

I. EXECUTIVE SUMMARY

The Benton County Health Department is progressing well with some significant administrative, managerial, and programmatic advances. In addition to instituting the OCHIN management practice computer system, in the past year we have overhauled our clinical client interface system and are moving toward electronic medical records (expected to be active in 2006).

Population-based primary prevention remains a key element of public health services in Benton County. For example, tobacco prevention services were sustained through the state funding hiatus using county funds, maintained outreach to Latinos, drug & alcohol prevention has integrated both between community and mental health programming, teen pregnancy prevention programming has been significantly strengthened with the award of a \$2½ million, 5-year male involvement grant.

Utilizing the Mobilizing for Action through Planning and Partnerships (MAPP) from NACCHO, BCHD will complete a county public health assessment and plan this year. The intention is to help facilitate the Benton County community and our operating partners to prioritize public health issues and identify resources for addressing them.

Core services remain strong in Benton County. During the summer of 2003, our community was threatened by two cases of measles brought in by participants in an Oregon State University program. The successful response to that challenge was largely the result of community preparedness planning for SARS conducted during the prior five months. BCHD is partnering with the Linn County Health Department and Samaritan Health Services to identify, screen, and link all pregnant women to needed services. Inadequate service resources, particularly in the area of assistance for depression, remain challenging, but the collaborative is making progress.

In December 2003, BCHD resubmitted an application for funding as a Federally Qualified Health Center. A decision of award is expected before the end of April 2004. BCHD is the lead applicant and will, if successful, manage the grant and the clinical services. If successful, physical, mental, and dental patient care is expected to commence by September.

In addition to expanding safety net services for primary physical, mental and dental health, establishment of the FQHC will assure the sustainability of many public health programs aimed at both primary and secondary preventive health.

II. ASSESSMENT

ADEQUACY OF BASIC SERVICES

Introduction

Benton County has the youngest median age in the state at 31.1 years. Children comprise 21.3% of the population. The total population includes a rapidly growing number of Hispanics estimated at 4.7% of the County population, almost doubling from 1990 to 2000. Over 19,000 students attend Oregon State University. Many of these students are not included in the local census figures.

While the median family income of Benton County at \$41,897 exceeds that of the State, about 14.6% of the Benton County population lives below the poverty level. Corvallis families below poverty rose by 29% in the last decade, more than twice the countywide rate, and the percent of Corvallis individuals below poverty rose by 13.5% in the last decade (2000 Census).

During FY 2002-03, over 60% of Benton County Health Department clients reported that they had no health insurance coverage, over 30% reported having public medical assistance as the primary insurance coverage, and less than 10% reported having private insurance as primary coverage.

According to a 500 call telephone survey conducted by Benton County United Way in late 2002, almost 60% of County residents surveyed listed lack of affordable healthcare as the #1 health concern in their community. Another 51% surveyed stated that affordable dental care is a problem. Local health indicators also demonstrate evidence of problems involving late prenatal care, high rates of infant mortality, child death and deaths due to myocardial infarction, suicide attempts among minors, substance abuse, and low immunization rates.

Community leaders estimate that there are hundreds of individuals and families doubling up in houses, living in vehicles, and residing in parks and forests. A survey in November 2000 identified about 110 homeless persons who were living in shelters in the County. Eighty-nine children per month in Benton County seek refuge in a homeless shelter.

CD, Food-Borne Illness Reports, Incidence of Fecal-Oral Transmission of Disease, and Adequacy of Services

The CD staff has actively encouraged increased reporting through meetings with providers, giving feedback at the end of an investigation, and educational presentations. We have increased outreach to long-term care facilities and schools and have developed local "Health Alerts" which are faxed to local clinics, the hospital, and alternative health care providers.

When CD staff responds to a report of a suspected food-borne outbreak, the Health Department's capacity to handle this plus other day-to-day activities is surpassed quickly.

Update: EH staff responded to 46 requests to investigate complaints of food-borne illness and one illness investigation request regarding drinking water. Of the 46, three were confirmed as food-borne illness outbreaks. Information is gathered from the complainant and entered into a database that can then be retrieved at a later date.

Parent and Child Health Services

The MCH program of Benton County consists of Oregon Mother's Care and the Prenatal Program for clients ineligible for OHP, Maternity Case Management, Babies First, Cacoon, and consultation to the Benton County Healthy Start program.

Oregon Mothers Care and Prenatal Program

Management of The Prenatal Program has been moved to Maternal Child Health. In January 2003, The Oregon Mother's Care program was initiated in Benton County and incorporated into the present Prenatal Program. The Benton County Prenatal Program serves clients who have an income less than 185% of poverty, are not eligible for OHD, and do not have health insurance. Clients will be initially seen by a Family Nurse Practitioner at the Health Department and later transferred to one of the OB or Family Practice physicians.

A Health Aid (.4 FTE) and a Family Nurse Practitioner (.2 FTE) provide the services in the OMC/Prenatal Program. The Health Aide also provides the translation services for the client at the clinic visits with the Family Nurse Practitioner. This program has already seen more clients this year after three quarters compared to all the previous years. We anticipate that the need for this program will grow in the present difficult economic times.

Update: Currently a Health Aid (.4 FTE) screens clients for financial eligibility for both the OMC and Prenatal Program and connects them with a physician for their prenatal care. This program has connected 40

women for prenatal care, an increase of an additional 25% from the previous year. We anticipate that the need for this program will continue to grow in the present difficult economic times.

- Maternity Case Management

Maternity Case Management (MCM) is a home visiting program that Benton County has prioritized for pregnant teens and is provided by a Maternal Child Home visiting nurse.

Update: Additionally, we have been seeing pregnant women with either drug and alcohol or mental health problems.

- Babies First and Cocoon

The Babies First (BF) and Cocoon program targets high-risk children. This includes the medically fragile children in the Cocoon program. Approximately 50 clients are case managed through MCM, BF, and Cocoon.

- Healthy Start

The MCH nurses provide nursing consultation to Healthy Start paraprofessionals who provide home visiting parent support.

WIC

The Women, Infant, and Children program (WIC) provides nutrition education and food vouchers to low-income, pregnant women. ACIST mental health clinicians provide counseling and parenting information to families in their home or clinical settings.

Update: See current Nutrition Plan (Appendix A at the end of this section).

Safety Net Review

The designated Safety Net Provider in Benton County will review the cases that have not risen to the level of DHS/Child Welfare Services. These clients will be visited and an appropriate program will be developed to meet the family's goal.

2004-05 Update: No changes or updates.

MDT and Child Fatality Review

The MCH Program Manager and Health Administrator help review and design plans for prevention of child abuse in Benton County. Training for Mandatory Reporters is the responsibility of the MDT. There has been training at the local churches for Mandatory Reporters in the clergy sector.

2004-05 Update: The annual Child Fatality Review is chaired by the Benton County Prosecuting Attorney and includes representatives from the bi-weekly Child Violence Response Team as well as the BCHD. This

group is moving toward a greater population-based approach and “psychological post-mortems” for suicide cases for future reviews.

Collection and Reporting of Health Statistics

In addition to the medical records staff that maintains compliance with mandates on vital statistics, BCHD is fortunate to employ a half-time epidemiologist. BCHD currently has a fairly strong capacity to collect, track, and analyze health statistics. In addition to programmatic staff, BCHD has a close working relationship with many members of the OSU faculty in Public Health, Social Work, Nutrition, and many other fields.

The current data analysis capability will be improved with the activation of a fully integrated medical information system.

2004-05 Update: OCHIN system capacity is increasing rapidly. Additionally, BCHD is activating the Multnomah County CD database and has refilled our previously vacant 0.5 FTE Epidemiologist position.

Health Information and Referral Services

The Benton County Health Department provides information and referral services on the following: Housing, medical and dental care, insurance assistance, community resources, and social services. This information and referral services are in alignment with OAR 333-014-0050. In addition, an Information and Referral directory is updated and printed annually which provides a comprehensive guide to health and human services in Benton and Linn counties. As of 2003, this community resource directory is available on line.

2004-05 Update: Management and oversight of the BCHD I&R functions has transitioned to the Administrative and Business Services Division where it is now integrated as part of the overall public access/reception team. The printed I&R directory has been discontinued, but BCHD is supplying licenses to access Oregon GOODS website to Health Department staff and community partners. Intake screening for partner benefits has been assumed by a local non-profit partner.

Environmental Health Services

Environmental Health Services includes inspection, licensure, consultation and complaint investigation of food services, tourist facilities, institutions, public swimming and spa pools, and regulation of water supplies, solid waste, and on-site sewage disposal systems. Based on the triennial review for 2003, Environmental Health has adequate staff and has met State assurances for inspection frequency and quality of inspections.

2004-05 Update: No changes or updates.

Dental Services

Forty-two dentists work in Benton County. No dentists offer a sliding fee scale and few take Medicaid. Low income and uninsured people have difficulty accessing the private dentists, because their caseloads are already filled with insured and private-pay clients. An estimated, 7,000 low-income County people in the service area are in need of urgent and ongoing dental care. The loss of Oregon Health Plan Medicaid standard package dental coverage in March 2003 has increased the need for alternative dental services.

Community Outreach, Inc., a nonprofit organization established in 1971, arranges limited dental services through a monthly dental van and through the Linn Benton Community College Dental Assistant training facility. In the past year, they served about 650 dental users.

2004-05 Update: If BCHD is successful in this round of FQHC application, we will be able to provide direct dental services for indigent clients through contract arrangements with at least two area dentists.

Emergency Preparedness

BCHD completed a full revision of its Emergency Annex in 2002. All BCHD administrators and managers have completed Incident Command training. A 24/7 on-call system has been established between BCHD and the regional 911-dispatch center.

For bioterrorism preparedness, a Benton County BT health-planning group was organized in October 2001 in response to the anthrax attacks. This group was re-organized in May 2002 and since then has held monthly bioterrorism preparedness meetings. Organizations actively involved in this group include: Benton County Health Department, Benton County Sheriff's Office / Emergency Management, Good Samaritan Hospital, Corvallis Clinic, Corvallis Family Medicine, OSU Student Health Service, OSU Environmental Health and Safety Officer, OSU Security, Corvallis Fire Department, Corvallis Police Department, Corvallis School District 509J, Hewlett Packard Emergency Management Department, and Red Cross.

BCHD coordinates closely with the Benton County Sheriff's Office Emergency Manager and currently has emergency MOUs with three surrounding counties, OSU, Good Samaritan Health Services, and American Red Cross. BCHD is negotiating additional MOUs with Hewlett-Packard, Benton County Airport, and Corvallis School District.

2004-05 Update: BCHD remains active in both state and regional public health preparedness activities. BCHD coordination with OSU, Samaritan Health Services, Hewlett Packard, and other local partners remains strong. In coordination with the Sheriff's office, all neighboring counties are working on completing new all-services Mutual Aid agreements.

Health Promotion and Disease Prevention

The Benton County Health Department has a comprehensive Health Promotion/Disease Prevention Team and a Public Health Internship Program. The mission of the Health Promotion/Disease Prevention Team is to provide public health prevention equitably and professionally to all people in Benton County by engaging the community in planning, policymaking, implementing, and evaluating health prevention and promotion programs. The team's program areas include: Latino Health Outreach, HIV Prevention and Ryan White Case Management, Adolescent Sexual Health, Tobacco Prevention, Substance Abuse Prevention, Breast and Cervical Cancer Prevention, Epidemiology, and Chronic Disease Prevention. Programs utilize primary and secondary prevention strategies and are population-based.

Update: The Health Promotion and Disease Prevention program now includes a Public Health Internship Program.

Laboratory Services

The Health Department has a CLIA Waived laboratory license. We have a contract with a Lab Director who reviews all lab policy & procedures and provides orientation, required competency training, and annual updates. The staff is current in required competencies.

Medical Examiner

BCHD and the Benton County Health Officer have a very strong relationship with the other departments of County government. This includes the office of the Benton County Prosecuting Attorney, Scott Heiser, who oversees the functions of the Medical Examiner and Deputy ME's.

Although the BCHD has infrequent need to directly interact with the ME, our assurances related to vital statistics, child fatality review, communicable disease control, and Medical Officer supervision occasionally create the necessity for communication. To date, the existing channels have worked without difficulty.

2004-05 Update: No changes to above.

Older Adult Healthcare

Senior citizens (aged 65 and older) comprise 10.3% of the County population. The group aged 75-84 years grew 43% and the 85 and older group grew 47% in the past decade. Priority issues for Seniors include transportation, housing, health and wellness (particularly chronic disease prevention and control), loneliness and isolation, long-term care, and unemployment and finances.

The leading causes of death in Benton County reflect the health conditions that are found in the elderly: Diseases of the heart, malignant neoplasms, and cardiovascular disease. Transportation and financial barriers prevent early, proper screening and treatment for these conditions.

2004-05 Update: A comprehensive assessment of current health services for Seniors – both preventive and curative – as well as social support systems will be an integral part of our MAPP community assessment process.

We recognize that the “demographic bulge” is an indicator of a number of impending challenges to public health. We hope that through the MAPP process we can better understand the coming challenges and position ourselves to respond to increased needs of an aging population in the coming decade.

Primary Healthcare

BCHD is currently one of the primary providers of healthcare for low/no income and Medicaid persons. Many Hispanics use the Health Department services rather than other local healthcare providers, because the Department promotes health services among this population, Spanish language services, and culturally appropriate care. Although only 4.7% of County residents are Hispanic, in 200, 13% of the Department clients were Hispanic.

Oregon State University operates a limited primary care clinic during weekday business hours when school is in session. This clinic serves only OSU registered students.

Community Outreach, Inc., a nonprofit organization established in 1971, offers volunteer-staffed medical services on a \$5 fee basis. COI does not accept clients who have Medicaid or any other insurance.

One community-based Rural Health Clinic is located in Alsea, about 25 miles southwest of Corvallis. This medical clinic sees Medicaid/Medicare clients but does not offer services on a sliding scale for the uninsured.

2004-05 Update: In December 2003, BCHD resubmitted an application for funding as a Federally Qualified Health Center. A decision of award is expected before the end of April 2004. BCHD is the lead applicant and will, if successful, manage the grant and the clinical services. If successful, physical, mental, and dental patient care is expected to commence by September. In addition to expanding safety net services for primary physical, mental, and dental health, establishment of the FQHC will assure the sustainability of many public health programs aimed at both primary and secondary preventive health.

Shellfish Sanitation

Benton County does not have a shellfish sanitation inspection program. This activity is currently being regulated by the Oregon Department of Agriculture.

V. UNMET NEEDS

The list of unmet public health needs in Benton County can be divided into two parts: Those which are occurring as a result of recent budgetary factors, and those which have never been appropriately addressed.

Tobacco Prevention

See Section III, Tobacco Prevention Plan.

Services to Special Populations Including Minorities

Reductions in OHP coverage continue to affect the poorest and most disenfranchised portions of the population disproportionately. The Benton County population includes a rapidly growing number of Hispanics estimated at 4.7% (a percentage which has almost doubled from 1990 to 2000). However the percent of Hispanics may be higher since the number of Hispanics was underestimated in the 2000 census because of literacy and language barriers and fears about revealing their immigration status. About 5,450 migrant and seasonal farm workers, who are primarily Hispanic, have been identified in the County.

Most of the Hispanic men are documented, but many have brought undocumented family members to the community. Many are employed in agriculture sectors that provide few or no employment benefits. The combination of poverty, geographic and cultural isolation, language and cultural barriers, and substandard living conditions put Hispanics at very high risk for poor health. The outcome of these risks is evidenced in poor nutrition, oral health problems, high rates of cardiovascular disease, and chronic diseases as elsewhere in the

Country. Furthermore, the many barriers to obtaining services, including dental and mental health services, often result in waiting until health problems have become severe to seek care, making treatment more complicated.

An additional healthcare access issue in Benton County is that of Asian and other minority group members. Oregon State University is home to over 1,000 international students, many from Asian/Pacific and Middle Eastern nations. While most OSU students buy private insurance and can access services at the OSU Student Health Services, these services are limited to OSU students. A significant number of foreign students bring family with them, and these family members are often without insurance and hence without a primary health provider. Asian and Middle Eastern clients make up such a large part of Benton County Health Department's WIC enrollment that last year we translated our WIC nutrition educational information into Arabic. Multiple Chinese dialects and Korean are possible areas of service provision concern, also.

2004-05 Update: Bi (and multi) lingual and cultural staff are increasingly recruited for BCHD positions. Additionally, our new single reception system helps to provide a “no wrong door” approach to client services, reduce stigmatization, and improve program integration.

Services to the Elderly

Senior citizens (aged 65 and older) comprise 10.3% of the service area. The 75-84 age group grew 43%, and the 85 and older age group grew 47% in the past decade. These trends will generate additional special health care needs for Seniors, particularly in the small rural and isolated communities. Priority issues for Seniors include transportation, housing, health and wellness (particularly chronic disease prevention & control), loneliness and isolation, long-term care, and unemployment and finances. The lack of public transportation in the rural areas and other access issues make this group at risk for untreated health problems. An increasing number of Benton County's elderly are becoming homebound and, thus, may not be accessing primary healthcare or receiving effective prevention education.

In the coming year, BCHD hopes to collaborate with Senior Services and OSU to do a needs assessment around health issues facing our aging population.

2004-05 Update: A comprehensive assessment of current health services for Seniors – both preventive and curative – as well as social support systems will be an integral part of our MAPP community assessment process.

We recognize that the “demographic bulge” is an indicator of a number of impending challenges to public health. We hope that through the MAPP process we can better understand the coming challenges and position ourselves to respond to increased needs of an aging population in the coming decade.

Dental Services

Dental services are inadequate to serve the County population. Oregon Oral Health Profile shows that only 67% of the Oregon population visited the dentist in the past year vs. 67.9% in the US. Forty-two dentists work in Benton County. No dentists offer a sliding fee scale and few take Medicaid. Low income and uninsured people have difficulty accessing the private dentists because their caseloads are already filled with insured and private pay clients.

An estimated 7,000 low income County people in the service area are in need of urgent and ongoing dental care. The loss of Oregon Health Plan Medicaid standard package dental coverage in March 2003 will increase the need for dental providers who will serve the target population.

2004-05 Update: In December 2003, BCHD resubmitted an application for funding as a Federally Qualified Health Center. A decision of award is expected before the end of April 2004. BCHD is the lead applicant and will, if successful, manage the grant and the clinical services. If successful, physical, mental, and dental patient care is expected to commence by September.

Other

At present, injury prevention is uncoordinated in Benton County. Police departments, fire departments, schools, and community service organizations undertake pieces of effective injury prevention activities, but most of these efforts do not reinforce one another, and few even refer to drug and alcohol prevention, transportation safety, or mental health issues.

A priority of BCHD is to locate sustainable funding to employ an injury prevention specialist sited within our Health Promotion program. Such a program could model itself after alcohol and drug prevention. In addition to specific injury prevention curriculum offerings, this would help coordinate effective and consistent messages to address a wide variety of problems, which contribute to injury-causing behaviors. These include alcohol and drug use, mental health, tobacco use, maternal and child health and safety, harm reduction, transportation safety, and many more.

2004-05 Update: No resources for implementation of a comprehensive injury prevention program have yet been identified. Conservation of exiting services has been the priority.

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.
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. (Annual confidentiality statement signing in development)
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, or more frequently based on epidemiological risk.

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

64. Yes No The health and safety of the public is being protected through hazardous incidence investigation and response.
65. Yes No Emergency environmental health and sanitation are provided to include safe drinking water, sewage disposal, food preparation, solid waste disposal, sanitation at shelters, and vector control.
66. Yes No All license fees collected by the Local Public Health Authority under ORS 624, 446, and 448 are set and used by the LPHA as required by ORS 624, 446, and 448. (Added per G.S. request, not in program indicators)

Health Education and Health Promotion

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

Nutrition

73. Yes No Local health department reviews population data to promote appropriate nutritional services.
74. The following health department programs include an assessment of nutritional status:
- a. Yes No WIC
 - b. Yes No Family Planning
 - c. Yes No Parent and Child Health

- d. Yes No Older Adult Health
- e. Yes No Corrections Health (**Note: Corrections health is under the Sheriff's Office, not the Health Department in Benton County**)

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.

46. Older Adult Health

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

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

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

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

Parent and Child Health

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

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

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

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

Primary Health Care

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

98. Yes No The local health department advocates for data collection and analysis for development of population based prevention strategies.

Cultural Competency

99. Yes No The local health department develops and maintains a current demographic and cultural profile of the community to identify needs and interventions.

100. Yes No The local health department develops, implements and promotes a written plan that outlines clear goals, policies and operational plans for provision of culturally and linguistically appropriate services.

101. Yes No The local health department assures that advisory groups reflect the population to be served.

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

Health Department Personnel Qualifications

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

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

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

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

AND

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

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

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

OR

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

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

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

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.

Tom Eversole

Benton County

April 30, 2004

Local Public Health Authority

County

Date