



# **Benton County:**

## **Public Health Improvement Plan**

---

Benton County Health Department would use the enhanced public health improvement dollars to raise our capability to deliver population-based public health services. This necessitates improvement in our local public health system infrastructure to include:

- **Human Resource Development (training),**
- **Information Systems, and a**
- **Community Planning System.**

In general, Benton County has positive health outcomes, which are reflected in low numbers of key indicators in this document. Many factors contribute to the status of these indicators. To foster improvement, much work needs to be focused on the epidemiology and statistical analyses of our health outcomes. With limited resources, there is an obligation to validate current health services, improve upon current Benton County public health practices and policies, identify County health priorities, and establish the need for community initiatives.

**Human Resource Development:** enhancement dollars would be used to hire a staff member with strengths in biostatistics and epidemiology as our Public Health Epidemiologist and better the training of current staff in order to develop an interdisciplinary public health practice team. This team would include Mental Health, Environmental Health, and Community Health professional staff, as well as health educators, data analysts, our QI Coordinator, the Public Information Office and administration.

**Information System:** the Health Department is in the process of an MIS evaluation and has dedicated reserves for upgrades. In addition to Health Alert Network, TWIST, ALERT and others, the goals of such a system flow are to increase our interconnectivity capabilities, to enhance our ability to collect and retrieve data, to do additional analysis, and to have rapid communication. Enhancement dollars would be used for long-term, continuous maintenance and improvement of our local data and analysis systems.

**Community Planning System:** enhancement dollars would hire an additional health educator to enhance the process of educating the community about health issues, problems, and hazards, and to assist in mobilizing citizens and community partners to solve ongoing health problems.

## **Partnership Involvement**

Given the time constraints imposed by this process, the ability to engage in a comprehensive and inclusive planning process was not feasible. In addition, the transition in Benton County Health Department's leadership and the time of the year (summer), further complicated our ability to undertake any other than a rudimentary process. Despite these constraints, Benton County was well positioned to develop a plan due to a number of factors:

- The recent completion of the Benton County Health Status report;
- The Public Health Planning and Advisory Committee's review of mental health services for children and youth;
- Other Health Department Advisory Boards include: Mental Health Advisory Board, Solid Waste Advisory Committee, Food Service Advisory Committee, and the Emergency Response Committee;
- Community Health's participation as a principle writer of the County's Healthy Start grant and on the Early Childhood Planning Team;
- The ongoing efforts of various Health Department coalitions, specifically tobacco prevention, diabetes, breast and cervical cancer, HIV Community Planning, RAPP, and School Based Health Centers;
- A Health Department study focused on health and safety factors involving Benton County's childcare;
- The 2000 Benton County Needs Assessment, conducted by United Way;
- The Alcohol and Drug Community Survey conducted in Spring of 2000;
- The 1998-99 Youth and Behavior Risk Survey done in all Benton County High Schools (all schools participated in oversampling their students);
- Participation on community committees such as the Commission on Children and Families, DHS Integrated Service Projects, Willamette Criminal Justice Council, MDT, Domestic Violence Prevention Council, and Youth Service Teams.

## **Description of the Community**

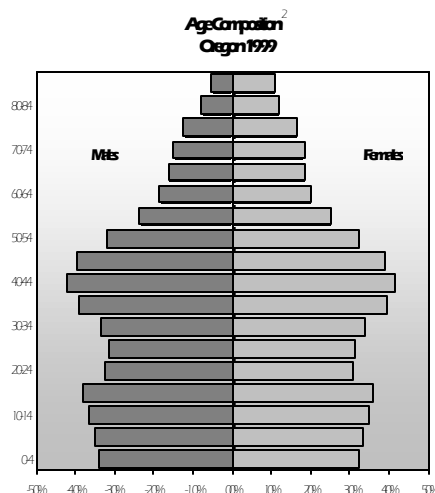
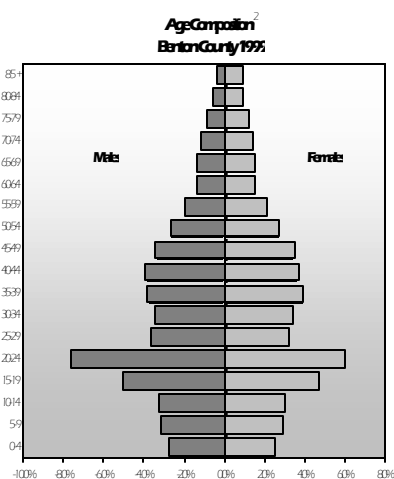
Benton County was established in 1847 as the 7<sup>th</sup> county to be organized in territorial Oregon. The county is located in the heart of the Willamette Valley. Geographically, Benton County is the smallest county in the State, encompassing only 679 square miles, but rises to be the 11<sup>th</sup> largest in population with 78,343 residents. Sixty-five percent of Benton County residents live in Corvallis (pop. 50,880). Corvallis is the county seat and the central city in the County. Cities and towns within the county vary significantly in demographic, socioeconomic, and cultural profiles. Incorporated urban cities include: Adair Village, Corvallis, Monroe, North Albany, and Philomath. Unincorporated areas include: Alpine, Bellfountain, Blodgett, Kings Valley, Irish Bend, Summit, and Wren.

The race and ethnicity composition in 1999 was approximately 89% white, 6% Asia, 3% Hispanic, 1% African American, and 1% Native American.

Unemployment in Benton County is the lowest in the state. Fifty-two percent of residents live in households with incomes greater than \$45,000. Twelve percent have incomes at or below poverty level. Hewlett Packard serves as the largest employer, closely followed by Oregon State University. Other major employers include Good Samaritan Hospital, Corvallis School District, and smaller industries in the tourism, technology, timber, manufacturing, and agricultural fields.

Educationally, 89.3% of those aged 18 and older in Benton County have a high school diploma or higher degree.

The age distribution is demonstrated in the following graphs, as compared with the State of Oregon. In 1990, average life expectancy in Benton County was 78.7 years.



[charts excerpted from the [Health Status Report 2000, Profile of Benton County](#)]

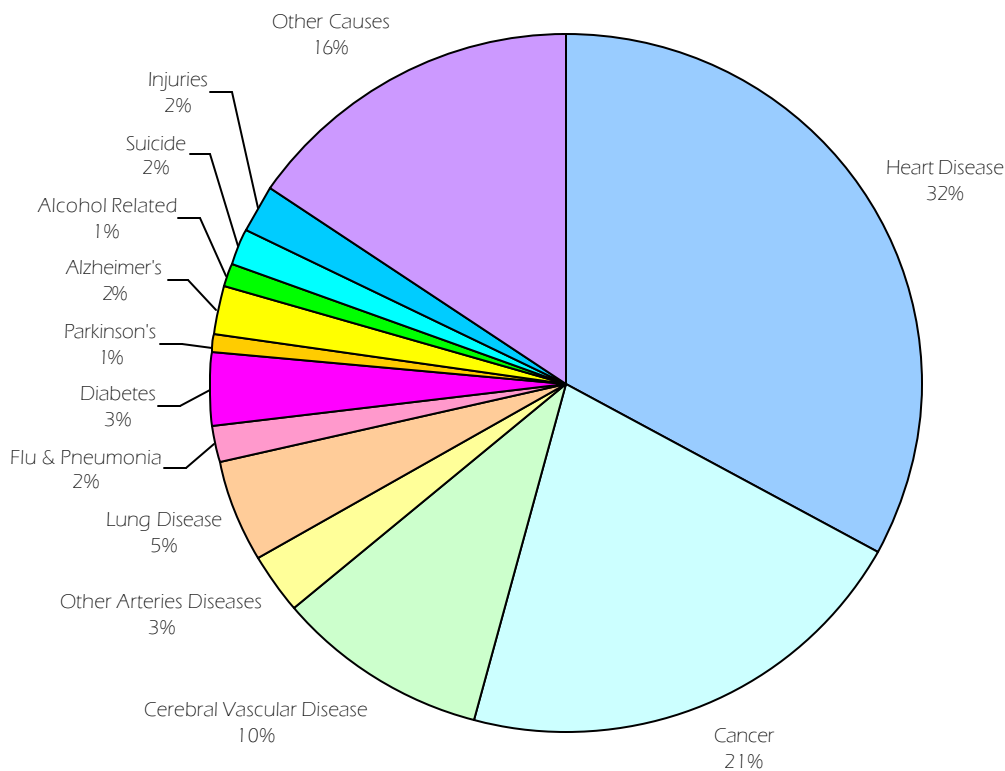
Benton County enjoys a relatively healthy community with a life expectancy greater than the general population in Oregon. More than 25% of Benton County's population is aged 18-24 years of age. This proportionally higher young adult population is most likely due to enrollment in higher education (OSU) or employment in the technology fields

## **BENTON COUNTY MORTALITY/MORBIDITY**

**Total Deaths, 1999**

Age	Total	<1	1-9	10-17	18-64	65+
<b>Oregon</b>	29,346	246	82	145	6,174	22,699
<b>Benton County</b>	464	4	1	1	91	366

**Causes of Death - Cumulative  
1994-98**



**Tobacco-Related Deaths, 1997**

	Total Deaths	Tobacco-Related Deaths	Percentage of Total Deaths
<b>Benton County</b>	437	89	20%
<b>Oregon</b>	26,750	6,370	24%
<b>United States</b>	2,314,245	430,700	17%

# **MAJOR DISEASE AREAS IN BENTON COUNTY**

## **Heart Disease**

Heart Disease is the number one cause of death of Benton County residents. Even though deaths from heart disease are on the decline in the U.S., it continues to have the greatest impact on our residents' lifespan.

**1998 Combined Heart Disease & Stroke Death Rates\***

<b>Heart Disease &amp; Stroke</b>	<b>Benton County</b>	<b>Oregon</b>
	21.4	30.3

\*Rate is per 10,000

**1997 Heart Disease & Stroke Death Rates\***

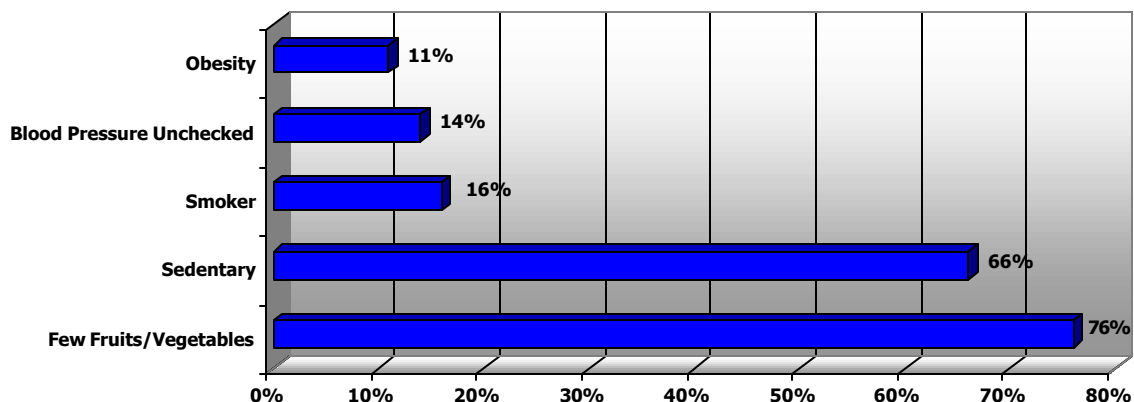
	<b>Benton County</b>	<b>United States</b>
<b>Heart Disease</b>	166.7	216.0
<b>Stroke</b>	86.1	62.0

\*Rate is per 100,000

Modifiable risk factors for heart disease and stroke include cigarette smoke, obesity, high blood pressure, elevated cholesterol, and diabetes. Physical inactivity is also a risk factor for heart disease. Two modifiable risk factors that the Benton County advisory boards directed staff to pursue are reduction of tobacco use and exposure, and in 2000, to assess childhood obesity as related to diet and physical activity (Attachment A, 9-00 Report to the Board of Health).

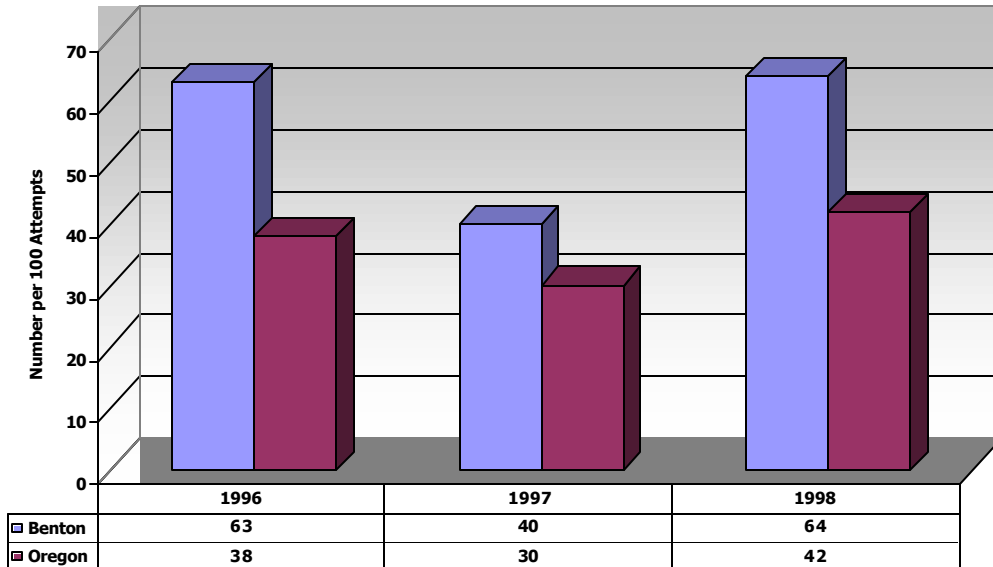
Benton County's governmental bodies have set health policy to improve employee health, reduce second-hand smoke exposure, and limit youth access to tobacco products. This momentum continues with a Tobacco-Free Workplace and Public ordinance appearing on the City of Philomath ballot to be voted on November 2000. In addition, the Philomath City Council recently passed an ordinance to place tobacco products behind the counter and make clerk-assisted sales mandatory.

**Benton County, 1997  
Selected Modifiable Risk Factors**



As the county puts these ordinances in place, there is an impact on Health Department staff workload to provide the on-going, community-wide education and the coordination with law enforcement entities to ensure that the ordinances are upheld. In 1997-98, 34% of attempts to purchase tobacco by minors aged 10-16 were successful in Benton County.

**Successful Purchases of Tobacco Product  
by Minors aged 10 - 16 years**



**Benton County Health Department needs additional resources in order to maintain a continuous evaluation process of how local tobacco-related public policy and population-based education impact the health of our community. This is a long-term investment, and one that will need monitoring and intervention refinement for decades.**

## Cancer

Cancer is the 2<sup>nd</sup> most common cause of death of Benton County residents.

**Benton County Cancer Data, 1996-1997 (combined)**

	Invasive Cancers	Cancer Deaths
<b>Prostate Cancers</b>	115	12
<b>Female Breast Cancers</b>	83	21
<b>Colon &amp; Rectum Cancers</b>	57	17
<b>Lung and Bronchial Cancers</b>	59	70
<b>Urinary Bladder Cancers</b>	22	2
<b>Malignant Melanoma Cancers</b>	17	1
<b>Oral Cavity Cancers</b>	9	8
<b>Cervical Cancers</b>	8	1

Breast cancers are the most common cancers in women and are second to lung cancer as the leading cause of cancer of death among women in Benton County, Oregon, and the United States. The incidence of breast cancers in the United States is among the highest globally. Prostate cancer is the most common invasive cancer seen in men in Benton County, and with early detection and treatment the survival rate is very good.

Lung Cancer is by far the most fatal cancer diagnosis and has the biggest death toll on Benton County residents with cancer.

Cigarette smoking is a major cause of lung, larynx, oral cavity, pharynx, and esophagus cancer, and is a contributing cause to cancers of the bladder, pancreas, uterus, cervix, kidney, and prostate. Forty-seven percent of Oregon smokers began smoking before the age of 18. In 1999, 12% of 8<sup>th</sup> graders in Benton County and 15% of 8<sup>th</sup> graders in Oregon reported using tobacco within the last 30 days. In the same year, 16% of Benton County eleventh graders and 24% of Oregon eleventh graders reported using tobacco within the last 30 days.

**Public Health’s intention is to reduce the number of residents affected by cancer by having educational programs and public policy to decrease youth access and use of tobacco and protecting residents from tobacco smoke exposure.**

## **Diabetes**

In 1998, diabetes was the 5<sup>th</sup> leading cause of death in Benton County.

Diabetes deaths are under-reported because many people die of complications of the disease rather than the disease itself. For example, people with diabetes have 2-4 times the risk of cardiovascular disease and are more at risk for stroke.

Based on 1999 population estimates, there are 4,550 Benton County residents who have diabetes. Nationally the numbers of individuals with diabetes is and has been rising. In the U.S. from 1958 to 1998, there has been a sixfold increase of the number of individuals diagnosed with diabetes.

Approximately 80% of people with Type 2 diabetes are obese at the time of diagnosis. Obesity and sedentary lifestyles are major contributors to diabetes.

**Adults in Benton County and Oregon, 1997**

	<b>Benton County</b>	<b>Oregon</b>
<b>Obese</b>	11%	53%
<b>Sedentary</b>	66%	73%
<b>Few Fruits/Veggies</b>	76%	75%

Childhood obesity and the lifestyle factors of nutrition and physical activity may lead to long-term chronic disease conditions which include diabetes, heart disease, and joint problems. Effective prevention strategies of adult diseases associated with obesity should start during childhood. Reversing the trend in obesity will require changes in individual behavior, access and promotion of physical activity, and nutrition education. Within this realm, prevention and working with the modifiable factors, is the most viable option for controlling obesity.

**There needs to be an investigation with supportive data to determine the percentage of Benton County children who are sedentary, overweight, and those with poor nutrition. Epidemiological resources are needed for data collection and assessment of needs and resources related to childhood obesity in Benton County.**

### **Other Causes of Death**

In 1997-98 there were 901 deaths and 4.3% (n=39) were due to unintended injuries. 69% were caused by motor vehicle accidents. During that same period of time, 2.2% (n=20) were due to suicide. Comparatively, Benton County’s death rate due to suicide is 12.2 per 100,000 deaths for all ages. In Benton County during the decade 1986-96, there was 6 deaths of youths aged 10 – 17 due to suicide. This equates a death rate of 5.4 per 100,000.

In 1998, 3.4% (1,010 Oregonians) of the Oregon deaths were due to influenza and pneumonia. Eleven (11) occurred in Benton County, which accounted for 2.3% of the total Benton County deaths. Pneumonia and influenza rank as the 6<sup>th</sup> leading cause of death in the United States and Oregon, and the 8<sup>th</sup> leading cause in Benton County.

<b>County Rate</b>	<b>Peer County Range</b>	<b>Infant Mortality</b>	<b>U.S. Rate 1997</b>	<b>Healthy People 2010 Target</b>
5.9	4.8-8.5	Infant Mortality	7.2	4.5
6.0	4.3-8.7	White Infant Mortality	6.0	4.5
nrf	0.0-23.5	Black Infant Mortality	13.7	4.5
3.7	3.2-5.8	Neonatal Infant Mortality	4.8	2.9
2.3	1.5-3.6	Post-neonatal Infant Mortality	2.5	1.5

# **BENTON COUNTY PARENT-CHILD HEALTH STATISTICS**

## **Births - 1998**

	<b>Total</b>	<b>Percentage</b>
<b>Oregon</b>	44,702	5.4%
<b>Benton County</b>	823	5.1%

## **Prenatal Care - Selected Years**

	<b>Inadequate Prenatal Care</b>	<b>Live Births</b>	<b>Low Birth Weight Rate/1000</b>	<b>Infant Mortality Rate/1000</b>
<b>1990</b>	3.7% / #33	882	24.9 / #22	6.8 / #6
<b>1996</b>	2.7% / #23	800	29.7 / #25	4.8 / #4
<b>1997</b>	4.2% / #35	837	56.2 / #47	3.6 / #3
<b>1998</b>	4.1% / #33	807	55.8 / #45	5.0 / #4

**Note:** 1998 - 83.8% of mothers started prenatal care in the first trimester.

## **Mothers Profile - Selected Years**

	<b>Live Births</b>	<b>Births by Mothers =35 years</b>	<b>Births by Hispanic Mothers</b>	<b>Births by Unmarried Mothers</b>
<b>1990</b>	882	10.9% / #97	2.6% / #23	14.9% / #129
<b>1996</b>	800	18.0% / #144	9.3% / #75	20.3% / #144
<b>1997</b>	837	16.9% / #142	7.6% / #64	19.7% / #165
<b>1998</b>	807	16.9% / #137	8.4% / #68	19.2% / #155

## **Teen Pregnancy Rate per 1,000**

<b>Aged 10-17</b>	<b>1991</b>	<b>1992</b>	<b>1993</b>	<b>1994</b>	<b>1995</b>	<b>1996</b>	<b>1997</b>	<b>1998</b>
State	19.3	17.9	18.2	18.9	19.2	18.8	17.9	17.2
Benton	11.6	8.3	10.1	11.0	10.5	10.0	7.9	7.4
<b>Aged 15-17</b>								
Benton	32.1	20.1	25.9	28.0	27.1	26.7	20.4	17.6

## **Birth Defects**

	<b>Births</b>	<b>Defects</b>	<b>% of Defects</b>
<b>1998</b>	807	19	2.35%
<b>1997</b>	837	22	2.62%
<b>1996</b>	842	17	2.01%
<b>1995</b>	800	18	2.25%
<b>1994</b>	760	14	1.84%

## **Rate of Child Abuse/Neglect\***

<b>1997</b>	10.5 / 1,000
<b>1998</b>	7.1 / 1,000
<b>1999</b>	9.5 / 1,000

\*per 1,000 children aged 17 and younger

Since 1980, the Health Department has had a prenatal referral system to provide access to care for pregnant women. During this time, we have documented increasing numbers of low-income, pregnant, Hispanic women with access barriers, such as:

- less likely to qualify for the Oregon Health Plan,
- are non-English speaking,
- lack adequate transportation,
- have low literacy levels, and are
- not accessing available services in the first trimester.

The average rate of teen pregnancy for Benton County over a five-year period ending 1998, was 9.3 pregnancies for every 1,000 girls aged 15-19. This rate continues to decrease. Steep decreases in the pregnancy rate among teens with previous sexual experience accounted for most of the drop in the overall teen pregnancy rate in the early-to-mid 1990s. While 20% of the decline is because of decreased sexual activity, 80% is due to more effective contraceptive practice.

In the past decade, the County's vital statistics indicate that:

- approximately 30 pregnant women per year receive inadequate prenatal care;
- the number of low birth-weight babies has doubled; and
- infant deaths have statistically remained the same.

Benton County women who give birth are statistically more likely than other Oregon women to:

- have = 12 years of education,
- give birth after the age of 35 years, and
- not be a teenager.

**Benton County data indicates that over the past decade:**

- **the number of low birth weight babies have increased,**
- **the number of women aged 35 years and older who gave birth has increased, and**
- **the number of women giving birth who are Hispanic has increased.**

**This trend in data warrants assessment.**

## **COMMUNICABLE DISEASE**

### **Immunizations**

In Benton County, approximately 82% of 2-year-olds, as compared to the average of 66% for Oregon, are up-to-date on their immunizations (see Attachment G, Benton County Immunization Registry report).

#### **Benton County, 1994-98**

<b>Infectious Disease</b>	<b>Cases</b>
E. Coli	18*
Hepatitis A	84*
Hepatitis B	8*
Pertussis	17
Salmonella	45
Shigella	15

\*Higher than expected

HRSA Report, 7/00

#### **Benton County, 1999**

<b>Disease</b>	<b>Total Cases Reported</b>		
	<b>1997</b>	<b>1998</b>	<b>1999</b>
AIDS	3	3	3
E.Coli	5	3	2
Chlamydia	102	102	70
Gonorrhea	7	8	5
Hepatitis A	12	5	2
Hepatitis B	11	14	11
Meningococcal	1	0	1
Hepatitis C	*	*	62
Pertussis	12	2	2
Salmonella	8	10	9
Shigella	3	0	2
Tuberculosis	4	3	1

\* Data not available

Oregon Vital Statistics

It is estimated that 80% of the United States' drug-injecting population is infected with Hepatitis C. There were 62 cases of chronic Hepatitis C reported to Benton County Health Department in 1999. In the past year, the Health Officer and CD nurse put into practice a Hepatitis C Outreach Screening/Testing policy and procedure for high-risk individuals. It is expected with increased outreach, screening, and surveillance, the reporting will reflect increased numbers of reported HCV.

In The U.S., HIV/AIDS is the 2<sup>nd</sup> leading cause of death among those aged 25-44. There were 3 AIDS cases 1997-99 in Benton County.

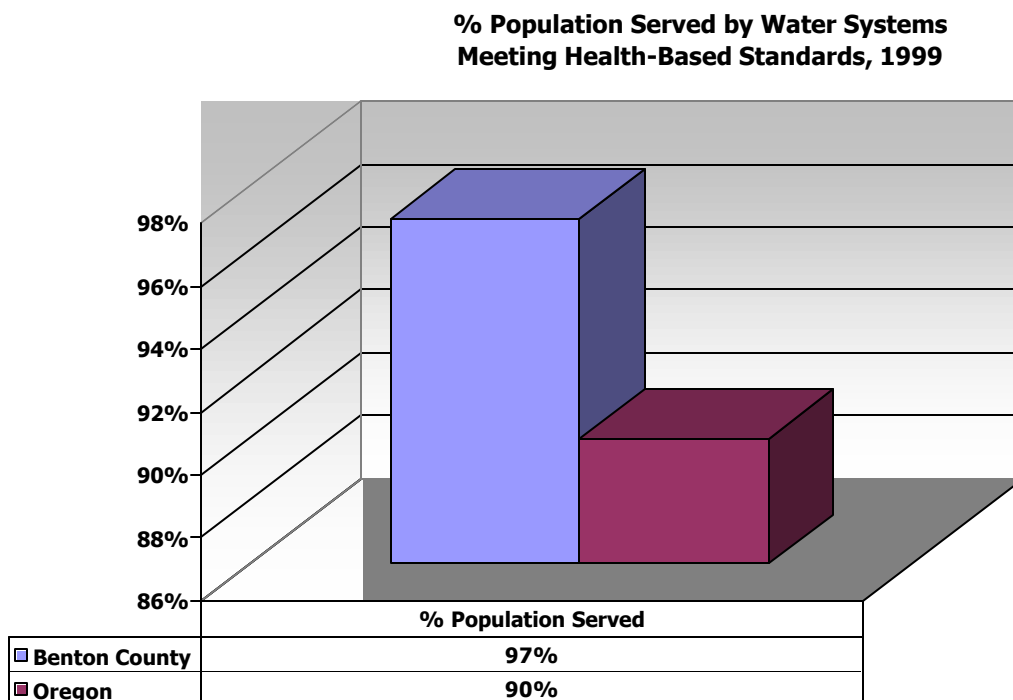
Benton County has had strong support over a long period of time for its Communicable Disease program. The lead communicable disease nurse is very competent,

conscientious, and proactive, but at times overworked. There hasn't been time for much-needed, data-driven investigative projects because the day-to-day surveillance, reporting, treatment, and paperwork consumes the entire work day.

**Because of limited resources, staff needs to be directed to actions that give the most impact. Other qualified staff is needed to do the epidemiological work and research required for data-driven planning, program development, and evaluation. The ability to have an effective surveillance and analysis system for the prevalence of local CD and a local statistical data analysis would increase CD's quality assurance and improvement process and help direct future program planning.**

## Environmental Health

### Safe Drinking Water



There are 83 public drinking water systems in Benton County. Twenty-three of these are considered to be benchmark systems by the OHD (community systems serving less than 3,300 population and non-transient systems such as schools and work places) . To assure safe water each of these systems must be properly operated and maintained and must regularly monitor for all required contaminants. Preliminary OHD data indicates that four of the 26 benchmark systems in Benton County violated a health related standard during 1999. These four systems represent 20% of the population served by benchmark systems.

The drinking water grant provides funding for the County to provide follow-up services and technical assistance. There is also funding for the County to perform complete sanitary surveys of these systems once every five years.

**There is a need for more preventative work such as training of system operators; and there is a need for capital improvements such as developing new water sources or providing treatment. The State Revolving Fund (SRF) is available for low-interest loans for capital improvements, but many of the smaller systems lack managerial and financial capacity to pursue SRF money.**

## **Youth Alcohol and Drug Issues**

There is an extensive amount of information on the percentages of substance use amongst youth in Benton County. Several surveys have been conducted in Benton County over the past four years. These include: 1) the Youth Risk Behavior Survey which was conducted in 1997 and 1999, 2) the Oregon Public School Drug Use Survey which was conducted in 1998, 3) the Benton County Needs Assessment which was conducted in 1996 and 1999, 4) the Asset Survey-Profile of Student Life was done in Philomath in 1998 and at Monroe Middle School, Alsea School, given to the 7<sup>th</sup> grades in the Benton County 509J School District, and Corvallis High School in the Spring of 2000. Additional information on substance use amongst youth in the County was also compiled in the Annual Juvenile Crime Prevention Report.

In June 2000, the Department of Human Services, Office of Alcohol and Drug Abuse Programs, published a data book profiling the substance abuse in Benton County based on data collected as part of the 1998 Oregon Public School Drug Use Student Survey. The percentages of substance use amongst Benton County youth is listed below. The results indicate significant increases in the use of tobacco, alcohol, and illicit drugs, from the 6<sup>th</sup> to 11<sup>th</sup> grades.

### **30-Day Use of Alcohol and Other Drugs**

	<b>6<sup>th</sup> grade</b>	<b>8<sup>th</sup> grade</b>	<b>11<sup>th</sup> grade</b>
<b>Tobacco</b>	6.8%	19.2%	31.8%
<b>Alcohol</b>	7.6%	18.9%	38.3%
<b>Marijuana</b>	1.1%	18.4%	20.0%
<b>Inhalants</b>	7.7%	*	*

\* Not Measured – (See Attachment E. Tobacco, Alcohol & Drug Use in Middle School)

In addition, the 1999 Benton County Needs Assessment conducted by the Benton County United Way found that of the Benton County residents surveyed, approximately 64% perceived substance abuse to be a problem among youth in our County.

Data has also been collected as part of the Benton County Annual Juvenile Crime Prevention Report. Data was gathered only from 11<sup>th</sup> grade students. Comparison is as follows:

	<b>1996</b>	<b>1997</b>
<b>One drink of alcohol, last 30 days</b>	39.3%	38.0%
<b>Binge Drinking, last 30 days</b>	24.9%	28.0%
<b>Marijuana use, last 30 days</b>	19.8%	18.0%

(See Attachment F – Youth Drug & Alcohol Program Recommendations)

### **Mental Health Services in Benton County**

(See Attachment H – Priorities to Promote Good Mental Health)

**Provision of the 5 Public-Health Mandated Services**  
**Program compliance as measured by the 1999**  
**Minimum Standards for Oregon Local Health Departments**

(\* indicates deficiencies)

**#1 Control of Communicable Disease**

Standard: met

Program Indicators: all are met. However, two indicators are weak in their compliance.

\*A system exists for the surveillance and analysis of the incidence and prevalence of CD.

\*Disease Statistical Summary and evaluation of data are used for future program planning.

Population Outcomes: met

**#2 Environmental Health**

Standard: met

Program Indicators: all are met. However, one indicator is not done on a regular, proactive basis.

\*Public education regarding food-borne illness and the importance of reporting suspected food-borne illness is provided.

Population Outcomes: all but two of the current population outcomes are met. Those not met include:

\*At least 90% of all restaurants have fewer than two critical violations during a routine semi-annual inspection.

\*95% of all food service workers receive approved food-worker training within 30 days of their hire date.

**#3 Parent and Child Health (Family Planning)**

Standard: met

Program Indicators: met

Population Outcomes: two of the seven outcomes met. Those not met include:

\*Percentage of babies whose mothers received early prenatal care is at least 95%. (1998 Benton County = 83.8%).

\*Percentage of two-year-olds who are adequately immunized is at least 90%. (1999 Benton County Immunization Registry data = 82%).

\*Percentage of 8<sup>th</sup> grade students who use alcohol in the previous month is < 21% (Benton County = 24%); use of illicit drugs is < 12% (Benton County = 18.4%); use of cigarettes < 12% (Benton County = 12%).

\*Number of children abused or neglected per 1,000 under 18 years is 6.5 or less. (Benton County = 9.5).

\*Percentage of infants of mothers using alcohol during pregnancy is 2% or less. (Benton County = 2.6%).

#### **#4 Collection and Reporting of Health Statistics**

These activities are done in a timely manner.

#### **#5 Health Information and Referral Program**

The BCHD has an extensive program for I&R. The office is located in the Health Department with 2 full-time employees and is open five days a week. In addition, a local resource manual for the community is published annually.

### **10 Essential Public Health Services**

Essential services that Benton County does well are:

- Develop policies and plans that support individual and community health efforts.
- Enforce laws and regulations that protect health and ensure safety.
- Link people to needed personal health services and assure the provision of health care when otherwise unavailable.

Essential services that Benton County does the basic components of but needs resources and staff to become comprehensive are:

- Monitor health status to identify community health problems.
- Diagnose and investigate health problems and health hazards in the community.
- Inform, educate, and empower people about health issues.
- Mobilize community partnerships to identify and solve health problems.

Essential services that Benton County does minimally well are:

- Assures a competent public health and personal healthcare workforce.
- Evaluates effectiveness, accessibility, and quality of personal- and population-based health services.

### **Public Health Improvement Plan Strategy**

Benton County Health Department's strategy for the 21<sup>st</sup> century is to lay a foundation consisting of the public health core functions as the community's health status improvement plan. Our definitions of core functions are: 1) health assessment, 2) policy development, 3) administration, 4) prevention (comprised of both health promotion and health protection), 5) access, and 6) quality. These functions will be the tool set to ensure healthy conditions in our community. To carry out these activities, operational improvements in our public health system infrastructure will be required. These improvements include:

- 1) changes in the organizational structures and policies to carry out the core functions,
- 2) a skilled workforce equipped with necessary resources,
- 3) an effective information and communications system to serve both internal and external constituencies, and
- 4) active involvement of the general public, community provider, and our local officials.

## **Goal**

To increase the department's ability to deliver the 10 essential population-based, public health services.

## **Immediate objectives**

- Conduct a health service epidemiological and statistical analysis of current Health Department public health practices and policies.
- Identify new list of public health priorities for the department.
- Establish need for quality initiatives.
- Establish an effective surveillance and analysis system of the incidence and prevalence of CD.
- Publish a yearly Disease Statistical Summary.

## **Activities**

- Establish an interdisciplinary Public health Practice Team that may include staff from CH, MH, EH, besides health educators, data analysts, the QI coordinator, Public Information Officer and administration.
- Conduct an assessment of the effectiveness of the department's MIS and communication infrastructure for its interconnectivity and effective service within the department and outside constituencies.
- Using the recent Benton County Health Status report (to be published 10/00) to design a survey and data gathering tools for an assessment of health department program strengths and needs.
- Hire an epidemiologist to lead the team and to conduct statistical and epidemiological analyses.
- Hire a health educator to assist in conducting the Health Department and community needs assessments, disseminate health status data to various audiences; mobilize the community for action; and perform preparation of proposals, presentations, and reports.
- Using the current data in this report and from the Public Health Planning and Advisory Committee to conduct assessments, analysis, and program planning specifically around the following:
  1. An assessment and evaluation of how local tobacco-related ordinances and population-based education have impacted the tobacco use of Benton County residents.
  2. An assessment and analysis of childhood obesity, sedentary lifestyle, and nutritional status as related to Benton County children.
  3. Analysis of maternal child data which indicates increasing numbers of low birth weight babies over the past five years. Look at connectivity factors such as ability to access prenatal care and maternal characteristics (age, ethnicity, tobacco, alcohol, etc).

4. Analysis of infectious diseases that are statistically higher than expected, i.e. E. Coli, Hepatitis A, and Hepatitis C.
5. Conduct an assessment of blood-lead levels in children under age 6 who live in houses built prior to 1950.

## **Evaluation**

Short-term evaluation is based upon the completion of the identified activities.

Interim evaluation will be based on the description of improved public-health infrastructure necessary to increase the capacity to deliver public-health services.

- **Human Resource Development (additional expertise on staff and training of staff),**
- **Improvement in department's information and communication system, and a**
- **Community planning systems and capacity.**

Long-term evaluation is based upon showing evidence of improvement and accomplishments stemming from the department's ability to implement and practice core public health functions as defined previously in this document.

## **List of Attachments/Appendices**

Attachment A	Public Health Planning and Advisory Committee
Appendix B	Board of County Commissioner Approval
Appendix C	Local Public Health Improvement Plan – Survey
Appendix D	Budget
Appendix E	YRBS Tobacco, Alcohol & Drug Use
Attachment F	Youth Drug & Alcohol Program Recommendation
Attachment G	Benton County Immunization Registry Report
Attachment H	Benton County’s Priorities to Promote Good Mental Health