



# Benton County Health Department

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Person-Centered Behavioral & Physical Health Care   Public Health & Prevention   Regulatory and Population Health   Health Management Services

25 April 2011

Mr. Tom Engle  
Office of Community Liaison  
Oregon Department of Human Services  
800 NE Oregon Street, Suite 930  
Portland, OR 97232

Dear Mr. Engle:

Enclosed is Benton County's 2010 - 2011 Annual Health Plan, including narrative, fiscal, and minimum standards sections. As requested, this document is being submitted in electronic format. Should you need a signed hard copy, please let me know.

I hope you find these materials satisfactory. Please contact me if you require any further information.

Sincerely,

Charlie Fautin  
Health Administrator / Deputy Director

Mitchell Anderson  
Director

# I. EXECUTIVE SUMMARY

Benton County Health Department (BCHD) maintains its commitment to outstanding and innovative service. A key aspect of our philosophy is functionally integrating public health, mental health, environmental health and primary care (FQHC and SBHC) clinical services. Integration and fiscal challenges continue to influence re-definition of management roles, design of multi-disciplinary work teams, development of department-wide quality improvement processes, and improvement of data management systems. One aspect of BCHD's QI process involves work toward being in the first round of applicants for voluntary national Public Health Accreditation.

A significant area of department-wide improvement is increased attention to health disparities and inequities. As resources have declined we have worked to focus services and attention on the portion of our population that remains relatively under-served.

In addition, partnerships and linkages between the Health Department and Benton Community Health Center (FQHC) under the collective title of Benton County Health Services are providing an ever-stronger continuum of services. Already robust private and public partnerships are being further strengthened to help reduce duplication and provide better services.

Primary prevention remains at the core of our public health work although we do not lose sight of the need for secondary prevention services directed toward targeted high-risk groups (pregnant teens, injection drug users, etc). All programs strive to implement evidence-based practices.

Unlike most other Oregon counties, Benton has adopted a biennial budget calendar. Prevention programs largely rely upon grant funding, while environmental health, MCH and other programs are sustained largely by fees or reimbursements. County General Funds provide significant supplemental funding for many public health programs.

BCHD continues to look "over the horizon" at demographic, environmental & economic trends. The oncoming "age-wave" and health consequences of climate change are squarely on our radar along with a changing economy. The major challenge at this time is funding to support assessments & activities in these realms.

## II. ASSESSMENT

### 1. DESCRIPTION OF PUBLIC HEALTH ISSUES AND NEEDS IN BENTON COUNTY:

#### Basic Demographic Profile and Public Health Indicators:

##### 2011 Update:

The web-based Benton County Health Status Report is currently under revision to reflect new census data and Healthy People 2020 targets. The complete report can be viewed at

[http://www.co.benton.or.us/health/health\\_status/index.php](http://www.co.benton.or.us/health/health_status/index.php)

### 2. ADEQUACY OF LOCAL PUBLIC HEALTH SERVICES

#### 2011 Update: No changes to comprehensive plan.

In general, BCHD enjoys strong support. Awareness of Public Health's role across a wide range of programs and systems is growing.

Three school districts contract to BCHD for implementation public health school nurses, thereby strengthening linkages between the districts and BCHD's CD, Mental Health, Health Promotion, EH and other programs.

BCHD has monthly meetings with the directors of Benton County Public Works, Planning, Parks, Development and Administrative departments as the key element of our Healthy Active Community Environments (HACE) project aimed at taking preventive health considerations into account in all County activities. BCHD has a collaborative relationship with many departments and programs at Oregon State University, most notably their Environmental Health & Safety office and Student Health Services. Monthly meetings are held to coordinate preventive and responsive elements.

## III. ACTION PLAN

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

#### **2011 Update: No changes to comprehensive plan.**

Update 2010-2011: No changes to the comprehensive plan. Staffing remains stable with experienced, long-term CD staff in place. Collaboration between CD and EH remains strong for investigation as well as community outreach to enhance prevention.

As it has done for many years, Benton County continues to experience a relatively high turnover of medical providers. As new providers arrive and new practices start, there is a need for orientation about Oregon disease reporting requirements and how this is best accomplished with the Benton County Health Department. Even with the recent increase in “state support for public health,” local resources are inadequate to accomplish the level of outreach and education necessary to reach all providers. The public health desire for providers to report suspect or atypical cases is inherently in conflict with the managed care policy of not documenting “suspect” but only known diagnoses. As a result, labs still tend to report more consistently and promptly than providers in Benton County.

As with many other counties, Benton is facing serious budget challenges (unlike other counties, Benton practices biennial budgeting, not annual). As a result of flat or decreasing revenue and increasing salary and benefit costs, Benton County Health Department’s CD program is looking at a possible reduction in its total level of staffing during the 2009-2011 biennium. At this time, we have two FTE of dedicated CD RN staff. This may be reduced by 0.5 as some nurse time may be re-assigned to other revenue-generating public health program work. County budgets are not finalized as of this writing, but this is an area of concern.

Chlamydia remains by far the most common reportable disease in Benton County, and while neighboring counties have been challenged by complex and increasing rates of TB, the incidence in Benton County has remained roughly steady.

Benton CD Nurses and EH Specialists continue to collaborate closely on prevention and investigation of food-borne infectious diseases. This collaboration has proven highly successful and is now our “standard of practice.” We have received commendations and support for targeted responses by both nurses and EH specialists from long-term care facilities, day-care operators, schools, food service operators, and other clients regarding the way we assess outbreaks and provide education for limiting the spread of pathogens, particularly norovirus.

#### **Goals**

#### **2011 Update: No changes to comprehensive plan.**

Update 2010-2011: No changes to the comprehensive plan.

Utilize both budgetary and epidemiological data to match available staff to high incidence and high-risk / benefit tasks. Prioritize investigation of reportable conditions according to Investigative Guidelines. As time and resources allow, also maintain outreach prevention activities with long-term care facilities, schools, clinics, faith groups, clubs, businesses and others. Maintain strong collaboration between CD and EH for investigation and mitigation of food-borne events and outbreaks involving businesses that EH inspects / permits.

## **Activities**

### **2011 Update: No changes to comprehensive plan.**

Update 2010-2011: No changes to the comprehensive plan.

Benton CD nurses will continue to work with the medical officer and Health Promotion Specialists to develop educational materials about reporting to private providers and clinical staff. Local CD "Health Alerts," "Health Advisories," and "Health Updates" will continue to be sent to all medical and alternative healthcare providers via fax and email to keep them aware of current health threats and issues. This activity has received positive feedback and serves the triple purposes of informing providers of current problems in the community, reminding them of their reporting requirement, and raising the profile of the BCHD CD program. The Health Officer reviews all releases prior to distribution.

The CD staff maintains active relationships with local infection control practitioners and facility IC specialists at the local hospital and at clinics including OSU Student Health Services. The BCHD CD program remains strongly partnered with the OSU Infectious Disease Response Team and OSU Health and Safety office. These linkages have proven invaluable in facilitating prevention activities on campus as well as in investigation and media management of outbreaks involving the OSU community.

School nurses in three local school districts are employees of BCHD and do active disease surveillance within schools. They have been trained in basic disease investigation and collaborate closely with the CD nurses.

The OCHIN Electronic Health Record (EHR) system is being used throughout the Community Health Centers of Benton and Linn Counties (CHC - our FQHC) as well as in Mental Health programs. The CD nurses have been trained in this system and have "look-up" capability. This has greatly facilitated care coordination for STI, TB and other cases for whom the CHC is the client's "medical home." While this represents only a small fraction of total case-load, it is a model of what a fully integrated electronic medical record system might accomplish.

## **Evaluation**

### **2011 Update: No changes to comprehensive plan.**

Update 2010-2011: Benton County has now initiated use of ORPHEUS to replace the Multnomah County CD database. The learning curve associated with any new software package has delayed some information entry, but once training and familiarization are completed we foresee significant data management improvements, particularly in the area of

sexually transmitted infections and investigative collaboration (information exchange) with other counties.

2007 – 2008 data review:

The 2007 and 2008 data provided by the OPHD provided a useful snapshot of past performance. We look forward to receiving more up-to-date information in the future that we can use to evaluate performance in our increasingly electronic environment.

Table 1: Total cases - We note that according to our internal records from 2009, the total number of reportable diseases has increased significantly. We will be interested in reviewing ongoing statistics to find out if the internal process changes and training we have undertaken since 2008 have improved our reporting, investigation and follow-up statistics.

Table 2: Timeliness from LHD notification to OPHD notification. No changes noted, will continue to monitor.

Table 3: Timeliness from LHD notification to completion of investigation. Slightly worse performance over this period may be related to implementation of EMR at BCHD and resultant increased workload while training and implementation was underway. Nevertheless, with a relatively small number of cases, it should be recognized that a couple of problematic outbreaks (occurring on the eve of OSU holidays for example) may lead to significant numbers of contacts who are impossible to reach until they return to town. This often delays completion of investigations in our county.

Table 4: Timeliness from LHD report to location of contacts. As above, slightly worse performance over the reporting period. Again, we will continue to monitor this parameter, but reports occurring on the eve of OSU holidays often lead to significant numbers of contacts who are impossible to reach until they return to town. There is little room for improvement when a roommate reports that the person we are trying to reach will be in Las Vegas or Seattle for a week.

Table 5: Timeliness from LHD report to initiation of investigation. Improvement was noted over the reporting period, will continue to monitor.

The Multnomah CD database has been a useful tool in monitoring CD nurse productivity and compliance. Information from the data base is used for quarterly Quality Assurance and Quality Improvement reviews. We are looking forward to activation of the ORPHEUS program as a significant improvement of this capability and additional ability for manager to monitor nurse utilization and provide real-time monitoring of compliance with reporting times and completeness. In the meantime, we will continue to use internally developed case report logs as a mechanism to track reports and provide better feedback to management, nurses and health providers.

Staff time and costs are monitored during larger investigations and outreach efforts through our finance and payroll systems.

Measurement standards include state-mandated response and reporting times, completion and thoroughness of reports, and internal nurse utilization standards.

## **Tuberculosis**

### **2011 Update: No changes to comprehensive plan.**

Update 2010-2011: No changes to the comprehensive plan.

Benton County still has low TB incidence but has noted little increase in LTBI cases. Most of these cases are identified through the School Clearance TB Screening, through Oregon State University Student Health Services or by a private provider doing medical screening. Most LTBI cases are found in foreign-born individuals.

Benton County has a high population of foreign born due to the fact that the local university has a large international student population and Hewlett-Packard and CH2MHill are significant local employers.

The CD nurses work hard to keep local providers aware of potential cultural conflicts and miscommunication that may complicate or impede successful LTBI treatment. Although there is written material available in various Asian, African, and Spanish languages about LTBI and INH, there is a lack of culturally proficient health providers and educators available to respond more effectively.

Benton has continued to see only 1-2 active TB cases per year. These cases often, but not universally, pose significant case management challenges due to low socio-economic status, transient lifestyles, and language / cultural barriers.

### **Goals**

#### **2011 Update: No changes to comprehensive plan.**

Update 2010-1011: No changes to the comprehensive plan.

Greater understanding and more effective TB outreach, particularly to the Native American, Latino and Asian-Pacific community. More active collaboration with the new Corvallis-based infectious disease practitioner. Continued close collaboration for staff orientation, training and prevention activities at homeless shelters. Continued close collaboration for staff orientation and training with OSU Student Health Services medical staff.

### **Activities**

#### **2011 Update: No changes to comprehensive plan.**

Update 2010-2011: No changes to the comprehensive plan.

Benton County serves Indian, Vietnamese, Korean and Chinese clients more commonly than other populations. Oregon State University interns have helped create appropriate outreach information through work within the Asian-Pacific community, obtaining information on common beliefs about LTBI and begin development of culturally proficient messages to encourage LTBI treatment.

In addition to the unfailingly strong support of DHS PH TB staff, nurses and Medical Officer frequently refer to the Francis J. Curry National TB Center's "warm-line" for case management advice and answers to complex individual questions.

One complex case is under investigation as this is being written. The case was an inpatient at the Corvallis hospital, so a large number of medical and support staff will need assessment and follow-up. This plan is being formulated with the close collaboration of local infectious disease practitioners, the hospital infection control specialist, and other hospital management and staff resources.

More active collaboration with the new Corvallis-based infectious disease practitioner. Continued close collaboration for staff orientation, training and prevention activities at homeless shelters. Continued close collaboration for staff orientation and training with OSU Student Health Services medical staff.

## **Evaluation**

### **2011 Update: No changes to comprehensive plan.**

Update 2010-2011: We continue to struggle with lack of housing options for homeless or transient TB+ individuals. We have never been able to locate suitable housing in Benton County that will accept these individuals. We continue to look and brainstorm for options.

We are looking forward to activation of the ORPHEUS program with the projected TB module. That should allow more internal QA & QI capability for the CD manager to monitor nurse utilization and provide real-time monitoring of compliance with case management goals, reporting requirements.

## **B. PARENT AND CHILD HEALTH SERVICES INCLUDING FAMILY PLANNING CLINICS AS DESCRIBED IN ORS 435.205**

Family Planning Annual Plan for year 2011 was submitted to Carol Elliot.

### **Immunization Program**

An extension for submission of this section to June 1<sup>st</sup> was granted by Susan Wiener on April 21<sup>st</sup> (see Appendix A)

# Women, Infants and Children (WIC) Program

## INFORMATION SHEET

### FY 2011-2012 WIC Nutrition Education Plan

### WIC Staff Training Plan – 7/1/2011 through 6/30/2012

**Agency:**

**Training Supervisor(s) and Credentials:**

#### 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, 2011 – June 30, 2012. State provided in-services, trainings and meetings can be included as appropriate.

Quarter	Month	In-Service Topic	In-Service Objective
1	July-August 2011	Child Nutrition Module, Biological Nurturing, Breastfeeding Peer Counseling Program, Group Prenatal Series Guide and/or Breastfeeding Basics-Grow and Glow Curriculum	Update on child nutrition. Use of PCE in teaching participants on infant cues. Update and inform staff about breastfeeding so they become comfortable counseling pregnant or postpartum women.
2	Fall 2011	Attend Fall Regional training.	Will extend invitation to MCH nurse.
3	November 2011-February 2012	Health Outcomes staff in-service	To provide staff with an increased understanding of the factors influencing health outcomes.
4	Winter 2011	Have staff in-service to evaluate different choices available for WIC clients for their 2 <sup>nd</sup> NE visit.	More appropriate 2 <sup>nd</sup> NE choices available for client's needs.
5	December 2011-March 2012	Postpartum Nutrition Course	Update staff on the important nutrition guidelines for postpartum women.
6	April- May 2012	In-service for Civil Rights	Update staff on civil rights.

The Oregon WIC Program Nutrition Education Plan is designed to support and promote a comprehensive approach in the delivery of WIC services. This structure involves a three-year strategy focusing on providing quality nutrition education and enhancing participant centered services also known as Oregon WIC Listens. The multi-year plan will be reflective of the VENA philosophy and continue to support Breastfeeding Promotion, the Nutrition Services Standards, and MCH Title V National Performance Measures.

## VENA Background

VENA is a nationwide WIC nutrition education initiative. It is a part of a larger national initiative to revitalize quality nutrition services (RQNS) in WIC. The goal of VENA is to expand the purpose of nutrition assessment from eligibility determination to improved, targeted, client centered nutrition education. The six competency areas for WIC nutrition assessment include Principles of life-cycle nutrition; Nutrition assessment process; Anthropometric and hematological data collection techniques; Communication; Multicultural awareness; and Critical thinking.

### Year One – FY 2010-2011

The primary mission of the WIC Program is to improve the health outcomes of our participants. The first year of the WIC Nutrition Education Plan will be devoted to continuing to build staff skills with participant centered services focusing in the area of group settings. Year One will involve staff completion of the Participant Centered Education e-Learning Modules posttest and increasing staff understanding of the factors influencing health outcomes. The desired outcome is Oregon WIC staff can consistently use participant centered skills for quality nutrition and breastfeeding services in both individual and group activities.

### Year Two – FY 2011-2012

The second year of the WIC Nutrition Education Plan will be devoted to implementing participant centered nutrition education activities consistently in group settings. Year Two will also focus on enhancing breastfeeding education, promotion and support by incorporating specific participant centered skills and strategies in breastfeeding counseling. This second year of the plan will continue to promote strengthening partnerships with organizations that also serve WIC populations. The desired outcome is Oregon WIC staff build confidence in using participant centered skills and strategies in both individual and group settings.

### Year Three – FY 2012-2013

The third year of the WIC Nutrition Education Plan will continue to be devoted to sustaining staff competencies with participant centered services. The focus of Year Three will include developing community partnerships with other organizations providing nutrition and breastfeeding education.

General guidelines and procedures for the Nutrition Education Plan are described in Policy 850 of the Oregon WIC Policy and Procedure Manual. USDA requires each local agency to

complete an annual Nutrition Education Plan [7 CFR 246.11(d)]. Even though we are focusing on specific goals, WIC agencies should plan to continue to provide a quality nutrition education program as outlined in the WIC Program Policy and Procedure Manual and the Oregon WIC Nutrition Education Guidance.

Materials included in the FY 2011-2012 Oregon WIC Nutrition Education Plan:

- FY 2011-2012 WIC Nutrition Education Plan Goals, Objectives and Activities
- FY 2010-2011 Evaluation of WIC Nutrition Education Plan (return to state by May 1, 2011)
- FY 2011-2012 WIC Nutrition Education Plan Form (return to state by May 1, 2011)
- Attachment A – WIC staff Training Plan (return to state by May 1, 2011)

Instructions:

1. Review the FY 2011-2012 Oregon WIC Nutrition Education Plan materials and Policy 850 – Nutrition Education Plan.
2. Evaluate the objectives and activities from your FY 2010-2011 Nutrition Education Plan.
3. Describe the implementation plan and timeline for achieving your FY 2011-2012 objectives and activities using the FY 2011-2012 WIC Nutrition Education Plan Form.
4. Return your completed FY 2010-2011 Evaluation of WIC Nutrition Education Plan by May 1, 2011.
5. Return your completed FY 2011-2012 WIC Nutrition Education Plan Form by May 1, 2010.
6. Return Attachment A – WIC Staff Training Plan by May 1, 2011.

Return the WIC 2010-2011 Evaluation and 2011-2012 Plan Form electronically to [sara.e.sloan@state.or.us](mailto:sara.e.sloan@state.or.us) Or by fax or mail to:

Sara Sloan, MS RD  
Oregon WIC Program  
800 NE Oregon Street #865  
Portland, OR 97232  
Fax – (971) 673-0071

## FY 2011 - 2012 WIC Nutrition Education Plan Form

County/Agency: Benton County WIC  
Person Completing Form: Maryam Hourmanesh-Jones, Deborah Pyke, and Mercedes Magana  
Date: March 29, 2011  
Phone Number: 541-766-6835  
Email Address:

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

**Year 2 Objective: During planning period, staff will incorporate participant centered education skills and strategies into group settings.**

Activity 1: Local agency staff will attend a regional Group Participant Centered training focusing on content design to be held in the fall of 2011.

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

Implementation Plan and Timeline including possible staff who will attend a regional training: As soon as the State notifies us with the date and time of the Fall 2011 training, Benton County WIC staff will register and attend the training.

Activity 2: Each agency will modify at least one nutrition education group lesson plan from each category of core classes and at least one local agency staff in-service to include PCE skills and strategies by March 31, 2012. Specific PCE skills and strategies were presented during the PCE Groups trainings held Fall 2010 and Spring 2011.

Implementation Plan and Timeline: At this time, Benton County does not provide group education but will evaluate the need for this. This will be accomplished by June 1, 2011. Benton County is currently working on the protocol for WIC clients to use online and /or community NE.

Activity 3: Each agency will develop and implement a plan to familiarize all staff with the content and design of 2nd Nutrition Education options in order to assist participants in selecting the nutrition education experience that would best meet their needs.

Implementation Plan and Timeline: Benton County will have staff in-service to review different choices available to WIC for their 2nd NE visit by winter 2011.

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

**Year 2 Objective: During planning period, each agency will incorporate participant centered skills and strategies into their group settings to enhance their breastfeeding education, promotion and support.**

Activity 1: Each agency will modify at least one prenatal breastfeeding class to include PCE skills and strategies by March 31, 2012. Specific PCE skills and strategies were presented during the PCE Groups trainings held Fall 2010 and Spring 2011.

Implementation Plan and Timeline: Benton County will continue to incorporate PCE skills and strategies in prenatal and breastfeeding consultations.

Activity 2: Each agency's Breastfeeding Coordinator will work with the agency's Training Supervisor to provide an in-service to staff incorporating participant centered skills to support breastfeeding counseling.

Note: In-service content could include concepts from Biological Nurturing, Breastfeeding Peer Counseling Program – Group Prenatal Series Guide and/or Breastfeeding Basics – Grow and Glow Curriculum. An in-service outline and supporting resource materials developed by state WIC staff will be sent by July 1, 2011.

Implementation Plan and Timeline: As soon as resource materials are received from the State office, an in-service will be scheduled at the weekly staff meeting by Fall 2011.

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

**Year 2 Objective: During planning period, each agency will continue to develop strategies to enhance partnerships with organizations in their community that serve WIC participants by offering opportunities to strengthen their nutrition and/or breastfeeding education.**

Activity 1: Each agency will invite at last one partner that serves WIC participants and provides nutrition education to attend a regional Group Participant Centered Education training focusing on content design to be held fall of 2011.

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

Implementation Plan and Timeline: Benton County WIC will extend an invitation to attend the fall 2011 PCE Training to La Leche League and the Lactation Consultants at the local hospital by fall 2011.

Activity 2: Each agency will invite at least one community partner that provides breastfeeding education to WIC participants to attend a Breastfeeding Basics – Grow and Glow Training complete the Oregon WIC Breastfeeding Module and/or complete the new online Oregon WIC Breastfeeding Course.

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

Implementation Plan and Timeline: Benton County WIC will extend an invitation to Benton County Healthy Start staff when the next training becomes available, by winter 2011-2012.

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

**Year 2 Objective: During planning period, each agency will continue to increase staff understanding of the factors influencing health outcomes.**

Activity 1: Each agency will conduct a Health Outcomes staff in-service by February, 2012.

Note: An in-service outline and supporting resource materials developed by state WIC staff will be sent by July 1, 2011.

Implementation Plan and Timeline: This training will take place in the winter of 2011-2012 with a date set as soon as materials are received, reviewed and a training date can be set.

Activity 2: Local agency staff will complete the new online Postpartum Nutrition Course by March 31, 2012.

Implementation Plan and Timeline: A staff in-service will be planned for March 2012 to complete the online Postpartum Nutrition Course.

Activity 3: Identify your agency training supervisor(s) and projected staff quarterly in-service training dates and topics for FY 2011-2012. Complete and return Attachment A by May 1, 2011.

Agency Training Supervisor(s): Maryam Hourmanesh-Jones

## **FY 2011 - 2012 WIC Nutrition Education Plan Goals, Objectives & Activities**

**Overall Mission/Purpose:** The Oregon WIC Program aims to provide public health leadership in promoting the health and improved nutritional status of Oregon families by providing:

- **Nutrition Education**
- **Breastfeeding Promotion**
- **Supplemental Nutritious Foods**
- **Partnerships With and Referrals to Other Public and Private Community Groups**

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

Year 2 Objective: During planning period, staff will incorporate participant centered education skills and strategies into group settings.

Activity 1: Local agency staff will attend a regional Group Participant Centered training focusing on content design to be held in the fall of 2011.

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

Implementation Plan and Timeline: As soon as State notifies us with the date and time of the Fall 2011 training, Benton County WIC staff will register and attend training.

Activity 2: Each agency will modify at least one nutrition education group lesson plan from each category of core classes and at least one local agency staff in-service to include PCE skills and strategies from the PCE Groups trainings held Fall 2010 and Spring 2011.

Implementation and Time Line: At this time, Benton County does not provide group education but will evaluate the need for this. This will be accomplished by June 1, 2011.

Benton County is currently working on the protocol for clients to use online and/or community NE.

Activity 3: Each agency will develop and implement a plan to familiarize all staff with the content and design of 2nd nutrition education options in order to assist participants in selecting the nutrition education experience that would best meet their needs.

Implementation and Time Line: Benton County WIC will have staff in-service to review different choices available to WIC clients for their 2nd NE visit by winter 2011.

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

Year 2 Objective: During planning period, each agency will incorporate participant centered skills and strategies into their group settings to enhance their breastfeeding education, promotion and support.

Activity 1: Each agency will modify at least one prenatal breastfeeding class to include PCE skills and strategies from the PCE Groups trainings held Fall 2010 and Spring 2011.  
Implementation and Time Line: Benton County will continue to incorporate PCE skills and strategies in prenatal and breastfeeding consults.

Activity 2: Each agency's Breastfeeding Coordinator will work with the agency's Training Supervisor to provide an in-service to staff incorporating participant centered skills to support breastfeeding counseling.

Note: In-service content could include concepts from Biological Nurturing, Breastfeeding Peer Counseling Program – Group Prenatal Series Guide, and/or Breastfeeding Basics - Grow and Glow Curriculum. An in-service outline and supporting resource materials developed by state WIC staff will be sent by July 1, 2011.

Implementation and Time Line: As soon as resource material is received from the State office, will schedule in-service at the weekly staff meeting by Fall 2011.

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

Year 2 Objective: During planning period, each agency will continue to develop strategies to enhance partnerships with organizations in their community that serve WIC participants by offering opportunities to strengthen their nutrition and/or breastfeeding education.

Activity 1: Each agency will invite at least one partner that serves WIC participants and provides nutrition education to attend a regional Group Participant Centered Education training focusing on content design to be held in the fall of 2011.

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

Implementation and Time Line: Benton County will extend an invitation to attend the fall 2011 PCE Training to La Leche League and Lactation Consultants at the local hospital by fall 2011.

Activity 2: Each agency will invite at least one community partner that provides breastfeeding education to WIC participants to attend a Breastfeeding Basics - Grow and Glow Training, complete the Oregon WIC Breastfeeding Module and/or complete the new online Oregon WIC Breastfeeding Course.

Note: Specific Breastfeeding Basics Grow and Glow Training logistics and registration information will be sent out prior to the trainings. Information about accessing the online Breastfeeding Course will be sent out as soon as it is available.

Implementation and Time Line: Benton County WIC will extend an invitation to Benton County Healthy Start staff when the next training becomes available, by winter 2011.

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

Year 2 Objective: During planning period, each agency will continue to increase staff understanding of the factors influencing health outcomes.

Activity 1: Each agency will conduct a staff in-service to address the factors influencing health outcomes by March 31, 2012.

Note: An in-service outline and supporting resource materials developed by state WIC staff and sent out to Local Agencies by July 1, 2011.

Implementation and Time Line: This training will take place in the winter of 2011-2012 with a date set as soon as material are received, reviewed and a training date can be set.

Activity 2: Local agency staff will complete the new online Postpartum Nutrition Course by March 31, 2012.

Implementation and Time Line: A staff in-service will be planned for March 2012.

Activity 3: Identify your agency training supervisor(s) and projected quarterly in-service training dates and topics for FY 2011-2012. Complete and return Attachment A by May 1, 2011.

Maryam Hourmanesh-Jones

## **MCH PROGRAM PLANS (Parent and Child Health Services)**

**Updates 2011: A new MCH PHN was hired in January 2011. Her orientation & initial performance are progressing well. She is enthusiastic and learning programs rapidly. We have great hopes that we will be able to substantially increase caseload, client services and community engagement.**

### **Maternity Case Management (MCM)**

MCM has as its goal the process of assisting pregnant women in accessing prenatal, social, economic, nutritional and other community services. The program goals are achieved through nurse home visits which are individualized to identify and address each client family's needs and goals.

### **CaCoon Program**

One of the goals of the CaCoon Program is to make public health nurse care coordination services available to families in Benton County. To achieve this end CaCoon provides specialized training to nurses in order to make them confident resources in their communities. In this manner accurate information is provided to families; access to community services is improved; efficient use of health care and service systems is promoted and the well-being of Children & Youth with Special Health Care Needs (CYSHN) families is promoted.

### **Babies First**

The goal of the Babies first Program is to improve the physical, developmental and emotional health of high risk infants. To achieve this goal there are four objectives: to improve the early identification of infants and young children with the risk of developmental delay; assist families to access the appropriate community resources; standardize the public health nurse's ability to assess development and yearly analysis of outcomes data.

### **Healthy Start**

Located at Old Mill Center for Children and Families, the Benton County Healthy Start is a home visitation program offering services to all new families to increase parenting skills, improve family support and functioning with the likelihood of decreasing maltreatment and improve school readiness for at risk infants and children.

### **Challenges**

The MCH program continues to be affected by various changes at Benton County Health Department. Two public health nurses sequentially hired for MCM remained in the position for only one year or less. The new nurse hired and assigned in September 2008 remained for less than two months. Subsequently, the public health nurse in charge of the CaCoon and Babies First programs continued to see all MCM open cases. This situation required severely limiting

the delivery of services due to the fact that the nurse assigned has a .6 FTE to cover all the programs' needs. Note: the managerial position overseeing all three programs (CaCoon, Babies First, MCM and Healthy Start) was also vacant for greater than eight months due to retirement in 2008. The management position was filled in September 2009 but fiscal uncertainties and H1N1 pandemic delayed the recruitment for re-filling the MCH nursing position through the winter of 2009. Decisions on MCH nurse staffing also was dependent upon finalization of the state and county FY2010-11 biennial budgets. Additionally, new recruitment efforts did not result in finding an appropriate candidate for the position. At this writing, the MCH position is posted at a .8 FTE with the goal of getting a larger number of suitable applicants.

## **Successes**

The Cacoon and Babies First nurse has been part of BCHD for many years. She has an excellent working relationship with many community partners, is well known, trusted and accepted by providers and community members alike. Ongoing discussions with the Commission on Children and Families and other partners has been reassessing community needs and considering strategies to offer wrap-around services delivered by a multidisciplinary team at Benton County Health Services and other partners. A priority is to include mental health and behavioral counselors to health services so as to address the increased number of clients with mental health needs. The increased FTE should help us accomplish these strategies.

Objective: Mental health

- Strategize ways for meeting needs of pregnant women with mental health needs

Activities:

- Coordinate and plan multidisciplinary team using BCHD resources and community partners including Mental Health, MCH, Community Health Center
- Organize work plan and evaluation criteria

Evaluate:

- Identify and implement ongoing QA/QI evaluation

Objective:

- Hire MCH Nurse with FTE of .8 or greater
- Prioritize teen pregnancies
- Prioritize mental health during pregnancies

Activities:

- Consult with community partners to identify needs and focus efforts
- Update prioritization criteria

Evaluation

- Identify and Implement evaluation criteria

## **C. ENVIRONMENTAL HEALTH**

## **Environmental Health Services ORS 333-014-055 (2)(e)**

Environmental Health Services in Oregon include inspection, licensure, consultation and complaint investigation of food services, tourist facilities, institutions, public swimming and spa pools, regulation of water supplies, solid waste and on-site sewage disposal systems, animal bite investigations to prevent the spread of rabies, food-borne and waterborne disease outbreak investigations, and other issues where the public health is potentially impacted through contact with surrounding environmental conditions.

### **Environmental Health Inspections**

This fee-supported program reduces risk to county residents and visitors from disease and injury by investigating food and waterborne diseases, educating the public about food safety, and performing routine inspections of licensed facilities (restaurants, swimming pools, hotels, child care centers, adult foster care, correctional facilities, and small public drinking water systems).

### **Onsite Wastewater Treatment (Septic) Systems Inspections**

This fee-supported program reduces risk to county residents and visitors from diseases caused by failing or improperly designed septic systems.

### **Solid Waste and Nuisance Abatement Program**

This fee-supported program reduces risk to county residents and visitors from disease and injury caused by accumulation for trash and rubbish in rural areas of the county. This program provides oversight for several franchise agreements and helps to coordinate recycling efforts and provide local oversight of Coffin Butte Landfill.

## **Action Plan: Environmental Health Division**

### **Current Conditions or Problem**

#### **Update 2011: No Changes**

Update 2010-2011: No update.

The Environmental Health Division is responsible for assuring the public of safe food, controlling diseases that can be acquired from food and water, animal bite reporting, West Nile Virus, regulating selected businesses and accommodations, and enforcing State and Local environmental health laws and rules. Environmental Health Division staff work in cooperation with other divisions in the Health Department and broader Benton County community. For example, staff works in cooperation with staff of the Communicable Disease, Emergency Planning, Animal Control, and Public Health Divisions to refine procedures for responding to a broad range of disasters and emergencies that threaten the health of the community including floods, vectors, earthquakes, bioterrorism and other mass casualty events.

## Goals

### Update 2011: No Changes

Update 2010-2011: No update.

The goals of the Environmental Health Division are to (1) analyze local environmental health issues from a public health perspective, (2) regulate specified businesses and accommodations, and (3) enforce State and Local environmental health laws and rules.

## Activities

### Update 2011: No Changes

Update 2010-2011: No update.

Target populations, including all residents of Benton County. The following activities are implemented on an ongoing basis by Environmental Health staff:

- Animal Bites (including bats and rabies exposures).
- Environmental Assessment Priority List.
- Food handler and ServSafe Manager's training and certification.
- Disaster Preparedness.
- Inspection, Licensure, consultation and complaint investigations of food facilities and temporary events, tourist facilities, institutions, public swimming pools and spas and public drinking water systems; ensuring conformance with public health standards.
- Contract inspections of Oregon State University (OSU) food service facilities, sororities and fraternities on campus food service facilities.
- Community education about environmental health risks, food safety alerts, and hazards including: asthma, poor indoor air quality, lead poisoning, and vectors.
- Data analysis to identify environmental health trends and future service needs.
- Grant development to support Environmental Health Services.

Environmental Health Division will continue to support public policy change that reflects the interface with Public Health and the broader community. This Division will also work to educate diverse communities about environmental health risks and hazards as a means of protecting public health and reinforcing information provided through the inspection process.

## Evaluation

### Update 2011: No Changes

Update 2010-2011: No update.

The effectiveness of disease control and prevention is measured by the types of measures listed on the table below.

<u>Program Area</u>	<u>Measurable Outcome</u>
Health Inspections	Number of critical violations in food service facilities Number of total food program complaints received

<u>Program Area</u>	<u>Measurable Outcome</u>
Health Inspections	Number of food-borne illness complaints received Number of food-borne illness outbreaks investigated Number of food-borne illness outbreaks confirmed Number of total cases for all confirmed outbreaks
Food Handler/ServSafe Training and Certification	Percent of food handler / ServSafe tests passes Number of food handler / ServSafe tests taken by language
Nuisance Abatement	Number of nuisance complaints Number of initial and follow-up nuisance inspections Vector Control Number of birds that test positive for West Nile Virus Number of mosquito pools that test positive for West Nile Virus
Community Education and Outreach	Number of educational events conducted Number of individuals who attend the educational events Number of newspaper articles published

## **D. HEALTH STATISTICS**

**Update 2011: No changes to the comprehensive plan.**

Update 2011: No changes to the comprehensive plan.

As a result of a successful 2008 County Health-And-Safety levy campaign and Commissioner action, BCHD was able to re-establish a 0.5 FTE department epidemiologist position last August. We now have renewed capacity to collect, track and analyze health statistics and to resume previously unfilled relationships with OSU faculty in Public Health, Social Work, Nutrition and many community organizations including United Way, Food Share, CCF, medical providers and others that collect and analyze health-related statistics.

Vital records staff are long-term county employees with an excellent understanding of reporting systems and mandates. The February 2009 triennial review noted no compliance issues for vital records.

### **Goals**

**Update 2011: No changes to the comprehensive plan.**

Update 2010-2011: No changes for vital records staff.

With the epidemiologist position in place, Benton County has determined that our primary data need is an updated comprehensive county health status report. We have set a goal of having a web-published report available by October 1<sup>st</sup> 2009 on the BCHD website.

We will work to retain staff and sustain vital records services in their current service level.

## **Activities**

**Update 2011: The Benton County on-line Health Status Report is available at [http://www.co.benton.or.us/health/health\\_status/index.php](http://www.co.benton.or.us/health/health_status/index.php)**

Update 2010-2011: The on-line county health status report including dozens of health indicators with comparators to Oregon and Healthy People 2010 targets was publically released on April 16, 2010. The web address is: [http://www.co.benton.or.us/health/health\\_status/index.php](http://www.co.benton.or.us/health/health_status/index.php)

Most of the data will initially be secondary, harvested from diverse and sometimes obscure sources.

The report will be a “one-stop-shop” for information previously only available by searching numerous resources. It should be a valuable tool not only for internal program planning and evaluation, but for information needed for grant applications submitted by BCHD and our community partners and stakeholders.

BCHD intends to immediately institute a revolving plan for updating information on a three-year cycle. In addition, as primary local data becomes available, it will be integrated into the report.

In addition, the epidemiologist is coordinating and providing technical support to numerous programs that are either working on their own mandated data collection (Healthy Communities ongoing is an example) or doing baseline assessments for program evaluation purposes (MH peer-wellness evaluation).

BCHD activated an electronic medical records system in all four Community Health Center sites during 2008. This system was expanded to include mental health in 2009. A number of public health nurses (CD, immunization, and MCH) have access to these electronic medical records to allow us to fully exploit the power of the system to access information we are already collecting and capture much information which is now missed.

## **Evaluation**

**Update 2011: No changes to the comprehensive plan.**

Update 2010-2011: No changes to the comprehensive plan.

The February 2009 triennial review noted no compliance issues for vital records. Our internal QA system will provide ongoing monitoring to assure that mandates continue to be met according to relevant OARs and ORS's.

Web publication of the Health Status Report was implemented in Spring 2010. We will publicize its availability to our stakeholder group and state epidemiologists and after 6 months, do an on-line survey to assess its utility, ease of use and comprehensiveness. Results of that survey will be used to guide improvements.

## **E. INFORMATION AND REFERRAL SERVICES**

**Update 2011: No changes to the comprehensive plan.**

Update 2010-2011: No changes to the comprehensive plan.

I&R services are available in Benton through a variety of channels.

BCHD provides a variety of I&R services primarily through our Health Management Services Division. The telephone, reception and eligibility staff within that division provide telephone referrals for housing, medical care, social services, and coordination of applications for the Oregon Health Plan.

A Corvallis-based, non-profit organization called Love, Inc. produces a very highly regarded and well-used Information and Referral Guide to agencies and services throughout the mid-valley area. They have secured sponsorships for printing and distribution and sell additional copies on demand to help sustain it. This is the regional I&R “bible.”

### **Goals**

**Update 2011: No changes to the comprehensive plan.**

Update 2010-2011: No changes to the comprehensive plan.

Identify and sustain a robust network of county-wide resources to provide residents, workers and visitors to Benton County with accurate, timely and accessible information and resources that can help ascertain their health and welfare needs.

### **Activities**

**Update 2011: No changes to the comprehensive plan.**

Update 2010-2011: Additional grant funding was secured to expand the “health navigator” program. This will greatly expand our ability to assist the public in making effective and manageable connections to prevention and care options.

BCHD’s internal I & R activities:

- Help clients identify needs.
- Promote community health and wellness by assisting individuals and families in receiving services with special attention to ensuring confidentiality.
- Interview clients to identify eligibility for County, State or Federal resources.
- Provide administrative / clerical support to the Department’s Automatic Call Distribution (ACD) by directing internal staff, other governmental agencies, nonprofit organizations,

community members and clients to the appropriate contact or by providing the requested / necessary information.

- Facilitate enrollment and application to the Oregon Health Plan and refer clients to appropriate organizations for OHP certification / enrollment.

## **Evaluation**

### **Update 2011: No changes to the comprehensive plan.**

Update 2010-2011: No changes to the comprehensive plan.

Utilizing the OCHIN electronic practice management system, BCHD's QA processes monitor objective measures including:

- Number of calls received
- Number of referrals and connections-to-care made and for what services
- Number of OHP applications completed
- Demographic information on clients
- Follow-up information gathered to determine utilization of resources

Community coordination meetings dedicated to health navigation, and program-specific, provide subjective information from Love, Inc. and other community organizations. This information helps identify service and information gaps.

## **F. PUBLIC HEALTH EMERGENCY PREPAREDNESS**

### **Update 2011: No changes to the comprehensive plan.**

Update 2010-2011: No changes to the comprehensive plan.

BCHD PHEP has been fortunate to have had consistent staffing throughout its existence. The presence of a single PHEP planner has simplified both internal and external partnerships as well as strengthened institutional memory.

As a result, BCHD has been able to move beyond just meeting required mandates to completion of essential preparedness projects including Continuity-Of-Operations-Planning, development of ICS capacity and use for large scale non-emergency situations, and enhanced staff and community education programs.

NOTE: Please see also the comprehensive PHEP annual and semi-annual program plans and reports submitted to the DHS PHEP program.

## **Goals**

### **Update 2011: No changes to the comprehensive plan.**

Update 2010-2011: No changes to the comprehensive plan.

BCHD will comply with all PE-12 requirements, participate fully in coordination meetings and statewide preparedness events, and collaborate closely with County Emergency Management and other disaster preparedness activities.

## Activities

### **Update 2011: No changes to the comprehensive plan.**

Update 2010-2011: Current prevention planner will retire at the end of August 2010. We plan recruitment early enough that there can be effective orientation and transition with the new staff member before the incumbent's departure.

BCHD PHEP activities are outlined in detail in our semi-annual PHEP review and compliance documents – available through DHS PH Division PHEP. These include close collaboration with preparedness partners at DHS, in Region 2 and other counties, with Benton County and municipal Emergency Management, Red Cross and other local agencies, all schools within the county, numerous communities of faith, Good Samaritan Regional Medical Center and the entire Samaritan Health Services system, Corvallis Chamber of Commerce and other business organizations, Oregon State University, Linn-Benton Community College and other preparedness partners.

## Evaluation

### **Update 2011: No changes to the comprehensive plan.**

Update 2010-2011: No changes to the comprehensive plan.

Evaluation is done via the twice-a-year DHS PHEP program reviews. One of these is local and one is semi-regional. Documentation of these evaluations is available from DHS PHEP.

## **G. OTHER ISSUES**

### **Ryan White Care Case Management**

#### **Update 2011: No changes to the comprehensive plan.**

Update 2010-2011: No changes to the comprehensive plan. The collaboration with Linn County is working well and providing high quality services for Benton Co residents.

**NOTE: Please refer also to the HIV Case Management and Support Services program plan and reports submitted to the DHS HIV program by Linn County Department of Health Services.**

At present, there are approximately 26-28 active Ryan White clients residing in Benton County. Benton and Linn Counties have completed planning with DHS PH staff to form a two-county collaborative. Under this plan, Linn County will provide case management and support services to clients in Benton and receive Benton's share of state funding. Benton will meet its

assurance goal by collaborating on program planning, providing space for the Linn County case manager to meet Benton clients in Corvallis on a regular basis, and collaborating on Care Ware reviews and audits.

## **Activities**

### **Update 2011: No changes to the comprehensive plan.**

Update 2010-2011: No changes to the comprehensive plan.

Ryan White Case Management and Support Services to be provided by Linn County Department of Health Services staff.

Benton County will work to assure services for local residents through frequent coordination meetings between Benton public health program manager and the Linn County program manager and case management staff. Benton will provide office space, support, records storage and other support services for the Linn case manager to see Benton residents in Corvallis.

Benton will set up a system to receive and review state Ryan White reports involving enrolled Benton residents.

## **Goal**

### **Update 2011: No changes to the comprehensive plan.**

Update 2010-2011: No changes to the comprehensive plan.

Ryan White case management and social support services will remain fully accessible to eligible HIV positive residents of Benton County. BCHD will remain involved in assuring that services are available at the same level of quality and access as in Linn County. BCHD will be available to participate in state program monitoring and evaluation activities.

## **Evaluation**

### **Update 2011: No changes to the comprehensive plan.**

Update 2010-2011: No changes to the comprehensive plan.

Periodic management review of Ryan White Care Ware data and charts for Benton County residents.

Collaboration with state program reviews involving Benton County residents.

Number of Ryan White clients residing in Benton.

## **Health Promotion / Disease Prevention**

**Update 2011: No changes to the comprehensive plan.**

Update 2010-2011: The mission of the Health Promotion/Disease Prevention Program at the Benton County Health Department is to provide public health prevention equitably and professionally to all people living, working and visiting in Benton County. This is accomplished by engaging the community in planning, policymaking, implementing, and evaluating health prevention and promotion programs. The Health Promotion/Disease Prevention Unit of the Benton County Health Department implements prevention programs using the Institute of Medicine Model (IOM) prevention framework, which includes Universal, Selected, and Indicated prevention programs and applies the Socio-Ecological Model of public health practice.

Funding is sustained through a combination of State and County program funds, and other of private grant funding.

The Healthy Communities Initiative is a welcome change from strictly categorical prevention work. This approach fits perfectly with the BCHD Health Promotion team format, which emphasizes population-based approaches where all members of the team contribute or participate so clients are dealt with as entire organisms and not simply according to single pathologies or risk factors. This project provides funding to pursue detailed local-level community health assessment data, which in turn helps leverage additional funding to address broad, population and policy-based preventive health activities.

## **Substance Abuse Prevention Program (SAPP)**

**Update 2011: No changes to the comprehensive plan.**

***NOTE: Please refer also to the comprehensive SAPP community assessment, program plan and reports submitted to the DHS MH SAPP program.***

Substance abuse programming remains strong with continuing funding through a SAMHSA grant. The Mental Health Division of BCHD works in close partnership with Public Health to provide funding for primary prevention activities within the BCHD Health Promotion team.

According to the Oregon Healthy Teen survey, approximately 21% of 8<sup>th</sup> graders and 39% of 11<sup>th</sup> graders have used alcohol in the past 30 days. In addition, 6% of 8<sup>th</sup> graders and 18% of 11<sup>th</sup> graders have used marijuana in the past 30 days. SAPP consists of five implementation strategies:

- Community mobilization
- Parent and Family Prevention Service
- School-Aged Youth Outreach-Service
- Reducing Underage Drinking
- Latino Outreach

## Activities

### Update 2011: No changes to the comprehensive plan.

Update 2010-2011: The Benton County Substance Abuse Prevention Program:

- Provides mini-grants and technical assistance to community-based organizations and schools to conduct substance abuse prevention interventions.
- Implements Reconnecting Youth curriculum in Benton County schools reaching approximately 700 middle school students (funding ending in 2010).
- Conducts merchant partnership trainings in collaboration with the OLCC, OSU, and local law enforcement agencies to alcohol and tobacco retailers in Benton County.
- Designed a “We I.D.” campaign for local alcohol retailers.
- Conducts problem gambling prevention activities, supported with Oregon DHS funding.
- Implements targeted underage drinking programs in Philomath and Corvallis in collaboration with the OLCC, OSU, local law enforcement agencies, and local merchants.

## Evaluation

### Update 2011: No changes to the comprehensive plan.

Update 2010-2011:

- Measures include:
- Number of schools participating in Reconnecting Youth programming
- Number of students participating in Reconnecting Youth programming
- Number of businesses and retailers participating in alcohol retailer training
- Number of retail staff participating in alcohol retailer training
- Number of parents participating in Spanish-language Strengthening Families parenting training

## Tobacco Prevention

### Update 2011: No changes to the comprehensive plan.

**NOTE: *Please refer also to the comprehensive Tobacco Prevention community assessment, program plan and reports submitted to the DHS PH TPEP program.***

The BCHD tobacco prevention program is functionally linked to the Health Communities program. Four health promotion specialists staff these programs and they work in close collaboration with one another.

Approximately 11% of adults in Benton County smoke (down from 21% in 2005). That total includes 6% of 8<sup>th</sup> graders and 12% of 11<sup>th</sup> graders (state average is 19% and 6%). In addition, 1% of 8<sup>th</sup> graders and 4% of 11<sup>th</sup> graders use smokeless tobacco (state average is 5% and 12%).

Tobacco use among pregnant women in Benton County is 7% (state average is 12%)

Tobacco-related deaths in Benton County in 2007 accounted for 20% of that year's deaths. The 2007 estimated medical costs of tobacco related illnesses in Benton County was over \$15 million.

## **Goals**

### **Update 2011: No changes to the comprehensive plan.**

Update 2010-2011: Tobacco prevention is part of the population-based prevention focus of BCHD. The goals of the Tobacco Prevention Program including:

- Building community awareness and support for tobacco prevention through the Benton County Tobacco-Free Advisory Group.
- Reducing youth access through Merchant Partnership Program.
- Creating tobacco-free environments through partnerships with the multi-unit housing sector, Head Start, universities, community colleges, hospital and medical clinics, worksites and municipalities.
- Promoting linkages to cessation.

## **Activities**

### **Update 2011: No changes to the comprehensive plan.**

Update 2010-2011: Partner with chronic disease prevention programs to develop strategic population and policy-based approaches aimed at reducing tobacco use and the burden of tobacco-related morbidity and mortality in the county.

- Technical assistance and administrative support to the Benton County Tobacco-Free Advisory Group.
- Implement a Merchant Partnership Program.
- Education and enforcement for local and state smokefree workplace laws and ordinances.
- Provide technical assistance to the multi-unit housing sector, Head Start, universities, community colleges, hospitals and medical clinics, and worksites in Benton County to implement tobacco-free campus policies.

## **Evaluation**

### **Update 2011: No changes to the comprehensive plan.**

Update 2010-2011: Measures include:

- Number of tobacco-free advisory group meetings per year and number of attendees.
- Number of smokefree workplace law complaints needing follow up.
- Status of hospital, university, community college, and worksite tobacco-free policies.
- Number of multi-unit housing complexes that implement no-smoking rules.
- Number of Head Start facilities that implement the basic elements of tobacco-free schools.

## **HIV Prevention (Harm Reduction)**

### **Update 2011: No changes to the comprehensive plan.**

**NOTE: Please refer also to the comprehensive HIV Prevention program plan and reports submitted to the DHS PH HIV program.**

Financial support for HIV Prevention program activities is an amalgam of state funding and local general funds. This program benefits from exceptionally strong local support of the Benton County Sheriff, Benton County Public Works and Parks departments, as well as from strong and outspoken support from local HIV/AIDS prevention activists.

Benton and Linn Counties have completed planning with state staff to form a two-county collaborative HIV prevention program. Under this plan, Benton is providing staff to outreach in both counties. Benton is receiving Linn's share of state funding allocation. Linn will meet its assurance goal by collaborating on program planning and work with the Benton program manager and field staff on a regular basis.

Outreach work in Linn County will be restricted to HIV prevention. No harm reduction or needle exchange work will be conducted outside of Benton County.

Components of the HIV Prevention Program include:

- Outreach to the gay, bisexual and transgender community.
- Confidential and anonymous HIV Testing at off-site locations.
- Harm Reduction Outreach Program targeting active intravenous drug users.
- Outreach targeting LGBTQ youth at Alternative Prom, Corvallis Pride, and OSU Pride.

## **Activities**

**Update 2011: No changes to the comprehensive plan.**

Update 2010-2011: In 2009, 142 people received HIV rapid testing (using Trinity Biotech) at off-site locations throughout Benton and Linn counties. Sites included drop-in centers, churches, feeding centers, parks, clubs, etc. An additional 528 people received outreach harm reduction and HIV/hepatitis prevention counseling.

The Benton County outreach worker served as a private contractor for Linn County to provide their HIV prevention outreach services, so he already knows relevant locations, stakeholders, businesses and at-risk populations in that county.

The Harm Reduction component exchanged 63,200 syringes, preventing them from going into the normal solid waste stream or otherwise presenting a hazard within the county. Additional large numbers of needles and syringes were collected (not exchanged) in a drop-box located adjacent to BCHD. All of these items were disposed of through a bio-medical waste contractor.

## **Evaluation**

**Update 2011: No changes to the comprehensive plan.**

The evaluation methods in the HIV Prevention Program include:

- Number of rapid tests administered.
- Proportion of positive tests.
- Community Needs Assessments.

- Number of HIV Prevention Planning Committee meetings and number of members who attend.
- Number of needles exchanged.
- Number of HIV positive support groups and number in attendance.

## **Adolescent Sexual Health**

### **Update 2011:**

**During FY 2011, all funding was lost for the MARS project for incarcerated Young Men. This project is no longer operational**

Benton County's Health Promotion / Disease Prevention Program targets high-risk, incarcerated young men. The program is implemented in an innovative collaboration between BCHD and the Linn-Benton Juvenile Correctional Facility.

The MARS program is a ground breaking, peer-to-peer health education program designed to reach young, imprisoned males with important sexual and reproductive health information through outreach, classroom, and clinic-based education and counseling services.

The mission of MARS is to support men in taking a responsible role in promoting equality and cooperation in relationships, pregnancy, and infection prevention and in overcoming stereotypical gender roles. The goals of MARS are to increase involvement in responsible decision-making regarding sexual health and to increase use of clinical sexual health services among young males, ultimately reducing rates of unintended pregnancies and sexually transmitted infections.

MARS achieves these goals through health education outreach and one-on-one clinical educational sessions.

- By age nineteen, 8 out of 10 young men have had intercourse at least once. (Family Planning Perspectives, 1999)
- By their late teenage years, just over 2 in 10 sexually experienced men have had only one partner, and almost 3 in 10 have had 6 or more. (Alan Guttmacher Institute, 1995)
- One-quarter of sexually active 16-year-old males report having a female partner who was age 14 or younger during the last year. (Urban Institute, 1997)
- 75% of women want men to play a greater role in ensuring contraception is always used. (Henry J. Kaiser Family Foundation, 1997)

### **Activities**

Update 2010-2011: Starting in late 2009, Oregon DHS has provided a small grant to assist Benton County in supporting area middle and high schools in implementing a new comprehensive health education curriculum called My Future, My Choice. Four area schools are receiving staff training and will implement at least one series of the curriculum in 2010. Funding is available through July 2010 and additional programming is pending additional funding that may become available to Oregon DHS.

MARS uses a peer-to-peer model because research shows that peers are a significant influence on attitudes and behaviors during adolescence. Our MARS male outreach workers

lead the sessions providing program participants the opportunity to learn from peers similar in age who speak the same language and who the students feel they can relate to.

Talking with males in sexual health and gender role discussions is the key to a holistic approach. Though the program aims to increase male involvement in these topics, females are welcomed, included, and important to the discussion.

In collaboration with Linn-Benton Juvenile Corrections, MARS served 175 incarcerated young men in 2009.

## **Evaluation**

No Update 2010-2011:

The evaluation includes:

- Pre and posttests
- The number of individuals served
- Client satisfaction surveys

## **Chronic Disease Prevention**

**Update 2011:**

***NOTE: Please refer also to the 2009-10 Healthy Communities Implementation Workplan and reports submitted to the DHS PH TROCD program.***

Chronic diseases – such as heart disease, cancer, and diabetes, are the leading causes of death and disability in the United States. Seven of every ten deaths in Oregon are attributable to chronic disease conditions.

Benton County's chronic disease program includes both primary prevention activities aimed at lowering the burden of chronic disease across the entire population and secondary prevention aimed at reducing the progression and consequences in those with diagnosed chronic diseases.

Support for both strategies has been secured through a combination Oregon DHS Healthy Communities/TROCD funding, private foundation funding, and County general funding.

BCHD also provides technical assistance to community-based coalitions, local non-profit partners, and collaborates with other agencies and organizations to control, remediate, as well as prevent chronic diseases. We act as a resource to the community on topics related to chronic disease prevention.

The Healthy Communities program mobilized the community to support the prevention of chronic diseases through a 23-member Community Health Advisory Council which developed a 3-year community Action Plan for reducing the burden of tobacco-related and other chronic diseases in communities, schools, worksites, and health systems through establishment of

policies and sustainable system change. Activities areas include Health K-12 Schools, Health Outdoor Areas and Venues, Healthy Retail Environments, and Healthy Worksites.

BCHD, in collaboration with City of Corvallis Parks and Recreation, was awarded a \$360,000 grant from the Robert Wood Johnson Foundation (RWJF) to improve opportunities for physical activity and access to affordable healthy foods for children and families in South Corvallis and rural areas of Benton County. The project targets projects opportunities to advance policies and projects that can improve access to low-income and rural children and families to recreational resources and healthy, affordable fruits and vegetables.

BCHD initiated a nutrition improvement program in the low-income neighborhood of South Corvallis through a \$107,000 Northwest Health Foundation grant. The project's goal is to foster policy and environmental changes in S. Corvallis by strengthening and accelerating collaborative efforts among community members, policymakers, advocates and funders to support healthy eating and active living. The project goals have four overlapping themes: influencing policy, engaging community members, enhancing the built environment and reducing health disparities. Changes in infra-structure, including improved parks, community gardens, well designed bicycle and pedestrian facilities, and increased access to fresh affordable foods are the center of the initiative.

## **Activities**

### **Update 2011: No changes to the comprehensive plan.**

Update 2010-2011: Healthy K-12 Schools the Healthy Communities Coordinator provides technical assistance to the Corvallis School District (CSD) Wellness Council. CSD has both a district council and individual school-site teams working on policies and activities. Healthy Outdoor Areas/Venues staff have been successful in building relationships with land use, transportation, and parks planners in both the city and county jurisdictions. We have hosted a Take Planner to Lunch event and a regional HIA training, recruited a Health Impact Assessment (HIA) Workgroup consisting of six planners and two public health staff, and conducted a local HIA on important land use in the rural county Accessory Dwelling Units. We leveraged funding to send a team of nine city and county staff to the New Partners for Smart Growth conference. The growing relationship with city and county staff has led to grant application and partnerships between agencies. Healthy Retail Environments staff have been instrumental in moving the Wednesday Farmers Market closer to low-income residents and changing to late afternoon hours to better meet the needs of working residents. Funding was leveraged to provide lighting and bike racks to the new location through the NWHF grant. Funding through the HKHC grant will assist in advancing a full-service grocery store in South Corvallis. The Wednesday market has seen a substantial increase in revenue from the previous year. Healthy Worksites, BCHD worked with the Benton Human Resources, County Department Heads and the Benton County Benefits and Wellness Council. Program staff successfully advocated during the budget process to fund an employee Wellness Program. The county has identified lactation rooms in each county building and has made improvements to meet the guidelines for meeting the new state breastfeeding law. Strategies have been implemented to advance the formal adoption of the employee Wellness policies.

Secondary prevention strategies include sponsoring ongoing sessions of the "Stanford Self-Management Model" emphasizing self-efficacy. Using a collaborative approach, providers and

patients work together to define problems, set priorities, establish goals, create treatment plans and solve problems. The Health Promotion team collaborates closely with the Community Health Centers of Benton and Linn Counties, Samaritan Health Services, and the local Agency for Aging and other partners to provide these services. During the year, the Linn-Benton partnership has sponsored 23 Living Well with Chronic Disease classes as well as the first Tomonodo Control in Spanish class.

The 4<sup>th</sup> annual Benton County Soccer Tournament and Family Weekend extended health information, health screenings and referrals to over 600 participants at the August event. Seventy-seven people received health screenings, 70 participated in focused health surveys, and 15 partner agencies participated.

## **Evaluation**

### **Update 2011:**

Evaluation for Chronic Disease consists of the following:

- Quarterly activity reports and tracking
- Participation in community activities
- Number of coalition meetings and groups actively participating in program planning and evaluation sessions
- Number of participants at community-held events
- Surveys of group participants

## **Health Inequities / Disparities**

### **No Update 2010-2011:**

BCHD initiated local discussions about health inequities when PBS broadcast the “Unnatural Causes” series during PH Week 2008. BCHD sponsored a public viewing of the first hour segment followed by a discussion in Corvallis. The event was an unexpected success attracting over 200 attendees with the majority expressing a desire to continue work on the issue.

## **Activities**

### **Update 2011: No changes to the comprehensive plan.**

As a result, a county-wide “Health Equity Alliance” has been formed which applied for and received NWHF funding to organize and hold two additional work sessions, one in Corvallis and one in Monroe. Both were successes and have led to ongoing community action to work on addressing local priorities including food insecurity, housing, transportation and healthy open spaces. Podcasts of these events are available from OSU.

The “Alliance” remains active and has co-sponsored additional events focusing on health finance reform, health legislation, community sustainability and more with the OSU Philosophy department, healthy birth network, Hispanic Advisory Council, Archimedes Movement, Mid-Valley Health Care Alliance, Physicians for Social Responsibility and other organizations.

**Goal**

No Update 2010-2011:

Sustain BCHD involvement in the alliance as a mechanism to help inform and educate county residents about public health issues. Health equity will become one of the guiding themes in program strategic planning throughout BCHD.

**Evaluation**

No Update 2010-2011:

Number and frequency of BCHD staff participants in Alliance meetings and events  
Number of programs addressing health equity issues  
Number of programs with equity-related activities

**EVALUATION OF WIC NUTRITION EDUCATION PLAN**  
**FY 2010-2011**

WIC Agency: \_\_Benton County WIC

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Person Completing Form: \_\_Maryam Hourmanesh-Jones, Deborah Pyke,  
Mercedes Magana

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Date: \_\_3/29/2011\_\_\_\_\_ Phone: \_\_541-766-6835

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Return this form, attached to email to: [sara.e.sloan@state.or.us](mailto:sara.e.sloan@state.or.us) by May 1, 2011

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

**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 online Participant Centered Education Module by July 31, 2010.*

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

- Did your WIC Training Supervisor complete the module by December July 31, 2010?
- Was the completion date entered into TWIST?

Response: All staff has completed PCE online modules by 5/10/2010.

*Activity 2: WIC certifiers who participated in Oregon WIC Listens training 2008-2009 will pass the posttest of the Participant Centered Education e-Learning Modules by December 31,2010.*

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

- Did all certifiers who participated in Oregon WIC Listens training 2008-2009 pass the posttest of the Participant Centered Education e-Learning Modules by December 31, 2010?

Response: All certifiers have completed the posttest online for the PCE Learning Modules as a group by 5/10/2010.

*Activity 3: Local agency staff will attend a regional Group Participant Centered training in the fall of 2010. The training will be especially valuable for WIC staff who lead group nutrition education activities.*

Evaluation criteria: Please address the following question in your response.

- Which staff from your agency attended a regional Group Participant Centered Education in the fall of 2010?
- How have those staff used the information they received at the training?

Response: All staff attended regional Group PCE Education on 9/14/2010 at Salem training site.

**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.

*Activity1: Each agency will continue to implement strategies identified on the checklist entitled “Supporting Breastfeeding through Oregon WIC Listens” by December 31, 2010.*

Evaluation criteria: Please address the following questions in your response:

- What strengths and weaknesses were identified from your assessment?
- What strategies were identified to improve the support for breastfeeding exclusivity and duration in your agency?

Response: Certifiers will continue to use PCE training provided by State to educate and support prenatal and postpartum women.

Strength- postpartum women are encouraged to call shortly after birth to schedule appt. within 2 weeks of birth. Encourage postpartum women to call if they are experiencing any difficulties or concerns before they offer formula, thus promoting exclusive breastfeeding. If needed, they can come in at any time to receive help.

Breastfeeding Coordinator checks (No FI issued) report for pregnant women and contacts individual participants to assess any issues with breastfeeding and schedule a postpartum appointment as soon as possible.

Weakness- Keep exploring in depth probing questions to assess breastfeeding needs.

*Activity 2: Each local agency will implement components of the Prenatal Breastfeeding Class (currently in development by state staff) in their breastfeeding education activities by March 31, 2011.*

No response needed. The Prenatal Breastfeeding Class is still in development.

Response: Benton County currently discusses different issues regarding breastfeeding at each prenatal visit. In addition, each client is scheduled for an in depth breastfeeding consultation one month prior to birth.

**Goal 3: Strengthen partnerships with organizations 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 strengthen partnerships with these organizations by offering opportunities for 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.*

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

- Which community partners did your agency invite to attend the Group PCE training fall of 2010?
- How do you feel partnerships with those agencies were enhanced?
- What went well and what would you do differently?

Response: Good Samaritan hospital, Linn and Benton Breastfeeding Coalition, OSU Parent and Student Advocate, La Leche League, MCH and Cocoon nurses, and State Breastfeeding Coalition are community partners with Benton County WIC. Maryam Hourmanesh-Jones (Breastfeeding Coordinator) and Linn Benton Breastfeeding Coalition participated in various activities including DaVinci Days and the Fall Festival to promote breastfeeding and awareness of community resources including WIC. Partnerships were enhanced by open communication regarding client needs and referrals made.

Generally has worked well. One concern we are dealing with is the overuse of breast shields at the local hospital at discharge or home visit.

*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 WIC Breastfeeding Module.*

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

- Which community partners did your agency invite to attend a Breastfeeding Basics training and/or complete the online WIC Breastfeeding Module?
- How do you feel partnerships with those agencies were enhanced?
- What went well and what would you do differently?

Response only if you invited community partners to attend a Breastfeeding Basics training. The online WIC Breastfeeding Course is still in development.

Response: Invitation was extended to Linn and Benton Breastfeeding Coalition, however we received no response. To improve outcome in the future, we would extend an invitation to more community partners and follow up on responses.

**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 June 30, 2011.

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

- Did/will the appropriate staff complete the new online Child Nutrition Module by June 30, 2011?
- Are the completion dates entered into TWIST?

Response: All Certifiers have completed the online Child Nutrition Module on 2/11/2011 during staff meetings. Completion dates have been entered into TWIST.

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

Evaluation criteria: Please use the table below to address the following question in your response.

- How did your staff in-services address the core areas of the CPA Competency Model (Policy 660, Appendix A)?
- What was the desired outcome of each in-service?

Response: Maryam Hourmanesh-Jones, training supervisor, has attached inservice log for 2010-2011.

**FY 2010-2011 WIC Staff In-services**

In-Service Topic and Method of Training	Core Competencies Addressed	Desired Outcome
<b>Example:</b> Providing Advice	<b>Example:</b> This in-service	<b>Example:</b> One desired outcome of

<p>Facilitated discussion during October 2009 staff meeting using the Continuing Education materials from Oregon WIC Listens.</p>	<p>addressed several competencies in the core areas of Communication, Critical Thinking and Nutrition Education</p>	<p>this in-service is for staff to feel more comfortable asking permission before giving advice. Another desired outcome is for staff to use the Explore/Offer/Explore technique more consistently.</p>

<p><b>Example:</b> Providing Advice</p> <p>Facilitated discussion during October 2009 staff meeting using the Continuing Education materials from Oregon WIC Listens.</p>	<p><b>Example:</b> This in-service addressed several competencies in the core areas of Communication, Critical Thinking and Nutrition Education</p>	<p><b>Example:</b> One desired outcome of this in-service is for staff to feel more comfortable asking permission before giving advice. Another desired outcome is for staff to use the Explore/Offer/Explore consistently.</p>

**WIC STAFF TRAINING LOG  
2009-2010**

Date	Training		
1-20-10	Cultural Proficiency Training- Ann Schaubert	Increase understanding of cultural demographics through additional training.	Provide improved nutrition education for better health outcome.
1-27-10	Civil right Training/State power point	Provide updated info regarding participant's rights and responsibilities.	Provide to client the most current information.
2-24-10	Farm Direct Nutrition Program	To provide updated information regarding Farm Direct coupons and new requirements.	Provide client with quick and easy ways to increase fruit and vegetable intake.
3-30-10	DD Awareness – Open House	To gain understanding regarding best ways to provide NE to DD participants.	Providing appropriate methods of NE to DD participants.
4-2-10	WIC PCE Training in Salem	State provided training to WIC staff to gain confidence in PCE.	Increase and practice PCE skills in a clinical setting.
4-28-10	WIC PCE Modules	To provide education to new staff and increase ability in existing staff using PCE starting with module 1	Provides ongoing experience in daily practice with WIC participants.
5-10-10	WIC PCE Training	Continue working through all 9 PCE modules.	Assimilate information from modules into practice with WIC participants.

5-26-10	Vit D Supplement Update	Self-Study To learn updated and new information on Vit D and current recommendations for women, infants and children.	X	X	X	Ability to give current recommendations to WIC participants.			
6-23-10	Wt Gain Chart Pregnancy	Study & Discuss Provided staff with new guidelines for weight gain during pregnancy.	X	X	X	Ability to provide the most current recommendations on wt gain to pregnant participants.	X		
7-2-10	WIC PEC Observation	Inge Dash Staff observations of each other using PCE in WIC clinic.			X	Provided feedback from observations.			
7-30-10	Lactose Intolerance Webinar	Self-Study Dairy Counsel provided webinar on lactose intolerance and recommendations for clients.	X	X	X	Exposure to a variety of skills in counseling participants with lactose intolerance.			
9-21-10	NWA Biennial Nutrition & BF	New Info on skills to enhance the promotion of exclusivity of breastfeeding and appropriate NE.		X		Maryam to share info with staff on knowledge gained at weekly staff meeting.			
9-28-10	Basic BFing Training	Staff provided basic breastfeeding training to new WIC staff.			X	Gained basic skills for counseling prenatal and breastfeeding clients.			
10-20-10	Safety training-All staff Safety air : Repertory Infection Safety air :Airborne Pathogens	Health Department quarterly meeting provided safety fair to all staff.	X	X	X	To enhance staff's ability to provide a safe environment for staff as well as clients.	X	X	X



## **IV. Additional Requirements**

### **1. BCHD Organizational Chart:**

Organizational Chart is attached.

### **2. Benton County Board of Health:**

**Update 2011: No changes to the comprehensive plan.**

The Benton County Board of Commissioners (BOC) are elected at-large and serve as the board of health. The BOC meets weekly in public session advertised in compliance with relevant Oregon statutes and rules. Public health issues, finance, staffing and operations are integrated into regular BOC business.

### **3. Public Health Advisory Board:**

**Update 2011:**

The Public Health Planning and Advisory Committee (PHPAC) consisting of 13 county residents has been in existence for over 20 years.

The function of PHPAC is to advise the Commissioners and BCHD administration about health conditions and needs of the county as well as needs, budget and programming at BCHD.

PHPAC members are selected by the Board of Commissioners. Additional information is posted on the Benton County website at:

<http://www.co.benton.or.us/health/publichealth/phpac.php>

PHPAC by laws are posted at

[http://www.co.benton.or.us/health/publichealth/documents/phpac\\_bylaws\\_adopted\\_061008.pdf](http://www.co.benton.or.us/health/publichealth/documents/phpac_bylaws_adopted_061008.pdf)

### **4. Triennial Review Compliance:**

**Update 2011: No changes to the comprehensive plan.**

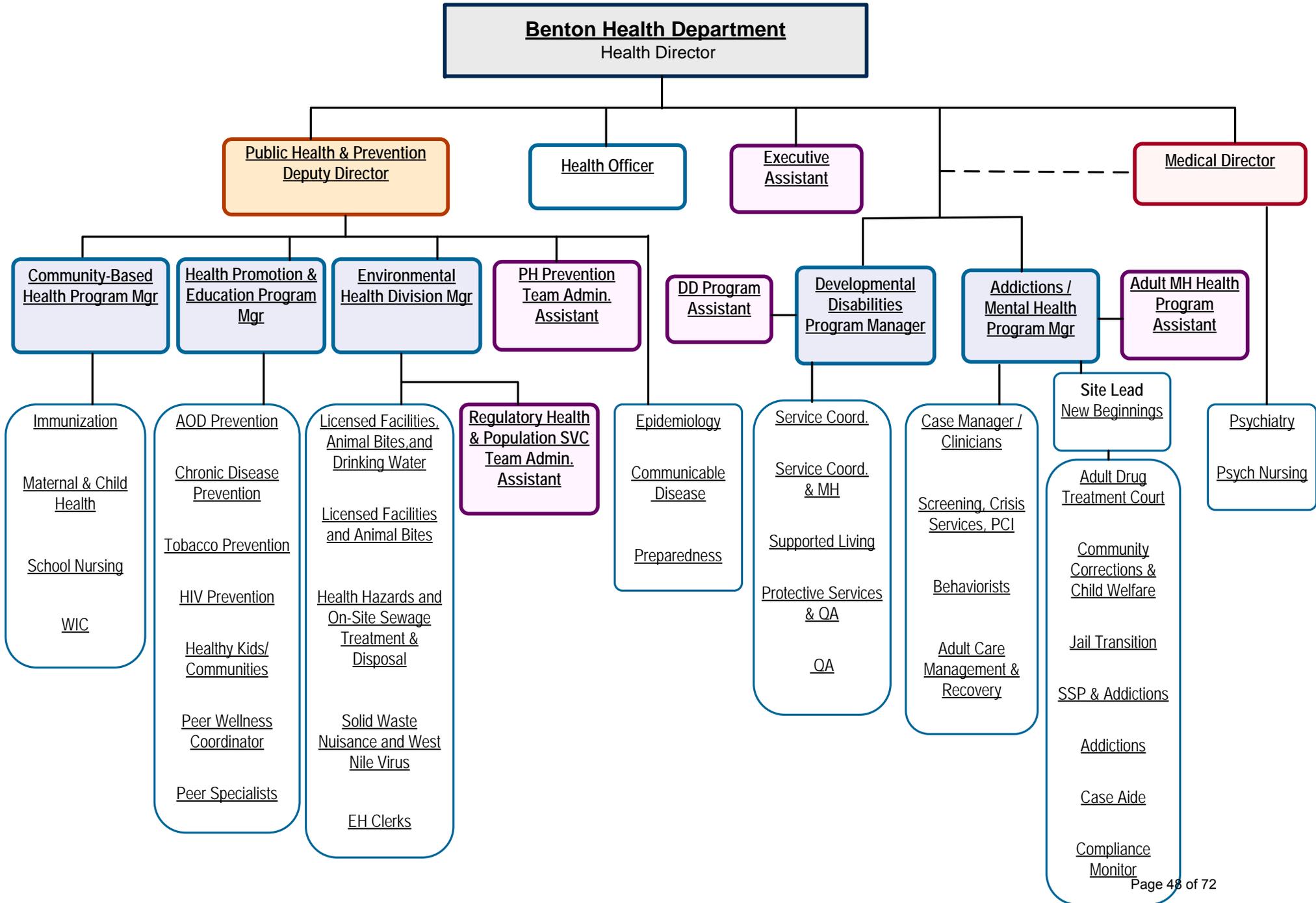
No compliance issues remain outstanding from the February 2009 triennial review

### **5. SB 555 – CCF:**

Benton County Commission for Children and Families is administered directly by the Board of Commissioners. The Director of BCHD is a board member and Commission activities are closely coordinated with BCHD MCH, Health Promotion, Youth Mental Health, and other programs.

# BENTON COUNTY HEALTH DEPARTMENT

## (Direct Report Organizational Chart)



## V. Unmet Needs

BCHD categorizes unmet public health needs in terms of two general themes:

- 1) Issues or problems that currently receive no funding although they may have support and are therefore "Largely or Wholly Unaddressed"
- 2) Issues, problems or programs that receive inadequate funding, support, or attention and are therefore "Significantly Under-Addressed"

### I. Largely or Wholly Unaddressed

#### Health Department Accreditation

**Update 2011: Benton County remains committed to being an early applicant for voluntary PH accreditation. BCHD was awarded a 0.5 fte VISTA worker who is working with the Health Systems Improvement (QA/QI) Manager to prepare documentation & systems for accreditation application.**

BCHD has set a goal of being an early voluntary adopter of LHD PH accreditation upon or soon after implementation in 2011.

At this point, we have little reliable information about requirements, resources, or the impact accreditation may have on existing processes such as the state PH Division's requirement for Annual Plans, program reports/plans, and so on.

We are keeping close tabs on accreditation information coming out of PHAB, NACCHO and others.

We look forward to more discussion and clarification from DHS Public Health Division.

#### Health Impact Assessments

**Update 2011: BCHD continues to develop and improve HIA capability as resources become available.**

Update 2010: BCHD has received a grant of about \$10,000 from DHS to perform an HIA on a local development project. City and County planning & development departments are collaborating.

BCHD's public health programs have been successful in creating programmatic linkages with County Planning, Development, Public Works, Parks, Law Enforcement and Administration. Combined projects and funding have been successful in securing funding for improved crosswalks and safety islands at schools, Safe-Routes-To-Schools, bicycle promotion, website improvements to advertise trails and more.

BCHD is well positioned to participate in local and area decisions through participation or provision of Health Impact Assessments (HIA's) but currently has no "spare" capacity either for staff education or promotion / participation. Support for staff training and capacity will be sought as available to develop this capability.

State promotion and support for strategies aimed at integrating public health considerations into community planning processes, development and building codes would be helpful.

## **Climate Change Preparedness**

### **Update 2011: BCHD continues to develop and improve preparations for climate change as resources become available**

The public health consequences of current and anticipated changes in climate patterns are increasingly well documented. With a very high level of local awareness including Oregon State University, Corvallis sustainability planning, and private business initiatives, BCHD has an opportunity to improve awareness and mitigation of human health consequences into local dialogs.

Unfortunately at this point we have virtually no fiscal or human resources available for this important work.

State promotion and support for strategies aimed at promoting awareness of the health consequences of climate change would be helpful.

## **II. Significantly Under-Addressed**

### **Oral Health Prevention and Care for Uninsured**

#### **Update 2011: BCHD and Benton CHC's continues to develop and improve oral health care systems as resources become available**

Update 2010: Community Health Centers of Benton & Linn Counties has made expansion & enhancement of dental services their primary objective for 2010. A regional dental coalition has been formed and partnerships with area health care & dental providers has been established. Public Health is an active collaborator in all planning & programmatic efforts.

Oral health is a MAJOR gap in local health service for Benton County. A complex network of public and private organizations has provided dental care for many uninsured children through dental vans and one small, volunteer children's dental clinic. All services depend upon the generosity of local dentists who volunteer their time, staff, equipment and services.

There is virtually no free or low-cost dental access for uninsured adults in Benton County. Free dental cleaning is available through the community college, but patients must be free of major cavities and oral abscesses, and the waiting list is months-long.

A task group has been formed to explore dental expansion for the community health centers of Benton and Linn Counties, but as with medical care, funding will not come close to meeting anticipated need.

A lack of reliable need data is a significant problem. BCHD plans to make that a focus for local data gathering during the coming summer and fall using selected questions from BRFSS, NHANES and other validated tools.

### **Childhood Obesity** **Update 2011: No changes**

As outlined in section III, the state's new Tobacco-Related and Other Chronic Disease (TROCD) program has removed some of the previous limitations of categorical programming and provided essential funding. Standard health indicators suggest that more will be necessary.

Funding increases for prevention activities and self-care support programs for residents with chronic diseases and for the infrastructure and management necessary to operate complex, multi-disciplinary programming is needed.

Mandates are needed to involve social assistance, mental health, addictions and developmental disability and other publicly funded programs. While local efforts can help address local needs, more comprehensive state and federal action will be necessary to address the consequences of the obesity epidemic.

### **Primary Care for Uninsured** **Update 2011: No changes**

The public health consequences that derive from lack of primary medical care are well documented.

Benton County has had an FQHC since 2004 (Community Health Centers of Benton and Linn Counties (BCHC) operating at four sites) <http://www.co.benton.or.us/healthcenter/>. In addition, a private, non-profit agency, Community Outreach, Inc. (COI) has operated a free, volunteer-staffed medical clinic in Corvallis since 1971 <http://communityoutreachinc.org/index.htm>.

Yet despite these "safety net" medical services, significant gaps still exist between needs and services. Demands upon area urgent care clinics and hospital emergency rooms for primary care access are unsustainable. Additional support for provision of services and for financial support of the uninsured is needed to ensure that they can access affordable, accessible, appropriate primary care in a timely manner. While local

initiatives and efforts can help address the proximate issues, more comprehensive state and federal action will be necessary to address the root causes.

### **Substance Abuse**

#### **Update 2011: No changes**

Despite significant collaborative efforts, alcohol, tobacco and other substance abuse remains as a cause of crime, social disruption and economic distress in Benton County. While use rates may not be as significant as in other Oregon counties, the burden on Benton County systems remains high. The fact that BCHD's Harm Reduction Program exchanged 43,400 syringes in 2008 is an indicator that methamphetamine and narcotic use remains high.

While local efforts can help address local issues, more comprehensive state and federal action will be necessary to address the root causes of substance abuse.

### **Food Insecurity**

#### **Update 2011: No changes**

The public health consequences of hunger, irregular nutrition and under-nutrition are well documented. Hungry children under-perform in school and are over-represented in disciplinary matters. Under-nourished people are more prone to both acute and chronic illness. They are at higher risk as both perpetrators and victims of crime and violence and at increased risk for alcohol, tobacco and other substance abuse.

Since 1981, Linn-Benton Food Share, the local food bank, has collaborated with BCHD, OSU Extension Service and a number of other area agencies to address food insecurity issues. In 2007, Food Share distributed food valued at more than \$7.5 million. One out of five families in Linn and Benton Counties depend upon food from an emergency pantry at least once a year. Over 40% of recipients are children.

Despite these efforts, food insecurity remains a problem. While local efforts can help address local issues, more comprehensive state and federal action will be necessary to address the root causes of food insecurity.

### **MH Services for Uninsured**

#### **Update 2011: No changes**

In a similar manner to primary medical care, current mental health services are unavailable to many people in Benton County. Just as with medical care, urgent care clinics and emergency rooms see an unsupportable number of people in need of ongoing care for chronic mental health conditions.

## **VI. LPHA BUDGET ACCESS INFORMATION**

Benton County operates on a biennial budget. The current budget period is 2009-2011

The Benton County budget is available on the web at:

[http://www.co.benton.or.us/admin/budget/documents/0911/200911\\_adopted\\_hlth\\_dept\\_budget.pdf](http://www.co.benton.or.us/admin/budget/documents/0911/200911_adopted_hlth_dept_budget.pdf)

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Address: 530 NW 27th Street, Corvallis, OR 97330

Phone: 541-766-6291

## VII. Minimum Standards

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

### I. 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.

**Note: BCHD used to provide training when it was in the Food Safety Training Manual for Food Employees. DHS removed this section in or about 2007. Environmental Health is now providing choking materials at our cost.**

50. Yes  No  Public education regarding food borne illness and the importance of reporting suspected food borne illness is provided.

**Note: It is covered in BCHD Food Handler AND Food Manager training courses. We provide education during an outbreak investigation and on request from individuals.**

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.

**Note: There is no funding source identified for EH involvement. Reports are referred to the Public Health Tobacco Specialist. School Nursing is doing limited indoor clean air work with the school districts. Most other indoor air complaints, “mold complaints,” are referred to private industry.**

63. Yes  No  Environmental contamination potentially impacting public health or the environment is investigated.

64. Yes  No  The health and safety of the public is being protected through hazardous incidence investigation and response.

**Note: We are involved if it concerns food establishments and drinking water. There is very limited involvement with meth labs and usually in support of local law enforcement in coordination with DHS. Other hazardous incidents, chemical spills, etc. are handled by first responders, typically police and fire.**

65. Yes  No  Emergency environmental health and sanitation are provided to include safe drinking water, sewage disposal, food preparation, solid waste disposal, sanitation at shelters, and vector control.

66. Yes  No  All license fees collected by the Local Public Health Authority under ORS 624, 446, and 448 are set and used by the LPHA as required by ORS 624, 446, and 448.

### **Health Education and Health Promotion**

67. Yes  No  Culturally and linguistically appropriate health education components with appropriate materials and methods will be integrated within programs.

68. Yes  No  The health department provides and/or refers to community resources for health education/health promotion.

69. Yes  No  The health department provides leadership in developing community partnerships to provide health education and health promotion resources for the community.

70. Yes  No  Local health department supports healthy behaviors among employees.

71. Yes  No  Local health department supports continued education and training of staff to provide effective health education.

72. Yes  No  All health department facilities are smoke free.

### **Nutrition**

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

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

a. Yes  No  WIC

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

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

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

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

### **Older Adult Health**

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

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

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

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

### **Parent and Child Health**

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

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

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

85. Yes  No  Services for the early detection and follow up of abnormal growth, development and other health problems of infants and children are provided directly or by referral.

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

### **Primary Health Care**

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

### **Cultural Competency**

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

## II. Health Department Personnel Qualifications

### Local health department Health Administrator minimum qualifications:

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

Answer the following questions:

Administrator name: Charlie Fautin

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

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

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

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

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

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.**

**c. Yes  No  The local health department Environmental Health Supervisor meets minimum qualifications:**

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

OR

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

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

**d. Yes  No  The local health department Health Officer meets minimum qualifications:**

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

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

# APPENDIX A

## Local Health Department: Benton County Health Department

### Plan A - Continuous Quality Improvement: Improve immunization rates for 2 y.o.'s 2008-2012

Year 1: July 2008-June 2009				
Objectives	Methods / Tasks	Outcome Measure(s)	Outcome Measure(s) Results <sup>i</sup>	Progress Notes <sup>ii</sup>
<p>A. Increase the Up-To-Date rate for 2 year olds (431331) by 2% a year over the next 4 years. (2007 rate: 62%)</p>	<ul style="list-style-type: none"> <li>• Provide training for Public Health and Community Health Clinics on the following practice standards to help reduce missed opportunities:               <ul style="list-style-type: none"> <li>❖ Vaccine administration techniques</li> <li>❖ Using only true contraindications when deferring shots</li> <li>❖ Use IRIS/ALERT to screen every child seen at every visit</li> <li>❖ Giving every shot due at any visit where child is seen</li> <li>❖ Vaccine safety education and talking to hesitant parents</li> </ul> </li> <li>• Parents make next appointments before leaving clinic</li> <li>• Use IRIS recall process</li> <li>• Yearly AFIX assessments to track efforts</li> <li>• At end of FY 2009, request an AFIX report for BCHD CHC Clinic, Lincoln School Clinic, Monroe School Clinic and East Linn Clinic</li> </ul>	<ul style="list-style-type: none"> <li>• Staff trainings provided on the following dates:</li> <li>• Decrease in missed shot rate by <math>\geq 2\%</math> per year as evaluated from AFIX Report</li> <li>• System set up to allow parents to set next appointment before leaving clinic by [date]</li> <li>• UTD rate increases by <math>\geq 2\%</math> by June 2009</li> </ul>	<p>To be completed for the FY 2009 Report</p>	<p>To be completed for the FY 2009 Report</p>

<p><b>B. Provide Hepatitis A&amp;B vaccines to high risk populations in Benton County</b></p>	<ul style="list-style-type: none"> <li>• Sustain partnerships with other programs to offer Hep A/B vaccines: <ul style="list-style-type: none"> <li>❖ Benton County Jail</li> <li>❖ Probation &amp; Parole</li> <li>❖ Harm Reduction/IV drug user</li> <li>❖ STI program</li> <li>❖ New Beginning</li> </ul> </li> <li>• Meet with CD team and New Beginnings Program Manager to discuss options for completing series for A&amp;D treatment clients including possible use of the accelerated series.</li> <li>• Create partnerships and develop staff education/training to reach patients receiving Hep A/B series</li> <li>• Provide educational materials to partners for distribution</li> <li>• Explore use of accelerated schedule to complete series</li> <li>• Implement use of accelerated schedule if appropriate</li> </ul>	<ul style="list-style-type: none"> <li>• Agreement with partners to provide vaccine</li> <li>• Meetings held with CD team; outcome of discussions recorded and provided to participants</li> <li>• Staff education/trainings developed and held on [dates]</li> <li>• Educational materials identified and distributed to partners</li> <li>•</li> <li>• Decisions made about use of accelerated schedule, and either implemented or alternate options found to improve completion of whole series</li> <li>• Assess improvements by comparing: # of partners</li> <li>• # of shots given</li> <li>• % of patients completing series</li> </ul>	<p>To be completed for the FY 2009 Report</p>	<p>To be completed for the FY 2009 Report</p>
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Year 2: July 2009 – June 2010				
Objectives	Methods / Tasks	Outcome Measure(s)	Outcome Measure(s) Results <sup>1</sup>	Progress Notes <sup>2</sup>
A. Increase the Up-To-Date rate for 2 year olds (431331) by 2% a year over the next 4 years. (2008 rate: ___%)	<ul style="list-style-type: none"> <li>• Modify /improve plan as needed</li> <li>• Provide refresher training for staff on the following practice standards to help reduce missed opportunities:               <ul style="list-style-type: none"> <li>❖ Vaccine administration techniques</li> <li>❖ Using only true contraindications when deferring shots</li> <li>❖ Use IRIS/ALERT to screen every child seen at every visit</li> <li>❖ Giving every shot due at any visit where child is seen</li> <li>❖ Vaccine safety education and talking to hesitant parents</li> </ul> </li> <li>• Parents continue to make next appointments before leaving clinic</li> <li>• Use IRIS recall process</li> <li>• Request yearly AFIX assessments for each site to track efforts</li> </ul>	<ul style="list-style-type: none"> <li>• Staff inservice/ trainings provided on the following dates: _____</li> <li>• Decrease in missed shot rate by <math>\geq 2\%</math> per year</li> <li>• System set up to allow parents to set next appointment before leaving clinic by [date]</li> <li>• UTD rate increases by <math>\geq 2\%</math> by June 2010</li> <li>• At end of FY 2010, evaluate AFIX report for BCHD CHC Clinic, Lincoln School Clinic, Monroe School clinic and East Linn Clinic</li> </ul>	To be completed for the FY 2010 report	To be completed for the FY 2010 report

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

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

<p><b>B. Provide Hepatitis A&amp;B vaccines to high risk populations in Benton County</b></p>	<ul style="list-style-type: none"> <li>• Modify &amp;/or improve plan as needed</li> <li>• Continue existing partnerships and identify other programs to offer Hep A/B vaccines: <ul style="list-style-type: none"> <li>❖ Benton County Jail</li> <li>❖ Probation &amp; Parole</li> <li>❖ Harm Reduction/IV drug user</li> <li>❖ STI program</li> <li>❖ New Beginnings</li> </ul> </li> <li>• Continue to train staff to reach patients receiving Hep A/B series</li> <li>• Continue Providing educational materials to partners for distribution</li> <li>• Continue supporting and educating them on Hep A/B availability to their high risk patients</li> </ul>	<ul style="list-style-type: none"> <li>• New partnerships identified and implemented</li> <li>• Continue to meet with CD team; outcome of discussions</li> <li>• Staff education/trainings held on [dates]</li> <li>• Educational materials distributed to partners</li> <li>• Assess improvements by comparing: <ul style="list-style-type: none"> <li>• # of partners</li> <li>• # of shots given</li> <li>• % of patients completing series</li> </ul> </li> </ul>	<p>To be completed for the FY 2010 Report</p>	<p>To be completed for the FY 2010 Report</p>
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Year 3: July 2010 – June 2011				
Objectives	Methods / Tasks	Outcome Measure(s)	Outcome Measure(s) Results <sup>1</sup>	Progress Notes <sup>2</sup>
A. Increase the Up-To-Date rate for 2 year olds (431331) by 2% a year over the next 4 years. (2009 rate: ___%)	<ul style="list-style-type: none"> <li>• Modify /improve plan as needed</li> <li>• Provide refresher training for staff on the following practice standards to help reduce missed opportunities:               <ul style="list-style-type: none"> <li>❖ Vaccine administration techniques</li> <li>❖ Using only true contraindications when deferring shots</li> <li>❖ Use IRIS/ALERT to screen every child seen at every visit</li> <li>❖ Giving every shot due at any visit where child is seen</li> <li>❖ Vaccine safety education and talking to hesitant parents</li> </ul> </li> <li>• Parents continue to make next appointments before leaving clinic</li> <li>• Use IRIS recall process</li> <li>• Request yearly AFIX assessments for each site to track efforts</li> </ul>	<ul style="list-style-type: none"> <li>• Staff inservice/ trainings provided on the following dates: _____</li> <li>• Decrease in missed shot rate by <math>\geq 2\%</math> per year</li> <li>• System set up to allow parents to set next appointment before leaving clinic by [date]</li> <li>• UTD rate increases by <math>\geq 2\%</math> by June 2011</li> <li>• At the end of FY 2011 evaluate AFIX report for BCHD CHC Clinic, Lincoln School Clinic, Monroe School clinic and East Linn Clinic</li> </ul>	To be completed for the FY 2011 Report	To be completed for the FY 2011 Report

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

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

<p><b>B. Provide Hepatitis A&amp;B vaccines to high risk populations in Benton County</b></p>	<ul style="list-style-type: none"> <li>• Modify &amp;/or improve plan as needed</li> <li>• Continue existing partnerships and identify other programs to offer Hep A/B vaccines: <ul style="list-style-type: none"> <li>❖ Benton County Jail</li> <li>❖ Probation &amp; Parole</li> <li>❖ Harm Reduction/IV drug user</li> <li>❖ STI program</li> <li>❖ New Beginnings</li> </ul> </li> <li>• Continue to train staff to reach patients receiving Hep A/B series</li> <li>• Continue Providing educational materials to partners for distribution</li> <li>• Continue supporting and educating them on Hep A/B availability to their high risk patients</li> </ul>	<ul style="list-style-type: none"> <li>• New partnerships identified and implemented</li> <li>• Continue to meet with CD team; outcome of discussions</li> <li>• Staff education/trainings held on [dates]</li> <li>• Educational materials distributed to partners</li> <li>• Assess improvements by comparing: <ul style="list-style-type: none"> <li>• # of partners</li> <li>• # of shots given</li> <li>• % of patients completing series</li> </ul> </li> </ul>	<p>To be completed for the FY 2011 Report</p>	<p>To be completed for the FY 2011 Report</p>
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Year 4: July 2011-June 2012				
Objectives	Methods / Tasks	Outcome Measure(s)	Outcome Measure(s) Results <sup>1</sup>	Progress Notes <sup>2</sup>
A. Increase the Up-To-Date rate for 2 year olds (431331) by 2% a year over the next 4 years. (2010 rate: ___%)	<ul style="list-style-type: none"> <li>• Modify /improve plan as needed</li> <li>• Provide refresher training for staff on the following practice standards to help reduce missed opportunities:               <ul style="list-style-type: none"> <li>❖ Vaccine administration techniques</li> <li>❖ Using only true contraindications when deferring shots</li> <li>❖ Use IRIS/ALERT to screen every child seen at every visit</li> <li>❖ Giving every shot due at any visit where child is seen</li> <li>❖ Vaccine safety education and talking to hesitant parents</li> </ul> </li> <li>• Parents continue to make next appointments before leaving clinic</li> <li>• Use IRIS recall process</li> <li>• Request yearly AFIX assessments to track efforts</li> </ul>	<ul style="list-style-type: none"> <li>• Staff inservice/ trainings provided on the following dates: _____</li> <li>• Decrease in missed shot rate by <math>\geq 2\%</math> per year</li> <li>• System set up to allow parents to set next appointment before leaving clinic by [date]</li> <li>• UTD rate increases by <math>\geq 2\%</math> by June 2012</li> <li>• At the end of FY 2012 evaluate AFIX report for BCHD CHC Clinic, Lincoln School Clinic, Monroe School clinic and East Linn Clinic</li> </ul>	To be completed for the FY 2012 Report	To be completed for the FY 2012 Report

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

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

<p><b>B. Provide Hepatitis A&amp;B vaccines to high risk populations in Benton County</b></p>	<ul style="list-style-type: none"> <li>• Modify &amp;/or improve plan as needed</li> <li>• Continue existing partnerships and identify other programs to offer Hep A/B vaccines: <ul style="list-style-type: none"> <li>❖ Benton County Jail</li> <li>❖ Probation &amp; Parole</li> <li>❖ Harm Reduction/IV drug user</li> <li>❖ STI program</li> <li>❖ New Beginnings</li> </ul> </li> <li>•</li> <li>• Continue to train staff to reach patients receiving Hep A/B series</li> <li>• Continue Providing educational materials to partners for distribution</li> <li>• Continue supporting and educating them on Hep A/B availability to their high risk patients</li> </ul>	<ul style="list-style-type: none"> <li>• New partnerships identified and implemented</li> <li>• Continue to meet with CD team; outcome of discussions</li> <li>• Staff education/trainings held on [dates]</li> <li>• Educational materials distributed to partner</li> <li>• Assess improvements by comparing <ul style="list-style-type: none"> <li>• # of partners</li> <li>• # of shots given</li> <li>• % of patients completing series</li> </ul> </li> </ul>	<p>To be completed for the FY 2012 Report</p>	<p>To be completed for the FY 2012 Report</p>
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<sup>i</sup> **Outcome Measure(s) Results** – please report on the specific Outcome Measure(s) in this table.

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