



2012-2015

**LINN COUNTY PUBLIC HEALTH
STRATEGIC PLAN**

March 2012

Revised March 2013

Revised April 2014

~ The contents of this document are current as of March 2012~

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Strategic Planning • “Getting to the Heart of the Matter”

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INTRODUCTORY SUMMARY

Linn County Public Health's (LCPH) Strategic Plan was drafted to guide the Linn County Public Health Programs leadership and staff over the next three years as they work together to deliver quality, county-wide Public Health services to the Linn County community. LCPH's description, programs, department goals and strategies along with measures and timeframes are found below. The Appendices consist of supporting documentation.

LCPH's strategic focus is based on goals found in the following four Strategic Priority Categories:

- Infrastructure
- Financial Sustainability
- Access/Quality of Care
- Community & Partners

Goals with corresponding strategies and measures are found in each Strategic Priority Category.

The Strategic Plan reflects the program's current direction.

ORGANIZATION DESCRIPTION

OVERVIEW

Linn County Public Health focuses on prevention and uses selected interventions to prevent the spread of disease and reduce health risks. Prevention strategies are population based and designed to improve the overall health of communities. Through childhood immunizations and other services, LCPH is striving to make Linn County a safer place for all residents. Public Health is on call 24/7 to respond to any Public Health emergency or disaster that could affect our populations. Public Health prevention measures also save taxpayers the costly expense of future medical treatment.

Linn County Public Health Department provides the basic Public Health services as dictated by Oregon Revised Statutes. These include prevention and control of communicable diseases, parent-child health services including family planning, environmental health services, Public Health emergency preparedness, collection and reporting of health status, health information, and referral to other community agencies and clinical service providers. LCPH is committed to providing services to all residents of Linn County and to assist them to lead healthy and productive lives.

SERVICES

Linn County Public Health Programs include the following areas.

COMMUNICABLE DISEASE AND IMMUNIZATIONS

LCPH provides services to prevent and control communicable disease epidemics and protect the community's health by monitoring and investigating reportable diseases, conditions, or outbreaks. The agency provides case management and medication for Tuberculosis cases in close collaboration with the Health Officer. LCPH also provides health advocacy case management to HIV positive residents.

The Immunization program simultaneously aims to improve the immunization rate of children and adults in Linn County.

WIC NUTRITION PROGRAM

The WIC Nutrition program provides nutrition counseling, education, and supplemental food vouchers for women, infants, and young children. It also provides referrals to other community programs for pregnant, breastfeeding, or postpartum women.

REPRODUCTIVE HEALTH

LCPH offers comprehensive reproductive health and family planning services. Services are comprised of multiple programs that include birth control at low or no cost; female physical exams; breast and cervical cancer screenings; STI testing and treatment; pregnancy testing; and vasectomy counseling, among other services.

MATERNAL-CHILD HEALTH PROGRAMS

Maternal-Child Health programs provide access to services designed to help pregnant women. Children and families obtain care, education, infant assessment, parenting information, and referrals. This includes case management for pregnant women in need of extra support and home visits to families at risk for health and developmental problems.

VITAL STATISTICS

The Vital Statistics program registers births and deaths in Linn County and provides a source of health indicators.

EMERGENCY PREPAREDNESS

The Public Health Emergency Preparedness and Response program coordinates the Public Health response to a natural or man-made disaster or emergency in Linn County.

TOBACCO PREVENTION

The focus of the Linn County Tobacco Prevention and Education program is to eliminate and reduce exposure to secondhand smoke and promote quitting. The program also provides information and resources on Tobacco related state and local laws.

WELLNESS

The Wellness program advocates disease prevention through community health promotion, education, and worksite wellness.

2011 “STATE OF THE AGENCY” PRESENTATION HIGHLIGHTS

The health of a community depends on many factors, including behavioral and environmental influences as well as Public Health services available. LCPH has achieved multiple successes in supporting residents' health while simultaneously facing internal and external challenges.

For the complete State of the Agency presented on December 7, 2011, refer to Appendix B. Highlights from the presentation are found below.

Recent successes include:

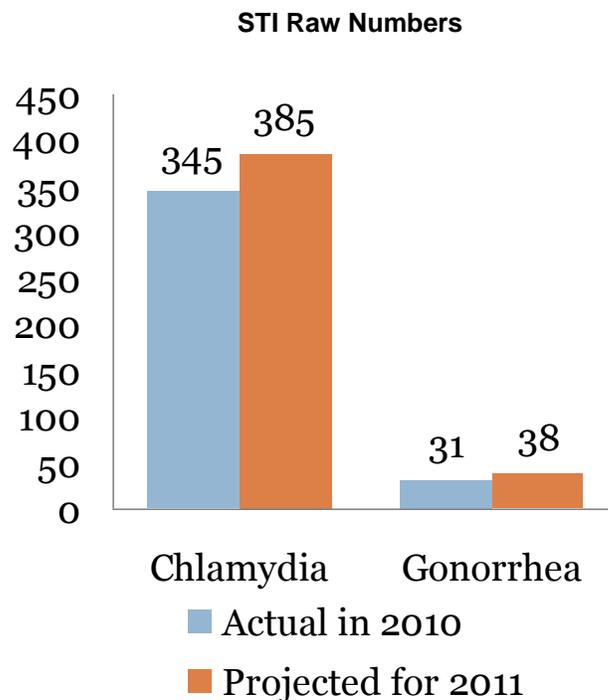
- Follow-up on 705 Communicable disease reports
- 538 TB tests given
- 1300 School Immunization exclusion letters mailed
- 9000 H1N1 shots given in the 2009-2010 flu season
- Good breastfeeding outcomes for WIC
- Care provided to 1945 reproductive health clients
- Oregon Mothers Care provides access to Oregon Health Plan
- Breast and Cervical Cancer Program partners with Soroptimist
- Emergency Preparedness Program staff works with Medical Reserve Corp
- Good outcomes for Maternal Child Health
- Healthy Communities Action Plan has been developed
- Progress toward Public Health Accreditation
- Retention of experienced staff
- County-wide Tobacco Prevention activities in place
- Worksite Wellness Program is initiated

There are many challenges for LCPH such as:

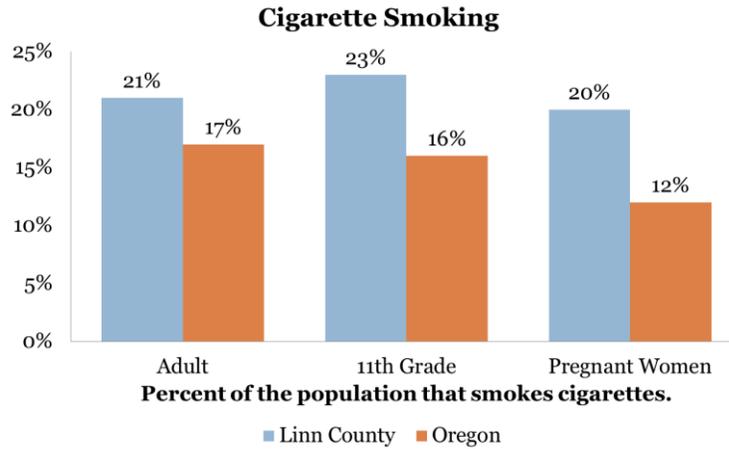
- Lack of awareness of Public Health services
- Health Care Reform
- Need to enhance community partnerships and referrals
- Infrastructure capacity concerns

There are also specific health and environmental concerns for Linn County around the following five areas:

1. High rates of sexually transmitted infection (STI)



2. High tobacco use rates



3. Below average immunization rates

	Linn County	Oregon
Immunization Rate (2 year olds up to date)	57.8%	70.3%

4. High infant mortality rates

	Linn County	Oregon
Infant Mortality (per 1000 live births)	8.4	4.8

5. High motor vehicle crash death rates

	Linn County	Oregon
Motor Vehicle Crash Death Rate (per 100,000)	21	14

Challenges and hopes for the future are addressed in the goals and strategies outlined in this Strategic Plan.

STRATEGIC PLAN OVERVIEW & DEVELOPMENT PROCESS

Preparation for LCPH's December 2011 facilitated strategic planning meeting began in August 2011. Leadership and select staff participated in the planning process via conference calls, an onsite meeting, and ongoing email correspondence. For an attendance list, a planning position sign-up sheet, and meeting agendas, refer to the Strategic Plan attachment documents #1-4.

In addition, LCPH leadership and staff drafted a 22-page "Strategic Planning Background Information" document that included program descriptions, areas of focus, and population demographics. This document was distributed to all staff and community partner invitees approximately 2 weeks before the facilitated session (attachment document #5).

LCPH's Strategic Plan was developed using the creative processes employed at the 7-hour facilitated Strategic Planning session on December 7, 2011. Meeting participants included members of the Linn County community, the Linn County Health Administrator, and the Public Health Program Manager and staff. For an attendance list, refer to attachment document #6.

The following ground rules were used:

- Respect confidentiality
- No texting/lower phone ringtone
- There are no wrong answers
- Respect each other's opinions
- Speak your mind

Prior to the meeting, leadership was given multiple Strategic Priority Categories from which they were asked to choose four. These four categories were to act as the fundamental areas on which to focus during the strategic planning process. The Strategic Priority Categories from which to choose were:

- Financial sustainability
- Organizational Culture
- Access/Quality of Care
- Infrastructure
- Policy
- Community & Partners
- Other

The four Strategic Priority Categories chosen to concentrate on at the strategic planning meeting were:

- Infrastructure
- Financial sustainability
- Access/Quality of Care
- Community & Partners

Meeting participants identified organizational focal points and priorities based on:

- The four Strategic Priority Categories
- A "State of the Agency" presentation by the Public Health Programs Manager and Linn County Health Administrator

- An organization Strengths, Weaknesses, Opportunities, and Threats analysis (SWOT analysis) (Appendix A)
- A review of the Goal, Mission, and Values

Attendees then drafted and presented goals and corresponding strategies to the group.

A writing team of staff and community members was assembled to further refine and prioritize the goals, strategies, measures, and accompanying timelines. The Strategic Plan draft was written in conjunction with an outside consultant and presented to the supervisors and Health Advisory team by the writing team for final approval.

The Goal, Mission, and Values that were reviewed and revised during this process are found below.

PUBLIC HEALTH PROGRAMS GOAL, MISSION, & VALUES

GOAL

Our goal is to provide quality county-wide public health services. Public health is **Prevention** for a better life, **Promotion** for your health, and **Protection** for you, your family, and your community.

MISSION

The Linn County Department of Health Services, Public Health Program, is committed to the health and well-being of all Linn County residents.

VALUES

We Value:

- Respect for each other and our clients
- Providing services that are accessible
- Preventive healthcare
- A supportive atmosphere for our co-workers and clients
- Good communication
- High quality, efficient delivery of services

GOALS & STRATEGIES

LCPH's goals and corresponding strategies have been developed under four Strategic Priority Categories.

LCPH's Strategic Priority Categories:

- Infrastructure
- Financial Sustainability
- Access/Quality of Care
- Community & Partners

The agency's goals, strategies, and measures per Strategic Priority Category are found below.

INFRASTRUCTURE

Goal 1:	
There are staff and Linn County partnership resources that address emerging Linn County Public Health concerns.	
Strategies	Completion Date
<p>A. Support the development and maintenance of systems to regularly review community health demographics and data</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Measure: A report of updated demographic information is reviewed by the leadership, staff, and the Health Advisory Council annually. 	
<p><i>Progress Update/Notes:</i> March 2013 Update: The measures calendar is reviewed at each Health Advisory Council meeting and the Progress Update/Notes will be reviewed at the April 17, 2013 meeting.</p> <p>2014 Update: Calendar continues to be reviewed and Plan Update to be reviewed with Board of Health April 16, 2014.</p>	
<p>B. Adjust programs and staffing to respond to Linn County Public Health concerns such as:</p> <ul style="list-style-type: none"> • Immunizations • Infant Mortality • Tobacco • Sexually Transmitted Infection • Crash Rates <input checked="" type="checkbox"/> Measure: Changes in staff focus per annual plan by December 2012. 	
<p><i>Progress Update/Notes:</i> March 2013 Update: Annual Plan Updated as of January 2013.</p> <p>2014 Update: Annual Plan Updated as of February 2014 and presented to the Board of Commissioners April 16, 2014.</p>	

Goal 2:	
A fully developed and implemented external communication plan.	
Strategies	Completion Date

<p>A. Assign leadership and staff to develop the communication plan</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Measure: An active Quality Improvement Committee will address developing an external communications plan by March 2013. 	
<p><i>Progress Update/Notes:</i> March 2013 Update: QI Committee created and meeting monthly. A QI plan was developed with goals for each program area. Some programs working on outreach strategies. QI Committee will be discussing "Marketing the Public Service Brand".</p> <p>2014 Update: The QI Committee continues to meet monthly and is working on Partner and Community Satisfaction Survey.</p>	
<p>B. Implement a client and community partner satisfaction survey regarding external communications</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Measure: Survey results are collected annually. 	
<p><i>Progress Update/Notes:</i> March 2013 Update: April 2013 the survey is being administered results should be available by June 2013.</p> <p>2014 Update: The QI Committee has been working on this survey and will be sending out by June 2014.</p>	
<p>C. Task an external group to provide Public Health information to the community (issues such as health reform changes)</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Measure: An external group is engaged and meeting minutes are available by September 2013. 	
<p><i>Progress Update/Notes:</i> March 2013 Update: 4/24/12 Matt Gilman from the State Performance Management Program gave the committee a hands on training on how to map out a QI process.</p> <p>2014 Update: Kathleen Johnson from Performance Management program came and gave a presentation to QI committee on Line of Sights and performance management systems in March 2014. Presented Public Health 101 to CASA volunteers -12 participants in March 2014.</p>	
<p>D. Work with partners to gain knowledge about their programs and improve coordination and referrals</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Measure: Program referral activities are reported quarterly. 	
<p><i>Progress Update/Notes:</i> March 2013 Update: Developing a cross walk tool to use in communicating what public health programs can align with the CCO metrics.</p> <p>2014 Update: Participation in a Regional Partnership group for PH authorities including Benton, Lincoln and Linn County's. Includes Health Advisory Councils as well.</p>	

<p>E. Explore Electronic Medical Record interfaces and practices that allow for future collaborations</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Measure: Electronic Medical Record interfaces and practices are reported on quarterly. 	
<p><i>Progress Update/Notes:</i> March 2013 Update: Health Services is working on an upgrade to our existing program, Raintree. When that has been implemented Public Health will implement a plan to use it as an electronic medical record.</p> <p>2014 Update: Health IT is actively working on the Upgrade of the Raintree program including implementing EMR for Public Health. Implementation is scheduled to be complete by September 2014.</p>	
<p>F. Improve the organization's ability to communicate with clients and the public.</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Measure: Tasks identified as high priority (Strategy B) in the client and community partner satisfaction survey are addressed within one year. 	
<p><i>Progress Update/Notes:</i> March 2013 Update: April 2013 the survey is being administered results should be available by June 2013.</p> <p>2014 Update: QI Committee is developing an all client survey to be administered in May 2014.</p>	

<p align="center">Goal 3:</p> <p align="center">A fully developed and implemented internal communication plan.</p>	
Strategies	Completion Date
<p>A. Assign leadership and staff to develop the internal communication plan</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Measure: An active Quality Improvement Committee will address developing an internal communication plan by December 2012. 	
<p><i>Progress Update/Notes:</i> March 2013 Update: Employee satisfaction survey has been sent out which asks how employees want to receive communication. Results will be tabulated and reported to the QI committee.</p> <p>2014 Update: Employee satisfaction survey was reviewed by QI Committee. Results show that employees prefer Email and face to face communication. In order to facilitate this, an email group was created that consists of all Public Health employees and separate ones by location so the appropriate staff can be addressed as needed. We continue to have General Staff meetings bi-monthly.</p>	

<p>B. Ensure an internal group communicates Public Health changes to staff (such as health reform and early learning council as they affect programs)</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Measure: Public Health updates are routinely on staff meeting agendas monthly. <input checked="" type="checkbox"/> Measure: Reports are reflected in the staff meeting minutes monthly. 	
<p><i>Progress Update/Notes:</i> March 2013 Update: This is reviewed at the General Staff meetings every other month.</p> <p>2014 Update: General Staff meetings and Department Staff meetings continue to occur with on-going updates to staff.</p>	
<p>C. Continue staff training (“Public Health 101”) about specific Public Health programs</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Measure: All new staff will complete Public Health 101 and an annual update will be provided to all staff. 	
<p><i>Progress Update/Notes:</i> March 2013 Update: Public Health 101 is in the process of being updated by each program.</p> <p>2014 Update: Public Health 101 presentation is complete and is available for staff to review. This was also presented to CCO representatives in order to encourage an open working relationship.</p>	
<p>D. Improve staff awareness and knowledge of existing community programs</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Measure: Offer at least two (2) community presentations per year at general staff meetings. 	
<p><i>Progress Update/Notes:</i> March 2013 Update: Alex Jackson from DHS did a presentation on 1/24/13 about mandatory reporting requirements. Becky Moyes from Hope for Mothers did a presentation on 2/28/13 regarding Perinatal mood and anxiety disorders. She provided information on referral to the Post-Partum Depression classes at Samaritan Health Services.</p> <p>2014 Update: 9/26/13 Analuz Torres-Giron from Benton County Health did a presentation on our partnership with them to be community assistors for Cover Oregon Application process at our General Staff Meeting. April 24, 2014 Jeff Sneddon, DD Program Manager is to present Community First Choice to all staff at our General Staff Meeting.</p>	

<p>E. Assure a staff satisfaction survey regarding internal communications <input checked="" type="checkbox"/> Measure: Survey results are collected annually.</p>	
<p><i>Progress Update/Notes:</i> March 2013 Update: April 2013 the survey is being administered results should be available by June 2013.</p> <p>2014 Update: The QI Committee gathered the results and use them to influence their work.</p>	

<p align="center">Goal 4: A strengthened Linn County Public Health workforce.</p>	
<p align="center">Strategies</p>	<p align="center">Completion Date</p>
<p>A. Assure opportunities and incentives for professional growth <input checked="" type="checkbox"/> Measure: Based on the results of an annual staff satisfaction survey.</p>	
<p><i>Progress Update/Notes:</i> March 2013 Update: April 2013 the survey is being administered results should be available by June 2013.</p> <p>2014 Update: Survey results were reviewed at the QI Committee meeting August 2013.</p>	
<p>B. Create programs and incentives for health improvements <input checked="" type="checkbox"/> Measure: Based on the results of an annual staff satisfaction survey.</p>	
<p><i>Progress Update/Notes:</i> March 2013 Update: April 2013 the survey is being administered results should be available by June 2013.</p> <p>2014 Update: Survey results were reviewed at the QI Committee meeting August 2013. The Wellness Committee used the results to influence the Employee Wellness Challenge.</p>	
<p>C. Increase opportunities for cultural competency awareness <input checked="" type="checkbox"/> Measure: At least one (1) cultural awareness training is provided annually. <input checked="" type="checkbox"/> Measure: Based on the results of an annual staff satisfaction survey.</p>	

Progress Update/Notes: March 2013 Update: Donna Beegle conducted training about cultural awareness on 9/27/12.

2014 Update: Pat Crozier participated in the Prosperity Summit in April 2014 and the follow up Opportunity Conference is scheduled for October 2014.

- D. Develop a process for recruiting and maintaining volunteers
- Measure: Volunteer recruitment and retention are reported semi-annually.

Progress Update/Notes: March 2013 Update: Volunteers for the Medical Reserve Corps were recruited and increased from 36 in 2011 to 48 in 2012.

2014 Update: We have continued to increase the Medical Reserve Corps volunteers. As of March 2014 we have 67 registered MRC volunteers.

Goal 5:

Improved, fully functional facilities.

Strategies	Completion Date
<p>A. Establish a routine meeting between Facilities Management and Public Health regarding a facilities improvement plan</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Measure: Meetings are scheduled on a recurring, regular basis. 	
<p><i>Progress Update/Notes:</i> March 2013 Update: Representatives of General Services are attending the Public Health Supervisors meeting quarterly to discuss any facilities issues or questions. This has been done on 6/27/12, 9/19/12, 12/5/12 and 3/6/13 and a vast improvement in communication has been noted by supervisors.</p> <p>2014 Update: Quarterly meetings between General Services staff and PH Supervisors continues to occur.</p>	
<p>B. Improve functionality of existing buildings for all users, such as:</p> <ul style="list-style-type: none"> • Including confidentiality, increased cleanliness of buildings, and improved ventilation of Public Health facilities • Creating a breakroom <input checked="" type="checkbox"/> Measure: Facility improvements are reviewed annually. 	
<p><i>Progress Update/Notes:</i> March 2013 Update: As a direct result of meetings with General Services we have noted an improvement with facilities issues. We did a complete building walk through with maintenance staff to review temperature and air flow issues and made adjustments where possible.</p>	

2014 Update: As of November 2013 Public Health has moved to a new location. This was a lengthy process and we continue to work together with General Services to complete an ever-changing list of maintenance requests.

- C. Improve flow for clients and staff
- Managed by the Quality Improvement Committee
 - Measure: Flow problems are identified annually.
 - Measure: Improved flow as measured by the annual client, community partner and staff satisfaction surveys.

Progress Update/Notes: March 2013 Update: The QI Committee worked on clinic flow as their first improvement project. The solution was a referral form on the client encounter form which helps with communication that appeared to be causing client flow problems. Flow problems seem to be at a minimum since implementing this form.

2014 Update: We continue to use the referral form. With our new location this is on-going QI project. We continue to make changes to improve flow for both Health Department staff and our customers.

FINANCIAL SUSTAINABILITY

Goal 1:	
Assured financial viability of all Linn County Public Health programs.	
Strategies	Completion Date
<p>A. Continue to inform the Board of Commissioners, Health Advisory Council, and legislature about the value of Public Health</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Measure: Board of Commissioners, Health Advisory Council, and legislature activities reported on annually. 	
<p><i>Progress Update/Notes:</i> March 2013 Update: The Annual Plan was presented to the Board of Commissioners at the January 2013 Board of Health meeting. New budget presentation developed for county budget committee including commissioners with updated numbers and services for public health. Budget document placed on county website and given to the Health Advisory Council.</p> <p>2014 Update: The Annual Plan is presented to the Board of Commissioners on April 2014 Board of Health Meeting. The 14-15 budget presentation was developed for county budget committee including commissioners with updated numbers and services for public health.</p>	

<p>B. Obtain Public Health accreditation</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Measure: Accreditation is obtained by December 2014. 	
<p><i>Progress Update/Notes:</i> March 2013 Update: The letter of intent to apply was submitted in February 2013 and application will be made by May 2013. Public Health received a grant to pay for the accreditation application. The three (3) prerequisites are complete; staff is gathering data that will be needed for application.</p> <p>2014 Update: We officially submitted our application for accreditation as of July 2013. Accreditation Coordinators attended required training in November 2013. All employees of Linn County Public Health continue to work on accreditation and have until November 2014 to submit all required information as the next step in the process.</p>	
<p>C. Continue to explore grant and other fund sources that address unmet community health needs</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Measure: Additional funding resources are obtained to address unmet community needs. <input checked="" type="checkbox"/> Measure: Grant and other fund sources are reported on quarterly. 	
<p><i>Progress Update/Notes:</i> March 2013 Update: Recently received news of a partnership funding opportunity with Benton County for REACH (Racial and Ethnic Approaches of Community Health) grant work for Latino population. Linn County will be a contractor for some staff time. Applying for Children's Trust Fund grant to help maternal child health services in Linn County.</p> <p>2014 Update: This is the last year of the Healthy Communities Grant. It is unknown if there will future funds available. We are a subcontractor of Benton County Public Health to assist applicants with Cover Oregon applications until September 2014. We are a joint recipient of CPP (Community Prevention Partnership) grant funds with Benton and Lincoln Counties to work with IHN-CCO focusing on tobacco prevention.</p>	

Goal 2: Linn County Public Health programs are fairly compensated for services provided.	
Strategies	Completion Date
<p>A. Ensure efficient billing systems and procedures</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Measure: Increase in general revenue collections, reviewed quarterly. 	
<p><i>Progress Update/Notes:</i> March 2013 Update: We re-established the Tri-Billers Meetings that include</p>	

Public Health, Mental Health and Alcohol and Drug billing staff along with Information Technology staff to work together and improve our billing procedures and increase communication. We reviewed our current charge table that includes fees and billing codes and made any necessary corrections.

2014 Update: March 2014 Supervisors reviewed the billing codes within Raintree and made changes as needed. Clerical and Clinical Supervisors are also working to learn the new ICD-10 codes that will go into effect October 2014. As of April 1, 2014 the ICD-10 implementation has been postponed to go in effect October 2015.

- B. Maintain and develop insurance partnerships by becoming a preferred provider with appropriate insurers (such as Medicare ODS, OHP, BlueCross)
- Measure: Increase in insurance revenue collected, reviewed quarterly.

Progress Update/Notes: March 2013 Update: State immunization program is helping with this item.

2014 Update: PH continues to work with the State Immunization Program to improve relationships. PH has also started the process of updating the contract with IHN-CCO in order to continue serving clients.

- C. Ensure fiscal and clinical staff are trained and up to date on current and future billing practices
- Measure: Increase in general revenue collections, reviewed quarterly.

Progress Update/Notes: March 2013 Update: Clerical and Clinical staff have attended a 2 part webinar to learn about the changes to insurance coding that will go into effect in October 2014.

2014 Update: Clerical and Clinical staff is working on the billing system (Raintree) upgrade and are working closely with Health IT to ensure with the new upgrade of our existing system we will continue to complete our billing in an accurate and timely manner.

- D. Negotiate acceptable payment arrangements in the new health transformation environment
- Measure: Payment agreements are negotiated.

Progress Update/Notes: March 2013 Update: In October 2012 Public Health Program Manager attended a planning meeting to prepare to negotiate a contract with the new CCO. Supervisors are working on updating fees in order to renegotiate the contract.

2014 Update: PH has started the process of updating the contract with IHN-CCO in order to continue serving clients.

Goal 3:	
Linn County Public Health is a successful partner in the local health transformation.	
Strategies	Completion Date
<p>A. Actively participate in Oregon Health Transformation</p> <p><input checked="" type="checkbox"/> Measure: Participation in Oregon Health Transformation is reported on quarterly, including reports to all staff.</p>	
<p><i>Progress Update/Notes:</i> March 2013 Update: The Health Administrator updated all staff at the General Staff Meeting on 11/29/12. Staff continues to attend community CCO meetings and engage local CCO in discussion on contracted services.</p> <p>2014 Update: We continue to work with the IHN-CCO on regional grants including CPP, SPARC, Public Health Task Force and Early Learning Hub application.</p>	
<p>B. Market Linn County Public Health's unique expertise and service (such as epidemiology, case management, community health, education, coordination of care, and health promotion)</p> <p><input checked="" type="checkbox"/> Measure: Marketing activities are reported on quarterly.</p>	
<p><i>Progress Update/Notes:</i> March 2013 Update: We received a grant to promote TDaP immunizations within Linn County. Flu shot clinics were offered for all employees of Linn County.</p> <p>2014 Update: Reproductive Health created a brochure to market our services. It has been distributed to various places within the community to try to increase our clientele. Reproductive Health, Immunization and WIC created marketing with sleeves for hot drinks to be used at a local coffee shop.</p>	
<p>C. Provide leadership in assessing community health needs</p> <p><input checked="" type="checkbox"/> Measure: Leadership activities are reported on quarterly.</p>	
<p><i>Progress Update/Notes:</i> March 2013 Update: In 2012 Healthy Communities Coordinator was hired and she is actively assessing community health needs. She is working with TPEP (Tobacco Prevention and Education Program) and rural stores to assess their healthy options and how they advertise healthy choices.</p> <p>2014 Update: The Healthy Communities Coordinator continues to work on her work plan. She works closely with TPEP (Tobacco Prevention and Education Program) and Worksite Wellness Program.</p>	

ACCESS/QUALITY OF CARE

Goal 1:	
Increased awareness of Public Health services.	
Strategies	Completion Date
<p>A. Survey community attitudes, beliefs, knowledge, and awareness of Public Health services</p> <p><input checked="" type="checkbox"/> Measure: Survey is completed and results are collected annually.</p>	
<p><i>Progress Update/Notes:</i> March 2013 Update: April 2013 the survey is being administered results should be available by June 2013.</p> <p>2014 Update: The QI Committee has been working on this survey and will be sending out by June 2014.</p>	
<p>B. Market services through media, social network, print media, radio, open house, Public Service Announcement</p> <p><input checked="" type="checkbox"/> Measure: Marketing activities are reported on annually.</p>	
<p><i>Progress Update/Notes:</i> March 2013 Update: The Albany Democrat Herald wrote 2 articles on Linn County Public Health services in 2012. They focused on the TDaP vaccine and Annual Flu Shots. April 2013 an article was written and published reviewing the most recent county health rankings.</p> <p>2014 Update: The Albany Democrat Herald wrote an article regarding our move to the new location. They also ran an article regarding Pertussis and immunizations.</p>	
<p>C. Meet with community partners regularly to work on Public Health issues important to the community</p> <p><input checked="" type="checkbox"/> Measure: Community partner meeting outcomes are reported on quarterly.</p> <p><input checked="" type="checkbox"/> Measure: One (1) partner meeting is held quarterly.</p>	
<p><i>Progress Update/Notes:</i> March 2013 Update: Mobilizing Action for Partnership and Planning Coalition met January 31, 2013 for an update to the Community Health Improvement Plan for Linn County.</p> <p>2014 Update: The Health Equity Alliance is meeting monthly. They are a Linn-Benton Alliance that have a mission to inform and improve factors that affect health in our community.</p>	

Goal 2:	
Improved access to Linn County Public Health services.	
Strategies	Completion Date
<p>A. Monitor appropriateness and accessibility of Linn County Public Health services to assure that major Public Health concerns are addressed</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Measure: Program accessibility and appropriateness is reviewed annually and is reflected in the annual Strategic Plan update. 	
<p><i>Progress Update/Notes:</i> March 2013 Update: On 7/26/12 at our General Staff Meeting we had training about Health Literacy. Staff continues to implement what they learned and try to make all of our communication at an appropriate literacy level. Developing a marketing and outreach plan for several program areas.</p> <p>2014 Update: Staff continues to use their training to make all new marketing materials at an appropriate literacy level.</p>	
<p>B. Advocate for Linn County Public Health to be a key player in local health transformation</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Measure: Linn County Public Health's status as a key player in local health transformation is reviewed quarterly. 	
<p><i>Progress Update/Notes:</i> March 2013 Update: The Health Administrator is on the Advisory Board of the CCO for Linn County, InterCommunity Health Network.</p> <p>2014 Update: The Health Administrator continues to serve on the advisory boards of IHN-CCO and work closely with the local CAC.</p>	
<p>C. Incorporate the Health Navigator concept into the Linn County Public Health Department</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Measure: Health Navigators are incorporated into the Linn County team by June 2014. 	
<p><i>Progress Update/Notes:</i> March 2013 Update: Early discussions have begun with Benton County on working to bring Health Navigators into Linn County.</p> <p>2014 Update: Early discussions continue, funding continues to be an issue.</p>	

<p>D. Improve 2-way communication with internal and external clients</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Measure: Based on the results of the annual client, community partner and staff satisfaction surveys. 	
<p><i>Progress Update/Notes:</i> March 2013 Update: WIC is completing a client survey in April 2013 and will have the results by June 2013.</p> <p>2014 Update: The QI Committee has been working on the client and community partner survey and will be sending out by June 2014.</p>	
<p>E. Determine potential service sites in underserved areas</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Measure: One (1) new service site is identified annually as resources allow. 	
<p><i>Progress Update/Notes:</i> March 2013 Update: The Immunization Nurse went into the community and offered TDaP vaccine to child care providers in Linn County.</p> <p>2014 Update: This year our focus was on moving the Albany office to a new location.</p>	

Goal 3: Improved active Referral Pathways.	
Strategies	Completion Date
<p>A. Increase staff orientation and training regarding referral resources</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Measure: Staff orientation and training regarding referral resources are routinely on staff meeting agendas, quarterly. <input checked="" type="checkbox"/> Measure: Trainings are reflected in the staff meeting minutes, quarterly. 	
<p><i>Progress Update/Notes:</i> March 2013 Update: WIC completed training at their staff meeting on 9/27/12 to strengthen referral pathways. At the General Staff Meeting on 2/28/13 all staff was informed of the Chronic Disease Self Management Program and the Tomando Control de su Salud and how to refer clients to these programs.</p> <p>2014 Update: The Public Health 101 presentation was updated and is available for staff to review. At the General Staff Meeting on 9/26/13 all staff were informed about referring people to Cover Oregon and the Quit Line. A Workforce Development plan is being created to improve training of new and existing staff.</p>	

<p>B. Ensure Health Navigators maximize referrals (when established)</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Measure: Job descriptions and evaluations include the referral expectation. 	
<p><i>Progress Update/Notes:</i> March 2013 Update: No updates to report.</p> <p>2014 Update: No updates to report.</p>	
<p>C. Expand access to Electronic Medical Records across Linn County Health services</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Measure: Progress is measured quarterly on the Electronic Medical Record implementation, beginning in June 2012. 	
<p><i>Progress Update/Notes:</i> March 2013 Update: Health Services is working on an upgrade to our existing program, Raintree. When that has been implemented Public Health will implement a plan to use it as an electronic medical record.</p> <p>2014 Update: Health IT is actively working on the Upgrade of the Raintree program including implementing EMR for Public Health. Implementation is scheduled to be complete by September 2014.</p>	
<p>D. Utilize 211 information and referral services</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Measure: Review 211 data to determine client access and referral needs annually. 	
<p><i>Progress Update/Notes:</i> March 2013 Update: November 2012 supervisors reviewed the 211 data and made any necessary updates. Updates provided at recent Community Health Improvement Plan Coalition meeting.</p> <p>2014 Update: 211 data was reviewed and updated following our move in December 2013.</p>	
<p>E. Improve links (content and technical) on the Linn County Public Health website</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Measure: Links are reviewed monthly and improved by the end of each quarter. 	
<p><i>Progress Update/Notes:</i> March 2013 Update: Information Technology department reviews the links on the website.</p> <p>2014 Update: Information Technology department reviews the links on the website. Updates were done following the office relocation in November 2013.</p>	

Goal 4:	
Expanded access to behavioral health care for Public Health clients.	
Strategies	Completion Date
A. Assign a contact person to the Linn County Public Health Department from Mental Health, Alcohol & Drugs, and Developmental Disability services to facilitate referrals <input checked="" type="checkbox"/> Measure: Contact position has been assigned by June 2012.	
<p><i>Progress Update/Notes:</i> March 2013 Update: Mental Health representative met with the Public Health Supervisor on 8/1/12 to discuss pathways between the 2 programs and how best to refer clients. Public Health received reference cards with all phone numbers for Mental Health and A&D to give clients if needed.</p> <p>2014 Update: Referrals between the Departments appear to have improved.</p>	

Goal 5:	
A fully designed and implemented Quality Improvement (QI) system.	
Strategies	Completion Date
A. Design and implement a comprehensive QI program <input checked="" type="checkbox"/> Measure: QI program is implemented by January 2013.	
<p><i>Progress Update/Notes:</i> March 2013 Update: A draft Quality Improvement Plan is implemented. Will update and approve plan at the April 2013 meeting.</p> <p>2014 Update: The QI program continues to meet monthly.</p>	
B. Use the QI program to monitor and assure the success of the Strategic Plan goals and strategies <input checked="" type="checkbox"/> Measure: The QI and Strategic Planning processes are aligned and managed over time, reviewed semi-annually.	
<p><i>Progress Update/Notes:</i> March 2013 Update: The Strategic plan is referenced in the QI plan and reviewed by the committee.</p> <p>2014 Update: The QI Committee continues to meet monthly and work to ensure the Strategic Plan goals are being met.</p>	

<p>C. Coordinate the Community Health Assessment (CHA) and Linn County Community Health Improvement Plan (CHIP) processes with the QI activities and the Strategic Plan goals and strategies</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Measure: The annual Strategic Plan review reflects coordination among the three accreditation elements. 	
<p><i>Progress Update/Notes:</i> March 2013 Update: The CHA and the CHIP are referenced in the QI plan and reviewed by the committee. Linn County Local Advisory Council for CCO health transformation will be taking all assessments and working to merge across the CCO's three (3) county region. Updates on the CHA and CHIP were done at Linn County Obesity Summit in March 2013 and at the Cascade Wellness meeting in April 2013.</p> <p>2014 Update: The CHIP update is in progress. A meeting was held in March 2014 to establish work groups to updated strategies. The Community Advisory Council is merging the CHIPS health impact areas for IHN-CCO.</p>	
<p>D. Assure adequate staffing for the consistent and ongoing quality improvement activities of the QI committee</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Measure: Staffing patterns support QI activities, reviewed annually. 	
<p><i>Progress Update/Notes:</i> March 2013 Update: Per the QI plan staff are appointed by the Program Manager and serve an 18 month term on the Committee.</p> <p>2014 Update: The QI Committee continues to have representatives from each program within Public Health.</p>	

COMMUNITY & PARTNERS

<p align="center">Goal 1:</p> <p align="center">Programs are focused on improving community Public Health outcomes.</p>	
<p align="center">Strategies</p>	<p align="center">Completion Date</p>
<p>A. Increase prevention programming (such as nutrition, physical activity, and access to healthy food and improved food security)</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Measure: Program accessibility and appropriateness is reviewed annually and is reflected in the annual Strategic Plan update. <input checked="" type="checkbox"/> Measure: One (1) prevention program is offered annually. 	

Progress Update/Notes: March 2013 Update: The Health Services Employee Wellness Committee meets monthly and does a quarterly newsletter to all staff. They wrote a policy to promote health food at work functions and have set up an opportunity for staff to attend a yoga class during their lunch hour.

2014 Update: The Wellness Committee continues to meet monthly. In November the Wellness Committee offered a 10-Week Wellness Challenge to all Health Services staff and had about 15% of employees participate.

- B. Assure a community health assessment (CHA and Linn County CHIP) that includes chronic diseases, infant mortality, smoking, and obesity rates
- Measure: The CHA and CHIP are completed according to the Public Health accreditation requirements.

Progress Update/Notes: March 2013 Update: The CHA and CHIP were completed as of June 2012 and updated in January 2013.

2014 Update: The CHIP update/revision is in process.

- C. Participate in focused community efforts to improve health outcomes
- Measure: Participation in community efforts reported on quarterly.
 - Measure: Participation in two (2) community activities semi-annually.

Progress Update/Notes: March 2013 Update: Recently participated in Linn County Childhood Obesity Summit and Cascade Wellness Council meeting.

2014 Update: Pat Crozier participated in the Prosperity Summit in April 2014 and the follow up Opportunity Conference is scheduled for October 2014.

- D. Educate the public regarding immunizations and preventable communicable diseases
- Measure: Public education efforts and strategies reported on annually.

Progress Update/Notes: March 2013 Update: TDaP information and immunizations given to child care providers in Linn County.

2014 Update: Shingles information and immunizations were offered to uninsured adults in Linn County.

<p>E. Increase immunization rates in order to prevent communicable disease <input checked="" type="checkbox"/> Measure: Improved community-based immunization rates, reviewed annually.</p>	
<p><i>Progress Update/Notes:</i> March 2013 Update: Immunizations given have increased. In 2011 we administered 1527 and in 2012 we gave 2256.</p> <p>2014 Update: Overall rates remain low for 2 year olds across the region; we are looking at a Tri-County Immunization Project. We are working with Benton County and have applied for a CDC Associate to work on this project.</p>	
<p>F. Provide epidemiological surveillance and disease investigation <input checked="" type="checkbox"/> Measure: Staffing patterns support epidemiological investigations reported annually.</p>	
<p><i>Progress Update/Notes:</i> March 2013 Update: Linn County Communicable Disease staff maintain investigations and reporting per Oregon Revised Statute.</p> <p>2014 Update: Linn County Communicable Disease staff maintain investigations and reporting per Oregon Revised Statute.</p>	
<p>Goal 2: Awareness of and access to comprehensive health care is supported by participating in community efforts.</p>	
<p>Strategies</p>	<p>Completion Date</p>
<p>A. Advocate for appropriate and accessible Public Health services for all Linn County residents <input checked="" type="checkbox"/> Measure: Legislative activities reported on annually.</p>	
<p><i>Progress Update/Notes:</i> March 2013 Update: The Health Administrator keeps up to date with legislative activities and sends emails to staff to keep them informed.</p> <p>2014 Update: The Health Administrator keeps up to date with legislative activities and sends emails to staff to keep them informed. The Public Health Program Manager participates in CLHO and reviews information with staff.</p>	

<p>B. Instigate or join in community health care access efforts</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Measure: Based on the results of the annual client and community partner satisfaction survey. <input checked="" type="checkbox"/> Measure: Participation in community health care access efforts reported on quarterly. 	
<p><i>Progress Update/Notes:</i> March 2013 Update: Looking at participation in Over Oregon outreach for expanded Medicaid and health insurance exchange.</p> <p>2014 Update: Partnered with Benton County to be a Community Assistor in the Cover Oregon application process.</p>	
<p>C. Build community relationships that assure Referral Pathways</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Measure: Based on the results of the annual client and community partner satisfaction survey. 	
<p><i>Progress Update/Notes:</i> March 2013 Update: April 2013 the survey is being administered results should be available by June 2013.</p> <p>2014 Update: The QI Committee has been working on the client and community partner survey and will be sending out by June 2014.</p>	
<p>D. Strengthen collaboration and coordination with community partners</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Measure: Based on the results of the annual client and community partner satisfaction survey. 	
<p><i>Progress Update/Notes:</i> March 2013 Update: April 2013 the survey is being administered results should be available by June 2013.</p> <p>2014 Update: The QI Committee has been working on the client and community partner survey and will be sending out by June 2014.</p>	
<p>E. Expand prevention education regarding risky health behaviors in schools and other youth oriented clubs (such as the Boys and Girls Club and YMCA's)</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Measure: Participation in prevention education regarding behavioral health reported on annually. 	
<p><i>Progress Update/Notes:</i> March 2013 Update: Newly developed Prevention Subcommittee with Mental Health, Public Health and Alcohol and Drug plus representative from the CCO will meet to develop a strategy for prevention activities.</p> <p>2014 Update: Public Health has received a grant for a tobacco prevention focus.</p>	

<p>F. Support and maintain an active Health Advisory Council</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Measure: Health Advisory Council meeting agendas and minutes, reviewed semi-annually. 	
<p><i>Progress Update/Notes:</i> March 2013 Update: The HAC meets quarterly and review the Strategic Plan Measures Calendar as part of their regular meeting.</p> <p>2014 Update: The HAC meets quarterly and review the Strategic Plan Measures Calendar as part of their regular meeting. We are actively recruiting members for openings on this committee.</p>	

Goal 3: LCPH is prepared for, responds to, and recovers from emerging Public Health threats and emergencies.	
Strategies	Completion Date
<p>A. Maintain a current All Hazard Plan and a coordinated response to a bioterrorism event or communicable disease outbreak</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Measure: An All Hazard Plan is reviewed annually. <input checked="" type="checkbox"/> Measure: Disaster response exercise reported on semi-annually. 	
<p><i>Progress Update/Notes:</i> March 2013 Update: The plan was reviewed in August 2012 by Jane Fleischbein. On 9/12/12 a full scale exercise was completed including different agencies. On 10/16/12 Health Services completed a Continuity of Operations Plan (COOP) table top exercise to be prepared in case of emergency.</p> <p>2014 Update: The plan was reviewed in August 2013 by Jane Fleischbein. On 10/12/13 a full scale shelter exercise was completed including different agencies. On 2/27/14 Public Health staff participated in Shelter-In-Place drill to test communication and assembly in case of emergency.</p>	
<p>B. Assure that Linn County Public Health is a source of accurate and timely information for Public Health emergencies</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Measure: Emergency Preparedness is part of the Internal and External Communication Plans. 	
<p><i>Progress Update/Notes:</i> March 2013 Update: Tactical communication and health messaging are part of the Public Health Emergency Support Function Base plan.</p> <p>2014 Update: Tactical communication and health messaging are part of the Public Health Emergency Support Function Base plan. Risk Communication messaging was included in Continuity of Operations emergency kits which were distributed to Health Service Program manager in September, 2013.</p>	

<p>C. Work with community partners to improve emergency preparedness among residents</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Measure: Community partner emergency preparedness activities reported on quarterly. 	
<p><i>Progress Update/Notes:</i> March 2013 Update: A full scale exercise with an after report to supervisors was performed on 9/12/12.</p> <p>2014 Update: A full scale exercise with an after action report to supervisors was performed on 10/12/14.</p>	
<p>D. Encourage long-term recovery planning by promoting continuity of operation planning in county and community partner agencies</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Measure: An increase in the number of community partners that have a long-term recovery plan, reviewed semi-annually. 	
<p><i>Progress Update/Notes:</i> March 2013 Update: Public Health is working with the Red Cross to develop alternative care sites to be used during a medical surge.</p> <p>2014 Update: Public Health is working with the Red Cross and area partners to develop shelter plans to be used during a medical surge.</p>	

IMPLEMENTATION & TIMELINE

The Strategic Plan is a living and transparent document that plays an active role in the overall management of Linn County Public Health. Goals, strategies, and measures are regularly reviewed throughout the year and guide staff work-plans. Staff work-plan measures are incorporated into staff evaluations. The Strategic Plan and corresponding staff work-plans are consistently updated and maintained.

The Strategic Plan will be presented to staff upon approval by the supervisors and the Health Advisory Council. The Strategic Plan will be integrated into new staff orientation to provide purposeful direction to the daily programmatic work and outreach. The Strategic Plan will also offer focused guidance during budget planning periods. An Executive Summary will be developed, published and available to share with LCPH community partners and other stakeholders.

The Strategic Plan will be aligned with the process and results of the Community Health Assessment. The Strategic Plan will also be incorporated into the Linn County Community Health Improvement Plan (CHIP) process and revised based on the CHIP outcomes.

The Strategic Plan will be coordinated with LCPH's quality improvement efforts and/or managed by the Quality Improvement Committee.

Strategic Planning Document Review:

Leadership and staff will review the Strategic Plan document at least every quarter to gauge the direction and success of the agency and to incorporate any changes or additions to the document. The document will be formally updated annually as needed. A Strategy Measures calendar will be developed and used for regular oversight.

Publication for Community Partners & Other Stakeholders:

An Executive Summary will be developed and regularly updated in accordance with any changes made to the Strategic Plan. The Brief will be available to the public and will be distributed to Community Partners annually.

LCPH PROGRAM MANAGER & APPROVAL TEAM SIGNATURES

Signature designates approval of the strategic direction and goals described in this Strategic Plan.

LCPH Program Manager Signature: _____

Printed Name: _____ Date Signed: _____

LCPH Health Administrator: _____

Printed Name: _____ Date Signed: _____

Approval Team Member Signature: _____

Printed Name: _____ Date Signed: _____

Approval Team Member Signature: _____

Printed Name: _____ Date Signed: _____

Approval Team Member Signature: _____

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APPENDIX A: SWOT ANALYSIS

A SWOT Analysis is an evaluation of the Strengths, Weaknesses, Opportunities, & Threats involved in a project or in a business venture.

A SWOT involves specifying the current status of an organization and identifying the internal and external factors that are favorable and unfavorable in order to determine a forward-thinking strategic direction.

Ultimately the goal of conducting an organization SWOT Analysis is to build upon the agency's strengths and opportunities and decrease the impact of its weaknesses and threats.

<i>Internal</i>	<i>External</i>
Strength	Opportunity
Weakness	Threat

Strengths

- Amazing dedicated staff/ownership
 - Longevity
- Cross-trained staff
- Co-location East Linn Community Mental Health, Alcohol & Drug, Developmental Disabilities, and Public Health
- Referral Pathways- community outreach education
- Forward thinking
- Large knowledge base
- Management- support/trust
- Bilingual staff and/or interpreter services
- Client success
- Client confidentiality
- Results of case management
 - Higher breast feeding rates
 - Prevent unintended pregnancies
 - Parents reading to kids
 - High immunization rates
 - Tuberculosis
- Accommodating
 - Appointment times
 - Flexibility
 - On time with schedules
- Reaching out to other counties/collaboration
- Proximity to colleges- Oregon State University, Linn Benton Community College, medical school
- Linn County partners work well together
- Support from County Commissioners- budgets
- Focus on cost containment activities

Weaknesses

- Lack of awareness/promotion of services/ lack of advertising
- Lack of outreach/coverage to all areas of the county
- Need to reach more people
- Lack of space
- Poor building for public health (Albany)
- Geography
- Communication between partners and public health and between health services in general (between Mental Health, Public Health, and Developmental Disabilities)
- Referral Pathways
- Lack of Mental Health services
- Breakdown in data between community and Health Department or lack thereof
- Challenges of meeting needs of changing demographics
 - Mobility, homeless
- Lack of epidemiologist to help interpret data
- Aging workforce
- Reduced pay scales
- Funding decisions
- Doing more with less
- Morale
- Telephone system
- Availability: hours and operator
- Client expectation explained/education/responsibilities
- Billing- clearer policies
- Keep accountability at the individual level- not “group punishment”

Opportunities

- Oregon State University- volunteers/interns
- Mobilize Medical Reserve Corps- screen families for programs
- 211 line
- Medical school
- Health oriented community fairs
- Greater presence in schools for health promotion/education
 - Health educators
- Health navigators
- Policy development
- Possible expansion of AHH
- Increase in collaboration/education between providers
- Increase in volunteerism
 - Retired Senior Volunteer Program
- Increase in opportunities for community input and involvement/engagement
- Peer support programs
- Outreach/educate service clubs
- Low cost solutions/media campaigns
- Improve collaboration between Linn County Health, Behavioral Health programs
- Opportunities to collaborate with Samaritan Health
- New medical school- focus on community health

- Program evaluation tied to healthy outcomes
 - Qualitative outcomes vs. quantitative
- Closer collaboration with the FQHC in Lebanon (improve outcomes)
- Research Best Practices

Threats

- Difficulty in navigating public health services
- Image as a government agency/low income
- Reduced funding
- Increased competition for resources
- Inability to utilize services available to them
- Community culture barriers
- Language barrier
- Increase in mobility of population
- Lack of marketing/knowledge
- Increase in complexity in coordination of care
- Personnel burnout
- Staff turnover
- Unemployment
- New state and/or federal mandates or requirements
- Resistance to change
- Returning service personnel
- Loss of locus of control due to CCO

APPENDIX B: STATE OF THE AGENCY PRESENTATION

LINN COUNTY STRATEGIC PLANNING *STATE OF THE AGENCY*



December 7th, 2011

What makes a Healthy Community?

- Where we live matters to our health
- Health of community depends on many factors
- Includes individual behavior & environment
- Least healthy counties more likely to have higher rates of smoking, more high school dropouts, higher unemployment!



2011 County Health Rankings

Health Outcomes

- Linn County ranked 28 out of 33.
- Based on:
 - Mortality
 - Morbidity

Health Factors

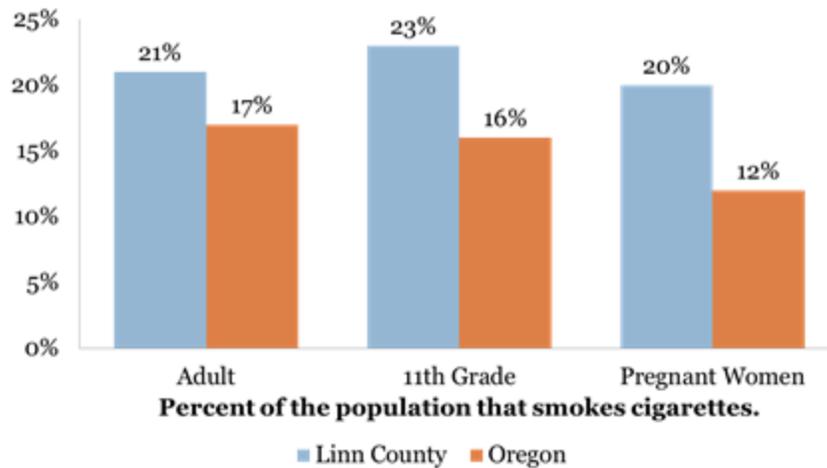
- Linn County ranked 20 out of 33.
- Based on:
 - Health Behaviors
 - Clinical Care
 - Socioeconomic Factors
 - Physical Environment



County Health Rankings
Mobilizing Action Toward Community Health

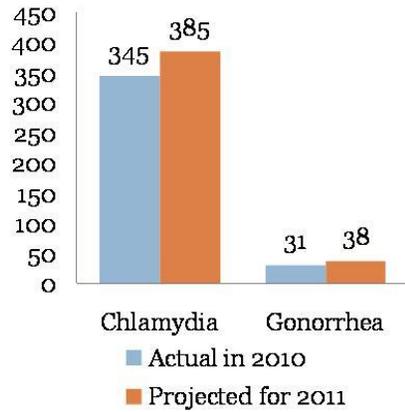
Health Behaviors: Tobacco use

Cigarette Smoking

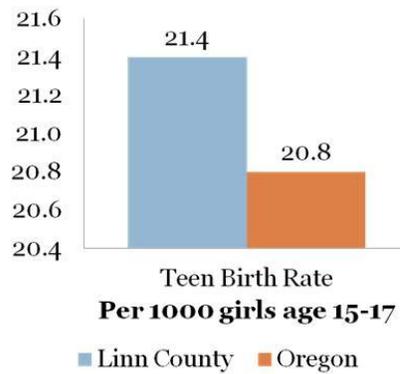


Health Behaviors: Sexual Behavior

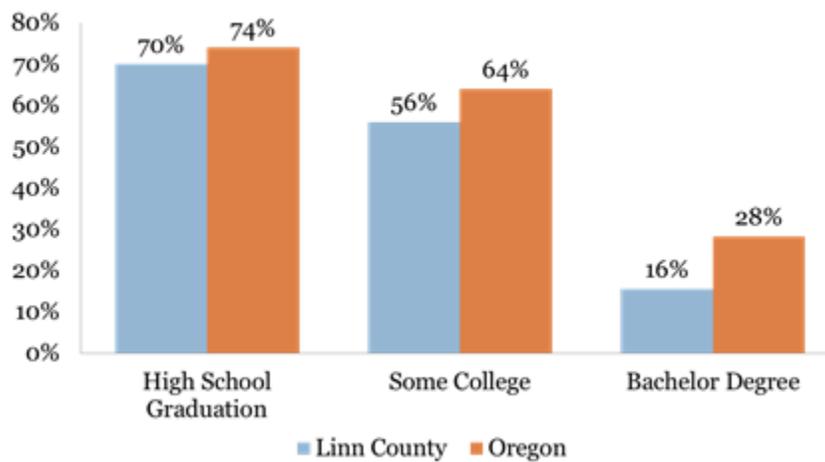
STI Raw Numbers



Teen Birth Rate



Health Factors: Education



Snapshot of Data

Clinical Care	Linn County	Oregon
Ratio of primary care providers to the population	861:1	739:1
Ratio of mental health providers to the population	9614:1	2211:1

Physical Environment	Linn County	Oregon
Air pollution-particulate matter days	21	12
Motor Vehicle Crash Death Rate (per 100,000)	21	14

Snapshot of Data

	Linn County	Oregon
Child Abuse and Neglect (victims per 100 ages 0-17)	12.3	7.3
Infant Mortality (per 1000 live births)	8.4	4.8
Immunization Rate (2 year olds up to date)	57.8%	70.3%
Children in single parent households	32%	29%
Children in poverty	20%	18%

Public Health Program Highlights

- Experienced Staff
- Communicable disease- 705 reports
- Gave 538 TB tests
- Mailed 1300 exclusion letters
- Gave 9000 H1N1 shots in 2009-10 flu season
- WIC –good breastfeeding outcomes
 - 3000 case load overall



Public Health Program Highlights

- Provided care to 1945 reproductive health clients
- Oregon Mothers Care –access to OHP
- Breast and Cervical Cancer Program-partnership with Soroptimist
- Emergency Preparedness-Medical Reserve Corp
- Maternal Child Health – good outcomes
 - 93% of children served have immunizations up to date
 - 94% parent read to children 3x/week
 - 73% parents report reduced parenting stress

Public Health Program Highlights

- Healthy Communities Action Plan
 - Community At Large
 - Health Care
 - Organizations
 - Schools
 - Worksites
- Accreditation
 - Strategic Plan
 - Community Assessment
- Tobacco Prevention
- Worksite Wellness



Public Health Program Challenges

- Space Issues
- WIC
 - Appointment Slots
- Reproductive Health
 - Unable to give education to all schools
- Vital Stats
 - Timely submission of data

Public Health Program Challenges

- Breast Cervical Cancer
 - Not enough \$ to serve women in need –limited staff time
- Referral Pathways
- Lack Public Awareness of Services
- High STI Rates
- High Tobacco Rates
- Lack of Chronic Disease Prevention

Community Interactions

- Space for InReach and Community Outreach free medical clinics
- Staff serves on statewide committees
- Teen Maze
- Preceptor for students (OSU, OHSU, WOU...)
- AmeriCorps VISTA Site

Key External Challenges

- Health Care Reform:
 - Coordinated Care Organizations
 - Early Learning Councils
 - Reduced Funding



Hope for the Future

- Work together as a community!
- Medical school
- Be a strong player in Coordinated Care Organizations (CCOs)
- Work with schools
- Policy work





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http://www.co.linn.or.us/health/public_health/ph.htm