4% of our 9237 target. At minimum, we would need to add 697 clients to reach the 97% target threshold. Throughout Oregon, WIC agencies have struggled with caseload volumes. Currently only 4 of the 34 agencies are above their assigned caseload target. Enrollment issues have been discussed at our state level as well as at the regional and national levels.
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 seeks 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*

Strategies (Actions needed to achieve objectives)	Outputs (Direct product of actions)	Planned Measurable Outcomes
Conduct customer service survey in all public health programs	Improved customer service	Survey implemented 2/2012- Done Results analyzed by 4/1/2012 Done Plan of correction developed and implemented by 12/31/2012 Done
		Added 12/2012 Do revised survey by 3/2014 Analyze data by 6/2013 Plan of correction developed and implemented by 12/31/14

Actual Measurable Outcomes:

CY 2012	<ul style="list-style-type: none"> Customer service survey was completed. Jan-Mar 2012 with 744 responses. Most respondents reported satisfaction with services received. Plan to resurvey in 2014 with added question about cultural competency and added survey of coalition members. No need to make significant changes were identified, but STI and WIC continue process improvement efforts through plan-do-check-act cycle.
CY 2013	Next survey is scheduled for Winter, 2014.
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: Effective local health departments must have a fully functioning Performance Management System with four components: Performance Standards, Performance Measures, Reporting of Progress and Quality Improvement Projects. These components also align with the newly developed Public Health Accreditation Board standards and measures. Based off of 2012-2013 aggregate Core Competency Self Assessment results Public Health Division has largely focused on the development of continuous quality improvement. Work still needs to be done to fully develop performance measures and the reporting process.

In the fall of 2013 public health division added an Epidemiologist to its workforce who's role includes helping to better define and refine our performance measurement through development of division-wide, program and community performance measures.

Vision: Excellent provider. Accountable **Value:** Continuous Quality Improvement



Responsible parties: Program Supervisors

Strategies (Actions needed to achieve objectives)	Outputs (Direct product of actions)	Planned Measurable Outcomes
Public Health Epidemiologist will work with each program supervisor to develop at least one program & one community measure	<p style="text-align: center;">Increased accountability to stakeholders.</p> <p style="text-align: center;">Quantative performance measures</p> <p style="text-align: center;">Monitoring trends</p>	Program & community measures developed for pilot by Jan 2014 Finalized performance measures included in department Strategic Plan by July 2014
Monitor performance measures during pilot period Jan-Jun 2014. <ul style="list-style-type: none"> • Evaluate availability and usefulness of data collected • Select new measures if needed 		Collect data and evaluate program measures by June 2014
Use performance measure data to identify potential QI projects		By 1/1/2015 Use performance measure data to identify and select 2015 QI projects

Actual Measurable Outcomes:

CY 2012	• N/A. This strategy was added December, 2013.
CY 2013	• N/A. This strategy was added December, 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 Division values continuous quality improvement to achieve strong performance, program goals, and positive results for service participants.

Vision: Excellent provider. Accountable **Value:** Continuous Quality Improvement

Responsible parties: *Program Supervisors*

Strategies (Actions needed to achieve objectives)	Outputs (Direct product of actions)	Planned Measurable Outcomes
Each Program Supervisor will work with staff to identify at least one quality improvement project to implement using the Plan - Do – Check – Act process for quality improvement. Projects will have the potential to significantly improve customer satisfaction, and/or reduce cost, and/or increase efficiency, etc.	Improved services	QI projects selected by 1/31/2013 QI projects implemented and final report prepared by 10/1/2013

Actual Measurable Outcomes:

CY 2012	• N/A. This strategy was added December, 2012.
CY 2013	Each program participated in training and worked through the Plan-Do-Check-Act process on selected issues. Examples of issues addressed included creation of a standardized method for ensuring that all mobile food units are licensed and inspected; implementation of a new system to ensure the best use of human resources to provide home visiting services through role clarification and nurse delegation; and clinical staff training increased utilization of electronic appointment system resulting in improved customer experience.
CY 2014	

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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*

Strategies (Actions needed to achieve objectives)	Outputs (Direct product of actions)	Planned Measurable Outcomes
Form a cultural competency workgroup analyze the results of the cultural competency survey	Staff provide culturally appropriate services	Report analyzed and key findings summarized by 6/30/2012 Done
Develop and implement a plan to increase organizational and staff cultural competency		Plan developed, implemented, analyzed and plan developed by 9/30/2012 Done
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 done

Actual Measurable Outcomes:

CY 2012	<ul style="list-style-type: none"> Cultural competency workgroup was formed with staff and management representatives. A MCHD employees identified areas for improvement and plan has been made to provide training on culture of poverty (3/12, 4/12 and 10/2012), health literacy (3/2013), how to work with an interpreter, and medical terminology for interpreters during 2012-2013.
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	Also, review of data identified need to modify, add or delete questions. Overall the survey provided a useful baseline by which to measure improvement. A second survey is planned in 2013.
CY 2013	In 2013, training was offered to staff, including: health literacy and working with an interpreter. Both of these are now available on-demand on the department Intranet. The staff cultural competency survey will be repeated in Jan. 2014. Results will be analyzed in the first quarter of 2014.
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*

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

Actual Measurable Outcomes:

CY 2012	<ul style="list-style-type: none"> The Health Administrator completed the on-line epidemiology course offered by Oregon State University.
CY 2013	<ul style="list-style-type: none"> The Oregon Health Authority and Conference of Local Health Officials (CLHO) are currently revising this requirement to an expectation that the Administrator hire qualified individuals who will ensure that the Department has the needed expertise in the various domains of public health.
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*

Strategies (Actions needed to achieve objectives)	Outputs (Direct product of actions)	Planned Measurable Outcomes
Form a workgroup that includes staff and supervisors to select competencies for public health professionals	Data-based training plan results in professional staff being better trained to provide public health services	A workgroup is formed by 1/31/2012 A set of core competencies are agreed upon by 3/31/2012 Done
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 Done
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 Done
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

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Actual Measurable Outcomes:

CY 2012	<ul style="list-style-type: none"> • A workgroup of program supervisors and program coordinators decided to pilot the Council on Linkages core competencies. Each professional staff and supervisor completed the survey in spring 2012. A review of the aggregate data showed staff development needs in the areas of quality improvement and public health sciences. Quality improvement training was offered to all public health staff at Grand Rounds sessions in Apr and May 2012. Staff and supervisors who volunteered to become quality improvement “experts” were provided additional training so they could provide technical assistance to peers working on quality improvement projects. To address public health sciences- a policy on participation in research is being developed and will be a basis for staff training at a future date. • A check with supervisors about May 2012 revealed that they were not routinely using the self-assessment to assist staff with setting professional development goals. The system for performance evaluations has been revised to prompt the supervisor to perform this function.
CY 2013	<ul style="list-style-type: none"> • A re-check in October 2013, showed that in 2013 all new staff completed the core-competency self-assessment no later than the first year performance evaluation, and existing staff are setting at least one core-competency goal at the time of the annual evaluation. • MCHD public health staff participated in a state workforce development survey in October 2013. The survey showed that MCHD staff feels a need for training on communication. This agreed with internal data that staffs are naming improvement of their communication skills as a personal professional goal. This information will be used to develop targeted training for staff for 2014. • Training (3 sessions) was provided to develop quality improvement subject matter experts and to increase quality improvement skills among the general public health staff CHAT 4/13) and clerical staff (8/2013).
CY 2014	

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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 responses. 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*

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

Actual Measurable Outcomes:

CY 2012	<ul style="list-style-type: none"> Public health fair, potluck and department parties have been held or scheduled and are planned to occur on-going. The baseline staff engagement survey for the entire division may be postponed until 2013. The survey was piloted in WIC. Additional questions mirrored client customer survey questions. WIC staff “graded” the program harder than clients did and this information was shared with staff. Coordinator meetings have been held or scheduled. The meetings are a good venue for problem solving as well as sharing between programs. Several programs meet together regularly to problem-solve and foster good communications (e.g. Environmental Health and Epidemiology, HIV and Sexually Transmitted Infections, Clinic service programs, Emergency Preparedness and Environmental Health). Reproductive health and WIC have invited other program staff to social/information-sharing events and Clinic services held multi-program potluck. WIC holds a monthly potluck (prior to our WIC-O-Rama sessions) and team members bring in snacks to share.
CY 2013	<ul style="list-style-type: none"> As staff engagement is largely impacted by the supervisor, a decision was made to develop relevant training for supervisors. The training and the staff engagement survey is scheduled for 2014.
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*

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

Actual Measurable Outcomes:

CY 2012	<ul style="list-style-type: none"> Public Health Services Fair was held in April and attended by 83 staff total including (86%) of regular public health staff. A plan-do-check-act quality improvement process was applied to this event in hopes of increasing participation (Partially achieved), improving participant satisfaction with flow (achieved), and increasing participant knowledge about services of use to clients (achieved). Coordinator meetings have been held or scheduled. The meetings are a good venue for problem solving as well as sharing between programs.
CY 2013	<ul style="list-style-type: none"> Per consensus of Program Coordinators and Supervisors, it was decided not to hold the public health services fair annually, so none happened in 2013. The Coordinators continue to meet quarterly to maintain communication and coordination between programs.
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*

Strategies (Actions needed to achieve objectives)	Outputs (Direct product of actions)	Planned Measurable Outcomes
Provide information about public health and services at community events	Increased public awareness of public health and access to related services	Track annual data re participation community health fairs and report each January ongoing
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 ongoing
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	<ul style="list-style-type: none"> • MCHD has continued to reduce participation in health fairs as they are not an evidence-based means of effecting behavior change. Current participation is generally limited to fairs where we provide a targeted service such as immunizations and/or the County and State Fair. Between Jan 1 2012 and 10/1/2012 MCHD participated at nine fairs. Seven of these were in Salem-Keizer, one in Woodburn and one in Stayton. • Webpage hit report 1/1/2012-8/27/2012 – MCHD had 83,925 unique page views. Six programs were in the top 25 for the Health Department in terms of hits. WIC – 6645, Environmental Health – 3603, Vital Stats – 1583, Public Health – 800, Epidemiology and Epidemiology Alerts tied for 731, probably because you go through the first to get to the second. This shows that many WIC clientele among others, are using the internet • Public Health staff participated in development of the MCHD social media policy and we have developed a Facebook page as well as use of Twitter. These are means of getting new information out to the public, e.g. in times of public health emergency. The two options need to be marketed to the public as the number of followers is still small. (44
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	Facebook, 23 Twitter)
CY 2013	<ul style="list-style-type: none"> • Webpage hit report – 1/1/2013-8/27/2013 – MCHD had 87,647 unique page views, a slight increase over the previous year. A new report shows 83.5% of hits came from the community (not State or County government). A review of usage shows that low points are Saturdays and Sundays, and the peaks are mostly on Tuesdays, Wednesdays, and Thursdays. WIC continues to be the most frequently visited public health page, followed by Vital Statistics, Environmental Health, and Immunizations. Bedbugs were in the top 25 for popular searches with 774 unique hits. • Social media – As of 11/5/2013, MCHD has 151 Facebook “likes” and 121 Twitter followers. Prevention Team photojournalism project during national public health week increased our Facebook likes by 22.5%. Before the project MCHD had 53 Twitter followers and 80 Facebook likes, and afterwards had 56 followers and 98 likes. • Media releases and contacts: Between 1/1/2013 and 11/1/2013, MCHD was contacted by the media for seven stories ranging from flu, to pools, to mock site reviews for accreditation; and MCHD actively put
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*

Strategies (Actions needed to achieve objectives)	Outputs (Direct product of actions)	Planned Measurable Outcomes
Facilitate development and implementation of Community Health Improvement Plan (CHIP)	Improved community health through collaboration and partnerships	Division Director facilitates: Three-year plan developed and implemented with plan for progress reports every six months by Jan 31, 2012 On-going
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 On-going
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	<ul style="list-style-type: none"> • A Marion County community health improvement plan was developed and implemented 1/1/2012. The plan was developed in collaboration with community members/partners from four regions of the County. This is an on-going effort. Teen pregnancy, access to first trimester prenatal care and four obesity-related health indicators were selected to address, though each region is focusing their efforts on a subset of these indicators. • MCHD no longer receives Healthy Communities funding for chronic disease prevention, but some efforts continue through the Healthy Corner Stores grant and help from CDC Public Health Associates and VISTA volunteer. Objectives have been added to the plan for this work as well as one for prenatal services
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Section IV. Public Health Action Plan for Quality Improvement

	<p>Internal Collaboration</p> <ul style="list-style-type: none"> ● WIC has registered for a staff development event “Baby Behavior Webinar” scheduled for 9/26/12 and invited staff from Early Childhood Nursing, Prenatal & Family Planning to attend. ● Environmental Health and Emergency Preparedness are working together on a quality improvement project that aims to reduce the number of complaints coming in to the EH front desk. ● Oregon Mothers Care – Partnering with Rural Services as a way to connect with and offer information about Oregon Mothers Care to partners serving Hispanics and to provide information to staff working in the Marion County Alcohol and Drug treatment program. ● Healthy Start screener is working with WIC staff to reach women pregnant with their first child to offer them parent support services. ● Communicable disease nursing programs have been collaborating to provide cross-coverage between programs to ensure services for clients.
	<p>Collaboration with external partners</p> <ul style="list-style-type: none"> ● WIC met with Family Building Blocks 3/22/12 to discuss partnering with one of their Family Support Coordinators to provide services alongside our WIC services in Stayton. ● WIC Breastfeeding program has worked with community partners to form the Marion County Breast Feeding Coalition to promote breastfeeding in Marion County. ● During the extreme heat incident in August, EP worked with 211 to ensure cooling shelter information was available to people calling 211. ● Prenatal program collaboration/outreach to Salem Clinic regarding need for increased capacity to provide prenatal care to low income women. Salem Clinic joined Marion - Polk Community Prenatal Task Force. ● Early Childhood Nursing has added a Healthy Start screener position and is collaborating with Marion County Children and Families Commission to assure outreach to new parents in need of parenting support. ● Alcohol & Drug Prevention partnering with Salem Leadership Foundation and So. Salem Community Connectors to increase access to the evidence-based parenting curriculum Strengthening Families Program 10-14. ● Epidemiology partnered with Oregon Health Authority and OR Dept. of Education to ensure school staff and volunteers received information about pertussis.
CY 2013	<p>Internal Collaborations (this list is not all-inclusive)</p> <ul style="list-style-type: none"> ● Immunizations and Prenatal Programs partner in expediting appointments (usually same day) for pregnant women to receive TDAP and Flu vaccine. ● Family Planning Program invited CD team to annual Harvest Feast. Each program gave presentations of services delivered, case loads, staff changes and team work efforts. ● Early Childhood Nursing is working with Developmental Disabilities staff, with nurse case managers from Woodburn Pediatrics and Childhood Health Associates of Salem, and with other care providers to strengthen the case management system of care for our common complex clients. ● Early Childhood Nursing is working more closely with Children’s Behavioral Health so that we refer clients to each other and support more streamlined access to services. ● Recently, we began to provide condoms again on a periodic basis to Marion County Alcohol and Drug Treatment Program since the number of condoms provided by the state for people at high-risk for HIV has increased.

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	<p>Collaboration with external partners (this list is not all-inclusive)</p> <ul style="list-style-type: none"> • Early Childhood Nursing is coordinating a community partner effort to reduce the incidence of infant sleep related deaths. We have secured a CDC Public Health Associate to staff this important work. Partners include the three hospitals, WVP Health Authority, Liberty House, SKSD, Community Services/Great Beginnings. • Early Childhood Nursing as an extension of the Safe Sleep Initiative, is beginning to work with Salem Hospital’s NICU staff and other community partners to develop a standard of care for opioid addicted pregnant women and for mother/baby dyads after their infants are born. Marion County WIC is also a partner in the initiative. • MCHD Prevention program has added DrxugSafe, a prescription drug abuse prevention coalition that started in the last year. MCHD is a participant along with CFC, the District Attorney, and various law enforcement agencies. Specifically Prevention Team provides technical assistance; evidence based practice recommendations and participates in promotion of campaign prevention messages as part of our universal prevention communication strategy. • MCHD Emergency Preparedness began collaboration with the Marion County Medical Reserve Corps in May 2013. The Medical Reserve Corps is leading the development of a medical surge plan on Pandemic Flu for Marion County. • Student experiences & Internship program partnerships: WIC program collaborated with Chemeketa Community College and several Nursing Students to provide an overview of our program. The nursing students then presented to the WIC staff on 5/2/13, an overview of digestion, absorption and metabolism focusing on several specific health conditions / concerns that are relevant to the WIC population. In addition, we have been a preceptor site for OSU & WOU Public Health students as well as OSU & OHSU Dietetic Internship programs. We have hosted 4 interns during 2013.
CY 2014	

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

Objective 3.5 Facilitate a collaborative community health improvement process for Marion County, including development of a community health improvement plan (CHIP)

Description of the problem: Traditionally, local public health departments in Oregon, have been charged with doing a community health assessment and a plan for public health services every 3-5 years. The nation-wide initiative for accreditation of local health departments has added an expectation to work collaboratively with community members to develop a community health improvement plan. The Oregon rules Coordinated Care Organizations now assign the local Organization, known as Willamette Valley Community Health, with responsibility for the community health assessment and the community health improvement plan for Marion and Polk Counties. As Marion County Health Department has been facilitating a community health improvement effort with partners and residents across Marion County since July, 2011, it will be necessary to work together with the Coordinated Care Organization's Community Advisory Council and Polk County Health Department, to either integrate health improvement plans, or to coordinate the Coordinated Care planning process with the planning process that is already underway for Marion County.

Vision: Excellent provider of services and leadership

Vision: Promote and preserve health

Responsible party: *Public Health Division Director, Rural & Prevention Program Supervisor*

Strategies (Actions needed to achieve objectives)	Outputs (Direct product of actions)	Planned Measurable Outcomes
Work with partners and community members in four regions of Marion County to develop and report on plan for local community health improvement efforts	Collaborative development of a community health improvement plan for Marion County	Local plan published and updated yearly. Website: http://www.co.marion.or.us/HLT/chip/chip.htm
Work with CCO Community Advisory Council Membership to assess work done to date and determine a plan for either integrating or coordinating existing plan with the CCO plan		Plan for coordination or integration, and associated roles and responsibilities developed by 7/2013 Plan implemented by 1/2014

Actual Measurable Outcomes:

CY 2012	<ul style="list-style-type: none"> This was not a written objective for 2012, however the community plan was implemented in January 2012 and updates posted at: http://www.co.marion.or.us/HLT/chip/chip.htm Public Health Division Director appointed to the CCO Community Advisory Council, October, 2012
CY 2013	<ul style="list-style-type: none"> MCHD continues to provide leadership for the Marion County Community Health Improvement Partnership which aims to reduce obesity, increase early access to prenatal care, decrease teen pregnancy and decrease teen marijuana use. The four regions of the

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	county have selected one or more of these four priorities to address through local strategies. The full action plan is maintained at http://www.co.marion.or.us/HLT/chip/chip.htm
CY 2014	•