

Linn County Department of Health Services Public Health Programs



Annual Plan

2009-2010

I. Executive Summary **NEW**

The Linn County Department of Health Services, Public Health Program commits itself to the Health and well-being of all Linn county residents.

Linn County Department of health submitted a comprehensive plan for public health services for 2008-2009. The plan was approved and submitted in May 2008. During our recent triennial review in November 2008, the plan was reviewed and continues to form a basis for our current operation.

Since the comprehensive plan was submitted, Linn County has been funded for a tobacco prevention and education program. We began program objectives in October 2008, and have been working with our partners to address and eliminate tobacco use on hospital campuses', in multi-housing units, and with local school districts on their gold Standard tobacco plans. The program also geared up for work relating to the Indoor Clean-Air Act and Smoke-free workplace law.

Linn County Public Health provides the 5 basic services contained in statute. These include epidemiology and control of preventable diseases, parent child health services including family planning, environmental health services, and collection and reporting of health stats, and health information and referral.

During the recent county budget process, public health cuts were made and with the state budget still unsettled, it is not known how much deeper cuts will be to programs. Due to these budget short falls, we have looked to collaborative arrangements and regional service delivery particularly in 2 areas. Beginning in July 2009, Linn County will assume Benton County's HIV Case Management and support services. In addition, Linn County will surrender its HIV Outreach Into counseling and testing prevention funds to Benton County. These changes will benefit residents in both counties by continuing to provide the needed services with experienced staff.

The challenges facing our county continue to include:

- Increasing rates of sexually transmitted infections, insufficient capacity to address this. Chlamydia alone increased to over 300 cases in 2008.
- Lack of capacity to investigate increasing prevalence of communicable diseases. Whole of Linn County is our population – for nursing services there is a public health nurse to community resident ration of 1 to 8384.
- Growing senior population with related health care needs and the capacity to work with these issues.
- High rates of tobacco use among our pregnant women – 20% in Linn County compared to 12% for the state of Oregon. (These rates have remained high since 2000)

- Obesity rates for children and adults increasing.
- Increasing teen pregnancy rates. Increased from a low of 7.6% in 2007 to 10% in 2009.

On the positive side our WIC caseload continues to increase to over 103%. Our internal relationships among program areas has increased and strengthened during the past year. We continue to maintain a good working relationship with the board of county commissioners as they act as our Board of health. Recently, we oriented 4 new Health Advisory board members and have a slate of 8 Health Advisory Council members to help advice and bring forth topics for discussion and research. Their interest around chronic disease and tobacco issues will be focus areas for the coming year. We work well with the State Public health division and participate on many state level committees and groups.

I. Assessment **New**

The following indicators provide a description of the public health issues and needs in Linn County.

Geography

Linn County is in the center of the Willamette Valley with the Willamette River as its western boundary and the crest of the Cascades as its eastern boundary. The climate and soil conditions provide one of Oregon's most diversified agriculture areas, allowing a wide variety of specialty crops. The Willamette Valley leads the nation in the production of common and perennial ryegrass. Linn County is also the home to major producers of rare primary metals, processed food, manufactured homes and motor homes. Our primary economy is agriculture, forest products, rare metals, manufacturing and recreation. We cover 2,297 square miles and our annual precipitation is 42.55". Access to health care is affected by the location of our communities as they relate to the larger communities and health care.

Population

Linn County's population has grown 8.2% since the 2000 census. 5.9% of our residents speak a language other than English at home. 14.9% of our population is age 65 and over, compared to the statewide average of 12.5%. We are a predominantly white population, 94.9%. Our largest population center is Albany which is on the western edge of the county. There are 13 other incorporated areas in Linn County. \$53,100 is the median family income which is 10% lower than the state median. 3.07 per 1,000 filed for bankruptcy in 2007 which is a 32% increase since 2006. Subprime loans in our county account for 31.5% of all loans in our county.

Children

According to the 2008 Children First for Oregon report there are 22 indicators that are measured that define the status of children. Of those 22 indicators Linn County has 14 of them that are worse than the state average and 8 are better than the state average. Since last year we have improved in 8 of the indicators, 12 are worse than the previous year and 1 has stayed the same. Some of these are:

- 40.4% of our public school children are eligible to receive free/reduced price lunches;
- On average, 5,975 children eat free/reduced price lunches during the school year. While only 4757 children take advantage of it during the summer;
- 46% of the 671 children who are victims of child abuse are under the age of 6;
- 597 Children in the county have been in foster care at least once during the past year.
- 53.5% of eighth graders have not had a medical check-up or physical exam in the previous year;

- 67.5 % children ages 6-10 have experienced tooth decay and of those, 42.4% have untreated decay;
- We are worse at getting women into prenatal care than the state average and 6% worse than we were last year.
- We have over 4,000 children who are uninsured. 25% worse than the state rate;
- We have over 5800 children (ages 0-17) who live in poverty. This is 33% worse than the state rate.
- There are 3,614 students for every 1.0 FTE school nurse ; the preferred ratio is 750 students to 1.0 FTE nurse;
- 8.9% of eighth graders reported smoking cigarettes in the previous month; **AND**
- **NO** children have access to School-Based Health Centers in this county.

Access to Health Care

Linn County continues to struggle with getting its residents adequate access to health care. We have had the opportunity to work with Community Outreach, Inc. (COI) for at least 12 years and have donated clinic space, supplies and electronics for a weekly free clinic in both Albany and Lebanon. As the need increases in our communities we have seen the need for more space and more time manifest itself with these free clinics. People are showing up at our doors by 3 in the afternoon for a clinic that begins at 6 p.m. This can be disruptive to the Linn County clinic customers. We have seen a change in Samaritan Health leadership over the past few months and it appears a better organizational structure will take over.

In late January 2008 we opened up a Federally Qualified Health Center (FQHC) in East County in partnership with Benton County and Samaritan Health. The impact this could have on health care access for East County people is significant. A full time physician started practicing as of April 14, 2008. A fulltime Family Nurse Practitioner was recently added. At that point a decision was made to pull back our staff to our regular clinics which eliminates the overcrowding issue.

Chronic Disease

Chronic disease prevention is a traditional, enduring model of public health practice. Prevention has been the beginning of the public health system and continues today to be the mainstay for the public's health. "According to the Centers for Disease Control and Prevention, heart disease and stroke are the first and third leading causes of death among men and women in the United States. Important risk factors for heart disease and stroke include diabetes, tobacco use, physical inactivity, poor nutrition, and being overweight or obese." (The Burden of Chronic Disease, Oregon State Health Division, 2009) Along with chronic disease management, prevention can keep people healthy and living well as opposed to illness and hospitalization. We currently do not have any county run or county convened programs for chronic disease management or prevention. We have partnered with Samaritan Health in their efforts to expand the program "Living Well with your Chronic Disease". It is a series of classes focusing on nutrition and exercise as a way to mitigate the effects of a chronic disease and to be more healthy. The data for chronic disease in Linn County is not good. 12% of Linn County residents suffer from Asthma (state 9.3%). 5.4% have diabetes (4.2% State); 30.5% of us are obese (state 22.1%) and 35% of us are overweight. 18.2 % (state 14.6%) of 8th grade youth are at risk for overweight, 12.3%(9.9% state) are overweight. "Obesity is associated with serious health problems including Type 2 diabetes, asthma, high blood pressure, and high blood cholesterol. Research shows that obesity tends to persist with age, therefore the rise

in overweight among Oregon youth foreshadows a major increase in obesity-related chronic diseases among adults.”(The Burden of Chronic Disease, Oregon State Health Division 2009)

Births: In 2008 we had 604 first births.

Prenatal Care: Inadequate PNC = Less than 5 prenatal visits, or care which began in the third trimester was at 8.5%. This is a trend that is concerning us. The state rate is 6.4%.

Parent and child health services, including family planning clinics. Linn County provides these services in various formats. We utilize nurse home visiting to deliver Maternity Case Management, Babies First! and CaCoon services; Healthy Start provides services to pregnant women who are not at high risk for medical issues and to at risk first time parenting families. Comprehensive reproductive health services are offered at all clinic sites. We are staffed with nurse practitioners, public health nurses, medical assistants, bilingual health aid and family support workers. 432 unintended pregnancies were averted, including 160 to teens (estimated tax savings in prenatal, labor and delivery, and infant healthcare costs for every unintended birth prevented by Oregon Family Planning Program is about \$7,500.) We provided family planning services to 24.7% of the sexually active 15-17 year old females in Linn County(51.9%). We provided services to 41.5% of the women in need of publicly supported family planning services in Linn County. 67 high need first birth families were given intensive home visits by a family support worker through the Healthy Start Program; 345 received welcome baby visits and family intakes. 200 pregnant women, children and families received home visits by a registered nurse. We served 100 women in our Breast and Cervical Cancer Program and another 62 with our Soroptomist funds. Oregon Mothers Care helped 100 pregnant women access the OHP and linked with a prenatal provider

Vital Statistics: 1467 births and 1,103 deaths were processed through our vital records area.

WIC: More than 5849 Linn County women, infants and children received nutrition education and supplemental food instruments.- in 2008. 2,537 families were served. \$2.4 annually goes to Linn County grocers. There are 15 WIC authorized grocery stores in Linn County. Farmers in Linn County received \$12,008 through the farmer’s market vouchers. There are 19 WIC authorized farmers’ markets and farm stands in Linn County. 49% of pregnant women in Linn County are served by WIC.(compared to 40% in the state) 66% of WIC families have income at or below the federal poverty level.

Dental: Linn County continues to have difficulty addressing the dental needs of adults as well as children. Various communities within the county are more active in finding dental resources than others. Lebanon has brought the Northwest Medical/dental van to schools in conjunction with their Department of Human Services integration project which will no longer be funded. Helping Hands homeless shelter has been able to bring the dental van to its facilities with great success.

Teen Pregnancy: The preliminary rolling is 10.3 pregnancies per 1,000 females age 10-17. We are below the state average of 10.6 pregnancies. Of great concern is the number of young teens, particularly in East County, who become pregnant.

Tobacco Prevention: Data taken from the **Linn County** Fact Sheet 2009 put out by the Tobacco Prevention Program include:

- 236 people die from tobacco use (23% of all deaths in this county)
- 4,613 people suffer serious illness caused by tobacco use
- 18,086 adults regularly smoke cigarettes
- Over \$37M million is spent on medical care for tobacco related illnesses
- Over \$39M Million in productivity is lost due to tobacco related deaths.
- 11% of eighth graders smoke (state 9%)
- 18% of 11th graders smoke cigarettes (17% state)
- 39% of non-smokers live with one or more people that smoke
- 16% are exposed to secondhand smoke in their homes
- 22% of adults smoke cigarettes(state 19%)
- 20% of babies born in Linn County are to women who smoked during pregnancy. (state 12%) (“The risk for perinatal mortality, both stillbirths and neonatal deaths, and the risk for sudden infant death syndrome (SIDS) are higher for the offspring of women who smoked during pregnancy”- 2001 Surgeon General’s Report)
- 82% of all Linn County adults- smokers and non-smokers alike- say that people should be protected from secondhand smoke

II. Action Plans

- A. Epidemiology and control of preventable diseases and disorders**
- B. Parent and child health services, including family planning clinics**
- C. Environmental Health**
- D. Health Statistics**
- E. Information and Referral**
- F. Other Issues**

A. Epidemiology and Control of Preventable Diseases and Disorders

Linn County continues to experience a significant increase in rates of Chlamydia in the last few years. We had over 300 cases last year but because of our staffing , we are only able to follow-up with the positive cases and contacts from our clinic but not from the private sector. Each of the case contacts would take a significant amount of nursing time that we are not able to spare.

In the last year, we have followed up on 14 outbreaks. Our average had been three per year and this is up from 3 the previous year. With these outbreaks we served 447 people. Our nurses assist with tracking of positive cases, education of staff and shipping of stool specimens. This is very time intensive especially when time must be prioritized between multiple needs. We have been fortunate to not have any recent food borne outbreaks in our county that required our direct follow-up.

We continue to be very busy with TB this year. Last year our costs for TB were \$35,617.27. We placed 1064 TB tests last year compared with 387 the previous year. We had two homeless people living in a shelter that were positive and these costs reflect those hours as well as work in other outreach places. As a result of the positive TB cases in the shelter, they have been working with us on the regular testing of homeless clients.. We have worked with the state and the shelter to implement a TB prevention program. A policy was developed and shelter staff was trained. Our TB nurse goes to the shelter every Tuesday and Thursday to place and read TB tests for new clients of the shelter. We worked with them to develop a tracking system. Now clients are required to receive a TB test within 5 business days of arriving at the shelter in order to continue to stay at the shelter. We issue the client a TB clearance card once the test has been read. The card will expire each year on the client's birthday. Staff at the shelter continues to require training and encouragement to keep up with this process but both shelter staff and public health staff agree that it is to the benefit of all to keep the system in place. Because of our work with the shelter, in particular the plans for our two homeless clients, and the state we have been nationally recognized and invited to present a poster on our process at the 2009 National TB conference in June in Atlanta, Georgia.

Time Period: 2008-2009

GOAL: Provide current information to public regarding influenza prevention including access to information on vaccination clinics during influenza season.

Objectives	Plan for Methods/Activities/Practice	Outcome Measure(s)	Outcome Measure(s) Results	Progress Notes
<p>A. Maintain influenza clinic information hotline.</p>	<p>A flu hotline will be maintained with influenza clinic info throughout Linn county</p>	<p>Clients will be able to access up-to-date flu vaccination information during flu season</p>	<p>Met</p>	<p>Will use new county Page for 2009</p>
<p>B. Provide prevention information leases to media.</p>	<p>Messages will be released to the media with information on cover your cough, wash your hands and stay home when sick.</p>	<p>Community will be aware of how to prevent illness from flu and other respiratory illnesses.</p>	<p>Met</p>	<p>Albany Democrat Herald, KGAL radio</p>

Time Period: 2008-2009				
GOAL: Promote prevention of disease transmission in care home settings.				
Objectives	Plan for Methods/ Activities/Practice	Outcome Measure(s)	Outcome Measure(s) Results	Progress Notes
A. Assess educational needs of staff in Linn County Care Facilities.	Letters will be mailed out to care facilities in Linn County to offer basic infection control training and to determine the training needs of facilities. This will be followed-up with a phone call to be completed by a health educator requested for in our budget.	All care facilities will be mailed a letter and receive a follow-up phone call.	Not met	We lost our health Educator so unable To work on this task
B. Provide infection control trainings to care homes in the county	Care homes will be contacted by the health educator to arrange for training opportunities that include hand washing, standard precautions, and common disease transmission information.	All care facilities in Linn County will have an opportunity to receive training.	Not met	We lost our health Educator so unable To work on this task

Time Period: 2008-2009

GOAL: Provide TB Prevention in homeless shelters in Linn County

Objectives	Plan for Methods/Activities/Practice	Outcome Measure(s)	Outcome Measure(s) Results	Progress Notes
<p>A. Homeless residents residing in Linn County shelters will have initial TB screening within 5 business days of entering a shelter</p>	<p>Residents will call the LCHD to make an appointment for TB screening. Once resident is cleared for TB, they will be given a TB clearance card good for 1 year to expire on their birthday. LCPH will provide staffing to meet this goal.</p>	<p>All homeless clients will have TB clearance within 5 business days of entering the shelter.</p>	<p>Met</p>	<p>TB nurse goes to shelter Tuesday and Thursday To place and read tests.</p>
<p>B. Homeless Shelter staff will maintain records of residents TB clearance and refer to LCPH for testing when appropriate</p>	<p>LCPH will give residents a clearance card as proof of TB clearance to be shown to the shelter. Shelter staff will maintain records and refer residents to LCPH when testing is needed.</p>	<p>TB clearance records will be current at the shelter.</p>	<p>Met</p>	<p>Shelter uses computer to track clients</p>
<p>C. Shelter TB plan will be reviewed and updated as needed annually</p>	<p>Annual training for review and updates will be provided for shelter staff by LCPH. LCPH will be available for additional on-going support and training as needed.</p>	<p>Shelter staff will participate in initial and annual training.</p>	<p>Not met</p>	<p>Plan to provide Training in summer If staffing permits.</p>

Immunizations

Our immunization program served 5% of the 1467 births in Linn County in the last year. Of those being served by Linn County, 67% of the two year olds are up-to-date. We continue to use the children's story books as one way to help increase our numbers.. Each child that receives immunizations at Linn County Public Health receives a book with a reminder inside of the cover as to when they should return for their next set of vaccinations. The immunization coordinator is researching grant opportunities to continue this practice. She still makes burp clothes which she rolls up with immunization information inside then ties a nice ribbon around it. These are handed out to new moms at Linn County hospitals at the time of birth. Birth records are compared to ALERT at around 3 months after birth to see if the babies are receiving needed immunizations. Babies not in ALERT receive a post card reminding the parent that immunizations are due.

Two years ago we had started a flu mist program within the schools in Linn County. This will not be done in future years due to end of funding. 44 students were vaccinated which is an increase of 10 from 2007. 88 high school students were vaccinated which is a decrease of 15 from 2007. The decrease is felt to be due to not collecting consents at school registration due to lack of staff.

Immunization Comprehensive Triennial Plan

**Due Date: May 1
Every year**

Local Health Department:

Plan A - Continuous Quality Improvement: Reduce Vaccine Preventable Disease

Calendar Years 2009-2011

Year 1: July 2009-December 2009						
Objectives	Activities	Date Due / Staff Responsible		Outcome Measure(s)	Outcome Measure(s) Results	Progress Notes
<p>A. Raise in house immunization rates for two year olds 6% over three years.</p>	<ul style="list-style-type: none"> • Each child will receive an age appropriate book with each immunization visit. with a reminder inside the cover of when they need next set of immunizations. Will work with Friends of the Library to receive more funding for future book purchases. 			<p>Increase UTD 2 year old rates by 2% each year,</p>	<p>Not Met</p>	<p>Continuing to provide books. Submitted for grant for additional books</p>

<p>B. Decrease missed shot rates 6% over 3 years</p>	<p>Educational materials will be given to parents explaining the importance of immunizations being given on time.</p> <p>Parents will be encouraged to make next immunization appointment before leaving health department</p>		<p>Decrease missed immunization opportunities by 2 % each year.</p>	<p>Not Met</p>	<p>Parents are given t Heidi Murkoff pamphlet. Cards of parents who refuse vaccinations are flagged and entered into Iris</p>
<p>C. Increase Birth dose of Hepatitis B in all infants in Linn County</p>	<p>Immunization Coordinator will contact hospitals and explore barriers to administration of the birth dose of Hep. B</p> <p>Providers will be given info on the benefits of a birth Hep B dose.</p>		<p>Both Linn county hospitals will have been contacted and their providers given information on Hep b. dosing.</p>		

Immunization Comprehensive Triennial Plan

**Due Date: May 1
Every year**

Local Health Department:

Plan A - Continuous Quality Improvement: Reduce Vaccine Preventable Disease

Calendar Years 2009-2011

Year 2: January 2010-December 2010					
Objectives	Activities	Date Due / Staff Responsible	Outcome Measure(s)	Outcome Measure(s) Results	Progress Notes
<p>A. Raise in house immunization rates for two year olds 6% over three years</p> <p>B. Decrease missed shot rates 6% over 3 years</p> <p>C. Increase Birth dose of Hepatitis B in all infants in Linn County</p>	<ul style="list-style-type: none"> • Each child will receive an age appropriate book with each immunization visit with a reminder inside the cover of when they need next set of immunizations. <p>Educational materials will be given to parents explaining the importance of immunizations being given on time.</p> <p>Immunization Coordinator will contact hospitals and explore barriers to administration of the birth dose of Hep. B</p> <p>Providers will be given info on the benefits of a birth Hep B dose.</p>			<p>To be completed for the CY 2010 Report</p>	<p>To be completed for CY 2010 Report</p>

Immunization Comprehensive Triennial Plan

**Due Date: May 1
Every year**

Local Health Department:

Plan A - Continuous Quality Improvement: Reduce Vaccine Preventable Disease

Calendar Years 2009-2011

Year 3: January 2011-December 2011						
Objectives	Activities	Date Due / Staff Responsible		Outcome Measure(s)	Outcome Measure(s) Results	Progress Notes
<p>A. Raise in house immunization rates for two year olds 6% over three years</p> <p>B. Decrease missed shot rates 6% over 3 years</p> <p>C. Increase Birth dose of Hepatitis B in all infants in Linn County</p>	<ul style="list-style-type: none"> • Each child will receive an age appropriate book with each immunization visit. with a reminder inside the cover of when they need next set of immunizations. Educational materials will be given to parents explaining the importance of immunizations being given on time. Immunization Coordinator will contact hospitals and explore barriers to administration of the birth dose of Hep. B Providers will be given info on the benefits of a birth Hep B dose. 				<p>To be completed for the CY 2011 Report</p>	<p>To be completed for the CY 2011 Report</p>

Immunization Comprehensive Triennial Plan

Local Health Department:

Plan B – Community Outreach and Education

Calendar Years 2009-2011

**Due Date: May 1
Every year**

Year 1: July 2009-December 2009						
Objectives	Activities	Date Due / Staff Responsible		Outcome Measure(s)	Outcome Measure(s) Results	Progress Notes
<p>A. . Promote flu mist in targeted Sweet Home school age children</p>	<p>Flu mist clinics will be provided in Sweet Home High School in 2007 with addition of the Junior High in 2008 and the elementary school in 2009. Will assess ability for further outreach in the third year.</p> <p>Information and consent forms will be given to parents through mailings, school conferences or at school registration.</p>	Due	Staff	<ul style="list-style-type: none"> • Number of students served at each school site. 	<p style="color: blue;">Met</p>	<p>This will not be done in future years due to end of funding. 44 students were vaccinated which is an increase of 10 from 2007. 88 high school students were vaccinated which is a decrease of 15 from 2007. The decrease is felt to be due to not collecting consents at school registration due to lack of staff.</p>

<p>B. Encourage parents of all babies born in Linn County to vaccinate their babies.</p>	<p>Form partnership with SAGH first year and SLCH the second year to provide burp cloths sewn by immunization coordinator will be wrapped with immunization information and given to new parents at birth in the hospital.</p> <p>Birth records will be compared to Immunization records at 3 months of age. Babies without immunizations documented will be sent a post card reminding parents that it is time to begin immunizations. In second year will check back in Alert 2 months after the post card to assess effectiveness</p>			<p>Increase Linn County Public Health infant immunization rates 1% per year</p>	<p>Too soon to determine. Has not been an entire year.</p>	<p>Burp clothes are being provided to Samaritan Albany General Hospital. Will need to find assistance to make clothes for Samaritan Lebanon Hospital.</p> <p>Not enough staff to complete this task.</p>
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Immunization Comprehensive Triennial Plan

Local Health Department:

Plan B – Community Outreach and Education

Calendar Years 2009-2011

<p>Due Date: May 1 Every year</p>

Year 2: January-December 2010						
Objectives	Activities	Date Due / Staff Responsible		Outcome Measure(s)	Outcome Measure(s) Results	Progress Notes
A. Same as Year One		Due	Staff		To be completed for the CY 2010 Report	To be completed for the CY 2010 Report

Immunization Comprehensive Triennial Plan

Local Health Department:

Plan B – Community Outreach and Education

Calendar Years 2009-2011

<p>Due Date: May 1 Every year</p>
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Year 3: January 2011-December 2011						
Objectives	Activities	Date Due / Staff Responsible		Outcome Measure(s)	Outcome Measure(s) Results	Progress Notes
		Due	Staff			
A. Same as Year one and Two					To be completed for the CY 2011 Report	To be completed for the CY 2011 Report

Emergency Preparedness

We are currently working closely with a county multidisciplinary group to plan for special needs populations during an emergency event. The work group is made up of agency's who serve various Linn County residents. Our goal is to assess who our special needs populations are likely to be, assess what the needs of those populations may be and to develop plans to meet those needs. We received a mini-grant for an OSU intern to work with our Developmental Disabilities Program Manger, Jeff Sneddon, in developing and implementing our vulnerable populations plan.

Because of budget shortfall the funding to provide 24/7/52 coverage for our communicable disease services discontinued. The system still exists through a call down process for the manager and supervisors of Public Health. The community would be better served by having a trained communicable disease staff person answer infectious disease related questions and to be able to respond to communicable disease issues in a timely manner.

We completed our Cancellation of Classes table top exercise in May 2008. . We participated in the Cascadia Peril statewide exercise in April 2009. We have an amateur radio site at our Albany site and we continue to fine tune the communication system with their help. We have applied for a mini grant to provide some hardware for this portion of our communication system. We are also finishing discussion on our ability to 'blast fax" directly from our copiers rather than rely on an outside source.

Time Period: 2008-2009

GOAL: Complete work with key partners on the Linn County vulnerable populations plan.

Objectives	Plan for Methods/ Activities/Practice	Outcome Measure(s)	Outcome Measure(s) Results	Progress Notes
A. Assess who vulnerable populations in Linn County are and define in plan	A work group has been formed and is working on defining vulnerable populations through use of census data and agency input.	Completed definition of vulnerable populations in the plan.	In progress	This group meets Monthly to work on This plan. Progress being made.
B. Compare current emergency plans to needs of vulnerable populations to assess for gaps	As vulnerable populations are identified, their special needs will be compared to the existing emergency plans. Areas where the general population plans do not meet the needs for special populations will be identified in the special needs plan.	Completion of the plan by June 2009	In progress	

Time Period: 2008-2009 GOAL: Linn County Public Health will participate in the county wide earth quake exercise April 2009				
Objectives	Plan for Methods/ Activities/Practice	Outcome Measure(s)	Outcome Measure(s) Results	Progress Notes
A. Participate in planning and preparation for county wide exercise.	Attend planning meetings. Review policies and procedures in preparation for exercise. Update staff training on roles and responsibilities during an event. Update call down list and other critical contact information.	Plans and contact lists will be up-to-date for exercise. Public health will participate in the exercise planning using the HSEEP format as much as possible.	Met	Monthly meetings locally And regionally.
B. Assist other county departments to prepare to participate in the exercise	Encourage and provide support to behavioral health, environmental health, roads department and other county departments to participate in preparing for and participating in the exercise.	County departments will prepare and participate in the exercise.	met	Material provided To county department For exercise.

HIV Prevention

[See Executive Summary](#)
[No longer out of this clinic](#)

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

FY '10

July 1, 2009 to June 30, 2010-[NEW](#)

Agency: Linn County

Contact: Norma O'Mara, R.N.

Goal 1: Assure continued high quality clinical family planning and related preventive health services to improve overall individual and community health.

<i>Problem Statement</i>	Objective(s)	Planned Activities	Evaluation
Only 10% of Linn County teens are being served as compared to the state average of 12.2%.	To increase the number and percentage of teens receiving birth control services in our clinics by a minimum of 1%.	<p>Connect with the High School teachers to be able to discuss Birth Control, STI's and services available through Reproductive Health.</p> <p>Provide educational material to classes, students and instructors who are going to health fairs, giving presentations that would promote our services to the teens.</p> <p>Make clinic more teen friendly.</p> <p>Offer Birth Control and STI education to small groups of friends at the clinic.</p>	Check data quarterly on number of teens served and percentage of teens served.

<p>Linn County provides services to only 0.6% males of our total clients served. This is a drop from 0.7% in '07 while the state average is 4.2%.</p>	<p>Increase services to males up to 1.2% in the next year. Increasing services to all males will increase our services to teen males as well.</p>	<p>Develop an educational plan with appropriate handouts to increase male knowledge of birth control options, including the use of Plan B, and distribution of condoms as an adjunct to prevent pregnancy even when a partner states she is on BC Method. Stress importance of STI protection.</p> <p>Include males in education at classes and stress their partnership in responsible pregnancy prevention.</p>	<p>Monitor Raintree and Ahlers data quarterly.</p>
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Goal 2: Assure ongoing access to a broad range of effective family planning methods and related preventive health services.

Problem Statement	Objective(s)	Planned Activities	Evaluation
<p>The overall percent of Linn County clients who leave the clinic without a method is 15% as compared to the state average of 9.1%.</p>	<p>To decrease the percentage of clients leaving the clinic without an effective method back to the '07 level of 13.2% as a minimum and with a goal of 12%.</p>	<p>A client coming to the clinic for an Emergency Contraceptive must be offered a regular BC method at that appointment and started on that method as a same day start.</p> <p>To increase our giving EC to clients when starting a new method, except IUDs, Implanons, sterilization, and BCC clients.</p> <p>If there is insufficient time to perform a Smart Start at the EC appointment , make an appointment for client to return for a Smart Start ASAP.</p>	<p>Check Raintree quarterly to see if the client leaves an EC appointment with an effective method.</p> <p>Check Raintree to see if EC future need is noted in the factors.</p>
<p>The percentage of female client visits, where EC is offered is 20% which is</p>	<p>Continue to increase the number of EC's dispensed from 20% to 23%.</p>	<p>At each visit offer EC and document client's acceptance or refusal in the chart. Mark on the Service ticket that Plan B for future need was given.</p> <p>Remind staff to document the client being given the EC on the service ticket to document EC given.</p>	<p>Evaluate charts quarterly for compliance or documentation as to why EC not given.</p>

<p>19.5%</p> <p>Serving only 10.8% teen population under the age of 19 yr. compared to statewide (28.4%)</p>	<p>According to our internal Raintree data we have seen 19% Hispanic clients for calendar year 2008. We have placed informational brochures at local markets that have a large Hispanic customer base. We have attended a variety of health and resource fairs in the community and taken information in Spanish.</p> <p>Current numbers show a decline to 10% where the statewide average is 12.2%. Linn County as a whole lost only 6.8% where the statewide was 16.1%.</p> <p>A practicing Public Health Nurse is presenting Birth Control and STD information at 2 of the 3 high schools in Lebanon and Albany in their Health Education class. Sweet Home as a community is not welcoming to this information being addressed in their schools.</p>
<p>Lower percentage of eligible female clients receiving EC (14.4% vs. 20% statewide)</p> <p>Limited budget for high cost products to Title X clients</p>	<p>We have made a concerted effort to increase the EC dispensing to our clients and we have increased up to 16.1% or an increase of about 1.7%. This does not meet the 5% target but we will be continuing to improve this number. We will be working on making sure that the data gets into the system accurately and consistently.</p> <p>We have a written policy to provide for how to determine the actual amount or number of high cost products to distribute with an evaluation of the budget and adjustment with the numbers as needed.</p> <p>We have all of the expensive methods available for our clients: NuvaRing, Patch, Implanon and IUD. We will continue a wide range of products but will be discontinued using the Patch for budgetary reasons. If a client has OHP they could continue on the Patch as our Nurse Practitioners can write them prescriptions. We are slowly moving them to other products of their choosing.</p> <p>We do provide reproductive services to many clients from all of our neighboring counties. With the support of FPEP and Title X we can continue to serve many of their needs.</p> <p>Within our two clinics our Nurse Practitioners have inserted many IUDs and Implanons during this past fiscal year.</p>

Linn County: Family planning services are offered at three clinic sites in Linn County. Albany, Lebanon, and Sweet Home. In January 2008 we are co-locating in the new FQHC in Lebanon. Benton County is the administrator of the new clinic. Based on Ahlers data from 2007, our numbers are steady serving 2568 clients. [See attached annual plan for family planning and specific goals.](#)

1. Please describe any plans you have for the upcoming fiscal year:

- In January 2008 we started co-locating at the East Linn community Health Clinic. We will be watching our family planning numbers closely to see if we are increasing clients or merely shifting existing clients to this site. Data will be evaluated in 6 months. Will begin informal survey of clients served and site they typically go to.
 - [Located a Nurse Practitioner and R.N. at the East Linn FQHC to provide family planning and STI services ½ day per week. After one year we haven't seen a significant increase in our clients and are referring clients to the FQHC as their medical home and utilizing our NP for our in house clients. A large percentage of the FQHC clients we saw were existing clients of ours that we were putting on the FQHC schedule. FQHC has hired their own NP now and should be referred to LCHD for FP and STI services.](#)
- Clinic numbers are remaining at about 2568 unduplicated clients. Several factors are being looked at including citizenship verification process and clinic sites.
 - [Our numbers are down to 2419 unduplicated female clients and when comparing the figures with the state average we are only down by 1.8% as compared to the statewide decrease of 15.1%.](#)
- Client satisfaction surveys- we will continue to conduct at least annual.
 - [Just completed a survey for FPEP and will do a survey in the next 3 – 6 months regarding client satisfaction.](#)
- Outreach to Hispanic community - Look at fairs, radio PSA, and local outreach where Hispanic population lives. Also work with WIC program to distribute information on programs.
 - [Several health fairs will have Reproductive Health exposure in these next few months. Hispanic specific health fairs have occurred and were participated in. WIC has brochures regarding FPEP.](#)
- FTE - remain stable with current funding. May shift educational presentations and have nurses who work in clinic get out into community.
 - [We are experiencing a reduction in our FTE's. We have lost a day of a Nurse Practitioner, and three days of a clinical nurse position. This will impact services to our most rural clinics.](#)
- Reminder phone calls - continue to assess the use of TXT messaging to clients for reminders on appointments.
 - [East Linn has used this method to contact the clients for their annuals and it does decrease the no-show rate. This method has been inconsistent due to failure at check in to obtain a cell phone and text approval. Albany Clerical will be encouraged to begin gathering and documenting in Raintree the cell numbers.](#)

2. Please provide your plans for community education on family planning issues for the 2008-2009 fiscal year.
 - Continue to increase male services - Continue vasectomy referrals. In fiscal year 2007-2008 we had two physicians in East Linn who did vasectomy. Now only one contracted for vasectomy services. Currently working on establishing new provider in the Albany area for access with vasectomy procedure.
 - Currently we have 3 contracted physicians, for 20 total vasectomies. We need to develop reminder calls for our clients as we have had some unacceptable no-shows. The clinic staff will be instructed to emphasize the importance of the client responsibility to call for no-shows.
 - Continue to increase ECP use for FP clients. Continue to offer to all clients and educate on need.
 - The percentage of ECP use for FP clients in '07 (17.3%) has increased in '08 (20%) by 2.7%.
 - Continue to provide class presentations on reproductive health topics.
 - Approximately 8 classes have been given at 2 different High Schools by a Registered Nurse Clinical staff and more are planned. Two classes will be given this month to discuss availability of Reproductive Health services and how to access those services.
 - Update current Web site for Reproductive Health. Make easy to navigate topics with links for added information on birth control and STD information.
 - We have our Website up and running. We have already received clients who have found us on line and then came for services.
 - Update SafeNet Website with corrected information on our clinics.
 - Will check with SafeNet to see what information they have and update as needed.
 - Consider brief educational presentations on a routine bases to county commissioners as well as Health Advisory Board.
 - Triennial review given to the County Commissioners. New Health Advisory Board with 4 new members will meet and included will be an update on Family Planning and their role in reviewing educational materials and program goals.
 - Continue to do clinic display case in English and Spanish on health topics.
 - The display case is shared but we have plans and information prepared for an FPEP and Reproductive Health presentation in the case.

3. Please identify any plans you may have to implement service improvement in the upcoming year. Such improvements could include any or all of the following, or others you might identify.
 - Continue to use customer satisfaction surveys to assess service delivery.
 - Work to make our clinics a more teen friendly environment and how we deliver those services.
 - Continue to be part of the BCCP (Breast and Cervical Cancer Program) work group and help move the program along in reorganization. Continue to be a contracted provider.
 - Work with Soroptimist International of Albany on fundraisers as well as screening for services for Linn County women on

- use of grant funds.
 - Monitor Teen Pregnancy rate - current rolling rate shows an increase by 2% from 2005 rate of 7.6 to 9.8 for 2007. Look to re-establishing teen pregnancy prevention work.
 - Teen pregnancy rates continue to increase from 9.8 ('07) to 10.6% ('08).
 - Monitor high cost contraceptives. Assess need and set limit on number inserted for Title X clients within budget.
 - We have all of the high cost methods available for our clients: NuvaRing, Patch, Implanon and IUD. We have determined that the Patch is too expensive for us to continue to offer to our clients and we are now in the process of changing clients to another method or working to provide them options for where they might get the patch. We have set limits according to cost and our budget on the number of Implanon and IUDs available to clients and evaluated our numbers at least quarterly.
 - Provide opportunity for staff to visit other FP clinics in neighboring counties for networking opportunities and idea gathering on service delivery.
 - Continue to monitor data input and comparison to Ahlers data for our county data system - Raintree.
 - Monitoring the service ticket from Raintree to be sure that factors are included, and the bill is complete so that reimbursement will be maximized for the services that we provide.
 - Outreach to local businesses for referrals to our services for their employees who are low income or without insurance coverage.
 - Assess immunization status for FP clients and missed opportunities to provide needed immunizations to adult population.
 - Discussion about providing HPV vaccine in clinic when client requests.
 - Continue to work with local OB-GYN provider on colposcopy services offered at Linn County who volunteers once per month.
 - We have performed 24 Colposcopies and 9 Cryotherapy in 2008 in our clinic, with the assistance of our OB-Gyn provider.
4. Please identify any additional women's health services, activities or programs you will be working on in 2008-2009. Identify those areas that you would like more information or technical assistance.
- Look at sending at least one Linn County Public Health nurse to the SANE training for sexual assault. Will help be more accessible to our community for this resource. (Technical help from state)
 - We have no resources, either monetary or staff, that can attend the SANE training and then provide the service.
 - Continue to look at integrating HIV testing into Family Planning appointments based on time factor and cost.

OFFICE OF FAMILY HEALTH

ADOLESCENT HEALTH PROGRAM PLAN 2009-2010-[NEW](#)

County Agency - Linn County
Person Completing Form - Norma O'Mara, R.N.
Phone (541) 967-3888

Return this form attached to e-mail to robert.j.nystrom@state.or.us Bob Nystrom, 503-731-4771

The Adolescent Health Program Plan is organized in three sections to provide updated information on your public health activities related to a wide range of adolescent health issues. For questions, contact Bob Nystrom, 503-731-4771, robert.j.nystrom@state.or.us

- Part 1. Plans for improvement where you have defined programs
- Part 2. Assessment of activity areas you are involved in regardless of whether you have a well-defined plan or program in place
- Part 3. Assessment of your future interests

Part 1. Program Plans

Briefly describe your plan of involvement or improvement of services for the following focus areas over the next two years, where you have defined programs or new plans specific to adolescent or school-aged child populations (indicate no plan or program when appropriate):

1. School-Based Health Centers

Currently there are no school based health centers in Linn County. Even though our last attempt failed to engage a

community in a school based health center, this area remains a priority. We will continue to explore different community interests in this quest. We will continue to keep the lines of communication open with the superintendents and consider a survey to identify local areas interest.

- Looking at long-range plan to engage the communities.

-

2. Coordinated School Health (Healthy Kids Learn Better) Schools No involvement

3. Teen Pregnancy Prevention & Contraceptive Access

- We continue to do presentations at the schools on Birth Control and STD. We plan about 3 -4 presentations per year. We feel this is important and will maintain our focus in this area. We currently do not have a health educator dedicated to family planning, so rely on current staffing. Propose adding 1 FTE health educator for Linn County.
- Due to staff reductions we will not be adding a Health Educator. Clinical Registered Nurse staff has presented birth control and STD information at 2 of the 3 local high schools (Lebanon and Albany) through their Health Education class. There is work being done to increase our contacts with community members in outlying areas to offer this same education to as many teens as possible.
- Work with High School counselors to insure the teens are referred for appropriate services as needed.
 - Working with teachers and school nurses but have not accessed counselors.
- Working on updating our power point presentation for schools on birth control and STI information.
 - Staff presenting Birth Control and STI information to students has updated the Power Point presentation.
- Teen Maze - work with local CCF to participate in Teen Maze. Life skills experience for area Middle School students. (500 -700) students. This years Teen Maze being held over two days and area teens are helping plan and be in the rooms for help as well as Linn Benton community college students. We are planning an interactive game related to STD's.
 - Just completed the Teen Maze for 2009, utilizing assistance from multiple volunteers from the community college as well as other adult volunteers and public health staff.
 - Reestablish connecting with the Teen Pregnancy Task Force in East Linn. Look at being a more active group on teen pregnancy prevention. Preliminary pregnancy rate in 2007 in Linn County shows an increase from 7.6 to 9.8. We will continue to watch data as well as look at plan to address this issue. Possibly look at Americorp worker. (TA from state)
 - We have been fortunate to have several interns from OSU and an OHSU RN to BSN student participate in our Health Department. East Linn Teen Task Force has monthly meeting that the

Reproductive Health Manager attends. 2008 teen pregnancy rate is up to 10.0% slowing from a dramatic increase from '06-'07.

- Co-locating at the new FQHC in Lebanon. Networking with physicians on a referral system for teen clients seen.
 - Located a Nurse Practitioner and R.N. at the East Linn FQHC to provide family planning and STI services ½ day per week. After one year we didn't see a significant increase in our clients and pulled staff to utilize both our NP and RN for in house clients. A large percentage of the FQHC clients we saw were existing public health clients that we were putting on the FQHC schedule. FQHC has hired their own NP now and has agreed to refer clients to LCHD for FP and STI services, especially teens.
- Continue oversight and coordination of STARS contract and services in Linn County.
 - 5 school districts out of 7 in Linn County are participating, only Central Linn and Sweet Home High School do not participate.

4. Youth Suicide Prevention

Our Health Administrator, Frank Moore, is very active in implementing the Youth Suicide Prevention Plan in Linn County.

- We continue to focus on youth suicide statistics and present a monthly report to our County Commissioners.

5. Tobacco Use Prevention & Cessation

Possibly subcontracting with Samaritan Health on TPEP.

- Linn County hired a Tobacco Coordinator in October 2008 who developed and began a program, and then the coordinator left the position. We are in the process of placing advertisements to rehire for the position

6. Alcohol & Other Drug Use Prevention

Talk with clients in clinic and give information. We provide education at visits and during school presentations. Have handouts we use for educational purposes. A&D Program also experienced cuts.

- Part of our assessment with each physical and at our initial visit with our client, we review their history and discuss the clients possible use of drugs and alcohol and make referrals as needed.

7. Nutrition & Physical Activity

- Work with Diabetes Health Educator to look at obesity and physical activity issues as related to the

“Healthy, Active Oregon” We have started a local coalition “Healthy Albany Partnership”(HAP) and are planning a symposium in May. HAP works with East County CHIP (Healthy Active Lebanon- HAL) projects in this area.

- The LCHD Program Manager is part of the “HAP” planning committee where we partner with other community groups, and are planning for the [Linn County Health and Safety Expo](#) scheduled for Spring 2010.
- Work with family planning state staff for possible pilot project for obesity in FP clients. Could target teens.

Part 2. Assessment of Current Activities Related to Adolescent Health

Please indicate (with “X”) any of the following activities specific to adolescent or school-aged child populations that you are currently involved in. Some areas have both general and specific activities. *Check all that apply for any topic area.*

Individual client services are those that are generally delivered one-to-one or in groups.

Community activities are those efforts that bring community members together to address a topic, or that provide health promotion or education to the community in general.

Health delivery system activities are those that result in linking individuals or communities to needed health care or other services, through coordination, collaboration, or communication.

TOPIC OR HEALTH RISK AREA Current Activities/Involvement	Individual Services	Community Activities	Health Systems Delivery
Access to care	X	X	X
Comprehensive screening (GAPS/Bright Futures)			
Parent/family involvement	X		X
Primary care services		X	X
Mental health services		X	X

Youth suicide prevention	Refer		X
<i>Depression screening</i>	X		X
Teen pregnancy prevention	X	X	X
Contraceptive access	X	X	X
Condom distribution	X		
ECP promotion	X	X	
STD/HIV prevention	X	X	X
STD/HIV counseling	X	X	X
Tobacco prevention			
Tobacco cessation	X		X
Alcohol & Other Drug (AOD) Use Prevention	X		X
AOD Assessment/screening			

TOPIC OR HEALTH RISK AREA Current Activities/Involvement	Individual Services	Community Activities	Health Systems Delivery
Nutrition Promotion	X limited	X	X
Physical Activity Promotion			
Motor Vehicle Safety			
Seat belt use			
DUII			
Street racing			
Violence Prevention			
Harassment/Bullying			
Physical fighting			
Weapon carrying			

Part 3. Assessment of Future Interests Related to Adolescent Health

For the topic areas or health risks for adolescents and school-aged children that you just responded to please indicate (with "X") what would you like to do in the future if resources could be identified? Some additional detail has been added.

TOPIC OR HEALTH RISK AREA Current Activities/Involvement	No plans to expand	Would like to expand	Would like more info or assistance
Access to care		X	X
School-Based Health Centers			X
Comprehensive screening (GAPS/Bright Futures)			X
Coordinated School Health (Healthy Kids Learn Better)			X
Parent/family involvement		X	X
Primary care services	X		
Mental health services			
Youth suicide prevention			X
<i>Depression screening</i>			
Teen pregnancy prevention		X	X
Contraceptive access		X	

Condom distribution		X	X
ECP promotion		X	X
STD/HIV prevention		X	X
STD/HIV counseling		X	X
STD/HIV treatment		X	X
Tobacco prevention		X	
Tobacco cessation			
Alcohol & Other Drug (AOD) Use Prevention			
AOD Assessment/screening			

TOPIC OR HEALTH RISK AREA Current Activities/Involvement	No plans to expand	Would like to expand	Would like more info or assistance
Nutrition Promotion		X	X
Physical Activity Promotion		X	X
Motor Vehicle Safety			
Seat belt use			
DUII			
Street racing			
Violence Prevention			
Harassment/Bullying			
Physical fighting			
Weapon carrying			

Linn County Public Health Maternal Child Health Annual Plan 2009-10- **NEW**

5/6/09 Prepared by Judy Treanor

A Continuum of Public Health home visit programs serves Linn County families with young children

- 1. Maternity Case Management (MCM).**
2. Oregon Mother's Care (OMC).
3. Babies First (B-1st)
4. Care Coordination (CaCoon)
5. Healthy Start of Linn County (HSLC).

Four local collaborative projects in partnership with Linn County Public Health support families with young children 0-8 years.

1. Linn County Perinatal Depression
2. Linn County Right from the Start
3. Linn County Car Seat Program

Program Criteria, Cost, Capacity and Hours.

These Public Health Programs serving families and their children are

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

Funding Sources by program

- 1. Maternity Case Management (MCM): County General Fund; Local Commission on Children and Families grant; Medicaid**

fee for service; Medicaid targeted case management; State General Funds through the Oregon Health Division for

local Perinatal services, Child and Adolescent services.

2. Mothers Care: State General Funds through the Oregon Health Division for local perinatal services.

3. Babies First (B-1st): County General Fund; Medicaid targeted case management and Medicaid administration funds;

State General Funds through the Oregon Health Division for local Babies First services.

4. Care Coordination (CaCoon); County General Fund; Medicaid targeted case management and Medicaid administration

funds; State General Funds through Child Development and Rehabilitation Center (CDRC) for local CaCoon services.

5. Healthy Start of Linn County (HSLC). State General Funds through the Oregon Commission on Children and families; Medicaid administration funds; Targeted Case Management; LBL ESD Safe Schools Healthy Student

Grant.

Linn County Perinatal Programs

Population Served by Program	Service Focus by Program	Referral Process by Program	Intake Period by Program	Staffing
1. (MCM) Maternity Case Management serves women and the newborn during the perinatal period (prenatal through 8-weeks postpartum).	1. Maternity Case Management (MCM) - The goals are to support and assist pregnant women through early access to quality prenatal care, to provide assistance with the OHP application, referral to a medical provider and on-going case management for at-risk pregnant women. Services include home visits, advocacy, case management, education and the skills of a public health nurse monitoring and assessing the health and needs of this family with potential for poor pregnancy and birth outcomes. MCM is offered to prenatal women who are at risk for	1. MCM prenatal referrals are received from community medical providers, hospital maternity care coordinators, from public health clinics, WIC, Mothers Care and Healthy Start.	1. MCM intake is during the first and second trimester is the primary intake	1. MCM is staffed as part of the continuum offered by the MCH Team of Public Health Nurses. MCH Team 2.3 FTE

<p>50 Pregnant women are served annually.</p>	<p>poor health and birth outcomes. Teen pregnancy, women 40 + years of age, previous pregnancy problems, substance use, gestational diabetes and other chronic health problems that can cause a health problem for the pregnant woman and poor birth outcome of the child. This includes, low birth weight prematurity, drug effected infant, genetic problems.</p>		<p>period.</p>	
<p>2. Oregon Mothers Care (OMC) serves pregnant women needing early access and referral to prenatal services.</p>	<p>2. Oregon Mothers Care (OMC) The goal is to improve access to early prenatal care services in Linn County by providing referral for prenatal care and other related services to pregnant women as early as possible in their pregnancy. Services of OMC also include on-going outreach to pregnant women and providers serving pregnant women; the use of the statewide Safe Net hotline and local access points within Linn County.</p>	<p>2. OMC referrals come from public health clinics and local physicians offices.</p>	<p>2. OMC intake period for pregnant women supports early access to service</p>	<p>2. OMC is staffed by a bilingual health aide within the Family Planning Clinic.</p>

Perinatal Programs

Problem	Issue	Goal	Activity	Evaluation
<p>Oral health among Oregon's children has deteriorated, especially in rural Oregon. Oregon Smiles 2007 DHS Public Health</p>	<p>It is important to see a dentist during pregnancy to prevent dental problems. The dental health of a pregnant woman is reflected in the unborn child. A pregnant woman with cavity-causing germs is likely to pass them on to the baby.</p>	<p>To build a foundation for a child's healthy teeth.</p>	<p>A dental appointment before the baby is born.</p>	<p>ORCHIDS Data</p>

Linn County Child Health Programs

Population Served by Program	Service Focus by Program	Referral Process by Program	Intake Period by Program	Staffing
<p>3. Babies First (B-1st) serves medically and socially high-risk infants and young children 0</p>	<p>3. Babies First (B-1st) - The goal of this program is for a Public Health nurse to engage, assess, monitor, case manage, and to connect high risk infants to a medical home because of actual or potential risks for poor birth outcomes, attachment problems, growth and developmental risks, and concerns about high risk social and behavioral issues within</p>	<p>3. B-1st referrals are risk based and made by medical providers, hospital nurses and social worker,</p>	<p>3. B-1st Newborn through age 4 years.</p>	<p>3. Babies First is staffed as part of the continuum offered by the MCH Team of Public Health</p>

<p>to 4-years.</p> <p>150 families with young children 0-4 years are case managed annually</p>	<p>the family situation. Voluntary in-home nurse visits are offered to families with children 0-4 years. Services include case management, advocacy, health, growth & developmental screening, health and parenting education, support and referral by a public health nurse.</p> <p><i>Children served may be alcohol & drug exposed prenatally or within their environment; exposed to child abuse/neglect, failure to thrive, have poor attachment or behavioral problems, low birth weight, prematurity or showing developmental delay.</i></p>	<p>DHS child welfare and self-sufficiency staff, WIC, Maternity Case Management, Healthy Start and other community partners</p>		<p>Nurses. MCH Team</p> <p>2.3 FTE</p>
<p>4. Care Coordination (CaCoon) serves infants and children 0-18 years with special health care needs.</p> <p>100 visits are made to children with special health needs annually</p>	<p>4. Care Coordination (CaCoon) – Public Health nurses assist parents to be the case manager of their child's special health care needs.</p>	<p>4. CaCoon infants and children are referred by the CDRC, NICU's, medical providers, hospital nurses and social worker, Healthy Start and other community partners.</p>	<p>4. CaCoon Newborn through age 18-years.</p>	<p>4. CaCoon is staffed as part of the continuum offered by the MCH Team of Public Health Nurses. MCH Team</p> <p>2.3 FTE</p>
<p>5. Healthy Start (HSLC) serves first-time families, prenatally or shortly after birth. 306 families were screened. 55 received intensive home visits</p>	<p>5. Healthy Start Of Linn County (HSLC) - Offers a Welcome Baby telephone call with information and a visit to higher needs families in Linn County having their first baby. The goal is to promote positive parent-child interaction and relationship, readiness to learn, healthy thriving children, strong nurturing families and the prevention of child abuse and neglect.</p> <p>Families at higher risk receive intensive home visit services a trained family support worker who provides parenting support and education, developmental screening, access to health care and community resources.</p>	<p>5. HSLC Their health care provider, hospital nurses, WIC, Mothers Care, B-1st and the community, completes screening with a 1st time family.</p>	<p>5. HSLC First-birth families prenatally or shortly after the birth of their first baby.</p>	<p>5.HSLC is staffed by 4.0 FTE Family Support Workers</p>

Child Health Programs

Problem	Issue	Goals	Activities	Evaluation
<p>Oral health among Oregon's children has deteriorated, especially in rural Oregon. Oregon Smiles 2007 DHS Public Health</p>	<p>Infants and children require special oral health care and attention. According to the Surgeon General, dental decay (cavities) is the most common chronic disease of childhood.</p>	<p>To build a foundation for a child's healthy teeth by providing information about oral health habits in the early years.</p>	<p>Parent Handouts Preventing Baby Bottle Tooth Decay Oral Hygiene Weaning Inform parents about fluoride prevention by providing information on city water supply or well water Support a Dental Visit at 1-year</p>	<p>Staff Training ORCHIDS Data Program Handouts</p>

FY 2009 - 2010 WIC Nutrition Education Plan -NEW

County/Agency: Linn County
Person Completing Form: Katey Stoll
Date: May 1, 2009
Phone Number: (541) 967-3888
Email Address: kstoll@co.linn.or.us

Return this form electronically (attached to email) to: sara.e.sloan@state.or.us
by May 1, 2009
Sara Sloan, 971-673-0043

Goal 1: Oregon WIC Staff will have the knowledge to provide quality nutrition education.

Year 3 Objective: During planning period, staff will be able to work with participants to select the food package that is the most appropriate for their individual needs.

Activity 1: Staff will complete the appropriate sections of the new Food Package Assignment Module by December 31, 2009.

Resources: Food Package Assignment Module to be released summer 2009.

Implementation Plan and Timeline:

Linn County WIC staff will complete required sections of the new Food Package Assignment Module by December 31, 2009. Linn County WIC Coordinator will facilitate the time for completing the module and will support the module be completed as a group rather than individually.

Activity 2: Staff will receive training in the basics of interpreting infant feeding cues in order to better support participants with infant feeding, breastfeeding education and to provide anticipatory guidance when implementing the new WIC food packages by December 31, 2009.

Resources: Sessions on Infant Feeding Cues at the WIC Statewide Meeting June 22-23, 2009.

Implementation Plan and Timeline:

Linn County WIC Coordinator will encourage all WIC CPA's to attend the offered sessions at the WIC Statewide meeting on the basics of interpreting infant feeding cues. And will review information with CPA's to discuss any questions or areas needing further education after the Statewide meeting to assure good understanding of current infant feeding research and as any new information is revealed. Excluding future continuing education events, the listed goals should be completed no later than December 31, 2009.

Activity 3: Each local agency will review and revise as necessary their nutrition education lesson plans and written education materials to assure consistency with the Key Nutrition Messages and changes with the new WIC food packages by August 1, 2009.

Example: Pregnant women will no longer be able to routinely purchase whole milk with their WIC food instruments (FIs). If the nutrition education materials your agency uses indicates all pregnant women should drink whole milk, those materials would need to be revised.

Implementation Plan and Timeline:

Linn County WIC Coordinator will review current client materials and handouts to assure nutrition information provided is consistent with current key nutrition messages and the 2005 Dietary Guidelines for Americans. Any handouts or materials that are not up-to-date will no longer be used or available in the clinics. Linn County WIC will also encourage and assist other Public Health department with reviewing any nutrition education materials they may currently be offering. This review will be initiated and completed no later than August 1, 2009.

Activity 4: Identify your agency training supervisor(s) and projected staff in-service training dates and topics for FY 2009-2010. Complete and return Attachment A by May 1, 2009.

Implementation Plan and Timeline:

Training Supervisor: Leah Brunson, IBCLC, BS

Goal 2: Nutrition Education offered by the local agency will be appropriate to the clients' needs.

Year 3 Objective: During planning, each agency will develop a plan for incorporating participant centered services in their daily clinic activities.

Activity 1: Each agency will identify the core components of participant centered services that are being consistently utilized by staff and which components need further developing by October 31, 2009.

Examples: Use state provided resources such as the Counseling Observation Guide to identify participant centered skills staff are using on a regular basis. Use state provided resources such as self evaluation activities done during Oregon WIC Listens onsite visits to identify skills staff are working on and want to improve on.

Implementation Plan and Timeline:

After completing most of the ORWL Trainings, Linn County WIC staff can share concerns, struggles, and successes with the practice and experiences they are having with the participant centered services (PCS) approach. Once discovering areas that need more training or support, the WIC Coordinator and Training Supervisor with much anticipated assistance from the State WIC Program, will develop ways to help increase competency with identified learning areas. These additional trainings will be developed and completed by October 31, 2009.

Activity 2: Each agency will implement at least two strategies to promote growth of staff's ability to continue to provide participant centered services by December 31, 2009.

Examples: Using the information from Goal 2, Activity 1, schedule quarterly staff meeting time to review Oregon WIC Listens Continuing Education activities related to participant centered skills staff identified they want to improve on. Schedule time for peer to peer observations to focus on enhancing participant centered services.

Implementation Plan and Timeline:

Linn County WIC Coordinator and Training Supervisor will encourage and facilitate frequent peer to peer observations and monthly group discussions to help assist in improving the ability of WIC staff to successfully utilize and implement participant centered services, starting in June 2009 peer to peer observations will be conducted on a monthly basis, with a goal of at least five observations a month per CPA. Once a month starting in June the WIC Coordinator will schedule group discussions to focus mainly on participant centered service concerns. The goal will be to continue the observations and group discussions as long as necessary to increase their competency with working with PCS within all WIC staff.

Goal 3: Improve the health outcomes of clients and staff in the local agency service delivery area.

Year 3 Objective: During planning period, each agency will develop a plan to consistently promote the Key Nutrition Messages related to Fresh Choices thereby supporting the foundation for health and nutrition of all WIC families.

- *Breastfeeding is a gift of love.*
- *Focus on fruit.*
- *Vary your veggies.*
- *Make half your grains whole.*
- *Serve low-fat milk to adults and children over the age of 2.*

Activity 1: Each agency will implement strategies for promoting the positive changes with Fresh Choices with community partners by October 31, 2009.

Example: Determine which partners in your community are the highest priority to contact such as medical providers, food pantries, breastfeeding coalitions, and/or Head Start programs. Provide a staff in-service, written materials or presentation to those partners regarding Fresh Choices.

Implementation Plan and Timeline:

Linn County WIC program hopes to continue partnerships with various organizations in effort to collaborate and assure key nutrition messages are consistent and noticeable within the community. Current partnerships include; OSU Extension (use of various education materials), Healthy Albany Partnership and Linn County Kidco HeadStart program, which are all key player in nutrition

education and promotion. Linn County WIC program has also slowly gained a relationship with the local hospitals which will be very important for providing consistent breastfeeding education. The WIC Coordinator will log the current partnerships and attempt meetings to discuss what key nutrition messages are important to each program and how they can be made and monitored for consistency and effectiveness no later than October 31, 2009.

Activity 2: Each agency will collaborate with the state WIC Research Analysts for Fresh Choices evaluation by April 30, 2010.

Example: Your agency is a cooperative partner in a state led evaluation of Fresh Choices such as hosting focus groups or administering questionnaires with participants.

Implementation Plan and Timeline:

Linn County WIC Program will make every effort to attend/participate any State offered focus groups, questionnaires or evaluations to help review Fresh Choices within the next year.

Goal 4: Improve breastfeeding outcomes of clients and staff in the local agency service delivery area.

Year 3 Objective: During planning period, each agency will develop a plan to promote breastfeeding exclusivity and duration thereby supporting the foundation for health and nutrition of all WIC families.

Activity 1: Using state provided resources, each agency will assess their breastfeeding promotion and support activities to identify strengths and weaknesses and identify possible strategies for improving their support for breastfeeding exclusivity and duration by December 31, 2009.

Resources: State provided Oregon WIC Breastfeeding Study data, the breastfeeding promotion assessment tool and technical assistance for using the tool. Technical assistance will be provided as needed from the agency's assigned nutrition consultant and/or the state breastfeeding coordinator.

Implementation Plan and Timeline:

Linn County WIC Program will utilize the State provided assessment tool to help identify ways to improve breastfeeding frequency and duration within Linn County. And with the results of the assessment tool the WIC Coordinator and Lactation Consultant will discuss and develop plans to attempt to increase the number of successful breastfeeding woman in Linn County. Assessment tool completed and plans developed for this activity no later than December 31, 2009.

Activity 2: Each agency will implement at least one identified strategy from Goal 4, Activity 1 in their agency by April 30, 2010.

Implementation Plan and Timeline:

Once the State provided assessment tool is completed and reviewed, the WIC Coordinator and Lactation Consultant will develop a strategy such as facilitating a breastfeeding support group to attempts to help increase the number of breastfeeding woman in Linn County.

EVALUATION OF WIC NUTRITION EDUCATION PLAN
FY 2008-2009- NEW

WIC Agency: Linn County

Person Completing Form: Katey Stoll, MA, RD

Date: May 8, 2009 Phone: (541) 967-3888 x2594

Return this form, attached to email to: sara.e.sloan@state.or.us by May 1, 2009

Please use the outcome evaluation criteria to assess the activities your agencies did for each Year Two Objectives. If your agency was unable to complete an activity please indicate why.

Goal 1: Oregon WIC staff will have the knowledge to provide quality nutrition education.

Year 2 Objective: During plan period, through informal discussions, staff in-services and or/targeted trainings, staff will be able to describe the general content of the new WIC food packages and begin to connect how these changes may influence current nutrition education messages.

Activity 1: By October 31, 2008, staff will review the WIC Program's Key Nutrition Messages and identify which ones they need additional training on.

Outcome evaluation: Please address the following questions in your response.

- How were the WIC Program's Key Nutrition Messages shared with staff in your agency?
- Which messages did staff identify as needing additional training on?
- How did this training occur?

Response:

[WIC certifiers, Nutritionist, Lactation Consultant and Coordinator reviewed the Oregon WIC Key Messages and discuss as a group which topics we felt we needed training and/or clarification on. Then the Coordinator and Training Supervisor facilitated discussions to teach/clarify certain topics.](#)

Activity 2: By March 31, 2009, staff will review the proposed food package changes and:

- *Select at least three food package modifications (for example, addition of new foods, reduction of current foods, and elimination of current foods for a specific category).*
- *Review current nutrition education messages most closely connected to those modifications, and*
- *Determine which messages will remain the same and which messages may need to be modified to clarify WIC's reasoning for the change and/or, reduce client resistance to change.*

Outcome evaluation: Please address the following questions in your response.

- How did staff review the proposed food package changes?
- Which nutrition education messages were identified that need to be modified?
- How will these messages be shared with participants?

Response:

During the July 2008 Employee In-Service, Linn County WIC staff reviewed the proposed food package changes. Then our group selected three of the modifications and connected the modifications with current nutrition education messages. The areas that staff decided they needed more education or clarification in were chosen based on how the employees rated their knowledge and level of importance using a rating form developed by the Coordinator.

Activity 3: Identify your agency training supervisor(s) and staff in-service dates and topics for FY 2008-2009.

Outcome evaluation: Please address the following questions in your response.

- Did your agency conduct the staff in-services you identified?
- Were the objectives for each in-service met?
- How do your staff in-services address the core areas of the CPA Competency Model?

Response:

Yes, all planned employee in-services were conducted, and listed objectives were met. By allowing the employee in-services to be focused on their understanding and knowledge directly applies to the CPA Competency model.

Goal 2: Nutrition Education offered by the local agency will be appropriate to the clients' needs.

Year 2 Objective: During plan period, each agency will assess staff knowledge and skill level to identify areas of training needed to provide participant centered services.

Activity: By September 30, 2008 staff will review the assessment steps from the Dietary Risk Module and identify which ones they need additional training on.

Outcome evaluation: Please address the following questions in your response:

- Did staff review the assessment steps from the Dietary Risk Module?
- Which steps did staff identify as needing additional training on?
- How did this training occur?

Response:

During the July Employee In-Service, Linn County WIC staff as a group, utilizing the State provided guidance and assessment tool, identified areas needing training and/or clarification in regards to the Dietary Risk Module assessment process. It was discovered that much of the questions were in regards to how to talk to clients about the risks and how much understanding of the risks (medical conditions) was required. Much of the additional training opportunities usually occurred as informal group discussions.

Activity 2: By November 30, 2008, staff will evaluate how they have modified their approach to individual counseling after completing the Nutrition Risk and Dietary Risk Modules.

Outcome Evaluation: Please address the following questions in your response.

- How have staff modified their approach to individual counseling after completing the Nutrition Risk and Dietary Risk Modules?

Response:

Yes there have been many changes in the certification and counseling approach with the introduction to the Dietary and Nutrition Risk modules. Mainly with holding off summarizing to clients all their health risks assigned and to really focus on the main issues and the client's personal concerns.

Goal 3: Improve the health outcomes of WIC clients and WIC staff in the local agency service delivery area.

Year 2 Objective: During plan period, in order to help facilitate healthy behavior change for WIC staff and WIC clients, each local agency will select at least one objective and implement at least one strategy from the Statewide Physical Activity and Nutrition Plan 2007-2012.

Activity 1: Identify your objective and strategy to facilitate healthy behavior change for WIC staff.

Outcome Evaluation: Please address the following questions in your response.

- Which objective and strategy did your agency select?
- How did your agency decide on this objective and strategy?
- Did the strategy help meet the objective?
- What went well and what would you do differently?

Response:

This activity was not successfully accomplished. The WIC Coordinator proposed to introduce and attempt to implement a department wide policy regarding food served at social events or staff meetings, in effort to have available healthy food choices in addition to the "typical" foods served at workplace events such as; donuts, pastries, chips, etc... The proposed policy would encourage or require employees to include healthy food choices at work place events with food served. The WIC Coordinator has intention to complete this activity eventually once time is available.

Activity 2: Identify your objective and strategy to facilitate healthy behavior change for WIC clients.

Outcome Evaluation: Please address the following questions in your response.

- Which objective and strategy did your agency select?
- How did your agency decide on this objective and strategy?
- Did the strategy help meet your objective?
- What went well and what would you do differently?

Response:

Linn County WIC always has nutrition display boards in the WIC clinic areas, up-to-date client brochures, quarterly nutrition and health focuses at WIC Expos and on-going display and promotion of the Fruits and Veggies More Matters™ campaign. It is a fun and easy way to promote health, especially with all the great State provided posters and displays. It difficult to identify the effectiveness of the information provided but it is obvious that clients are curious and asking questions about information and topics we have displays for. The WIC Coordinator does feel this is an effective and efficient way of promoting general health and nutrition information.

Goal 4: Improve breastfeeding outcomes of clients and staff in the local agency service delivery area.

Year 2 Objective: During plan period, in order to help improve breastfeeding outcomes for WIC participants, each local agency will select at least one objective and implement at least on strategy from the Statewide Physical Activity and Nutrition Plan 2007-2012.

Activity 1: Identify your objective and strategy to improve breastfeeding outcomes for WIC clients.

Outcome Evaluation: Please address the following questions in your response.

- Which objective and strategy did your agency select?
- How did your agency decide on this objective and strategy?
- Did the strategy help meet your objective?
- What went well and what would you do differently?

Response:

The WIC Coordinator and WIC Lactation Consultant have mostly satisfied this activity by having increased communication with other breastfeeding professionals within local hospitals, medical clinics, pregnancy centers and other maternal and infant care facilities within Linn County. A formal partnership or network system is not in place but we definitely see a need for this communication to be more solid and consistent. The WIC Coordinator and WIC Lactation Consultant plan to continue efforts to make positive connections with breastfeeding partners within the community in effort to provide consistent and accurate breastfeeding support to WIC clients.

Attachment A- NEW
FY 2009-2010 WIC Nutrition Education Plan
WIC Staff Training Plan – 7/1/2009 through 6/30/2010

Agency: Linn County WIC

Training Supervisor(s) and Credentials: Katey Stoll, MA, RD and Leah Brunson, BS, IBCLC

Staff Development Planned

Based on planned new program initiatives (for example Oregon WIC Listens, new WIC food packages), your program goals, or identified staff needs, what quarterly in-services and or continuing education are planned for existing staff? List the in-services and an objective for quarterly in-services that you plan for July 1, 2009 – June 30, 2010. State provided in-services, trainings and meetings can be included as appropriate.

Quarter	Month	In-Service Topic	In-Service Objective
1	July	New Food Package Assignment and Implementation	To provide staff guidance on the understanding the new Food Packages and the processes to be implemented in effort to make the transition as easy as possible.
2	October	Participant Centered Services Review of Infant Feeding Guidelines	Continued encouragement, assessment and support with the WIC staff competency in offering PCS.
3	January	2010 Dietary Guidelines for Americans	Review new 2010 Dietary Guidelines for Americans with Public Health staff in effort to promote and educate on changes to the guidelines.
4	April	Effective Group Nutrition Education	Brainstorm and develop new NE opportunities within our local agency in effort to offer more variety to nutrition topics currently offered.

C. Environmental health – Comprehensive- NEW

Include the following in this section:

1. A description of the problems, goals, activities, and evaluations related to environmental health from OAR 333-014-0050 (2) (e) and ORS 431.416 (2) (e).

The major problem we face is implementing program requirements that are not consistent with real world public health priorities. For example:

- Industry influence seems to exceed that of the general public and regulators, and
- At times, proposed rules, interpretations, or policies seem to go beyond legislative intent and authority

Our goals are to fulfill the contractual requirements between DHS and Linn County for Environmental Health Services.

We conduct the activities necessary to provide program services in all areas of 333-014-0050(2)(e).

Evaluations are in the form of the annual Environmental Health Statistics Report, and DHS Triennial Review.

Eric Pippert's recent site visit (2009) was a welcomed and useful departure from past practices.

2. A description of the problems, goals, activities, and evaluations related to your contract (program elements) with the DHS. This will include any items not fully captured above. The reader should be able to understand your approach to providing the services in your contract:

Statewide goals, program activities, evaluations and public health priorities are not always in alignment. For example, if one goal is to develop the food protection program in a manner consistent with the FDA Model Retail Food Program Standards, then the annual self review and triennial review should be completely aligned with and supportive of that goal. The mandatory FDA based field standardization does not mirror our day to day inspection procedure. One or the other should change.

An opportunity for regular evaluation of DHS by local health authorities concerning significant state program activities (for example, rule making, training, technical assistance, program development efforts and public health priorities) would be welcomed and meaningful if appropriate changes are made as a result. The Drinking Water Program provides a good example of well articulated goals, pertinent evaluation tools, alignment, and tight integration between state and local efforts.

3. A description of how the program will accomplish the following program requirements. This will, in part, be a description of your management and staffing plan.
 - a. Licensure, inspection and enforcement of facilities under ORS 624, 448, and 446: By complying with the requirements of the statutes.
 - b. Consultation to industry and the public on environmental health matters: By responding to requests based on health significance and available resources.
 - c. Investigation of complaints and cases of foodborne illness: By investigating, tracking and closing all complaints received, and by following the investigative guidelines for foodborne illness.
 - d. Staff access to training and satisfaction of training requirements: At a minimum, staff attend all mandatory training.
 - e. Reduction of the rate of health and safety violations in licensed facilities and reduction of foodborne illness risk factors in food service facilities: Good question. These reductions will likely come as a result of more effective program development (i.e. alignment with real world public health priorities and needs) at the state level. We faithfully implement all existing program requirements to the full extent allowed within the financial and legal constraints of our contract with DHS.

D. Health Statistics

Linn County births for 2008 were 1467 and deaths were 954. The Oregon Health Division web site has preliminary 1st births at 604. In 2008 we issued 168 birth certificates to parents compared to 173 in 2007, which is a slight decrease in birth certificate issuance or \$100 decrease in revenue for 2008. We still hand register all Linn County death certificates as well as computer entry for all deaths for which we produce certified copies. Birth certificates are directly registered into the computer system by the hospitals through the State and we download any requested copies and enter intaglio information and orders for certified copies into the computer system. All billing is still done by hand as that phase of the computer system is still to come. The State computer system for vital stats is OVERS (Oregon Vital Events Registration System)

F. Information and Referral

All of our site telephone numbers and addresses are listed in the various telephone books throughout the county. Staff is competent in triaging individuals who may have questions about services we do not offer as well as knowledgeable about program area services located within the department of health services. Many of our

specific programs have brochures which speak to eligibility for that particular program. In addition, Linn County Department of Health Services has a brochure with all of its programs. (Alcohol and Drug, Mental Health, Developmental Disabilities, Environmental health, Commission on Children and Families and Public Health). Our website is well maintained with timely information and we are expanding the linkages within the site.

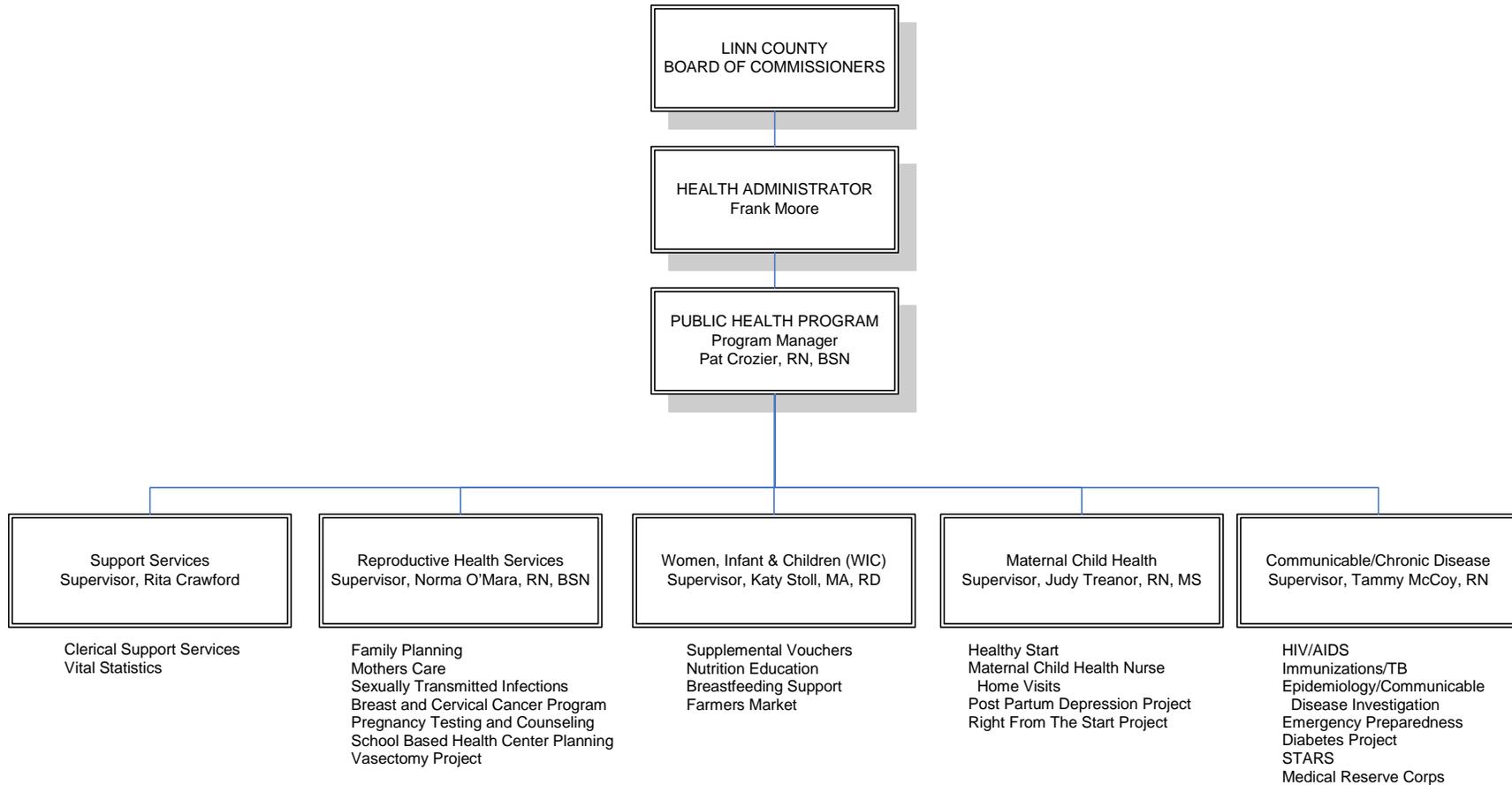
Love, Inc. is an information and referral agency that is nationwide with an affiliate in Benton County. Linn County has been pursuing an office which would pull together most of the faith communities in Linn County to work together on services for vulnerable populations.

III. Additional Requirements

A. Organizational Chart

B. CCF Comprehensive Plan Coordination

Linn County Department of Health Services Public Health Programs



B. Linn County Local Public Health Authority is the governing body that oversees the local commission on children and families.

V. Unmet Needs

1. **Physical activity and nutrition**- we are not doing enough to address these issues. [We have applied to DHS Public Health for a Capacity Building Grant which would begin the process of a county wide effort to address these issues.](#)
2. **Chronic disease prevention**- not nearly enough being done in Linn County. This is what county public health programs should be dealing with. We have no county programs that address the needs of this population much less focus on the prevention of chronic disease. We would need a health educator to coordinate an effort. [The Capacity building Grant would be the first step in addressing the burden of chronic disease in Linn County.](#)
3. **School Based Health Centers**- We are shamefully unable to provide school based access to health care for any of our children in Linn County. This is even in light of the alarming rate of asthma in our school aged children. [Our administrator is again beginning conversations with various school superintendents and exploring willingness to discuss possibilities.](#)
4. **Senior Services**- 14.9% of our population is over age 65 yet all we offer to seniors is maybe a flu shot every year. How can we help them manage their chronic disease? How can we help them stay fit and healthy? Let's work with Senior and disabled Services, our cities senior centers, the YMCA and Samaritan Health to make sure our seniors don't fall through the cracks. [The Chronic Disease Capacity building grant would again be the first step in addressing the issues facing our seniors. A Health Educator would be a good fit for a coordinator.](#)
5. **Dental** - Linn County continues to have difficulty addressing the dental needs of adults as well as children. Various communities within the county are more active in finding dental resources than others. Lebanon has brought the Northwest Medical/dental van to schools in conjunction with their Department of Human Services integration project which will no longer be funded. Helping Hands homeless shelter has been able to bring the dental van to its facilities with great success. Samaritan Health's "In-Reach" Clinic, which is housed at our Albany clinic site, is actively seeking funding to provide the dental component to their existing clinic services.
6. **Access to Services** – Other than the communities of Albany and Lebanon, primary care services are not available to all Linn County citizens. We are discussing the possibility of the Linn Benton FQHC locating in Sweet Home once a week to ease the burden of no universal access in that community.
7. **Perinatal Tobacco Use**- Currently 20% of pregnant women in Linn County use tobacco while the state percentage is 12%. We need to know who these women are, where they live and how do we reach them. A health educator would be very helpful in starting this process.
8. **Community Assessment**- We have no current county wide assessment to help us identify the health needs in Linn County. The Healthy Communities Capacity Building Grant would spearhead this effort.
9. **Emergency Preparedness Capacity**- Because of budget shortfall we have reduced the FTE of our registered nurses which decreases our ability to respond to emergencies within the county. Our major role as a public health agency is to prevent and control the spread of communicable disease which requires the skills of trained registered nurses.

VI. Budget

Shirlee Wertz is the keeper of our budget information. She can be reached at (541) 924-6914 ext. 2035 and swertz@co.linn.or.us.
Our address is P.O. Box 100
Albany, Or 97321

VII. Minimum Standards

Agencies are **required** to complete this section.

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. (After 5 ½ years, we do every two years)
14. Yes No Evidence of staff development activities exists.
15. Yes No Personnel records for all terminated employees are retained consistently with State Archives rules.
16. Yes No Records include minimum information required by each program.
17. Yes No A records manual of all forms used is reviewed annually.
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

103. 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.

104. 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.

105. 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.

Agencies are **required** to include with the submitted Annual Plan:

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



Local Public Health Authority
Roger Nyquist Chairman
Board of Commissioners

Linn
County

5/20/09
Date