



Public Health
Prevent. Promote. Protect.

Lincoln County

Public Health Modernization Plan
Lincoln County Public Health

January 2026

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Revision History

Date	Author/Editor	Revision Description
1/29/2026	Kaline Chavarria, Sara Herd, Madelyn Hiner, Sarah Hockema, Shelby Knife, Kat Lavigne, Dan Norton, Florence Pourtal, Breeze Powell, Asia Richardson	Original plan development

Glossary of Acronyms

Coalition of Local Health Officials (CLHO)

Communicable Disease (CD)

Community Health Assessment (CHA)

Community Health Improvement Plan (CHIP)

Disease Prevention & Harm Reduction (DPHR)

Health & Human Services (HHS)

InterCommunity Health Network Coordinated Care Organization (IHN-CCO)

Lincoln County Public Health (LCPH)

Local Public Health Authority (LPHA)

Maternal, Child, and Family Health (MCFH)

Oregon Health Authority (OHA)

Partnership for Community Health (PCH)

Public Health Accreditation Board (PHAB)

Background

Public Health Modernization in Oregon

In 2013, the Oregon Legislature passed House Bill (HB) 2348, which created a taskforce to study and make recommendations for Oregon’s public health system. This taskforce developed the following set of recommendations: 1. Adopt a set of foundational capabilities and programs to ensure a core set of public health services is available in every area of the state; 2. Allocate significant and sustained funding to support implementation of foundational capabilities and programs.

In 2015, the Oregon Legislature passed HB 3100, establishing the Modernized Framework for Governmental Public Health Services (see Figure 1). This framework defines a minimum package of public health capabilities and programs that every jurisdiction should provide.

Also in 2015, the [Public Health Modernization Manual](#) was completed. The manual was later revised in 2017. This manual defines the roles for state and local governmental public health across the foundational programs and capabilities defined in the above framework.

In 2016, LPHAs and the Oregon Health Authority (OHA) participated in a capacity and cost assessment to identify gaps in foundational program and capability

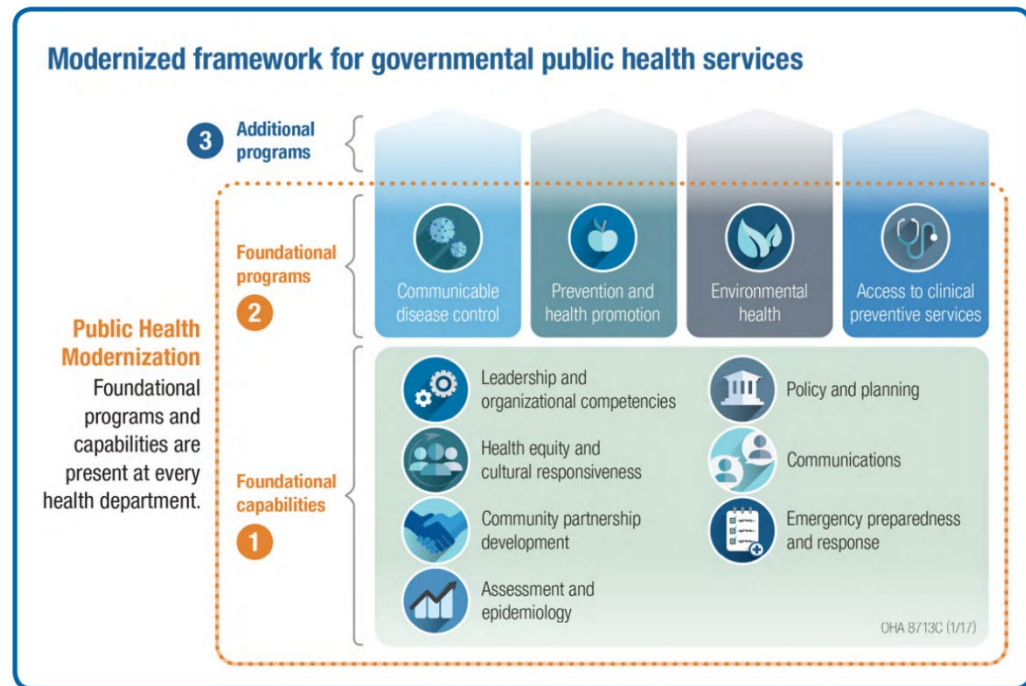


Figure 1: Modernized Framework for Governmental Public Health Services

implementation across the state and to establish the gap in funding between the current level of funding for governmental public health services and the funding needed for full implementation of the modernization framework.

In 2017, the Oregon legislature made an initial investment in Public Health Modernization for the 2017-2019 biennium. The total award was \$5 million to be split between OHA and LPHAs. Additional investments have been made since, but these investments are significantly below the resources identified as being needed for full implementation of public health modernization during the 2016 capacity and cost assessment.

LPHAs participated in a subsequent capacity and cost assessment in 2024, which included detailed questions in the following four categories: 1) current spending, 2) cross-jurisdictional sharing, 3) current capacity for and expertise in each foundational capability and program role, and 4) estimated needed resources to fully implement each foundational capability and program. Results from LCPH's 2024 Capacity & Cost Assessment are presented within this plan. Findings from this assessment provide a point in time picture of LCPH and are outdated as of the development of this report. The financial and program specific data used for the assessment were from FY23 and the financial, operational, and political landscape has changed significantly since then.

Under Oregon Revised Statute (ORS) 431.413, each LPHA must adopt, implement, monitor, evaluate and modify as necessary a local public health modernization plan in consideration of the local public health modernization assessment. This plan has been developed to meet this requirement.

Public Health Modernization in Lincoln County

LCPH has strategically adopted and aligned the Oregon public health modernization framework and manual, the national foundational public health services framework, and the Public Health Accreditation Board (PHAB) reaccreditation standards and measures (version 2022) as its roadmap for local governmental public health practice in Lincoln County.

Since the institutionalization of the public health modernization framework in Oregon statutes and the beginning of a financial investment by the Oregon legislature, Lincoln County's journey towards public health modernization has evolved. Today, the framework is embedded in the way the division is structured (see figure 2).

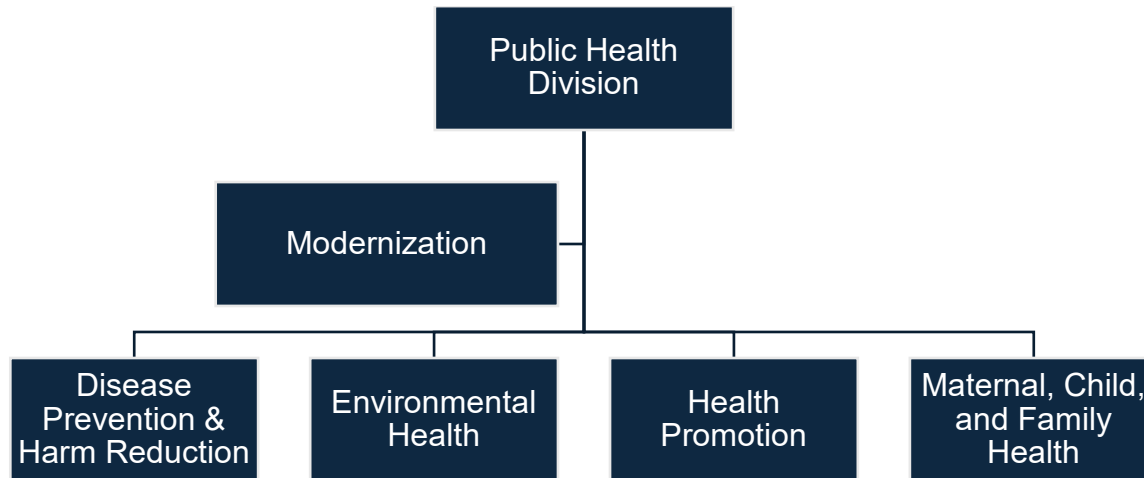


Figure 2: LCPH Organizational Chart

The Modernization section encompasses all the currently funded (through the public health modernization investment and a variety of other funding streams) foundational capabilities and will ultimately include all foundational capabilities once the funding is secured and sustained. These currently implemented foundational capabilities include the following:

- Leadership and organizational competencies
- Health equity and cultural responsiveness
- Emergency preparedness and response
- Community partnership development
- Communications
- Assessment and epidemiology

The Modernization section is designed to support LCPH programs with implementing the various foundational capabilities within their programs. The vision for this section is to develop tools and workflows that can be standardized across the division and guide the way programs handle communication, community partnerships, cultural responsiveness, assessment and surveillance, and emergency preparedness. The Modernization section and the Public Health Division

Directors are also responsible for developing and implementing division-wide plans in topic areas including quality improvement, performance management, workforce development, and strategic planning.

The other sections of LCPH conduct LCPH's programmatic operations and encompass the foundational programs captured by the Oregon Modernization Framework and by the National Framework for Foundational Public Health Services. These LCPH programs are as follows:

- Disease Prevention and Harm Reduction
- Environmental Health
- Health Promotion
- Maternal Child and Family Health

Assessment Data and Approach

Public Health Capacity and Cost Assessment

LCPH participated in an initial capacity and cost assessment in 2016 using data from FY2015. At the time, it was determined that LCPH spent \$1,387,038 annually on foundational programs and capabilities and needed a total investment of \$2,067,488 to fully implement the modernization framework. In addition, it was determined that the division's FTE needed to increase from 11.28 to 18.86 to fully implement the framework.

In 2024, LCPH conducted a second capacity and cost assessment based on data from FY2023. LCPH was able to invest \$2,233,894 in the foundational programs and capabilities and estimated needing an additional \$3,267,462 to fully implement the modernization framework. During this time, LCPH had 14.73 FTE dedicated to the implementation of the framework and estimated needing 32.2 FTE to fully implement it.

Between these two assessments, and during the last decade, a lot changed in the field of public health in Oregon and nationally. Oregon started investing in public health modernization, allowing the system to start strengthening certain capabilities and programs. From 2020 to 2023, the system handled the COVID-19 pandemic and was able to temporarily expand in capacity due to COVID specific funding.

During this almost 10-year period between the two assessments, LCPH increased its capacity in several key foundational capabilities and programs:

Leadership and Organizational Competencies

- Added 1.0 FTE Modernization Program Manager / Reaccreditation Coordinator
- Developed and implemented quality improvement, performance management, and workforce development plans and processes
- Achieved national accreditation and reaccreditation through the Public Health Accreditation Board (PHAB)

Health Equity and Cultural Responsiveness & Community Partnership Development

- Added 1.0 FTE Outreach Engagement and Community Partnership Analyst

- Developed a Health Equity Assessment and Implementation Plan
- Enhanced internal policy and processes

Assessment and Epidemiology

- Added 1.0 FTE Epidemiologist
- Completed a Regional Community Health Assessment

Policy and Planning

- Added 1.0 FTE Regional Community Health Assessment and Planning Project Manager through regional partnership
- Completed a Regional Community Health Improvement Plan

Communications

- Added 1.0 FTE Communications Coordinator / PIO
- Developed a division-wide communication plan and processes

Emergency Preparedness and Response

- Integrated this capability within the public health division and HHS
- Added 0.5 FTE to the existing 0.5 FTE for this capability
- Revised the Emergency Operations Plan (EOP) for HHS and developed numerous preparedness plans
- Started building a culture of preparedness and expanded response infrastructure

Communicable Disease Control

- Merged the communicable disease program with the risk and harm reduction program
- Added 1.0 FTE Communicable Disease Program Manager
- Added 1.0 FTE Communicable Disease and Immunization Coordinator
- Strengthened the communicable disease surveillance system

Prevention and Health Promotion

- Added 2.0 FTE Health Promotion Specialist

Environmental Health

- Completed a Climate & Health Assessment and Adaptation Plan

Public Health Reaccreditation and Oregon Modernization

LCPH was first accredited by PHAB in 2018 and maintained its accreditation status in November 2025 after going through the national Public Health Reaccreditation process. In 2022, PHAB revised its standards and measures and aligned them with the National Framework for Foundational Public Health Services. Since this national framework closely mirrors the Oregon Public Health Modernization framework and LCPH is committed to maintaining its accreditation status, LCPH decided to crosswalk the three models to ensure strategic alignment. LCPH has adopted these frameworks to guide its public health practice.

Plan Development and Implementation

Plan Structure

LCPH has adopted the modernization plan template developed by the Coalition for Local Health Officials (CLHO) Systems & Innovation Committee. This template is used to showcase the following for each foundational capability and program:

- Staffing capacity
- Implementation of the capability or program to date
- How LCPH will work towards full implementation
- Barriers and challenges to full implementation
- Current funding and estimated full funding amounts (based on the 2024 Capacity & Cost Assessment for LCPH; This data represents a point in time that is mostly obsolete today)

Plan Development

The LCPH Modernization Plan was developed through a collaborative process led by LCPH's Division Director and the Modernization Program Manager. Development of this plan began with creation of a crosswalk of the PHAB [Standards and Measures for Reaccreditation \(Version 2022\)](#) and the [Oregon Public Health Modernization Manual \(2017\)](#) to identify elements of overlap between the two models. In addition to these models, the LCPH Modernization Plan is informed by various requirements and plans including the OHA Triennial Review process, the 2024-2028 Linn Benton Lincoln Regional Community Health Improvement Plan, LCPH Quality Improvement Plan, and 2023 Lincoln Benton Climate and Health Adaptation Plan.

LCPH staff shaped the LCPH Modernization Plan through participation in the 2024 Capacity & Cost Assessment and through participation in meetings with the LCPH Division Director and LCPH Modernization Program Manager to inventory current and future initiatives that would support full implementation of the modernization framework and to discuss barriers and challenges to full implementation.

The steering committee of the Partnership for Community Health (PCH) for Linn, Benton, and Lincoln was involved in parts of LCPH's Modernization Plan development. The PCH includes InterCommunity Health Network Coordinated Care

Organization (IHN-CCO) and its Community Advisory Committee, the Samaritan Health System, the three LPHAs in the region, the regional health equity alliance, United Way of Linn Benton and Lincoln Counties, and the Confederated Tribes of the Siletz Indians.

The LCPH Modernization Plan was reviewed by the LCPH leadership team and approved by the LCPH Division Director in January 2026. Due to unforeseen circumstances, the Lincoln County Board of Commissioners (BOC) was unable to review the plan by the submission date. The plan will be presented to the BOC in winter 2026 and modification may be made to the plan based on their input. Additional briefings will be provided to the BOC to inform them of progress towards implementation.

Plan Implementation

LCPH is developing a detailed action plan for implementation of the LCPH Modernization Plan within its strategic planning software. This implementation plan identifies the work LCPH hopes to sustain or adopt to fully implement the Oregon modernization framework. Adoption of certain initiatives will only be possible with additional financial investment. These items are tagged within the software, so they can be easily distinguished from plan items that can be implemented regardless of additional financial investment. The implementation plan is organized as follows:

- Foundational capabilities and foundational programs – The foundational capabilities and programs of Oregon’s modernization framework make up the highest level of the plan.
- Roles - Roles from the Public Health Modernization Manual are identified under each foundational capability or program.
- Deliverables - Deliverables from the Public Health Modernization Manual and measures from the PHAB Reaccreditation Standards and Measures are identified under the appropriate role.
- Initiatives – Initiatives have been developed to support implementation of the deliverables. These live under the appropriate deliverable.
- Measures – Measures are an optional level of the plan where quantitative measures that demonstrate implementation of initiatives have been identified when possible. This is where the current public health accountability and process measures as well as the Oregon Health Authority (OHA) triennial review quality assurance measures for some public health programs are captured.

Plan Monitoring and Evaluation

Use of LCPH's strategic planning software allows for close monitoring of implementation and progress over time. This is achieved by assigning employees to items within the plan, selecting a frequency for progress and measure updates, and determining start and end dates of initiatives.

To measure progress towards plan implementation, LCPH will monitor the following quantitative metrics:

- Overall plan execution
 - Percent of plan items not started on track, off track, at risk, or achieved
 - Percent of plan items past due or not past due
 - Percent of progress updates up to date, late, or pending
- Progress towards Modernization Accountability Metrics (note: these measures may be updated over time based on performance)
 - Priority Area 1: Reduce the spread of syphilis and prevent syphilis in infants
 - Health outcome indicators:
 - Rate of congenital syphilis
 - Rate of syphilis (all stages) among people who can become pregnant
 - Rate of primary and secondary syphilis
 - Process measures:
 - Percent of people with syphilis interviewed
 - Percent of early syphilis cases treated within 14 days
 - Priority Area 2: Protect people from preventable diseases through vaccination
 - Health outcome indicator:
 - Rate of adult influenza vaccination for people 65 and over
 - Process measures:
 - Demonstrated actions to improve access to influenza vaccinations to residents of long-term care facilities
 - Demonstrated outreach and educational activities conducted with community partners to increase vaccine access or demand

- Priority Area 3: Build community resilience for climate impacts on health: extreme heat and wildfire smoke
 - Health outcome indicators:
 - Non-infectious and wildfire smoke related respiratory emergency department and urgent care visits
 - Process measure:
 - Demonstrate actions in communications
- Progress towards additional plan measures

LCPH's strategic planning software has built in dashboards, which can be developed to monitor progress towards plan implementation. A dashboard will be developed by LCPH's Modernization Program Manager for the LCPH Modernization Plan, so progress towards the above measures can be monitored and communicated to staff and leadership on a routine basis. These dashboards will be reviewed by LCPH program managers and supervisors at least quarterly during modernization plan meetings. Any of the reviews may prompt updates to the plan, which will be undertaken by LCPH's Modernization Program Manager. These updates might include changing the status of certain initiatives previously funded to needing additional investment or resources depending on what the future financial landscape of governmental public health in Oregon and in the country might look like.

Foundational Capabilities

Each of LCPH's programs implement various elements of the modernization foundational capabilities. To support and standardize these efforts across the division, the Modernization section was created in 2021 to act as a hub of expertise relative to the foundational capabilities. The Modernization section and its members serve the other sections of LCPH by providing access to the skillsets needed for the success of LCPH's programs and services. To date, the Modernization section includes the following positions:

- Modernization Program Manager
- Communications Coordinator and PIO
- Emergency Preparedness & Response Coordinator
- Epidemiologist
- Outreach Engagement and Community Partnership Analyst
- Regional Partnership for Community Health Project Coordinator

These positions and the Public Health Division Director contribute to fulfilling the following foundational capabilities in partnership with each of the foundational program sections:

- Leadership and organizational competencies
- Health equity and cultural responsiveness
- Emergency preparedness and response
- Community partnership development
- Communications
- Assessment and epidemiology

With additional investments in the foundational public health services through Public Health Modernization, LCPH hopes to expand this team to ensure LCPH has access to all foundational capability skillsets.

Leadership & Organizational Competencies

Role Categories	Deliverables
Leadership and governance	Evidence of engagement in health policy development, discussion, and adoption with PHD to define a strategic direction for public health initiatives Evidence of engagement with appropriate governing entities about public health’s legal authorities and what new legislative concepts, laws, and policies may be needed.
Performance management, quality improvement, and accountability	Implementation of a performance management system to monitor achievement of and accountability for public health objectives using a nationally recognized framework and quality improvement tools and methods
Human resources	Assessment of staff competencies; provision of training and professional development opportunities
Information technology	Operation and maintenance of interoperable information technology that meets current and future public health practice needs Training and technical support plan for users of local public health technology systems and technology resources
Financial management, contracts and procurement services, facility operations	Policies and procedures in place to protect personally identifiable and/or confidential health information

1. This capability is/will be implemented (check all that apply): <input checked="" type="checkbox"/> Through LPHA staff <input type="checkbox"/> Through contracted services <input type="checkbox"/> Through cross-sector sharing <input type="checkbox"/> Through cross-jurisdictional sharing <input type="checkbox"/> As a health district		2. What percentage of this capability is provided by your LPHA? (CCA: 12. Summary, Row 20, Column N) 100%	3. Self-assessed expertise (CCA: 12. Summary, Row 20, Column F) Proficient	4. Self-assessed capacity (CCA: 12. Summary, Row 20, Column H) Moderate
5. Current FTE supporting this capability (CCA: 12. Summary, Row 20, Column P) FTE: 1.87	6. FTE needed for full implementation (CCA: 12. Summary, Row 20, Column AD) FTE: 6.2	7. Current contract expenditures to support this capability (CCA: 12. Summary, Row 20, [Column T + Column X]) \$93,764	8. Estimated contract expenditures to support full implementation of this capability (CCA: 12. Summary, Row 20, [Column AH + Column AL]) \$171,305	
9. Describe any joint agreements or contracted services being used to support implementation of this capability N/A				
10. Revenue sources supporting this capability 1. PE 51-01 <input type="checkbox"/> Short-term or limited duration funding 2. PE 51-05 <input checked="" type="checkbox"/> Short-term or limited duration funding 3. <input type="checkbox"/> Short-term or limited duration funding			11. Current total expenditures supporting this capability (CCA: 12. Summary, Row 20, Column AB) \$364,627	12. Estimated total expenditures to support full implementation of this capability (CCA: 12. Summary, Row 20, Column AP) \$1,120,497

Implementation to Date

As of 2025, LCPH has successfully implemented many of the deliverables within the Leadership & Organizational Competencies foundational capability. LCPH maintains access to some of the roles within this foundational capability via county-wide departments external to LCPH due to the county structure. These roles include human resources; information technology; financial management, contracts and procurement services, facility operations.

Health policy development and strategic direction

LCPH consistently engages in the development of health policies and strategic planning at both the local and state level. LCPH is represented on all Coalition of Local Health Officials (CLHO) committees, participates in numerous Oregon Health Authority (OHA)-led workgroups, and has representation on the Oregon Public Health Advisory Board. These collaborations allow LCPH to provide its perspective on what legislative concepts, laws, and policies may be needed and to inform the strategic direction of public health. LCPH also regularly engages with the legislature through regular written testimonies.

Performance management, quality improvement, and accountability

LCPH developed a Modernization Program Manager position in late 2024. This position is tasked with supporting the development and sustainability of performance management and quality improvement efforts across the public health division. LCPH adopts performance measures annually, reviews these measures quarterly, and engages in quality improvement initiatives as needed with assistance from the LCPH QI Committee. LCPH has also invested in project management software, which allows the division to closely monitor plan execution and increases transparency across the division through use of metrics and data dashboards.

LCPH is a nationally accredited public health department through PHAB and achieved reaccreditation in 2025. This accomplishment demonstrates LCPH's commitment to continual improvement and accountability.

Human resources and workforce development

LCPH maintains access to Human Resources (HR) capabilities primarily through the Lincoln County Human Resources and County Counsel Departments. These departments lead employee recruitment and selection, compensation and benefits, and legal compliance functions. There's also a position within Lincoln County Health & Human Services (HHS; LCPH's umbrella organization) that helps support some of LCPH's HR needs such as new employee orientation, job description development and updates, and staff evaluation and training reminders. LCPH is tasked with strategic

workforce planning and workforce training and development functions. While LCPH doesn't have a staff member dedicated to these HR functions, the division was able to develop a workforce development plan in 2024 based on an assessment of staff capabilities and has implemented various of the strategies identified within the plan.

Information technology and data security

LCPH maintains access to Information Technology (IT) capabilities primarily through the Lincoln County IT Department. There's a dedicated position for HHS matters in the IT department, which helps ensure LCPH has access to needed IT support. The county IT department is responsible for network management, system and software maintenance, cybersecurity functions, and technical support. The IT department provides orientation to all new LCPH employees to ensure compliance with county IT practices.

LCPH maintains access to the IT platforms adopted by Lincoln County as well as the databases mandated by the state to fulfill contractual requirements. LCPH has successfully advocated for access to additional platforms to meet its needs in recent years including AchieveIt, Tableau, Jeenie, Kahootz, Constant Contact, and Design Center.

Lincoln County HHS maintains robust confidentiality policies, procedures, and trainings to ensure compliance with requirements from funders and federal and state law. This responsibility falls under the HHS Risk and Compliance team. All new LCPH employees must review these policies and take the required trainings within two months of their hire. Current LCPH staff are reassigned these policies and trainings annually to support continued compliance with rules and regulations. Completion of these activities is tracked by HHS and monitored by LCPH program managers and supervisors to ensure compliance.

Financial management, contracts and procurement services, facility operations

LCPH's maintains access to financial management capabilities primarily through the Lincoln County HHS fiscal team and the Lincoln County Finance Department. LCPH works closely with the fiscal team to ensure sound fiscal management. LCPH program managers and supervisors closely monitor their budgets using tools co-developed by the HHS fiscal team and LCPH Division Director. They also engage in monthly check-ins with HHS fiscal staff during which any financial questions or concerns are addressed.

Contracts and procurement services are handled by the HHS Operations Manager as well as by the Lincoln County Counsel's team. Facility operations are handled by the Lincoln County's Facilities Department in coordination with the HHS Operations Manager.

Full Implementation

To reach full implementation of this foundational capability, LCPH will maintain the work described above and will work to adopt the following initiatives, funding allowing:

- Develop section-specific standard operating procedures (SOPs) for each of LCPH's five sections rooted in best practices
- Ensure at least 70% of LCPH Workforce Development Plan objectives are met during the lifetime of the plan
- Develop a standardized new employee onboarding procedure for LCPH
- Strengthen relationships with Lincoln County high schools and public health programs in higher education
- Develop and implement a formal and standardized internship program at LCPH
- Develop a training and technical support plan for LCPH technology systems
- Continue to enhance and strengthen its financial analysis tools and capacity and ensure audit findings are resolved within the prescribed timeframe.

Barriers and Challenges to Full Implementation

With HR, IT, and fiscal capabilities set outside of the public health division, LCPH can rely on its basic needs being met, but the division isn't always able to receive timely support for larger projects or special requests. Access to these expanded supports would increase LCPH's effectiveness in the conduct of its public health practice.

LCPH doesn't have an employee devoted to workforce development and LCPH managers and supervisors have limited capacity to lead these efforts. Development of LCPH's current Workforce Development Plan (WDP) was made possible with help from an intern. Without an employee dedicated to workforce development, implementation of the WDP has been limited. LCPH needs additional funding to develop a position that can be tasked with workforce development responsibilities including developing and implementing a WDP, promoting capacity building among staff, and building relationships with public health programs in higher education among other initiatives.

An additional challenge in the realm of workforce development is that LCPH doesn't have a division-wide budget dedicated to workforce development. Therefore, the ability for LCPH staff to engage in workforce development opportunities with fees associated depends on whether their specific program has the funding available. LCPH could provide these opportunities more equitably if it had a division-wide budget for workforce development. Unfortunately, the division doesn't have sustainable funding to support this currently.

Health Equity & Cultural Responsiveness

Role Categories	Deliverables
Foster health equity	<p>Internal assessment, completed within the previous five years of the local authority’s overall capacity to apply a health equity lens to programs and services, provide culturally responsive programming and services, and status of the division’s structure and culture as a barrier or facilitator for achieving health equity.</p> <hr/> <p>Action plan that addresses key findings from the internal assessment and includes organizational changes that support a health equity lens and cultural responsiveness. Action plan includes metrics and an accountability structure that identifies responsible work units, tasks, timelines, and performance measures.</p> <hr/> <p>Documentation that demographic data are used to evaluate the impact of public health policies, programs, and strategies on health equity and health outcomes, and to inform public health action moving forward.</p> <hr/> <p>Training plan to increase staff capacity to address the causes of health inequities, promote health equity, and implement culturally responsive programs. Documentation that training is provided to staff annually.</p>
Communicate and engage inclusively	<p>Community health improvement plan, developed within the previous five years, that specifically addresses health equity and cultural responsiveness.</p>

1. This capability is/will be implemented (check all that apply): <input checked="" type="checkbox"/> Through LPHA staff <input type="checkbox"/> Through contracted services <input type="checkbox"/> Through cross-sector sharing <input type="checkbox"/> Through cross-jurisdictional sharing <input type="checkbox"/> As a health district		2. What percentage of this capability is provided by your LPHA? (CCA: 12. Summary, Row 17, Column N) 100%	3. Self-assessed expertise (CCA: 12. Summary, Row 17, Column F) Proficient	4. Self-assessed capacity (CCA: 12. Summary, Row 17, Column H) Minimal
5. Current FTE supporting this capability (CCA: 12. Summary, Row 17, Column P) FTE: 0.73	6. FTE needed for full implementation (CCA: 12. Summary, Row 17, Column AD) FTE: 1.0	7. Current contract expenditures to support this capability (CCA: 12. Summary, Row 17, [Column T + Column X]) \$124,472	8. Estimated contract expenditures to support full implementation of this capability (CCA: 12. Summary, Row 17, [Column AH + Column AL]) \$27,630	
9. Describe any joint agreements or contracted services being used to support implementation of this capability N/A				
10. Funding sources supporting this capability 1. PE 51-01 <input type="checkbox"/> Short-term or limited duration funding 2. PE 51-02 <input type="checkbox"/> Short-term or limited duration funding 3. PE 63, Mobile Health Unit Grant <input checked="" type="checkbox"/> Short-term or limited duration funding			11. Current total expenditures supporting this capability (CCA: 12. Summary, Row 17, Column AB) \$199,249	12. Estimated total expenditures to support full implementation of this capability (CCA: 12. Summary, Row 17, Column AP) \$171,506

Implementation to Date

LCPH has cultivated an environment across the division in which health equity and cultural responsiveness are values that underpin the work of all its programs. In 2022, thanks to financial investments in public health modernization, LCPH was able to create an Equity Analyst position within the Modernization section. This position became vacant in 2024 and LCPH altered the position to incorporate elements of the Community Partnership Development foundational capability into the position. This decision was made due to the level of modernization funding available at the time and federal guidance about equity work. This new position, titled Outreach Engagement and Community Partnership Analyst, was filled in 2025.

Foster health equity

In 2023, LCPH through HHS contracted with an outside organization to conduct an equity assessment and strategic plan for the department. The equity assessment captures a diverse array of experiences and perspectives to provide a comprehensive point-in-time portrait of HHS. The equity strategic plan includes priority areas, goals, objectives, success measures, and strategies based on findings from the equity assessment. Certain strategies were built into LCPH and HHS strategic plan for implementation.

HHS maintains various diversity, equity, and inclusion (DEI) policies, which are mandatory for new employees to review and for existing employees to re-review on a routine basis. In recent years, LCPH has led the creation or update of numerous DEI policies to ensure they meet best practices. LCPH developed a policy DEI checklist to ensure all HHS policies and procedures align with the values, needs, and issues of a diverse community. It's expected that this checklist be used when new HHS policies are developed or existing policies are updated.

All HHS employees are required to take a cultural competency training upon hire and annually following that. LCPH is in the process of adding additional DEI trainings to its mandatory training schedule. In addition to these mandatory trainings, LCPH and HHS provides trainings on a more infrequent basis to enhance its employees' knowledge of equity principles and to support culturally responsive programs. These include a Trauma Informed Care Training in 2024, a Diversity Equity & Inclusion training provided by Health Resources in Action in June 2023, De-escalation Tactics training in 2024, and an HHS all staff retreat focused on cultural diversity and inclusivity in 2023.

Communicate and engage inclusively

LCPH is a founding member of the Partnership for Community Health (PCH), a multiagency collaborative that came together in 2021 to develop a regional Community Health Assessment (CHA) and Community Health Improvement Plan

(CHIP) for the Linn- Benton-Lincoln region. The 2024-2028 Regional CHIP has four priorities, each of which include a component of health equity. In addition, one of the regional CHIP priority areas is Inclusion, Diversity, Anti-Racism, and Equity.

Full Implementation

To reach full implementation of this foundational capability, LCPH will maintain the work described above and will work to adopt the following initiatives, funding allowing:

- Fully adopt and implement the Equity Framework from Human Impact Partners to guide its operational strategies
- Develop a process to compile local data on health resources and health threats through local partnerships
- Develop and maintain guides to support equitable primary data collection
- Develop public health measures of neighborhood conditions, institutional power and social inequalities that lead to prevention strategies focused on the social and environmental determinants of health
- Regularly update the health equity assessment and plan
- Ensure Lincoln County representation on the regional data equity taskforce
- Identify or develop additional equity trainings for inclusion on the new LCPH employee onboarding training list
- Develop a multi-year equity training plan for existing staff, which includes the provision of at least one equity training annually
- Routinely modify the equity training plan based on results of the health equity assessment
- Engage communities most impacted by health equity work in identification of CHIP priorities

Barriers and Challenges to Full Implementation

The merging of the health equity and cultural responsiveness and community partnership development foundational capabilities into a single LCPH position poses some capacity challenges. To date, this position hasn't been able to engage in various elements of the position description, most notably internal health equity capacity building.

The current federal restrictions on DEI including the termination of federal equity related grants and federal restrictions placed on the operation of programs promoting DEI both pose a challenge to full implementation of this capability. These changes have had a greater impact on other divisions of Lincoln County HHS who receive a larger proportion of their

funding from federal agencies, but some changes have had to be made at the HHS-level to ensure compliance with federal orders, therefore limiting LCPH's ability to promote equity work.

LCPH would benefit from conducting a new equity assessment and implementation plan. The equity assessment and strategic plan conducted in 2023 was undertaken during a time of major change and rebuilding for HHS. The department was still finding its footing post COVID-19 and the exodus of many high-level employees. While the assessment captured some relevant and important findings, so many changes have occurred in the years post-assessment that many of the findings and strategies no longer feel applicable. Also, future assessments may be more relevant if they're conducted for just the public health division, as many of the strategies identified in the current plan don't apply to the work undertaken by LCPH. At this time LCPH doesn't have the capacity to redo this assessment, nor does it have the funding to hire an outside consultant as was done in 2023.

Community Partnership Development

Role Categories	Deliverables
<p>Identify and develop partnerships</p>	<p>Portfolio of cross-sector partnerships. The portfolio should include a description of partnering organizations, how the partnership supports population health and how the partnership addresses health disparities.</p> <hr/> <p>List of all community partners involved in local and regional health needs, health impact and health hazard vulnerability assessments. The list should include descriptions of partners involved, their roles and contributions to the effort.</p> <hr/> <p>List of all key regional health-related organizations with whom the health department has developed relationships. Documentation of collaborations and corresponding benefits to the public’s health in grant progress reports and other summaries of activities.</p> <hr/> <p>List of all local community groups or organizations representing priority populations with whom the local public health authority has developed relationships. Document successes, lessons learned, recognized barriers to collaboration and strategies to overcome these barriers.</p> <hr/> <p>Documentation of training, technical assistance and other forms of support provided to partners.</p> <hr/> <p>Evaluation reports on the effectiveness of community partnerships. Reports should address what is working well, and specific areas where improvement is needed related to communication, identification of shared goals and ability to work together to achieve them.</p>
<p>Engage partners in policy</p>	<p>Documentation of meetings, communications and other efforts to engage communities disproportionately affected by health issues.</p>

1. This capability is/will be implemented (check all that apply): <input checked="" type="checkbox"/> Through LPHA staff <input type="checkbox"/> Through contracted services <input type="checkbox"/> Through cross-sector sharing <input type="checkbox"/> Through cross-jurisdictional sharing <input type="checkbox"/> As a health district		2. What percentage of this capability is provided by your LPHA? (CCA: 12. Summary, Row 14, Column N) 100%	3. Self-assessed expertise (CCA: 12. Summary, Row 14, Column F) Proficient	4. Self-assessed capacity (CCA: 12. Summary, Row 14, Column H) Moderate
5. Current FTE supporting this capability (CCA: 12. Summary, Row 14, Column P) FTE: 0.0	6. FTE needed for full implementation (CCA: 12. Summary, Row 14, Column AD) FTE: 1.15	7. Current contract expenditures to support this capability (CCA: 12. Summary, Row 14, [Column T + Column X]) \$8,000	8. Estimated contract expenditures to support full implementation of this capability (CCA: 12. Summary, Row 14, [Column AH + Column AL]) \$31,774	
9. Describe any joint agreements or contracted services being used to support implementation of this capability The Partnership for Community Health established a charter and MoUs amongst its funding partners allowing the regional CHA and CHIP work to be sustained over the next few years.				
10. Funding sources supporting this capability 1. PE 51-01 <input type="checkbox"/> Short-term or limited duration funding 2. PE 51-02 <input type="checkbox"/> Short-term or limited duration funding 3. PE 63, Mobile Health Unit Grant <input checked="" type="checkbox"/> Short-term or limited duration funding		11. Current total expenditures supporting this capability (CCA: 12. Summary, Row 14, Column AB) \$10,726	12. Estimated total expenditures to support full implementation of this capability (CCA: 12. Summary, Row 14, Column AP) \$176,510	

Implementation to Date

LCPH conducts much of its work in partnership with organizations operating in Lincoln County, the Linn-Benton-Lincoln region, the state of Oregon, and at times, national partners. Each LCPH section maintains relationships with various partners. In 2025, LCPH hired an Outreach Engagement and Community Partnership Building Analyst within the Modernization section. This position provides the division with additional capacity for partnership work and the FTE to begin to standardize and institutionalize the work conducted across the division.

Identify and develop partnerships

Each of LCPH's sections have fostered strong and trusting partnerships with numerous local and regional organizations operating within their programs' subject areas. These partners vary widely but all contribute to LCPH's ability to meet its commitment to preventing illness and injury and promoting well-being throughout the Lincoln County community. Strategic partnerships support resource and knowledge sharing, enhance reach and trust, and promote innovation and are therefore integral to LCPH's success.

In 2023, LCPH started developing tools to assess LCPH's partnerships across a variety of sectors such as the business sector, the education sector, the faith-based sector, the healthcare sector, governmental sector, law enforcement and first responders' sector and more. In 2025, LCPH's Outreach Engagement and Community Partnership Building Analyst began developing tools to track LCPH's engagement with external partners and to assess LCPH's partnerships to identify what's working well and where improvement is needed. It's expected that these tools will be rolled out across the division in early 2026.

Provide support to partners

LCPH provides various forms of support to its partners. LCPH supports capacity building among its partners by providing training in a wide range of topics including mental health promotion and drug overdose prevention. On occasion, LCPH employees lend their expertise to other county health departments to help mentor new employees. LCPH also regularly supports partners by supporting or attending their community events. LCPH attends numerous community events throughout the year, including cultural festivals, health fairs, and pride events.

When approached by partners to collaborate, LCPH strives to provide staff to support the work. In 2025, two community-based organizations asked LCPH to partner on a grant to increase access to health care services for the county's Latinx

and Mesoamerican Indigenous communities. LCPH agreed and is providing 1.5 FTE grant management, expenditure management, fiscal, and activity reporting capabilities in support of this work.

Engage partners in policy

LCPH employs multiple methods to engage communities disproportionately affected by health issues in program development and decision making. These most commonly include hosting listening sessions and focus groups, engaging with trusted community leaders, and distributing surveys. During development of the 2022-2026 regional CHA, LCPH hosted focus groups in English, Spanish, and Mam, conducted key informant interviews with leaders in various priority populations, and developed a survey which was translated into six different languages.

LCPH has undertaken various large-scale projects over the last five years to engage with, and provide services to, Lincoln County's Latinx and Mesoamerican Indigenous communities. These projects have included culturally tailored COVID-19 and flu vaccination clinics and communications, enhanced WIC outreach and engagement, and efforts to increase access to community resources and health services. These concerted efforts have led to LCPH forming strong relationships with trusted leaders among these communities.

Another way that LCPH engages with communities disproportionately affected by health issues and the organizations serving them is through membership on various coalitions. One such coalition is Juntos en Colaboración, which has the goal of improving access to programs and services related to health, food, and other areas for Latinx, Hispanic, and Mesoamerican Indigenous communities in Lincoln County. Another is the Lincoln County Maternal Child Family Health Community Advisory Board (MCFH CAB). This CAB is led by LCPH's MCFH section and seeks to increase community knowledge of programs serving children and families, build stronger partnerships, increase referrals to and from LCPH MCFH programs, and increase overall support for families in Lincoln County. In 2025, the CAB created a special workgroup to explore strategies for increasing community member participation in the CAB. This work is ongoing at the time of this report, but future lessons learned through the workgroup will be shared to support the division's ability to better reach community members in all its programs.

Full Implementation

To reach full implementation of this foundational capability, LCPH will maintain the work described above and will work to adopt the following initiatives, funding allowing:

- Implement the Partnership Project Tracking Tool
- Implement the Reoccurring Community Partnership Meeting Dashboard
- Develop a LCPH Master Contact List
- Develop a process for accepting and fulfilling partner support requests
- Integrating the various community outreach work across the division
- Complete annual evaluations of LCPH's partnerships
- Develop a community outreach and engagement guide for LCPH in alignment with The Health Equity Guide by Human Impact Partners
- Strengthen and expand tribal partnerships

Barriers and Challenges to Full Implementation

Until 2025, LCPH didn't have a position dedicated to partnership work, rather it had multiple positions with dedicated time towards partnership development. As described above, LCPH's sections have been successful at fostering partnerships with various sectors to support its programs, however without a dedicated position this work could be disjointed and duplicative at times. With the creation of this new position, LCPH should be able to increase its capacity to provide community partnership capabilities to the Lincoln County community in a manner that's strategic and coordinated. LCPH's Outreach Engagement and Community Partnership Building Analyst does hold responsibilities within both the Community Partnership Development and Health Equity and Cultural Responsiveness foundational capabilities. It's possible that this wide scope of work may become a challenge in the future as additional needs, in either area, are identified.

The above-described projects serving Lincoln County's Latinx and Mesoamerican Indigenous communities were funded by short-term grants awarded to LCPH. The availability of such funding greatly supports or constrains LCPH's ability to adopt such large-scale projects. Recent termination of federal equity related grants may impact LCPH's ability to adopt such projects in the short-term. More sustained funding for equity-related work would be of even greater benefit, as it would allow LCPH to routinely engage in such projects.

LCPH relies heavily on its cultural partners to reach priority communities for focus groups, material development, and program feedback. Being able to compensate them for their time is not feasible with current funding but is something the division would like to do in the future, funding allowing.

Strong and trusting relationships take time to build. LCPH would benefit from building the trusting relationships it has with the Latinx and Mesoamerican Indigenous communities with other communities disproportionately affected by health issues in Lincoln County including the American Indian population and veterans. This will take staff time and funding, both of which are in short supply.

Assessment & Epidemiology

Role Categories	Deliverables
Data collection and electronic information systems	<i>No local deliverable</i>
Data access, analysis, and use	Vital records reports.
Respond to data requests and translate data for intended audience	Summaries of: <ol style="list-style-type: none"> i. Disease occurrence, outbreaks, and epidemics; ii. The impact of public health policies, programs, and strategies on health outcomes, including economic analyses, when appropriate; iii. Key indicators of community health, which include information about upstream or root causes of health; iv. Leading causes of disease, injury, disability, and death, which include information about health disparities; and v. Analyses of statewide surveys on health attitudes, beliefs, behaviors and practices.
Conduct and use basic community and statewide health assessments	Community health assessment developed within the past five years Demonstrated use of data to inform annual updates to community health improvement plan
Infectious disease-related assessment	Documentation of capacity to interact with the State Public Health Lab on a 24/7 basis

1. This capability is/will be implemented (check all that apply): <input checked="" type="checkbox"/> Through LPHA staff <input type="checkbox"/> Through contracted services <input type="checkbox"/> Through cross-sector sharing <input checked="" type="checkbox"/> Through cross-jurisdictional sharing <input type="checkbox"/> As a health district		2. What percentage of this capability is provided by your LPHA? (CCA: 12. Summary, Row 8, Column N) 100%	3. Self-assessed expertise (CCA: 12. Summary, Row 8, Column F) Proficient	4. Self-assessed capacity (CCA: 12. Summary, Row 8, Column H) Moderate
5. Current FTE supporting this capability (CCA: 12. Summary, Row 8, Column P) FTE: 1.7	6. FTE needed for full implementation (CCA: 12. Summary, Row 8, Column AD) FTE: 2.5	7. Current contract expenditures to support this capability (CCA: 12. Summary, Row 8, [Column T + Column X]) \$82,898	8. Estimated contract expenditures to support full implementation of this capability (CCA: 12. Summary, Row 8, [Column AH + Column AL]) \$69,075	
9. Describe any joint agreements or contracted services being used to support implementation of this capability N/A				
10. Funding sources supporting this capability 1. PE 51-02 <input type="checkbox"/> Short-term or limited duration funding 2. <input type="checkbox"/> Short-term or limited duration funding 3. <input type="checkbox"/> Short-term or limited duration funding		11. Current total expenditures supporting this capability (CCA: 12. Summary, Row 8, Column AB) \$229,400	12. Estimated total expenditures to support full implementation of this capability (CCA: 12. Summary, Row 8, Column AP) \$412,052	

Implementation to Date

The deliverables of the Assessment and Epidemiology foundational capability are primarily implemented by LCPH's Epidemiologist and the PCH Project Manager through the regional health assessment work. LCPH hired an epidemiologist in 2022. Prior to this, LCPH consulted with neighboring Benton County's epidemiologist as needed, which left the division with very little support for assessment and epidemiologic functions. The creation of this Epidemiology position has allowed LCPH to implement many of the Assessment and Epidemiology deliverables of the Public Health Modernization manual.

Data access, analysis, and use

LCPH's Epidemiologist maintains a submission form to accept data support requests from LCPH employees who need assistance accessing, collecting, cleaning, analyzing, and/or visualizing data. This submission form ensures LCPH staff have the data support needed to inform program planning activities, complete program evaluations or assessments, and report to funders.

LCPH maintains access to numerous data systems which support the division's ability to detect health trends and maintain situational awareness in a variety of topic areas. LCPH works closely with regional health departments to align indicators, share analytic processes, and standardize response thresholds for a coordinated epidemiology and assessment structure. To date, this coordinated approach has been implemented for overdose surveillance and response and intentional injury surveillance.

Summaries of data on key indicators of community health and leading causes of disease, injury, and death are compiled and made widely available within the regional CHA, which is conducted every five years. This work is supported primarily by the PCH Epidemiologist who provides 0.5 FTE towards the regional CHA and CHIP and is supported by funding from the three health departments in the region through regional modernization funding.

Conduct and use community health assessments

The PCH is responsible for developing and implementing the regional CHA and CHIP for the tri-county region of Linn, Benton, and Lincoln counties. The current regional CHA was published in March 2023. The next regional CHA is scheduled for publication in 2027, and planning is currently underway to conduct the assessment.

The 2024-2028 regional CHIP was published in October 2023. The PCH coordinates with the member LPHAs to monitor and evaluate the CHIP and publish periodic updates and progress reports. These documents are published on the [PCH](#)

[website](#).

Data-driven decision-making is a guiding principle of the PCH. The processes for monitoring and evaluating the CHIP are coordinated by the PCH Project Manager, the PCH Epidemiologist, and data experts from the member organizations.

Infectious disease-related assessment

LCPH maintains practices for 24/7 laboratory coverage through the Public Health 24 Hour Emergency On-Call policy. This policy outlines LCPH's 24/7 laboratory coverage and includes written procedures for accessing the Oregon State Public Health Laboratory for urgent communicable disease testing and follow-up. All LCPH managers and supervisors are assigned this policy, as they have on-call responsibility for the division. In addition, all LCPH managers are trained in CD 101 to ensure they can provide basic disease investigation functions outside of business hours.

Full Implementation

To reach full implementation of this foundational capability, LCPH will maintain the work described above and will work to adopt the following initiatives, funding allowing:

- Strengthen surveillance systems and processes for key infectious diseases such as respiratory illnesses, foodborne illnesses, and immediately reportable communicable diseases
- Develop a standardized evaluation process and set of tools for LCPH to ensure interventions meet the needs of the local population served
- Train staff in developed evaluation process and tools
- Develop reports of local vital records data at least every other year
- Develop summaries of the impact of public health policies, programs and strategies on health outcomes based on findings from implemented evaluations
- Develop a process for accepting and responding to data requests from external partners
- Explore ways to provide the public health division with at least 0.5 FTE evaluation capability and expand epidemiologist to 1 FTE focused solely on assessment and data analysis

Barriers and Challenges to Full Implementation

LCPH doesn't have a dedicated Disease Intervention Specialist. Instead, this role is held by LCPH's Epidemiologist due to funding constraints. LCPH's Epidemiologist's time is split 50% assessment and data analysis and 50% disease

investigation. This split constrains LCPH's ability to access, analyze, and use data, especially as disease investigation work must take priority due to its time-sensitive nature.

LCPH inconsistently engages in program evaluation activities. LCPH doesn't have a consistent framework or expectation for conducting program evaluations and instead follows the requirements of its funding source. This sometimes results in no or limited evaluation of program activities. An employee with a background in program evaluation has been tasked with developing a set of evaluation tools and expectations for the division, but this will still leave LCPH without consistent and sustained support for evaluation activities. LCPH would benefit from having an employee with program evaluation written into their job description for continual support in this area. This skillset would also allow LCPH to engage in higher quality evaluations, such as incorporating economic analyses, which haven't historically been a part of LCPH's evaluations.

As the first CHA conducted by the newly formed PCH, the 2022-2026 regional CHA required extensive resources from the partner organizations, most notably staff time. Since then, the PCH has hired two positions to support this work including a full-time project manager who is housed at LCPH and an epidemiologist who provides 0.5 FTE towards CHA and CHIP development. These additional positions should remove the barriers faced during development of the 2022-2026 regional CHA, but these positions are only sustainable with continued financial investment in modernization by the state.

Policy & Planning

Role Categories	Deliverables
Develop and implement policy	Current community health improvement plan. Documentation of community health improvement plan updates provided to the governing body to whom the local health authority is accountable Local strategic policy plan Documentation of developed and amended rules and regulations.
Improve policy with evidence-based practice	<i>No local deliverable</i>
Understand policy results	Documentation of CHIP updates and information made available to the public.

1. This capability is/will be implemented (check all that apply): <input checked="" type="checkbox"/> Through LPHA staff <input type="checkbox"/> Through contracted services <input type="checkbox"/> Through cross-sector sharing <input checked="" type="checkbox"/> Through cross-jurisdictional sharing <input type="checkbox"/> As a health district		2. What percentage of this capability is provided by your LPHA? (CCA: 12. Summary, Row 26, Column N) 100%	3. Self-assessed expertise (CCA: 12. Summary, Row 26, Column F) Basic	4. Self-assessed capacity (CCA: 12. Summary, Row 26, Column H) Minimal
5. Current FTE supporting this capability (CCA: 12. Summary, Row 26, Column P) FTE: 0.0	6. FTE needed for full implementation (CCA: 12. Summary, Row 26, Column AD) FTE: 1.0	7. Current contract expenditures to support this capability (CCA: 12. Summary, Row 26, [Column T + Column X]) \$30,000	8. Estimated contract expenditures to support full implementation of this capability (CCA: 12. Summary, Row 26, [Column AH + Column AL]) \$27,630	
9. Describe any joint agreements or contracted services being used to support implementation of this capability Memorandum of Understanding between Samaritan Health Services, IHN-CCO and Linn, Lincoln and Benton LPHAs to financially sustain the work of the Partnership for Community Health.				
10. Funding sources supporting this capability 1. PE 51-02 <input type="checkbox"/> Short-term or limited duration funding 2. PE 13 <input type="checkbox"/> Short-term or limited duration funding 3. Solid waste franchise fees to assist with code enforcement <input type="checkbox"/> Short-term or limited duration funding			11. Current total expenditures supporting this capability (CCA: 12. Summary, Row 26, Column AB) \$30,000	12. Estimated total expenditures to support full implementation of this capability (CCA: 12. Summary, Row 26, Column AP) \$166,711

Implementation to Date

LCPH doesn't have a position dedicated to providing policy skillsets to the public health division. LCPH does help fund the regional PCH Project Manager position who coordinates the CHIP elements of this foundational capability. This position is made possible thanks to regional Public Health Modernization funding.

Current community health improvement plan

The PCH was established in 2021 to develop and implement the regional CHA and CHIP for Linn, Benton, and Lincoln counties. This collaborative approach allows for resource sharing and encourages a shared vision of positive change. The PCH has adopted a five-year CHA/CHIP cycle with the first regional CHIP being published in January 2025. Updates on the CHIP are provided to LCPH's governing entity at least annually during public meetings. The PCH Project Manager and Epidemiologist coordinate regional reporting to the responsible agencies and ensure that progress reports are publicly accessible.

Develop and implement policy

LCPH maintains representation on various state-wide workgroups that provide opportunities for LCPH to inform the development and amendment of state-wide rules and regulations impacting LPHAs. One such workgroup is the CLHO Legislative Committee, which provides direction for monitoring state and federal legislation that affects public health in Oregon. LCPH also regularly sits on state rules advisory committees. During legislative sessions, LCPH contributes testimony in support or opposition of legislation with impact on community health and the field of public health.

LCPH's Health Promotion section regularly participates in the development and implementation of local rules and regulations. The TPEP program develops commercial tobacco prevention policy strategies each funding biennium. The current workplan includes amending Lincoln County Smoke and Nicotine ordinance to remove designated smoke areas in parks and campgrounds and developing a Smokefree Campus policy with Angell Job Corps. Previously, Health Promotion supported statewide policy efforts to ban flavored tobacco products through policy leader education at all seven incorporated cities and the county BOC, resulting in the county and four cities passing resolutions to support the flavor ban.

Understand policy results

The PCH includes a communications workgroup that advises the steering committee on strategic engagement with partners and guides the development of content on platforms including the PCH website and mailing list. The PCH

website, www.LBLpartnershipforhealth.org is independent from the websites of the member organizations and has its own brand identity. The regional CHA and CHIP are published to this website, along with supplemental reports and data. The PCH is developing a mailing list and regular newsletter with updates and events related to CHIP implementation, community assessment, and engagement opportunities. The mailing list consists of community partners. Members of the public are encouraged to sign up for the mailing list and contact the PCH for additional information.

Full Implementation

To reach full implementation of this foundational capability, LCPH will maintain the work described above and will work to adopt the following initiatives, funding allowing:

- Explore ways to provide the public health division with at least 0.5 FTE dedicated policy capability
- Identify and adopt a policy change framework to guide LCPH's policy work
- Develop a strategic policy plan to guide LCPH's policy work every five years with the goal of reducing or eliminating health disparities
- Review the strategic policy plan regularly following adoption and update as needed
- Identify and track priority policies impacting community health each legislative session
- Provide policy updates to LCPH's Leadership team at least monthly during the legislative session
- Develop a standardized process for reviewing policies for their impact on population health and equity
- Train LCPH staff in the policy review process
- Adopt strategies to enhance LCPH staff capacity to develop policy concepts

Barriers and Challenges to Full Implementation

LCPH doesn't have an employee dedicated to policy work for the public health division. Instead, some programs write policy related work into their workplans. In practice, the only section who routinely does this is LCPH's Health Promotion section primarily through its TPEP program. Without an employee specifically devoted to this work, LCPH struggles to engage in coordinated division-wide policy work. One way this shows up is in LCPH's limited ability to engage in the state legislative session beyond providing the occasional written testimony. LCPH would benefit from having the ability to closely track bills of interest, provide written or verbal testimony, and communicate regularly with staff and the public about impacts of legislative items. Without a staff member dedicated to policy work, LCPH has limited capacity to undertake this work currently.

In addition, LCPH staff have varying levels of knowledge and training in health policy concepts. LCPH employees with formal degrees in public health have this training, but these employees make up less than a quarter of LCPH's staff. The division would benefit from training in this area, but this would require a staff member who could lead this work. LCPH was in the process of recruiting for a policy and workforce development position in 2025, but changes to funding required LCPH to halt recruitment for the position.

Similarly, the PCH does not currently have a dedicated policy workgroup or mechanism for informing and influencing policies. This has created some challenges in implementing the CHIP goals that include policy recommendations. Because the PCH covers a tri-county region, policies and systems changes require navigating diverse political systems and community networks.

The LPHAs and other entities responsible for CHIP implementation are building capacity around reporting and alignment of their work plans with CHIP goals and strategies. One priority for the PCH is expanding processes for partners to demonstrate their participation in CHIP implementation projects and share impact. Engaging county BOCs in CHIP progress is an opportunity for the PCH and LPHAs to take a more strategic approach. Suggested steps include scheduling regular communication with the county leadership and incorporating a CHIP overview into new member onboarding.

Communications

Role Categories	Deliverables*
Regular communications	Strategic communications plan that articulates the authority’s mission, value, role and responsibilities in its community, and supports department and community leadership to communicate these messages. The strategic communications plan should include high priority issues that require proactive communications with the public.
Emergency communications	<p>Internal communications plan</p> <p>Communication products based on the strategic communications plan and risk communication needs that consider the end user and use appropriate format(s) and language(s)</p> <p>Communication products that are culturally responsive, incorporate health literacy principles and address varying racial and ethnic backgrounds, geographic locations, and language preferences.</p> <p>News releases and public meeting notices</p> <p>Policy briefs and other related communications</p> <p>Public-facing website with regular updates made to content</p> <p>Evidence of two-way communications with the public</p> <p>Documentation of annual communications training for any staff beyond the public information officer who communicate with the public about public health issues</p> <p>Evidence of two-way communications with PHD</p> <p>Evaluation reports on the effectiveness of communications</p> <p>Evidence that communications and strategies are adjusted based on evaluation findings</p> <p>Communications evaluation plan that is structured around health equity and literacy</p>

*Deliverables for this capability are not associated with a specific role category

1. This capability is/will be implemented (check all that apply): <input checked="" type="checkbox"/> Through LPHA staff <input type="checkbox"/> Through contracted services <input type="checkbox"/> Through cross-sector sharing <input type="checkbox"/> Through cross-jurisdictional sharing <input type="checkbox"/> As a health district		2. What percentage of this capability is provided by your LPHA? (CCA: 12. Summary, Row 34, Column N) 100%	3. Self-assessed expertise (CCA: 12. Summary, Row 34, Column F) Basic	4. Self-assessed capacity (CCA: 12. Summary, Row 34, Column H) Moderate
5. Current FTE supporting this capability (CCA: 12. Summary, Row 34, Column P) FTE: 0.07	6. FTE needed for full implementation (CCA: 12. Summary, Row 34, Column AD) FTE: 2.0	7. Current contract expenditures to support this capability (CCA: 12. Summary, Row 34, [Column T + Column X]) \$14,489	8. Estimated contract expenditures to support full implementation of this capability (CCA: 12. Summary, Row 34, [Column AH + Column AL]) \$55,260	
9. Describe any joint agreements or contracted services being used to support implementation of this capability N/A				
10. Funding sources supporting this capability 1. PE 51-01 <input type="checkbox"/> Short-term or limited duration funding 2. PE 13 <input type="checkbox"/> Short-term or limited duration funding 3. PE 63, Mobile Health Unit grant <input checked="" type="checkbox"/> Short-term or limited duration funding			11. Current total expenditures supporting this capability (CCA: 12. Summary, Row 34, Column AB) \$28,489	12. Estimated total expenditures to support full implementation of this capability (CCA: 12. Summary, Row 34, Column AP) \$330,594

Implementation to Date

In January 2024, LCPH developed an internal Communications Coordinator position and transitioned an existing employee into the role. Prior to this, LCPH relied upon a shared HHS communications staff who supported five divisions and was unable to provide the level of communications support that LCPH needed. In November 2024, the Communications Coordinator position was modified slightly to include Public Information Officer (PIO) duties.

Since establishing this position, LCPH has improved its ability to provide quality, coordinated, and appropriate communications to the Lincoln County community. However, this program remains a single-person communications team, limiting the breadth and depth of work that can be completed without additional capacity.

Regular communications

In recent years, LCPH has adopted standardized processes for the development and review of regular communications that is grounded in health literacy principles, plain language, and culturally responsive practices. This process is guided by LCPH's Branding & Communications Guide, which is maintained by LCPH's Communications Coordinator. To ensure practices within the guide are followed, all LCPH communications products are reviewed by the Communications Coordinator who ensures that information is easy to understand and relevant for people with different backgrounds, education levels, and lived experiences.

LCPH has significantly improved its public-facing website in recent years. The county migrated to a new platform in 2022, and after the Communications Coordinator assumed responsibility for the public health pages in 2024, LCPH identified limitations and advocated for enhanced design tools. With the addition of Design Center in late 2024, the Communications Coordinator completed a full overhaul of all public health pages, strengthening navigation, removing duplicate content, improving readability and accessibility, and aligning content with the Branding & Communications Guide. A new annual website review process has been recently implemented, requiring each program to check their pages using a standardized checklist at least annually.

Emergency communications

LCPH's emergency communications are guided by the HHS Risk Communications Plan, which is maintained by HHS and LCPH's Emergency Preparedness & Response Coordinator. LCPH provides notifications to partners and/or the community in response to identified public health risks using various communications channels including social media, the LCPH, HHS, and county webpages, the county's emergency notification system, and the email platform Constant Contact.

LCPH maintains templates for messaging on common public health risks to support timely distribution of emergency communications.

Two-way communications

LCPH demonstrates two-way communication through multiple channels that allow community members to ask questions, request services, and share feedback. A contact form on the public health landing page provides a direct way for the public to reach LCPH staff, while a call-tracking log is used to document inquiries, identify trends, and address emerging needs. Feedback is also gathered through outreach events, community advisory board meetings, ongoing engagement with community partners, and representation on numerous OHA-led workgroups. Various LCPH programs also regularly gather feedback from those they serve through client satisfaction surveys and other feedback mechanisms.

Communications training

The LCPH Communications Coordinator provides annual communications training to all LCPH staff to reinforce communications best practice and LCPH's communications processes. They also meet with all new LCPH staff within their first few months of hire to train and discuss communication processes and priorities. In addition, LCPH maintains various communications policies, which new staff are required to review within their first two months of employment and existing staff are required to review routinely. These efforts build LCPH staff capacity to draft effective and meaningful messaging to maximize public health impact.

Communications evaluation

LCPH is working toward more consistent evaluation of communication efforts. The division currently uses basic indicators, such as informal feedback from community partners, observations from outreach events, and available website or social media analytics, to understand how well materials are being received. While more detailed evaluation reports are currently only available from major campaigns, these existing inputs provide a starting point for identifying areas for improvement. Staff routinely modify messaging, formats, or distribution methods when they notice that certain materials are not reaching the intended audience or when partners provide feedback.

Full Implementation

To reach full implementation of this foundational capability, LCPH will maintain the work described above and will work to adopt the following initiatives, funding allowing:

- Implement a biannual communications calendar
- Conduct evaluations of LCPH's communications campaigns
- Develop written processes for responding to website contact form submissions
- Gather feedback from community on their priorities and preferred communication methods on a regular basis
- Develop templates for a variety of communication types in alignment with LCPH branding and accessibility standards
- Develop a menu of best practices for communicating with priority populations
- Develop partner toolkit pages to support dissemination of materials to partners
- Develop and implement at least one communication campaign in collaboration with external partners biannually related to the prevention of a chronic disease
- Adopt strategies to expand LCPH's digital footprint
- Explore ways to provide the public health division with an additional 1 FTE communications support
- Maintain templates for quick message dissemination during an emergency

Barriers and Challenges to Full Implementation

While LCPH has made meaningful progress towards establishing foundational communications systems, several significant barriers limit the division's ability to fully implement this capability. The most significant challenge is limited staffing capacity. With only one dedicated communications employee responsible for all communications planning, media relations, website oversight, risk communication, internal communication processes, design work, translation coordination, evaluation, and training, the workload far exceeds what can be fully achieved by a single position. As a result, much of the work is reactive rather than employing a more proactive and strategic communications model.

Funding limitations also restrict the division's ability to provide fully equitable access to information. Each program is responsible for budgeting for translation and interpretation needs and some can find this funding while others have a harder time allocating resources. This especially impacts the ability to develop communication products in languages other than Spanish such as Mam or American Sign Language.

Evaluation capacity presents another barrier. LCPH lacks the time and tools needed to systematically track and analyze website analytics, audience engagement, and the effectiveness of communication products. Without this infrastructure, continuous improvement and data-driven decision-making remain limited.

Finally, communication needs across public health programs continue to grow, and competing priorities stretch limited resources even further. Every program relies on communications to reach the community, support engagement, and meet grant obligations. Without additional staffing or sustainable funding, communication requests regularly exceed the division's ability to respond, delaying key work and limiting the full realization of modernization goals.

Emergency Preparedness & Response

Role Categories	Deliverables
Prepare for emergencies	<p>Continuity of operations plan for the local public health authority</p> <p>Documentation demonstrating planning for emergency preparedness exercises</p> <p>Documentation that planned emergency preparedness exercises have been executed</p> <p>Public health emergency preparedness plans according to established guidelines</p> <p>Plans for the distribution of pharmaceuticals in an emergency</p> <p>Approved local ambulance service area plans</p>
Respond to emergencies	<p>Disaster epidemiology reports</p> <p>Documented participation in emergency response efforts</p> <p>Documentation of enforcement of emergency public health orders.</p> <p>Situational assessments and resulting operational plans, including objectives, resources needed and how to resume routine operations</p>
Coordinate and communicate before and during an emergency	<p>Portfolio of community partnerships to support preparedness and recovery efforts</p> <p>Documented delivery of health alerts and preparedness communications to partners and the public</p>

1. This capability is/will be implemented (check all that apply): <input checked="" type="checkbox"/> Through LPHA staff <input type="checkbox"/> Through contracted services <input type="checkbox"/> Through cross-sector sharing <input type="checkbox"/> Through cross-jurisdictional sharing <input type="checkbox"/> As a health district		2. What percentage of this capability is provided by your LPHA? (CCA: 12. Summary, Row 30, Column N) 100%	3. Self-assessed expertise (CCA: 12. Summary, Row 30, Column F) Proficient	4. Self-assessed capacity (CCA: 12. Summary, Row 30, Column H) Moderate
5. Current FTE supporting this capability (CCA: 12. Summary, Row 30, Column P) FTE: 0.33	6. FTE needed for full implementation (CCA: 12. Summary, Row 30, Column AD) FTE: 1.75	7. Current contract expenditures to support this capability (CCA: 12. Summary, Row 30, [Column T + Column X]) \$256	8. Estimated contract expenditures to support full implementation of this capability (CCA: 12. Summary, Row 30, [Column AH + Column AL]) \$48,352	
9. Describe any joint agreements or contracted services being used to support implementation of this capability N/A				
10. Funding sources supporting this capability 1. PE 12 <input type="checkbox"/> Short-term or limited duration funding 2. Lincoln County HHS administrative allocation <input type="checkbox"/> Short-term or limited duration funding 3. <input type="checkbox"/> Short-term or limited duration funding			11. Current total expenditures supporting this capability (CCA: 12. Summary, Row 30, Column AB) \$46,931	12. Estimated total expenditures to support full implementation of this capability (CCA: 12. Summary, Row 30, Column AP) \$311,316

Implementation to Date

Prior to March 2024, LCPH's Public Health Emergency Preparedness position was housed within the Lincoln County Sheriff's Office and supervised by Lincoln County's Emergency Manager. The position provided LCPH with 0.5 FTE emergency preparedness and response capabilities and the other 0.5 FTE of the position supported county emergency management operations. In early 2024, LCPH developed an Emergency Preparedness & Response Coordinator position that provides LCPH with 0.5 FTE emergency preparedness and response capabilities and the other 0.5 FTE to the wider HHS department. This restructuring has allowed for more seamless integration of emergency preparedness and response functions within the public health division.

Prepare for emergencies

Emergency operations at LCPH are guided by various emergency response plans including the HHS Continuity of Operations Plan, HHS Risk Communications Plan, and HHS Annex of the County Emergency Operations Plan. These plans are maintained by the Emergency Preparedness & Response Coordinator in alignment with federal, state of Oregon, and other applicable laws, as well as PHAB Reaccreditation requirements.

LCPH engages in at least one emergency preparedness exercise annually in alignment with OHA Program Element (PE) 42 contractual requirements. In 2025, the entire public health division participated in a measles exercise to gain training and experience with the Incident Command System (ICS). Annual exercises of increasing complexity have been identified by the Emergency Preparedness & Response Coordinator for years 2026-2028. All LCPH employees are also required to complete ICS 100, 200, 700, and 800 trainings. LCPH staff assigned to command positions have additional training requirements.

Lincoln County has an approved ambulance service area plan and an active Lincoln County Ambulance Service Review Committee that meets quarterly. LCPH has never been a member of this committee and hasn't previously participated in development or review of the ambulance service area plan.

Respond to emergencies

LCPH has taken a very active role in emergency response efforts in recent years, leading or supporting the response to the following large-scale emergencies: the COVID-19 pandemic (2020-2022), Echo Mountain Wildfires (2020), a winter storm (2024), and the Siletz River landslide (2025).

During LCPH's response to emergencies, situational assessments are conducted, which result in the identification of objectives, resources needed and plans to resume operations. Following an event, LCPH leads or participates in the development of After-Action Reports (AARs) and modifies its existing emergency plans as needed based on lessons learned.

Coordinate and communicate before and during an emergency

LCPH maintains a portfolio of community partnerships to support preparedness and recovery efforts through its mass notification system, Everbridge. Everbridge is used to send urgent communications to county staff, external partners, and community members. Various groups are built into the system to support the ease of communication including pharmacies, healthcare providers, long-term care facilities, and schools. LCPH's Emergency Preparedness & Response Coordinator maintains these groups and updates contacts annually.

LCPH provides health alerts, advisories, and other risk communications to partners and the public via Everbridge, Constant Contact, and by updating its regular communication channels including social media sites and its website. LCPH is in the process of developing risk communications templates for various common health alerts to support timely distribution of messaging.

Full Implementation

To reach full implementation of this foundational capability, LCPH will maintain the work described above and will work to adopt the following initiatives, funding allowing:

- Review all emergency preparedness plans at least every two years and update as necessary
- Develop and maintain a robust three-year public health preparedness training and exercise plan that indicates how the elements of the EOP or annexes will be tested and demonstrates increasing complexity
- Develop risk communications templates based on findings of the HHS Risk Assessment
- Develop a Medical Countermeasures & Dispensing Plan in partnership with Lincoln County Emergency Management
- Ensure LCPH staff in ICS command positions receive required training in their assigned position
- Expand the surge capacity of HHS clinical staff
- Develop a CD investigation surge plan for the Linn Benton Lincoln region

- Establish a quarterly meeting to strengthen communication with local emergency preparedness and response partners including Lincoln County cities, hospitals, and county departments

Barriers and Challenges to Full Implementation

As mentioned, LCPH splits its Emergency Preparedness & Response Coordinator with the other four divisions of Lincoln County HHS. This split has been successful in recent years, as much of this position's time has been devoted to plan development and some of LCPH's emergency response plans are developed at the department level. There's enough emergency preparedness and response work at the LCPH division level to warrant a full-time emergency preparedness coordinator, but LCPH doesn't have the funding to cover 1 FTE of this position. One of the activities that the Emergency Preparedness & Response Coordinator can't engage in to the extent needed is outreach and engagement activities. Additional support would allow for additional capacity to increase engagement with the community and partners. Additional support would also enhance the management of the area Medical Reserve Corps (MRC) volunteers, development of required MRC plans, and aid training of volunteers.

The state Public Health Emergency Preparedness (PHEP) funding that LCPH uses to finance the Emergency Preparedness & Response Coordinator barely covers 0.5 FTE, leaving no additional funding for emergency supplies, equipment maintenance, or staff training or exercise costs. In recent years, LCPH has used some of the Coronavirus Relief Funds to purchase much needed emergency supplies for the division. Without this funding, LCPH doesn't have a budget for emergency supplies, leaving the division unable to replenish existing or expiring supplies or fill any newly identified supply needs.

Collaboration between local partners working in emergency management is imperative since large scale emergencies will require a coordinated approach to response. Even though Lincoln County Emergency Management has developed and sustained a responsive and extensive network of community partners able to get together in time of emergencies, there is not a current formal mechanism for regularly bringing together key partners outside of an emergency event. The county would benefit from such a group, as it would further enhance coordination and collaboration, aid emergency preparation, and increase situational awareness.

LCPH hasn't previously been involved in the development or approval of the local ambulance service area plans and thus knowledge of this responsibility is limited.

Foundational Programs

LCPH provides the foundational programs through programs housed within the following four sections:

- Disease Prevention and Harm Reduction
- Environmental Health
- Health Promotion
- Maternal Child and Family Health

These four sections host some of the requirements of the Modernization Framework's foundational programs:

- Communicable disease control
- Prevention and health promotion
- Environmental health
- Access to clinical preventive services

Communicable Disease Control

Role Categories	Deliverables
Communicable disease surveillance	<p>Local reports of notifiable diseases</p> <p>Portfolio of strategic partnerships with hospitals, health systems, providers, schools, and other partners</p>
Communicable disease investigation	<p>Documented implementation of investigative guidelines</p> <p>Documented submission of individual communicable disease case and outbreak data, consistent with Oregon statute, rule and program standards</p> <p>Policies in place to ensure maintenance of security of personally identifiable data collected through audits, review, update, and verification</p> <p>Protocols for proper preparation, packaging and shipment of disease and outbreak samples of public health importance (e.g., animals and animal products)</p> <p>Respond to emerging infectious diseases (e.g., SARS, MERS, Ebola)</p> <p>Documented reporting of communicable disease cases and outbreaks to the local public health administrator</p> <p>Communications with the public about outbreak investigations</p>
Communicable disease intervention and control	<p>Documentation of policies to ensure appropriate screening and treatment for HIV, STD and TB cases, including pre- and post-exposure prophylaxis for HIV</p> <p>Health education resources for the general public, health care providers, long-term care facility staff, infection control specialists and others regarding vaccine-preventable diseases, health care-associated infections, antibiotic resistance, and related issues</p> <p>Protocols or process maps for information-sharing between providers to reduce disease transmission</p> <p>Plans to allocate scarce resources in an emergency or outbreak</p> <p>Reports of gaps in surveillance, investigation, and control of communicable diseases in public health agencies</p> <p>Standards and documentation of technical support for enforcement of public health laws (e.g., isolation and quarantine, school exclusion laws)</p>

Communicable disease response evaluation	Assessment reports of outbreak investigation and response efforts, conducted by both state and by local public health
	Evaluation presentations and publications
	Documented results of quality and process improvement initiatives
	Work with PHD to evaluate disease control investigations and interventions. Use findings to improve these efforts

1. This program is/will be implemented (check all that apply): <input checked="" type="checkbox"/> Through LPHA staff <input type="checkbox"/> Through contracted services <input type="checkbox"/> Through cross-sector sharing <input type="checkbox"/> Through cross-jurisdictional sharing <input type="checkbox"/> As a health district		2. What percentage of this program is provided by your LPHA? (CCA: 12. Summary, Row 37, Column N) 100%	3. Self-assessed expertise (CCA: 12. Summary, Row 37, Column F) Proficient	4. Self-assessed capacity (CCA: 12. Summary, Row 37, Column H) Moderate
5. Current FTE supporting this program (CCA: 12. Summary, Row 37, Column P) FTE: 4.24	6. FTE needed for full implementation of this program (CCA: 12. Summary, Row 37, Column AD) FTE: 2.1	7. Current contract expenditures to support this program (CCA: 12. Summary, Row 37, [Column T + Column X]) \$42,775	8. Estimated contract expenditures to support full implementation of this program (CCA: 12. Summary, Row 37, [Column AH + Column AL]) \$58,023	
9. Describe any joint agreements or contracted services being used to support implementation of this program N/A				

10. Funding sources supporting this program	11. Current total expenditures supporting this program (CCA: 12. Summary, Row 37, Column AB)	12. Estimated total expenditures to support full implementation of this program (CCA: 12. Summary, Row 37, Column AP)
<ul style="list-style-type: none"> 1. PE 01-01 <ul style="list-style-type: none"> <input type="checkbox"/> Short-term or limited duration funding 2. Fee for service vaccinations <ul style="list-style-type: none"> <input type="checkbox"/> Short-term or limited duration funding 3. PE 43-01 <ul style="list-style-type: none"> <input type="checkbox"/> Short-term or limited duration funding 4. PE 81-01 <ul style="list-style-type: none"> <input type="checkbox"/> Short-term or limited duration funding 5. PE 81-02 <ul style="list-style-type: none"> <input type="checkbox"/> Short-term or limited duration funding 6. Roundhouse Foundation Grant (FY 25 and FY 26) <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Short-term or limited duration funding 7. Mobile Health Unit Grant (FY 26) <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Short-term or limited duration funding 	<p>\$446,765</p>	<p>\$358,216</p>

Implementation to Date

LCPH's Disease Prevention and Harm Reduction (DPHR) section fulfills most of the Modernization Communicable Disease Control roles and deliverables. Specifically, LCPH's Epidemiologist, Communicable Disease (CD) and Immunization Coordinator, and the DPHR Program Manager have primary responsibility for this work.

The staffing model for this section has evolved over the years, as LCPH lost its CD nurse in 2021 and decided to create a DIS position and an Epidemiologist position rather than replacing the nurse. In 2023, LCPH lost its DIS and temporarily moved these job functions to its Epidemiologist. Ultimately, the decision was made not to re-hire for a DIS and these job functions were officially added to the Epidemiologist position description in 2025. The staffing model might still evolve based on staffing capacity and resources. One modification being considered is modifying the CD and Immunization Coordinator's position to add some DIS functions. This would ensure more flexibility for the Epidemiologist to handle outbreaks, rarest CD reports, as well as quality assurance and assessment and epidemiology related tasks.

Communicable disease surveillance

LCPH maintains infrastructure to receive reports of notifiable diseases through multiple modes including fax, phone, and electronic lab reports. During business hours, LCPH's Epidemiologist and the CD and Immunization Coordinator are responsible for tracking and following up with disease reports within the defined timeframe set by Oregon Revised Statutes and OHA's investigative guidelines. After business hours, LCPH utilizes its 24/7 on-call schedule to ensure it can respond to reports of notifiable diseases within the required reporting timeframe.

LCPH has developed and sustained a network of strategic partnerships with hospitals and healthcare systems, the school district, long-term care facilities, the county jail, daycare facilities, and various community-based organizations. These partnerships allow LCPH to provide quick and trusted response to CD interventions and outbreak prevention.

Communicable disease investigation

LCPH investigates reports of communicable disease in alignment with practices outlined within OHA's investigative guidelines. LCPH documents its CD investigations in the state systems ORPHEUS and DUDE. Appropriate use of these state systems is demonstrated through LCPH's success on past communicable disease triennial reviews. LCPH also maintains a pool of staff with training in CD 101 and 303 to ensure various staff have the knowledge and resources to respond to reports of communicable disease in case of a CD surge.

All Lincoln County HHS employees are trained in HIPAA and department-wide practices for protecting confidential individual information. In addition, the DPHR section maintains supplemental policies to ensure the security of personally identifiable data during CD data collection and reporting. DPHR also maintains a policy outlining procedures related to proper handling and care of specimen collection, labeling, preservation, transportation, and chain of custody.

LCPH maintains various communications platforms, which are used to share communications with the public about outbreak investigations as appropriate. These platforms include social media, the LCPH website, and the county's emergency notification system. LCPH can also share press releases with local media partners. LCPH maintains template communications materials for common diseases to support timely distribution of information to partners and the public.

Communicable disease intervention and control

LCPH's DPHR section maintains policies for the appropriate screening and treatment of HIV, STD and TB cases. These policies are reviewed at least once every three years. LCPH maintains enforcement authority via isolation and quarantine and school exclusion laws, which can be implemented in extreme cases of disease transmission.

LCPH provides regular information to health care providers for the purpose of reducing disease transmission. Such communications could include data on local or state disease trends, updated guidance on evidence-based clinical practices, or information on new clinical resources.

Communicable disease response evaluation

LCPH engages in multiple processes to evaluate and improve its CD work. LCPH undergoes formal evaluation during OHA's Communicable Disease Triennial Reviews. In addition, the DPHR Program Manager conducts regular audits of CD investigative work to ensure compliance with OHA rules and regulations. In 2026, LCPH adopted various triennial review metrics into its performance management system to support regularly monitoring of performance and to support proactive corrective action as needed.

Following disease outbreaks, LCPH completes a debrief of the outbreak using an After-Action model to identify strengths and weaknesses in response efforts and create actionable recommendations for future improvement.

As of 2025, LCPH has a formal QI process in place. LCPH's QI Committee includes three employees from the DPHR section, ensuring that QI expertise is available within the section.

Full Implementation

To reach full implementation of this foundational program, LCPH will maintain the work described above and will work to adopt the following initiatives, funding allowing:

- Re-launch the LCPH Provider Newsletter to provide CD data and best practices to local health care providers
- Ensure DPHR projects and partners are entered into the partner project tools being launched by LCPH's Engagement and Outreach Analyst in 2026
- Develop a written policy and process for outbreak response evaluation
- Develop and implement an infection prevention outreach plan for LTCFs
- Develop a Medical Countermeasures & Dispensing Plan and review at least once every two years
- Establish a process to ensure the county animal shelter can monitor pets suspected of rabies during the quarantine period
- Adopt one formal QI project within the DPHR section at least every other year
- Support LCPH's Epidemiologist in obtaining and maintaining their Certified Infection Preventionist certification

Barriers and Challenges to Full Implementation

The largest barrier LCPH faces regarding full implementation of the Communicable Disease Control foundational program is limited capacity driven by funding challenges. LCPH's Epidemiologist is tasked with disease investigation, prevention, and control efforts and provides data capabilities to the entire public health division. LCPH would benefit from having an additional employee who could share the disease investigation workload. Unfortunately, current funding levels prevent this.

LCPH would also benefit from having a CD nurse on staff. LCPH currently has a Licensed Practical Nurse on staff part-time, but this position is funded through the Behavioral Health Resource Network and can't support work outside of this. LCPH doesn't have enough funding to develop a nursing position within its DPHR section with a salary that would be competitive with local healthcare systems.

Prevention & Health Promotion

Role Categories	Deliverables*
<p>Collect, standardize, analyze, coordinate, use and disseminate data</p>	<p>Local summaries, reports and information for:</p> <ul style="list-style-type: none"> i. Tobacco control; nutrition; oral health; prenatal, natal and postnatal care; childhood and maternal health; physical activity; and unintentional and intentional injuries; ii. Additional health priorities identified in the CHIP or other local prioritization documents; and iii. Behavioral health issues that affect health outcomes for the areas listed in bullet i and ii above. <p>Summaries and reports include information about risk factors and burden of disease among diverse populations.</p>
<p>Provide timely, relevant, and accurate information about social, emotional, and physical health and safety</p>	<p>Documented strategies used to share data, summaries and reports with communities, partners, policy makers and others</p>
<p>Convene stakeholders, engage statewide organizations and partners, and cultivate leadership and vision for prevention and health promotion policies, programs, and strategies</p>	<p>Documented strategies used to educate consumers about the impact of marketing strategies on health</p>
<p>Develop a prioritized plan to address health needs using policy, systems, and environmental change strategies. The prioritized plan aligns the CHIP, the local strategic plan, and other public health planning documents</p>	<p>Portfolio of partners and stakeholders, including local organizations that work with priority populations</p>
<p>Implement local policies, programs, and strategies to improve social, emotional, and physical health and safety at the level supported by existing funding</p>	<p>Documentation of shared priorities and strategies with partners and stakeholders</p>

Documented participation or leadership in local coalitions
Documentation of work with the community to build capacity and support community organizing efforts.
Documented trainings and other learning opportunities made available to partners, stakeholders, and community members
Local prioritized plan
Current community health improvement plan. Documentation of annual updates for current CHIP
Evidence of strategies to reduce health disparities in the CHIP
Evidence of implementation and coordination of policies, programs and strategies for: <ul style="list-style-type: none"> i. Tobacco control; nutrition; oral health; prenatal, natal and postnatal care; childhood and maternal health; physical activity; and unintentional and intentional injuries; ii. Additional health priorities identified in the CHIP or other local prioritization plans; and iii. Behavioral health issues that affect health outcomes for the areas listed in bullet i and ii above
Documented efforts to secure funds for prevention and health promotion programs and interventions
Evaluation plans; evidence that plans have been shared

*Deliverables for this program are not associated with a specific role category

<p>1. This program is/will be implemented (check all that apply): <input checked="" type="checkbox"/> Through LPHA staff <input type="checkbox"/> Through contracted services <input type="checkbox"/> Through cross-sector sharing <input checked="" type="checkbox"/> Through cross-jurisdictional sharing <input type="checkbox"/> As a health district</p>	<p>2. What percentage of this program is provided by your LPHA? (CCA: 12. Summary, Row 42, Column N) 100%</p>	<p>3. Self-assessed expertise (CCA: 12. Summary, Row 42, Column F) Proficient</p>	<p>4. Self-assessed capacity (CCA: 12. Summary, Row 42, Column H) Moderate</p>
<p>5. Current FTE supporting this program (CCA: 12. Summary, Row 42, Column P) FTE: 2.73</p>	<p>6. FTE needed for full implementation of this program (CCA: 12. Summary, Row 42, Column AD) FTE: 7</p>	<p>7. Current contract expenditures to support this program (CCA: 12. Summary, Row 42, [Column T + Column X]) \$3,445</p>	<p>8. Estimated direct contract expenditures to support full implementation of this program (CCA: 12. Summary, Row 42, [Column AH + Column AL]) \$193,409</p>
<p>9. Describe any joint agreements or contracted services being used to support implementation of this program MoU in place for the Partnership for Community Health work. In 2025, contracted with various CBOs and Samaritan to implement Freedom from Smoking in Spanish and English in the community.</p>			

<p>10. Funding sources supporting this program</p> <ol style="list-style-type: none"> 1. PE 13-01 (TPEP) <ul style="list-style-type: none"> <input type="checkbox"/> Short-term or limited duration funding 2. PE 36 (ADPEP) <ul style="list-style-type: none"> <input type="checkbox"/> Short-term or limited duration funding 3. SE 80 (Problem gambling) <ul style="list-style-type: none"> <input type="checkbox"/> Short-term or limited duration funding 4. PE 51-02 <ul style="list-style-type: none"> <input type="checkbox"/> Short-term or limited duration funding 5. MHPP IHN-CCO grant <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Short-term or limited duration funding 6. PCH contributions from IHN-CCO and Samaritan (Started in CY25) <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Short-term or limited duration funding 	<p>11. Current total expenditures supporting this program (CCA: 12. Summary, Row 42, Column AB)</p> <p>\$467,696</p>	<p>12. Estimated total expenditures to support full implementation of this program (CCA: 12. Summary, Row 42, Column AP)</p> <p>\$1,166,832</p>
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Implementation to Date

The Prevention & Health Promotion Foundational Program is primarily implemented through LCPH's Health Promotion section via workplans for state funded health promotion funding streams including Alcohol and Drug Prevention Education Program (ADPEP), Tobacco Prevention and Education Program (TPEP), Mental Health Promotion, and Problem Gambling. LCPH moved from TPEP tier 2 to tier 3 in 2025, allowing the division to hire one additional FTE for the TPEP program.

Some of the Prevention & Health Promotion Foundational Program roles and deliverables are implemented through LCPH's Maternal, Child, and Family Health (MCFH) section for specific populations. These include topics surrounding nutrition, which are handled primarily through the WIC program and prenatal, natal and postnatal care and childhood and maternal health, which are handled primarily by LCPH's home visiting programs including Babies First, CaCoon, Family Connects, Nurse Family Partnership, and Parents as Teachers.

Collect, standardize, analyze, coordinate, use and disseminate data

LCPH collects, standardizes, analyzes, coordinates, uses, and disseminates data across each of its programs. This occurs through formal assessments, such as the Tobacco Needs Assessment conducted by Health Promotion in 2023, presentations to partners and community members, grant reporting, and strategic planning. Health Promotion regularly analyzes, uses, and disseminates sources of secondary data including the Student Health Survey, tobacco Quitline reports, or Indoor Clean Air Act activity. This section also routinely collects primary data including pre and post surveys and tracking of attendance to evaluate the success of its programming.

LCPH also collects, standardizes, analyzes, coordinates, uses, and disseminates data through its regional CHIP and CHA processes in partnership with the PCH. During development of the CHA, LCPH contributes primary and secondary data for inclusion in the report and participates in the analysis and dissemination of the data.

Provide timely, relevant, and accurate information about social, emotional, and physical health and safety

LCPH adopts various strategies to ensure that relevant and accurate information is shared in a timely manner. These strategies vary depending on the focus and purpose of the information and include presentations to partners and community members, distribution of reports through partners and LCPH's website, and attendance at community events where information can be distributed to attendees. LCPH also maintains various communications platforms, which can be utilized to distribute data, summaries, and reports in alignment with the needs of the audience. LCPH shares information

with its governing entity through annual proclamations. These most routinely occur in alignment with awareness months for specific public health topics.

Convene stakeholders, engage statewide organizations and partners, and cultivate leadership and vision for prevention and health promotion policies, programs, and strategies

LCPH convenes stakeholders and cultivates leadership and vision for prevention and health promotion interventions in various ways including participating in cross-sector coalitions with the shared goal of advancing health, strengthening relationships with partners through resource-sharing and capacity building activities, and collaborating on adopted interventions.

LCPH's TPEP program maintains curriculum exploring marketing tobacco strategies, which is used to educate youth on the impact of marketing on initiation and experimentation with tobacco products.

Develop a prioritized plan to address health needs using policy, systems, and environmental change strategies

LCPH's Health Promotion section builds policy, systems, and environmental change strategies into each of its state-funded program workplans. These workplans exist for the following topic areas: tobacco control, alcohol and other drug prevention, problem gambling, regional overdose prevention, and mental health promotion. Each of these workplans are designed to address social determinants of health.

The regional CHIP also incorporates policy, systems, and environmental change strategies to address the identified improvement priorities. The regional CHIP is updated on a five-year cycle, with annual updates in-between. Additional information on the regional CHIP can be found on page 40.

Implement local policies, programs, and strategies to improve social, emotional, and physical health and safety

LCPH implements policies, programs, and strategies in topic areas supported by funding. Within LCPH's Health Promotion section, these topic areas include tobacco control, alcohol and other drug prevention, problem gambling, regional overdose prevention, and mental health promotion. Health Promotion's TPEP program regularly engages in policy development, advocacy, and implementation. LCPH's MCFH section implements policies, programs, and strategies in the following topic areas: nutrition, oral health, prenatal, natal, and postnatal care; childhood and maternal health. MCFH provides services to a subset of the Lincoln County population in alignment with programmatic eligibility criteria.

One common way that LCPH engages with partner organizations is by participating in local and regional coalitions. Participation in coalitions provides opportunities for LCPH to engage with partners on a regular basis and to demonstrate commitment to shared purpose. Below are a few examples of cross-sector coalitions that LCPH actively participates in:

- PCH Steering Committee – The PCH Steering Committee meets monthly to guide regional CHIP and CHA work. Multiple LCPH employees sit on the PCH steering committee, including LCPH’s Health Promotion Program Manager and the PCH Project Manager.
- MCFH CAB - The MCFH CAB is a joint advisory committee that seeks to increase community knowledge of programs serving children and families, build stronger partnerships, increase referrals to and from LCPH MCFH programs, and increase overall support for families in Lincoln County. These meetings occur quarterly and are led by LCPH’s MCFH Program Manager.
- Enforcement Meeting - Since January 2021, LCPH’s Environmental Health Program Manager has attended weekly Code Enforcement meetings. These meetings are used to discuss and collaboratively resolve various enforcement issues including solid waste complaints, right of way and noise violations, wastewater pollution, land use and facility licensure, and community clean-up projects.
- Regional Health Education Hub - This meeting is used to execute the Regional Health Education Hub charter, which has the goal of providing easily accessible health education offerings in Linn, Benton, and Lincoln counties. These meetings are led by Samaritan Health Services and attended by LCPH’s Health Promotion Program Manager.
- Coast to the Cascades Community Wellness Network (CCCWN) Regional Mental Health/Substance Use Disorder Coalition - This coalition came together in October 2021 to create a tri-county group focused on upcoming events, overdose data, law enforcement engagement, and workforce trainings. These monthly meetings are led by Samaritan Health Services and attended by LCPH’s Regional Prevention Drug Overdose Coordinator.

Build capacity among partners, stakeholders, and community

Many of LCPH’s sections support capacity building of partners, stakeholders, and the community. LCPH’s Health Promotion section regularly provides learning opportunities to partners and community members related to its programmatic goals. The following is a list of trainings recently provided by Health Promotion: InDepth, Safe Medication Storage, Responsible Alcohol Sales training, Mental Health First Aid, QPR Suicide Prevention, and Trauma Informed Care Instructor Training.

LCPH's Regional Prevention Drug Overdose Coordinator also regularly provides learning opportunities to partners and community members. In recent years these have included naloxone trainings, harm reduction principles and practice, xylazine identification and response, polysubstance use and contamination, overdose and outreach in Lincoln County, overdose and grief, safe disposal, and bloodborne pathogen trainings.

Full Implementation

To reach full implementation of this foundational program, LCPH will maintain the work described above and will work to adopt the following initiatives, funding allowing:

- In collaboration with LCPH's Epidemiologist, develop a process for compiling, reviewing, and developing standardized reports of available local, state, and national Health Promotion program data including the following: tobacco use, cessation, clean air, policy, and equity related data, including any local community data assessments activities
- Develop reports of available local, state, and national Health Promotion program data annually
- In collaboration with LCPH's Epidemiologist, develop a process for compiling, reviewing, and developing standardized reports of available local, state, and national MCFH program data including the following: nutrition, oral health, prenatal, natal, and postnatal care, childhood and maternal health
- Develop reports of available local, state, and national MCFH program data annually
- In collaboration with LCPH's Epidemiologist, develop a process for compiling, reviewing, and developing standardized reports of available local, regional, state, and national Prevention & Drug Overdose data
- Develop reports of available local, state, and national Prevention & Drug Overdose program data annually
- Ensure the regional CHA includes data on the following topic areas: tobacco control, nutrition, oral health, prenatal, natal and postnatal care, childhood and maternal health, physical activity, and unintentional and intentional injuries, behavioral health issues
- Develop a tobacco prevention communication plan for each tobacco workplan objective biannually
- Share the regional CHA with LCPH's governing body within six months of development
- Create a centralized storage location to access marketing strategy education curriculum and best practices for marketing strategies in health education

- Ensure Health Promotion projects and partners are entered into the partner project tools being launched by LCPH's Engagement and Outreach Analyst in 2026
- Adopt strategies within the LCPH strategic plan and the Health Promotion workplans targeting CHIP priorities

Barriers and Challenges to Full Implementation

As described, LCPH primarily implements the Prevention & Health Promotion Foundational Program through workplans for program areas funded through Intergovernmental Agreements (IGA). The funding streams are very restrictive and don't currently include the following topics: oral health, physical activity, nutrition, unintentional injuries. This severely limits LCPH's ability to undertake work in these areas. These rigid funding streams also pose a challenge to Health Promotion's ability to work towards community-identified priorities, including those in the current regional CHIP.

While Health Promotion is represented on various community coalitions, there are limited local coalitions currently working towards the state-funded health promotion topics. The Health Promotion section has successfully maintained relationships with partners working in pertinent subject areas, but the existence of coalitions would facilitate LCPH's ability to bring together multiple partners around common goals.

The work that LCPH's MCFH section undertakes within its WIC and home visiting programs is focused on specific populations due to the eligibility criteria of the programs. This limits LCPH's ability to provide programming to the full population who may benefit from topics including nutrition, natal and postnatal care, and childhood and maternal health. This is especially pertinent due to Lincoln County's challenges with access to health services.

Environmental Health

Role Categories	Deliverables
Identify and prevent environmental hazards	<p>Current community health assessment that includes environmental health</p> <p>Written best practices for vector control</p> <p>Policy briefs and other communications on environmental health impacts</p> <p>Documented communications on environmental health hazards and protection recommendations to regulated facilities, the public and stakeholder organizations</p>
Conduct mandated inspections	<p>Documented provision of licensing and certification of recreational facilities, food service facilities and tourist accommodations</p> <p>Review and inspection reports of regulated entities and facilities</p> <p>Documented investigation of complaints and assessment of fines/penalties, including those related to:</p> <ul style="list-style-type: none"> i. Waterborne disease; ii. Regular drinking water testing and reporting of results; and iii. Failure to meet water quality standards and requirements <p>Documented compliance with standards and processes</p> <p>Documented enforcement of regulations</p> <p>Information systems that provide current and accurate information to support environmental health functions at the state and local level</p> <p>Documented consultations on the assessment and mitigation of environmental health hazards for the food service industry and the general public</p>
Promote land use planning	<p>Documentation of health analyses prepared for other organizations with recommended approaches to ensure healthy and sustainable built and natural environments</p> <p>Communications on environmental justice concerns and disparities</p>

1. This program is/will be implemented (check all that apply): <input checked="" type="checkbox"/> Through LPHA staff <input type="checkbox"/> Through contracted services <input type="checkbox"/> Through cross-sector sharing <input type="checkbox"/> Through cross-jurisdictional sharing <input type="checkbox"/> As a health district		2. What percentage of this program is provided by your LPHA? (CCA: 12. Summary, Row 48, Column N) 65%	3. Self-assessed expertise (CCA: 12. Summary, Row 48, Column F) Basic	4. Self-assessed capacity (CCA: 12. Summary, Row 48, Column H) Minimal
5. Current FTE supporting this program (CCA: 12. Summary, Row 48, Column P) FTE: 3.06	6. FTE needed for full implementation (CCA: 12. Summary, Row 48, Column AD) FTE: 6.5	7. Current contract expenditures to support this program (CCA: 12. Summary, Row 48, [Column T + Column X]) \$1,231	8. Estimated contract expenditures to support full implementation of this program (CCA: 12. Summary, Row 48, [Column AH + Column AL]) \$179,594	
9. Describe any joint agreements or contracted services being used to support implementation of this program N/A				
10. Funding sources supporting this program 1. Food, Pool, and Lodging <input type="checkbox"/> Short-term or limited duration funding 2. <input type="checkbox"/> Short-term or limited duration funding 3. <input type="checkbox"/> Short-term or limited duration funding		11. Current total expenditures supporting this program (CCA: 12. Summary, Row 48, Column AB) \$410,010	12. Estimated total expenditures to support full implementation of this program (CCA: 12. Summary, Row 48, Column AP) \$1,115,092	

Implementation to Date

The Environmental Health Foundational Program is primarily implemented through LCPH's Environmental Health section. This section holds the following programs: Food, Pool, and Lodging; Solid Waste; Vital Records. Until recently, it also held the drinking water program, but this program was given back to the state beginning fiscal year 2026 due to limited capacity among the Environmental Health team and the low level of funding provided by the state to implement this program.

In 2023, LCPH created a Climate and Health position within its Health Promotion section. This position was tasked with many of the environmental hazard roles of the Environmental Health Foundational Program. Unfortunately, due to loss of funding, this position was removed in 2025. Through its regional partnership, LCPH receives less than 0.5 FTE climate and health expertise from neighboring Benton County's Climate and Health Coordinator.

Identify and prevent environmental hazards

LCPH prevents environmental hazards by ensuring health, safety, and sanitation rules and standards are followed among regulated food, pool and recreational facilities. This work is conducted by LCPH's Environmental Health section through the Food, Pool, and Lodging program. Written best practices for vector control don't currently exist, however, Environmental Health maintains a list of vector control resources for use as needed.

LCPH maintains a Climate and Health Adaptation Plan in collaboration with neighboring Benton County Public Health Department. Since LCPH no longer has an employee dedicated to climate and health work, strategies within this plan are assigned to various LCPH employees for implementation throughout the lifetime of the plan.

LCPH provides environmental health communications on its Climate & Health webpage, through notifications provided by LCPH's Emergency Preparedness & Response Coordinator, and by sharing communications developed by Benton County's Climate and Health Coordinator. Environmental health indicators are included within the 2022-2026 Linn Benton Lincoln Regional Health Assessment (RHA) for the following topic areas: air quality, wildfires, heat, water quality, solid waste, hazardous waste, and neighborhood environments.

Conduct mandated inspections

Environmental Health conducts state mandated inspections of RV parks, pools and spas, food service facilities, and tourist facilities under its Food, Pool, and Lodging program. In addition to these inspections, the Environmental Health section is responsible for reviewing plans and issuing licenses for RV parks, food service facilities, and tourist

accommodations. The plan reviews for pools and spas are undertaken by the state, and the licenses are issued by Environmental Health. Environmental Health also responds to complaints, which it receives via email, phone, or through the LCPH website. This work is documented using the state mandated system Health Space and in alignment with protocols handed down by OHA. Environmental Health doesn't issue fines and penalties outside of late fees for licensing of facilities. Instead, the section refers to appropriate departments such as solid waste and county counsel who can issue fines and penalties in extreme cases of violation.

Environmental Health engages in multiple processes to evaluate and improve its work. Environmental Health undergoes formal evaluation during OHA's food, pool, and lodging and vital statistics triennial reviews. In addition, the Environmental Health Program Manager conducts regular audits of inspection reports to ensure compliance with OHA rules and regulations. In 2025, the section adopted a quarterly review procedure to identify trends in citations and strengths and weaknesses of their investigative work.

Promote land use planning

Land use planning is undertaken by Lincoln County's Planning Department. At this time, LCPH doesn't have an employee who regularly engages in work related to the built and natural environment or who participates in local land use or transportation planning processes.

Full Implementation

To reach full implementation of this foundational program, LCPH will maintain the work described above and will work to adopt the following initiatives, funding allowing:

- Work with local partners to identify and track local environmental health indicators
- Develop written practices for vector control in Lincoln County
- Maintain up to date information on vector control on the LCPH website
- Maintain LCPH's Climate and Health webpage
- Develop message templates for responding proactively to foreseeable threats including both environmental and disease-related threats
- Explore ways to provide LCPH with at least 0.5 FTE built environment expertise
- Strengthen partnerships with Lincoln County cities, county planning, and surveyor's office

- Conduct an assessment in collaboration with partners to understand the built and natural environment landscape in Lincoln County
- Recommend approaches to ensure healthy and sustainable built and natural environments based on assessment findings
- Explore ways to provide LCPH with at least 0.5 FTE climate and health expertise

Barriers and Challenges to Full Implementation

The main challenge to full implementation of the Environmental Health Foundational Program in Lincoln County is financial. Our current program is funded by fees that are paid by users and licensed facilities for very specific services. LCPH's Environmental Health section is tasked with the implementation of the Food, Pool, and Lodging program that ensures the regular inspections of food, pools, and lodging facilities in Lincoln County. The section hasn't historically adopted work related to environmental justice or built environment. For this reason, in 2022 when LCPH developed a Climate and Health position, this position was placed within LCPH's Health Promotion section.

To develop the roles of identification and prevention of environmental hazards and climate change, a significant investment will need to be made to allow LCPH to welcome experts in the field. The funding would have to be independent from the fees that are being paid for the food, pool, and lodging program or the solid waste program.

LCPH used to have an agreement with OHA for the drinking water program but gave this program back at the end of June 2025 because of its financial unsustainability. For LCPH to take on this program again, a greater financial investment would be needed.

Some of the roles under the Environmental Health Foundational Program don't sit with the public health division in Lincoln County. For example, land use planning is the responsibility of the Lincoln County Planning Department. Environmental Health does work with land use planning and other county departments on solid waste complaints and code violations.

One of Lincoln County's major economic drivers is the tourism industry, as the county attracts many tourists during the summer months. There are numerous restaurants and tourist accommodations operating in Lincoln County and Environmental Health is charged with ensuring that these facilities operate in accordance with state regulations. The Environmental Health section does this with just two full-time inspectors (REHS), in addition to the section's program manager. The section has two additional employees who are tasked with handling all the county's vital records requests

and assisting with administrative related tasks for the Food, Pool and Lodging licensing activities. This is a heavy workload for this number of employees and doesn't leave capacity to engage in in work outside of this state funded programs.

In 2025, LCPH's Climate & Health position was removed due to loss of funding. To fill this gap in expertise, the Regional Modernization investment is covering part of Benton County's Climate and Health Coordinator's cost so this position can provide Lincoln County with limited expertise and capability in the areas of climate and environmental justice. This inventive approach will ensure LCPH can continue to engage in this work but doesn't provide the division with the FTE needed to fully implement Modernization deliverables in this area.

LCPH would benefit from having a minimum of one employee dedicated to work aimed at ensuring a healthy and safe built environment within the county. This employee could build relationships with city and county departments including Planning and Development to ensure equity, safety, and active living are all considered in policy, zoning, and development decisions. LCPH doesn't have the funding available to support such a position currently.

Access to Clinical Preventive Services

Role Category	Deliverables
Ensure access to cost-effective clinical care	<p>Jurisdictional reports on access to clinical preventive services</p> <p>Documentation of resources provided to clinical and community partners on evidence-based guidelines for the delivery of clinical preventive services</p> <p>Documentation of work with partners to recommend strategies for improving access to clinical preventive services</p> <p>Documentation for the development and implementation of a plan for improved access to clinical preventive services, particularly for priority populations.</p> <p>Document implementation of this plan</p> <p>Evaluation reports of policies implemented to improve access to clinical preventive services</p> <p>Documentation of compliance with state and federal laws</p>

1. This program is/will be implemented (check all that apply):F <input checked="" type="checkbox"/> Through LPHA staff <input type="checkbox"/> Through contracted services <input type="checkbox"/> Through cross-sector sharing <input type="checkbox"/> Through cross-jurisdictional sharing <input type="checkbox"/> As a health district		2. What percentage of this program is provided by your LPHA? (CCA: 12. Summary, Row 52, Column N) 100%	3. Self-assessed expertise (CCA: 12. Summary, Row 52, Column F) Proficient	4. Self-assessed capacity (CCA: 12. Summary, Row 52, Column H) Minimal
5. Current FTE supporting this program (CCA: 12. Summary, Row 52, Column P) FTE: 0.0	6. FTE needed for full implementation of this program (CCA: 12. Summary, Row 52, Column AD) FTE: 1.0	7. Current contract expenditures to support this program (CCA: 12. Summary, Row 52, [Column T + Column X]) \$0	8. Estimated direct contract expenditures to support full implementation of this program (CCA: 12. Summary, Row 52, [Column AH + Column AL]) \$27,630	
9. Describe any joint agreements or contracted services being used to support implementation of this program N/A				
10. Funding sources supporting this program 1. PE 43-01 – Immunization Practice <input type="checkbox"/> Short-term or limited duration funding 2. PE 46-05 - Reproductive Health <input type="checkbox"/> Short-term or limited duration funding 3. PE 01-01 – State support for public health <input type="checkbox"/> Short-term or limited duration funding			11. Current expenditures supporting this program (CCA: 12. Summary, Row 52, Column AB) \$0	12. Estimated total expenditures to support full implementation of this program (CCA: 12. Summary, Row 52, Column AP) \$172,031

Implementation to Date

Deliverables within the Access to Clinical Preventive Services Foundational Program are primarily implemented through LCPH's DPHR section. LCPH's MCFH section also contributes to the implementation of various Access to Clinical Preventive Services deliverables including those related to childhood immunizations and reproductive health services.

Ensure access to cost effective clinical care

LCPH maintains multiple jurisdictional reports on access to clinical preventive services including a 2024 assessment on access to primary care, behavioral health, and dental services and the 2022-2026 Linn Benton Lincoln Regional Health Assessment, which includes a chapter dedicated to access to care.

Access to Care is one of four priority areas within the 2024-2028 Linn Benton Lincoln Regional CHIP. This priority allows LCPH to work closely with other members of the PCH, including health care partners, towards improving access to clinical preventive services.

LCPH provides a range of clinical preventive services including immunizations, nurse home visiting, WIC, health navigation and referrals to care, tobacco cessation, and early STD/STI testing and treatment. In addition, LCPH maintains partnerships with other local health care organizations to ensure smooth and quick referrals into care as needed.

Collaboration with clinical and community partners

LCPH maintains up to date contact information for local health care providers, allowing the health department to provide relevant information such as local disease trends and any evidence-based changes to clinical guidelines. LCPH also attends multiple reoccurring meetings alongside the local hospital system and other local healthcare providers.

LCPH's Prevention Drug Overdose Coordinator regularly provides training on overdose prevention including Naloxone administration to partners including healthcare providers, community-based organizations, and law enforcement.

Evaluation and compliance with state and federal laws

LCPH completes communicable disease, immunization, and tuberculosis triennial reviews as mandated by OHA. In addition, LCPH completes the vaccines for children audit annually.

Full Implementation

To reach full implementation of this foundational program, LCPH will maintain the work described above and will work to adopt the following initiatives, funding allowing:

- Develop and share a provider newsletter with local health care providers quarterly
- Explore opportunities to share LCPH's Epidemiology report with external partners
- Explore ways to hire 1 FTE clinical staff under LCPH's DPHR Program
- Explore the continuation of the Mobile Health Unit pilot program
- Adopt strategies to increase community awareness of available health care resources in Lincoln County
- Support the provision of vaccine clinics at schools prior to school exclusion day in partnership with Lincoln County School District and School Based Health Centers
- Partner with community-based organizations serving priority populations to hold vaccine clinics in accessible locations of the county
- Partner with long term care facilities to host flu and COVID-19 vaccine clinics each fall
- Strengthen partnerships with Coastal Healthcare and local pharmacies to support referrals for vaccines
- Build capacity to provide vaccines regularly out of LCPH offices
- Maintain a pool of medical volunteers to support capacity to provide vaccines during public health emergencies
- Maintain relationship with Oregon Coast Community College nursing program by providing nursing rotations and volunteer hours
- Build capacity to provide directly observed therapy when a TB case is identified in Lincoln County
- Fit test all Disease Prevention & Harm Reduction employees for N-95 masks

Barriers and Challenges to Full Implementation

LCPH is lacking the clinical staff needed to fully implement much of the work within the Access to Clinical Preventive Services Foundational Program. In recent years, Behavioral Health Resource Network (BHRN) funding has been used to pay for a part-time nurse within the DPHR section, but this funding significantly restricts the types of patients that the nurse can serve.

The state doesn't fund communicable disease at a level sufficient to hire a nurse at a wage competitive with local health care organizations. In a county with limited health care resources, a communicable disease nurse could fill many gaps in care and services. Such a position would allow LCPH to expand its provision of vaccinations, provide additional testing and treatment during disease investigation, and manage the diagnosis and treatment of TB as needed. LCPH needs additional financial investments to make this work possible.