

# **AGENCY REVIEW**

## **Lincoln County** **Public Health**

**December, 2017**

**Prepared by**  
**Oregon Health Authority**  
**Public Health Division**

**Kim La Croix, MPH, RD**  
**Local Health Department Consultant**



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Office of the State Public Health Director

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March 12, 2018

Mr. Terry Thompson, Chair  
Lincoln County Board of Commissioners  
225 West Olive Street, Room 110  
Newport, Oregon 97365

Dear Chair Thompson:

The triennial onsite agency review was conducted for Lincoln County Public Health in December 2017. The Oregon Health Authority Public Health Division reviewed county public health programs for compliance with state and federal public health laws and compliance with the Financial Assistance Agreement.

The review included the appraisal of items in 18 program areas, listed below. Program areas with compliance findings are indicated with an asterisk.

Administration	Immunizations*
Babies First! and Perinatal*	Nurse Family Partnership
Civil Rights	Reproductive Health*
Communicable Disease	Sexually Transmitted Infections
Drinking Water Services	Tobacco Prevention & Education
Fiscal*	Tuberculosis
Food, Pool Lodging Health & Safety	Vital Records
Health Officer	Women Infants and Children (WIC)*
Health Security, Preparedness and Response	WIC Farm Direct Nutrition Program

An overview report is enclosed which includes a list of the specific compliance findings, descriptions of programs and areas of strength identified throughout the review. We urge you to review the document as it contains important information about your public health programs and their requirements.

Please note that the results of this triennial review are very good. Our team is working closely with Lincoln County Health and Human Services Department Director and Local Public Health Administrator, Rebecca Austen, to resolve all the findings.

A full report will be sent to Rebecca Austen. We think the report will be of assistance to your public health staff in their continuing efforts to provide quality public health services to your community.

Our office will contact Rebecca Austen to schedule a time to meet with you to go over findings and answer any questions. We leave it to the local Board of Commissioners if this meeting of the Local Public Health Authority occurs with one or more of the commissioners present.

Overall, agency reviewers find Lincoln County Public Health to be composed of a committed team of professionals who deliver quality public health services to your community. The citizens of Lincoln County are very fortunate to have this agency providing comprehensive public health services.

We thank you for assuring that all compliance findings are resolved and for your support for the strong public health work Lincoln County is providing to its community.

Sincerely,



Danna Drum  
Strategic Partnerships Lead



Kim La Croix  
Local Health Department Consultant

Enclosures

cc: Bill Hall, Lincoln County Commissioner  
Doug Hunt, Lincoln County Commissioner  
Rebecca Austen, Health and Human Services Department Director and Local Public Health  
Administrator, Lincoln County Public Health  
Nicole Fields, Lincoln County Public Health Division Director



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March 12, 2018

## **Lincoln County Public Health Triennial Review Report**

This is an overview report of the December 2017 triennial review of the Lincoln County Public Health Department. This report is a summary of individual reports from participating programs compiled by the Oregon Health Authority (OHA) Office of the State Public Health Director. Detailed individual reports will be sent to Rebecca Austen, Lincoln County Health and Human Services Director and Local Public Health Administrator. We urge you to review this document as it contains important information about your public health programs and their requirements.

Lincoln County Department of Health and Human Services received \$409,272.50 Federal Funds including \$222,140 for the WIC Program for fiscal year 2017. The Department also received \$278,662.50 from State General Fund Support and \$120,522 Other Funds for the same period.

**Report Prepared by:** Kimberly La Croix, Local Health Department Consultant, Office of the State Public Health Director

## **COMPLIANCE FINDINGS SUMMARY**

### **Administration**

The LPHA is in compliance with all program requirements

### **Babies First! And Perinatal**

The LPHA must do the following to comply with all program requirements:

1. As a provider of Medicaid services, Lincoln County must comply with the Targeted Case Management (TCM) billing policy and codes in OAR 410-138-0000 through 410-139-0390, specifically OAR 410-130-0020 which lists the current State TCM Programs.
  - Parents as Teachers (PAT) clients, who have been formerly closed in Babies First!, must remain enrolled in Babies First! program services during their referral and participation in the PAT program to allow for

RN Case Manager oversight and sign-off of PAT workers' activities that are a part of the Babies First! program requirements for TCM billing.

DUE DATE TO COMPLY: 5/31/2018

**Civil Rights**

The LPHA is in compliance with all program requirements.

**Communicable Disease**

The LPHA is in compliance with all program requirements.

**Drinking Water**

The LPHA is in compliance with all program requirements.

**Fiscal**

The LPHA must do the following to comply with all program requirements:

1. Comply with OMBA A-133 Subpart B- Reporting and Audit Compliance which requires quarterly revenue and expense reports for all programs receiving federal and state funding. The report must identify program revenue which includes client fees, including self pay and donations, as well as third party reimbursements for all billable programs.
  - Update the Lincoln Health and Human Services internal control procedure to outline an adequate review process that will ensure accuracy of the reports submitted to OHA.
  - Submit amended Revenue and Expenditure report

DUE DATE TO COMPLY: 4/23/18

2. Base Family Planning/Title X charges and fees consistent with Federal Guidelines, Section 6.3: 45 CFR 59.5 –Section 8: Cost analysis of services is conducted and updated every two years.
  - Prepare and submit Cost Analysis of services update for current year.
  - Provide procedure document that will put in place a mechanism to ensure the Cost Analysis of services is updated every two years per Federal Guideline.

DUE DATE TO COMPLY: 4/23/18

### **Food, Pool and Lodging Health & Safety**

The LPHA is in compliance with all program requirements.

### **Health Officer**

The LPHA is in compliance with all program requirements.

### **Health Security Preparedness and Response**

The LPHA is in compliance with all program requirements.

### **Immunizations**

1. LPHA must submit vaccine orders according to their tier assigned by Oregon Immunization Program (OIP).  
RESOLVED: 12/5/2017
2. LPHA must work with birthing hospital when administration of the birth dose of hepatitis B vaccine drops below 80%.  
DUE DATE TO COMPLY: 5/5/2018
3. LPHA must meet the following performance measures:
  - Achieve accounting excellence in all LPHA-operated clinics in the most recent quarter.  
DUE DATE TO COMPLY: 5/5/2018

### **Nurse Family Partnership**

The LPHA is in compliance with all program requirements.

### **Reproductive Health**

The LPHA must ensure the following Title X requirements are complied with:

1. Title X requirement 9.6
  - a) Clinical services must follow the national standard of care cited in clinical protocols.  
DUE DATE TO COMPLY: 3/14/2018
2. Title X requirement 13.2
  - a) Written plans for medical emergencies:
    - i. Shock

- ii. Respiratory Difficulty
- iii. Cardiac arrest with inclusion of the AED
- iv. Hemorrhage

DUE DATE TO COMPLY: 3/14/2018

### **Sexually Transmitted Disease (STD) Prevention**

The LPHA is in compliance with all program requirements.

### **Tobacco Prevention & Education Program**

The LPHA is in compliance with all program requirements.

### **Tuberculosis (TB)**

The LPHA is in compliance with all program requirements.

### **Vital Records**

The LPHA is in compliance with all program requirements.

### **Women Infants & Children (WIC) Program**

1. Assure that a registered dietitian is available to provide services to high risk participants including individual counseling, development of nutrition care plans and approval of medical documentation forms. (Policy 661, 830 and 765) *This is a repeat finding from 2015.*  
RESOLVED: November 2017
2. Assure that a program self-evaluation is completed during years when a local agency review is not conducted by the state. (Policy 215)  
RESOLVED: April 2017
3. Assure that “No Proof” forms are completed when eligibility pending is identified. (Policy 616)  
RESOLVED: April 2017
4. Assure that timeframes for children’s hemoglobin testing are met. (Policy 625)  
RESOLVED: May 2017
5. Assure that high risk participants are referred to the registered dietitian. (Policy 661)

RESOLVED: April 2017

6. Assure that homeless facilities are informed of requirements for benefit use when WIC participants are in residence at their facility and retain documentation of this contact. (Policy 655)

RESOLVED: March 2017

7. Assure that all staff paid directly with WIC funds complete a quarterly time study. (Policy 316)

RESOLVED: May 2017

### **WIC Farm Direct Nutrition Program (FDNP)**

The LPHA is in compliance with all program requirements.

## **PROGRAM OVERVIEW AND STRENGTHS**

### **Administration and Civil Rights**

Lincoln County Public Health (LCPH) provides an array of public health services, including WIC, Communicable Disease Prevention and Investigation, Environmental Health, Maternal and Child Health, Reproductive Health, Vital Records and Tobacco Prevention programs.

For the past five years, Rebecca Austen has served as Public Health Division Director of the Lincoln County Health & Human Services Department. Recently, she was promoted to the Health and Human Services Director and Local Public Health Administrator. She is passionate about her duty to ensure all people in Lincoln County live, work, play and learn in communities that support health and optimal quality of life.

Rebecca is an experienced director who has helped build a stable, innovative and well-respected local public health department in the five years she has been leading the organization.

Rebecca has been instrumental in quality improvement initiatives including guiding the charge for Lincoln County Public Health accreditation and updating county policies as a member of the Lincoln County Policies and Procedures workgroup.



Most notably, Rebecca has transformed the Lincoln County Health Promotion department. She has grown the department from one employee to five employees with one manager. The department's portfolio includes the Tobacco Prevention and Education Program (TPEP), Alcohol and Drug Prevention and Education Program (ADPEP,) chronic disease prevention and self-management, mental health first aide and prevention, and recent grant awards for early HIV intervention and public health modernization. Based on the findings from the public health modernization assessment, Lincoln County has invested county general fund dollars for chronic disease prevention to further support and enhance this critical work.

Lincoln County has been a statewide leader in regional health work with Benton, Linn and Lane counties. Some successful cross-jurisdictional programs include mental health promotion, the Prescription Drug Overdose Program (PDOP), Family Connects Maternal Child Health programs and multiple projects with the Coordinated Care Organization, IHN. The relationship between Lincoln County Public Health and IHN is a model for community clinical linkages in Oregon and nationally. For example, IHN and LCPH worked collaboratively to monitor and treat a patient with non-pulmonary tuberculosis (TB) as well as to share the financial burden for this extremely time intensive and costly disease.

#### Challenges:

Although the health promotion program infrastructure has significantly increased during Rebecca's tenure its future may be compromised due to a reliance on grant funding. The lack of sustainable funding reduces the impact the program can have on promoting and protecting the health of the citizens of Lincoln County.

Other challenges LCPH experiences include clinical staff recruitment, leadership development for nurses, grant writing burden for multiple funding streams and surge capacity for communicable disease, especially complex TB cases.

With Rebecca at the helm, LCPH is well-positioned to implement a modernized public health system and continue exceptional service to the residents of Lincoln County.

#### **Babies First & Perinatal**

Lincoln County Home Visiting programs demonstrate a quality level of home visiting program delivery and activity. Lincoln County continues to be a leading county for implementing and maintaining collaborative relationships with other local service agencies, with a goal of providing services and programs that best serve Lincoln County families.

With strong leadership and vision provided by the Maternal and Child Health (MCH) Home Visiting Nursing Supervisor, Shelley Paeth, the agency is continually working to develop effective ways to support the needs of MCH families. The following is a summary of strengths and noted compliance finding.

Program Strengths include:

- Quality level of nursing expertise regarding program implementation.
- All Nurse Home Visitors are WIC Certifiers.
- Excellent community collaboration and partnerships established and ongoing for program referral for Nurse Family Partnership, Maternity Case Management, Babies First! and CaCoon programs.
- Agency has a consistent record of data collection and submission to the State for Babies First and Perinatal data.
- Agency is currently updating client record documentation software to EPIC/OCHIN. Agency has utilized OMAHA/Nightingale Notes since 2011.
- Excellent rapport and collaboration noted between Nurse Supervisor, Shelly Paeth and Home Visiting staff members.
- Excellent program support provided by Mary Edwards and Lori Comstock.

### **Communicable Disease**

The Communicable disease program is responsible for investigation and control of communicable conditions. The program identifies risk factors and provides education to prevent disease transmission. The program also is responsible for outbreak investigations and recommending control measures to prevent the spread of disease. From November 2014 through November 2017 there were 444 reports of communicable disease and 24 outbreaks.

The staff work collaboratively with their colleagues in environmental health and at OHA to follow up on cases and reported outbreaks. Staff are experienced in communicable disease and are dedicated to the prevention and control of disease in

their community. They are committed to improving the timeliness and completeness of case and contact interviews.

Recommendations for improvement include:

- Increasing timeliness for case and contact interviews, and completion of investigations.
- Completing control measures reports for long term care facility norovirus outbreaks and use the case log to determine the most likely mode of transmission.

### **Drinking Water**

The drinking water program provides services to public water systems that result in reduced health risk and increased compliance with drinking water monitoring and maximum contaminant level requirements. The drinking water program reduces the incidence and risk of waterborne disease and exposure of the public to hazardous substances potentially present in drinking water supplies. Services provided through the drinking water program include investigation of occurrences of waterborne illness, drinking water contamination events, response to spills, emergencies, and inspection of water system facilities. Drinking water program reports data to OHA, Drinking Water Services (DWS) necessary for program management and to meet federal Environmental Protection Agency (EPA) Safe Drinking Water Act program requirements.

Water system files were reviewed and found to demonstrate superb documentation of work performed. The Drinking Water Program is in the hands of very a competent and professional environmental health specialist. It is well organized and operated, and works cooperatively with state Drinking Water Program staff to help assure safe drinking water for the 49 water systems it supervises.

Recommendations for improvement include:

- Contact Reports – Use the new contact report form for future contact reports and follow up on survey deficiencies.
- Emergency Response Plan – Consider adding state DWS contact list to the plan

### **Fiscal**

LCPH has sufficient internal controls to adequately safeguard assets, to detect and prevent errors in a timely manner. The operation is organized and efficient with commitment to quality, fairness and accuracy.

### **Food, Pool and Lodging Health and Safety**

Lincoln County Public Health staff are doing an excellent job of providing environmental health services to the community. The Environmental Health Supervisor is experienced and highly capable to oversee these programs. Inspection rates in all programs are excellent with the exception of the Recreation Park Program. The average inspection rate for the Recreation Parks Program falls slightly below the compliance level of 90%. Due to staffing changes EH was short an FTE in 2016. Now with a full staff, the 2017 numbers (Jan.-June) indicate a 100% inspection completion rate in this program. Therefore it is not considered a compliance finding.

In addition, the licensed facility inspection reports have good documentation, proper follow-up as required, and are very well organized.

Amy Chapman has been state standardized and satisfactory completion and maintenance of the standardization process complies with the field review portion of the triennial review. Field staff have either applied for standardization training or have met all the elements of an interactive inspection and exhibit good communication skills with the operator and employees of the food service facility.

### **Health Officer**

Dr. Long is the Lincoln County Health Officer. The health officer is responsible to the local public health administrator for the medical and paramedical aspects of the public health programs administered by the local public health administrator. He also provides primary care, internal medicine and cares for patients of Samaritan Pacific Communities Hospital and provides corrections health care for the Lincoln County Jail. He has extensive training in all aspects of adult medicine.

Dr. Long communicates frequently with Rebecca Austen. He participates in committees for infectious disease and preparedness and is a strong asset to LCPH.

### **Health Security, Preparedness and Response**

The Lincoln County Public Health Emergency Preparedness (PHEP) program is managed by Ms. Jenny Demaris, out of the Lincoln County Sheriff's Office. Ms.

Demaris also serves as the Lincoln County Emergency Manager. Rebecca Austen works with Ms. Demaris to ensure the Lincoln County PHEP program requirements are carried out. Lincoln County PHEP is currently undergoing a review process with Lincoln County Emergency Management to strengthen its response capabilities, including staff and partner trainings.

Lincoln County PHEP works collaboratively with local, regional, state, and federal partners on planning, exercises, trainings, and responses. Ms. Demaris plans strategically and also considers how the work being done in Lincoln County can benefit partners outside of Lincoln County, such as the Region 2 Healthcare Coalition and other LPHAs in Oregon, and frequently shares findings and work. Lincoln County Public Health has made great strides in updating their Medical Countermeasures plan as well as training and exercising staff to operate a Point of Dispensing.

Several recommendations for improvement were discussed to further strengthen the work being done locally.

- Review the wording and placement of the public health 24/7/365 phone number to increase its usability for providers during an emergency. Some ideas discussed were changing the font/color of the font to make it more noticeable, putting a box around it, make the wording more explicit that the number can be called at any time. Ms. Austen suggested working with the Health Educators to find the best solution because the Health Educators regularly work on the website content.
- Review their current process and abilities to translate press releases into Spanish and distributing translated materials. From discussion, there appears to be some internal capabilities that can be adapted to fit needs during a public health emergency.

### **Immunizations**

LCPH provides essential immunization services to Lincoln County residents within the clinic and through numerous outreach activities across the community. The small immunization team does incredible work with limited resources. LCPH works closely with nearby private clinics, the FQHC sites, and other public health programs to offer services.

LCPH staff have a great deal of knowledge around immunizations and are extremely dedicated to providing the best immunization services possible. LCPH has taken it upon themselves to spend considerable time and effort to improve their kindergarten exemption rate. Over the past few years, there has been a steady decrease in kindergarten exemptions. LCPH has also initiated work with the largest pediatric medical provider in the country to assist them in better serving their patients. LCPH has also recently partnered with three other counties on an immunization quality improvement project as part of public health modernization.

Staff may benefit from investing time in improving their billing structure. An updated thorough cost analysis to determine fees charged to clients should help cover LPHA costs.

### **Nurse Family Partnership**

Nurse-Family Partnership® (NFP) is an evidence-based, community health program that serves low-income women pregnant with their first child. Each vulnerable new mom is partnered with a registered nurse early in her pregnancy and receives ongoing nurse home visits. It is a life-transforming partnership, for the mom and her child. Nurse-Family Partnership helps families—and the communities they live in—become stronger while saving money for state, local and federal governments.

NURSE-FAMILY PARTNERSHIP GOALS 1. Improve pregnancy outcomes by helping women engage in good preventive health practices, including thorough prenatal care from their healthcare providers, improving their diets, and reducing their use of cigarettes, alcohol and illegal substances; 2. Improve child health and development by helping parents provide responsible and competent care; and 3. Improve the economic self-sufficiency of the family by helping parents develop a vision for their own future, plan future pregnancies, continue their education and find work.

Since beginning the NFP program in July 2012, the Lincoln County NFP team has served 230 clients. This team is an excellent demonstration of high quality evidence based programming in a rural community. Over the past year the number of client visits have increased by 30% despite flat staffing levels.

Program strengths include:

- Highly productive team, demonstrating significant increase (30%) in the number of visits completed.
- Currently exceeding national saturation expectations. The Lincoln County NFP team provides services to nearly double the number of families that the National Service Office replication equation predicts would be likely.
- Program saturation is a strength that stretches beyond the NFP program. Through universal outreach and MCH services in FY 2016-17 they reached 82% of all first births in their community.
- Client cumulative retention during pregnancy is 88%, above state and national averages
- Immunization data are at or above state and national averaged at all assessment points, ranging from 91% to 100% up to date for age of enrolled children
- Child development screening with the ASQ & ASQ-SE tools is at or above state and national averages for all assessment ages.
- Subsequent pregnancies at 6 months (2%) and 12 months (8%) are at or below state and national averages.
- Team members contribute to national clinical committees as well as serve to help promote Infant Mental Health Endorsement in their rural community. These contributions are promoting excellence in and beyond their community.
- Strong, productive relationships with their medical and social service providers. 55% of their referrals to NFP are from local medical providers. This data reflects the strong relationships that have been forged. These relationships take a tremendous amount of time and skill.

A recommendation for improvement includes integration of the Nurse-Family Partnership *Home Visit Form* into practice.

## **Reproductive Health**

Reproductive health services are provided in Lincoln County through Lincoln County Health and Human services. There are two primary clinics and four school based health centers that offer family planning services to any individual who want and need these services. Clinical services with counseling and education is provided along with a broad range of contraceptive methods.

Lincoln County Health and Human Services is a Federally QHealth Center (FQHC) where they provide clinical services through a team model. Clients are seen through a team comprised of medical assistants, registered nurses, nurse practitioners; which promotes continuity of care when accessing primary care or reproductive health services.

The reproductive health staff provide reproductive health services, including dispensing of birth control methods, at their School Based Health Centers and participate in their Youth Advisory Committee.

### **Sexually Transmitted Disease (STD) Prevention**

Lincoln County Health and Human Services provides STD services out of its location in Newport. The county also works closely with two federally qualified health centers and four school-based health centers to ensure STD services are available throughout the county. The county experienced an outbreak of early syphilis in 2015 with 10 cases identified after averaging between 0-2 cases annually for the previous twenty years. Thanks to thorough and wide-ranging STD prevention and control efforts undertaken by staff, the outbreak subsided in 2016 and 2017. The county has also not experienced the increase in gonorrhea cases seen in many parts of the state including nearby counties.

The reviewer was impressed by program management and staff, their clear commitment to continuous quality improvement activities through their STD program, and their collaborative relationships with other partners in the county including FQHCs and the Lincoln County jail, in order to prevent and reduce the spread of STDs. The program did an excellent job managing their syphilis outbreak in 2015 and is to be commended for their strategic use of communications to inform the community and partners of the outbreak (newspaper, collateral/educational materials). Also impressive are the robust and well-targeted condom distribution efforts they have in place throughout the county.

### **Tobacco Prevention & Education Program (TPEP)**



Lincoln County TPEP continues advancing evidence-based strategies to reduce the negative economic and health impacts of tobacco on the community. The program takes a comprehensive approach that includes developing community and health systems partnerships, creating tobacco-free environments, countering pro-tobacco influences, promoting quitting of tobacco among adults and youth, and reducing the burden of tobacco and chronic disease. Lincoln County has fulfilled all responsibilities related to local enforcement of the Oregon Indoor Clean Air Act, including responding to complaints of violation.

Knowledgeable staff with active support from administrators to pursue best practices are a foundation for the success of the Lincoln County program. In addition, staff are sensitive to community norms as they advocate to protect the health of individuals and families in Lincoln County. The program continues to find avenues and partners to support tobacco-free environments in government and nongovernmental settings.

Lincoln County TPEP is also aware of popular information channels in communities, and staff makes use of no- and low-cost media to reach local audiences. Staff also develops and maintains positive relationships with community leaders and organizations, including health systems partners, to leverage resources and coordinate for collective impact.

In the period covered by this Triennial Review, Lincoln County has successfully shifted its cessation strategies from a primary focus on information dissemination to a more robust approach that includes health systems partners. TPEP staff has worked with these partners to enhance screening, referrals, training, and the use of electronic health records to better and more collaboratively address tobacco addiction and treatment.

Lincoln TPEP has also enhanced its communications strategy, using radio shows and earned media to disseminate health promotion messages. With new internal social media policies, the staff is using social media and is coordinating with other health promotion, chronic disease prevention, and substance abuse prevention programs.

It is recommended to promote, support, and advance tobacco retail licensure as an evidence-based tool for Lincoln County to protect its residents and businesses from the negative health and economic impacts of tobacco.

### **Tuberculosis**

A case of tuberculosis (TB) disease is diagnosed in Lincoln County every few years. Lincoln County also evaluates B waiver immigrants

Staff are still learning about tuberculosis, but apply good problem-solving skills when new situations are encountered and ask questions. The approach to managing TB cases is thoughtful.

A recommendation for improvement is to update the TB Control Plan.

### **Vital Records**

Lincoln County was the county of birth for 372 infants last year and the registered place of death for 514 individuals last year. The Lincoln County Office of Vital Records serves their community by offering a local office where certified copies of birth and death records are available to order by authorized individuals. The county is limited to providing this service for the first six months after the event, whether birth or death. Orders placed in this office are typically completed within one day.

The Lincoln County Office of Vital Records consistently provides excellent customer service to their customers and partners throughout the community.

The staff members work in close collaboration to ensure all areas of the vital records office run smoothly and securely. The Office of Vital Records provides a positive linkage between the community and the state vital records office. Records and reports are handled with careful attention to maintaining security and confidentiality. State staff that have contact with the county report an excellent relationship with the office.

### **Women Infants & Children (WIC)**

WIC's mission is to safeguard the health of low-income women, infants, and children up to age 5 who are at nutrition risk by providing nutritious foods to supplement diets, information on healthy eating, and referrals to health care.

Delivering high quality nutrition services is essential in not only carrying out this mission, but also ensuring that WIC continues to be the premiere national public health nutrition program.

The most recent fact sheet for this local WIC agency can be found on the Oregon WIC website:

<http://public.health.oregon.gov/HealthyPeopleFamilies/wic/Pages/annual.aspx>

### **Program strength(s)**

- The Lincoln County WIC staff demonstrate excellent customer service and strong teamwork including a cross training model that allows staff to move efficiently between program responsibilities. Staff plan to enhance access to WIC services in southern Lincoln County with the opening of a Waldport satellite clinic in April 2017. An ongoing partnership with the Siletz tribe and Indian Health Services is further evidence of Lincoln County WIC's commitment to serving the diverse communities in their area.
- Collaboration between Lincoln County WIC and the Lincoln County Home Visiting programs is outstanding. This integration benefits participants of each program and could be a model for other programs around the state. In addition, significant partnerships exist between WIC and community organizations such as Advantage Dental which provides fluoride varnishes and oral care consultations by a dental hygienist at monthly WIC health fairs.

Recommendations for improvement include:

- Encourage certifiers to describe hemoglobin testing as a routine part of the certification assessment process rather than offering it as an option. To reduce the incidence of refusals, participant centered counseling skills can be used to ask permission for how the test will be conducted rather than whether or not the test should be conducted.
- Encourage inclusion of DHS offices as part of annual outreach activities as their staff and caseworkers are an important source of WIC referrals.
- Encourage review of Risk 360 "Other Medical Conditions" and situations where the risk level needs to be changed from medium to high. Assigning risks for specific conditions rather than using the generic Risk 360 and selecting accurate risk levels are important steps for delivery of appropriate services to each participant.

- Encourage certifiers to practice the use of reflections and summaries to enhance the quality of individual interactions. Reflections allow staff to check for understanding throughout the conversation and summaries provide an opportunity to bring closure to a conversation in an effective manner.
- Consider modifying staff schedules to allow for participation in the quarterly meetings of the Linn, Benton Lincoln Breastfeeding Coalition (LBLBC). This would be an additional support and resource for Lincoln County WIC's breastfeeding promotion efforts.

### **WIC Farm Direct Nutrition Program (FDNP)**

The Oregon Farm Direct Nutrition Program (Farm Direct) provides WIC families with FDNP checks once a year to purchase fresh, locally-grown fruits, vegetables and cut herbs directly from local farmers.

Lincoln County WIC's FDNP redemption rate for 2016 was 65.69%, almost two percent higher than the state average. Staff commitment to issuing checks onsite at the local farmer's market is commendable.

Encourage staff to document the date of issuance on each row of each check register page to clearly indicate all details of check distribution.

### **QUALITY ASSURANCE RECOMMENDATIONS**

#### **Communicable Disease**

Recommendations include:

- Completing cases in a timely manner. Enter complete date in Orpheus when most of the work is done, for example after interviewing the case. Use the "keep active" box flag them for follow up labs or other data that are pending.
- Conducting interviews with cases of coccidioidomycosis, non-tuberculous mycobacterium and cryptococcus.
- Identifying and interviewing contacts for hepatitis cases to educate about hepatitis, encourage vaccination and appropriate use of prophylaxis.
- Completing and turning in the control measures report for long-term care facilities (LTCF) outbreaks. This can be done in the control measures database.

- Generating an Epi curve using the case log in the outbreak database for all long term care facility norovirus outbreaks to determine mode of transmission.

### **Reproductive Health**

Recommendations for improvement include:

1. Train all staff working within the Title X program on family involvement counseling.
2. Review health history form to ensure all necessary information is available for clinical staff to implement standing orders.
3. Indicate on medication log which prescribing provider ordered the medication dispensed by RNs.
4. Use a lab log to track testing to the corresponding quality control.
5. Develop a written plan for program promotion and community education, include activities implemented and documentation of an evaluation and any modification made in response.
6. Review resources provided to clients on a routine schedule to ensure all information is correct.

### **NURSE-FAMILY PARTNERSHIP**

This NFP team does not currently utilize the one nationally required medical record form, the *Home Visit Form*. The *NFP Home Visit Form* includes feedback about previous activities and information on the plan for the next visit with “nurse agrees, and client agrees” content. In addition, this tool ensures communication of client affirmations. This form is an essential required component of NFP practice. It is a tool that ensures that all of the underlying theories of the model are integrated into practice. The reviewer recommends that the team receive technical assistance from the reviewer to ensure understanding of the purpose of the form and explore ways to integrate the functions of the tool into their practice and record keeping.

Visits that occurred in client’s home: Quarter three 2017: 67.7% (581) Quarter three 2016: 80.6% (525): It is recommended that the team continue to monitor this data point and assure that efforts to address barriers to home visit access continue and that the majority of services occur in the home, as is the program model and Targeted Case Management expectation.

Life Course Development interventions during the Toddler Phase, are below target. Consider implementing the newly released reference on Visit-to-Visit Guidelines for Life Course Development facilitators during the Toddler Phase.

### **Sexually Transmitted Disease (STD) Prevention**

- Program is encouraged to take steps to increase the percentage of their early syphilis and gonorrhea cases containing HIV status or date of most recent HIV test.
- Program is encouraged to take steps to increase the percentage of their gonorrhea cases with documentation of pregnancy status for females of childbearing age (15-44).

### **Tobacco Prevention and Education**

To reduce the negative impact of tobacco on the health and economy of Lincoln County and its residents, OHA TPEP recommends a renewed focus on tobacco retail licensing. Tobacco industry documents confirm that tobacco companies concentrate billions of dollars annually on promotion at the point-of-sale, strategically targeting vulnerable populations such as low-income communities, youth, veterans, and tribal communities. Tobacco retail licensing and point-of sale policies are evidence-based and best practices that can be tools for Lincoln County to protect individuals and families from addiction, medical costs, lost wages, and other harms resulting from these predatory industry practices.



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September 28, 2018

Mr. Doug Hunt, Chair  
Lincoln County Board of Commissioners  
225 West Olive Street, Room 110  
Newport, Oregon 97365

Dear Chair Hunt:

The triennial onsite agency review of Lincoln County Public Health was conducted in December 2017. The compliance findings in the review are based on federal public health laws and the Intergovernmental Agreement for Financing Public Health Services.

A letter listing items that needed correction was sent to you after the review. The Public Health Administrator, Rebecca Austen, was provided a document listing the specific items and the time frame for correction.

I am very pleased to write you this letter thanking you and your staff for resolving all the compliance findings.

Sincerely,

Danna Drum  
Strategic Partnerships Lead

Kim La Croix  
Public Health Systems Consultant

cc: Claire Hall, Lincoln County Commissioner  
Terry Thompson, Lincoln County Commissioner  
Rebecca Austen, Health and Human Services Department Director and Local Public Health Administrator, Lincoln County Public Health  
Nicole Fields, Lincoln County Public Health Division Director