

# **Marion County Public Health**

## **Comprehensive Plan**

**2009-2012**

**Annual Update 5/1/2010**

**Data update through 7/1/2010**

**Marion County Public Health  
Comprehensive Plan  
2009-2012**

## I. Forward

### **Background:**

**The requirement for an Annual Plan (AP) is in statute (ORS 431.375–431.385 and ORS 431.416) and rule (OAR Chapter 333, Division 14). OAR 333-014-0060(2)(a) refers to CLHO Standards program indicators as part of the AP. Statute requires the plan submission on May 1. The AP is an opportunity for the LPHA (Local Public Health Authority) to describe for both the state public health agency and the local community the goals and strategies to fulfill statutory, contractual, and locally driven obligations. The local dialogue and the discussion with the state are important aspects of the AP process.**

A copy of ORS Chapter 431 can be found at  
<http://www.leg.state.or.us/ors/431.html>.

A copy of OAR Chapter 333 Division 14 can be found at  
[http://arcweb.sos.state.or.us/rules/OARs\\_300/OAR\\_333/333\\_014.html](http://arcweb.sos.state.or.us/rules/OARs_300/OAR_333/333_014.html).

A copy of the Minimum Standards for Local Health Departments can be found at  
<http://oregon.gov/DHS/ph/lhd/reference.shtml>

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## II. Executive Summary

This 2010 update to the Marion County Public Health Comprehensive Plan for 2009-2012 contains no significant changes. A progress report on the various indicators found in the Action Plan section is included.

The local public health authority must assure activities necessary for the preservation of health or prevention of disease. In Marion County, the role of the local public health authority lies with the Board of Commissioners (BOC). The BOC delegates the responsibility for this assurance to the Marion County Health Department. Oregon law identifies five basic services that health authorities must assure, including epidemiology and control of preventable diseases and disorders; parent and child health services, including family planning clinics as described in ORS 435.205; collection and reporting of health statistics; health information and referral services; and environmental health services.

In 2008, Marion County Health Department published the *Community Health Status Assessment Report* <http://www.co.marion.or.us/HLT/cha/>. The report includes data for 140 indicators profiling the health of the population of Marion County. Fourteen partner agencies came together to conduct the assessment and analyze data using the MAPP (Mobilizing for Action through Planning and Partnerships) process developed by the National Association of City and County Health Officials (NACCHO) and other partners. The information gathered through the MAPP assessment was used to develop goals and objectives for each of the five basic services. These are included in the Action Plan found in Section III. Examples of findings for which objectives were developed include high rates of Pertussis and teen pregnancy and lack of access to health and dental care. The assessment revealed that the exact risk of childhood lead exposure in Marion County is unknown, so objectives have been developed to further define the risk. Several objectives in Section III incorporate activities designed to address the changing demographics of our county, such as the need for language appropriate information. The Health Department's *2009-2011 Biennial Implementation Plan for Mental Health, Addictions and Gambling*, <http://www.co.marion.or.us/NR/rdonlyres/4F5350CC-5A68-4D20-92B9-5FFB9B86006C/11519/BIP20092011Final1.pdf> presented to the Addictions and Mental Health Division of Oregon Department of Human Services includes goals and objectives related to teen substance abuse.

### **III. Assessment**

Note: no changes are made to the assessment for the 2010 update.

#### **A. Community Health Status Assessment Summary**

##### **Introduction**

The first essential function of the local public health system is to “Monitor health status to identify community health problems.” (Public Health Functions Steering Committee, 1994). The public health department is only one part of the local public health system, so when Marion County Health Department (MCHD) leaders identified a need to conduct an assessment of the community’s health, they recruited a group of community partners representing 14 community organizations with an interest in the health and well being of the residents of Marion County. (For a list of participants see page 18).

##### **Methodology and Background**

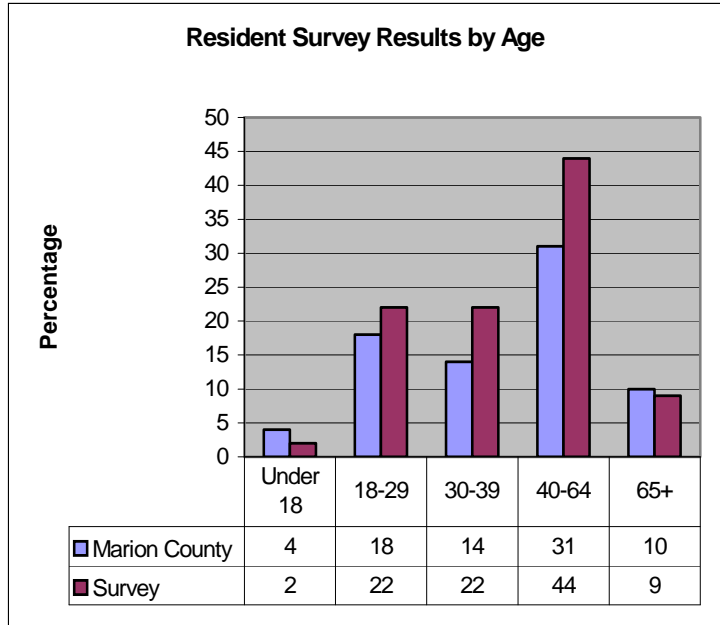
MCHD convened the Community Health Status Assessment (CHSA) Committee in February 2008. The Committee used Mobilization for Action through Planning and Partnerships (MAPP) as a framework for the assessment. MAPP was developed through a cooperative agreement between the National Association of City and County Health Officials (NACCHO) and the Centers for Disease Control and Prevention (CDC). MAPP employs a community wide process that leads to strategic planning for improving community health. The overall goals of the Committee were to:

- Identify indicators that are representative of our county’s health and for which data is readily available;
- Establish a framework for measuring success in the future;
- Measure trends over time;
- Compare our data to that of the State, nation, Healthy People 2010 goals and Oregon Benchmarks;
- Provide a comprehensive data report for Marion County that can be used as a tool to support community efforts to promote health, change policy and seek funding; and
- Analyze the data to identify priority health issues for strategic planning and action.

With participation of community Committee members, MCHD staff led data collection and analysis for the eleven MAPP data categories including: demographic characteristics; socioeconomic characteristics; health resource availability; quality of life; behavioral risk factors; environmental health indicators; social and mental health; maternal and child health; death illness and injury; communicable disease; and sentinel events. MAPP provides core and extended indicators for each category. In all, the MCHD work group sought data for 336 indicators with the assistance of non-Health Department Committee members. The data was reviewed and analyzed by the larger Committee and suggestions were made about how best to present the data. As part of the process, some indicators were eliminated because reliable data wasn’t available, and other indicators were added, based on the recommendation of Committee members. In many cases data was as much as three years old due to the time it takes at the state level to collect, review, verify and publish data. The final number of indicators for which data is reported is 140.

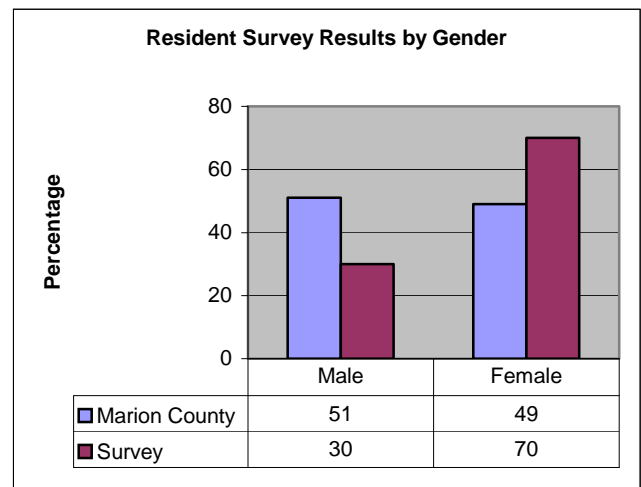
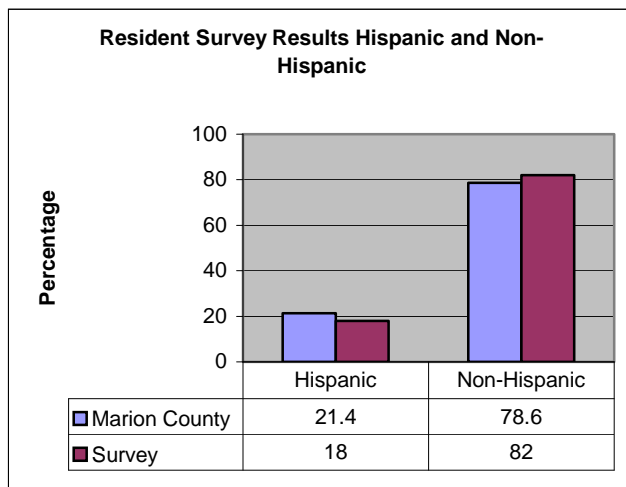
Data reported is primarily secondary data collected by other organizations. Portland State Center for Population Statistics was the source of most of the demographic data; however when Portland State was unable to provide the data, the Federal Census was used as the source.

The secondary data is supplemented by the results of surveys targeting the residents of Marion County and the health and social service professionals serving them. The Residents Survey was available on-line and in hardcopy in English, Spanish and Russian. Survey boxes were placed at over 30 locations, including but not limited to homeless shelters, senior centers, teen coffee houses, local churches, a farm worker housing complex, various county offices, and the Santiam Canyon area. A total of 2,916 surveys were collected between 4/15/08 and 7/25/08. The survey population was fairly well matched to the demographics of Marion County



however the proportion of female to male respondents was significantly different from the general population. Seven hundred and fifteen surveys were completed at Oregon Department of Human Services offices, which may have resulted in some sample bias regarding opinions on access to healthcare.

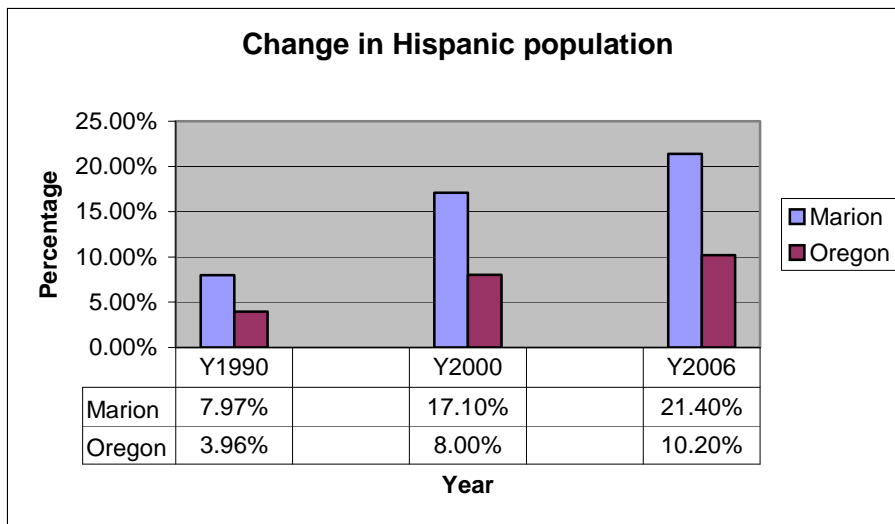
The Providers Survey for health and social service professionals was distributed via e-mail and Listserves to community partners. A total of 162 surveys were completed between 4/15/08 and 7/25/08. Survey respondents represented social, education, health care, mental health and public health services.



**What are the local demographic and socioeconomic characteristics in our Community?**

Demographics and Socioeconomics: This category considers basic demographics as well as measures that have been shown to affect health status, such as income and education levels.

Marion County is the fifth largest county in Oregon with a population of 311,070 (July 1, 2007 estimate, Portland State Population Research Center). In general the population of Marion County is younger, poorer and less educated than Oregon’s total population. The population is evenly divided between males and females, but the age distribution shows that about 64.6% of the residents of Marion County are under age 45 (OR- 60.75%). Mt. Angel and Woodburn are exceptions, as 18% of their residents are age 65 or older. It should be noted that between 2002 and 2006 the proportion of persons ages 65 and older increased by 1.28% (OR 1.26%), a trend that Department of Human Services



predicts will continue (Seniors and People with Disabilities, 2006). The Federal Census Bureau estimate for 2006 shows 21.4% of the Marion County residents identify themselves as Hispanic or Latino. The proportion of the Marion County population that is Hispanic has increased steadily over the last 15 years and is higher than that for Oregon and the Nation.

Census data also shows that 20.1% of Marion County children 0-18 years are living below the poverty level while Oregon’s state percentage is 16.8%. In 2006, an estimated 13% of persons 25 years and older had less than a high school education, compared with 8% of Oregon residents on average.

**What are the strengths and risks in our community?**

**Quality of Life:** This category includes factors that contribute to an individual’s sense of well being and the general supportiveness of the community.

Many factors contribute to an individual’s perceptions about the quality of life in Marion County, including family friendly activities, a feeling of empowerment and access to health care. Marion County has over 100 developed and undeveloped green spaces designated as parks, and multiple after school and summertime activities available for children. Of the 2,803 Marion County residents that responded to the question, about 65% rated their own quality of life as good or excellent. Fifty percent of those completing the Spanish language surveys rated their quality of life as good or excellent. Seventy-seven percent of health and social services professionals responding rated their quality of life as good or excellent. Being registered to vote may be indicative of a person’s involvement in their community and/or a feeling of empowerment. Only 60% of the persons eligible to vote in Marion are actually registered, which is lower than for Oregon (73.3%), but of those registered to vote, turn out at the national November elections in 2004 and 2006 was better than for Oregon as a whole.

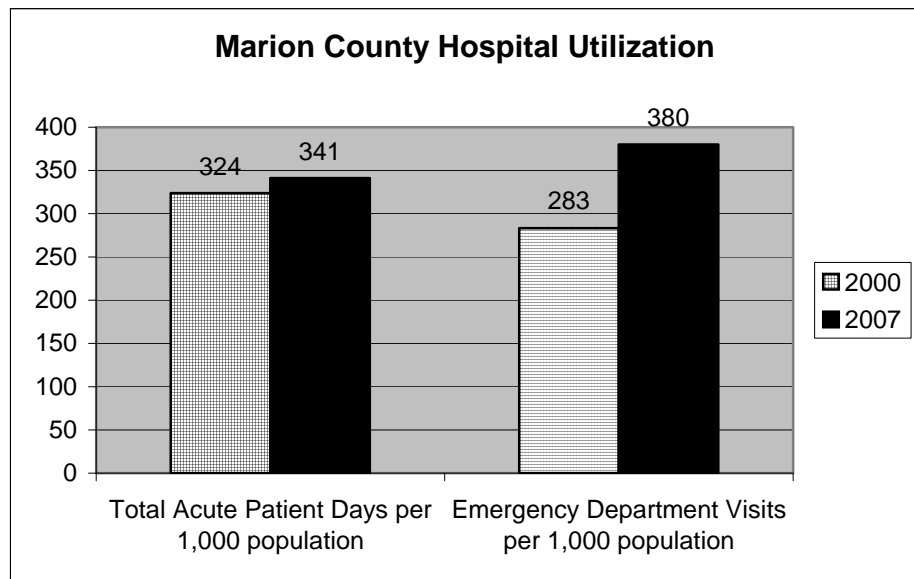
**Health Resource Availability:** This category measures health system capacity as well as factors that may affect access to health care.

For the purpose of the Community Health Status Assessment much of the data is reflective of inpatient and outpatient services located in both Marion and Polk Counties. This best reflects where Marion and Polk County residents receive most of their medical care. It is also a reflection of the regional focus of the Marion-Polk County Medical Society as well as the way our largest independent physicians group, the MidValley Independent Physicians Association has united approximately 95% of physician practices for the two counties. Four hospitals serve the two counties; Salem Hospital, Silverton Hospital, Santiam Medical Center, and West Valley Hospital. West Valley Hospital is part of the Salem Hospital system known as Salem Health. Two Federally Qualified Health Centers serve the two counties, Yakima Valley Farmworkers with two locations in Marion County and West Salem Clinic located in Polk County. A regional Indian Health Center, Chemawa Indian Health Center, is located in Salem.

While data sets recommended by this health assessment model are not easily retrieved, both the data sets and the survey results demonstrate healthcare access problems.

A problem with healthcare access was a common theme among survey respondents. When asked “What else do you want us to know?” top concerns included lack of healthcare insurance or access to care, lack

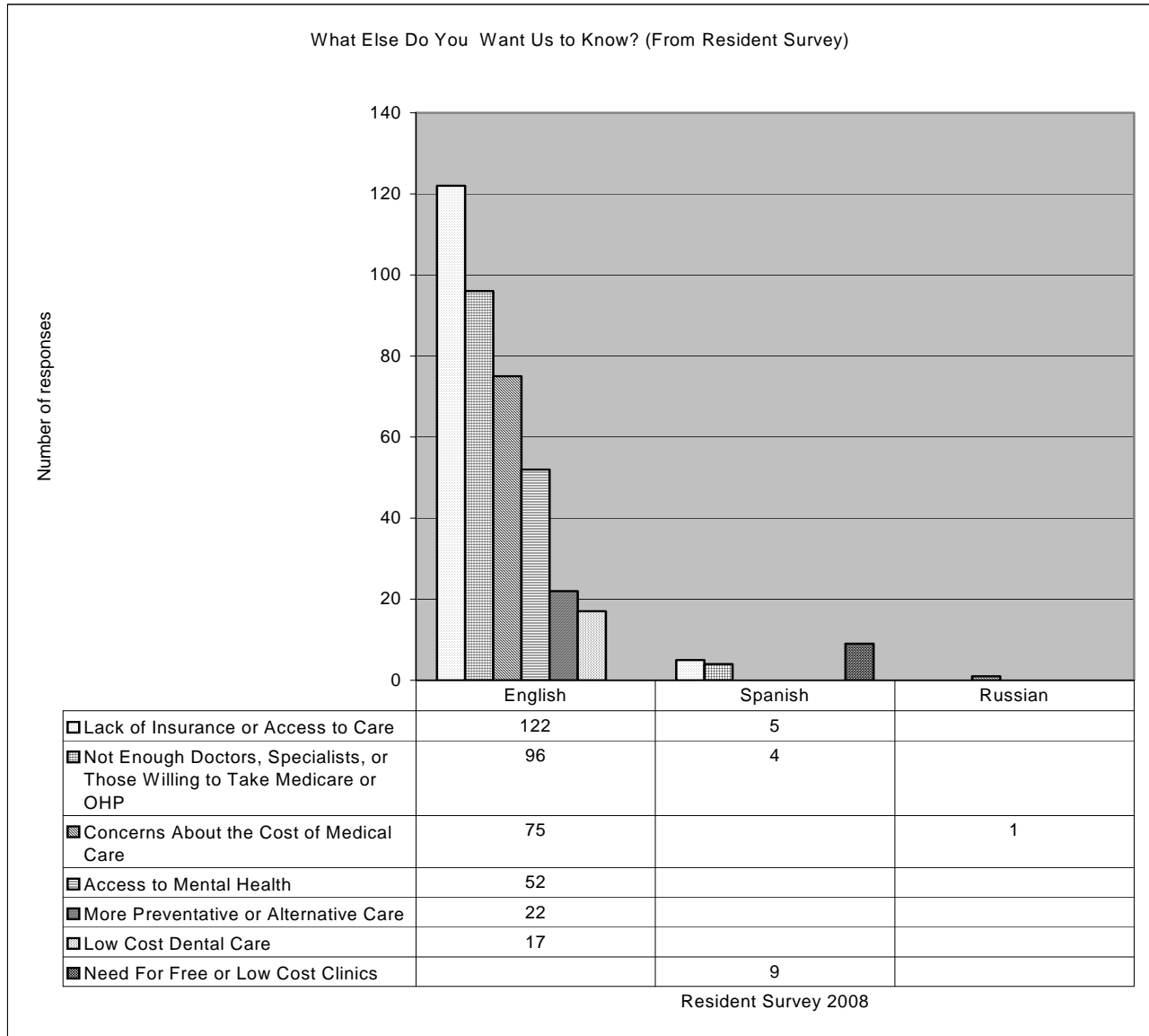
of physicians willing to take Medicare or Oregon Health Plan, cost of medical care and lack of access to mental health care. Access to healthcare was also one of the top three community health concerns cited by Providers Survey respondents. While Region 3, which includes Marion, Benton, Lane, Linn and Polk Counties, has 94



(Oregon 111) primary care providers per 100,000 population, only 86 (Oregon 98) of those accept Medicare, and of those 86, only a portion is actually accepting new patients. A similar situation exists for Oregon Health Plan; even when people have coverage, they may not have access to establishing care with a local medical provider. This is seen again with dental care: Medicare does cover dental care, and only about 29% of local dentists are thought to be accepting Medicaid.

Dean Larsen, Executive Director of the Marion-Polk County Medical Society said in a June 11, 2008 interview that there are probably no more than 10 primary care doctors in Marion and Polk Counties who are taking new patients at any given time regardless of the type of insurance coverage. He also noted that the malpractice insurance climate in Oregon along with lower

reimbursement rates than larger population states, and a greater percentage of uninsured or underinsured than the national average makes practicing medicine here less attractive than many other areas of the country. These factors have likely contributed to the increasing numbers of Emergency Department visits as well as the total acute in-patient days for the four hospitals serving Marion and Polk Counties.



The information we gathered for this indicator clearly indicated that healthcare access problems are very complex. Reliable data to demonstrate the problems has been more challenging.

Interestingly, the Adult Behavioral Risk Factor Surveillance System (BRFSS) data for the period 2002-2005 showed that 92.1% of Marion County adults surveyed reported having someone that they consider as their own personal doctor. This data may be limited by the fact that the survey is done by phone, thus excluding households without a landline from the survey sample. There are also other limitations noted. The data collected consists of self-reported information that has not been verified; the survey has a limited number of completed interviews and the sample size may be too small for analysis on sub-populations, and the data from the survey are

subject to sampling errors. (A Guide to Using the 2002 County BRFSS Data, Florida Department of Health Bureau of Epidemiology).

According to 2006 census data about 16.9% of Marion County residents are uninsured. In contrast 25% of Residents Survey respondents reported having no insurance, a number that increased to nearly 80% uninsured for those completing the Spanish language survey. These percentages may be greater due to sample bias. Despite all these limitations to access, approximately 82% of survey respondents reported having seen someone for healthcare within the previous 12 months.

Since the local health department may be the provider of last resort for many residents, in particular for mental health services, data about Marion County Health Department is included in the Appendix. From July 2003 through the current fiscal year (08-09) the Health Department operating budget has increased 46%. This increase has primarily occurred in the behavioral health programs (+67%), with public health showing an increase of 18%. From 2003-2006, the population of Marion County increased by about 7.1%. The health department budget per capita was \$71.64 in 2003 and increased to \$94.09 in 2008. Public health received a lesser portion of these dollars per capita (\$24.97, 2003 and \$27.96, 2008) when compared with behavioral health (\$40.44, 2003 and \$64.35, 2008).

### **Behavioral Risk and Protective Factors**

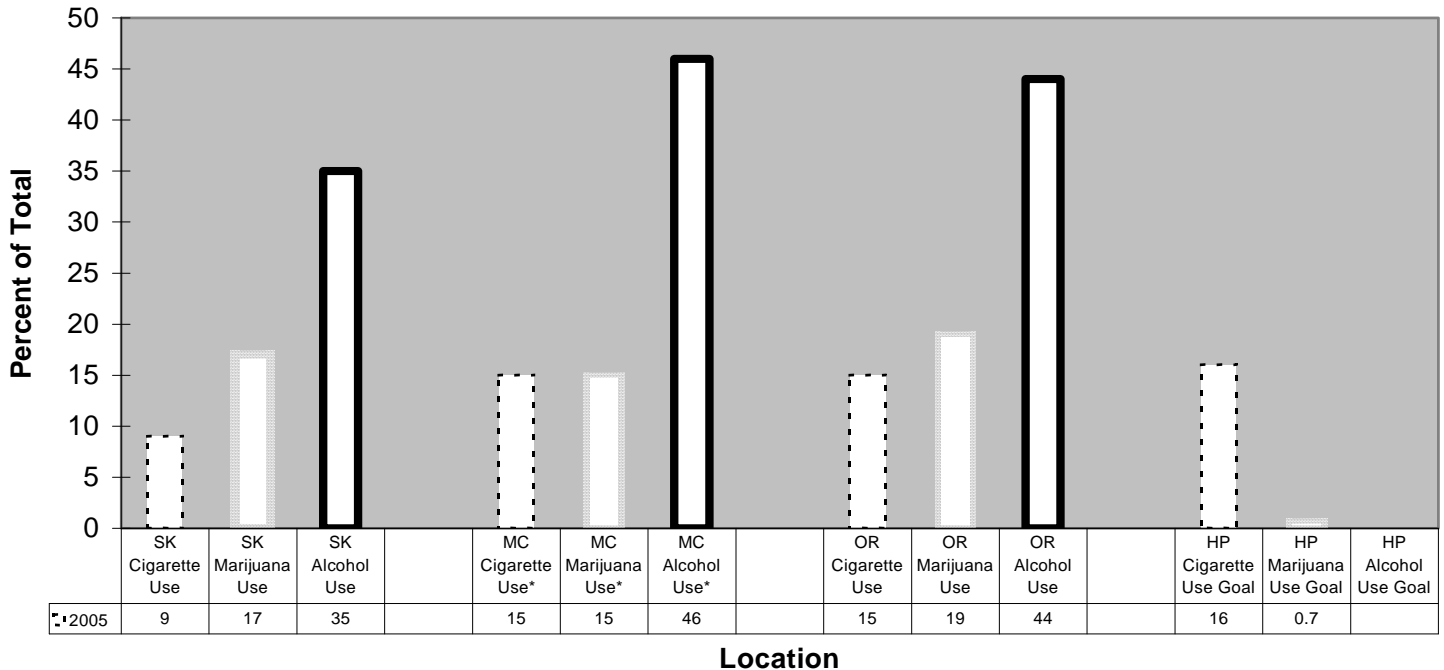
Behaviors are significant predictors of future health problems, and can be grouped into risky behaviors and protective behaviors.

Risky behaviors: Indicators for which data was collected include use of tobacco, drugs and alcohol, and obesity. Tobacco use is directly related to the development of serious chronic diseases, including heart and lung disease and cancer. Tobacco use among teens has decreased since 2000. The most recent data (2005) shows 8<sup>th</sup> and 11<sup>th</sup> graders reporting cigarette use in the last thirty days at rates below the Healthy People 2010 benchmark. However, it is important to note that the proportion of Marion County teens that smoke increases between 8<sup>th</sup> and 11<sup>th</sup> grades. Smoking in adults is significantly above the Healthy People 2010 target, and appears to have held steady at about 22% between 2000 and 2005. Excessive alcohol use has been linked to chronic health problems such as breast cancer and liver disease as well as death and injury through motor vehicle accidents. Early onset of alcohol use has been shown to predispose some teens to developing alcoholism (Substance Abuse and Mental Health Services Administration, (SAMHSA) 2004). According to Marion County data from 2000-2005/6, alcohol use in the last thirty days among 8<sup>th</sup> graders remained fairly constant in Salem-Keizer, but increased in rural Marion County. In comparison, increasing numbers of all Marion County 11<sup>th</sup> graders report using alcohol in the last thirty days. Eighth graders living outside Salem-Keizer who reported alcohol use in the past 30 days were more likely to be female, but by 11<sup>th</sup> grade more boys report alcohol use than girls. Use of marijuana in the last 30 days has decreased for all Marion County 8<sup>th</sup> and 11<sup>th</sup> graders. Data show that students are delaying use of illicit drugs such as crack, cocaine, ecstasy, heroin, LSD and/or stimulants. There has been no change in the proportion of 11<sup>th</sup> graders reporting use in the last 30 days. It is important to note that Salem-Keizer does not participate in the Oregon Healthy Teens survey so the true picture of illicit drug use by Marion County Teens is not known.

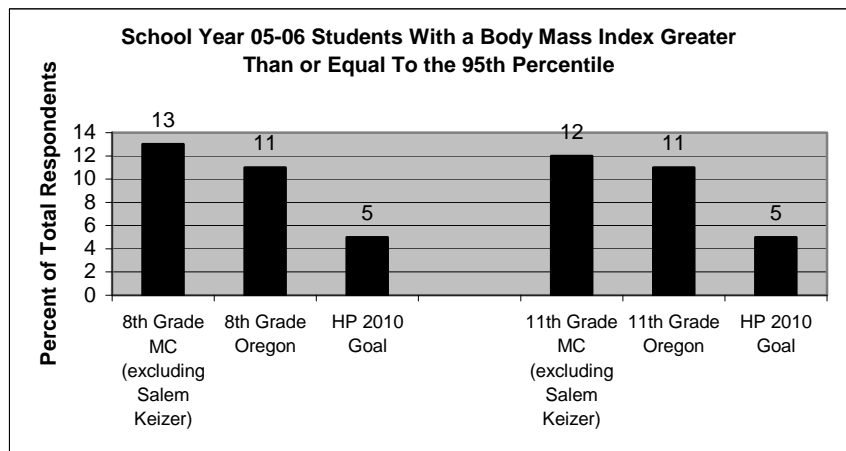
According to Oregon BRFSS data about 18% of adults 18-25 and 6% of adults 26 or older abuse or are dependent. Data for adult drug use is more difficult to obtain. Three percent of Marion

County residents meet the DSM-IV criteria for abuse of and/or dependence on illegal substances. Methamphetamine use is a particular concern for Marion County and Oregon. A 2006 SAMSHA report showed that OR was one of the top 9 states (1.24%) for self-reported methamphetamine use in persons aged 12 or older. That same year, a survey conducted in the Marion County jail found that 74% of offenders have used methamphetamine. In Marion County 51% of women and 61% of men report using alcohol and 20% of men are binge drinkers (five or more drinks in one setting).

### 11th Graders Who Reported Use in the Past 30 Days, 2005



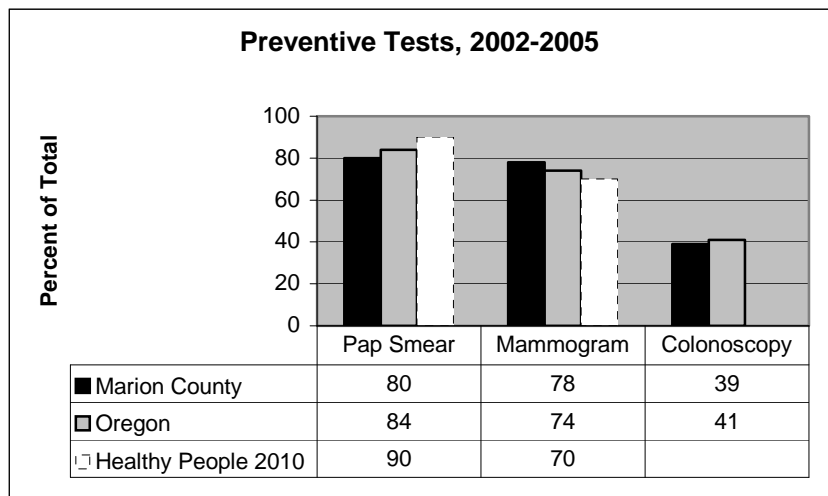
Obesity is a risk factor for chronic diseases such as heart disease and diabetes. The 2005-2006 Oregon Healthy Teen survey data for students attending school outside of Salem-Keizer shows that Marion County 8<sup>th</sup> and 11<sup>th</sup> graders are about on par with Oregon as a whole for students who have a BMI that is at or above the 95<sup>th</sup> percentile. For both teens and adults the percent of those who are overweight or obese is significantly higher than the Healthy People 2010 goal.



**Protective behaviors:**

Protective behaviors investigated include diet, exercise, use of seat belts, car seats, bike helmets and condoms, and screening via pap smears, mammograms and colonoscopies. Eating five or more servings of fruits or vegetables is encouraged to ensure that people receive the nutrients, antioxidants and fiber that are thought necessary to help prevent

diseases such as cancer (USDHHS & USDA, 2005). Fruits and vegetables at every meal may also help to prevent overweight/obesity by creating a feeling of fullness so there is less desire for high calorie, high fat snacks. Unfortunately, Marion County shows a downward trend for all age groups in the percentage of persons eating five or more servings daily. In contrast, the proportion of those who exercise appears to be increasing. However, there is room for improvement as only about 69% of 11<sup>th</sup> graders reported engaging in at least 20 minutes of vigorous exercise three or more times per week compared with the Healthy People 2010 target of 85%. Marion County has shown improvement in the regular use of seat belts, child safety seats and bike helmets for youth. However, bike helmet use is well under the HP 2010 target and decreases as the student moves from 8<sup>th</sup> (42%) to 11<sup>th</sup> (27%) grade. Use of condoms by sexually active persons may prevent unintended pregnancies as well as transmission of sexually transmitted infections such as Gonorrhea, Chlamydia and Human Immunodeficiency Virus (HIV). It appears that increasing numbers of sexually active 8<sup>th</sup> graders are using condoms, however the percentage of 8<sup>th</sup> and 11<sup>th</sup> graders who reported using condoms the last time they had sex is less for Marion than for Oregon as a whole.



Recommendations for cancer screening via pap smears, mammograms and colonoscopies are based on age and gender. Early detection of cervical, breast and colon cancer can significantly lessen the need for invasive treatment and improve outcomes and life expectancy (Howard, 2005). It appears that from 2000 to 2005, there was a decrease in the percent of women who received mammograms, though Marion County has continued to exceed the Healthy People 2010 target of 70%. Pap smear rates are low, with only 80% of women, for whom the procedure is indicated, receiving the test. Healthy People 2010 has not set a target for colonoscopy, but Marion's rate (39%) is close to that of Oregon (41%).

**Environmental Health:** This category measures the physical environment because it directly impacts health and quality of life. Clean air and water, as well as safely prepared food, are essential to physical health.

Surprisingly, more than half of the residents of Marion County live in an area that does not meet air quality standards for carbon monoxide. This may be attributed primarily to motor vehicle exhaust. Most residents are served by community water systems that, by definition, must meet health and safety requirements set by the United States Environmental Protection Agency (EPA). Marion County residents are more likely than others living in Oregon to be on a community water system that provides at least 1 part per million fluoride. These water systems include

Keizer, Salem, Silverton, Sublimity and Turner. Rates of reportable foodborne disease tend to run slightly higher in Marion County, on average, than for the state as a whole. The exact reason for this is unknown, but a contributing factor may be the frequent outreach that Health Department staff does to medical providers to ensure accurate and timely reporting of communicable disease. There is not an active lead surveillance program in Marion County, however elevated lead levels are tracked by the State Public Health Division and the incidence in Marion County appears to be low, though not so low as the Healthy People 2010 target of zero percent. Medicaid pays for lead testing in children under age six, however it's not clear that many local physicians routinely screen children. Marion County Environmental Health program provides inspections of restaurants. On average 3-4% of eateries failed one of their bi-annual inspections between 2002 and 2006 as compared with a 1-2% failure rate for Oregon as a whole. This may be attributed to the particular care that Marion County Sanitarians take when conducting an inspection. Most "failures to comply" occur when the inspection identifies breaks in food handling practice that are known to create significant risk for food contamination or bacteria growth that can lead to foodborne illness. These breaks are known as "critical violations".

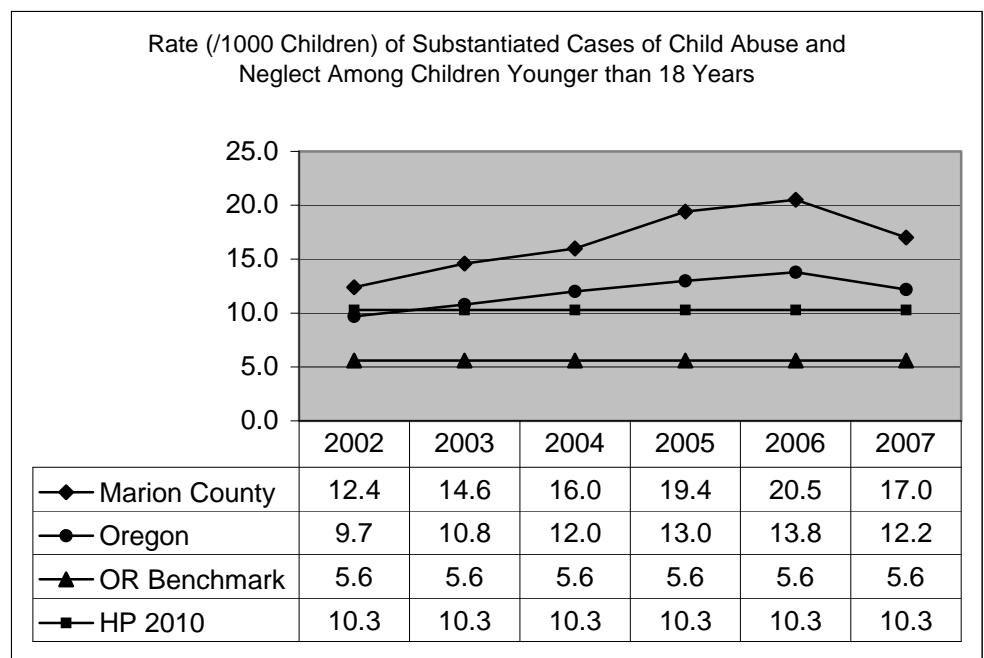
## What is the health status of our community?

**Social and Mental Health:** Social and mental health factors may directly influence an individual's overall health and quality of life. Indicators selected to measure the social and mental health of Marion County include child abuse and neglect, homicide, suicide, alcohol related motor vehicle injuries and deaths, and drug related mortality.

Between 2000 and 2006, rates of substantiated child abuse and neglect in Marion County have increased. In addition, Marion County rates are also higher than Oregon's average. These high rates may be due, in part, to the "NO METH (methamphetamine) -Not in MY Neighborhood" activities occurring in Marion County. NO METH activities include law enforcement agencies coordinating efforts to

follow up on all reported drug activity. An unexpected consequence of this heightened law enforcement response has been the increased identification children found in unsafe situations.

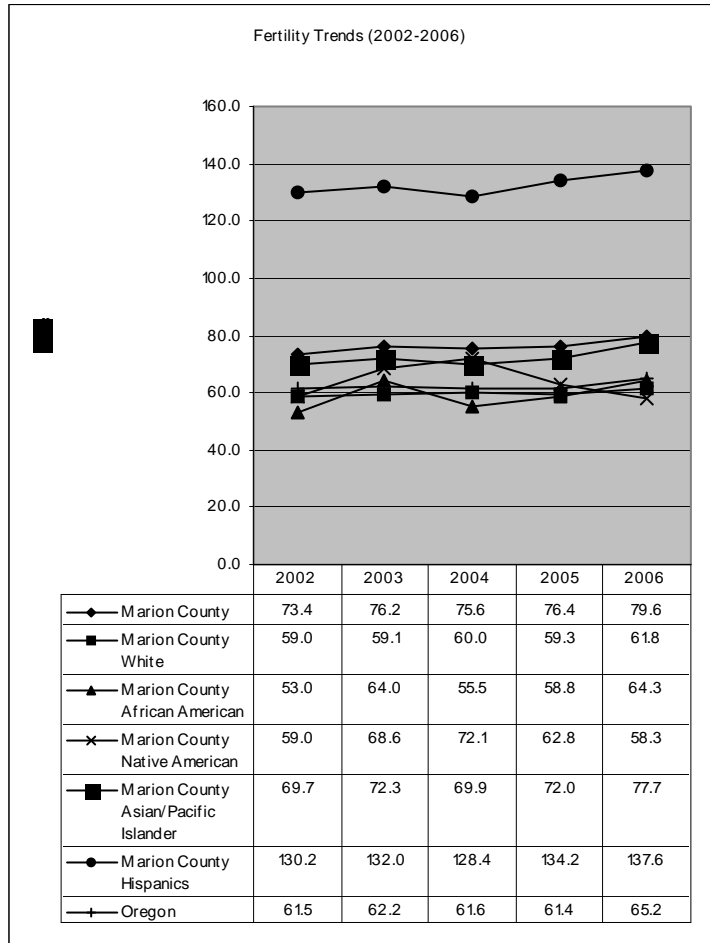
According to the Department of Human Services over 60% of Oregon children entering foster care in 05-06 had parental drug abuse listed as a reason for removal (DHS, Children, Adults and Families, Rev. 06/07). Most of the children have more than one reason for removal and parental alcohol abuse was a factor for about 60%.



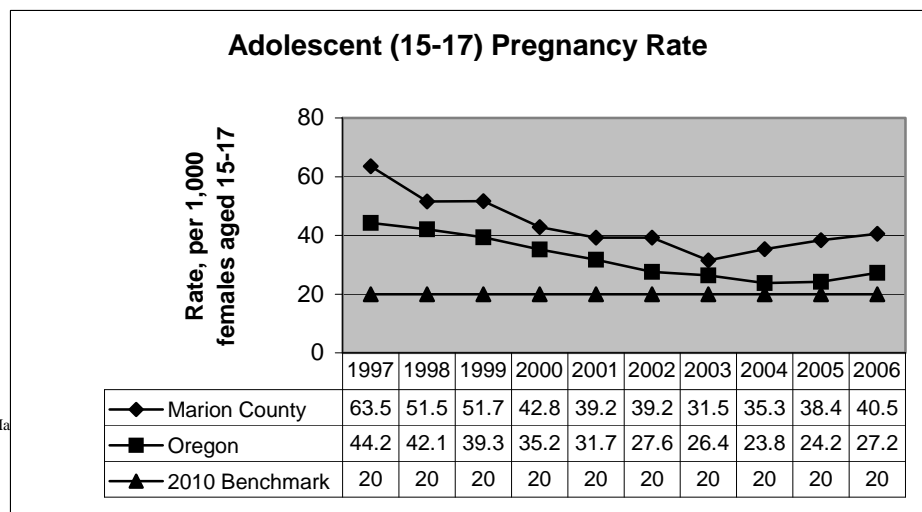
Homicides are not common in Marion County and the subjects are more likely to be non-white. In contrast, suicides are more common and the victims are more likely to be white. Both Marion County and Oregon meet the Healthy People 2010 target of 3.0 homicides per 100,000, but are well above the Healthy People 2010 benchmark for suicides (5.0/100,000). Data on violence against intimate partners was not readily available, however information provided by the Mid Valley Women’s Crisis Service helps to provide a picture of our community. Since 1987, the number of women and children requesting shelter has decreased, but the length of stay has increased. This would seem to indicate that the increased number of shelter resources is helping to meet the need, however the women requesting shelter have greater need for support as evidenced by the longer stay.

**Maternal and Child Health:** This category focuses on birth data and outcomes as well as mortality data for infants and children. Because maternal care is correlated with birth outcomes, measures of maternal access to and/or utilization of care are included.

Average mortality rates for Marion County infants ages 0-12 months are similar to Oregon as a whole. Data show that Hispanic infants experience slightly higher mortality rates, however the numbers are small, which may affect the validity. Hispanic women are also less likely to enter prenatal care during the first trimester. Prenatal care has been shown to reduce maternal morbidity and mortality and may play a role in preventing low birth weight infants (Alexander, Korenbront, 1995). A look at fertility trends in Marion County shows that among women of childbearing age, Hispanic women are having more births per 1,000 than all other groups combined.



Births to teen mothers are an indicator of increased risk for both mother and child. Pregnancy rates for Marion County teens have declined since the initiation of the STARS (Students Today Aren’t Ready for Sex) program in 1996 and the increased availability of emergency contraception pill in



2000. STARS is based on a program that has been shown to delay sexual activity (RMC Research Corporation, 2004), however pregnancy rates for Marion County teens ages 15-17 continue to run well above Oregon rates and the Healthy People 2010 Benchmark. In 2006 Marion County had the third highest rate among Oregon counties. The 2007 Oregon Revised Statutes require that schools teach abstinence, but not to the exclusion of other material and instruction on contraceptive and disease reduction measures.

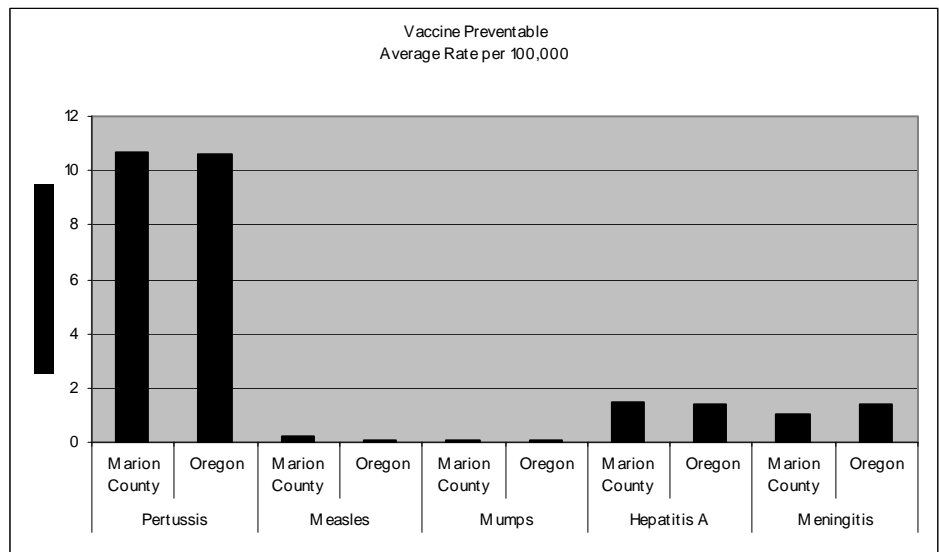
**Death, Illness, and Injury:** Morbidity (rates of the incidence and prevalence of disease) and mortality (rates of death within a population) are common measures of a community’s health.

Over 83% of Marion County residents surveyed by the Behavioral Risk Factor Surveillance System (BRFSS) reported that they have good general health, exceeding the Oregon Benchmark of 72%. In contrast, only 53% of Residents Survey respondents reported good general health.

Rates for newly diagnosed cancers such as breast, cervical and lung all decreased between 2000 and 2005, for Marion County and Oregon. However, Melanoma rates increased. Statistically significant mortality rates for Melanoma are not available for Marion County or Oregon, however mortality rates for all cancers combined decreased. Of note, mortality attributed to diabetes increased for both Marion County and Oregon between 2000 and 2005, while death from stroke, cardiovascular disease and cancer decreased.

**Communicable Disease:** This category examines diseases that are spread from person-to-person or through shared use of contaminated items. The focus is on diseases that can be prevented through a high level of vaccine coverage of the population or other protective measures such as condoms for the prevention of sexually transmitted infections.

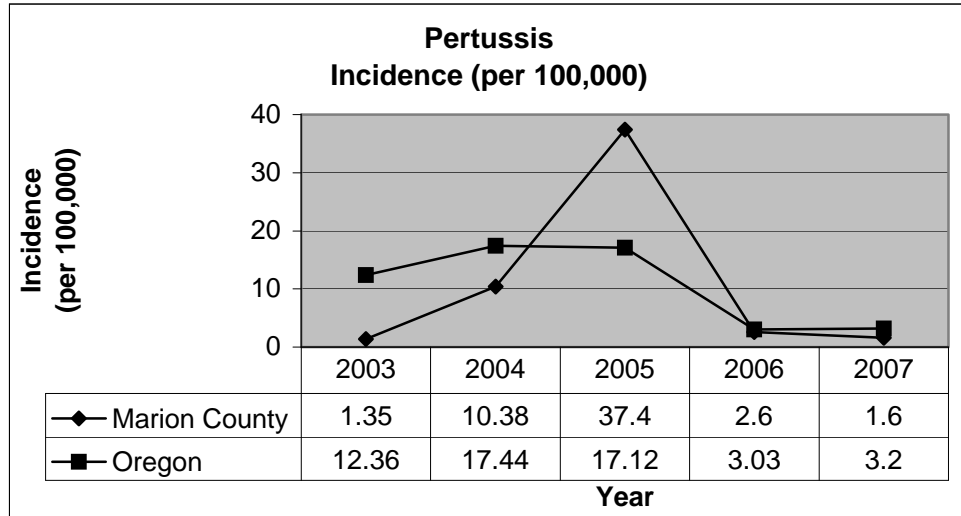
Using the state-wide immunization registry, the Oregon Public Health Division is able to estimate the proportion of two year olds who have received all the vaccines appropriate for their age. Marion County has consistently had a lower proportion of children meeting this standard than the State average. Factors that can artificially lower the estimated rates include incomplete reporting by medical offices of doses administered, and the challenge of maintaining an up-to-date database that correctly reflects when a child has left the County and is no longer available to be immunized. Factors



that may contribute to lower rates include the addition of new immunizations requirements and the proportion of parents who choose not to have their children immunized.

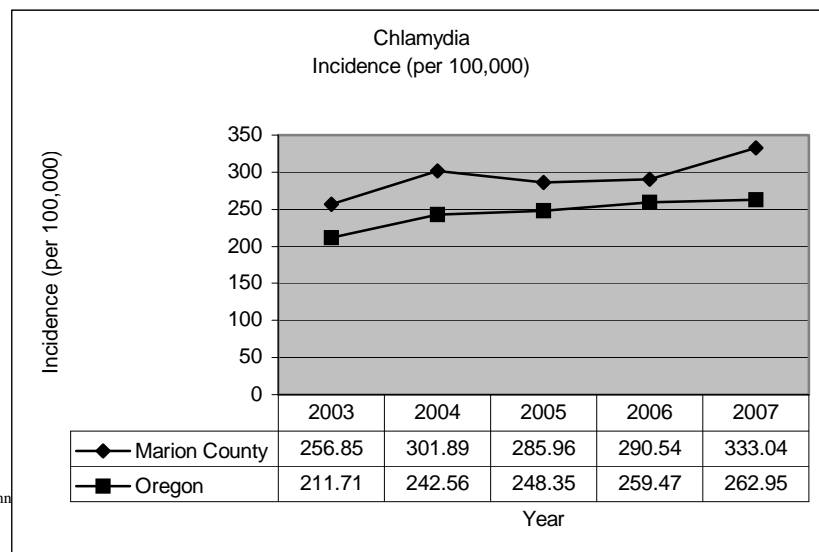
The BRFSS surveys adults aged 65 and older to learn if they have ever had a pneumococcal vaccine and whether they received their annual flu vaccine. Most recent BRFSS data shows that

about 77% and 73% received the vaccines, respectively. Trend data shows a slight decrease in 2003, possibly related to problems with the vaccine supply. In part, because of the supply problems over the past few years, Marion County has seen a shift from the Health Department to community providers as the primary administrator of flu vaccine. The majority of flu vaccine is now given in the private sector and, since the vaccine tends to arrive in private offices and pharmacies before local health departments, the result is earlier access for residents. Pertussis, sometimes known as whooping cough, is a highly contagious, vaccine preventable, bacterial infection of the respiratory tract that may cause serious illness in infants and young children. In youth and adults, the illness is often undiagnosed and is likely



underreported. This is significant because cases in infants are generally traced back to older friends or family members. To reduce the number of youth and adults susceptible to Pertussis, a new Pertussis-containing vaccine Tdap (Tetanus-Diphtheria-Pertussis) has been developed. In addition, Tdap has been added to Oregon school immunization requirements for children entering 7<sup>th</sup> grade. Rates for Measles, another vaccine preventable disease have been low (0.2 per 100,000 in 03-07), however there is some indication nationally that incidence is increasing, in part because of the growing numbers of parents who “opt-out” of immunizations for their children. In our mobile society, it is not uncommon to learn of exchange students infected with Measles while visiting their host country, or even of travelers infected while flying on an international jet. When these persons return home, the fact that most of their friends and family are immune, protects our community from an outbreak. As the pool of susceptible students grows it is more likely that outbreaks will occur.

A review of sexually transmitted infection (STI) rates shows that from 2003-2007 Marion County Syphilis rates (0.63/100,000) were about half those of Oregon (1.44/100,000). In contrast, Gonorrhea rates were slightly higher than those for Oregon on average. Gonorrhea is the second most commonly reported STI in the United States (US) and is a major cause of infertility. From 2005 to 2006, Marion County experienced a 25% increase in Gonorrhea rates, with one in five cases occurring in the 15-20 year old age group.



Chlamydia is Oregon's most commonly reported STI, and again the highest rates of infection occur among women ages 15-24 years. Like Gonorrhea, Chlamydia can cause infertility. It also may be passed to the infant during delivery causing neonatal eye problems and pneumonia. With 15 (incidence rate 4.9/100,000) new cases of HIV/AIDS reported in 2006 (25 in 2007), Marion County had the second highest incidence in the state for HIV/AIDS after Multnomah County (402.9/100,000).

### **Summary: What are the strengths and challenges of our community?**

Most respondents to the Residents Survey reported satisfaction with their quality of life and good general health, however further exploration of the survey and other data reveals dissatisfaction with the healthcare system as well as health trends that may impact the health of our community over the long term.

When compared with Oregon, Marion County has a lower per capita income and more children and families living below the poverty level. Contributing factors may be our lower high school graduation rate, high teen pregnancy rate and the prevalence of methamphetamine use.

The majority of survey respondents indicated that they have someone they call their healthcare provider and have received medical care in the past year. However, they also raised issues related to access to medical, mental health and dental care, such as cost, lack of insurance and lack of providers taking Medicare/Medicaid.

Positive health trends include, but are not limited to: Marion County residents are exercising more and are more likely to use seat belts and child safety seats. Teen tobacco use has decreased overall and mammogram rates exceed the Healthy People 2010 benchmark.

Negative trends or challenges include, but are not limited to: Teens are more likely to smoke as they move between 8<sup>th</sup> and 11<sup>th</sup> grades; the proportion of 11<sup>th</sup> grade students who use alcohol is increasing; there is an increase in the rate of overweight teens and obese adults; and Marion County continues to have a high teen pregnancy rate.

The assessment data was shared with the Marion County Health Advisory Board on September 9, 2008. Board members identified teen pregnancy and increasing rates of overweight teens and obese adults as significant findings that merit further discussion.

On 10/2/08 the Community Health Status Assessment Committee reviewed the survey results and assessment data. There was agreement that teen pregnancy rates are high and that the role of males needs to be considered in any intervention. Other concerns named included lack of universal health insurance, lack of dental care for seniors and the need to provide services that help fathers to develop and strengthen parenting skills.

This report and the full data appendix are available to view and print at:  
<http://www.co.marion.or.us/HLT/cha/>

The following table lists some of the strengths and challenges found through the data collection and surveys.

<b>Strengths:</b>	<b>Challenges:</b>
<ul style="list-style-type: none"> <li>• Good quality of life overall</li> <li>• Good turn-out of registered voters</li> <li>• Number of Residents Survey respondents receiving healthcare</li> <li>• Increased funding for behavioral health 07-09</li> <li>• Increased funding for public health 07-09</li> <li>• Teen tobacco use has decreased since 2000</li> <li>• Students are delaying use of illicit drugs (rural)</li> <li>• Exercising more</li> <li>• Improved use of seat belts, child safety seats and bike helmets for youth</li> <li>• Exceed Healthy People 2010 target and Oregon rates for mammograms</li> <li>• Strong law enforcement efforts to control use and production of Methamphetamines</li> <li>• Most residents are on community water systems</li> <li>• Most residents have fluoridated water</li> <li>• Low homicide rate</li> <li>• Community prenatal project</li> <li>• Majority report good general health</li> <li>• Decrease in newly diagnosed cancers</li> <li>• Decrease in death from stroke, cardiovascular disease and cancer.</li> <li>• More flu vaccine given in private sector</li> <li>• New vaccine for Pertussis prevention</li> </ul>	<p><b>When compared with Oregon:</b></p> <ul style="list-style-type: none"> <li>• Lower per capita income</li> <li>• Lower high school graduation rate</li> <li>• Lower proportion of residents with high school diploma or some college</li> <li>• Higher unemployment</li> <li>• Higher proportion of residents who don't speak English well</li> <li>• More residents without health insurance uninsured</li> <li>• Dealing with more rapidly changing ethnic distribution.</li> </ul> <p><b>Health System:</b></p> <ul style="list-style-type: none"> <li>• Lack of primary care providers taking new patients</li> <li>• Lack of primary care providers accepting Medicare and/or Medicaid</li> <li>• Lack of affordable physical healthcare</li> <li>• Lack of affordable / lack of access to mental health care</li> <li>• Lack of alcohol and drug prevention and treatment services</li> <li>• Lack of affordable alcohol and drug treatment services</li> <li>• Increased use/long waits at emergency departments</li> <li>• Lack of access to dental care (adults)</li> <li>• Uncertain funding for public health 2009-2011</li> </ul> <p><b>Health Data:</b></p> <ul style="list-style-type: none"> <li>• Smoking increases between 8<sup>th</sup> &amp; 11<sup>th</sup> grade</li> <li>• Increasing trend for 11<sup>th</sup> grade alcohol use</li> <li>• Increasing trend for 8<sup>th</sup> grade alcohol use (county schools)</li> <li>• Increasing trend for binge drinking, 8<sup>th</sup> &amp; 11<sup>th</sup> grade rural schools</li> <li>• <b>Increasing numbers of overweight teens (county)</b></li> <li>• <b>Increasing numbers of obese adults</b></li> <li>• Adults eating less fruits and vegetables</li> <li>• Bike helmet use decreases from 8<sup>th</sup> to 11<sup>th</sup> grade</li> <li>• <b>High teen pregnancy rate (15-17 years)</b></li> <li>• Pap rates are lower than Oregon and Healthy People 2010</li> <li>• Air contains excessive carbon monoxide</li> <li>• Lack of systematic routine lead screening</li> <li>• Increasing child abuse and neglect</li> <li>• Increasing diabetes-related mortality</li> <li>• High rates of Gonorrhea and Chlamydia</li> <li>• High rates of new cases of HIV/AIDS</li> </ul>

## **Participants in the Community Health Status Assessment Process**

Various Mill City locations collected by Cheri Girod, Salem Senior Center, Silverton Together, First Presbyterian Church, Temple Beth Shalom Church, Department of Human Services, Union Gospel Mission, Ike box, Salem Police Department, 24 Hour Fitness, South Salem Senior Center, Colonia Libertad, YMCA, St. Edwards, Meals on Wheels, and the following Marion County offices: Public Works, Family Planning Clinic, Health Clinic, WIC, Health Department Administration, Vital Statistics/Environmental Health, Behavioral Health, Lancaster Health Department office, School-Based Health Center, Rural Health Department offices (Woodburn, Stayton and Silverton), Board of Commissioners, Methadone Clinic, and the County Fair Booth.

### **B. Adequacy of Local Public Health Services**

The Marion County Health Department provides quality services given the resources available. Funding for public health services is not adequate to provide a comprehensive range of services, however to date it has been sufficient to provide the five basic services as mandated by ORS 431.416. Given the current economic climate, it is expected that demand for direct clinic services may exceed capacity.

### **C. Provision of the Five Basic Health Services – (ORS 431.416)**

The local public health authority must assure activities necessary for the preservation of health or prevention of disease. “These activities shall include but not be limited to Epidemiology and control of preventable diseases and disorders; Parent and child health services, including family planning clinics as described in ORS 435.205; Collection and reporting of health statistics; Health information and referral services; and Environmental health services.”

Summary of the five basic services as provided by Marion County Health Department:

1. Epidemiology and control of preventable diseases and disorders
  - a. Communicable Disease – nurses investigate cases of diseases that are reportable by law to identify the source and prevent spread. Nurses and sanitarians work as team to respond to foodborne outbreaks and nursing home noro virus outbreaks.
  - b. Sexually Transmitted Infection (STI) Clinic – low cost clinic to diagnose and treat sexually transmitted infections. Provided in Salem and Woodburn. Ongoing coordination with County Jail staff to ensure treatment of inmates who have been identified as contacts to known cases of STI.
  - c. Immunization clinics in Salem, Stayton, Woodburn, Silverton. Focus on disease prevention through Advisory Committee on Immunization Practices (ACIP) recommended vaccine administration to infants, children, and adults. Provide regular well child immunizations as well as immunizations post-exposure to communicable diseases. Convene coalitions for adult and child immunizations to provide information to providers and promote best practices such as use of the state immunization registry. Provide community based clinics for flu, pneumonia, Tetanus-diphtheria-pertussis and school required vaccines. Lead community planning and exercising point of dispensing clinics for pandemic influenza, anthrax and other communicable diseases.
  - d. Tuberculosis Program – provides treatment and case management to persons with tuberculosis. Targeted screening of high risk populations. Consultation to local medical providers. Two local federally funded clinics act as delegate agencies for purpose of treatment of latent tuberculosis infection.

- e. Human Immunodeficiency Virus services – Counseling and testing offered in coordination with STI clinic. Outreach to encourage high-risk persons to be tested.
- f. Chronic disease prevention – Tobacco Prevention and Education Program focuses on promoting policy change that results in reduced use of tobacco and exposure to secondhand smoke. Chronic disease prevention program planning grant convened a community group to develop a three-year community plan that aims to put policies and systems in place that reduce access to tobacco, and increase access to healthy food choices and opportunities for physical activity.
- g. Drug, alcohol, gambling prevention – School-based services, primarily in rural Marion County. Provide technical assistance to community Together Groups and Community Progress Teams.

## 2. Parent and child health services

- a. CaCoon –nurse case management in home setting to infants and children (0-20 years) at risk for developmental delays due to qualifying medical conditions.
- b. Babies First! – nurse case management in home setting to infants and children (0-4 years) at risk for developmental delays due to qualifying medical or social risk factors.
- c. Maternity Case Management – nurse case management in home setting by referral in order to facilitate a healthy birth outcome..
- d. A&D Moms – Case management services for women with substance abuse issues who are pregnant and/or parenting young children.
- e. Women-Infants-Children (WIC) – nutrition program for children 0-5 and pregnant and postpartum women. Health screening, education and food vouchers. Free and low-cost breast pump rental program.
- f. Peer Breast Feeding Support – trained peer counselors provide support
- g. Women’s Health Clinic –women’s health services and information
- h. Prenatal Project and Clinic – Administrate partnership between two local hospitals and local medical insurance program that provides low cost prenatal care for women without health insurance.
- i. Prenatal Clinic – provide perinatal care to women pre and post delivery.
- j. Oregon Mother’s Care – pregnancy testing, screen for immediate health problems and referral to prenatal provider
- k. School Based Health Center – Partnership of MCHD, Salem-Keizer School District, Salem Boys & Girls Club. Provide primary care services with a focus on preventative health services to students of Hoover (elementary), their siblings if the student has a communicable disease, and Boys & Girls Club members.
- l. Teen Pregnancy – Mental health specialist provides counseling and case management support to pregnant and parenting teens in North County.
- m. Dental – Coordinate dental vans and limited referrals for acute care. Partner on Salem area dental coalition.
- n. Strengthening Families Program 10-14 – Evidence-based parenting class for parents/caregivers and their 10-14 year old youth. Improves communication skills, family harmony, bonding, and ability to set appropriate rules and limits.

## 3. Health Statistics

- a. Birth – electronic birth registry, provide birth certificates for first month of life, paternity
- b. Death – electronic death registry

- c. State immunization database – submit data for all immunizations provided in MCHD clinics. Enter data from WIC client immunization records
  - d. Communicable disease data – submit data for reportable diseases via Communicable Disease 2000 database, mail and fax.
4. Health information and referral services
- a. Clients are provided with program-specific materials. Many materials are available in Spanish as well as English; some are available in Russian.
  - b. All receptionists have information on community health resources to assist callers.
  - c. Maintain comprehensive website that includes e-mail capability.
  - d. 24/7 phone response – Main department and clinic numbers give caller the option to speak to the public health supervisor on call.
  - e. Resources are available to schools and community members through participation in health fairs, community presentations, and individual meetings.
5. Environmental health services
- a. Licensed facilities – Sanitarians inspect and license food service facilities, traveler’s accommodations, pools/spas and organizational camps. Food service facilities include restaurants, mobile food units and temporary food booths. Other work includes plan review for new or remodeled facilities, investigation of complaints and foodborne illness investigations and semi-annual inspections of school lunch programs throughout the county.
  - b. Food handler training – Food handler classes are provided via classroom and on-line training and must be renewed every three years. Manager training is good for five years and is available in-person only. All classes are available in Spanish.
  - c. Drinking Water – MCHD is responsible for enforcing the laws pertaining to the Safe Drinking Water Act. Aside from six community systems regulated by the state, MCHD inspects and provides technical support to public water systems in Marion County.
  - d. Child Care Facilities – Environmental Health contracts and inspects licensed day care centers annually.
  - e. Other Services – Environmental Health investigates high blood lead levels in young children as well as bites from rabies-susceptible animals. Sanitarians also respond to mosquito and rodent complaints with information and technical assistance.
  - f. Clean Air – The Tobacco Prevention and Education Program is responsible for enforcing the Smoke free Workplace Law. This is a complaint-driven system. TPEP staff sends out complaint letters and educational materials; they also go on site visits and develop remediation plans as necessary.
6. Other Services
- a. Emergency Preparedness – planning and exercising for natural disaster, pandemic influenza and other public health disasters. Major focus has been use of point of dispensing clinics. Involves partnerships with hospitals, healthcare providers, law enforcement, fire, schools and emergency managers from all jurisdictions.

**D. Adequacy of Other Services Import to Marion County**

**Primary health and dental care:** Marion County is fortunate to have a Federally Qualified Health Center with clinics in Woodburn and Salem as well as a Community Health Center just across the Willamette in Polk County, all of which provide low cost

health and dental care. **Nutrition:** There is a second provider, in addition to the health department, of the federally funded nutrition program for Women, Infants and Children (WIC) in Marion County. Funding has not kept up with the rapid growth in enrollment. Local food banks assist residents in need of food supplies, but are struggling to meet increasing demand.

**Health education and promotion:** These services are not comprehensive. There are Living Well classes for chronic disease management, dental education in the Salem-Keizer schools and some Head Start classes, drug and alcohol prevention, and a smattering of other services being provided around the County. Educational efforts targeting health promotion and disease prevention have the potential to positively impact the long-term health of our community. However increased, secure funding is required to ensure a comprehensive coordinated effort.

### III. Action Plan

This section includes specific goals and objectives for the five basic services of public health (control of preventable diseases and conditions, parent and child health including family planning, health statistics, health information and referral, and environmental health. Where possible, the goals were chosen, based on needs identified by the Marion County Community Health Status Assessment, 2008. In some cases the goals were chosen to meet one of the state contractual requirements for public health. This is not an all-inclusive list of services provided by the health department.

Updates on progress, including data for each indicator will be collected and reported twice each year for the periods July – December and January – June. The Action Plan will be reviewed and/or revised annually as indicated.

Certain programs, including Tobacco Prevention and Education Program (TPEP), Tobacco Related and Other Chronic Disease (TROCD), Family Planning, WIC and Immunizations are required to use a state-provided format to develop objectives for state-provided goals. The goals may have other reporting periods specified by the state program. These documents have been submitted directly to the appropriate state program.

**A. Epidemiology and Control of Preventable Disease and Disorders**

General Note: Marion County Health Department (MCHD) is responsible to perform and document investigation and control measures taken in response to reports of diseases or conditions that are reportable by law. A review of the most recent data provided by Oregon State Public Health Division('07, '08) shows MCHD met the Oregon State Public Health Division expectations for response and reporting.

**Goal A.1: Reduce the number of cases of Pertussis in Marion County.**

**Current Condition:** Marion County is one of several counties across the nation that demonstrates unusually high numbers of pertussis cases. Pertussis-containing vaccine is required for children entering licensed childcare or school. Until 2004 the vaccine was licensed only for persons through age six and the immunity lasted only about six years. In 2005 a new vaccine was licensed for persons ages 7 and older. The revised state law requires 7<sup>th</sup> grade students to have a dose of Tetanus-diphtheria-pertussis (Tdap). School records can be used to show improvement in this age group. There is not a registry to track what proportion of adults has been immunized.

**Lead Program:** Immunizations

OBJECTIVE	ACTIVITY	OUTCOME	OUTCOME MEASURE	PROGRESS NOTE
<p>Increase the number of people in Marion County who are immune to pertussis by promoting Tetanus-diphtheria-pertussis (Tdap) and Diphtheria-tetanus-pertussis (DTaP vaccine in the community.</p>	<p><b>Tdap</b> Informational material posted on website.</p> <p>Develop 20-minute presentation for high risk/high impact groups.</p> <p>Identify high risk/high impact groups.</p> <p>Hold Tdap clinics.</p> <p>Epidemiology services provide annual pertussis rates for comparison.</p> <p><b>Promote 4th dose DTaP</b></p> <p>Informational material posted on website</p>	<p>Immunizations website information is accessed by many County residents</p> <p>Presentation is developed and utilized to promote Tdap to high risk/high impact groups.</p> <p>High Risk/high impact groups are identified and contact information is maintained for presentations.</p> <p>Numbers of adults immunized with Tdap increase.</p> <p>Pertussis rates begin to decrease.</p> <p>Immunizations website information is accessed by many County residents. (Establish baseline).</p>	<p>1. Measure number of hits on this posted information.</p> <p>2. Health educator makes 6 presentations to high risk/high impact groups.</p> <p>3. Proportion of 7<sup>th</sup> graders immunized.</p> <p>4. Adults immunized.</p> <p>5. Annual pertussis numbers and rates.</p> <p>6. Analyze data and complete report.</p>	<p><b>Jan 2010 Update:</b> <i>H1N1 response March-December 2009 required postponement of Tdap promotion to H1N1.</i></p> <p><b>July 2010 Update:</b> <i>1. 1922 hits on immms home page – nothing specific to Dtap; website under construction</i></p> <p><i>2. No presentations due to H1N1.</i></p> <p><i>3. As of 3/2010 the 7<sup>th</sup> grade Tdap rate was 94%.</i></p>

	<p>Intern collects MC data to explain 4<sup>th</sup> Dtap rates</p> <p>Strategy is developed and implemented to improve 4<sup>th</sup> Dtap administration.</p> <p>4<sup>th</sup> Dtap is administered.</p>	<p>MC immunizations will have quantitative and qualitative data to explain why 4<sup>th</sup> Dtap is not given.</p> <p>Strategy for improving 4<sup>th</sup> Dtap administration is based on good data and measurable.</p> <p>4<sup>th</sup> Dtap rates improve.</p>	<p>7. Report progress of data driven strategy.</p> <p>8. Measure annual 4<sup>th</sup> Dtap rate.</p>	<p><i>4. 235 adult Tdaps have been given. This is down from 552 in the same time period in 2009; due mostly to the end of the special Dtap project and H1N1.</i></p> <p><i>5. 14 cases of pertussis from Jan-June 2010.</i></p> <p><i>6. Not completed due to H1N1.</i></p> <p><i>7. Not complete due to H1N1.</i></p> <p><i>8. Rates increased from 66% in 2008 to 71% in 2009.</i></p>
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**A. Epidemiology and Control of Preventable Disease and Disorders continued**

**Goal A.2: Integrate culturally appropriate strategies into the implementation of public health interventions.**

**Current Condition:** Knowledge deficits about certain cultures may be inhibiting the implementation of public health interventions (e.g., lack of staff knowledge of the Marshallese culture may be placing barriers to the timely completion of the hepatitis B vaccine series and testing for infants born to hepatitis B carriers from the Marshallese community).

**Lead Program:** Communicable Disease Epidemiology

OBJECTIVE	ACTIVITY	OUTCOME	OUTCOME MEASURE	PROGRESS NOTE
Identify strategies and resources to help bridge gaps between the goals of the Marion County Health Department and the needs of its Marshallese community.	Identify a liaison from the Marshallese community to help bridge the gap between the goals of the hepatitis B prevention program and the needs of the Marshallese people in our county.	Marshallese resources will lead to better staff understanding about cultural issues in general, and especially, those related to health and wellness	Identify a liaison from the Marshallese community by June 30, 2010.	<p><b>Jan 2010 update:</b>  <i>A liaison from the Marshallese community was identified on March 27, 2009. Materials about the Marshallese have been collected and reviewed, leading to a better understanding about the Marshallese culture in our community.</i></p> <p><b>July 2010 update:</b>  <i>Staff attended community training on understanding Micronesian culture.</i></p>

**Goal A.3: Increase timely reporting of communicable disease by licensed healthcare providers, labs and hospitals.**

**Current Condition:** Marion County communicable disease programs rely upon licensed healthcare providers, labs and hospitals to report positive tests and/or diagnoses of diseases and conditions that are designated by Oregon law as reportable. Observance of the law allows rapid investigation and implementation of control measures to prevent the spread of disease to the general public. However, not all diseases and conditions are reported as required by law.

**Lead Program:** Communicable Disease Epidemiology

OBJECTIVE	ACTIVITY	OUTCOME	OUTCOME MEASURE	PROGRESS NOTE
<p>Decrease the number of late or missed communicable disease reports received from labs, facilities, and providers.</p>	<p>Develop a policy and procedure for tracking missed or late communicable disease reports. Track reports</p>	<p>Policy &amp; procedure established with contact made to late reporters after each late or missing report.</p>	<p>Policy &amp; procedure in place for tracking missed or late communicable disease reports by June 30, 2010 that will identify # reporting on time and # reporting late.</p>	<p><b>Jan 2010 update:</b> <i>Policy &amp; procedure developed in January 2009. Revised policy and procedure in January 2010. A record number of 1,063 reports were received in 2009, of which 8 were either missing or late. Letters were sent to the facilities reminding them of their reporting responsibilities. No late or missed reports have been identified since then.</i></p> <p><b>July 2010 update:</b> <i>552 reports were received between 1 Jan and 30 June 2010, 2 of which were late. Letters were sent to the facilities reminding them of their responsibilities.</i></p>

**Goal A.4: Reduce sexually transmitted Infections (STI) and related negative outcomes within Marion County through prompt diagnosis, reporting and appropriate treatment.**

**Current Condition:** While only the fifth largest Oregon County by population, 2007 data show that Marion County had the second highest number of Chlamydia cases (1035 or 10.5% of state total) and third highest number of Gonorrhea cases (112 or 9% of state total). Both of these infections may result in pelvic inflammatory disease and infertility as well as more serious illness. In addition they each can be passed on to the newborn of an infected woman. Control measures include treatment with appropriate antibiotics and prompt identification and testing of contacts.

**Lead Program:** Sexually Transmitted Infections

OBJECTIVES	ACTIVITY	OUTCOME	OUTCOME MEASURE	PROGRESS NOTES
Increase the number of individuals with Gonorrhea who are treated appropriately from private providers	<p>Monitor morbidity reports</p> <p>Develop outreach plan to providers about appropriate antibiotic treatment of Gonorrhea- Include correct treatment guidelines in Quarterly Newsletter to physicians</p> <p>Create or identify informational materials Identify method of conveying the information</p> <p>Identify providers to receive the information- Salem Hospital ER, and Salem Clinic.</p>	<p>Establish baseline for comparison.</p> <p>Providers will have references describing appropriate treatment of Gonorrhea.</p> <p>Providers will prescribe the correct treatment.</p>	<p>90% of providers providing appropriate treatment at baseline</p> <p>Contacts made to providers</p> <p>90% of providers providing appropriate treatment at six and twelve months</p>	<p><b>Jan 2010 update:</b> <i>Baseline Data for correct treatment 2008 indicated 95% of treatments were appropriate. 2009 - 92% of cases were treated appropriately.</i></p> <p><b>July 2010 update:</b> <i>Quarterly Report 3/10 and broadcast fax 2/10 to local medical targeted testing and treatment of Gonorrhea.</i></p>
Increase the number of private providers that accurately complete morbidity reports for clients with symptoms of pelvic inflammatory disease	<p>Monitor morbidity reports</p> <p>Develop a plan of outreach to providers about appropriate reporting of pelvic inflammatory disease. Health Officer will include information in the quarterly</p>	<p>A baseline for comparison will be established and data will be collected on-going</p> <p>Providers will correctly report PID via existing phone, fax or mail systems within the timelines required by law.</p>	<p>#90%) of providers reporting PID appropriately</p> <p>contacts made to providers</p> <p>#90% of providers</p>	<p><b>Jan 2010 update:</b> <i>Baseline: Jan.- June 2009 11 cases reported; 2 unknown treatment and 1 not treated appropriately.</i></p> <p><i>July-Dec. 2009</i></p>

	<p>newsletter.</p> <p>Create or identify informational materials</p> <p>Identify method of conveying the information</p> <p>Identify providers to receive the information</p>		<p>providing appropriate treatment at six and twelve months</p>	<p><i>12 cases reported and all treated appropriately. All cases reported within timelines required by law.</i></p> <p><b>July 2010 update:</b>  <i>50% more cases of PID were reported to MCHD for 2010 vs. 2009 after the 2<sup>nd</sup> quarter of each year.</i></p> <p><i>Treatments for STI's and EPT guidelines were shared in the MC Quarterly Report.</i></p>
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**Goal A.5: Reduce the number of new HIV infections in Marion County**

**Current Condition:** Marion County has the second highest prevalence rate of HIV (number of people per 100,000 population living with HIV) in Oregon, 106.1/100,000 people as of 12/31/07. (Multnomah County has the highest prevalence rate in Oregon with 397.9/ 100,000 people as of 12/31/07.) In Marion County, men who have sex with men (MSM) are the population group at highest risk for HIV infection.

**Lead Program:** HIV Prevention

OBJECTIVE	ACTIVITY	OUTCOME	OUTCOME MEASURE	PROGRESS NOTE
Promote HIV prevention with the high risk MSM population by increasing the number of MSM who receive counseling and testing services	Post information re Counseling & Testing, & Social Network Program on Health Department's website	Community will access new website	HIV info posted on the Marion County Health Department's Website by September 1, 2009.	<p><b>Jan 2010 update:</b>  <i>HIV info is posted on the . Health Department Website; 8 Social Activity Sessions July-Dec 2009; 8 Men who have Sex with Men (MSM) reported learning of Services from Outreach at Gathering Place or Social Networking from July 1,-Dec. 31, 2009; 4 testing sessions July 1,-Dec. 31, 2009; 53 MSM tested for HIV from July 1-Dec. 31, 2009</i></p> <p><b>July 2010 update:</b>  <i>9 Social Activity Sessions; 17 Men who have Sex with Men (MSM) reported learning of services from Outreach at Gathering Place or Social Networking; 4 testing sessions provided in community 51 MSM tested</i></p>
	Social Network Strategy: Men's Health Network Program Social Activities (monthly) to encourage MSM to promote HIV Testing among their Social Networks.	MSM will promote testing among people they encounter through their social networks	# of monthly Social Activity sessions- (12 sessions from July 1, 2009-June 30, 2010.)  # MSM that report learning of services via website, social networking, outreach at gathering place	
	Monthly table and HIV Testing at a local gathering place frequented by MSM	Increase in the number of MSM who test for HIV	# Monthly testing sessions provided in community at places where MSM frequent, (12 times from July 1, 2009-June 30, 2010.)  # MSM who test for HIV (Target: 10% increase over the number who tested in 2008, 119 MSM test from July 1, 2009-June 30, 2010)	
	HIV Counseling & Testing (HIV C & T) in clinic			

**Goal A.6 : 1) eliminate or reduce exposure to secondhand smoke, 2) counter pro-tobacco influence, 3) reduce youth access to tobacco, 4) promote quitting, 5) enforcement of tobacco-related local and state laws, and 6) reduce the burden of tobacco-related chronic diseases. These goals are met through policy development and implementation.**

Note: a report in the required format has been submitted to Oregon State Public Health under separate cover.

**Lead Program: Tobacco Prevention and Education/Healthy Communities**

OBJECTIVE	PROGRESS NOTE
<p>1. By June 30, 2010, TPEP staff will conduct Marion County Health Department staff and client surveys to assess support for a smokefree campus policy that exceeds the Oregon Indoor Clean Air Act.</p>	<p><b>Jan 2010 update:</b></p> <ul style="list-style-type: none"> <li>• <i>Staff and client surveys have been completed. Sixty-one percent of staff respondents and seventy-four percent of client respondents reported they are supportive of a smokefree policy at the health department.</i></li> <li>• <i>A mini health impact assessment was completed in September &amp; October 2009 to describe the research regarding smoke free campuses versus smoking shelters.</i></li> <li>• <i>Survey results and the health impact assessment are being reviewed by the health department executive team</i></li> </ul> <p><b>July 2010 update:</b></p> <ul style="list-style-type: none"> <li>• <i>Providing technical assistance to Marion County Alcohol and Drug Treatment program in developing a tobacco-free policy for outpatient treatment facilities.</i></li> </ul>
<p>2. By June 30, 2010, at least one multi-provider health clinic in Marion County will adopt a campus-wide, tobacco-free policy.</p>	<p><b>Jan 2010 update:</b></p> <ul style="list-style-type: none"> <li>• <i>The TPEP team is working with Salud Medical Center in Woodburn, OR. Supporting documents (health impact assessment, letter of support, and sample policy language) are currently being reviewed by the corporate office safety committee.</i></li> </ul> <p><b>July 2010 update:</b></p> <ul style="list-style-type: none"> <li>• <i>The policy has not been adopted due to safety committee’s concerns about how to enforce the policy; TPEP staff continues to provide technical assistance.</i></li> </ul>
<p>3. By June 30, 2010, Chemeketa Community College in Marion County will adopt a campus-wide, tobacco-free policy.</p>	<p><b>Jan 2010 update:</b></p> <ul style="list-style-type: none"> <li>• <i>Marion, Polk, and Yamhill County TPEP staff are providing technical assistance to Chemeketa Community College. A student survey was completed in December 2009. Results are currently being analyzed.</i></li> </ul> <p><b>July 2010 update:</b></p> <ul style="list-style-type: none"> <li>• <i>The board considered a 100% smokefree policy at the June 2010 meeting; there was a tie vote so the policy will go to vote again at the July meeting.</i></li> </ul>
<p>4. By June 30, 2010, at least 1 publicly owned and at least 1 privately owned multi-unit housing complex located in Marion County will adopt a smokefree policy.</p>	<p><b>Jan 2010 update:</b></p> <ul style="list-style-type: none"> <li>• <i>A Salem Rental Housing Authority (HUD) property adopted a smokefree campus policy in September 2009</i></li> </ul>

	<ul style="list-style-type: none"> <li>• <i>Marion County Housing Authority (HUD) adopted a smokefree policy at the Edelweiss property in November 2008.</i></li> <li>• <i>Farmworkers Housing Development Corporation (privately owned) is in the process of adopting a smokefree campus policy for each of their buildings</i></li> </ul> <p><b>Update July 2010:</b></p> <ul style="list-style-type: none"> <li>• <i>Farmworkers Housing Development Corporation adopted a smokefree campus policy, effective 1/1/2010.</i></li> <li>• <i>Salem City Council passed a smokefree campus policy for all Salem Housing Authority properties in June 2010. Policy will be effective Sept. 2, 2010.</i></li> </ul>
<p>5. By June 30, 2010, Marion County Health Department will have responded to all complaints of violation of the Oregon Indoor Clean Air Act as required by law</p>	<p><b>Jan 2010 update:</b></p> <ul style="list-style-type: none"> <li>• <i>July - December 2009 -39 complaints. One business is in the citation phase.</i></li> </ul> <p><b>July 2010 update:</b></p> <ul style="list-style-type: none"> <li>• <i>41 complaints; Same business in the citation phase- business appealed citation.</i></li> </ul>
<p>6. By June 30, 2010, Marion County TPEP team will work collaboratively with the Marion County Healthy Communities team on meeting three smoke/tobacco-free policy objectives (smoke/tobacco-free health systems, community colleges, and multi-unit housing).</p>	<p><b>Jan 2010 update- ongoing</b></p> <ul style="list-style-type: none"> <li>• <i>The TPEP and Healthy Communities team have been working together on assisting agencies in developing and implementing tobacco-free policies. Progress notes are listed in the individual objectives above (objectives 2, 3, and 4).</i></li> </ul>
<p>7. By June 30, 2010, each Head Start located in Marion County will have a complete tobacco-free environment policy in place. These policies will include all of the elements required by the state mandate.</p>	<p><b>Jan 2010 update:</b></p> <ul style="list-style-type: none"> <li>• <i>Due to budget cuts, and subsequent decrease in TPEP staff time, this objective has been removed from the 2009-2010 workplan. All but one Head Start locations in Marion County had adopted a comprehensive tobacco-free policy as of October 2009.</i></li> </ul>
<p>7b. By June 30, 2010, Salem-Keizer school district will have a complete tobacco-free policy in place and at least 1 additional school will have increased their grade on their policy. These policies will include all of the elements required by state rule OAR 581-021-0110.</p>	<p><b>Jan 2010 update:</b></p> <ul style="list-style-type: none"> <li>• <i>Due to budget cuts, and subsequent decrease in TPEP staff time, this objective has been changed. The objective now only focuses on Salem Keizer School District (SKSD). SKSD has not yet adopted a tobacco-free policy; however, we have been informed that they are considering adopting a policy in March 2010.</i></li> </ul> <p><b>July 2010 update:</b></p> <ul style="list-style-type: none"> <li>• <i>SKSD did not adopt a tobacco-free policy.</i></li> </ul>
<p>8. By June 30, 2010, at least 1 planned community event in Marion County will adopt a smokefree policy</p>	<p><b>Jan 2010 update:</b></p> <ul style="list-style-type: none"> <li>• <i>A survey was completed at the Oregon State Fair to assess participants' support for a tobacco-free policy. 92% of respondents said that smoking should be allowed in designated</i></li> </ul>

	<p><i>smoking areas or nowhere on fair grounds. Survey results have been sent to the Oregon State Fair; discussions will take place in 2010.</i></p> <p><b>July 2010 update:</b></p> <ul style="list-style-type: none"> <li>• <i>State Fair decided to pilot “Smokefree in Kid Friendly areas” at the 2010 State Fair. They will also add 2 questions to their Fair Survey to assess support for a smokefree fair.</i></li> <li>• <i>Marion County Fair also decided to pilot “Smokefree in Kid Friendly areas” at the 2010 County Fair, with MCHD staff providing assistance with temporary signage.</i></li> <li>• <i>TPEP staff are providing technical assistance to Salem Councilwoman re tobacco/smokefree policies. Survey of Salem Chamber of Commerce members re acceptance of smokefree outdoors showed 83% feel it is very important that family friendly outdoor community events/places be smokefree. Staff providing technical assistance on development of smokefree parks ordinance.</i></li> </ul>
<p>9. By June 30, 2010, at least 3 tobacco retail shops in Marion County will decrease their tobacco storefront advertising by 25%.</p>	<p><b>Jan 2010 update:</b></p> <ul style="list-style-type: none"> <li>• <i>Due to budget cuts, and subsequent decrease in TPEP staff time, this objective has been removed from the 2009-2010 workplan.</i></li> </ul>

**Goal A.7:** 1) eliminate or reduce exposure to secondhand smoke, 2) counter pro-tobacco influence, 3) reduce youth access to tobacco, 4) promote quitting, 5) increase access to evidence-based chronic disease self-management programs, 6) increase physical activity opportunities, 7) increase availability of healthful foods, 8) decrease availability of unhealthy foods, 9) decrease advertising and promotion. Note: a report in the required format has been submitted to Oregon State Public Health under separate cover.

**Lead Program: Tobacco Prevention and Education/Healthy Communities**

OBJECTIVE	PROGRESS NOTE
<p>1. By June 30, 2010, develop a committee to coordinate and promote Stanford’s Living Well / Tomando Control program in Marion County.</p>	<p><b>Jan 2010 update:</b></p> <ul style="list-style-type: none"> <li>• A regional networking group, including Marion, Polk, and Yamhill counties, has been formed. The networking group meets on a quarterly basis. Standard agenda items have been set. Meetings were held on 6/22/2009 and 9-14/2009. The next meeting will be 1/11/2010.</li> </ul> <p><b>July 2010 update:</b></p> <ul style="list-style-type: none"> <li>• Meetings held 1/11/2010 and 4/19/2010. The next meeting is scheduled for 7/20/2010</li> <li>• A decision was made that the networking group would take on the role of coordination and promotion of the Living Well activities. Committee ensures that classes are administered to fidelity, coordinate class schedules, offers support, identifies gaps and duplicate classes.</li> </ul>
<p>2. By June 30, 2010, Government Departments of Marion County will adopt healthy food guidelines that recommend that foods of minimal nutritional value not be served at Marion County agency meetings and trainings.</p>	<p><b>Jan 2010 update:</b></p> <ul style="list-style-type: none"> <li>• Healthy food guidelines for meetings and events have been approved by the Board of Commissioners. A survey is being developed to assess staff support for these guidelines, and additional guidelines for vending machines.</li> </ul> <p><b>July 2010 update:</b></p> <ul style="list-style-type: none"> <li>• A survey was conducted to assess staff support for the guidelines and additional guidelines for vending machines. 86% agreed that healthy food choices should be available among the foods served at meetings, trainings, etc; and 87% agreed that healthy food choices should be available in vending machines</li> </ul>
<p>3. By June 30 2010, at least 1 child/family community venue, held in Marion County, will have a policy in place that states that they will offer at least 2 healthy food options at their concession stands.</p>	<p><b>Jan 2010 update:</b></p> <ul style="list-style-type: none"> <li>• City of Woodburn is in the process of adopting a policy that decreases the fee for vendor permits if a vendor agrees to follow the healthy food guidelines. The Kroc Center is also considering these guidelines.</li> </ul> <p><b>July 2010 update:</b></p> <ul style="list-style-type: none"> <li>• “Healthy Food Options” policy for City Park Vendors adopted includes a</li> </ul>

	<p><i>reduced permit fee if at least 4 healthy options are offered. An assessment tool has been developed to help determine the effectiveness of this policy. 2 vendors have agreed to offer healthy choices. The Kroc Center is still considering adopting these guidelines, but on hold for now.</i></p>
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## B. Parent and Child Health Services

### Goal B.1: Increase access to primary care for school-aged children

**Current Condition:** Healthcare access in Marion County is a problem for many. The number of primary care providers per 100,000 population in Marion County is 96.5, while in the state of Oregon the number is 111.9 per 100,000 population. The uninsured population in Marion County is also higher than the state average (16.9% as compared to a state average of 15.5%). It is much higher than the Oregon Benchmark of 8% for uninsured population. Accessing healthcare is very difficult whether clients have insurance or not. Dean Larsen of the Marion and Polk Medical Society estimates that in June 2008 there were probably no more than 8 or 10 doctors in Marion and Polk Counties combine who were taking new clients at any given time. Marion County residents are younger and poorer than residents of many other Oregon counties. Oregon School Based Health Centers (SBHC) provide school based primary care with a prevention focus to school aged children. Marion County has one certified school based health center at Hoover Elementary School. That SBHC is entering its third year of operation and serves to increase access to primary care for school aged children. In order to receive its annual state grant the SBHC must meet certification requirements every two years and must conduct required health assessments and physical exams that assure quality services. The SBHC has met the requirements; more requirements will be tied to funding in the future. The SBHC advisory committee is not owned by the community at this point as reflected by poor community membership and attendance of the advisory committee meetings.

#### Lead Program: School Based Health Center (SBHC)

OBJECTIVE	ACTIVITY	OUTCOME	OUTCOME MEASURE	PROGRESS NOTE
<p>Increase Community Support for School Based Health Centers</p> <p>Increase number of children served in School Based Health Center</p>	<p><u>Develop strong governance structure for SBHC</u></p> <p>Community meeting to develop understanding of composition of governance structure and where community members play a role.</p> <p>Community members and operational staff develop strong communication mechanism.</p>	<p>Parents, teachers, and key community members outside of health department staff, school officials, and Boys &amp; Girls Club managers attend committee meetings 90% of the time to review data, make recommendations for SBHC operations, and participate in activities including program planning, advocacy, fiscal planning, evaluation, and accountability.</p> <p>Community members and operational staff communicate</p>	<p>1. Community members attend 90% of meetings as evidenced by meeting roll call.</p> <p>2. Advisory committee recommendations and follow-up tracked and reported twice a year.</p> <p>3. Annual evaluation of satisfaction with process during last meeting of the</p>	<p><b>Jan 2010 update:</b> <i>H1N1 response required deferral of these objectives. Submitted United Way grant proposal 2009 – not awarded. Grant application to Physicians Choice organization is pending.</i></p> <p><b>July 2010 update:</b> <i>1 &amp; 2. Not enough community members to ensure measure. Only 3 regular community members.</i></p>

	<p><u>Marketing SBHC Services</u> Ready to go presentation developed and regularly updated</p> <p>Media plan developed.</p> <p><u>Secure funding</u> SBHC meets goals necessary to receive state funding.</p> <p>Grants written to support operational goals of SBHC.</p> <p>Conduct community fundraisers.</p>	<p>effectively to sustain and develop SBHC. Written work agreements between players.</p> <p>Staff and community members present information to community groups at least once a quarter. SBHC information is visible through local media.</p> <p>SBHC receives annual state funds and any additional funds that occur throughout the year.</p> <p>Funds secured.</p>	<p>school year.</p> <p>4. Track presentations.</p> <p>5. Track media plan follow through and report twice a year.</p> <p>6. Monitor clinic goals required by DHS Public Health.</p> <p>7. Track and report grants written and funds secured. Track and report fundraisers and funds secured.</p>	<p><i>3. Not completed due to small number of community members. Defined role of advisory committee and officers.</i></p> <p><i>4. PHN3 presented to City of Salem, Fostering Hope, and MCHD Health Advisory Board. Also served on planning committee and presented at NE Neighborhood Health Fair.</i></p> <p><i>5. SBHC website operational.</i></p> <p><i>6. SBHC met goals and was recertified as of January 2010.</i></p> <p><i>7. Received funding from Physicians Choice Foundation for Development Director, medications, and asthma supplies.</i></p>
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**Goal B.2: 1) WIC Staff will have the knowledge to provide quality nutrition education. 2) Nutrition Education offered will be appropriate to the clients' needs. 3) Improve the health outcomes of clients and staff in the local agency service delivery area. 4) Improve breastfeeding outcomes of clients and staff in the local agency service delivery area.**

Note: a more detailed report in the required format has been submitted to Oregon State Public Health WIC

**Lead Program: WIC**

OBJECTIVE	PROGRESS NOTE
<p><b>Nutrition Education offered will be appropriate to the clients' needs:</b></p> <p>Staff will be able to work with participants to select the food package that is the most appropriate for their individual needs.</p> <p>Supervisor and selected staff will successfully complete testing on the new State Participant Centered Education e-learning modules by 8/31/2010</p>	<p><b>Jan 2010 update:</b>  <i>All current WIC staff completed the New Food Package training module by December 31, 2009. Class lesson plans and materials were revised to include the new WIC food information for infants: Food from WIC at 7 months; Fruits and veggies instead of juice; Meats for fully breastfeeding babies. The presentation for pregnant women was revised to include the key nutrition messages: Breastfeeding is a gift of love; Focus on fruit; Vary your veggies; Make half your grains whole; Serve low-fat milk to adult.</i></p> <p><b>July 2010 update:</b>  <i>Staff continues to provide nutrition education to WIC participants and provide the correct food package for WIC participant's individual needs.</i></p>
<p><b>Nutrition Education offered will be appropriate to the clients' needs:</b></p> <p>Develop a plan for incorporating participant centered services in daily clinic activities.</p> <p>Selected staff will participate in state offered regional training on Group Participant Centered Education.</p>	<p><b>Jan 2010 update:</b>  <i>Core components of participant centered services that are consistently being used by most staff are; opening the conversation and using open-ended questions, listening more and talking less, and affirmations. These were the easiest to adopt because it seems to be a natural way to begin to engage with the client and it was the first concepts that were taught to the staff. Core components of participant centered services that are not being used consistently are reflecting, summarizing, and closing the conversation. Training is planned to improve staff skills.</i></p> <p><b>July 2010 update:</b>  <i>Oregon WIC Listens Trainings were given on 4/15/10, 5/20/10, 6/17/10. Staff was given OWL examples, role playing scenarios and staff individually demonstrated areas of expertise to show the concepts of opening the conversation, open ended questions, affirmations, reflecting, and summarizing.</i></p>
<p><b>Improve the health outcomes of clients and staff:</b></p> <p>Develop a plan to consistently promote the Key Nutrition Messages related to Fresh Choices thereby supporting the foundation for health and nutrition of all WIC families.</p>	<p><b>Jan 2010 update:</b>  <i>Presentations to Head Start, Marion County Health Services Grand Rounds, Great Beginnings, Building Blocks and Medical Providers about the new food package and the importance of the food package alignment</i></p>

	<p>with the “Dietary Guidelines for Americans” and the American Academy of Pediatrics. Components of the new WIC food package included increasing fruits, vegetables, whole grains and fiber, decreasing saturated fat and juices, and promote age appropriate infant feeding and support breastfeeding.</p> <p><b>July 2010 update:</b> All WIC Staff Trainings have included agenda items on Key Nutrition Messages, which assists our staff to gain knowledge and understanding of health and nutrition that benefits our staff personally and professionally, in addition to the staff conveying this information to our WIC families.</p>
<p><b>Improve breastfeeding outcomes of clients and staff :</b> Develop a plan to promote breastfeeding exclusivity and duration thereby supporting the foundation for health and nutrition of all WIC families.</p> <p>Incorporate evidence-based concepts learned at Group Participant Centered Education class into breastfeeding classes</p>	<p><b>Jan. 2010 update:</b> Used the Breastfeeding Assessment Worksheet to determine strengths and weaknesses of the MCHD Breastfeeding Program. <b>Strengths:</b> Marion County WIC Program staff are positive in their support for breastfeeding. The program has 6 credentialed Certified Lactation Educators and 2 IBCLCs who provide client services at local WIC offices. The program has 2 Breast Pump Stations, which has involved collaboration with Salem and Stayton Hospitals. Additionally, a Peer Counselor Program is a great support to the Marion County WIC Program, which provides education, support, and encouragement to WIC pregnant and breastfeeding moms. <b>Weaknesses:</b> Staff’s confidence and knowledge needs to be at a higher level to assist breastfeeding moms and babies in the clinic setting. Additionally, coordination methods to refer clients for breastfeeding assistance would be very helpful in order to increase breastfeeding rates and duration. There are only two staff that teach the prenatal breastfeeding classes. Marion County WIC Program staff would benefit from consistent all staff breastfeeding trainings.</p> <p><b>July 2010 update:</b> A breastfeeding component has been incorporated into every WIC staff training. A Breastfeeding Support Group has been implemented and WIC mom and baby dyads are referred into the group to receive assessment and breastfeeding assistance from an IBCLC. A new State WIC Peer Counselor Program model is being implemented and Peer Counselors will be in the clinic often and will provide breastfeeding assistance for WIC Peer Counselor participants.</p>
<p><b>Improve health and breastfeeding outcomes in the local agency service delivery area:</b></p>	<p><b>July 2010 update:</b> Staff from Head Start, Family Building Blocks Early Head Start, Marion</p>

<p>Invite community partners who provide nutrition education to attend a regional Group Participant Centered Education training, Fall 2010</p>	<p><i>Oregon Child Development Coalition, Easter Seals, Silverton Together, a Marion County Health Educator and the Director of Salem Hospital CHEC Center have been invited to the Group Participant Centered Education Training Sept. 14, 2010.</i></p>
<p><b>Staff have knowledge to provide quality nutrition education</b>  Train staff on breastfeeding support, nutrition education, Oregon WIC Listens skills, customer service and Infant Behavioral Cues</p>	<p><b>July 2010 update:</b>  <i>All WIC Staff Trainings have included in the agenda; breastfeeding and nutrition education, Oregon WIC Listens skills, customer service and Infant Behavioral Cues.</i></p>

**Goal B3: Protect the community from vaccine preventable diseases via childhood immunizations**

Note: a report in the required format has been submitted to Oregon State Public Health under separate cover.

**Lead Program: Immunizations**

OBJECTIVE	PROGRESS NOTE
A. Increase percentage of 24 month olds with 4 <sup>th</sup> DTaP to 68%	<p><b>Jan 2010 update:</b>  <i>Outreach projects have been delayed due to the 2009 H1N1 Flu Pandemic. Will begin outreach again spring of 2010.</i></p> <p><b>July 2010 update:</b>  <i>Rate was 66% in 2008, 71% in 2009, and 70% in 2010.</i></p>
B. Increase the UTD rate of teens for the Tdap vaccine	<p><b>Jan 2010 update:</b>  <i>Outreach projects have been delayed due to the 2009 H1N1 Flu Pandemic. Will begin outreach again spring of 2010.</i></p> <p><b>July 2010 update:</b>  <i>Still waiting for rate from the state. As of 3/1010 our 7<sup>th</sup> grade Tdap rate is 94% in school children. Outreach delayed due to H1N1.</i></p>
C. Provide AFIX exchange for Marion County VFC and/or non-VFC providers (i.e., Family practice, pediatric, OB/GYN, internal medicine, hospital and other vaccine-providing clinics)	<p><b>Jan 2010 update:</b>  <i>Outreach projects have been delayed due to the 2009 H1N1 Flu Pandemic. Will begin outreach again spring of 2010.</i></p> <p><b>July 2010 update:</b>  <i>Scheduled for August 4, 2010 AMIC meeting. Pre-event activities completed; schedule, site and catering set-up, state involved, AFIX assessment completed.</i></p>
D. Increase the number of ALERT participants in Marion County - *Private providers *Schools *Childcare settings	<p><b>Jan 2010 update:</b>  <i>Outreach projects have been delayed due to the 2009 H1N1 Flu Pandemic. Will begin outreach again spring of 2010.</i></p> <p><b>July 2010 update:</b>  <i>Outreach waiting for new IIS system to be in place.</i></p>

**Goal B.4: Marion County Early Childhood Nursing (ECN) services promote systems thinking.**

**Current Condition:** Public Health nurses in MCHD’s Early Childhood Nursing Services provide case management services to women and their families with infants and small children. Various funding streams assure that pregnant women, pregnant and parenting women with substance abuse issues, and children at risk for developmental delays receive services necessary to have the best outcomes for their pregnancies and for their young children. This effort serves many purposes, including assurance that these families have the healthcare they need and the resources to assure that infants are born healthy and are able to grow and develop appropriately. Marion County Health Department’s Early Childhood Nursing Services staff is only one entity providing in home services to this population. Others include Healthy Start, Head Start, Willamette Education Service District (Early Intervention), and Family Building Blocks. All home visiting program supervisors have participated in community meetings, including the Early Childhood Consortium and most recently Great Beginnings meetings. The supervisors have noted a need for direct service understanding of how each agency operates, to put names and faces together, and to develop a mechanism for strengthening their working relationship. The goal for this partnership is to assure that resources are used wisely, and that the greatest number of families and children receive services that assure healthy growth and development in this 0 to 5 year old population. All agencies are meeting March 4, 2009 to share data across programs that will lead to a better understanding of services as a framework for future planning.

**Lead Program:** Early Childhood Nursing

OBJECTIVE	ACTIVITY	OUTCOME	OUTCOME MEASURE	PROGRESS NOTE
Nurses are a part of a functional system of care.	<p><u>Great Beginnings Home Visiting Partnership</u></p> <p>Supervisor participates in planning meetings with other county agencies providing home visiting services.</p> <p>Compare data that each organization collects.</p> <p>Nurses attend community home visitor meetings.</p>	<p>Knowledge of other services and opportunities to plan jointly for collaborative efforts.</p> <p>Data driven community service plans.</p> <p>Shared knowledge and networking.</p>	<p>Meeting attendance and agendas tracked.</p> <p>Data driven community service plan is shared with HAB and agency staff by June 30, 2009.</p> <p>Record meeting attendance. Survey nurses re: ROI for meeting attendance.</p>	<p><b>Jan 2010 update:</b>  <i>Attended monthly Great Beginnings Meetings (8 of 12 meetings calendar year 2009). Participated in presentations to local pediatrician practice presentations about early childhood services for Marion County. Data shared in a summer meeting. One outcome is that Salem Hospital is presenting April 29, 2010 training for service providers to improve provider understanding of Pacific Islanders so service will be better and we will have a better chance of good outcomes for that service.</i></p>

				<p><i>No meetings since July 2009. Nurse will have opportunity to attend Pacific Islander training.</i></p> <p><b>July 2010 update:</b>  <i>Supervisor attended &gt;80% of Great Beginnings meetings. Salem Hospital presented Marshallese training and retains informational CDs in CHEC. Supervisor and two staff members attended. Supervisor participated in LAUNCH (Linking Actions for Unmet Needs in Children's Health) and presented info about services to pediatrician offices.</i></p>
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**Goal B.5: Reduce the teen pregnancy rate in Marion County**

**Current condition:** From 2004-2006 a total of 770 Marion County teen girls, ages 10-17 years got pregnant, resulting in 574 births. Seventy-nine percent (79%) of those births were fathered by male’s ages 20 years or older. Nationally as well as in Marion County, a significant number of the teen pregnancies are occurring among Latinas. Preliminary data for 2007 doesn’t show that rates for adolescent pregnancy are decreasing. Teen pregnancy is a risk factor for poverty and failure to complete high school and children born to teens are more likely to experience abuse or neglect, be placed in a foster home, be incarcerated as a teen or young adult, and to become teen parents themselves. Past approaches have been to provide abstinence only education in schools and birth control, with the primary focus on the female teen. Evidence has shown that abstinence only education delays but does not prevent teen sexual activity and there is increasing interest in considering males in prevention planning. Multiple factors contribute to teen pregnancy rates therefore any plan must be multi-faceted and involve multiple segments of the community rather than just schools and healthcare.

**Lead Program:** Public Health Administration

OBJECTIVE	ACTIVITY	OUTCOME	OUTCOME MEASURE	PROGRESS NOTE
Implement a community-based approach to teen pregnancy prevention in Marion County	<p>Gather information about best practices and causative factors</p> <p>Convene a group of concerned partners to discuss the issue and possible solutions.</p> <p>Recruit members of the Hispanic community to participate</p> <p>Recruit youth representation</p>	Develop a community-based action plan.	Plan developed by 1/1/2010	<p><b>Jan 2010 update:</b>  <i>Sub-committee of the Commission on Children and Families has been formed. Evidence shows that risk and protective factors for teen pregnancy are similar to those for teen violence, drug use, etc. Action plan includes focus groups spring 2010 to increase understanding of high number of pregnancies among Hispanic teens.</i></p> <p><b>July 2010 update:</b>  <i>Focus groups were held around the county to ask community members and youth about teen pregnancy. CC&amp;F Director and PH Director co-authored a teen pregnancy prevention grant for community collaboration in 6/2010.</i></p>

## C. Environmental Health

**Goal C.1 – Protect the health of residents and visitors to Marion County through inspections of licensed facilities and water systems as delegated by the State Health Division and required by Oregon law.**

**Current Condition:** Marion County has approximately 1400 licensed and contracted facilities to inspect and 186 public water systems to regulate. The inspectional frequency is set by delegation. Only registered environmental health specialists or registered environmental health specialist trainees may perform these inspections. In addition to the routine inspections, sanitarians are also required to conduct plan reviews, complaint investigations, and provide technical support for these facilities. Finally Environmental Health must provide emergency response to prevent or control outbreaks of foodborne, waterborne and vector borne diseases including investigation, implementation of control measures and enforcement of laws now and in times of natural or other disaster. Four new environmental health specialists have been hired within the last two years after many years of stable, experienced staff.

### Lead Program: Environmental Health

OBJECTIVE	ACTIVITY	OUTCOME	OUTCOME MEASURE	PROGRESS NOTE
<p>Inspect licensed facilities and water systems according to the inspection criteria and time lines required by Department of Human Services delegation.</p> <p>Includes: Restaurants, temporary food establishments, Traveler accommodations, Pools, spas and organizational camps</p>	<p>Inspect facilities &amp; water systems.</p> <p>Run semi-annual inspection reports to confirm that inspections were done on time</p> <p>Develop and implement standardized orientation plan for new environmental health specialists</p> <p>Document training of all environmental health specialists with emphasis on new staff</p>	<p>2009-2012 - 100 % of inspections required by contract with Department of Human Services will be completed on time</p> <p>New environmental health specialists will be trained in policies and procedures so they can function independently within six months of hire.</p>	<p># (%) of inspections completed on time</p> <p>Each July and January.</p> <p>At six months, new sanitarians provide four return demonstrations of appropriately conducted and documented inspections</p> <ul style="list-style-type: none"> <li>- Restaurant</li> <li>- Temporary food</li> <li>- Traveler accommodations</li> <li>- Pools/spas</li> <li>- Organizational camp</li> </ul>	<p><b>Jan 2010 update:</b> Jul-Dec 2009 <i>Restaurants 946/946</i> <i>Mobile Food Units – 153/153</i> <i>Hotels – 40/40</i> <i>Schools – 142/142</i> <i>Pools – 145/145 – 100%</i> <i>Spas – 40/40</i> <i>Recreational Parks – 24/24</i> <i>Organizational Camps – 6/13</i> <i>–Note: Some camps require inspection annually and some biannually.</i> <i>Water Systems – 20/38</i> <i>-Note 38 systems due for inspection 7/1/09-12/31/09</i></p> <p><i>New Sanitarian successfully completed training for the types of licensed facilities located in assigned geographical area.</i></p>

				<p><b>July 2010 update:</b>  <i>Developed standardized orientation plan for new staff.  100% of required inspections completed on time as of 6/30/2010:</i></p> <ul style="list-style-type: none"> <li><i>Restaurants - 868/868</i></li> <li><i>Mobile Food Units – 135/135</i></li> <li><i>Tourist Accommodations – 40/40</i></li> <li><i>Schools – 132/132</i></li> <li><i>Pools – 59/59</i></li> <li><i>Spas – 37/37</i></li> <li><i>Recreational Parks – 24/24</i></li> <li><i>Organizational Camps – 5/5</i></li> <li><i>Water Systems – 20/20</i></li> <li><i>Vending Facilities – 6/6</i></li> </ul>
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**Goal C.2 – Reduce the risk of childhood lead exposure in Marion County.**

**Current Condition:** Lead levels above >10µl/dl in children ages 0-5 years are reportable by law. The Environmental Health program is tasked with conducting an environmental investigation in these situations. Only four elevated levels were reported in Marion County in 2008. However, since it is uncertain how many providers perform routine or high-risk screening for childhood lead, it is difficult to determine the extent of the problem.

**Lead Program:** Environmental Health

OBJECTIVE	ACTIVITY	OUTCOME	OUTCOME MEASURE	PROGRESS NOTE
<p>Quantify the risk of childhood lead exposure in Marion County by:</p> <p>1. Assessing whether medical providers are screening children for blood-lead levels.</p> <p>2. Gathering information about the expected lead exposure risk for Marion County given the number of household dwellings built before 1950 and comparison with peer counties.</p>	<p>Develop and administer a survey for healthcare providers serving children 0-5 years to determine if and when they screen for elevated blood lead levels.</p> <p>Gather information about expected numbers of elevated levels based</p> <p>Analyze the data</p> <p>Create an outreach plan to provide information and technical assistance to the public and/or providers based on the results of the analysis</p>	<p>Develop and implement survey by 10/1/09</p> <p>Collect, review and analyze all data by 1/1/2010</p> <p>Develop plan for education and/or technical assistance by 3/1/2010</p>	<p># Providers surveyed</p> <p>#(%) Providers surveyed who screen routinely</p> <p>#(%) Providers surveyed who screen only for high risk situations</p> <p>Report of data and analysis</p> <p>Education/technical assistance plan developed</p>	<p><b>Jan 2010 update:</b> <i>These activities were deferred as the health educator assigned to this project was reassigned to H1N1 response.</i></p> <p><b>July 2010 update:</b> <i>49 providers surveyed. 43/45 screen for risk of lead exposure and/or test if child has risk of lead exposure. 11/45 routinely test.</i></p> <p><i>Developed informational packets that were mailed to participating providers.</i></p> <p><i>Developed lead webpage on MCHD website</i></p>

## D. Health Statistics

### Goal D.1 – Fetal deaths are accurately reported in Marion County.

**Current Condition:** Since January 1, 2008 fetal death reports have been submitted electronically, bypassing the County and going directly to the State. ORS 432.005 (5) defines fetal death as the death of a fetus that weighs 350 or more grams ( $\geq 350$  gm) or, when the weight is unknown, is over 20 weeks gestation. Without a system of review, it is unknown whether the fetal deaths reported through the electronic system actually meet the definition. It is necessary to establish a baseline.

#### Lead Program: Vital Statistics

OBJECTIVE	ACTIVITY	OUTCOME	OUTCOME MEASURE	PROGRESS NOTE
Assess whether the fetal deaths reported via the electronic system meet the definition of: Weight $\geq 350$ grams, or If weight unknown, is of greater than 20 weeks gestation. (COMPLETE)	By 12/31/2009 Review deaths reported electronically in 2008 to determine if they meet the definition for fetal death  By 2/28/2010 Prepare a report of the findings and share with Public Health Administration  By 3/31/2010 Create a plan for follow-up based on the findings	MCHD will quantify the proportion of reported fetal deaths (2008) that met the state's definition of fetal death.	# of reports reviewed # (%) accurate reports  Report prepared and presented  Plan revised	<b>Jan 2010 update:</b> <i>The review is in process.</i>  <b>July 2010 update:</b> <i>Jan-June: Reviewed 16 records. 5 records meet the above definition; 11 did not.</i>  <i>Report prepared 1/28/2010 and presented to PH division director.</i>  <i>Plan revised on 3/25/10/ No follow up needed. Health Statistics staff now only counting records that meet definition. COMPLETE</i>

## E. Information and Referral

### Goal E.1 – Marion County Health Department is a resource for health information and referral to persons who live and work in Marion County.

**Current Condition:** In addition to the information provided at client visits, Marion County Health Department provides information and referral to the community via phone, e-mail, newsletters, WebPages and health fairs. Trained reception staffs have phone numbers and other information about healthcare resources that can be provided to callers. Those needing more technical assistance either call, or are forwarded to the program most closely related to their need where they may speak with a nurse, health educator, environmental health specialist, the Health Officer, or other clinical staff. There is an e-mail link on the Health Department Internet home page. Administrative staff forward incoming mail to the appropriate program supervisor for follow-up. The Health Officer writes a quarterly newsletter on topics related to communicable disease, which is mailed to community healthcare partners. The Health Department web pages have been updated in the last year to be more attractive and user friendly. And Marion County participates in several health fairs each year. Interviews of the “man on the street” have shown that the average citizen doesn’t have a good understanding of what public health is, or what it does for the community. It’s only when something goes wrong, as in a foodborne outbreak that those involved become aware of the role of public health.

#### Lead Program: Public Health Administration

OBJECTIVE	ACTIVITY	OUTCOME	OUTCOME MEASURE	PROGRESS NOTE
Develop a media plan to inform and educate the public about the work/services available from the Health Department	<p>Work with County Public Information Officer to make a plan that is feasible given the local media market.</p> <p>Prioritize topics</p> <p>Prepare talking points for each topic</p>	Systematic provision of information, will result in increased public awareness of the role played by public health in protecting their health and safety	<p>Plan developed by 1/1/2010</p> <p>List of topics developed by 1/1/2010</p> <p>Draft talking points for each topic developed by 6/30/2010</p>	<p><b>Jan 2010 update:</b> <i>Media efforts have focused on H1N1 information to the public and the medical community.</i></p> <p><i>Activities:</i></p> <ul style="list-style-type: none"> <li>- 41 presentations on H1N1</li> <li>- 19 media releases</li> <li>- 10 alerts/updates to the medical community</li> <li>- Over 60,000 H1N1 posters and other materials distributed in community</li> </ul> <p><b>July 2010 update:</b> <i>Media releases on different topics were created by health educator; but not all were</i></p>

			<i>picked up by media. Health educators attended health fairs to promote Health Department.</i>
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**Goal E.2 – Marion County Health Department information and referral services are language appropriate**

**Current Condition:** 2006 US Census estimates show that about one in five Marion County residents is Latino. A large number of clients served by MCHD public health programs are Latino, and many do not speak English well. MCHD has made a commitment to hiring adequate bilingual-bicultural support staff that are usually the client’s first encounter when they enter or call the health department. Depending upon services provided, clinical programs either hire bilingual staff or use interpreters. In all programs, many written documents have been translated into Spanish and some into Russian. Some written materials, for example Vaccine Information Sheets are also available in other languages. The web page has been updated in English, but is not available in Spanish.

**Program Lead:** Public Health Administration

OBJECTIVE	ACTIVITY	OUTCOME	OUTCOME MEASURE	PROGRESS NOTE
Make the MCHD public health pages Spanish-friendly	<p>Convene workgroup to create implementation plan</p> <p>Create en español link on home internet page</p> <p>Link MCHD pages to primary (e.g. CDC) Spanish language sites</p> <p>Workgroup determines what else needs to be posted in Spanish</p>	Persons who prefer to read in Spanish will be able to access materials from the MCHD website	<p>en español link on main page</p> <p>#/Types of Spanish links and documents posted</p>	<p><b>Update Jan 2010:</b> <i>Completed assessment to determine which documents are needed in Spanish. Documents in development.</i></p> <p><b>Update July 2010:</b> <i>Spanish Translation Log created by health educator to systematically make MCHD public health pages Spanish-Friendly. EH websites have been translated. Other webpages still in process</i></p>

## F. Public Health Emergency Preparedness

### Goal F.1 Community partners and the public are informed or have access to information about the Marion County plan for Pandemic Influenza Response

**Current Situation:** Marion County Health Department has developed a plan for response during an influenza pandemic. Outreach activities have included education to the medical community, first responders, nursing homes and the business community. There is an ongoing need for outreach to community partners and the public to promote preparedness in general as well as provide education about infection control measures that can be taken to prevent spread of disease. Childcare providers serve a population that may be significant “vectors” of influenza in a pandemic. It is important that the providers understand basic rules of infection control as well as be prepared to deal with issues such as a power outage.

#### Lead Program: Emergency Preparedness

OBJECTIVE	ACTIVITY	OUTCOME	OUTCOME MEASURE	PROGRESS NOTE
Increase community preparedness for an influenza pandemic or other public health emergency by providing information and education to the childcare community (COMPLETE)	<p>Develop packet of information about emergency preparedness, and infection control measures for Pan Flu in childcare</p> <p>Develop presentation for childcare providers</p> <p>Contact local childcare resource agency and Chemeketa child care education program to offer presentation to their constituents</p>	<p>Childcare providers will receive:</p> <ul style="list-style-type: none"> <li>- packet of information on emergency preparedness</li> <li>- information about how to access more information and/or technical assistance</li> </ul> <p>Will have a presentation prepared for use with daycare providers</p>	<p>Packet of information for daycare providers developed.</p> <p>Post resources for daycare providers on the health department webpage</p> <p>Contact each of the large licensed day cares in Marion County by 6/30/2010</p> <p>Provide educational session to at least one group of day care providers</p>	<p><b>Jan 2010 update:</b></p> <p><i>Fall 2009 Submitted article on Pan Flu Safety to Child Care Information Services for their quarterly newsletter; Created an arm on MCHD Flu website for schools/ childcare/camps where resources are listed; Held meeting 10/1/09 for all child care providers in Marion County to discuss how their facility can respond to H1N1 flu; "Seasonal and H1N1 Flu: What you need to know" ran in the Oct/Nov. issue of Child Care Information Services newsletter. A tab on the MCHD Flu website was created titled "Schools/Childcare/Camps" and link provided info on what to do during a pandemic and other flu information. Called all child</i></p>

				<p><i>care providers on the MCHD school exclusion list to offer each facility a public service announcement DVD about proper hand washing and cough etiquette.</i></p> <p><b>July 2010 update:</b>  <i>191 DVDs were mailed January 12, 2010. COMPLETE</i></p>
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**G. Other Issues**

**Goal G.1: Residents of Marion County have access to dental care services.**

**Current situation:** The Marion County Community Health Status Assessment, 2008 identified that access to dental care is a problem for community residents. Marion County Health Department does not receive funding to provide dental services. As funds have been available, MCHD has worked with Northwest Medical Teams to bring dental vans into the community and has been able to provide a limited number of vouchers for acute dental care. Sustainability is an issue; therefore it is necessary to increase system capacity in a way that doesn't rely on funding from the health department.

**Program Lead:** Public Health Administration

OBJECTIVE	ACTIVITY	OUTCOME	OUTCOME MEASURE	PROGRESS NOTE
Increase capacity for charity dental care in Marion County (Complete)	<p>Meet with Dental Society to learn what measures are in effect</p> <p>Collaborate with Dental Society and local partners on a plan.</p>	<p>Will quantify current levels of charity care available in Marion County</p> <p>Will have plan to increase system capacity for charity care beyond current levels</p>	<p>Meeting with dental society by 1/1/2010</p> <p>Assessment of current levels of charity care completed</p> <p>Plan developed based on findings by 7/1/2010</p>	<p><b>Jan 2010 update:</b>  <i>Met with the Dental Society representative and learned that they maintain a list of local providers that are willing to see adults at reduced rates. There is no free care for adults. More resources are available for children and can be accessed through the dental society also.</i></p> <p><i>A list of resources was developed for use by</i></p>

				<p><i>support staff responding to requests for information and referral by the public.</i></p> <p><b>July 2010 update:</b>  <i>Contacted local dental resources and providers in Marion County to assess the need for Adult Dental Care.</i></p> <p><i>List of resources for support staff responding to requests for information and referral by the public developed in Spanish.</i></p>
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**Goal G.2: The Marion County Health Department meets the national standards for public health practice as defined by the Public Health Accreditation Board.**

**Current Condition:** With support from the Centers for Disease Control and the Robert Wood Johnson Foundation, The Public Health Accreditation Board (PHAB) is dedicated to improving the performance of public health. The PHAB has developed draft standards and measures that, when finalized will be used in a national voluntary accreditation process for local health departments. The accreditation program is intended to promote high performance and continuous quality improvement. Marion County Health Department Public Health Division proposes to use the draft standards to conduct a self-assessment for the purpose of identifying areas for improvement.

**Lead Program:** Public Health Administration

OBJECTIVE	ACTIVITY	OUTCOME	OUTCOME MEASURE	PROGRESS NOTE
Conduct a self-assessment of public health services using the Proposed Local Standards and Measures adopted by the Public Health Advisory Board January 15, 2009	<p>Conduct self-assessment for each of the domains listed in the new standards</p> <p>Compile report of areas for development</p>	MCHD will have a better understanding of how well the HD meets the new standards for local health departments	<p>Complete self-assessment</p> <p>Report of areas for improvement developed</p>	<p><b>Jan 2010 update:</b> <i>Completed self-assessment tool provided by OR Public Health Division. Tool identified areas for improvement. Tool helped identify gaps that need to be addressed prior to accreditation.</i></p> <p><b>July 2010 update:</b> <i>Began work on gathering supporting documentation. Health educator hired to assist in coordinating Accreditation activities in 6/2010.</i></p>

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

**Lead Program: Family Planning**

Problem Statement	Objective	Planned Activities	Evaluation	Progress Note
<p>Federal site review identified that program is out of compliance with Title X laws regulations and guidelines regarding education/outreach, and project promotion.</p>	<p>By 6/30/2010, increase clinic visits by 10% through the implementation of outreach to increase community awareness about MCHD family planning services</p>	<p>Compile packets of posters and brochures for distribution</p> <p>Develop list of potential sites/partners to visit</p> <p>Bilingual/bicultural health educator will visit at least 25 sites</p> <p>Participate in state FPEP media campaign survey</p> <p>Create tracking log for contacts and activities</p> <p>Share statistics with Team members</p>	<p>Review of clinic statistics and contact log at six month intervals (Dec and June)</p> <p>Survey results</p> <p>Partner feedback</p>	<p><b>Jan 2010 update:</b>  <i>Baseline clinic visit data: 7/1/08-12/31/08: Center St - 2417</i>  <i>Clinic visits 7/1/09 – 12/31/09: Center St - 2317</i>  <i>Data shows decrease in visits. This mirrors a statewide trend.</i>  <i>Bilingual/bicultural health educator visited 39 sites to provide info and distribute posters/pamphlets. Some sites received multiple visits</i>  <b>Participated in State FPEP media campaign survey</b></p> <p><b>July 2010 update:</b>  <i>Partnership developed with SKSD, all HS counselors and nurses receive brochures &amp; posters for distribution to students.</i>  <i>1494 clients were seen in Salem for 1/1/10- 6/30/10.</i>  <i>Involved in state media campaign by sharing resources, input @ state meetings with new state campaign; “Changing Misconception to</i></p>

				<i>Contraception”.</i>
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**Goal H.2: Assure ongoing access to a broad range of effective family planning methods and related preventive health services.**

Note: a more detailed report on the required form has been submitted to Oregon State Family Planning Program.

**Lead Program: Family Planning**

Problem Statement	Objective	Planned Activities	Evaluation	Progress Note												
<p>Chlamydia trachomatis (CT) is a sexually transmitted infection that may result in illness and infertility.</p> <p>Most recent data (2007) shows Chlamydia rates for Marion Co of 333/100,000 vs 263/100,000 for Oregon.</p> <p>Sexually active women under age 25 seen in the MCHD Family Planning program meet the State Infertility Prevention Project criteria for free CT testing, however in 2008 only 26.5% of eligible women were screened.</p>	<p>Calendar Year 2008 data</p> <table border="1" data-bbox="491 305 856 477"> <thead> <tr> <th>Age</th> <th># Clients served</th> <th># CT tests done</th> </tr> </thead> <tbody> <tr> <td>&lt;25yrs</td> <td>1224</td> <td>324 (26.5%)</td> </tr> </tbody> </table> <p>By 6/30/2010 increase to 40% the number of women under 25 who are screened for CT in the MCHD Family Planning program.</p>	Age	# Clients served	# CT tests done	<25yrs	1224	324 (26.5%)	<p>Provide information to staff about 2008 CT rates, Infertility Prevention Project criteria and benefits of CT testing</p> <p>Collect specimen for CT testing for all women &lt;25 who come to clinic for a nurse visit that includes a pregnancy test.</p> <p>Provide feedback about rates of testing to Team.</p>	<p>Reassess feasibility at 6 months</p> <p>Review and report data Dec and June</p> <p>Staff feedback</p>	<p><b>Jan 2010 update: Baseline data 7/1/08-12/31/08 – 636 clients &lt;25 7/1/2009-12/31/09 – 607 clients &lt;25</b></p> <p><i>8/2009 Staff meeting included information of IPP project and importance of testing Effective 9/2009 all clients &lt;25 that have a visit which includes a PG test are also being tested for CT Preliminary assessment shows new process for staff incorporated into clinic flow without difficulty</i></p> <p><b>July 2010 update:</b>  <i>All clients &lt;25 that have a visit which includes PG test are also being tested for CT. 215 of the total CT tests also had PG tests. Ahlers data for Jan-June 2010 indicates:</i></p> <table border="1" data-bbox="1619 1075 1963 1247"> <thead> <tr> <th>Age</th> <th># Clients served</th> <th># CT tests done</th> </tr> </thead> <tbody> <tr> <td>&lt;25yrs</td> <td>673</td> <td>287 (42.6%)</td> </tr> </tbody> </table> <p><i>New process for staff incorporated into clinic flow without difficulty.</i></p>	Age	# Clients served	# CT tests done	<25yrs	673	287 (42.6%)
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<25yrs	673	287 (42.6%)														
<p>Family Planning services are offered 5 days/wk in</p>	<p>Increase the number of appointments available and filled</p>	<p>Improve clinic flow to increase available</p>	<p>Monitor quarterly and fiscal year end reports</p>	<p><b>July 2010 update:</b>  <i>Information from Jan-June</i></p>												

<p>Salem and 1 day/wk in Woodburn. Only 8% of total patients served by MCHD are seen in the Woodburn office.</p>	<p>for FP services in the Wood burn clinic</p>	<p>appointments</p> <p>Identify community partners.</p> <p>Market services with poster and brochures beginning March 2010</p> <p>Train and utilize a public health aide (PHA) to increase nurse time for appointments</p>	<p>Monitor distribution of marketing materials on FP Outreach Spreadsheet</p> <p>Utilize PHA to assist with lab, BP, HT &amp; WT by June 2010</p> <p>Check computer scheduler quarterly for increase in appointment time slots</p>	<p><i>2010 indicates a to 2% increase in % of total clients served at the Woodburn office.</i></p> <p><i>Clinic brochures distributed to Woodburn area, documented on Outreach spreadsheet.</i></p> <p><i>PHA utilized in Woodburn office allowing appointment times for visits for NP to be q 30 minutes rather than q 45 minutes with an increase in of 5 additional appointments available</i></p>
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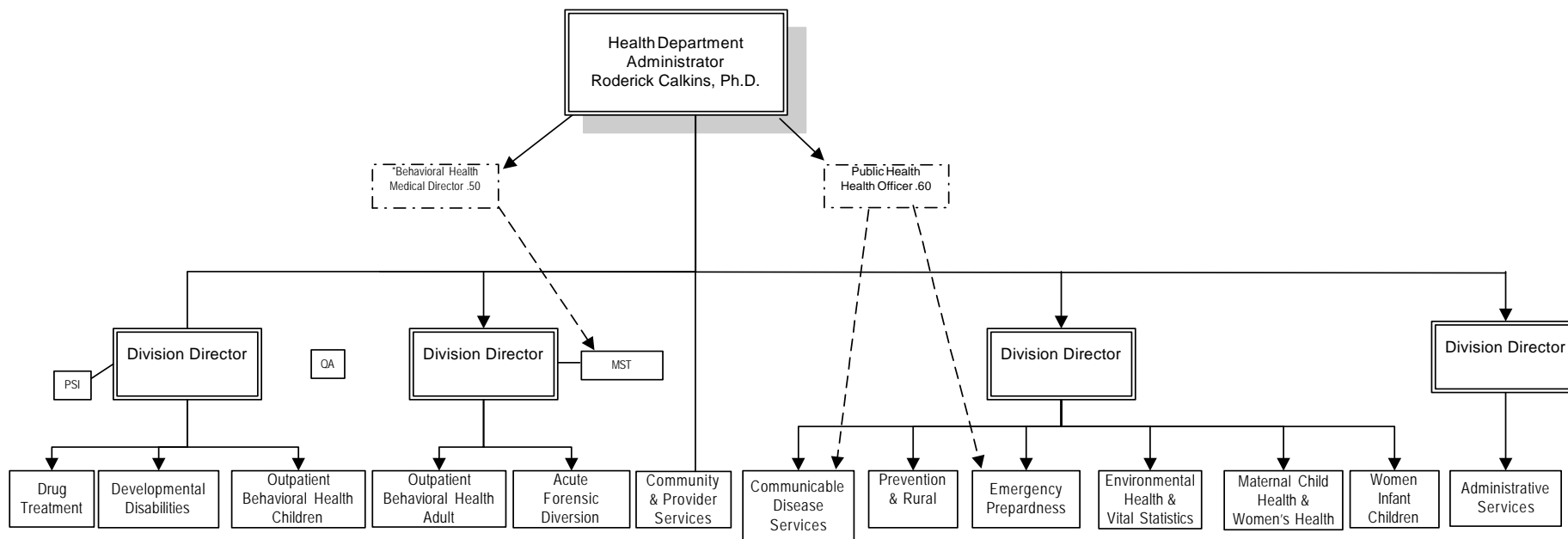
#### **IV. Additional Requirements**

Board of Health – In Marion County, the Board of Commissioners acts as the local public health authority/ board of health and approves the three year comprehensive plan for public health services, as well as annual updates to that plan. Responsibility for implementing the plan is delegated by the Board of Commissioners to the Health Department Administrator.

Health Advisory Board - The Marion County Health Department convenes a Health Advisory Board (HAB) of community members. Members are appointed by the Marion County Board of Commissioners. The Marion County Health Advisory Board meets every 3rd Tuesday of the month except during July and August at 5:30 p.m. in the second floor conference rooms (2AB) of the Health Department, 3180 Center Street NE in Salem, Oregon. More information about the HAB may be found at <http://www.co.marion.or.us/HLT/hab.htm>

**A. Organizational**

**Chart**



## **B. Senate Bill 555**

**Senate Bill 555:** The Marion County Children and Families Commission (CFC) and MCHD are active partners. The MCHD Health Administrator is a member of the Children and Families Commission Executive Committee and MCHD management contribute to a variety of CFC subcommittees. The Health Department participated actively in the development of the “Six Year Plan for Improving Outcomes for Marion County Children and Families, Jan 2008”. The Plan’s executive summary states that the “plan began with the Marion County Children and Families Commission’s existing strategic plan and build upon it by drawing on the plans and priorities of other partners.” The planning process included a review of issues, gaps, barriers and focus areas brought to the table by a variety of stakeholders and community groups. Twenty key community issues were identified, seven of which are specifically related to health or mental health care. The final document includes five focus areas with outcomes to measure for the next six years. Access to and availability of health care services is the health-related focus area.

The Six Year Plan for Improving Outcomes for Marion County Children and Families, Jan 2008 may be found at: <http://www.co.marion.or.us/CFC/>

## **V. Unmet needs**

The unmet needs of Marion County fall into the categories of funding for basic public health services. For example, there are so many cases of Chlamydia in Marion County, it’s impossible for the one State Disease Intervention Specialist located at MCHD, but shared with several other counties, to follow up on all the contacts to each case. A second example is Family Planning services. Many of the women who qualify for the subsidized care under the Family Planning Expansion Project (FPEP) are being seen at other community clinics, while those who don’t qualify come to MCHD for services. Title X funds do not cover this need and at the same time require that no one be turned away due to inability to pay. All-hazard preparedness, while not a core service is an on-going need. Work continues on the development and testing of coordinated plans with community partners as well as on efforts to inform the public, yet funding doesn’t support these activities at the level needed to ensure Marion County is prepared for any disaster. Perhaps the other major unmet need is lack of coverage for basic healthcare and dental. The survey of residents conducted in 2008 as part of the Community Health Status Assessment showed that access to healthcare continues to be a significant concern.

## VI. Budget

### Budget Contact for Marion County Health Department:

**Name: Gerri Ball, Financial Supervisor**

**Phone: (503) 585-4901**

The location of the budget (once adopted) will be [www.co.marion.or.us/BOC/budget](http://www.co.marion.or.us/BOC/budget)

## 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?

### 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. (These are now submitted electronically)
25. Yes  No \_\_\_ To preserve the confidentiality and security of non-public abstracts, all vital records and all accompanying documents are maintained.
26. Yes  No \_\_\_ Certified copies of registered birth and death certificates are issued within one working day of request.
27. Yes  No \_\_\_ Vital statistics data, as reported by the Center for Health Statistics, are reviewed annually by local health departments to review accuracy and support ongoing community assessment activities.
28. Yes  No \_\_\_ A system to obtain reports of deaths of public health significance is in place.
29. Yes  No \_\_\_ Deaths of public health significance are reported to the local health department by the medical examiner and are investigated by the health department.

30. Yes  No \_\_\_ Health department administration and county medical examiner review collaborative efforts at least annually.
31. Yes  No \_\_\_ Staff is knowledgeable of and has participated in the development of the county's emergency plan.
32. Yes  No \_\_\_ Written policies and procedures exist to guide staff in responding to an emergency.
33. Yes  No \_\_\_ Staff participate periodically in emergency preparedness exercises and upgrade response plans accordingly.
34. Yes  No \_\_\_ Written policies and procedures exist to guide staff and volunteers in maintaining appropriate confidentiality standards.
35. Yes  No \_\_\_ Confidentiality training is included in new employee orientation. Staff includes: employees, both permanent and temporary, volunteers, translators, and any other party in contact with clients, services or information. Staff sign confidentiality statements when hired and at least annually thereafter.
36. Yes  No \_\_\_ A Client Grievance Procedure is in place with resultant staff training and input to assure that there is a mechanism to address client and staff concerns.

### **Control of Communicable Diseases**

37. Yes  No \_\_\_ There is a mechanism for reporting communicable disease cases to the health department.
38. Yes  No \_\_\_ Investigations of reportable conditions and communicable disease cases are conducted, control measures are carried out, investigation report forms are completed and submitted in the manner and time frame specified for the particular disease in the Oregon Communicable Disease Guidelines.
39. Yes  No \_\_\_ Feedback regarding the outcome of the investigation is provided to the reporting health care provider for each reportable condition or communicable disease case received.
40. Yes  No \_\_\_ Access to prevention, diagnosis, and treatment services for reportable communicable diseases is assured when relevant to protecting the health of the public.
41. Yes  No \_\_\_ There is an ongoing/demonstrated effort by the local health department to maintain and/or increase timely reporting of reportable communicable diseases and conditions.
42. Yes  No \_\_\_ There is a mechanism for reporting and following up on zoonotic diseases to the local health department.
43. Yes  No \_\_\_ A system exists for the surveillance and analysis of the incidence and prevalence of communicable diseases.

44. Yes  No \_\_\_ Annual reviews and analysis are conducted of five year averages of incidence rates reported in the Communicable Disease Statistical Summary, and evaluation of data are used for future program planning.
45. Yes  No \_\_\_ Immunizations for human target populations are available within the local health department jurisdiction.
46. Yes  No \_\_\_ Rabies immunizations for animal target populations are available within the local health department jurisdiction.

### **Environmental Health**

47. Yes  No \_\_\_ Food service facilities are licensed and inspected as required by Chapter 333 Division 12.
48. Yes  No \_\_\_ Training is available for food service managers and personnel in the proper methods of storing, preparing, and serving food.
49. Yes  No \_\_\_ Training in first aid for choking is available for food service workers.
50. Yes  No \_\_\_ Public education regarding food borne illness and the importance of reporting suspected food borne illness is provided.
51. Yes  No \_\_\_ Each drinking water system conducts water quality monitoring and maintains testing frequencies based on the size and classification of system.
52. Yes  No \_\_\_ Each drinking water system is monitored for compliance with applicable standards based on system size, type, and epidemiological risk.
53. Yes  No \_\_\_ Compliance assistance is provided to public water systems that violate requirements.
54. Yes  No \_\_\_ All drinking water systems that violate maximum contaminant levels are investigated and appropriate actions taken.
55. Yes  No \_\_\_ A written plan exists for responding to emergencies involving public water systems.
56. Yes  No \_\_\_ Information for developing a safe water supply is available to people using on-site individual wells and springs.
57. Yes  No \_\_\_ A program exists to monitor, issue permits, and inspect on-site sewage disposal systems. (This function is performed by Marion County Building Inspection Department.)
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. (This function is performed by Marion County Public Works, Solid Waste)
62. Yes  No \_\_\_ Indoor clean air complaints in licensed facilities are investigated.
63. Yes  No \_\_\_ Environmental contamination potentially impacting public health or the environment is investigated.
64. Yes  No \_\_\_ The health and safety of the public is being protected through hazardous incidence investigation and response. (This function is performed by Oregon Department of Environmental Quality).
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 \_\_\_ N/A Older Adult Health
  - e. Yes \_\_\_ No \_\_\_ N/A Corrections Health
75. Yes  No \_\_\_ Clients identified at nutritional risk are provided with or referred for appropriate interventions.
76. Yes  No \_\_\_ Culturally and linguistically appropriate nutritional education and promotion materials and methods are integrated within programs.
77. Yes  No \_\_\_ Local health department supports continuing education and training of staff to provide effective nutritional education.

### **Older Adult Health**

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

### **Parent and Child Health**

82. Yes  No \_\_\_ Perinatal care is provided directly or by referral.
83. Yes  No \_\_\_ Immunizations are provided for infants, children, adolescents and adults either directly or by referral.
84. Yes  No \_\_\_ Comprehensive family planning services are provided directly or by referral.
85. Yes  No \_\_\_ Services for the early detection and follow up of abnormal growth, development and other health problems of infants and children are provided directly or by referral.

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

### **Primary Health Care**

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

### **Cultural Competency**

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

102. Yes  No  The local health department assures that program activities reflect operation plans for provision of culturally and linguistically appropriate services.

## Health Department Personnel Qualifications

### Local health department Health Administrator minimum qualifications:

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

Answer the following questions:

Administrator name: Roderick P Calkins, PhD

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

- a. Yes X 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.**

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

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

\_\_\_\_\_  
Local Public Health Authority                      County                      Date

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

\_\_\_\_\_  
Local Public Health Authority                      County                      Date

MARION COUNTY BOARD OF COMMISSIONERS

\_\_\_\_\_  
Chair

\_\_\_\_\_  
Commissioner

\_\_\_\_\_  
Commissioner

\_\_\_\_\_  
Date

