



LINCOLN COUNTY

PUBLIC HEALTH

COMPREHENSIVE PLAN

2008 - 2011

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

Local Public Health Authority

County

Date



TABLE OF CONTENTS

I. Executive Summary	3
II. Assessment	5
III. Action Plan.....	21
A. Epidemiology and Control of Preventable Diseases.....	22
B. Parent and Child Health Services.....	26
<i>Immunizations</i>	
<i>Family Planning</i>	
<i>Maternal Child Health</i>	
C. Environmental Health.....	41
D. Health Statistics.....	44
E. Information and Referral.....	46
IV. Additional Requirements.....	47
V. Unmet Needs	51
VI. Budget	53
VII. Minimum Standards.....	55



LINCOLN COUNTY

PUBLIC HEALTH

COMPREHENSIVE PLAN 2008 - 2011

I. EXECUTIVE SUMMARY

EXECUTIVE SUMMARY

This is the first Comprehensive Three Year Plan developed for Lincoln County Public Health according to the new state guidelines. This plan is required to be submitted prior to our Triennial Compliance and Quality review scheduled for February 4-15, 2008.

Lincoln County Health and Human Services adequately provides the five basic services contained in statute (ORS 431.416) and rule (OAR Chapter 333, Division 14). These include: Epidemiology and Control of Preventable Diseases; Parent and Child Health Services including Family Planning; Environmental Health Services; Collection and Reporting of Health Statistics; and Health Information and Referral.

In addition, many services described in ORS 333-014-0050 are provided including coordination of dental services for uninsured youth K – 12, emergency preparedness, health promotion including chronic disease management, as well as the county-wide immunization program.

The Local Public Health Advisory Committee (PHAC) is very committed to its role of advising Lincoln County Health and Human Services on issues related to the advancement of public health. In the past year, members have received information, participated in discussion, and provided input on twenty (20) significant Public Health plans, programs and issues. Major focus and action areas have included adolescent reproductive health education and access plan, as well as the school wellness plan.

Recruiting, training and maintaining management and program, direct service staff to meet requirements of statutes and rules is a priority for Public Health. Establishing baseline data for smoking and smoking cessation during pregnancy as well as six months postpartum breastfeeding data for our patients will enable analysis of effective interventions as well as guide necessary program changes to improve outcomes. Family planning strives to decrease the teen pregnancy rate as well as increase access to the HPV vaccine and breast and cervical cancer screening. Increasing DTAP Vaccination status for two-year-olds, as well as adolescents through the community coalition, public health clinics, school based health centers and media messaging is the goal of the immunization program.

The environmental health program seeks to expand training for food service managers and pool operators.

Birth and death certificates are submitted on time to state Vital Statistics with 100% accuracy using online technology. Improving, updating, and publicizing information about Public Health Services is a primary focus.

Twenty-seven (27) trained, dedicated staff members deliver all public health services. Staff continues to strive for excellence in promoting, protecting and preserving the health of our public.



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II. ASSESSMENT

LINCOLN COUNTY DEMOGRAPHICS

Located on a mostly rural portion of Oregon’s central coast, Lincoln County has a total of 992 square miles and a total population of 46,199 (US Census Quick Facts 2006 estimate). It lacks a major metropolitan area and consists of many small communities scattered throughout the geographic region. This rural geography often isolates families. Isolation is compounded by the limited public transportation system. Newport, the largest town and county seat, has a population of 9,740. Lincoln City is the next largest with 7,420. Thirty-eight percent of the population lives in rural unincorporated areas (Final, July 1, 2003 Estimates – Oregon, Its Counties and Incorporated Cities).

Racial and Ethnic Group	Percentage of County (Census 2000)
White	93.2
Native American/Alaska Native	3.1
Asian	0.9
Hispanic/Latino	6.5
Over age 65	19.2 (State average is 12.9%)

State and Lincoln County Percentage of Population by Age

AGE	LINCOLN COUNTY	STATE
0 – 4	2,160 – 4.8%	228,681 – 6.5%
5 – 9	2,503 – 5.6%	243,209 – 6.9%
10 – 14	3,020 – 6.7%	251,015 – 7.1%
15 – 17	1,999 – 4.4%	152,885 – 4.3%
18 – 19	986 – 2.2%	100,317 – 2.8%
20 – 24	1,935 – 4.3%	238,586 – 6.7%
25 – 29	1,950 – 4.3%	242,417 – 6.8%
30 – 34	2,321 – 5.2%	245,610 – 6.9%
35 – 39	2,885 – 6.4%	265,216 – 7.5%
40 – 44	3,498 – 7.8%	280,796 – 7.9%
45 – 49	3,930 – 8.7%	281,125 – 7.9%
50 – 54	3,669 – 8.2%	244,359 – 6.9%
55 – 59	2,922 – 6.5%	179,190 – 5.1%
60 – 64	2,638 – 5.9%	135,956 – 3.8%
65 – 69	2,504 – 5.6%	116,295 – 3.3%
70 – 74	2,199 – 4.9%	110,163 – 3.1%
75 – 79	1,839 – 4.1%	98,051 – 2.8%
80+	2,040 – 4.5%	127,629 – 3.6%
Total	45,000	3,541,500

Since 2002, eleven major community planning processes have defined Public Health issues and needs.

These processes were:

Community Health Improvement Partnership (CHIP)	Began October 2002 Ongoing
Healthy Active Oregon Institute	June 2004
Federally Qualified Health Center	Established July 2006 Ongoing
Public Health Assessment	December 2004
Maternal Child Health Assessment	December 2004
League of Women Voters Child Health Study	July 2005
Managing Chronic Care Through Collaboration Conference	October 2005
Chronic Care Committee	October 2005 Ongoing
Community Workshop Local School District Wellness Policy	January 2006
Lincoln Commission on Children and Families Strategic Planning	January 2007 Ongoing
Teen Reproductive Health Teen Survey Community Forum Community Health Improvement Process	2007 Ongoing

PROVISION OF FIVE BASIC SERVICES – (ORS 431.416)

A. Epidemiology and Control of Preventable Diseases

Prevention of the onset and spread of 51 communicable diseases, infections and conditions is mandated by Oregon law. The Communicable Disease (CD) Program seeks to investigate, identify, control, treat, and eradicate possible sources of disease entities as reported to Lincoln County Health and Human Services (LCHHS). Staff completes CD investigations according to state guidelines and within mandated reporting and follow-up timeline. The program works to provide low-cost medical screening, diagnostic and/or treatment services for select diseases. In coordination with the Immunization Program, the Communicable Disease program also provides immunizations to help prevent vaccine preventable diseases.

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

The Maternal and Child Health Program seeks to provide a multi-faceted approach to ensuring the healthy development of very young children through interacting in a variety of ways with pregnant women, new mothers and families. Intervention at an early stage can decrease infant mortality and Sudden Infant Death Syndrome (SIDS), reduce the use of alcohol and tobacco during pregnancy and increase the percentage of healthy newborns whose mothers received prenatal care during the first trimester. Continuing assistance with young families can improve the physical, developmental and emotional health of high-risk infants, increase the immunization status of small children, decrease child abuse and improve the health, safety and development of children in childcare settings. Service delivery programs include: Oregon Mother's Care, Maternity Care Management, Babies First, Cacoon, Child Care Health Consultation, and Family Home Visiting, as well as Parent Education Classes.

C. Environmental Health Services

1. Licensed Facilities

The Environmental Health staff licenses and inspects food service facilities, traveler's accommodations, bed and breakfast establishments, pools/spas and organizational camps. About half of the licenses are issued for food service such as restaurants, mobile food units, warehouses, commissaries, temporary food booths, bed and breakfasts. Workload includes plan review for new and remodeled facilities, investigating complaints and food borne illness investigations.

2. Food Handler Training

Food Handler Classes are provided at least twice a month and periodically in different parts of the county. Food Handler Classes are also available in Spanish. The importance of reporting any suspected food borne illness is emphasized. Written anti-choke training is available in the food handler booklet and at the end of the food handler class. Additionally, training in first aid for choking is available through the Red Cross.

3. Other Inspections

Day Care Facilities - Inspections of public food service that is not licensed including: food service in schools, summer lunch program, correctional facilities, elderly nutrition program and kitchens serving indigent populations.

4. Communicable Disease

Environmental Health Specialists work closely with the Communicable Disease team on food borne outbreaks, investigations of possible food, water, or vector borne illnesses and surveillance for West Nile virus. Investigate animal-bite reports and maintain surveillance for rabies.

5. Drinking Water Systems

Public Drinking Water Systems (Federal Definition):

In accordance with the Oregon Administrative Rules, public drinking water systems sample for required contaminants and report results. Environmental Health Specialists monitor the results and assist public drinking water systems in achieving compliance with the Oregon Administrative Rules for Drinking Water Standards. When a sample from a public drinking water system exceeds a maximum contaminant level, an Environmental Health Specialist investigates and takes appropriate action. Environmental Health Specialists assist public drinking water systems in developing a written emergency response plan. Environmental Health has an emergency response plan for drinking water systems.

6. Public Drinking Water Systems (State Definition)

If a state regulated water system operator calls, we try to answer questions and assist with the situation.

7. Private Drinking Water Systems

Information is available for developing a safe water source from a spring or well.

8. On-Site Sewage Program

The On-Site Sewage Program is conducted through Lincoln County Planning Department and monitors, issues permits and inspects on-site sewage disposal systems.

9. Solid Waste Program

Environmental Health Specialists investigate solid water complaints. Solid Waste is required to be stored, collected, transported and disposed of properly.

10. Indoor Clean Air Complaints

Currently Environmental Health Specialists are responsible for responding to complaints about clean indoor air. They follow the guidelines for the Indoor Clean Air Program.

11. Emergency Response

An Environmental Health Specialist is available on call 24/7 to investigate any reports of environmental contamination that would affect the public and the environment. They provide support to protect the health and safety of the public in the event of a hazardous incident investigation.

As part of the emergency response team, Environmental Health Specialists participate in mock drills (like the tsunami drill). In the event of an emergency, they would be responsible for inspecting emergency shelters to assure safe drinking water, sewage disposal, food preparation, solid waste disposal and vector control.

D. Health Statistics – Collection and Reporting

Required reporting forms for Lincoln County health statistics on births and deaths, certain specific communicable diseases, and all environmental health inspections are completed. Birth and death certificates are completed within the required timeframe. The ALERT Statewide immunization registry is completed for all immunizations given. ORCHIDS, the Maternal Child Health data reporting system has just recently been implemented.

E. Health Information and Referral

Each public health program develops a pool of resource information for staff and clients. The Department brochure and County website detail existing public health services. Time limited information is added concerning flu immunizations and a public notice page details any communicable disease outbreak information. Special brochures are created for public information campaigns. Most public health pages have a direct link to the National Center for Disease Control.

Clients receiving public health services are provided with health information, referral and other resource information. Clients receive updated information about the newly established Lincoln Community Health Center, the local Federally Qualified Primary Health Care Clinic. All Public Health Staff contribute to public health information updates, and make appropriate referrals.

OTHER SERVICES

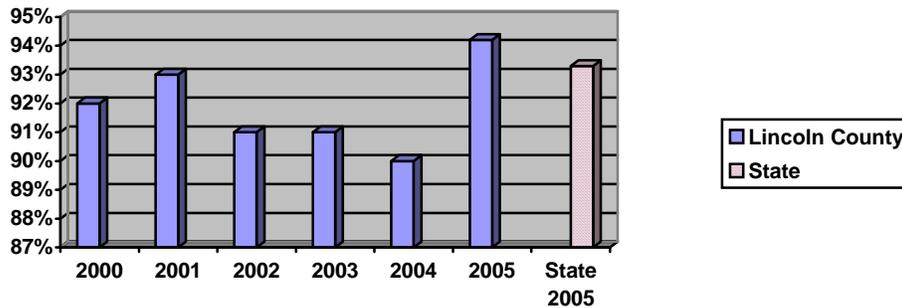
Additional Services Include:

- Primary care provided through Lincoln Community Health Center, our Federally Quality Health Center, with Newport and Lincoln City Clinic locations as well as four School Based Health Centers.
- Coordination of dental van services for uninsured youth K-12, and limited care for needy adults.
- Emergency Preparedness.
- County-wide Flu Immunization Program.
- Health Promotion for Chronic Disease Management.

1. Lack of Adequate Prenatal Care (PNC)

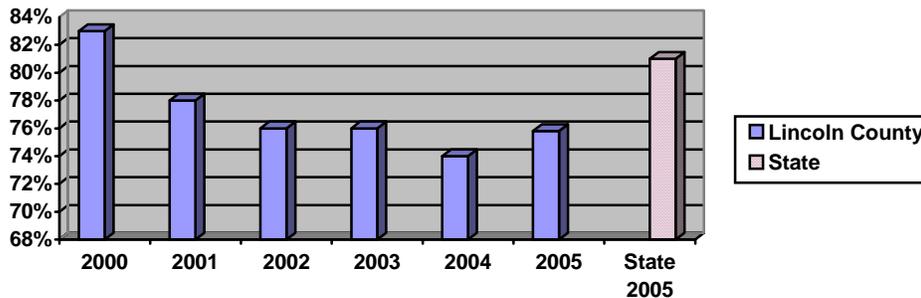
- Inadequate PNC is defined as care that began in the third trimester and consisted of less than five visits.
- Oregon State Target Benchmark is 85%
- Early prenatal care for pregnancies is one critical factor in ensuring a child's optimum health and well-being.

Adequate Care (defined as prenatal care that began before the 3rd trimester and included 5 or more prenatal visits) (Data from Oregon Vital Statistics OVS)

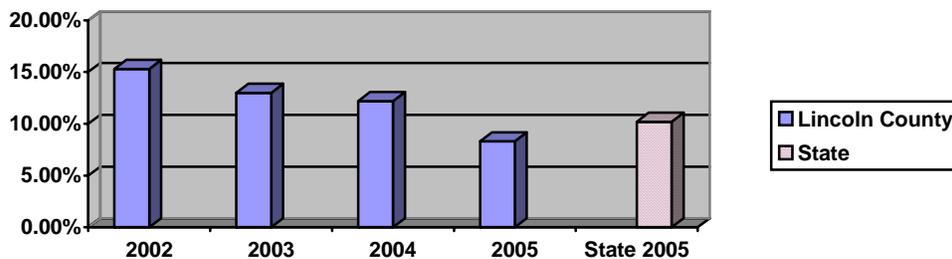


Exceeds Benchmark

1st Trimester Care (Data from OVS)

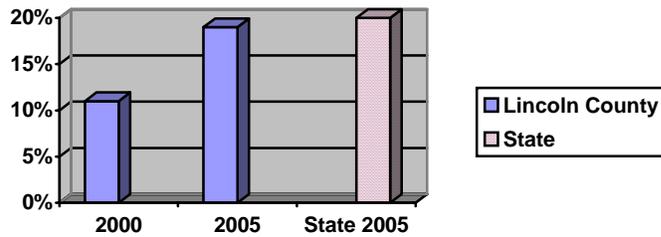


Inadequate Prenatal Care for Unmarried Woman (Data from OVS)



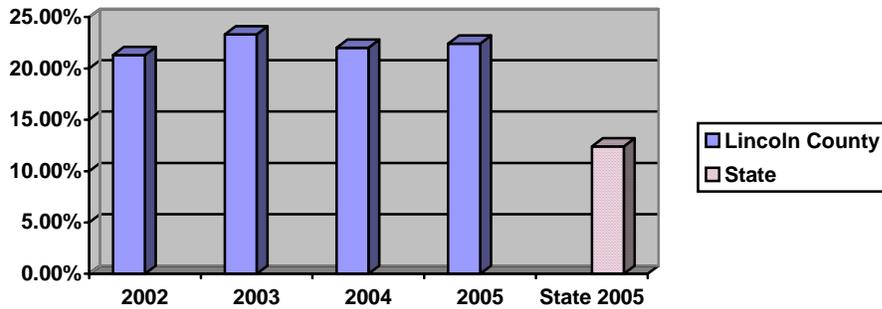
Data demonstrates positive trends in all three measurements for prenatal care for 2005. Lincoln County exceeds the state benchmark of 85% for adequate care with 93.3%

% Births to Hispanic Women (Data from OVS)

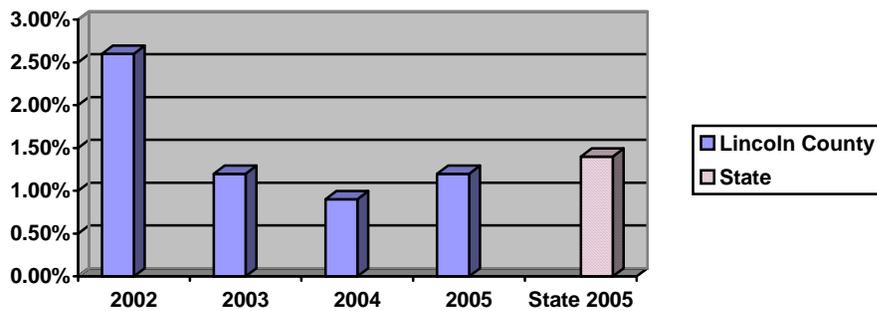


2. Substance Use During Pregnancy

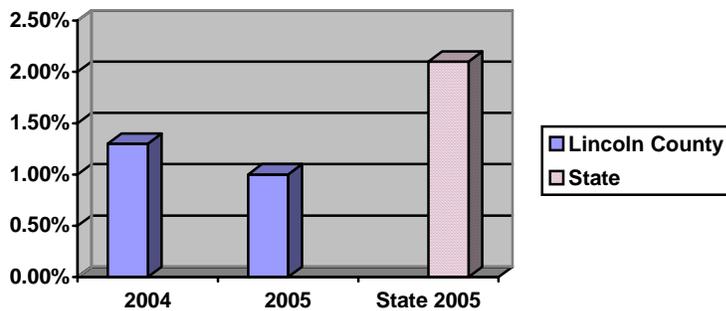
Tobacco Use (OVS)



Alcohol Use (OVS)



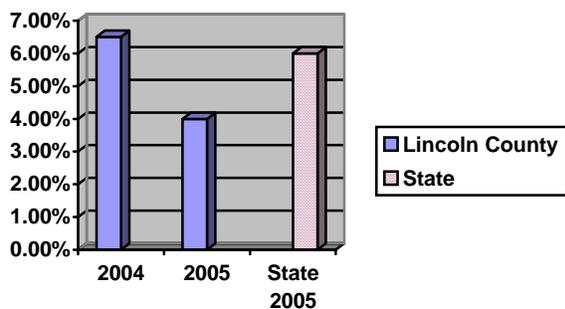
Illicit Drugs (OVS)



Tobacco use during pregnancy has consistently been above 20% since 2002, while alcohol and illicit drug use is below the State.

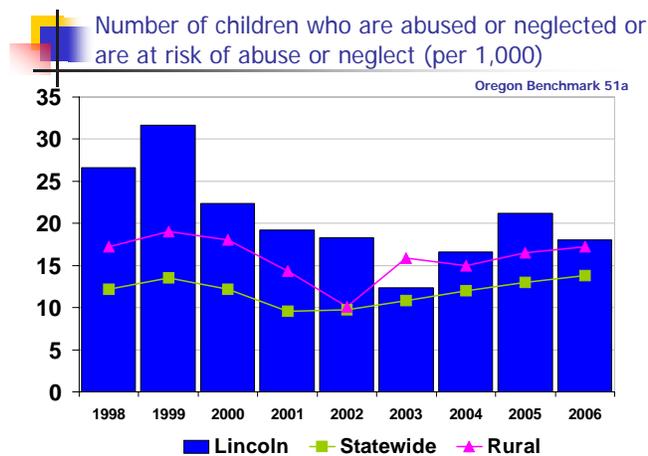
3. Infant/Child Health

Low Birth Rate (OVS)



Significant decline in LBW from 2004

Number of Children Abused or Neglected (or at risk of being abused or neglected) (per 1,000)



Source: Oregon Department of Human Services, CAF Program Performance and Reporting Research Unit

45

186 children are the victim of child abuse/neglect – which is 21.2 per 1,000. Child abuse rates per year:

2002: 18.3

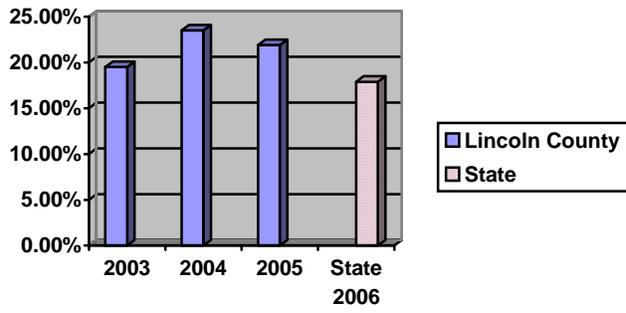
2003: 12.4

2004: 16.6

2005: 21.2

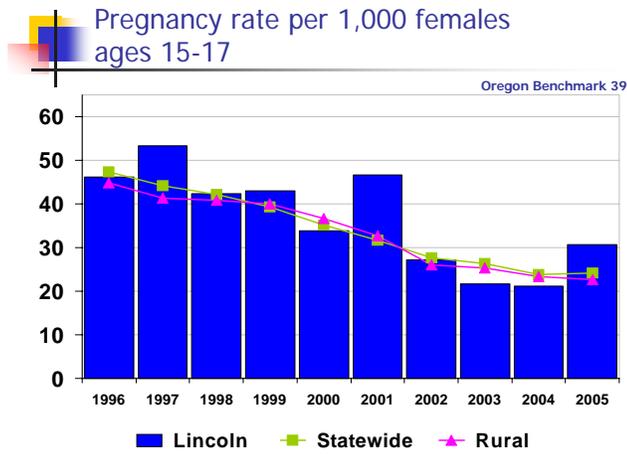
2006: 18

Childhood Poverty (Children's First for Oregon 2005 (CFO))



4. Adolescent Health

Teen Pregnancy Rate per 1,000 (OVS) – 15 to 17 year olds



Source: Oregon DHS, Center for Health Statistics, Oregon Vital Statistics Annual Report. Population estimates by Portland State University Population Research Center 34

Teen rates per 1,000 females 15-17 years old are reported as:

2002: 27.2

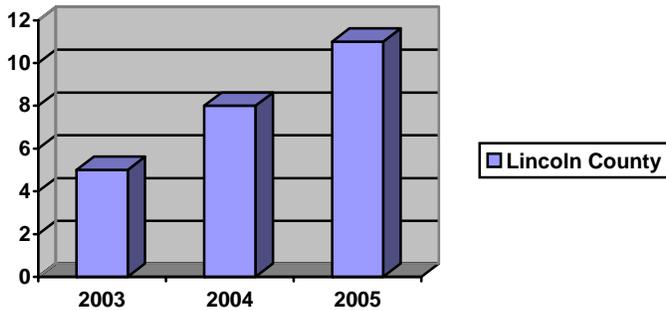
2003: 21.6

2004: 21.2

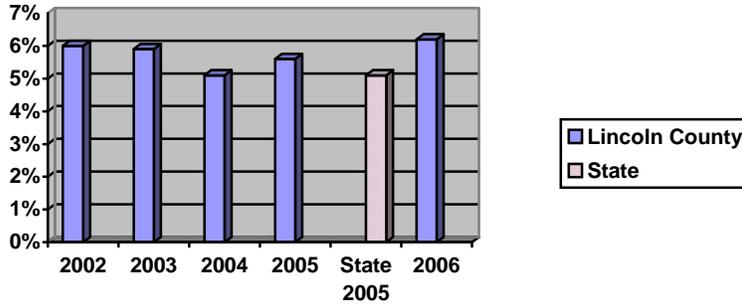
2005: 30.6

Significant increase in teen pregnancy rate.

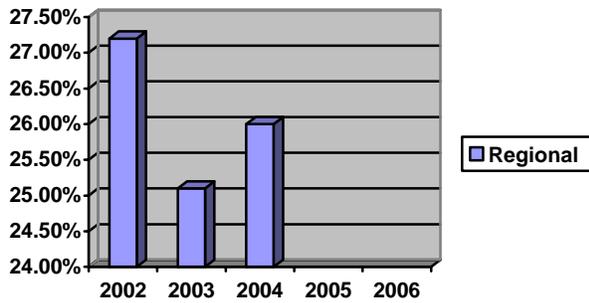
Number of Suicide Attempts 0-17 years old (CFO)



High School Drop Out Rate (CFO)



Alcohol Use (8th Graders Who Reported Use Within Last 30 days)



Statistics from Oregon Healthy Teen

Tobacco

- Year 2000 regional data showed 21.8% of 8th grade students reported cigarette use in the previous 30 days. No current data available. (Oregon Progress Board)
- Lincoln County School began participation in the Oregon Healthy Teen survey in 2006. Data regarding substance abuse was obtained through Juvenile Department and local school district survey. This local survey is not comparable to statewide data, in that it does not survey the same age ranges.

High School survey findings for 2005 10th graders

- 21% of students reported smoking cigarettes during the last 30 days.
- 36.5% of students reported having at least one drink of alcohol during the last 30 days.
- 22.6% indicated they had five or more drinks of alcohol in a row.
- 25.7% reported that they smoked marijuana during the last 30 days.
- While marijuana use has slightly increased overall since 2002, the district showed some improvement between 2003-2004. 10.4% of students in 2002 indicated having smoked marijuana at least one or more times in the previous 30 days compared to 15.6% in 2003 and 12.7% in 2004.
- Use of inhalants has increased substantially. 15.5% of students in 2004 indicate they sniffed glue, breathed the contents of aerosol spray cans, or inhaled any paints or sprays to get high during the previous 30 days compared to 5% in 2002 and 14.2% in 2003.
- 120% increase in the number of students who are unaware that help is available to them at school. In 2004, 58% of students either did not know or did not think their school provided, a counselor, or other person was available to discuss their problems with alcohol, tobacco or other drugs compared to 26% in 2002.
- Lincoln County ranks 36/36 on the Oregon Progress Board Public Safety Index. This index takes into account overall crime and juvenile arrests. (Oregon Progress Board 2005)

5. Oral Health

- 6 out of 10 Oregon children suffer from tooth decay (Oregon Smile Survey 2002 OSS).
- One in four Oregon children has untreated tooth decay (OSS-02).
- Primary reason for children not going to the dentist was “cost” (OSS-02).
- 41% of the population does not have dental insurance compared to 31.5% statewide (Oregon NGA Oral Health Team, March, 2001).

6. Behavioral Health/Substance Abuse

- Department produces a biennial behavioral health plan.

7. Chronic Health Conditions/Death Rates

- There are 3,879 people in Lincoln County who are older than 75, an age cohort most likely to experience chronic illness.
 - 8.6% of Lincoln County is over age 75, compared to the State rate at 6.4%.
 - 11% of Lincoln County Residents are obese.
 - 20% meet recommended physical activity levels.
 - 22% use tobacco.
 - 26% have hypertension.
 - 24% have high cholesterol.
- (Behavioral Risk Factor Surveillance System)

CANCER

- Leading cause of death in Lincoln County (OVS-05).
- Death rate is 139/100,000.

DIABETES

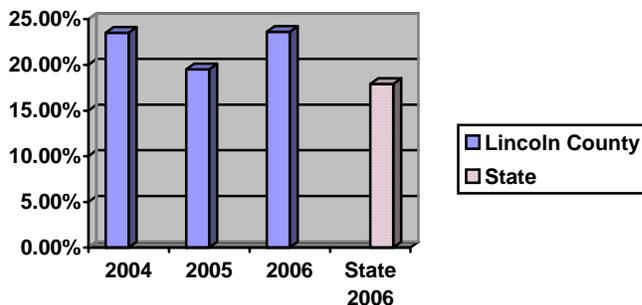
- Eighth leading cause of death.
- Death rate is 14/100,000

HEART DISEASE

- Second leading cause of death.
- Death rate 122/100,000.

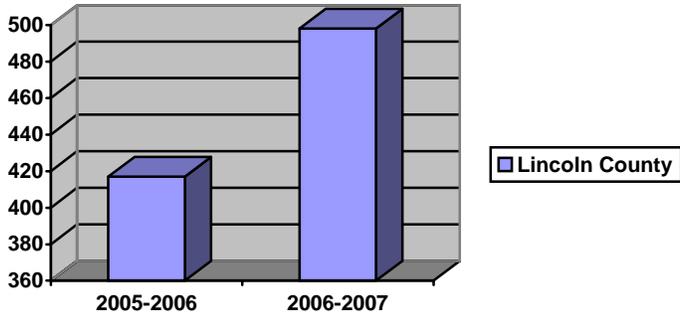
8. Poverty, Family Finance, Insurance

Childhood Poverty Rate (CFO)



51% of public school children are eligible for free and reduced lunches while the state rate is at 42.6%.

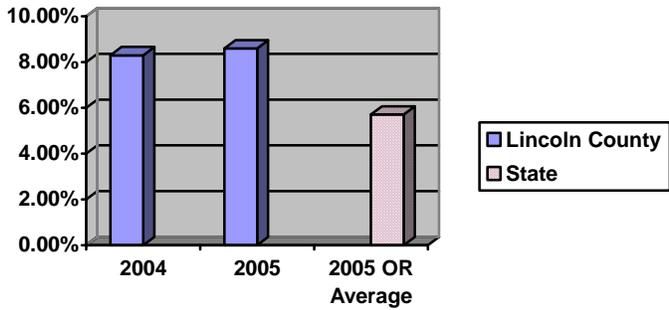
Homeless Children (Lincoln County School District (LCSD))



Family Finances and Stability (CFO)

- \$48,200 is the median family income, which is 22% lower than the state median of \$58,900.

Unemployment Rate





LINCOLN COUNTY

PUBLIC HEALTH

COMPREHENSIVE PLAN 2008 - 2011

III. ACTION PLAN

A. EPIDEMIOLOGY AND CONTROL OF PREVENTABLE DISEASES AND DISORDERS

Current Situation

During FY 2005/2006, Lincoln County Health and Human Services investigated 337 reports of communicable disease as follows:

Animal Bites: 52
Campylobacter: 8
Chlamydia: 107
Giardiasis: 8
Gonorrhea: 13
Hepatitis A: 2
Hepatitis B: 1 (acute); 3 (chronic)
Hepatitis C (chronic): 126
PID: 11
Salmonellosis: 3

On Call:

Lincoln County Health and Human Services (LCHHS) maintains a 24/7 on call system through our local 911 system. Our on-call team consists of nurses and EH specialists, most of whom have completed CD 101 and 303. Those who have not (2) are new staff members. Contact is available with DHS 24/7 for consultation and guidance on communicable disease response and treatment. This assistance has been very helpful.

Case Investigation:

Case and contact investigation, as well as treatment and input into the CD database (or faxing of case report forms), are initiated within the specified time frames outlined in the Investigative Guidelines. Disease type and incidence are logged for statistical purposes. In addition, cases reported to public health are reviewed with staff and our County Health Officer at our bi-monthly CD meeting.

Epidemiology and Control of Preventable Diseases and Disorders (continued)

Surveillance:

An Active Surveillance Plan for Public Health is in place at LCHHS to gather data about the numbers of people injured or ill following a large-scale outbreak or disaster. Monthly statistics are reported from DHS to LCHHS on county disease incidence and reporting compliance. In addition, LCHHS assisted with the development of an Influenza Like Illness (ILI) Log (surveillance tool) that both local hospitals in the county are using to detect and track influenza and influenza-like illness incidence.

Immunizations and Flu:

Immunizations are available for children and adults at LCHHS (e.g., required and recommended childhood immunizations, children and adults at risk for Hepatitis A/B, HPV). Rabies vaccine is available through DHS. Treatment can be given locally. LCHHS continues to partner with the Retired Senior Volunteer Program (RSVP) to provide flu and pneumonia shots throughout the county.

Education:

Educational materials are routinely obtained through DHS and the CDC to help provide information and guidance to clients, local health care providers and the media. Blast fax and e-mail are used to disseminate information in a timely manner. These resources provide templates for letters to be used in the case of an outbreak.

Alert:

The Oregon Alert System, used to communicate emergency information with designated in-house staff has not been very successful. It is confusing and staff members have difficulty remembering PIN numbers. Interest and response has waned.

Epidemiology and Control of Preventable Diseases and Disorders (continued)

Goal I - Meet statutory requirements for disease reporting and response.

OBJECTIVE	ACTIVITY	OUTCOME	OUTCOME MEASURE	PROGRESS NOTE
Receive, evaluate and respond to urgent disease reports 24/7. Ongoing.	Maintain 24/7 on-call schedule for trained CD and on-call staff.	Monthly On-Call calendar developed.	Calendar published.	
	Continue to train new CD nurses and on-call staff via CD 101, 303 and in-house training.	Schedule training per state schedule	Document employee training in personnel file.	
	State testing of after-hours on-call system.	Document results of state after-hours testing.	Meets state requirement of 30-minute response time @ 90%.	

Goal II – Complete and submit CD investigation documentation within mandated timelines.

OBJECTIVE	ACTIVITY	OUTCOME	OUTCOME MEASURE	PROGRESS NOTE
Comply with Investigative Guidelines for timelines. Ongoing.	All CD staff will be trained on how to use the Investigative Guidelines within two months of hire.	Document staff training within two months of hire.	Meet performance timelines for investigation and submission of forms to DHS/ACD>90% of the time.	
	10% of charts will be randomly chosen for review re: compliance.	Develop and document quarterly chart review.	Chart review demonstrates >90% compliance.	

Epidemiology and control of Preventable Diseases and Disorders (continued)

Goal III – Continue to test current communication abilities.

OBJECTIVE	ACTIVITY	OUTCOME	OUTCOME MEASURE	PROGRESS NOTE
<p>Establish baseline response rate.</p>	<p>Utilize blast-fax and e-mail communication to test communication ability with local hospitals, EMS, fire, law enforcement, infection control practitioners, and healthcare providers.</p> <p>Identify areas of improvement.</p> <p>Develop letter emphasizing importance of successful communication for dissemination of important information and/or information related to an outbreak or emergency by 12/30/08</p> <p>.</p>	<p>Tabulate outcome of communications testing</p> <p>Letter sent to all partners.</p>	<p>Successful response rate > 90%.</p> <p>Response rate improves after receipt of letter.</p>	

B. PARENT AND CHILD HEALTH

Current Situation Prenatal Tobacco Use

Lincoln County's pregnant women's use of tobacco is eighth (8th) highest in the state. Not only does this lead to problems before and after birth but also leads to chronic health conditions throughout the mother's life and may lead the unborn baby to smoke as the child ages.

Goal I – Decrease smoking among the pregnant women receiving Maternity Case Management Services

OBJECTIVE	ACTIVITY	OUTCOME	OUTCOME MEASURE	PROGRESS NOTE
<p>A. Establish baseline smoking data for MCH clients by 6/30/08.</p>	<ul style="list-style-type: none"> ▪ Determine if state ORCHIDS data system can collect baseline smoking data for MCM women. (1/31/08) ▪ Collect and pool MCM data sheets for pregnant women who smoke. (1/1/08) ▪ Flag and collect post partum data information on post partum women and smoking. (6/30/08) 	<ul style="list-style-type: none"> ▪ System in place for data collection. 	<ul style="list-style-type: none"> ▪ Baseline data collected. 	
<p>B. Collect and compare data by 5/30/09.</p>	<ul style="list-style-type: none"> ▪ Collect the following data: <ul style="list-style-type: none"> - MCM women who smoke - Smoking level at delivery - Teaching on cessation and 5 A's intervention. (1/1/08; 5/1/09) 	<ul style="list-style-type: none"> ▪ Data collected. 	<ul style="list-style-type: none"> ▪ Comparative data available from Vital Statistics (2007). Did smoking decrease with MCM women receiving individual coaching and/or 5 A's? 	

Parent and Child Health

Goal I Continued – Decrease smoking among the pregnant women receiving Maternity Case Management Services (MCM)

OBJECTIVE	ACTIVITY	OUTCOME	OUTCOME MEASURES	PROGRESS NOTE
<p>C. Explore alternative cessation programs for pregnant women by 1/30/10</p> <p>D. Determine effectiveness of MCH smoking cessation interventions by 12/01/09.</p>	<p>Meet with Lane County to discuss their cessation program.</p> <ul style="list-style-type: none"> ▪ Analyze data ▪ Make recommendations regarding cessation interventions. ▪ Plan, organize, and implement alternative cessation program/activities to increase cessation among MCM pregnant women. Use Lane County model. Alternative cessation activities in place by 6/30/2010. 	<p>Document meeting.</p> <ul style="list-style-type: none"> ▪ Measure and report decrease in smoking at time of delivery of MCM women. ▪ Report effectiveness of MCM cessation interventions. 	<p>Determine if program can be replicated in Lincoln County.</p> <p>Smoking among MCM women served will decrease by 5%</p> <p>Demonstrate ongoing decrease in smoking with changes in interventions.</p>	

PARENT AND CHILD HEALTH

Current Situation Breastfeeding Rates

We do not have current accurate data on breastfeeding rates for women that we provide services to in Lincoln County.

Goal II – Establish system for collecting six-month post-partum breastfeeding rates for women served by MCH programs.

OBJECTIVE	ACTIVITY	OUTCOME	OUTCOME MEASURES	PROGRESS NOTE
A. Identify MCH pregnant women who state they plan to breastfeed. (5/1/08)	Data collection system implemented. (1-1-08)	Baseline data established.	Report data.	
B. Identify postpartum MCH women who begin breastfeeding. (5/1/08)	Develop and implement chart flagging system. (1-1-08)	Baseline postpartum initiation of breastfeeding data established.	Report baseline.	
C. Identify MCM breastfeeding rate at six months postpartum. (5/1/08)	Develop and implement chart flagging system. (1/1/08)	Baseline six month postpartum breastfeeding data established.	Report baseline.	
D. Determine if state OCCHIDS system can collect all breastfeeding data. (5/1/08)	Revise data collection system to include state data collected.	Improved, efficient data collection using state system.	Maintain or change data collection system.	

Parent and Child Health (continued)

Goal III – Improve six-month breastfeeding rates among MCM women.

OBJECTIVE	ACTIVITY	OUTCOME	OUTCOME MEASURES	PROGRESS NOTE
<p>A. Determine actual breastfeeding rate at six months for MCM women. (5/1/09 and 5/1/10)</p> <p>B. Establish baseline data for individual breastfeeding teaching, breastfeeding assistance and lactation counseling. (5/1/09 and 5/1/10)</p>	<ul style="list-style-type: none"> ▪ Breastfeeding data collected routinely through determined system. ▪ Compile data collected. ▪ Determine breastfeeding rate. ▪ Compile data 	<ul style="list-style-type: none"> ▪ Baseline data established. ▪ Breastfeeding rate determined. ▪ Analyze data to determine effectiveness of interventions. ▪ Make recommendations regarding most successful interventions and/or new strategies needed. 	<ul style="list-style-type: none"> ▪ Report six month breastfeeding rate and compare to previous rates. ▪ Analyze changes. ▪ Define most effective interventions. ▪ Continue or implement best practice strategies. 	

PARENT AND CHILD HEALTH

Current Situation – Behavioral Health

Families visited through our MCH Home Visiting programs often have behavioral health issues from simple to complex. A Behavioral Health professional assigned to the home visit program would enhance services and improve family outcomes.

Goal IV – Integrate behavioral health services into the Maternal Child Health Program.

OBJECTIVE	ACTIVITY	OUTCOME	OUTCOME MEASURES	PROGRESS NOTE
<p>A. Develop and implement Behavioral Health home visiting services for MCH programs by 5/1/08.</p> <p>B. Improve home visitors knowledge regarding behavioral health issues in MCH families through in-services.</p>	<ul style="list-style-type: none"> ▪ Hire BH counselor .5 FTE for MCH home visiting. ▪ BH counselor meets with home visit staff to develop system of services including: <ul style="list-style-type: none"> - referrals - follow-up - data collection ▪ Document number of BH visits. (5/1/08 through 5/1/10) ▪ Provide Behavioral Health in-service to home visitors on topic chosen by staff. (Annually through 2010) 	<ul style="list-style-type: none"> ▪ BH home visit services provided. ▪ BH home visit system developed and implemented. ▪ Data collected and reported. (5/1/08 through 5/1/10) ▪ Document trainings. 	<ul style="list-style-type: none"> ▪ Report numbers served and most prevalent BH issues. ▪ Increased BH home visits to MCH population. <p>Staff self assessment indicates improved knowledge.</p>	

Goal IV continued

OBJECTIVE	ACTIVITY	OUTCOME	OUTCOME MEASURES	PROGRESS NOTE
<p>Revise behavioral health home visit services as needed after data review and team discussions. (Annually 6/1/08-6/1/10)</p>	<ul style="list-style-type: none"> ▪ Schedule MCH/BH team meeting(s) to: <ul style="list-style-type: none"> - review data - review training - review system - recommend program revisions. 	<p>Document program changes and implementation dates</p>	<ul style="list-style-type: none"> ▪ Continue or change BH home visit services. 	

PARENT AND CHILD HEALTH – FAMILY PLANNING

Current Situation Family Planning Services

Family Planning Program provides well woman exams, birth control counseling and a variety of birth control methods – non-hormonal and hormonal. Education is provided regarding wellness and disease prevention including breast self-exam, good nutrition, and sexually transmitted diseases. Pregnancy testing is also provided with options counseling, referral for prenatal care, and access to Oregon Health Plan or CAWEN as appropriate.

Our services are provided by medical and nursing personnel in two primary care clinics and four School-Based Health Center clinics. Two outreach clinics, based near two high schools, provide access to birth control methods for teenage patients.

Target populations are Women In Need (WIN) – our clinics provide services to 85.9% of Lincoln County’s WIN; number of WIN in our service area as of 2006 statistics – 1,981. In 2006 we served 1,740 patients; 26.1% of the teen population was served.

Goal I – Assure continued high quality clinical family planning and related preventive health services to improve overall individual and community health.

OBJECTIVE	ACTIVITY	OUTCOME	OUTCOME MEASURE	PROGRESS NOTE
<p>A. Implement the Breast and Cervical Cancer Program by 2/1/08.</p>	<ul style="list-style-type: none"> ▪ Participate in state program training. ▪ Educate providers and nursing personnel regarding BCCP availability. ▪ Accept patients and complete application and services in timely manner. <p>Monitor patient application and usage of program.</p>	<ul style="list-style-type: none"> ▪ Document state training. ▪ Develop staff training. ▪ Report number of patients referred to BCCP versus number of patients eligible for BCCP. ▪ Report number of applications/services provided in timely manner versus not timely. 	<ul style="list-style-type: none"> ▪ Programs implemented. ▪ Document staff training and number attending. ▪ 95% of eligible patients will be referred to BCCP. ▪ 95% of service will be received in a per state protocol manner. 	

Parent and Child Health: Goal I Continued

OBJECTIVE	ACTIVITY	OUTCOME	OUTCOME MEASURE	PROGRESS NOTE
B. Decrease teen pregnancy rate.	<ul style="list-style-type: none"> ▪ Institute outreach to teens at Taft High School for birth control supplies. ▪ Offer health teachers birth control lecture services at all high schools. ▪ Support public health advisory committee's teen reproductive health initiatives. 	<p>Decrease number of pregnant teens from 21.</p> <p>CHIP Comprehensive Adolescent Reproductive Health Plan.</p>	<p>Teen pregnancy rate decreased by 5% each year as measured by OVS.</p> <p>Implementation of continuum of teen pregnancy prevention strategies.</p>	
C. Offer HPV vaccine to eligible female patients.	<ul style="list-style-type: none"> ▪ Educate providers regarding vaccine availability via VFC and 317 state program provisions and Merck patient assistance program. ▪ Monitor documentation of HPV vaccine offered. ▪ SBHC usage/delivery of HPV vaccine. 	<p>Develop provider training.</p> <p>Audit charts for documentation.</p> <p>Report number of immunizations given through SBHC's.</p>	<p>Document training data and number attending.</p> <p>85% of eligible patients will be given HPV vaccine.</p> <p>90% of eligible patients will have documentation of vaccine offered in medical record.</p>	

Parent and Child Health Continued

Goal 2 – Assure ongoing access to a broad range of effective family planning methods and related health services.

OBJECTIVE	ACTIVITY	OUTCOME	OUTCOME MEASURE	PROGRESS NOTE
<p>A. Educate new staff and continuing staff regarding family planning program and methods.</p>	<ul style="list-style-type: none"> ▪ Provide educational opportunity at staff meetings. ▪ Provide list of available products to providers. ▪ Provide ongoing method updates. 	<ul style="list-style-type: none"> ▪ Develop staff trainings. ▪ Audit charts for documentation of family planning methods. ▪ Audit charts/billing for eligible number of patient visits included in family planning program. 	<ul style="list-style-type: none"> ▪ Document staff trainings and number attending. ▪ 95% documentation. ▪ 98% eligible patients included. 	

Parent and Child Health - Goal 2 Continued

OBJECTIVE	ACTIVITY	OUTCOME	OUTCOME MEASURE	PROGRESS NOTE
<p>B. Maintain access to family planning methods.</p>	<p>Educate staff regarding birth control methods available in clinic setting.</p> <p>Educate staff regarding birth control methods available in community setting via prescription.</p> <p>Educate high school students via methods classes.</p>	<p>Birth control products are offered to patients.</p> <p>Audit charts for birth control product delivery to patients.</p> <p>Document number of family planning patients served and compare with previous 3 years.</p>	<p>98% family planning patients receive birth control products.</p> <p>Data shows increase in numbers served</p>	

PARENT AND CHILD HEALTH – IMMUNIZATIONS

Current Situation

Immunizations for infants, children, adolescents and adults are provided in the Newport and Lincoln City Public Health clinics. Also under the umbrella of Lincoln County Health and Human Services, immunizations are provided by our Federally Qualified Health Centers (our delegate agencies) via their primary care sites in Newport, Lincoln City, and four school-based health centers. Clients are able to access immunizations through both appointments and drop-in clinics. Immunization forecasting is done for each child receiving Public Health, WIC or primary care services. When needed, referrals are made to local providers, as well as other county health departments. Improving immunization rates is an ongoing goal of this program.

Plan A - Continuous Quality Improvement: DTAP4

Year 1: July 2007 – June 2008				
OBJECTIVE	ACTIVITY	OUTCOME	OUTCOME MEASURE	PROGRESS NOTE
A. Continue to monitor DTAP 4 rates for improvement.	<ul style="list-style-type: none"> ▪ Educate staff on current rate and discuss ideas for improving. ▪ Educate staff about missed opportunities and missed shots. 	<ul style="list-style-type: none"> ▪ Compare 2006 data to 2007 for DTAP4 @24 months. ▪ Compare missed shots rates 2006 to 2007. 	Improved DTAP4 rate.	

¹ **Outcome Measure(s) Results** – please report on the specific Outcome Measure(s) in this table.

² **Progress Notes** – please include information about the successes and challenges in completing the Methods/Tasks, any information that will help us better understand your progress, and any assistance from DHS that would have helped or will help met these objectives in the future.

Parent and Child Health – Immunizations Continued

Goal I – Increase DTAP 4 up-to-date rates.

Year 2: July 2008 – June 2009				
OBJECTIVE	ACTIVITY	OUTCOME	OUTCOME MEASURE	PROGRESS NOTE
A. Continue strategies from 2007 and increase DTAP 4 rate by 6% over the next 3 years.	<ul style="list-style-type: none"> ▪ Educate staff on current rate (53%) and discuss ideas for improving. ▪ Educate staff about missed opportunities and missed shots. 	<ul style="list-style-type: none"> ▪ Demonstrate progressive improvement over next 3 years. 	<ul style="list-style-type: none"> ▪ Determine % improvement annually 	

Parent and Child Health – Immunizations Continued

Goal II – Increase up-to-date rates for two-year olds

Year 2: July 2008 – June 2009				
OBJECTIVE	ACTIVITY	OUTCOME	OUTCOME MEASURE	PROGRESS NOTE
<p>A. Continue strategies from July 2008 – June 2009 and up-to-date immunization rate for two-year olds will be 90% at 2010.</p>	<ul style="list-style-type: none"> ▪ Use Oregon State Public Health Division 2006 data (58%) as the basis for projected change. ▪ Remind parents via phone of immunization visit. Encourage that all siblings be brought in. ▪ Forecast every child via ALERT and IRIS (PH and WIC clients). ▪ Refer to PCP or make appointment with PH. ▪ Give all shots that are needed (unless contraindications). ▪ Make appointment for shots that cannot be given that day (i.e., due to spacing). ▪ Write on immunization record when next immunization due. 	<ul style="list-style-type: none"> ▪ Demonstrate progressive improvement over next 3 years. ▪ Document percentage change. ▪ Train support staff and WIC staff how to facilitate bringing children up-to-date. ▪ Complete written procedure 	<ul style="list-style-type: none"> ▪ Show percent improvement. 	

Parent and Child Health – Immunizations Continued

Goal III – Plan B - Chosen Focus Area: Developing and Maintaining Coalitions

Year 1: July 2007 – June 2008				
OBJECTIVE	ACTIVITY	OUTCOME	OUTCOME MEASURE	PROGRESS NOTE
A. Continue to provide two opportunities a year for immunization coalition meetings.	<ul style="list-style-type: none"> ▪ Once a year provide a training or educational update opportunity. ▪ One time a year plan a review of Immunization law, exclusion procedure etc. 	<ul style="list-style-type: none"> ▪ Document meetings provided and track those attending. 	Improved immunization rates.	.

Year 2: July 2008 – June 2009				
OBJECTIVE	ACTIVITY	OUTCOME	OUTCOME MEASURE	PROGRESS NOTE
A. Continue to provide two opportunities a year for immunization coalition meetings.	<ul style="list-style-type: none"> ▪ Once a year provide a training or educational update opportunity. ▪ One time a year plan a review of Immunization law, exclusion procedure etc. 	<ul style="list-style-type: none"> ▪ Document meetings provided and track those attending. 	Improved Immunization rates.	To be completed for the FY 2009 Report.

Parent and Child Health – Immunizations Continued

Goal III – Plan B - Chosen Focus Area: Developing and Maintaining Coalitions

Year 3: July 2009 – June 2010				
OBJECTIVE	ACTIVITY	OUTCOME	OUTCOME MEASURE	PROGRESS NOTE
Continue to provide two opportunities a year for immunization coalition meetings.	Once a year provide a training or educational update opportunity. One time a year plan a review of Immunization law, exclusion procedure etc.	<ul style="list-style-type: none"> ▪ Document meetings provided and track those attending. 	Improved immunization rates.	

Goal IV – Increase child and adolescent immunizations annually 2008 through 2011.

OBJECTIVE	ACTIVITY	OUTCOME	OUTCOME MEASURE	PROGRESS NOTE
Partner with the SBHC's to promote child and adolescent immunizations.	LCHHS and the SBHC's will partner on two activities per year.	Document activities and dates.	Show number or percentage increase in immunizations.	

Goal V – Utilize media to promote immunizations.

OBJECTIVE	ACTIVITY	OUTCOME	OUTCOME MEASURE	PROGRESS NOTE
Promote immunizations via local radio talk shows.	Schedule radio talk shows in August and February annually 2008 through 2011.	Report radio talk show dates.	Show changes in immunization numbers and rates.	

C. ENVIRONMENTAL HEALTH

Current Situation

In addition to the Drinking Water Program (http://www.lincolncountyhealth.com/EH/drinking_water.htm) , over 600 facilities are licensed annually plus about 200 more facilities are inspected. To do this work staff consists of:

- 1 - Environmental Health Specialist (EHS) working manager
- 2 - Environmental Health Specialist (EHS) trainees
- 2 - .5 Support Staff

One EHS is a Standardized Inspection Officer. Basic Food Handler Training is provided to the community on a regular basis. The class is taught in both English and Spanish. Enforcement of the Indoor Clean Air Act is currently provided by EH staff. Inspections are completed using the state Phoenix computer program which continues to have many time consuming problems. The EH program seeks to expand educational training for food service managers as well as pool operators.

Environmental Health

Goal I – Expand educational opportunities for Food Service Managers and Pool Operators

OBJECTIVE	ACTIVITY	OUTCOME	OUTCOME MEASURE	PROGRESS NOTE
A. By July 1, 2008 provide Pool Operator Training as part of routine inspections.	<ul style="list-style-type: none"> ▪ Develop curriculum ▪ Implement training 	<ul style="list-style-type: none"> ▪ Document number of pool inspections and number receiving new training. 	<ul style="list-style-type: none"> ▪ 90% of pool inspections will include training of operator. ▪ 	

Environmental Health

Goal I continued

OBJECTIVE	ACTIVITY	OUTCOME	OUTCOME MEASURE	PROGRESS NOTE
B. By July 1, 2009 provide enhanced training and education for Food Service Managers and Operators.	<ul style="list-style-type: none"> ▪ Develop an annual newsletter discussing current issues in food service. ▪ Develop and implement Food Handler Training for Food Service Managers. 	<ul style="list-style-type: none"> ▪ All licensed food establishments will receive annual newsletter. <p>Two trainings will be offered annually.</p>	<ul style="list-style-type: none"> ▪ 100% of licensed establishments will receive newsletter <p>Document date and number attending training.</p>	

http://www.lincolncountyhealth.com/EH/food_handler.htm

Goal II – All Environmental Health staff will become Standardized Inspection Officers.

OBJECTIVE	ACTIVITY	OUTCOME	OUTCOME MEASURE	PROGRESS NOTE
Train one EHS per year in standardization beginning in 2009.	Plan and schedule standardization training each year with state EH staff.	By 2010 two EHS will complete training and pass the test for standardization.	Document EHS staff training and successful completion of test.	

Environmental Health

Goal III – Increase the number of bars going smoke-free before 2009 requirement.

OBJECTIVE	ACTIVITY	OUTCOME	OUTCOME MEASURE	PROGRESS NOTE
<p>Promote statewide Why Wait campaign. (7/1/08)</p>	<ul style="list-style-type: none"> ▪ Obtain Why Wait material from State Tobacco Program. ▪ In coordination with local tobacco control educators, plan and implement staff training. ▪ Define and deliver educational information for bar operators at EH inspections which promote the Why Wait campaign. ▪ Promote Oregon Quit Line. 	<ul style="list-style-type: none"> ▪ Document materials, training, and EH staff procedure on inspections. 	<ul style="list-style-type: none"> ▪ 10% of inspected local bars will go smoke free before 2009. 	

D. HEALTH STATISTICS

Current Conditions:

Lincoln County Health and Human Services Vital Statistics receives all Lincoln County birth certificates from the local hospitals and midwives. When certificates are received, the deputy registrar reviews them for accuracy. If errors are detected, the agency is contacted to send an Affidavit to Correct via the fax. Once the correction is complete, the document is then recorded and mailed to Oregon Vital Statistics as soon as possible. An informational copy of the birth certificate is given to maternal and child health programs to determine qualification for follow-up programs within Lincoln County. Letters are sent to birth parents giving information on how to obtain a certified copy of their baby's birth certificate. The Lincoln County Deputy Registrar is allowed to issue certified copies of birth certificates up to 6 months after the event. Requests made after that time are referred to Oregon Vital Statistics.

Lincoln County Health and Human Services Vital Statistics also receives all Lincoln County abstracts of death from funeral homes retained by the decedent's family. Once the funeral directors and medical certifiers or examiners sign the Death Certificates, the certificate is then sent to the deputy registrar either by the new death registry system or physically. The deputy registrar then reviews the death certificate for accuracy. If there are any corrections to be made, the funeral home is notified to send an affidavit to correct. Once the corrections are made the death certificate is recorded and available to be issued to those qualified to receive. If the death certificate has been "dropped to paper" rather than entered into the online death registry system, the certificate must be sent to Oregon Vital Statistics as soon as possible. The Lincoln County Deputy Registrar is allowed to issue certified copies of death certificates up to 6 months after the event. Requests after that time are referred to Oregon Vital Statistics.

Health Statistics

Goal: Complete all birth and death certificates as required by law.

OBJECTIVE	ACTIVITY	OUTCOME	OUTCOME MEASURE	PROGRESS NOTE
Maintain adequate staff to complete birth and death records as required by State.	Train backup staff to complete requirements when regular staff unavailable, by 6/1/2008	Training developed	Date and number of staff trained.	
Birth and Death Certificates will be 100% accurate when sent to State.	Review areas of Certificates that can be corrected by hospitals, funeral directors and/or deputy registrar as received and make appropriate corrections.	No certificates returned by State Vital Records to be corrected.	100% Accuracy	
Complete all Birth and Death Certificates in a timely manner.	Review Certificates 3 times a week as received to record and send to State.	Certificates completed within a reasonable amount of time.	100% Meet timeline.	

E. INFORMATION AND REFERRAL

Current Situation: Lincoln County Health and Human Services produces a department brochure of services, which is also posted on the website. Time-limited information is added to the website on such topics as Flu Clinics and any communicable disease outbreak. Public health programs develop additional resources and referral information for their clients.

Goal: Provide clients and the community with current information about Public Health and other Human Services Department programs and service.

OBJECTIVE	ACTIVITY	OUTCOME	OUTCOME MEASURE	PROGRESS NOTE
<p>Maintain Human Services brochure and website. http://www.lincolncountyhealth.com</p> <p>Develop and maintain additional resource and referral information for clients and community. Ongoing.</p>	<p>Update brochure annually.</p> <p>Update website as needed.</p> <p>Add to existing resource information</p> <p>Continue needs assessment, referral and assistance with access for those clients receiving services especially in case management programs of Ryan White and Maternity Case Management.</p>	<p>Current HSD brochure for clients and community.</p> <p>Current LCHHSD website. http://www.lincoln.k12.or.us</p> <p>New and revised resource information for clients and community.</p> <p>Staff continues to build resource information, make referrals, and case management clients.</p>	<p>Document annual update.</p> <p>Document updates to website.</p> <p>Document resource information</p> <p>Document case management services.</p>	



LINCOLN COUNTY

PUBLIC HEALTH

COMPREHENSIVE PLAN 2008 - 2011

IV. ADDITIONAL REQUIREMENTS

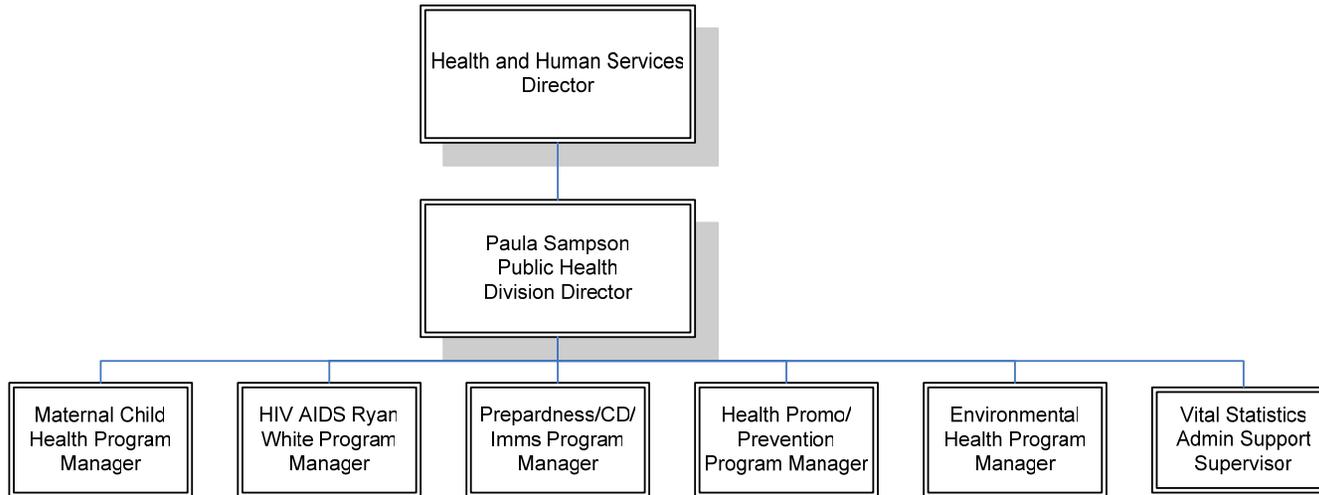
SB 555

Effective July 1, 2007, the Lincoln County Commission on Children and Families (LCCF) moved from Lincoln County Health and Human Services to become a separate county department. Coordination for the children 0-18 comprehensive plan occurs on many levels with public health. The Director of LCCF and the Public Health Division Director both sit on the local Early Childhood Coordination Council, which is Advisory to the Commission on Children 0-8 with the primary focus on 0-5. The LCCF Director attends and has applied for membership on the Public Health Advisory Committee. Two managers for Human Services have been recommended for LCCF membership when they add new members, the School Based Health Center Program Manager as well as the Maternal Child Health Program Manager.

Organizational Chart

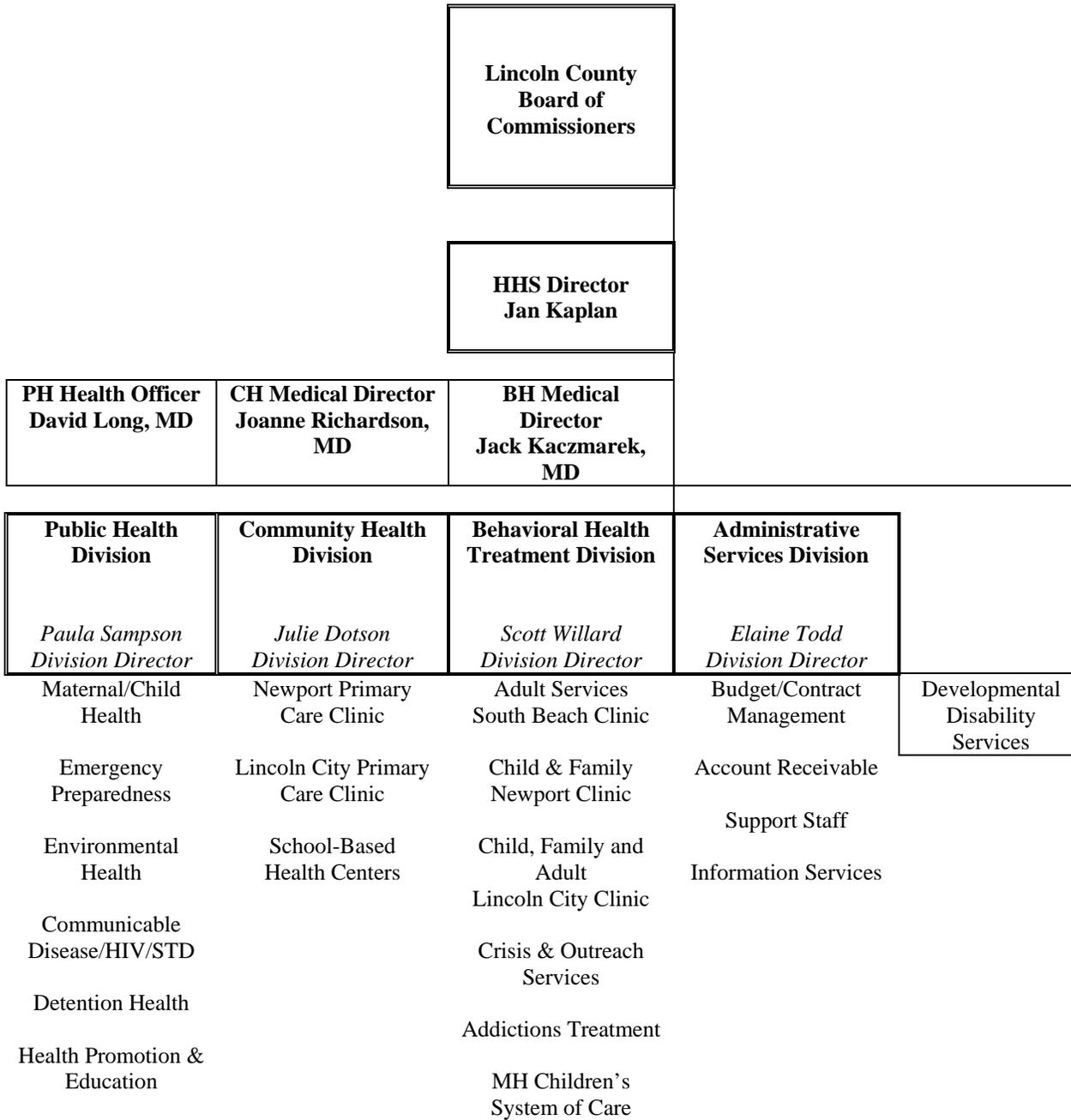
Following is the local Public Health Organizational Chart.

Lincoln County Health and Human Services Public Health Division Organizational Chart



Updated in December 2007

Department Organizational Chart



Updated in December 2007



LINCOLN COUNTY

PUBLIC HEALTH

COMPREHENSIVE PLAN 2008 - 2011

V. UNMET NEEDS

Comprehensive Plan Unmet Needs 2008 - 2011

- Community wide approach to reduce obesity and promote healthy nutrition and exercise.
- Additional staffing for grant writing, health promotion and prevention, and Epidemiology.
- Reporting of Public Health statistics, data and trends to the public.
- Physician contact and information regarding public health data analysis and community planning.
- Public Agencies do not always have up-to-date information about program services.
- Preventative dental care for children.
- Increase services for seniors for dental care, disease education, prevention and disease management.
- Family planning outreach clinic in east area of county.
- Nutrition education beyond WIC and Diabetes programs.
- More bilingual staff.
- Refresher course for STARS.
- Implementation of Comprehensive Teen Pregnancy/Adolescent Health – Prevention Strategies.
- Maternity Case Management visits for nurse assessed risk beyond OHP determined number of visits.
- Ongoing parenting classes for ages 0-3 years.
- Increased BH services including A & D, as well as comprehensive tobacco cessation services to improve individual and community wellness.



LINCOLN COUNTY

PUBLIC HEALTH

COMPREHENSIVE PLAN 2008 - 2011

VI. BUDGET

Contact Information for
Lincoln County Health and Human Services Department Budget

Lincoln County Health & Human Services
36 SW Nye Street
Newport, OR 97365
541-265-6611 x2332
etodd@co.lincoln.or.us



LINCOLN COUNTY

PUBLIC HEALTH

COMPREHENSIVE PLAN 2008 - 2011

VII. MINIMUM STANDARDS

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.

Environmental Health

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 (Lincoln County Health Center) 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 (Lincoln County Health Center - LCHC).
83. Yes No ___ Immunizations are provided for infants, children, adolescents and adults either directly or by referral (LCHC).
84. Yes No ___ Comprehensive family planning services are provided directly or by referral (LCHC).
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 (LCHC).
86. Yes No ___ Child abuse prevention and treatment services are provided directly or by referral (LCHC).
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 (LCHC).
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 (LCHC).
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

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

A Master's degree from an accredited college or university in public health, health administration, public administration, behavioral, social or health science, or related field, plus two years of related experience.

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

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

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

AND

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

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

105. 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.

106. 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.