



**LINCOLN COUNTY**

**PUBLIC HEALTH**

**COMPREHENSIVE PLAN  
2008 - 2011**

*Annual Plan  
May 2010*

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.

  
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Don Lindly, Lincoln County Commission  
Local Public Health Authority Board of Health

Lincoln County  
County

June 2<sup>nd</sup>, 2010  
**Date**

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## **LINCOLN COUNTY**

### **PUBLIC HEALTH**

## **COMPREHENSIVE PLAN 2008 - 2011**

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## **I. EXECUTIVE SUMMARY**

## **EXECUTIVE SUMMARY**

This is the second Annual Report of the Comprehensive Three Year Plan developed for Lincoln County Public Health according to the new state guidelines.

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

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

The Local Public Health Advisory Committee (PHAC) is very committed to its role of advising Lincoln County Health and Human Services on issues related to the advancement of public health. In the past year, members have received information, participated in discussion, reflected upon and encouraged Public Health staff to continue to adhere to the principals of the 10 Essential Elements of Public Health.

The entire Public Health Division was budgeted at 19.4 FTE for fiscal year 2009-10. These trained and dedicated staff members deliver all public health services. The department had an approved budget of \$2,468,234 for FY 2009-11. There have been staffing changes at the Administrator and Division Director level during this past year, as well as staffing changes including some FTE reduction proposed at the program level for the coming year.

### **Local Activities related to the Ten Essential Elements of Public Health**

#### **1.1. Monitor Health Status to identify community health problems:**

- 1.1.1. Administration of 5,500 H1N1 vaccinations in a variety of settings in the county.
- 1.1.2. Administration of 3,000 Seasonal flu vaccinations in a variety of settings in the county.
- 1.1.3. Development of an active surveillance system for early illness detection with participation of every school in the Lincoln County School District
- 1.1.4. Integration of PH Managers and EH Management and staff into a 24/7 response team
- 1.1.5. Monitor child and adolescent immunization rates
- 1.1.6. Full compliance with OR State Immunization Exclusion Law which resulted in children receiving needed immunizations to continue to attend school and child care.
- 1.1.7. Participation in HPV Special Project to address cervical cancer prevention in low income/uninsured
  - 1.1.7.1.1. women between the ages of 19-26.
- 1.1.8. Continue to promote TDap to address increasing numbers of pertussis cases
- 1.1.9. Offer Shingles vaccine – Zostavax – for individuals 60 and older
- 1.1.10. Review health and social history through home visit program and WIC programs
- 1.1.11. Weight and height measurements 2x/year on every WIC client.
- 1.1.12. Continue developmental screening through home visit program to detect delays early, prevent child
  - 1.1.12.1.1. abuse and educate parents
- 1.1.13. Assess health risks and deliver needed interventions (TB testing, immunizations, HIV/AIDS
  - 1.1.13.1.1. Testing, etc) of the county homeless population via the annual Homeless Outreach Event.

#### **1.2. Diagnose and investigate health problems and health hazards in the community:**

- 1.2.1. Drinking Water program staff test water systems to discover and eliminate chemicals, organisms and biological contaminants which could affect health status.
  - 1.2.2. CD and MCH staff work closely together to identify and stop the spread of communicable disease in infants, their parents or caregivers, and other household members.
  - 1.2.3. EH and CD staff respond to illness complaints to identify, track and take measures to prevent disease transmission.
- 1.3. Inform, educate and empower people about health issues:
- 1.3.1. SBHC's have received School Board consent to provide full reproductive health services, including dispensing birth control methods and ECPs.
  - 1.3.2. Continue significant outreach county wide concerning HIV/TB
  - 1.3.3. Offer Food Handler classes in English and Spanish multiple times each year – with 181 food handler cards issued to class participants to date in FY 2009-10 and an additional 693 food handler cards issued FY 2009-10 to date via on-line testing methods to Lincoln County residents.
  - 1.3.4. Continue work with business owners related to the passage of the Indoor Clean Air Act (ICAA)
  - 1.3.5. Interface with first responders, Hepatitis A/Hepatitis B (TWINRIX), Tuberculosis (TBST), and tetanus, diphtheria, pertussis (TDap), H1N1 and seasonal flu vaccination
  - 1.3.6. Development, publication and electronic distribution of a newsletter “All Things Flu” on a weekly or bi-weekly basis from November 2<sup>nd</sup> until April 26<sup>th</sup>, 2010.
  - 1.3.7. Establishment of a restaurant “blast” list to distribute urgent information to restaurant owners and operators.
  - 1.3.8. Presentations to Lincoln County Board of Commissioners, Lincoln County PH Advisory Committee and multiple community groups regarding the County Health Rankings and specific Lincoln County health data.
- 1.4. Mobilize community partnerships to identify and solve health problems:
- 1.4.1. Environmental Health staff work closely with DEQ to investigate and resolve illegal dumping into shoreline water.
  - 1.4.2. Environmental Health staff work closely with Dept. of Agriculture to coordinate outbreaks related to seafood production, sale, and/or consumption.
  - 1.4.3. Solidified relationships with organizations in the community and the region to promote and support the Living Well with Chronic Conditions workshops. Receipt of 2 different grants (via Samaritan Health Services and AARA Federal Stimulus funding to Seniors and Persons with Disabilities) to support local Living Well coordination by PH.
  - 1.4.4. Outreach community wide concerning the prevention and control of influenza (both seasonal and H1N1)
  - 1.4.5. Conducted multiple long-term care facility outbreaks
  - 1.4.6. Conducted outbreak investigation and provide vaccination on-site at local Job Corps facility with PH staff, hospital staff, and facility medical and nursing staff.
  - 1.4.7. Dental research grant received for the “Baby Smiles” project with Klamath County and the University of Washington
  - 1.4.8. Launch of new Tobacco Advisory Coalition with community members to impact county tobacco use rates.
  - 1.4.9. Participate as a partner in the formation of the Lincoln County Local Emergency Planning Committee
  - 1.4.10. Participate as mandated as a participant in the Lincoln County Public Safety Coordinating Council
  - 1.4.11. Participation of the Lincoln County Commission on Children and Families Director as a member of

our Lincoln County Public Health Advisory Council.

- 1.4.12. Plan and participate in joint preparedness exercises with hospital system partners.
- 1.5. Develop policies and plans that support individual and community health efforts:
  - 1.5.1. Development of a Hepatitis C outreach and testing program
  - 1.5.2. Development of policy to closely link enforcement of the Indoor Clean Air Act between the Tobacco Prevention Education Program Coordinator and the Environment Health staff.
  - 1.5.3. Development of policy to create “Smoke Free Campus” affecting all HHS properties and operations.
  - 1.5.4. Contract amendment process finalized with Lincoln County School District to allow comprehensive reproductive health care including the dispensing of birth control
- 1.6. Enforce laws and regulations:
  - 1.6.1. Continue to provide 24/7 on-call system for disease reporting and response
  - 1.6.2. Responded to 54 Indoor Clean Air Act (ICAA) complaints from January 2008-June of 2009 and 16 additional complaints from July 2009-June 2010.
  - 1.6.3. Completed 16 on-site inspections of all ICAA complaints from January 2008-June of 2009 and 4 on-site inspections from June 2009-June 2010 when required.
  - 1.6.4. Completed food safety inspections and license for all food service restaurants, limited service restaurants, mobile units, warehouses, commissaries, Bed and Breakfasts, Benevolent Organization Food Service, schools, and temporary food booths
  - 1.6.5. Licensed and inspected traveler’s accommodations for safety and cleanliness
- 1.7. Link people to needed personal health services and assure the provision of health care when otherwise unavailable:
  - 1.7.1. Identify gaps/remove barriers to services by providing care to students at four School Based Health Clinics (SBHC)
  - 1.7.2. More than 70% of SBHC sites were provided to students with no other access to care – pregnant women are referred to Oregon Mother’s Care to assure access to prenatal care, Oregon Health Plan, WIC and MCM
  - 1.7.3. HIV Prevention Program – testing and referral resources
  - 1.7.4. Support current efforts of the Primary Care Division of Lincoln County Health and Human Services Department in their new role as a contract partner to provide VA services to coastal residents on-site at our two county FQHC offices.
  - 1.7.5. Integrate Tobacco Prevention efforts with MH Day treatment; work closely with RN in MH setting to assure that clients receive Quit Line information and cessation resources.
  - 1.7.6. Obtain stable funding for Living Well Program Coordination via grant resources.
- 1.8. Assure competent workforce:
  - 1.8.1. Provided CPR training for staff
  - 1.8.2. Re-instituted a regular quarterly schedule for all PH Division staff meetings to improve agency communication and provide required trainings.
  - 1.8.3. Staff education regarding access to health information, guidance and alerts in an emergency using the Health Alert Network (HAN)
  - 1.8.4. Staff participation in state-provided trainings (State PH Emergency Preparedness Meeting, State Tobacco Contractor’s Meeting, State WIC Conference, State Immunization Conference, OR Epi Conference, State Drinking Water Meeting, etc)

- 1.8.5. Development of and utilization of on-line HIPPA annual training tool for all Lincoln County HHS staff.
  - 1.8.6. Full licensure as an RS of both of our Environmental Health trainees after 2 years of training and passage of a rigorous national standardized examination.
  - 1.8.7. Trained Home Visit Staff in screening techniques for maternal depression and childhood autism
  - 1.8.8. MCH staff trained and continues to use Orchids for data collection
  - 1.8.9. Trained staff and continues to use Electronic Birth Registry System (EBRS) and Electronic Death Registry System (EDRS) for recording vital statistics
  - 1.8.10. Trained nurses in University of Washington NCAST feeding and teaching scales in observation of parent/child interactions. Have Home Visiting Nurses be certified.
- 1.9. Evaluate effectiveness, accessibility and quality of personal and population based services:
- 1.9.1. Integrated model of service provision with separately funded SBHC's offering comprehensive health and social services to school aged children and their families
  - 1.9.2. Development of additional public health surveillance tools that can be used in a medical surge event
  - 1.9.3. Continued to work with public systems to comply with the Clean Water Act
- 1.10. Research for new insights and innovative solutions to health problems:
- 1.10.1. Continued to collect data concerning the ages, chronic conditions and number of care visits of all participants of Living Well with Chronic Conditions workshops.
  - 1.10.2. Development of wireless technology capacity for WIC staff to be able to provide Farmer's Market vouchers on-site at the Farmer's Market
  - 1.10.3. Continued to use the Oregon WIC Breastfeeding Study Data to promote and support activities in the County
  - 1.10.4. Continue to research tobacco use and the dangers of secondhand smoke to provide support and direction to Multi-Unit Housing property owners
  - 1.10.5. Using nationally recognized outcome strategies, developed a comprehensive community approach for the promotion of Teen Sexual Health



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## **II. ASSESSMENT**

## A. LINCOLN COUNTY DEMOGRAPHICS

Located on a mostly rural portion of Oregon's central coast, Lincoln County has a total of 980 square miles and a total population of 45,946 (US Census Quick Facts 2008 estimate). It lacks a major metropolitan area and consists of many small communities scattered throughout the geographic region. This rural geography often isolates families. Isolation is compounded by the limited public transportation system. Newport, the largest town and county seat, has a population of 9,740. Lincoln City is the next largest with 7,420. 38% of the population lives in rural unincorporated areas.

(Final, July 1, 2003 Estimates – Oregon, Its Counties and Incorporated Cities).

<b>Racial and Ethnic Group</b>	<b>Percentage of County (Census Quick Facts 2008 Estimate)</b>
White	91.9
Native American/Alaska Native	3.4
Asian	1.1
Hispanic/Latino	7.6
Over age 65	19.7 (State average is 13%)

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

## B. Inventory of Community Planning Processes

Since 2002, eleven major community planning processes have defined Public Health issues and needs. These processes are detailed as follows:

Community Health Improvement Partnership (CHIP)	Began October 2002 (Continuing process)
Healthy Active Oregon Institute	June 2004
Federally Qualified Health Center	Established July 2006 (Continuing process)
Public Health Assessment	December 2004
Maternal Child Health Assessment	December 2004
League of Women Voters Child Health Study	July 2005
Managing Chronic Care Through Collaboration Conference	October 2005
Chronic Care Committee	October 2005 (Continuing process)
Community Workshop Local School District Wellness Policy	January 2006
Lincoln Commission on Children and Families Strategic Planning	January 2007 (Continuing process)
Teen Reproductive Health Teen Survey Community Forum Community Health Improvement Process	2007 (Continuing process)
Lincoln County School District	Contract amendment process finalized December, 2008

## **C. PROVISION OF FIVE BASIC SERVICES – (ORS 431.416)**

Recruiting, training and maintaining management and program, direct service staff to meet requirements of statutes and rules is a priority for Public Health.

Continued prevention of the onset and spread of communicable diseases, infections and conditions.

Increasing Vaccination status for all antigens for two-year-olds, as well as adolescents through the community coalition, public health clinics, school based health centers and media messaging is the goal of the immunization program. Of special emphasis is the current special project which makes the HPV vaccine series to prevent cervical cancer available to 19-26 year olds at no cost (except for an administration fee).. Family planning strives to decrease unintended pregnancies as well as increase local rates of breast and cervical cancer screening

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

Birth and death certificates are submitted on time (100% of the time) to state Vital Statistics with 98% accuracy using online technology. Improving, updating, and publicizing information about Public Health Services is a primary focus.

### **A. Epidemiology and Control of Preventable Diseases**

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

Immunizations are available for both children and adults at Lincoln County Public Health, as well as at our two FQHC locations and our School Based Health Center locations. (e.g. required and recommended childhood immunizations). In addition, the vaccine for shingles, Zostavax, is now available for those 60 years and above. Rabies vaccine is available through DHS. Treatment can be given locally.

Flu and pneumonia clinics continue to be offered at various county locations and by appointment at the Public Health offices.

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

The Maternal and Child Health Program seeks to provide a multi-faceted approach to ensuring the healthy development of very young children through interacting in a variety of ways with pregnant women, new mothers and families. Intervention at an early stage can decrease infant mortality and Sudden Infant Death Syndrome (SIDS), reduce the use of alcohol and tobacco during pregnancy and increase the percentage of healthy newborns whose mothers received prenatal care during the first

trimester. Continuing assistance with young families can improve the physical, developmental and emotional health of high-risk infants, increase the immunization status of small children, decrease child abuse and improve the health, safety and development of children in childcare settings. Service delivery programs include: Oregon Mother's Care, Maternity Case Management, Babies First, Cacoon, Child Care Health Consultation, and Family Home Visiting.

New to our department this year is the Baby Smiles research project in conjunction with the University of Washington and Klamath County. Lincoln County was selected to participate in this project based on our local high rates of dental disease and decay in young children. The goal of the project is to document the effectiveness of methods to stop the transmission of bacteria related to dental issues from mother to child. Interventions will begin in pregnancy and women and children will be followed for the long term.

## **C. Environmental Health Services**

### Licensed Facilities

Besides the Drinking water contract, the PH Division maintains a contract with the State to license 629 facilities including Restaurants, pools, spas, motels, RV parks and organizational camps. Most facilities are inspected semi-annually by a staff consisting of:

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

Additionally, 103 temporary food booths have been licensed to date in FY 2009-10. With regards to the pool program, a training manual is available for new swimming pool and spa pool operators. One EH staff person is required to be a certified pool operator and has received the appropriate training to meet this requirement.

### Food Handler Training

Food Handler Training in English and Spanish is provided to the community on a regular basis. 25 Food Handler trainings have been provided resulting in 181 cards being issued to date in FY 2009-10, as well as an additional 693 Food Handlers being licensed via on-line testing processes. One person on staff is required to be standardized with respect to food service inspections. Additionally, the staff investigates food borne illness complaints and is part of the investigative response for food borne outbreaks.

### Other Inspections

Inspections of public food service that are not licensed including: food service in schools, day care facilities, summer lunch program, correctional facilities, elderly nutrition program and kitchens serving indigent populations.

### Communicable Disease

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

## Drinking Water Systems

### A. Public Drinking Water Systems (Federal Definition):

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

### Public Drinking Water Systems (State Definition)

As the local PH agency (in partnership with OR State Health Division) EH staff consult with state regulated water system operators upon request of either the system operator or state staff. Counsel and guidance are provided as requested or appropriate.

### Private Drinking Water Systems

The Drinking Water Program requires relationships with 61 smaller public drinking water systems throughout the county. The systems range in size from the small state regulated systems of four to 14 connections to the larger community systems defined by the EPA as having 15 or more connections. Most of our population obtains their drinking water from a few city systems; due to our mid-size county population, most of the systems are the smaller state regulated size. In 2009, more attention was focused on the many smaller systems. Effective EH involvement in the Drinking Water Program reduces the incidence of water borne illnesses.

### On-Site Sewage Program

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

### Solid Waste Program

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

### Indoor Clean Air Complaints

Currently the Tobacco Prevention Education Program Coordinator is responsible for responding to complaints and adherence to the guidelines for the Indoor Clean Air. Due to the return of Tobacco funding to the County, a close partnership has been formed between the Tobacco Coordinator and the Environmental Health Staff to ensure strict compliance of the Indoor Clean Air Act. EH staff observe conditions related to the ICCA law when doing routine restaurant and facility inspections in the field and provide educative information to owners and operators.

## Emergency Response

A team of qualified RN and EH staff form the required by law 24/7 response by PH at the local level. These team members are trained to receive and investigate any reports of potential or actual risk that would affect the public and the environment. This team provides support (supplemented by other PH Division staff if needed) to protect the health and safety of the public in the event of a hazardous incident investigation.

As part of the emergency response team, Environmental Health Specialists participate in public health preparedness workshops, tabletops, drills and exercises. In the event of an emergency, they would be responsible for inspecting emergency shelters to assure safe drinking water, sewage disposal, food preparation, solid waste disposal and vector control as well as serving as technical topic specialists to County Emergency Management. Our Environmental Health staff would also be core responders in investigation/intervention of communicable disease outbreaks, particularly if such outbreaks were determined to be food related.

Effective July 1<sup>st</sup>, 2010, one of our Environmental Health Specialists will assume the role of PH Preparedness and Response Coordinator for Lincoln County PH.

### **Other Services:**

- Primary care provided through Lincoln Community Health Center (our Federally Qualified Health Center) at locations in Newport and Lincoln City.
- Primary care provided through School Based Health Centers at 4 sites in Toledo, Newport, South County, and Lincoln City.
- Public Health Emergency Preparedness and Response
- Coordination of “Living Well with Chronic Disease” for county residents (an evidence based intervention from Stanford University)
- Tobacco Control and Prevention.

## **D. Assessment Data based on the County Health Rankings**

The national County Health Ranking project has afforded Lincoln County the availability of assessment data that can be shared in this plan as well as shared broadly in the community. Funded by the Robert Wood Johnson Foundation, the County Health Rankings gives counties comparative information based on available state and local data from a variety of credible sources. The report was released on February 17<sup>th</sup>, 2010. The project has been funded for 3 years; new reports will be published annually during that time. This initial report will serve as a benchmark for the future and provide a basis by which to measure progress achieved by focused evidence-based interventions. There are limitations to the data in some areas of the report; data may span multiple years to reach statistically valid local sample size and may “lag” behind (not fully reflecting community efforts that have been directed at improvements). Despite these limitations, the County Health Ranking is the most comprehensive report ever made available for local use which examines the health of Lincoln County residents.

Lincoln County Health and Human Services employs no staff with epidemiological or statistical expertise. We have chosen to rely on the County Health Rankings data provided for us in the assessment portion of our Annual Plan for 2010-10 and will continue to do so in future years.

Lincoln County ranked in the bottom 1/3 of the state of Oregon in both Health Outcomes and Health Factors scoring. It can be said that the measures reflected in the Health Factors areas are predictive of the final Health Outcomes ranking. The determinants of health represented a complex and interactive equation; much of “health” occurs outside of a clinical setting.

**Lincoln County Health Outcomes Ranking:** 26<sup>th</sup> of 33 counties in Oregon

**Lincoln County Health Factors Ranking:** 25<sup>th</sup> of 33 counties in Oregon

## **Health Outcomes**

### **Mortality and Morbidity:**

**Lincoln County Ranking: 28th of 33 Counties**

Mortality is a measure of premature death or years of life lost prior to the age of 75. Lincoln County residents die at younger ages from a variety of causes. Accidental deaths, suicides, motor vehicle death rates, cardiovascular disease and stroke, and cancer all contribute to the higher early death rate of local residents. Underlying many of these causes of early death is the data related to the county tobacco use rate (to be discussed in another section of the report).

Morbidity contributors include BRFSS data related to self reported fair or poor health, poor physical health days and poor mental health days. 19% of Lincoln County residents surveyed reported themselves to be in fair or poor health.

Morbidity data also included an examination of the percentage of low birth weight babies born to county residents between 2000 and 2006. Lincoln County had between 20-30 infants classified as low birth weight born during 2001, 2002, 2003, 2004, 2005 and 2006. Looking at more current preliminary data than was included in the County Health Ranking project, Lincoln County women delivered 31 low birth weight infants in 2009; this represents 6.7% of all live births to county residents in 2009.

## **Health Factors:**

### **Lincoln County Ranking: 25th of 33 Counties**

The County Health Ranking Project used a combination of weighted measures (as reflected below) to reach the Health Factors ranking for each county.

**Health Behaviors: 30% of Health Factor Ranking**  
**Clinical Care: 20% of Health Factor Ranking**  
**Social and Economic Factors: 40% of Health Factor Ranking**  
**Physical Environment: 10% of Health Factor Ranking**

As we focus on the Lincoln County data for each of the 4 weighted areas, we see the following:

**Individual Health Behaviors:**  
**Lincoln County Ranking: 29<sup>th</sup> of 33 counties**

#### **Tobacco Use:**

- **Adult Smoking Rates: 28.5 % of Lincoln County adults are smokers.** The rate of smoking by Lincoln County residents is higher than 35 of 36 other Oregon counties. The overall smoking rate for Oregon state residents is 19%. In a closer look at neighboring counties, Benton County's rate is 11%, Polk County's rate is 16%, and Lane and Tillamook County are both at 20%. Smoking patterns are predictive of increased rates of future disease and early death. Smokers die an average of 14 years earlier than non-smokers.
- **Tobacco Use During Pregnancy:** 2007 Birth Certificate Data shows that of the 470 live births to county residents in that year, 99 women or 23% of women report smoking while pregnant. Lincoln County ranks 5<sup>th</sup> in the state for 2007 in the number of women smoking during their pregnancies. Smoking during pregnancy has been definitively linked to the delivery of smaller birth weight infants.
- **8<sup>th</sup> Grade Smoking Rates:** 2008 Lincoln County Oregon Healthy Teens data showed 9.2% of 8<sup>th</sup> grade students reported cigarette use in the previous 30 days. This is an increase of 1.2% over the preceding year. 19.3% of these same 8<sup>th</sup> graders reported that they had (sometime in the past) smoked a whole cigarette with some reporting that happening at 8 years of age or earlier.
- **8<sup>th</sup> Grade Snuff/Chew Rates:** 2008 data also reveals that 3.6% of 8<sup>th</sup> grade students reporting use of chewing tobacco or snuff in the previous 30 days.
- **11<sup>th</sup> Grade Smoking Rates:** 2008 Lincoln County Oregon Healthy Teens data showed that 20.8% of 11<sup>th</sup> grade students reported cigarette use in the previous 30 days. This pattern reflects a slight decrease (1.2% lower) from 2007 data.

- 11<sup>th</sup> Grade Snuff/Chew Rates: 9.9% of 11<sup>th</sup> grade students reported use of chewing tobacco or snuff in the previous 30 days.
- In 2006 (the last full year for which data has been analyzed), 158 deaths or 28.7% of all Lincoln County deaths could be attributed to tobacco. An additional 117 deaths did not contain the degree of detailed information on the death certificate to be determined to be either tobacco related or non-tobacco related. The percentage of deaths which are linked to tobacco use in 2006 is nearly the same as the percentage of current Lincoln County adults who smoke. Smoking patterns are predictive of future diseases and early death.

### **Adult Obesity:**

- The definition of obesity is an individual that has a BMI (Body Mass Index) which exceeds 30kg/m<sup>2</sup>. BRFSS data from 2004-2007 show that 28.6% of Lincoln County residents meet this definition of obesity; by comparison, the Lincoln County level of obesity exceeds the OR State level of 24.1% of state residents meeting the same standard.
- In addition to those individuals in the county population who have been classified as obese, it is important to examine those additional individuals who meet the definition of overweight; BMI (Body Mass Index) at 25-29.9 kg/m<sup>2</sup>. An additional 37% of Lincoln County residents are estimated to meet this lower standard, compared to 36.3% of state residents.
- When overweight and obesity data are added to together to represent risks in Lincoln County residents, we see that 65.6% of Lincoln County residents are either overweight or obese. This represents nearly 2/3 of all county residents.
- Generally, BRFSS data is considered highly reliable. However, one recent study has shown that height and weight obtained via BRFSS telephone survey questions may underestimate weight when compared to actual measurement.....the implication of this information is that the rates of obesity and overweight may be underreported in the Lincoln County data obtained via BRFSS.

## Alcohol Use:

The County Health Ranking project attempted to capture the prevalence of excessive alcohol use by the use of two indicators; binge drinking is defined as five or more drinks at one time by a man or four or more drinks at one time by a woman and motor vehicle crashes act as a proxy for impaired driving with alcohol as an underlying cause. Binge drinking is a risk factor for a number of adverse health outcomes including alcohol poisoning, hypertension, acute myocardial infarction, sexually transmitted infections, unintended pregnancy, fetal alcohol syndrome, sudden infant death syndrome, suicide, inter-personal violence and motor vehicle accidents.

Data related to binge drinking for the Lincoln County level County Health Ranking Report came from BRFSS questions. The question posed by BRFSS researchers was “Considering all types of alcoholic beverages, how many times during the past 30 days did you have 5 or more drinks on one occasion?” For determination of overall use, individuals were asked if they had consumed any alcoholic beverage in the last 30 days and for heavy use, males were asked if they consumed 2 or more alcoholic beverages during each day for the last 30 days (women = 1 or more daily for the same time period).

- Lincoln County BRFSS data from 2004-2007 show that 64.2% of adult males consume alcohol at least monthly, with 4.2% admitting to 2 or more drinks daily for a month (heavy use) and 18.7% detailing binge drinking patterns as defined above. 46.9% of women said they used alcohol in the last month, with 5.9% being defined as heavy or daily users and 5.4% meeting binge drinking levels.
- Oregon Healthy Teen Data from 2008 provide information on the level of alcohol use by 8<sup>th</sup> and 11<sup>th</sup> graders. In 8<sup>th</sup> graders, 45.7% of them reported having consumed at least one drink of alcohol in the last 30 days. We see a lower rate of 30 day alcohol consumption in older teens in the 11<sup>th</sup> grade data from 2008; only 24.6% of them report using alcohol in the preceding month. It is important to remember that early initiation of substance use (including alcohol) is strongly correlated to young adult and adult dependency and addiction issues. Some teens in both the 8<sup>th</sup> and 11<sup>th</sup> grade tell us that their first use of alcohol (more than a sip or two) occurred at age 8 or younger.
- Binge drinking patterns in youth in Lincoln County also are concerning. Again, taken from OR Healthy Teen 2008 data, 10% of 8<sup>th</sup> graders and 29% of 11<sup>th</sup> graders report having consumed 5 or more drinks in a row or within a couple of hours in the last 30 days. The 11<sup>th</sup> grade data from Lincoln County teens on binge drinking rates exceeds the binge drinking rates from the adult male population in the county.
- Alcohol related motor vehicle crashes make up a significant proportion of alcohol-related deaths. A driver with a blood alcohol concentration of 100 mg/dL or higher is 7 times more likely to be involved in a fatal motor vehicle crash and a driver with a blood alcohol concentration of 150 mg/dL or higher is 25 times more likely to be involved in a fatal crash when compared with a driver who has consumed no alcohol.
- The data used in the County Health Ranking report to determine the Death Rate from Motor Vehicle Accidents came from the National Vital Statistics System (NVSS) at the Centers for Disease Control. Motor vehicle crash deaths are reported as the crude mortality rate per 100,000 population due to on or off road accidents involving a motor vehicle.

- Oregon DHS (using data from the Fatality Analysis Reporting System) reports that in the time period between 2002 and 2006 that 37% of Lincoln County motor vehicle crash fatalities involved alcohol. The same report also provides information regarding the rates of death from motor vehicle crashes/100,000 population for Lincoln County is 17/100,000. The comparable rate for the rest of Oregon is 14/100,000.

## **Unsafe Sex**

The County Health Ranking intent is to reflect sexual behavior that increases adverse outcomes such as unintended pregnancy and transmission of sexually transmitted infections. Data regarding failure to use contraception or condoms are difficult to gather at the county level; therefore two proxy measures were used for this factor of the Health Factor Ranking.

Teen pregnancy increases the risk for repeat pregnancy and for contracting a sexually transmitted disease. It is associated with poor prenatal care and pre-term delivery. These physical impacts on the teen and her infant are in addition to the common adverse long-term consequences of teen parenting (including lower levels of educational attainment, higher rates of relationship instability, unemployment, and welfare dependence).

Sexually transmitted infections represent a burden not only with those impacted by the disease, but on the community as a whole. Chlamydia is the most common bacterial sexually transmitted infection in North America and is a major cause of tubal infertility, ectopic pregnancy, pelvic inflammatory disease and chronic pelvic pain. Chlamydia can be easily transmitted in casual sexual encounters, with development of symptoms coming in a delayed fashion, making it a difficult disease to treat in all individuals involved in sexual encounters and their multiple sexual partners.

- The Birth Rate per 1,000 female population from the ages of 15-19 between the years of 2000 and 2006 showed that Lincoln County had relatively high teen birth rates in 2 years incorporated into this data set (2001 and 2005).
- Chlamydia Rates in 2006: Lincoln County had rates of this sexually transmitted disease that were higher than 27 of 36 Oregon counties.

## **Clinical Care (20% of the Health Factor Ranking)** **Lincoln County Ranking: 22 of 33 Oregon Counties**

### **Access to Care**

There are multiple issues involved in an individual being able to obtain necessary care when well or sick. Access to care speaks to having coverage for care (insurance or a public payer option), a provider who is willing to accept the specific coverage, close proximity of a care provider to home/work/school setting, and the availability of an appointment in a reasonable time frame with that care provider. Barriers to access to care include coverage issues (insurance which is major medical only or has high co-pays or deductibles), lack of transportation to or distance from a primary care provider office setting, low levels of health literacy to make decisions about seeking care or complying with care recommendations, or long waits for appointments.

The first measure used for this category by the County Health Rankings was the number of individuals under the age of 65 with no health insurance. The data for this measure come from the Census Bureau's Small Area Health Insurance Estimates. The second measure used is the number of primary care providers per 100,000 population and is taken from federal data reported to the Health Resources Services Administration (HRSA).

- The Census Bureau's Small Area Health Insurance Estimate for Lincoln County for 2006 calculated that there were 7,698 individuals or 20.7% of county residents under the age of 65 years who had no medical insurance.
- HRSA estimates that the primary care provider to population ratio should average 2,000 population to 1 primary care provider. Based on that rough estimate, Lincoln County (with a population of close to 46,000) should have 23 primary care providers. Data about Lincoln County from 2006 used in the County Health Rankings showed that the county was below that level of primary care providers to meet the needs of county residents.

## **Quality of Care**

Quality of care can be defined as the right level of care for the right person at the right time. The Institute of Medicine (IOM) further defines the quality of health care as "the degree to which health services for individuals and populations increase the likelihood of desired health outcomes and are consistent with current professional knowledge". IOM goes on to list six characteristics of quality care: Safe, timely, effective, efficient, equitable, and patient centered.

The County Health Ranking project used three measures to focus on the quality of care in Lincoln County. All three data sets focused on data available from Medicare enrollees. The first of these was hospitalizations for ambulatory care sensitive conditions that could have been managed without hospitalization. The second measurement relates to rates of regular HbA1c levels among diabetics as a reflection of long term management of the disease by the patient and the primary care provider. Finally, the percent of chronically ill individuals that received hospice care in the last 6 months of life was used based on evidence that suggests that terminally ill patients have a higher quality of life during their last months if hospice care is involved. All three measures in the Quality of Care category are derived from the Dartmouth Atlas, a project that utilizes Medicare claims data from around the United States.

## **Social and Economic Factors**

### **Lincoln County Ranking: 23rd of 33 Counties**

#### **Education**

Health and education levels are linked in multiple ways: Education often results in higher income and better job opportunities, particularly for jobs which provide a comprehensive package of medical benefits. Increasing levels of education are positively correlated with health literacy or the ability to understand and take action on health information. More education also has been shown to increase an individual's sense of personal control, which lowers the risk for chronic disease and personal impairment.

County Health Rankings looked at two measures of education in the Lincoln County population.

- High School Graduation is defined as the percent of the ninth grade cohort that graduates from high school in a normal four year time span. This measure is taken from the National Center for Health Education Statistics (NCES). Data from 2007-08 for Lincoln County showed 113 dropouts from grades 9, 10, 11 and 12. As a group in this time period, Lincoln County schools had 21.77 % of students who entered 9<sup>th</sup> grade and did not graduate from high school in 4 years.
- Lincoln County census data shows that 84.9% of Lincoln County residents age 25 or older report having graduated from high school.
- The percentage of Lincoln County residents age 25 and older with a college degree was taken from the census and the American Community Survey. Lincoln County has 20.8% of the population who have received bachelor's degrees. This compares to 25.1% across Oregon state residents.

#### **Employment**

Unemployment data reveals the overall economic situation of the community and provides information about the percentage of the population that may be at risk for health concerns secondary to unemployment. With the loss of a job comes the loss of insurance coverage and/or the loss of income to pay for necessary health care. Data for the County Health Ranking report came from the Bureau of Labor Statistics Local Area Unemployment information (LAUS) for 2008 and includes individuals age 16 and older.

- The LAUS information for Lincoln County shows an unemployment rate that ranged from 6.6 % in January of 2008 to a high point of 9.6% in December of 2008. Average for all of 2008 was 6.53%.

#### **Income Inequality**

Documenting the poverty within a community can provide important information about the ability of a percentage of the population to meet basic needs. Children in poverty face greater consequences and health risks than adults. Poverty may also be related to lower levels of educational aspiration and achievement, thereby decreasing the opportunity for employment that would help to break the poverty cycle.

Two measures were used in the County Health Ranking report to reflect poverty in Lincoln County; the GINI Index from the US Census Bureau's 2000 Census and the American Community Survey (ACS 2005-07) as well as the data relative to children in poverty from the Census Current Population Survey (CPS) Small Area Income and Poverty Estimates (SAIPE) from 2007.

- Data from a more current American Community Survey (ACS) from 2006-2008 show that 29% of the current Lincoln county population is at or below 150% of the Federal Poverty Level. The current income allowed for a family of 4 at 150% of the FPL is \$33,075/year.
- More than 50% of the students enrolled in the Lincoln County School District are currently eligible for Free and/or Reduced student breakfast and lunch programs based on family income.
- The median household income for Lincoln County for 2007 is \$39,346. The median household income for OR State during 2007 is \$48, 735....a greater than \$9,000 discrepancy.
- In the American Community Service 3 year estimate (2006-08) there are 17.2% of Lincoln County Households are below the poverty level.

### **Family and Social Support**

Increased morbidity and early mortality are associated with social isolation, poor family support and limited involvement in the community in which one lives. BRFSS added a measure in 2005 that reports the percentage of adults without social/emotional support as a way of documenting social isolation. The BRFSS question is stated “How often do you receive the social or emotional support you feel you need?” The second measure employed by the County Health Rankings is the percent of all households in the county that are single-parent households.

- The American Community Service 3 year estimate (2006-08) reflects 2,088 single parent households in Lincoln County or 10.5% of all households in the county.

### **Community Safety and Violent Crime**

Violence has an obvious impact on victims, but the secondary impacts on community members range from post-traumatic stress disorder and psychological stress on those exposed to violence as well as impacts on birth weight, diet, exercise, and family and social support.

The County Health Rankings measures violent crime rates per 100,000 residents taken from the FBI's Uniform Crime Reports data from 2005-07. This tool gathers information on four offenses: murder and non-negligent manslaughter, forcible rape, robbery and aggravated assault. Violent crimes are defined as those offenses which involve force or the threat of force.

- There were 329 reports of violent crime from the FUCR for Lincoln County during the time period considered for the County Health Ranking project.

## **Environmental Factors**

### **Lincoln County Ranking: 20th of 33 Counties**

#### **Air Quality**

Air and water quality are prerequisites for good health. Poor air quality can have significant impacts on the very young, the very old and many people with chronic health conditions. The County Health Ranking project considered two measures to represent environmental quality: the annual number of days that air quality was unhealthy for sensitive populations due to both fine particulate matter and ozone concentrations.

- Lincoln County had 7 days recorded where air pollution-particulate matter was a concern for our local population.

#### **Built Environment**

The availability of healthy food and alcohol can contribute to positive or negative choices made by members of a community. As obesity rates have increased over past decades, public health has taken a new interest in the availability, variety, and cost of healthy food choices to individuals. Studies show that in neighborhoods with many convenience stores and few larger stores with healthy food choices, the community demonstrates higher rates of obesity and chronic diseases. Healthy choices lead to changes in health factors and (eventually) changes in health outcomes. The County Health Ranking project used US Census Bureau Zip Code Business Pattern data to calculate the zip codes in a county without a “healthy food outlet” (defined as a grocery store with more than 4 employees and produce stands or farmers markets).

The availability of liquor may also influence alcohol-related behaviors and health outcomes. This project used a different data set from the US Census Bureau County Business Pattern along with 2006 Population Estimates to determine the number of liquor stores per 10,000 people. As coded in the Business Pattern data, these facilities include establishments primarily engaged in retailing packaged alcoholic beverages. This information would exclude on-premise consumption facilities as well as alcohol sold in supermarkets, convenience stores, and our local brewery.

- It has been determined that only 41% of the Lincoln County population had access to a “healthy food outlet” in their zip code.
- OR Liquor Control Commission data reports 313 on premise and off premise licenses in Lincoln County (April, 2010). When expressed as a ratio of current population, Lincoln County has more issued liquor licenses per capita than any other county in Oregon. There is one liquor license for every 110 adults in Lincoln County. Prevention studies demonstrate that alcohol consumption increases in populations where alcohol is either perceived to be or actually is more available.



## **LINCOLN COUNTY**

### **PUBLIC HEALTH**

#### **COMPREHENSIVE PLAN 2008 - 2011**

*Annual Plan  
May, 2010*

### **III. ACTION PLAN**

## A. EPIDEMIOLOGY AND CONTROL OF PREVENTABLE DISEASES AND DISORDERS

### 1. Review of Timeliness of Attention to Communicable Diseases

Table 1. Total cases of reportable diseases, Lincoln County, Oregon, 2007 and 2008.

Disease	No. (%)
Campylobacter	4 (1.4)
E. coli	4 (1.4)
Giardia	10 (3.6)
Hepatitis A	1 (0.4)
Hepatitis B, acute	1 (0.4)
Hepatitis B, chronic	6 (2.1)
Hepatitis C, chronic	234 (83.3)
Meningococcal disease	6 (2.1)
Pertussis	5 (1.8)
Salmonella	10 (3.6)
<b>TOTAL</b>	<b>281</b>

Table 2. Timeliness: Number of Days from LHD notification to OPHD notification

Days to Notify	2007	2008
	No. (%)	No. (%)
1 working day	116 (80)	69 (51)
2 – 5 days	29 (20)	67 (49)
6 – 10 days	0	0
>11 days	0	0
<b>TOTAL</b>	<b>145</b>	<b>136</b>

Table 3 Timeliness: Number of Days from LHD notification to completion of investigation (excluding: Campylobacter, Giardia, and chronic hepatitis C)

Days to Complete	2007	2008
	No. (%)	No. (%)
≤10 days	20 (95)	5 (42)
11 – 14 days	1 (5)	1 (8)
>14 days	0	6 (50)
<b>TOTAL</b>	<b>21</b>	<b>12</b>

Table 4. Timeliness: Number of Days from LHD report to location of contacts (selected diseases: Pertussis, meningitis, hepatitis A and B)

Days to Notify	2007	2008
	No. (%)	No. (%)
1 working day	6 (55)	10 (100)
2 – 5 days	3 (27)	0
6 – 10 days	1 (9)	0
>11 days	1 (9)	0
<b>TOTAL</b>	<b>11</b>	<b>10</b>

Table 5. Timeliness: Number of Days from LHD report to initiating the outbreak investigation

Days to Notify	2007	2008
	No. (%)	No. (%)
Within 24 hours	2 (100)	2 (100)
2 – 5 days	0	0
6 – 10 days	0	0
>11 days	0	0
<b>TOTAL</b>	<b>2</b>	<b>2</b>

## 2. Improvement Plan

Table 2 shows a “lag time” with Lincoln County PH failing to rapidly notify OR PH Division staff regarding reportable diseases in 2008 with nearly half of our reports to the state occurring in the 2-5 day time range. Although the tables don’t provide information regarding what kind of disease was reported on a delayed basis, there are clearly diseases (including botulism, a foodborne outbreak, Hepatitis A, Measles, Meningococcal Disease, and Rubella) which are required to be reported more rapidly.

There has been considerable staff turnover in our PH Division since the date on this report; new staff have been oriented and we believe we have taken the appropriate steps to be better partners with the state as new reports of communicable disease come to the county’s attention. We desire a strong relationship with OR State Communicable Disease section and value the expertise gained to support local investigative efforts. The shift of all communicable disease reporting to the ORPHEUS data base should also support the goal of more timely state notification; however, ORPHEUS is viewed as a secondary method with personal connection by telephone or e-mail being the primary method of contact and notification between Lincoln County staff and state staff.

Table 3 shows challenges in 2008 with timely closing of investigations. Our health department identified and experienced significant challenges with this issue in 2008 and 2009. Local communicable disease staff would successfully complete and close cases on our desktop computers, but Multnomah County data base staff continued to report back to us that those same cases remained open in their system. We worked with county IT staff, sent staff to Multnomah County, and had multiple phone conferences to attempt to resolve this issue without satisfaction. We believe that data from 2009 will also reflect investigations that remained open in a manner we do not believe reflects our actual effort. Our move to ORPHEUS in 2010 should resolve the technical issues from this point forward.

### 3. 2009 Communicable Disease Data

During 2007, Lincoln County Health and Human Services investigated 331 reports of communicable disease. The number jumped to 415 in 2008. For 2009 our data has shown a slight trend towards the baseline of 2007 and earlier years at 359. This table provides information on the incidence of specific diseases reported and investigated by PH Division staff during 2009:

<b>Communicable Disease</b>	<b>2007</b>	<b>2008</b>	<b>2009</b>
Animal Bites	57	58	69
Campylobactor	2	1	6
E.Coli 0157	1	5	2
Giardia	7	3	7
Hepatitis A	4	1	0
Hepatitis B	6	5	9
Hepatitis C (Acute)	0	1	1
Hepatitis C (Chronic)	121	224	152
Meningococcal	1	6	0
Pertussis	8	0	3
Salmonellosis	6	4	0
TB	2	0	1
Chlamydia	102	104	88
Gonorrhea	12	0	12
PID	2	3	1
Syphilis	0	0	0
AIDS	0	0	0
<b>TOTALS</b>	<b>331</b>	<b>415</b>	<b>359</b>

### 4. Communicable Disease Investigation and Control Update

#### On Call:

Lincoln County Health and Human Services (LCHHS) maintains a 24/7 on call system through our local 911 system. Our on-call team consists of EH and PH Program Managers and staff, most of whom have completed CD 101 and 303. Contact is available with DHS 24/7 for consultation and guidance on communicable disease response and treatment.

#### Case Investigation:

Case and contact investigation, as well as treatment and input into the CD database (or faxing of case report forms), are initiated within the specified time frames outlined in the Investigative Guidelines. The department transitioned from the Multnomah County CD Database to the OR Health Division Orpheus Database during this current FY. All staff who have responsibility for initiating case investigation and updating case information were trained. Disease type and incidence are logged for statistical purposes. In addition, cases reported to public health are reviewed with staff and our County Health Officer at our bi-monthly CD meeting.

**Surveillance:**

An Active Surveillance Plan for Public Health is in place within Lincoln County Health and Human Services to gather data about the numbers of people injured or ill following a large-scale outbreak or disaster. During the recent H1N1 event local PH staff worked closely with Lincoln County School District and our Regional Hospital Preparedness staff to develop and implement surveillance tools to monitor illness. In addition, we expanded the capacity to obtain “live” inventory counts from every county pharmacy of anti-viral doses as an additional method of monitoring community illness patterns. Daily food-borne related illness complaints are logged and investigated by PH staff in both the communicable disease and environmental health programs. Additional surveillance tools have been developed specifically for surveillance of radiological and chemical events. Monthly statistics are reported from DHS to LCHHS on county disease incidence and reporting compliance.

**Immunizations and Flu:**

Immunizations are available for children and adults at LCHHS (e.g., required and recommended childhood immunizations, children and adults at risk for Hepatitis A/B, HPV). This year represented significant challenges relative to H1N1 vaccination as well as seasonal flu vaccination. All of our regularly scheduled seasonal clinics had to be cancelled because vaccine did not arrive as planned. Instead, we held multiple walk in clinics to deliver H1N1 vaccinations in all parts of the county, followed by H1N1 by appointment in our PH offices; seasonal flu vaccinations were added to these clinics as that vaccine became available. Rabies vaccine is available through DHS. Treatment can be given locally. Flu Clinics continue to be offered annually at various locations in the County, as well as drop-in clinics at the Public Health Clinic. The shingles vaccine (Zostavax) continues to be available for those 60 years of age and above. This vaccine represents a cost burden for local public health to maintain in inventory, as well as for residents to pay “out of pocket” to receive. We keep limited doses on hand and forecast the need for additional vaccine as appointments are scheduled in the future so that we can do “just in time” ordering to meet local needs and avoid excessive carrying costs of inventory.

**Education:**

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

**Health Alert Network (HAN):**

The Health Alert Network is used to communicate emergency information to public health, hospital, tribal, law enforcement, fire and other first responders. This system, formally known as “Alert” has been revamped and has become a much more effective communication and notification tool. Our county PIO (Casey White) serves as the local HAN administrator.

## **5. Tuberculosis Case Management Update**

One high risk case of TB was identified in 2009 with sputum smear positive and cavitory lesions. Non-compliance and combativeness were significant challenges for PH Communicable Disease staff with the index case. Index case declined all attempts at vouchering for compliance sake. This individual who was the index case was convinced they were going to die any way from co-morbidities and didn't see tuberculosis as dangerous. Index case did die in the hospital of co-morbidities in 2009.

The work accomplished by Lincoln County PH Communicable Disease staff (detailed below) demonstrates the complexity of investigation and treatment of TB:

32 contacts identified—disenfranchised population

15 fully evaluated

12 new LTBI

9 started on LTBI treatment

6 completed LTBI treatment

PH staff engaged the leader of the street family involved in order to get people in for TST's and CXR's. This informal leader functioned as a partner with PH in getting the information out and people in for testing. Gas vouchers and food cards were provided with support from the State, as incentives to the LTBI treatment cohort. The efforts of PH staff working through with and through this informal community leader were instrumental in getting six at-risk individuals to complete of their LTBI.

## **6. Tobacco Prevention, Education and Control Update**

Lincoln County PH Division is in a grantee relationship with the OR State PH Division to do Tobacco Prevention, Education and Control. In the FY 2009-10 budget, 0.5 FTE of Health Educator time was devoted to this work. As a grantee, we are required to submit an extensive RFA for funding; that RFA was submitted in April 2010 for FY 2010-11 funding. Based on a review of the locally submitted RFA and a negotiation with state staff, a local work plan is approved. The work plan for FY 2010-11 should be available by June 1<sup>st</sup> for any interested party.

Our local tobacco program had a history of using our Public Health Advisory Committee to meet the requirements of the state to have a coalition related to tobacco prevention. During the fall of 2009 (with encouragement from OR State Health Division staff) Lincoln County PH Division began recruiting community members for the development of a local coalition specific to Tobacco Prevention efforts. That coalition has had 2 meetings in 2010 and has developed a mission statement and meeting plans at six week intervals. The coalition represents membership participation from the business sector, school sector, health sector, our local Commission on Children and Families, as well as invested members from other prevention partners in the community. The Lincoln County Tobacco Advisory Coalition is very concerned about the local rate of tobacco use, particularly as it was highlighted in the County Health Rankings report. They are prioritizing efforts at this time to increase the number of Lincoln County residents who use Quit Line services.

In addition to the efforts of our Tobacco Advisory Coalition, our local PH Advisory Committee has requested and received literature reviews regarding effective "best practice" approaches to decrease community tobacco use. An update about Tobacco Prevention, Education and Control efforts is a standing agenda item on the monthly meeting agenda of the Lincoln County PH Advisory Committee.

No Action Plan is being submitted for this section; work plans required by the PH Tobacco Prevention, Education and Control program are on file with our Regional Liaison from OR State PH Division, Audrey Sienkowitz.

**B. Parent and Child Health Services**

**FY 2010 - 2011 WIC Nutrition Education Plan Form**

**II.**

**County/Agency:** Lincoln County, OR

**Person Completing Form:** Shelley Paeth RN

**Date:** 4/23/2010

**Phone Number:** 541-265-0412

**Email Address:** spaeth@co.lincoln.or.us

Return this form electronically (attached to email) to: [sara.e.sloan@state.or.us](mailto:sara.e.sloan@state.or.us)  
by May 1, 2010  
Sara Sloan, 971-673-0043

**Goal 1:** Oregon WIC Staff will continue to develop their knowledge, skills and abilities for providing quality participant centered services.

**Year 1 Objective:** During planning period, staff will learn and utilize participant centered education skills and strategies in group settings.

**Activity 1:** WIC Training Supervisors will complete the Participant Centered Education e-Learning Modules by July 31, 2010.

**Implementation Plan and Timeline:**

WIC training supervisor will complete all PCE e-learning modules by July 31, 2010

**Activity 2:** WIC Certifiers who participated in Oregon WIC Listens training 2007-2009 will pass the posttest of the Participant Centered Education e-Learning Modules by December 31, 2010.

**Implementation Plan and Timeline:**

All WIC certifiers will pass the post test of PCE e-learning modules by 8/31/2010.

**Activity 3:** Local agency staff will attend a regional Group Participant Centered Education training in the fall of 2010.

**Note:** The training will be especially valuable for WIC staff who lead group nutrition education activities and staff in-service presentations. Each local agency will send at least one staff person to one regional training. Staff attending this training must pass the posttest of the Participant Centered Education e-Learning Modules by August 31, 2010.

**Implementation Plan and Timeline including possible staff who will attend a regional training:**

All staff will complete the post tests of the PCE e-learning modules by 8/31/2010.

All staff will attend the regional group PCE education training in the falloff 2010.

Goal 2: Oregon WIC staff will improve breastfeeding support for women in the prenatal and post partum time period.

**Year 1 Objective:** During planning period, each agency will identify strategies to enhance their breastfeeding education, promotion and support.

**Activity 1:** Each agency will continue to implement strategies identified on the checklist entitled “Supporting Breastfeeding through Oregon WIC Listens” by March 31, 2011.

**Note:** This checklist was sent as a part of the FY 2009-2010 WIC NE Plan and is attached.

**Implementation Plan and Timeline:**

WIC staff will participate in a local in-service by the author of “Breastfeeding Matters” Maureen Minchim to explore influences on women to feed their baby artificially.

Discuss participant centered education (PCE) ways of discussing this information.

**Activity 2:** Local agency breastfeeding education will include evidence-based concepts from the state developed Prenatal and Breastfeeding Class by March 31, 2011.

**Note:** The Prenatal and Breastfeeding Class is currently in development by state staff. This class and supporting resources will be shared at the regional Group Participant Centered Education training in the fall of 2010.

**Implementation Plan and Timeline:**

All staff will attend the regional group PCE training in the Fall of 2010. Local breastfeeding education will include evidenced base concepts that we receive from the State to include in our prenatal and breastfeeding classes and education by 3/31/2011

**Goal 3: Strengthen partnerships with organization that serve WIC populations and provide nutrition and/or breastfeeding education.**

**Year 1 Objective:**

During planning period, each agency will identify organizations in their community that serve WIC participants and develop strategies to enhance partnerships with these organization by offering opportunities to strengthen their nutrition and/or breastfeeding education.

**Activity 1:** Each agency will invite partners that serve WIC participants and provide nutrition education to attend a regional Group Participant Centered Education training fall 2010.

**Note:** Specific training logistics and registration information will be sent out prior to the trainings

**Implementation Plan and Timeline:**

Brain storm partners that serve WIC participants interested in nutrition education by 8/15/2010

Chose a partner that serves WIC participants, to attend the regional group PCE education training by 8/30/2010

Invite this partner to attend the Fall training by 8/30/2010.

**Activity 2:** Each agency will invite community partners that provide breastfeeding education to WIC participants to attend a Breastfeeding Basics training and/or complete the online Oregon WIC Breastfeeding Module.

**Note:** Specific Breastfeeding Basics training logistics and registration information will be sent out prior to the trainings. Information about accessing the online Breastfeeding Module will be sent out as soon as it is available.

**Implementation Plan and Timeline:**

Brainstorm partners that provide breastfeeding education to WIC participants by appropriate time line.

Invite those partners to attend a breastfeeding basics training or complete the online Oregon WIC Breastfeeding module by 4/2011.

**Goal 4: Oregon WIC staff will increase their understanding of the factors influencing health outcomes in order to provide quality nutrition education.**

**Year 1 Objective:** During planning period, each agency will increase staff understanding of the factors influencing health outcomes.

**Activity 1:** Local agency staff will complete the new online Child Nutrition Module by March 31, 2011.

**Implementation Plan and Timeline:**

All WIC staff will complete the new on-line child nutrition module by 3/31/2011.

**Activity 2:** Identify your agency training supervisor(s) and projected staff quarterly in-service training dates and topics for FY 2010-2011. Complete and return Attachment A by May 1, 2010.

**Agency Training Supervisor(s):** Shelley Paeth

### III.Attachment A

#### IV. FY 2010-2011 WIC Nutrition Education Plan

#### V. WIC Staff Training Plan – 7/1/2010 through 6/30/2011

Agency:

Training Supervisor(s) and Credentials:

##### 1. Staff Development Planned

Based on planned program initiatives, your program goals, or identified staff needs, what quarterly in-services and or continuing education are planned for existing staff? List the in-services and an objective for quarterly in-services that you plan for July 1, 2010 – June 30, 2011. State provided in-services, trainings and meetings can be included as appropriate.

Quarter	Month	In-Service Topic	In-Service Objective
1	July 2010	Breastfeeding Matters	To increase knowledge around influences to artificially feed infants and how to respond to mother's in a PCE manner.
2	October 2010	WIC PCE module #3	Staff will be able to: <ul style="list-style-type: none"> <li>• List characteristics of active listening.</li> <li>• Define the 4 components of OARS.</li> <li>• Identify the benefits of open ended questions.</li> <li>• Identify reasons for reflections</li> <li>• Recognize simple and deeper reflections.</li> </ul>
3	January 2011	WIC PCE Module # 7	Staff will be able to: <ul style="list-style-type: none"> <li>• Identify principles of adult education</li> <li>• Ask permission to share information/advice to participant</li> <li>• Identify the times when it is appropriate to provide advice</li> <li>• Practice offering nutrition education using the explore /offer /explore</li> </ul>
4	March 2011	WIC PCE Module # 9	Staff will be able to: <ul style="list-style-type: none"> <li>• Recognize the importance of working with participants to develop their next steps.</li> <li>• Recognize that considering change is a next step for some participants.</li> </ul>

<b>MCH Action Plan for EMR for MCH Documentation</b>		<b>Time Period: 2010</b>		
<b>GOAL: To use EMR in MCH RN home visiting programs.</b>				
<b>Objectives</b>	<b>Plan for Methods/ Activities/Practice</b>	<b>Outcome Measure(s)</b>	<b>Outcome Measure(s) Results</b>	<b>Progress Notes</b>
Staff proficiency in electronic charting (Champs EMR software) by 3/2011.	Provide training on use of Champs software.	Did all RN staff attend EMR training?	All MCH RN staff are trained on CHAMPS EMR software for documentation of HV services.	
Begin using EMR by 3/2011.	Have meetings to plan for transition from paper to EMR.	Did all RN staff attend transition meetings?	All MCH RN staff are utilizing CHAMPS EMR software for documentation of HV services	

<b>MCH Action Plan for OMAHA for MCH Documentation</b>		<b>Time Period: 2010</b>		
<b>GOAL: To use the OMAHA system of documentation in MCH RN home visiting programs</b>				
<b>Objectives</b>	<b>Plan for Methods/ Activities/Practice</b>	<b>Outcome Measure(s)</b>	<b>Outcome Measure(s) Results</b>	<b>Progress Notes</b>
To be trained on the OMAHA system of documentation by 3/2011.	Have meetings to plan for transition from SOAP charting to the OMAHA system.  Attend training on the OMAHA system of charting.	Did RN staff attend transition meetings?  Did RN staff attend Omaha system of documentation training?	MCH RN staff develop and implement a successful plan for supported learning for transition from paper-based SOAP charting to new nursing "language"	

<b>Immunization Action Plan for Continuous Quality Improvement</b>		<b>Time Period: 2010</b>		
<b>GOAL: To see annual improvements in DTAP 4 rates</b>				
<b>Objectives</b>	<b>Plan for Methods/ Activities/Practice</b>	<b>Outcome Measure(s)</b>	<b>Outcome Measure(s) Results</b>	<b>Progress Notes</b>
Continue to monitor DTAP 4 rates for improvement	Educate staff on current rate and discuss ideas for improvement.  Educate staff about missed opportunities and missed shots	Compare 2006 data to subsequent years for DTAP 4 @ age 24 months  Compare missed shot rates from 2006 to subsequent years	Improved DTAP Rate  Reduction in missed shots rates	2006-2007 = 11% increase (53% to 64%) 2007-2008 = 1% increase (64% to 65%)  2008-2009 = AFIX Report from state not yet available  2006-2007 = 8% decrease in missed shots (28% to 20%) 2007-2008 = 3% decrease in missed shots (20% to 17%) 2009-2009 = 8% increase in missed shots (17% to 25%)

**Immunization Action Plan for Continuous Quality Improvement**

**Time Period: 2010**

**GOAL: To see annual improvements in Up To Date Rates for 2 year olds**

Objectives	Plan for Methods/ Activities/Practice	Outcome Measure(s)	Outcome Measure(s) Results	Progress Notes
<p>Continue strategies from July 2008-June 2009 and up-to-date immunization rate for two year olds will be at 90% for 2010</p>	<p>Use OR State PH Division 2006 data (58%) as the basis for projected change</p> <p>Remind parents via phone of immunization visit. Encourage that all siblings be brought in.</p> <p>Forecast every child via ALERT and IRIS (PH and WIC clients)</p> <p>Refer to PCP or make appt with PH if need for immunizations is identified</p> <p>Make appts for shots that cannot be given that day (i.e. due to interval requirements)</p> <p>Write on immunization record when next immunization is due</p>	<p>Demonstrate progressive improvement over next 3 years</p> <p>Document percentage change</p> <p>Trains support staff and WIC staff how to facilitate bringing child up-to-date.</p> <p>Completer written procedures</p>	<p>Show percent improvement</p>	<p>2006-2007 = 9% increase (57% to 66%)</p> <p>2007-2008 = 5% increase (66 % to 71%)</p> <p>2008-2009 = 4% decrease (71% to 67%)</p>

**Immunization Action Plan for Continuous Quality Improvement**

**Time Period: 2010**

**GOAL: Developing and Maintaining Coalitions (Chosen Focus Activity)**

Objectives	Plan for Methods/ Activities/Practice	Outcome Measure(s)	Outcome Measure(s) Results	Progress Notes
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**Immunization Action Plan for Continuous Quality Improvement**

**Time Period: 2010**

**GOAL: Developing and Maintaining Coalitions (Chosen Focus Activity)**

<p>Continue to provide two opportunities/year for immunization coalition meetings.</p>	<p>Once/year provide a training or educational update opportunity</p> <p>Once a year plan a review of Immunization Law, School Exclusion procedures, etc</p>	<p>Document meetings provided and track attendance</p>	<p>Improved Immunization Rates</p>	<p>Staff resignation in this position in December of 2009.</p> <p>Child health care consultation grant from the state which supported this work will end June 30<sup>th</sup>, 2010.</p> <p>Training for approximately 40 individuals (PH staff, early childhood educators, and child care providers) was conducted on May 22, 2010. The training featured Dr. Helen Neville, Neurodevelopmental Scientist and focused on brain development in 3-5 year olds.</p>
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**Immunization Action Plan for Continuous Quality Improvement**

**Time Period: 2010**

**GOAL: To increase child and adolescent immunizations annually 2008-2011**

Objectives	Plan for Methods/Activities/Practice	Outcome Measure(s)	Outcome Measure(s) Results	Progress Notes
<p>Partner with School Based Health Centers to promote child and adolescent immunizations.</p>	<p>Lincoln County PH and School Based Health Centers will partner on two activities/year</p>	<p>Document activities and dates</p>	<p>Show number or percentage increase in immunizations</p>	<p>School-based H1N1 clinics held in fall for priority group children and again in December for all children.</p> <p>Unable to demonstrate increase in overall immunization rate, as focus shifted to providing antigen specific vaccination.</p>

## MCH Block Grant Update

In 2009-2010 the MCH block grant funds were used to provide Home visits in Lincoln County. Many home visits get reimbursed due to OHP coverage for services but some visits do not get reimbursed and the block grant helps those families needing our services.

In 2009-10 a total of:

- Pregnant and postpartum women were provided 528 maternity case management visits and 55 of those were covered with this grant.
- Children with special health needs were provided 46 home visits of which 7 were covered with this block grant.
- Infants and children were provided 575 home visits of which 34 were covered with this grant.
- Providing home visits to families while they do not have OHP coverage assists families when they are most vulnerable and likely in a crisis and help them apply for services and help them transition out of services.

## Family Planning

Lincoln County Health and Human Services provides Family Planning (FPP) using medical and nursing personnel via our Federally Qualified Health Center (2 sites) and School Based Health Centers (4 sites). Family Planning services include well woman exams, birth control counseling and a variety of birth control methods (both non-hormonal and hormonal). Education is provided regarding wellness and disease prevention including breast self-exam, good nutrition, and sexually transmitted diseases. Pregnancy testing is also provided with options counseling (including adoption and abortion), referral for prenatal care, and access to Oregon Health Plan or CAWEM as appropriate.

The target population for FPP is based on Women in Need (WIN) estimates. Based on 2008 data, our clinics provided services to 44% of Lincoln County's WIN; the number of WIN in our service area based on 2008 statistics was 2,865.

In 2008 we served 1,336 clients with Family Planning services. 435 of those (or 32.6%) were teens. It is estimated that our Family Planning efforts prevented an estimated 219 pregnancies in Lincoln County women in 2008. Taxpayer savings from each unintended pregnancy in prenatal, labor and delivery, infant health care costs are estimated at \$6,600.

**Family Planning Action Plan for Clinical Services**

**Time Period: 2010**

**GOAL: Assure continued high quality clinical Family Planning and related preventative health services to improve overall individual and community health**

Objectives	Plan for Methods/ Activities/Practice	Outcome Measure(s)	Outcome Measure(s) Results	Progress Notes
<p>Implement the Breast and Cervical Cancer program (BCCP) by 2/1/08</p>	<p>Participate in state program training.</p> <p>Educate providers and nursing personnel regarding BCCP and availability of services.</p> <p>Accept and enroll patients and complete applications and services in a timely manner.</p> <p>Monitor patient application and use of program.</p>	<p>Document state training.</p> <p>Develop staff training</p> <p>Complete services for 30 BCCP eligible women. Track # of patients referred vs # of patients eligible.</p> <p>Report number of applications/services provided in a timely manner vs. not timely manner.</p>	<p>Program implemented</p> <p>Document staff training and # attending</p> <p>95% of eligible patients will be referred</p> <p>95% of service will be in a timely manner as per state requirements</p>	<p>BCCP implemented as planned.</p> <p>Training done in March 2008</p> <p>WISE WOMAN program added; staff trained in January 2010</p> <p>Program provided services in current FY as funding has been available...estimated 46 women served served in current FY</p> <p>Less than 5% of women did not complete entire process</p>

**Family Planning Action Plan for Teen Pregnancy Reduction**

**Time Period: 2010**

**GOAL: To provide FPP as a part of comprehensive health services to eligible teens**

Objectives	Plan for Methods/ Activities/Practice	Outcome Measure(s)	Outcome Measure(s) Results	Progress Notes
Decrease teen pregnancy rate	<p>Institute outreach to teens at Taft High School for birth control supplies</p> <p>Offer health teachers birth control lecture services at all high schools</p> <p>Support public health advisory committee's teen reproductive health initiatives</p>	Decrease number of pregnant teens	Teen pregnancy rate decreases by 5% each year as measured by OVS	<p>Outreach implemented Spring 2007-Fall 2008. Services now being offered at all SBHC.</p> <p>Birth Control methods, HIV and STD prevention lecture provided at Taft High School in October 2008</p> <p>LCSD contract changed to allow dispensing of birth control on-site at all SBHC effective January 2009. After re-consideration, dispensing disallowed at SBHC from May 2009-September 2009. On-site dispensing ability restored September 2009.</p> <p>Teen (15-17 years old) Pregnancy Rate: 2007: 25.7 2008: 30.8 2009: 24.9 (prelim data)</p> <p>My Future/My Choice (previously STARS) provided to 6 classrooms in Lincoln County School District in 2009-10 school year.</p> <p>Lincoln County HHS has signed an MOU with the OR State Health Division for participation in an evidence-based Teen Pregnancy federal grant opportunity. If the grant is received and Lincoln County is selected, the "Safer Sex" intervention will be implemented as an additional method of decreasing teen pregnancies. "Safer Sex" is evidence based and is directed at females who demonstrate high sexual risk behavior and is delivered 1:1 in a clinical setting by trained staff.</p>

**Family Planning Action Plan for HPV Administration**

**Time Period: 2010**

**GOAL: To provide HPV vaccine to all eligible patients**

Objectives	Plan for Methods/ Activities/Practice	Outcome Measure(s)	Outcome Measure(s) Results	Progress Notes
Offer HPV vaccine to eligible female patients	<p>Educate providers regarding vaccine availability via VFC and 317 state program provisions and MERCK patient assistance program.</p> <p>Monitor documentation of HPV vaccine offered</p> <p>SBHC and FQHC usage/ordering of HPV Vaccine</p>	<p>Develop provider training</p> <p>Audit charts for documentation</p> <p>Report # of doses administered in these settings.</p>	<p>Document training and # of people attending</p> <p>90% of eligible patients will have vaccine offered and 85% of eligible patients will be given HPV vaccine as per documentation in the medical record</p>	<p>Staff training completed with 10 attending.</p> <p>Total doses administered: 07-08 = 132 08-09 Data requested from OR Health Division</p> <p>790 doses ordered in SBHC in 07-08</p>

**Family Planning Action Plan for Family Planning Method Access**

**Time Period: 2010**

**GOAL: To maintain access to all family planning methods**

Objectives	Plan for Methods/ Activities/Practice	Outcome Measure(s)	Outcome Measure(s) Results	Progress Notes
To increase staff competency in providing full range of birth control methods	<p>Educate staff regarding birth control methods available in SBHC and FQHC</p> <p>Educate staff regarding birth control methods available in community setting via prescriptions</p> <p>Educate high school students via methods classes.</p>	<p>A full range of birth control products are offered to patients</p> <p>Audit charts for birth control product delivery to patients</p>	<p>98% of FP patients receive a method at time of visit</p> <p>Chart audits demonstrate increase in number of women served by method</p>	<p>Patient numbers are increasing with the addition of SBHC distribution of methods.</p> <p>1 additional providers were trained on paraguard IUD insertion in 2009. This same practioner is scheduled to receive training with Implanon IUD as soon as the training is available.</p> <p>Chart audits not done.</p> <p>25 students participated in methods classes at Taft High School</p>

## C. Environmental Health Update

<b>Environmental Health Action Plan for EH Inclusion in 24/7 Coverage Responsibilities</b>				<b>Time Period: 2010</b>
<b>GOAL: To broaden the pool of PH staff who are trained and prepared to respond as a part of the 24/7 team</b>				
<b>Objectives</b>	<b>Plan for Methods/Activities/Practice</b>	<b>Outcome Measure(s)</b>	<b>Outcome Measure(s) Results</b>	<b>Progress Notes</b>
Build a 24/7 on-call team that includes staff EHS and CD RNs	Training in Communicable Disease 101; provide supportive reference material.	EHS and nurses staffing a 24/7 emergency on-call system.		Newly licensed EH staff are scheduled to attend OR Epi and receive CD 101 and 303 training
On-call team prepared to address an outbreak in a nursing home.	Obtain guidance material to contain the outbreak and to conduct an investigation. Train personnel.	<b>A reference manual for outbreaks in long term care . On-call personnel have received training.</b>		
<b>Environmental Health Action Plan for Water System Surveys</b>				<b>Time Period: 2010</b>
<b>GOAL: To assure the safety of small water systems and their users for Lincoln County by utilizing a regular inspection schedule for these systems.</b>				
<b>Objectives</b>	<b>Plan for Methods/Activities/Practice</b>	<b>Outcome Measure(s)</b>	<b>Outcome Measure(s) Results</b>	<b>Progress Notes</b>
Complete 10 Water System Surveys	Assign surveys to staff and discuss technical guidance.	Number of surveys completed	10 surveys done	
<b>Environmental Health Action Plan for School Lunch Program Surveys</b>				<b>Time Period: July 1 – Jun 30, 2011</b>
<b>GOAL: To assure that environments and procedures in school cafeterias meet appropriate standards to protect the public.</b>				
<b>Objectives</b>	<b>Plan for Methods/Activities/Practice</b>	<b>Outcome Measure(s)</b>	<b>Outcome Measure(s) Results</b>	<b>Progress Notes</b>
Completed 2 inspections for each school lunch program.	Assign staff semi-annual food service inspections of Lincoln County Schools	Two food service inspections are conducted at each school: one in Fall 2010 and one by April 2011.	All schools have received 2 inspections during the school year.	

## D. Health Statistics Update

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

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

<b>Health Statistics Action Plan for Vital Records Accuracy and Compliance      Time Period: 2010</b> <b>GOAL: To achieve timely and accurate data entry of all Birth Certificate and Death Certificate information at the county level</b>				
Objectives	Plan for Methods/ Activities/Practice	Outcome Measure(s)	Outcome Measure(s) Results	Progress Notes
Birth and Death Certificates will be 100% accurate when submitted to the state	Review certificates corrected by hospitals, funeral directors and/or deputy registrar during process and make necessary corrections prior to submission	No certificates returned by state for corrections		
Have enough staff trained in birth and death certificate systems to assure that adequate review can occur	"2 Deep" availability training to be done annually for these functions	No certificates returned by state for corrections		

**Health Statistics Action Plan for Vital Records Accuracy and Compliance**      **Time Period: 2010**

**GOAL: To achieve timely and accurate data entry of all Birth Certificate and Death Certificate information at the county level**

**Health Statistics Action Plan for Vital Records Requests**      **Time Period: 2010**

**GOAL: To respond in a professional and timely manner to all requests for Vital Statistics information.**

Objectives	Plan for Methods/ Activities/Practice	Outcome Measure(s)	Outcome Measure(s) Results	Progress Notes
Birth and Death certificates to be processed 3x/week	"2 Deep" availability training to be done annually to assure requests can be met on a timely basis regardless of staff absences	No longer than a 2 business day wait for any public request		

**E. Information and Referral Update**

Each public health program develops a pool of resource information for staff and clients. The Department brochure and County website detail existing public health services. Time limited information is added concerning flu immunizations and a public notice page details any communicable disease outbreak information. Special brochures are created for public information campaigns. Most public health pages have a direct link to the National Center for Disease Control. Brochures and the website are updated on an as-needed basis or yearly if needed. During the H1N1 response, the county web page was updated frequently (sometimes daily) to assure that the public can access current information.

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

**Information and Referral Action Plan for Communicating with the Public**      **Time Period: 2010**

**GOAL: Information about PH issues and programs will be readily available to Interested parties by a variety of methods**

Objectives	Plan for Methods/ Activities/Practice	Outcome Measure(s)	Outcome Measure(s) Results	Progress Notes
Maintain the HHS Brochure and Website	Update brochure annually  Work with county PIO to make changes to website as often as required.	Current brochure		

**Information and Referral Action Plan for Communicating with the Public**

**Time Period: 2010**

**GOAL: Information about PH issues and programs will be readily available to Interested parties by a variety of methods**

Develop and maintain additional resource and referral information for clients and community	Develop materials on an “as-needed” basis	Timely information readily available		In the fall of 2009, the PH/CD/EH staff determined the need for a newsletter for community partners with current H1N1 information. This newsletter was developed and distributed electronically weekly through the season. PH’s distribution list was over 250 people, with those individuals distributing further in their organizations.
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**F. Public Health Emergency Preparedness Update**

The Public Health Preparedness Program began following the events of 9/11 with the goal of funding local PH efforts to increase protection for local populations. Lincoln County PH Division is a recipient of grant funding from the federal government via OR State Health Division for dedicated FTE to do this work. Our local preparedness position is currently staffed at 0.5 FTE of professional Health Educator time and supervised by the PH Division Director. In addition to work within our agency, Lincoln County is a member of the Region 2 Hospital Preparedness Program and participates in planning and training with hospital partners.

2009 represented a challenging year for preparedness activities with the emergency of a “novel” influenza virus. Additional funding which was provided at the local level for H1N1 response allowed a broader integration of preparedness work across the department as we hired temporary staff and dealt with an unprecedented work load. This additional funding provided critical capacity to “extend” our reach with community partners. For the first time ever, Lincoln County PH Division staff and volunteers provided H1N1 immunizations in school settings in every area of the county; first with prioritized populations and then later (when restrictions on vaccine use were relaxed) for all school aged children.

Another notable achievement of 2009 was the establishment of a Local Emergency Planning Group, of which PH is a contributing partner. This organization is under the direction of the Lincoln County Emergency Manager but includes broad representation from all sectors involved in a potential response to an emergency. The LEPG meetings are continuing to provide an opportunity for PH to share expertise with paid and volunteer response agencies from all parts of Lincoln County, and to coordinate training and exercises for the benefit of all. The LEPG also has proven to be an effective vehicle to engage County Commissioners in furthering preparedness efforts in the county, specifically related to Tsunami Readiness and Continuity of Operations Planning for county functions.

Going forward into FY 2010-11, we are proposing a change of staffing in our PH Preparedness position. This will involve training in preparedness concepts of a newly-registered Environmental Health staff person, as well as transition in relationships with our local Emergency Management partners, regional Hospital Preparedness staff and participants, and OR State Health Division Preparedness program staff.

No Action Plan is being submitted for this section; work plans required by the PH Preparedness Program are on file with our Regional Liaison from OR State PH Division, Jeff Kalliner.



## **LINCOLN COUNTY**

### **PUBLIC HEALTH**

#### **COMPREHENSIVE PLAN 2008 - 2011**

## **IV. ADDITIONAL REQUIREMENTS**

## SB 555

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

### Organizational Chart

Following is the local Public Health Organizational Chart.

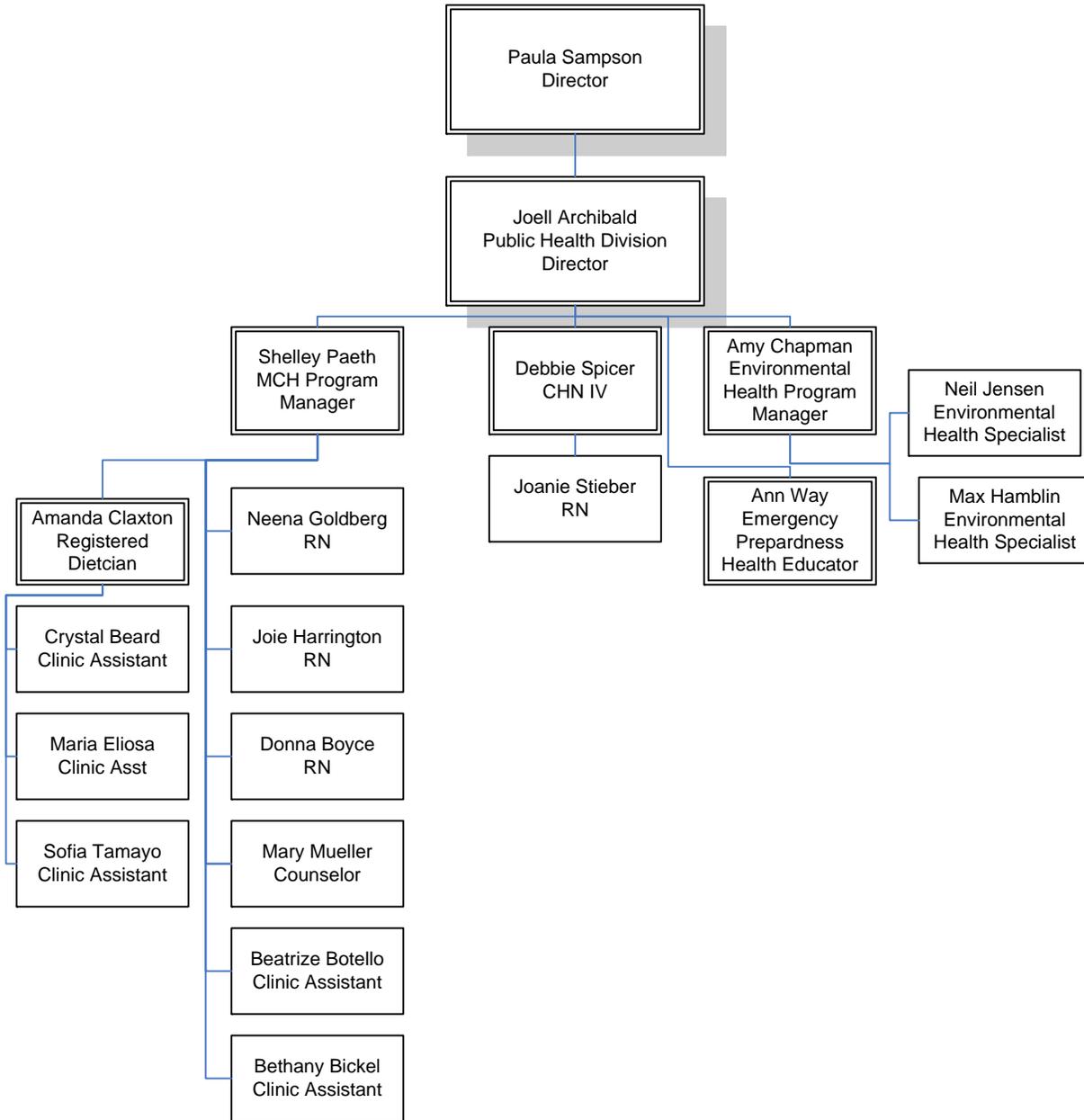
### Board of Health

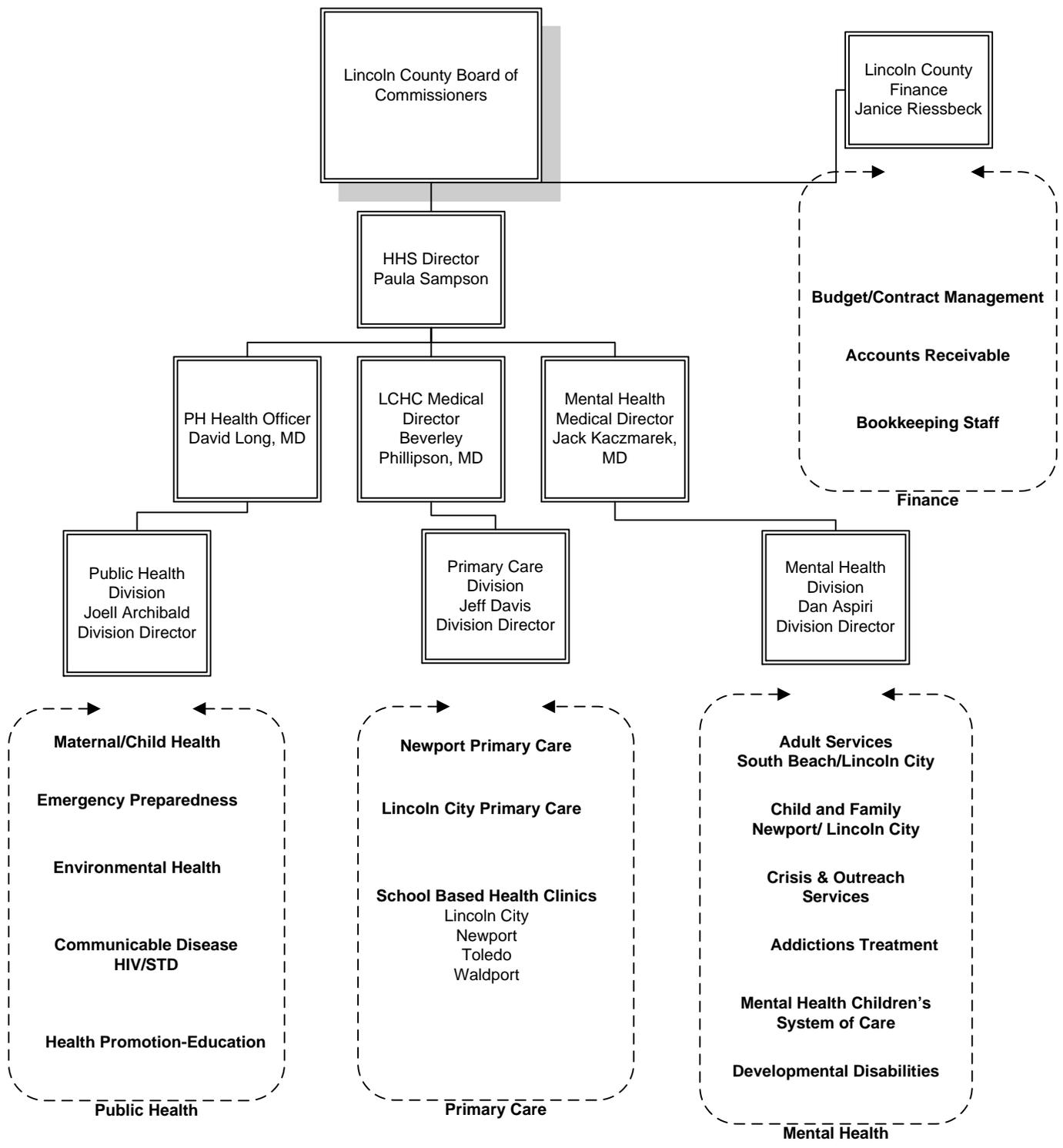
The Lincoln County Board of Commissioners serve as the Board of Health for Lincoln County. The County Commissioners designate one member who serves in an official liaison capacity with Lincoln County Health and Human Services. The HHS Director (representing PH as well as other areas) meets and confers regularly with the BOCC liaison. PH presents regularly to the BOCC/Board of Health on topics as needed and/or requested. Annually in conjunction with the BOCC/Board of Health approval of the PH Annual Plan, public health program staff highlight their programmatic achievements in a public meeting. Other occasions in the past year where presentations have occurred have related to H1N1, the County Ranking Project, Health Care Reform, and new programs started with grant awards.

### Public Health Advisory Body

Lincoln County Public Health is fortunate to have a dedicated body to advise, review, and guide our public health practice. The Lincoln County PH Advisory Council meets monthly and has been responsible for leading major initiatives related to county health efforts (minutes and member roster available upon request). Members of this group are appointed by County Commissioners after recommendation by the body. The Public Health Advisory Council regularly reviews agency performance data, as well as formally reviews and votes to accept the Annual PH Plan before it goes to the BOCC/Board of Health for final approval and signature.

# Public Health Division Organizational Chart





Lincoln County  
Health and Human  
Services  
Department Organizational  
Chart



## **LINCOLN COUNTY**

### **PUBLIC HEALTH**

#### **COMPREHENSIVE PLAN 2008 - 2011**

#### **V. UNMET NEEDS**

## **Comprehensive Plan Unmet Needs 2008 - 2011**

- Adequate funding for both local and state Public Health System.
- Nutrition education for all WIC clients.
- Extensive health promotion and prevention.
- Mental Health services during all home visits.
- Information and referral (food, clothing, heat) when financial needs change.
- Community wide approach to reduce obesity and promote healthy nutrition and exercise.
- Additional staffing for grant writing, health promotion and prevention, and Epidemiology.
- Reporting of Public Health statistics, data and trends to the public.
- Physician contact and information regarding public health data analysis and community planning.
- Public Agencies do not always have up-to-date information about program services.
- Preventative dental care for children and adults.
- Increase services for seniors for dental care, disease education, prevention and disease management.
- Nutrition education beyond WIC and Diabetes programs.
- More bilingual staff.
- Ongoing support for My Future My Choice (previously STARS)
- Maternity Case Management visits for nurse assessed risk beyond OHP determined number of visits.
- Ongoing parenting classes for ages 0-3 years.
- Increased BH services including A & D, as well as comprehensive tobacco cessation services to improve individual and community wellness.



## **LINCOLN COUNTY**

### **PUBLIC HEALTH**

#### **COMPREHENSIVE PLAN 2008 - 2011**

#### **VI. BUDGET**

Contact Information for  
Lincoln County Health and Human Services Department Budget

Lincoln County Health & Human Services  
36 SW Nye Street  
Newport, OR 97365  
541-265-6611 x2332  
[khall@co.lincoln.or.us](mailto:khall@co.lincoln.or.us)



## **LINCOLN COUNTY**

### **PUBLIC HEALTH**

#### **COMPREHENSIVE PLAN 2008 - 2011**

## **VII. MINIMUM STANDARDS**

## Organization

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

20. Yes  No  Retention and destruction of records follow written procedures and are consistent with State Archives rules.
21. Yes  No  Local health department telephone numbers and facilities' addresses are publicized.
22. Yes  No  Health information and referral services are available during regular business hours.
23. Yes  No  Written resource information about local health and human services is available, which includes eligibility, enrollment procedures, scope and hours of service. Information is updated as needed.
24. Yes  No  100% of birth and death certificates submitted by local health departments are reviewed by the local Registrar for accuracy and completeness per Vital Records office procedures.
25. Yes  No  To preserve the confidentiality and security of non-public abstracts, all vital records and all accompanying documents are maintained.
26. Yes  No  Certified copies of registered birth and death certificates are issued within one working day of request.
27. Yes  No  Vital statistics data, as reported by the Center for Health Statistics, are reviewed annually by local health departments to review accuracy and support ongoing community assessment activities.
28. Yes  No  A system to obtain reports of deaths of public health significance is in place.
29. Yes  No  Deaths of public health significance are reported to the local health department by the medical examiner and are investigated by the health department.
30. Yes  No  Health department administration and county medical examiner review collaborative efforts at least annually.
31. Yes  No  Staff is knowledgeable of and has participated in the development of the county's emergency plan.
32. Yes  No  Written policies and procedures exist to guide staff in responding to an emergency.
33. Yes  No  Staff participate periodically in emergency preparedness exercises and upgrade response plans accordingly.
34. Yes  No  Written policies and procedures exist to guide staff and volunteers in maintaining appropriate confidentiality standards.
35. Yes  No  Confidentiality training is included in new employee orientation. Staff includes: employees, both permanent and temporary, volunteers, translators, and any other party in contact with clients, services or information. Staff sign confidentiality statements when hired and at least annually thereafter.
36. Yes  No  A Client Grievance Procedure is in place with resultant staff training and input to assure that there is a mechanism to address client and staff concerns.

## Control of Communicable Diseases

37. Yes  No  There is a mechanism for reporting communicable disease cases to the health department.
38. Yes  No  Investigations of reportable conditions and communicable disease cases are conducted, control measures are carried out, investigation report forms are completed and submitted in the manner and time frame specified for the particular disease in the Oregon Communicable Disease Guidelines.
39. Yes  No  Feedback regarding the outcome of the investigation is provided to the reporting health care provider for each reportable condition or communicable disease case received.
40. Yes  No  Access to prevention, diagnosis, and treatment services for reportable communicable diseases is assured when relevant to protecting the health of the public.
41. Yes  No  There is an ongoing/demonstrated effort by the local health department to maintain and/or increase timely reporting of reportable communicable diseases and conditions.
42. Yes  No  There is a mechanism for reporting and following up on zoonotic diseases to the local health department.
43. Yes  No  A system exists for the surveillance and analysis of the incidence and prevalence of communicable diseases.
44. Yes  No  Annual reviews and analysis are conducted of five year averages of incidence rates reported in the Communicable Disease Statistical Summary, and evaluation of data are used for future program planning.
45. Yes  No  Immunizations for human target populations are available within the local health department jurisdiction.
46. Yes  No  Rabies immunizations for animal target populations are available within the local health department jurisdiction.

## **Environmental Health**

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

## **Environmental Health**

64. Yes  No  The health and safety of the public is being protected through hazardous incidence investigation and response.
65. Yes  No  Emergency environmental health and sanitation are provided to include safe drinking water, sewage disposal, food preparation, solid waste disposal, sanitation at shelters, and vector control.
66. Yes  No  All license fees collected by the Local Public Health Authority under ORS 624, 446, and 448 are set and used by the LPHA as required by ORS 624, 446, and 448.

## **Health Education and Health Promotion**

67. Yes  No  Culturally and linguistically appropriate health education components with appropriate materials and methods will be integrated within programs.
68. Yes  No  The health department provides and/or refers to community resources for health education/health promotion.
69. Yes  No  The health department provides leadership in developing community partnerships to provide health education and health promotion resources for the community.
70. Yes  No  Local health department supports healthy behaviors among employees.
71. Yes  No  Local health department supports continued education and training of staff to provide effective health education.
72. Yes  No  All health department facilities are smoke free.

## **Nutrition**

73. Yes  No  Local health department reviews population data to promote appropriate nutritional services.
74. The following health department programs include an assessment of nutritional status:
- a. Yes  No  WIC
  - b. Yes  No  Family Planning
  - c. Yes  No  Parent and Child Health
  - d. Yes  No  Older Adult Health
  - e. Yes  No  Corrections Health
75. Yes  No  Clients identified at nutritional risk are provided with or referred for appropriate interventions.
76. Yes  No  Culturally and linguistically appropriate nutritional education and promotion materials and methods are integrated within programs.
77. Yes  No  Local health department supports continuing education and training of staff to provide effective nutritional education.

## Older Adult Health

78. Yes  No  Health department provides or refers to services (Lincoln County Health Center) that promote detecting chronic diseases and preventing their complications.
79. Yes  No  A mechanism exists for intervening where there is reported elder abuse or neglect.
80. Yes  No  Health department maintains a current list of resources and refers for medical care, mental health, transportation, nutritional services, financial services, rehabilitation services, social services, and substance abuse services.
81. Yes  No  Prevention-oriented services exist for self health care, stress management, nutrition, exercise, medication use, maintaining activities of daily living, injury prevention and safety education.

## Parent and Child Health

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

## **Primary Health Care**

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

## **Cultural Competency**

99. Yes  No  The local health department develops and maintains a current demographic and cultural profile of the community to identify needs and interventions.
100. Yes  No  The local health department develops, implements and promotes a written plan that outlines clear goals, policies and operational plans for provision of culturally and linguistically appropriate services.
101. Yes  No  The local health department assures that advisory groups reflect the population to be served.
102. Yes  No  The local health department assures that program activities reflect operation plans for provision of culturally and linguistically appropriate services.

## **Health Department Personnel Qualifications**

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

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

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

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

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

AND

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

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

105. Yes X No \_\_\_ The local health department Environmental Health Supervisor meets minimum qualifications:

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

OR

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

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

106. Yes X No \_\_\_ The local health department Health Officer meets minimum qualifications:

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

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

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