10.10.B.1.

# AGENDA COVER MEMO

## AGENDA MEMORANDUM

**AGENDA DATE**: April 26, 2006

**TO:** Board of County Commissioners

**DEPARTMENT:** Health & Human Services

**PRESENTED BY:** Rob Rockstroh

**AGENDA TITLE:** ORDER ________________/ IN THE MATTER OF APPROVING EXHIBIT A, THE LANE COUNTY ANNUAL PUBLIC HEALTH PLAN FOR FY 2006-07.

## I. MOTION

ORDER ________________/ In the Matter of Approving Exhibit A, the Lane County Annual Public Health Plan for FY 2006-07.

## II. ISSUE OR PROBLEM

In accordance with ORS 431.375 through 431.385, local health authorities are required to submit to the Oregon Department of Human Services, Public Health Services (OPHS), an annual plan for providing public health services. The plan must be reviewed and accepted by the Board of County Commissioners and signed by the county health administrator prior to submission to the OPHS.

## III. DISCUSSION

### A. Background/Analysis

The FY 2006-07 plan was developed by the Department of Health & Human Services according to guidelines from OPHS. The Lane County Health Advisory Committee was consulted for input and acceptance of the plan. The local public health annual plan is approved or disapproved by OPHS. In consultation with the Conference of Local Health Officials, OPHS has established an appeals process whereby counties may obtain a hearing if their plans are not approved.

The Conference of Local Health Officials (CLHO) has been working with the staff at OPHS to develop a more efficient way in which counties provide program information to the state office. The annual plan being submitted this year is the first one in the new format. CLHO approved substantial changes to the required

annual plan process. Health departments will continue to submit an annual plan to the state on May 1 of each year and a triennial comprehensive plan three months prior to each local public health authority's triennial review. For Lane County, our triennial review is tentatively scheduled for August 2007.

There are required elements that must be addressed in our FY 2006-07 annual plan. These include an Executive Summary, Immunization report, the WIC plan and report, the Family Planning plan, Maternal and Child Health (MCH) programs plan, a current organizational chart, information on how to access our budget information and the Minimum Standards Survey. If there are no substantative changes in Family Planning and MCH we can state as such.

The funds that will be forwarded to support the plan are unknown at this time and will not be certain until the state legislature has completed the budget for FY 2006-07. It is expected that funding will be close to present levels.

Public Health expects the following services to remain relatively unchanged for FY 2005-06: Maternal and Child Health (includes Prenatal); Women, Infants & Children (WIC); Communicable Disease; TB Case Management; Immunization – Core Public Health Functions; Sexually Transmitted Diseases; Immunization Action Plan; Breast and Cervical Cancer Komen Breast Screening; Preparedness; Perinatal; Hepatitis B Case Management; Vaccine Accountability; Tobacco Use Prevention

A transition plan is being developed between public health staff and the federally qualified health center (FQHC) staff to locate the Family Planning Clinic under the FQHC. This change is occurring due to budget reductions in the Family Planning program and the desire to further coordinate clinical services in the department. The Family Planning Action Plan being submitted to the state provides information on the current condition, goals, activities and evaluation for the change in provision of services in the department.

A copy of the FY 2006-07 Lane County Annual Public Health Plan is available in the County Administrator's office for review upon request.

The funds forwarded with this grant will be appropriated in the budget process.

B. Alternatives / Options

1. To approve the FY 2006-07 Lane County Annual Public Health Plan and delegate authority to the County Administrator to sign the plan.

2. Not to approve the FY 2006-07 Lane County Annual Public Health Plan and thereby not continue services as specified in the plan.

C. Recommendation

To approve #1 above.

D. Timing

The County-approved, FY 2006-07 Lane County Annual Public Health Plan is due at the Oregon Department of Human Services, Public Health Services Office, May 1, 2005. Therefore, the plan must be signed and forwarded as soon as the Board has acted.

## IV. IMPLEMENTATION/FOLLOW-UP

Upon approval of the FY 2006-07 Lane County Annual Public Health Plan by the Board of County Commissioners, and signature by the County Administrator, the Department of Health & Human Services will forward the plan to the Oregon Public Health Services office.

## V. ATTACHMENTS

Board Order
FY 2006-07 Lane County Annual Public Health Plan

**THE BOARD OF COUNTY COMMISSIONERS, LANE COUNTY, OREGON**

| | | |
|---|---|---|
| **RESOLUTION AND ORDER:** | ) ) | IN THE MATTER OF APPROVING EXHIBIT A, THE LANE COUNTY ANNUAL PUBLIC HEALTH PLAN FOR FY 2006-07. |

WHEREAS, the Lane County Board of County Commissioners is recognized as the local public health authority; and

WHEREAS, ORS 431.375 through 431.385 requires each local authority to develop an annual public health plan; and

WHEREAS, Upon budget approval by the State of Oregon, funds will be allocated to Lane County support services described in the plan for FY 2006-07.

NOW THEREFORE IT IS HEREBY RESOLVED AND ORDERED that the Board of County Commissioners approve the Lane County Annual Public Health Plan for FY 2006-07, and that the Board of County Commissioners delegate authority to the county administrator to sign the Lane County Annual Public Health Plan.

DATED this 26th day of April, 2006.

Bill Dwyer, Chair
Lane County Board of Commissioners

APPROVED AS TO FORM
Date 4/14/06 lane county
OFFICE OF LEGAL COUNSEL

Agencies are **required** to include with the submitted Annual Plan:

**The local public health authority is submitting the Annual Plan pursuant to ORS 431.385, and assures that the activities defined in ORS 431.375–431.385 and ORS 431.416, are performed.**

| Local Public Health Authority | County | Date |
| --- | --- | --- |

# LANE COUNTY PUBLIC HEALTH
# FY 2006-07 ANNUAL PLAN

## Executive Summary

The Lane County Public Health Annual Plan for FY 2006-07 includes the following updated required sections: Immunization Report, WIC Plan and Report, Family Planning Report, a Statement of Currency for Maternal Child Health, an Organizational Chart for the Lane County Department of Health and Human Services as well as Lane County Public Health (LCPH), budget access information and the Minimum Standards Survey. The triennial review for Lane County is due in August 2007 at which time the comprehensive plan will be submitted for programs as required by the state office.

In the Fall of 2004, the staff began a strategic planning process and has continued the commitment to working on the goals identified through 2005 and continuing. Values which guide our work into 2006-07 include: commitment to public health service in our community, maintaining and increasing partnerships to improve the health of our community, and recognizing that our employees are our most important asset. We will continue working on the following goals in order to provide public health services and leadership in our community: 1) improve current facilities and public access to facilities; 2) develop and enhance leadership within the community and within Public Health; 3) achieve a strategic balance of service delivery and service coordination; 4) improve communication both internally and externally to build greater understanding of the mission and value of LCPH; 5) strengthen the overall capacity of LCPH by supporting its staff members and anticipating future human resource needs; and 6) strengthen the overall financial picture for LCPH.

LCPH applied for and was accepted to participate in the CityMatch Urban MCH Data Institute. Recognizing that Lane County has an alarmingly high infant mortality rate, the MCH nurse supervisor is leading a team to work with community partners to enhance the data analysis skills and to inform and direct strategies and policies to improve maternal and child health in Lane County. This is an exciting new venture in 2006.

Due to budget constraints, staff are expecting that by July 1, 2006, the Lane County Public Health Family Planning clinic will be administratively relocated to the Community Health Center of Lane County (a Federally Qualified Health Center). This Clinic is within the Human Services Commission of the Lane County Department of Health and Human Services. Several transition issues are being addressed, including location of the clinic, staffing, provision of primary care in addition to family planning services, and notification to current and ongoing clients. Local staff are also working with state staff to complete the transition.

LCPH continues to have an active Healthy Advisory Committee that meets monthly and brings forth an array of topics for discussion and research. The committee is presently discussing its 2006 focus.

Local Health Department: Lane County Public Health

**Plan A - Continuous Quality Improvement:** DTaP #4 Drop-off Rate at Lane County Public Health

Fiscal Years 2006-2008

| **Year 1: July 2005 – June 2006** | | | | |
|---|---|---|---|---|
| Objectives | Methods / Tasks | Outcome Measure(s) | Outcome Measure(s) Results[1] | Progress Notes[2] |
| A. Increase % of eligible 24 month olds served at LCPH who have received DTaP#4 (current rate 80%) | • Request AFIX usage graph for single antigen DTaP<br>• Create reminder recall specific to DtaP#4, i.e. postcard<br>• Create tracking report for client recall<br>• Obtain information from OPIC on 4th DTaP Promotion-utilize resources in LCPH strategy<br>• Inform immunization staff of recall tool and encourage giving of DTaP#4 at first opportunity. Review recommended and minimum spacing. | • Determine/understand nature of previous doses to drop-off rate from AFIX report. Receive report by 8/05.<br>• By 10/05 have specific reminder developed.<br>• Implement reminder 12/05 – 100% will receive. | • Contacted Justin Weisser at OHS/IMM for single antigen DTaP graphs in 8/05. Obtained report 10/05<br>• Reminder cards developed and printed 11/05, and first reminders sent week of 12/5/05. 100% of kids needing DTaP 4 were sent reminders. | The reports received from OHS/IMM regarding the drop off rate in DtaP4 in our AFIX report did not coincide with the actual number of children the AFIX report evaluation. Several ways of requesting information were tried and each time different names were reported. In looking at the children who were listed in the reports several problems were identified. Not all these problems were owned by LCPH. Some were inherited from private providers and some were data entry problems (origin unknown). ALERT had doses given 1 day apart |

1 **Outcome Measure(s) Results** – please report on the specific Outcome Measure(s) in this table.

2 **Progress Notes** – please include information about the successes and challenges in completing the Methods/Tasks, any information that will help us better understand your progress, and any assistance from DHS that would have helped or will help met these objectives in the future.

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| | | | | of same vaccine. Justin worked hard to try to get the information but we never got the actual names of the deficient kids from the AFIX report.<br>3/06 Nathan Crawford discovered in doing AFIX report for 2005 that Lane County had seen almost twice as many kids as in 2004. In looking at list of clients he sent, only about a third of them are current clients. The rest had been "moved" but the state ALERT system had not recognized this for some reason. We are waiting to see how this is resolved since it could have a great effect on our "up-to-dates" rates. Many of these moved kids had received only PPDs as part of shelter TB program or had received flu vaccine only. Because of the problem with 2005 list of clients, I am concerned that our rates in 2004 did not accurately reflect our clients.<br><br>8/05 contacted Karen Elliott with OPIC about materials for their 4th DTaP project. Received materials in 11/05 (were still in development in 8/05) |

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| | | | | 11/05 met with Immunization staff at LCPH to discuss AFIX report, DTaP 4 plans, reminder system, ways we might improve our rate at LCPH. Our reminder cards, specific to DTaP #4 have been sent twice (approx, every 2 months) since they were developed. The reminder list is generated from our immunization database where each vaccine and dose has a reminder field. We will continue using these special reminders and reevaluate the process over the next year. |
| B. | • | • | To be completed for the FY 2006 Report | To be completed for the FY 2006 Report |

## Plan A - Continuous Quality Improvement: DTaP #4 Drop-off Rate at Lane County Public Health

| Year 2: July 2006 – June 2007 | | | | |
|---|---|---|---|---|
| **Objectives** | **Methods / Tasks** | **Outcome Measure(s)** | **Outcome Measure(s) Results[1]** | **Progress Notes[2]** |
| **A.** Evaluate % of 24 month olds have received DTaP#4 to see if there is increase in past year. | • Obtain AFIX report for the past year with specific DTaP#4 graph<br>• Review results of recall tool use and adapt as needed.<br>• Continue to use recall tool for DTaP#4 | • Obtain 85% 24 mo. Olds with DTaP#4 by 12/06. | To be completed for the FY 2007 Report | To be completed for the FY 2007 Report |
| **B.** | • | • | To be completed for the FY 2007 Report | To be completed for the FY 2007 Report |

1 **Outcome Measure(s) Results** – please report on the specific Outcome Measure(s) in this table.

2 **Progress Notes** – please include information about the successes and challenges in completing the Methods/Tasks, any information that will help us better understand your progress, and any assistance from DHS that would have helped or will help met these objectives in the future.

## Plan A - Continuous Quality Improvement: DTaP #4 Drop-off Rate at Lane County Public Health

| Year 3: July 2007 – June 2008 | | | | |
|---|---|---|---|---|
| **Objectives** | **Methods / Tasks** | **Outcome Measure(s)** | **Outcome Measure(s) Results[1]** | **Progress Notes[2]** |
| A.<br>Reevaluate plan to increase DTaP#4 rate in 24 mo. Olds served at LCPH so that 90% will be complete | • Obtain AFIX report of 12/07.<br>• Evaluate with staff use of recall tool and it's effectiveness in increasing rate.<br>• As appropriate, share DTaP#4 process with other immunization partners in Lane County, i.e. delegates | • Obtain 90% DTaP#4 by age 24 months by 12/07. | To be completed for the FY 2008 Report | To be completed for the FY 2008 Report |
| B. | • | • | To be completed for the FY 2008 Report | To be completed for the FY 2008 Report |

1 **Outcome Measure(s) Results** – please report on the specific Outcome Measure(s) in this table.

2 **Progress Notes** – please include information about the successes and challenges in completing the Methods/Tasks, any information that will help us better understand your progress, and any assistance from DHS that would have helped or will help met these objectives in the future.

Local Health Department: Lane County Public Health

**Plan B - Chosen Focus Area:** Electronic transfer of data to ALERT by independent clinics in Lane County

Fiscal Years 2006-2008

**Year 1: July 2005 – June 2006**

| Objectives | Methods / Tasks | Outcome Measure(s) | Outcome Measure(s) Results[1] | Progress Notes[2] |
|---|---|---|---|---|
| **A.** Work with 6 independent clinics in Lane County who use Medical Manager software to get data conversion for electronic data transmission to ALERT. | • Work with ALERT IS staff to understand what actually needs to be done to convert data.<br>• Visit Springfield Family Practice (who recently converted) to see clinic in action.<br>• Meet with clinic managers/staff of 6 private clinics to address issues of electronic transfer.<br>• Assess feasibility of conversions with ALERT staff and include Medical Manager staff as appropriate.<br>• In working with ALERT staff, set up individual timelines for conversion.<br>• Review with clinics. | • Site visit to SFP by 08/05.<br>• Develop plan to present to providers by 09/05.<br>• Meetings held with 100% clinics that commit to electronic export. | • In August 2005 we contacted Springfield Family Practice (SFP) to set up a site visit regarding their Medical Manager exporting system. In speaking with them, they confirmed the possible LIPP switch to a common EMR system in the months ahead. The SFP contact said they would certainly be moving to that new EMR system when it is identified, and would no longer be using Medical Manager for ALERT export. With that information we decided to defer this meeting.<br>• Given the new EMR direction that LIPP was addressing, we | In the Fall of 2005, we decided to contact the six clinics we planned to work with to confirm their continued use of Medical Manager software. Our fist call provided us with some new information that would alter the approach to our plan. We learned that the Lane Independent Primary Physicians (LIPP) group that these clinics belong to, had just formed a committee to evaluate an electronic medical record (EMR) system that might be used by most, if not all, LIPP clinics. They informed us that their clinic would not want to work with a Medical Manager export project, as they would |

1 **Outcome Measure(s) Results** – please report on the specific Outcome Measure(s) in this table.

2 **Progress Notes** – please include information about the successes and challenges in completing the Methods/Tasks, any information that will help us better understand your progress, and any assistance from DHS that would have helped or will help met these objectives in the future.

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| | | | did not see any reason to develop a presentation plan specific to Medical Manager exporting programs. We instead, kept in close contact with members of the LIPP subcommittee reviewing EMR systems, making sure that exporting data to ALERT would be considered in their discussions. The subcommittee contact was well aware of the needs for exporting to ALERT, and took those issues forward to the committee. We offered to be available as needed to the #EMR committee, individual physicians, or clinic staff to discuss any issues regarding ALERT exporting.<br>• In early April 2006, we met with the newly appointed Executive Director of LIPP to discuss ALERT-exporting issues. He represents all twelve LIPP clinics (100%) going with the EMR, so having individual meetings with each clinic was not necessary at this time. ALERT staff | prefer to export the data from the new EMR program. We next called Springfield Family Practice, as they are currently exporting data using Medical Manager software, and they confirmed that they also would be participating in the conversion of the new EMR with LIPP. The LIPP subcommittee reviewing EMR's would finalize their recommendation late in 2005, and the LIPP membership would vote on the recommended EMR in early 2006. With this information, we decided to wait until LIPP had arrived at a decision before proceeding. We also informed ALERT staff about the change of plans, and they also thought it would be appropriate to wait for the LIPP decision.<br><br>The second week of March, 2006, LIPP membership voted and decided to go with the recommended EMR proposed by the committee, however, participation would be voluntary and not mandatory. We have |

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| | | | had presented to LIPP clinic representatives earlier that week to answer general questions about ALERT, they reported that clinic staff seem well informed and had few questions or concerns. We will continue to work closely with the LIPP Executive Director, ALERT staff, EMR Vendor, and individual clinics as necessary. | been working with the LIPP Executive Director to ensure that the EMR program will address the needs for exporting immunization data to ALERT. ALERT staff has also been in contact with him and plan to work closely with the EMR vendor as this project progresses. We are working closely with the Executive Director to identify and evaluate the immunization status of each LIPP clinic (i.e. VFC participation, ALERT status, data export to ALERT bar code/electronic) that plans to convert to the EMR, as well as those who do not plan to do so at this time. Of the 25 LIPP clinics, 12 have indicated they plan to use the new EMR program. Of those 12, currently 2 have been exporting data to ALERT electronically, 7 are bar coding, 1 refuses to bar code, and 2 of the clinics do not provide childhood immunizations. |

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| **B.** | • | • | To be completed for the FY 2006 Report | To be completed for the FY 2006 Report |

## Plan B - Chosen Focus Area: Electronic transfer of data to ALERT by independent clinics in Lane County

| Year 2: July 2006 – June 2007 | | | | |
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| **Objectives** | **Methods / Tasks** | **Outcome Measure(s)** | **Outcome Measure(s) Results**[1] | **Progress Notes**[2] |
| **A.**<br>Identified clinics will participate and be successful in exporting data electronically to ALERT.<br><br>**(Objective revised – see Objective B)** | • Working with ALERT IS staff, establish work plan for prioritizing clinic conversions.<br>• Work with individual clinics on training needs and implementing plan.<br>• Troubleshooting as needed with clinics.<br>• Share plan with DHS private provider liaison<br>• **(Methods revised – see Methods B)** | • Establish work plan by 09/06.<br>• Develop training needs by 03/07 for individual clinics. | To be completed for the FY 2007 Report | To be completed for the FY 2007 Report |

1 **Outcome Measure(s) Results** – please report on the specific Outcome Measure(s) in this table.

2 **Progress Notes** – please include information about the successes and challenges in completing the Methods/Tasks, any information that will help us better understand your progress, and any assistance from DHS that would have helped or will help met these objectives in the future.

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| **B.** Participating LIPP clinics that have converted or will be converting to the EMR program, are successfully exporting data electronically to ALERT. | • Work with LIPP Executive Director/ALERT staff to establish clinic conversion timeline<br>• Work with individual clinics and LIPP Executive Director on training needs.<br>• Troubleshooting as necessary with clinics<br>• Share plan with DHS private provider liaison | • Establish work plan by 8/06<br>• Develop training needs for individual clinics by 10/06 | To be completed for the FY 2007 Report | To be completed for the FY 2007 Report |
| **C.** Identify LIPP clinics not going with the new EMR and evaluate appropriateness of using other software programs in their clinic to facilitate electronic export to ALERT. | • Communicate with identified clinics to establish current software programs used in their clinics<br>• Work with ALERT staff to assess feasibility of conversion using the various software programs identified<br>• Visit with each clinic to assess possibility and benefits of their converting to electronic export<br>• Identify which clinics are appropriate for electronic export and work with ALERT and clinic staff to establish a timeline for that conversion. | • Develop work plan identifying clinic software and ALERT feasibility response by 9/06<br>• Visit with 100% of clinics to assess possible conversion to electronic export<br>• Develop plan and timeline for assisting 100% of clinics identified as appropriate for electronic export. | | |

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| **D.**<br>Identify all Lane County clinics providing childhood immunizations that are **not** affiliated with LIPP, OMG, or PeaceHealth, and assess the feasibility of their sending electronic exports to ALERT. | • Communicate with identified clinics and establish current software programs being used<br>• Work with ALERT staff to assess feasibility of conversion using the various software programs identified<br>• Visit with each clinic to assess possibility, benefits, and appropriateness of their clinic converting to electronic export | • Develop work plan identifying clinic software and ALERT feasibility response by 11/06<br>• Visit with 100% of clinics identified to assess their possible conversion to electronic export<br>• Develop action plan and timeline for 100% of clinics deemed appropriate for/and committed to conversion to electronic export to ALERT by 4/07 | | |

## Plan B - Chosen Focus Area: Electronic transfer of data to ALERT by independent clinics in Lane County

| Year 3: July 2007 – June 2008 | | | | |
|---|---|---|---|---|
| **Objectives** | **Methods / Tasks** | **Outcome Measure(s)** | **Outcome Measure(s) Results**[1] | **Progress Notes**[2] |
| **A.** Evaluate newly participating independent clinics to see if electronic transmission is successful. | • Request ALERT participation report for clinics beginning data transmission by electronic method | • Per report, 100% participation of new clinics | To be completed for the FY 2008 Report | To be completed for the FY 2008 Report |

1 **Outcome Measure(s) Results** – please report on the specific Outcome Measure(s) in this table.

2 **Progress Notes** – please include information about the successes and challenges in completing the Methods/Tasks, any information that will help us better understand your progress, and any assistance from DHS that would have helped or will help met these objectives in the future.

| **B. (Added for year 3) Independent clinics (non LIPP, OMG, PeaceHealth) identified in 4/07 action plan will participate and be successful in exporting data electronically to ALERT.** | • Work with ALERT staff to establish prioritizing and timeline for conversions<br>• Work with individual clinics on training needs and implementing plan for conversion<br>• Troubleshoot as needed with clinics<br>• Share plan and work with DHS private provider liaison | • Establish timeline with ALERT by 7/07<br>• Develop training needs for individual clinics by 8/07<br>• 100% of identified clinics will export electronically to ALERT by 3/08 | To be completed for the FY 2008 Report | To be completed for the FY 2008 Report |
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Local Health Department: Lane County Public Health

**Outreach Activities: July 2005 – June 2006**

| **Activity 1:** | | | | |
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| **Objectives** | **Methods / Tasks** | **Outcome Measure(s)** | **Outcome Measure(s) Results[1]** | **Progress Notes[2]** |

1 **Outcome Measure(s) Results** – please report on the specific Outcome Measure(s) in this table.

2 **Progress Notes** – please include information about the successes and challenges in completing the Methods/Tasks, any information that will help us better understand your progress, and any assistance from DHS that would have helped or will help met these objectives in the future.

| A.<br>Cottage Grove coalition will continue to seek solution to immunization services for that community. | • Expand current coalition to include FQHC as potential partner. | • By 12/05 the possibility of FQHC will be understood. | • HASA New Start grant was applied for 12/05 by FQHC. If successful, it will be implemented by 7/1/06. | Lane County Public Health has not had a coalition meeting but has kept in touch with the members. The school nurses in the South Lane School Dist. Were asked about need for a special immunization clinic in the Spring 2005 at Kindergarten "round-up" and they determined there was not sufficient need. Again, at school review time in January 2006 the need was assessed and none was found. The grant status is unknown at this time.<br><br>Although not part of this plan/objective, the Oakridge Clinic decided to resign from delegate status at the end of 2005. That decision left the community without an immunization provider. In December 2005 I began working with Cindy Yeager, a school employee who was very concerned about how children would get needed vaccines before exclusion, and LCPH held a special immunization clinic on January 17, 2006, for students who needed immunizations to stay in school. The collaboration of public health and schools worked well and met a need in the community. I am currently talking with another Oakridge provider about the possibility of becoming an immunization delegate. |
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| Activity 2: | | | | |
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| **Objectives** | **Methods / Tasks** | **Outcome Measure(s)** | **Outcome Measure(s) Results[1]** | **Progress Notes[2]** |
| **A.**<br>Provide vaccine – specific (i.e. Menactra) educational opportunity to providers in Lane County. | • Collaborate with vaccine manufacturer representative to establish meeting time, presenter, and target population.<br>• Invite targeted provider group to event. | • 100% of targeted group will be invited to outreach educational event. | • 100% of vaccine providers in Lane County have been invited to attend an educational breakfast meeting on 5/18/06. | Our educational breakfast meetings has not occurred yet, but we have sent out invitations, are preparing packets, and are doing the general program planning. Sanofi-Pasteur local representative has helped us acquire a speaker for our educational meeting. Dr. Cora Breuner of Seattle, Washington will present on meningococcal and pertussis vaccines for adolescents. We have invited over 150 providers to this meeting. As an incentive for attendance, we will be giving a Pink Book to each clinic with a representative at the meeting. |

## Appendix C

FY 2006 - 2007 WIC Nutrition Education Plan Form

County/Agency: Lane County
Person Completing Form: Jackie Lucas, RD, Breastfeeding Coordinator
Date: April 3, 2006
Phone Number: (541) 682-4307
Email Address: jackie.lucas@co.lane.or.us

Direct questions to: Sara Goodrich, 971-673-0043

This section asks you to write the nutrition education plan(s) for the fiscal year 2006 – 2007.

Goal 1: Decrease the risk of obesity among WIC participants by increasing physical activity awareness.

Activity 1: **Required**
Assess your community's resources for safe, developmentally appropriate physical activity opportunities for families and their young children and provide a list of these resources to WIC clients.

Implementation Plan: Staff will be assigned the task of assessing community resources for safe, developmentally appropriate physical activity opportunities for families & children and compile/develop a list of resources. The activity list will be available to the WIC certifying staff to provide as a resource to participants as needed and/or appropriate to individual counseling. The activity resource list will also be made available in some of the group classes.

Timeline: By August 31, 2006 the activity resource list will be available for staff to use with participants.

Activity 2: **Required**
Make available to clients a 2nd nutrition education opportunity to increase physical activity.

Implementation Plan: Staff will plan, develop and teach a class to WIC participants on ways to increase individual and family activity.

Timeline: By January 31, 2007, WIC will offer one new class to participants on ways to increase physical activity.

Activity 3: **Optional**
Participate in an organized "Turn off the TV Week" campaign April 2007.

Implementation Plan:

Timeline:

Activity 4: **Optional**
Participate in a community event that promotes physical activity.

Implementation Plan:

Timeline:

Goal 2: Increase the percentage of WIC participants who consume at least five daily servings of vegetables and fruits.

Activity 1: **Required**
Assess activities and resources in the community to promote fruits and vegetables and provide a list of these activities and resources to WIC clients.

Implementation Plan: Staff will compile a fruit and vegetable resource list.

Timeline: By December 31, 2006, the fruit and vegetable resource list will be available for staff to use with participants.

Activity 2: **Required**

Develop and implement client-centered activity or event by June 2007 in recognition of 5 A Day.

Implementation Plan: During various team meetings, the WIC staff will develop ideas, plan and implement a fruit and vegetable, client-centered activity/event to be implemented by June 2007.

Timeline: In July 2006, the WIC staff will begin planning and developing a Fruit and Vegetable, client-centered activity/event to be implemented before June 2007.

Activity 3: **Optional**
Participate in a community event that promotes consumption of fruits and vegetables.

Implementation Plan:

Timeline:

Activity 4: **Optional**
Develop and implement a staff activity or event that promotes fruit and vegetable consumption.

Implementation Plan:

Timeline:

Goal 3: Increase client participation in 2nd nutrition education contacts.

Activity 1: **Required**
Explore options for developing innovative partnerships for providing nutrition education to clients in your agency.

Implementation Plan: The feasibility of offering dental screening sessions as a second nutrition education contact option will be investigated. The WIC Coordinator will meet with Riverstone Clinic dental hygienists to determine whether the number of sessions can be increased beyond current

offerings and if sessions can be scheduled further in advance. Discussion will also include creation of a formal lesson plan for the screenings.

Timeline: Decision on feasibility of using dental screens as a second nutrition education contact will be made by November 30, 2006.

Activity 2: **Required**
Assess your agency's 2nd nutrition education offerings and make changes as needed to improve your show rates.

Implementation Plan: Numbers of clients scheduled into classes and show rates for each class will be tracked and analyzed to determine whether changes to nutrition education offerings (classes) may improve show rates.

Timeline: Data collection will begin July 2006 and continue through December 2006. During January and February, 2007 data will be analyzed to determine if changes are necessary. Changes will be made, if needed, when the next class schedule is developed (by April 30, 2007).

Activity 3: **Optional**
Participate in a community event that promotes nutrition education.

Implementation Plan:

Timeline:

Activity 4: **Optional**
Conduct a needs assessment of your community to determine relevant nutritional health concerns and assure that your nutrition education offerings meet the needs of your WIC population.

Implementation Plan:

Timeline:

Goal 4: Increase breastfeeding duration rates among WIC participants.

Activity 1: **Required**
Assess breastfeeding resources available in your community and create and/or update a resource list for clients.

Implementation Plan: The current breastfeeding resources list will be updated as changes occur.

Timeline: Throughout 2006-2007, the current breastfeeding resource list will be reviewed for any necessary changes to keep the list current and accurate. List will be assessed for needed updates at least once by January 31, 2007.

Activity 2: **Required**
Implement at least one new strategy to support clients' breastfeeding goals.

Implementation Plan:

1.) During certifier staff meeting, goal setting principles will be reviewed and staff will review an example of goal setting as it pertains to a breastfeeding duration scenario.

2.) At least one new staff person will be sent to an advanced breastfeeding training to improve skill in supporting clients' breastfeeding goals.

Timeline:

1.) Goal setting review will be accomplished by December 31, 2006.

2.) Staff person will attend advanced breastfeeding training by June 30, 2007.

Activity 3: **Optional**
Participate in World Breastfeeding Week to raise the awareness of the importance of exclusively breastfeeding for the first 6 months of life and continue as long as the mother and baby mutually desire.

Implementation Plan:

Timeline:

Activity 4: **Optional**
Implement the Breastfeeding Mother-Friendly Employer project and receive designation from the Oregon Department of Human Services.

Implementation Plan:

Timeline:

Annual Report Form - WIC
Evaluation of Nutrition Education Plan FY 2005-2006

WIC Agency: Lane County WIC Program
Person Completing the Form Jackie Lucas, RD, Breastfeeding Coordinator
Date: April 6, 2006 Phone: (541) 682-4307

Direct questions to: Sara Goodrich, 971-673-0043

This section asks you to evaluate the nutrition education plan(s) you implemented during fiscal year 2005 - 2006. Answer the questions in "Outcome Evaluation" where a "response" is requested.

Please use the outcome evaluation criteria to assess the activities your agencies did for each Year 2 (i.e. 2005 – 2006) Objective. If your agency was unable to complete an activity, please indicate why.

Goal 1: Decrease the risk of obesity among WIC participants by increasing physical activity awareness.

Year 2 Objective:

During plan period, all WIC families will be provided information on the increasing rates of overweight children and adults and be able to make positive lifestyle choices to decrease the risk of overweight.

Activity 1: Assess client awareness regarding physical activity and identifying client barriers to getting adequate physical activity by using state provided assessment tool. This activity was **required.**

Outcome Evaluation: Please address the following questions in your response.

- What is one result from the client assessments that you have applied in your agency?

**Response:** The staff and client assessments have had a cumulative effect on certifying staff in terms of increasing their awareness of the importance of counseling clients on increasing physical activity and these surveys have encouraged dialogue between staff and clients on this topic. Several additional handouts and resources on physical activity are now available for staff to use with clients. As mentioned in the Nutrition Education Plan for

2006-07, a plan was created for a new class offering to support client education on physical activity.

Activity 2: Using results from staff and client surveys, identify or develop, and implement at least one clinic activity to promote increased physical activity and increase awareness of the prevalence of overweight among staff and clients. This activity was **required.**

Outcome Evaluation: Please address the following questions in your response.

- Identify 3 barriers or ideas you learned from the staff and client surveys.
- What clinic activities did you develop to promote physical activity?
- How did the activities address the barriers or concerns identified in the surveys?

Response: The participant survey results showed the following barriers: not enough time, not enough free or low cost physical activity programs for families and not enough information on what activities are developmentally appropriate for young children. To address these barriers, throughout the month of June 2006, an interactive bulletin board promoting physical activity will be displayed in the clinic. The bulletin board will address the barriers by highlighting ways to include activity into daily routines with information on free and low cost activity programs for families and promote the WIC classes that address physical activity. Handouts will be available addressing safe, developmentally appropriate activities for young children. During individual counseling, certifying staff will promote physical activity by addressing families' individual barriers to being active. Children will be offered the opportunity to draw their favorite activity and hang the drawings up throughout the office. By highlighting physical activity throughout the month of June, it will encourage more conversation with parents and caregivers on this topic.

Activity 3: Participate in an organized "Turn off the TV Week" campaign April 2006. This activity was **optional.**

Outcome Evaluation: Please address the following questions in your response.

- Did your agency participate in "Turn Off the TV Week"? If so, describe what you did. How did it go?
- Do you plan to continue this activity? Why or why not? What resources would you need?
- What advice might you give to other WIC agencies if they were to try this?

**Response:**

Activity 4: Participate in a community event that promotes physical activity. This activity was **optional**.

Outcome Evaluation: Please address the following questions in your response.

- Did your agency participate in a community event to promote physical activity? If so, describe what you did. How did it go?
- Do you plan to continue this activity? Why or why not? What resources would you need?
- What advice might you give to other WIC agencies if they were to try this?

**Response:** As part of the Physical Activity and Nutrition Grant for Lane County, all Public Health staff and other department staff have been given an opportunity to participate in the Walking Program (10,000 Steps) from February-July 2006. Several WIC staff are participating. The program has been in place for two months, so next steps have not yet been determined, although the level of enthusiasm for this program is very high.

Goal 2: Increase the percentage of WIC participants who consume at least five daily servings of vegetables and fruits.

Year 2 Objective:

During plan period, staff will assess and promote client consumption of fruit and vegetables.

Activity 1: Assess client attitudes and behaviors regarding fruit and vegetable consumption using state provided tool. This activity was **required**.

Outcome Evaluation: Please address the following questions in your response.

- What is one result from the client assessments that you have applied in your agency?

**Response:** Staff have gathered more recipes and made them available to clients individually and during the 5 A Day class. More ideas on using fruits and vegetables were incorporated into this class. For this quarter, the class is being offered daily (at different times depending on the day of the week) so that many more opportunities exist for clients to attend based on their own scheduling needs.

Activity 2: Develop and implement a client centered activity or event during September 2005 in recognition of 5 A Day Month. This activity was **required.**

Outcome Evaluation: Please address the following questions in your response.

- What client centered activity or event did your agency implement for 5 A Day month?
- How did your agency decide on this activity or event?
- What went well and what would you do differently?

**Response:** During the July 2005 staff meeting, ideas were formulated for a client-centered fruit and vegetable activity/event. With the knowledge that potatoes and tomatoes are the most frequently consumed vegetables while orange juice and bananas are the most popular fruits, staff decided that the activity/event would address variety. An interactive bulletin board highlighting 26 fruits and vegetables was created. Participants were invited to play the bulletin board game "Name that Fruit or Vegetable" after which they could self-check their answers for accuracy. A take-home version of the game was available as well. The bulletin board game was targeted to the entire family. In addition to the game, children were offered an opportunity to color a fruit or vegetable cutout. They were able to take the cutout home or hang it up to color the clinic space with wonderful hanging fruit and vegetable cutouts. To add to the festive environment, the waiting area was decorated with fruit and vegetable crepe ornaments. If this activity were to be used again in the future, staff would prefer to add more crepe ornaments to hang throughout the office and the colored cutouts would display better if mounted on cardboard instead of paper.

Activity 3: Use client fruit and vegetable survey results to develop or modify individual or group nutrition education activities to promote fruit and vegetable consumption. This activity was **required**.

Outcome Evaluation: Please address the following questions in your response.

- Identify 3 client attitudes or behaviors you learned from the surveys.
- What nutrition education activities did your agency develop or modify to promote fruit and vegetable consumption?
- How did the activities address the results from the surveys?

Response: The participant survey results indicated that clients would like more recipes, more ideas for incorporating fruits and vegetables into meals and different ways to prepare fruits and vegetables. Two new classes were developed with these ideas in mind. Both classes are part of a nutrition mini-burst series. The 5-A-Day class includes facilitated discussion on ways families can increase the amount and variety of fruits and vegetables offered throughout the day. The Power Breakfast class provides ideas on ways to add more fruits and vegetables into the morning meal with fast, easy cooking ideas. Both classes offer a variety of low-cost, easy recipes. Our clients asked for it and staff delivered! The classes are interactive, fast and fun with everyone sharing ideas and learning from each other.

Activity 4: Develop and implement a staff activity or event during September 2005 in recognition of 5 A Day Month. This activity was **optional**.

Outcome Evaluation: Please address the following questions in your response.

- Did your agency implement a staff activity or event for 5 A Day month?
- How did your agency decide on this activity or event?
- What went well and what would you do differently?

**Response:**

Goal 3: Increase client participation in 2nd nutrition education contacts.

Year 2 Objective:

Assess clients' attitudes, wants, needs and barriers regarding attendance to nutrition education opportunities; develop guidelines for nutrition education in your agency; and develop strategies to increase client participation in nutrition education. During the planning process, consider the impact of implementation of multiple month food instrument issuance (FLPP).

Activity 1: Assess client attitudes, needs, and barriers to attendance related to 2nd nutrition education using state provided tool.

Outcome Evaluation: Please address the following questions in your response. This activity was **required.**

- What is one result from the client assessments that you have applied in your agency?

**Response:** The new class schedule has significantly increased the availability and accessibility of nutrition education classes. Classes are offered at more and different times of the day and evening and some classes are offered daily throughout the month (at varying times).

Activity 2: Compare results of client and staff surveys to state nutrition education minimum standards and develop guidelines for quality nutrition education in your agency. Minimum standards will be set in the areas of availability, accessibility, topic, content, delivery methods, marketing, assessment, and evaluation. This activity was **required.**

Outcome Evaluation: Please address the following questions in your response.

- Identify 5 attitudes, needs, and or barriers you learned from the surveys.
- What guidelines did you develop for quality nutrition education?
- How did the guidelines address the results of the surveys?

**Response:** Based on the participant survey responses, the best times of day for classes are between 10:00 a.m. and 3:00 p.m. or after 5:00 p.m. The topics requested by clients include: family activities, portion sizes, breakfast/snack/lunch meal ideas, healthy food ideas, quick/easy recipes,

ways to offer/cook vegetables and feeding the 1-2 year old. Most participants wanted to get the information through hands on workshops, videos, food cooking demos and by sharing with other parents.

A new template for class scheduling was developed using core classes offered monthly and rotating classes offered on a quarterly bases. Additional classes were added to the schedule with varying times. Two other new classes were added (in addition to those mentioned above) that address several of the items that clients requested and these new classes generally focus on feeding 1-2 year old children (these classes are Self-Feeding and Nibble Talk). The classes in the mini-burst series were designed to promote sharing of ideas between parents.

The local guidelines for assurance of quality nutrition education are included in a separate attachment. The guidelines specify that classes are to be conducted in a facilitative manner in order to engage participants, promote client interaction and participation and meet the needs of the clients who are in attendance.

Activity 3: Contact your Nutrition Consultant to review your agency's guidelines, then plan and schedule 2nd nutrition education offering in preparation for multiple month food instrument issuance. This activity was **required.**

Outcome Evaluation: Please address the following questions in your response.

- When did you and your Nutrition Consultant review your guidelines?
- How did your 2nd nutrition education plan offerings meet these guidelines?
- Have your 2nd nutrition education offerings been scheduled?

**Response:** The state Nutrition Consultant reviewed local guidelines and class scheduling plan during a pre-FLPP planning meeting on October 18, 2005. The plan for offering a full range of core classes on a monthly basis (classes relevant to the specific categories of clients) and quarterly rotating topics follows the local scheduling plan and was implemented for the period of April - December 2006. In addition, a new series of mini-classes (bursts) was established for clients who decline regular classes. The bursts are general nutrition topics which are also rotated on a quarterly basis.

Activity 4: Assure staff who teach nutrition education classes complete the Providing Group Nutrition Education module and the appropriate Level 2 training modules. This activity was **required.**

Outcome Evaluation: Please address the following questions in your response.

- Have all staff who teach nutrition education completed the Providing Group Nutrition Education module and the appropriate Level 2 training modules?

**Response:** During the months of January through April 2006, all staff completed the Providing Group Nutrition Education module and all level 2 training modules. By the end of April, all staff will have completed all required training modules level 1 and 2.

Activity 5: Explore options for developing innovative partnerships for providing nutrition education to clients in your agency. This activity was **optional.**

Outcome Evaluation: Please address the following questions in your response.

- Did your agency begin a process for developing innovative partnerships for providing nutrition education?
- What did you use to begin the process?
- What will you need to continue?

**Response:**

Goal 4: Increase breastfeeding duration rates among WIC participants by decreasing barriers to breastfeeding.

Year 2 Objective:

During plan period, WIC staff will assess client attitudes, beliefs, and barriers regarding continuing breastfeeding to at least 6 months of age, and implement strategies to support client breastfeeding goals.

Activity 1: WIC staff will have completed role-appropriate sections of the revised Breastfeeding Module. This activity was **required.**

Outcome Evaluation: Please address the following questions in your response.

- Have all staff completed role-appropriate sections of the revised Breastfeeding Module?

**Response:** On November 28, 2005, all staff completed the revised Breastfeeding Training Module.

Activity 2: WIC staff will assess client beliefs, attitudes and barriers regarding continuing breastfeeding to at least 6 months of age by using state provided assessment tool. This activity was **required.**

Outcome Evaluation: Please address the following questions in your response.

- What is one result from the client assessments that you have applied in your agency?

**Response:** It has been observed that certifying staff are discussing breastfeeding duration issues with clients during appointments more frequently and staff are assisting these clients set goals on breastfeeding duration.

Activity 3: The WIC agency will implement at least one strategy to support client breastfeeding goals. This activity was **required.**
Examples of possible strategies:

- WIC Certifiers will use the 3-Step Counseling Strategy to help mother's identify their barrier(s) to breastfeeding 6 months.
- Effective open-ended questions.
- Affirming statements.
- Education/counseling strategies.
- Include a goal setting objective that all prenatal women who indicate they plan to breastfeed will identify a goal related to breastfeeding 6 months.
- Include a participant activity during the Breastfeeding Class wherein participants identify at least one barrier they face to breastfeeding at least 6 months. As a group, identify strategies to address these barriers.
- Institute a system for follow-up calls or written messages at critical periods of time when breastfeeding challenges may arise.
-

Outcome Evaluation: Please address the following questions in your response.

- Did your agency implement at least one strategy to support breastfeeding goals?
- How did the strategy address the identified issue?

**Response:** Staff developed a handout of affirming statements to use with clients; the handout was presented and discussed at a certifier staff meeting. This enabled staff to increase their repertoire of effective phrasing to further encourage clients to continue breastfeeding.

In addition, a plan was developed to conduct follow up calls to breastfeeding women during the early postpartum period. The follow up calls will be conducted by a volunteer on a trial basis during May and June 2006. By providing this support at critical periods, individual breastfeeding barriers can be addressed for each participant contacted. In July 2006, staff will assess if the women who received the extra support continue to exclusively or partially breastfeed.

Activity 4: The agency will implement the Breastfeeding Mother-Friendly Employer project and receive designation from the Oregon Department of Human Services. This activity was **optional.**

Outcome Evaluation: Please address the following questions in your response.

- Did the agency receive the designation of Breastfeeding Mother-Friendly?
- If not, were there components that were achieved?

**Response:**

## Lane County Family Planning Annual Action Plan
## 4/26/06

**a) Current Condition:**

We project that by July 1, 2006, the Lane County Public Health (LCPH) Family Planning program will be administratively relocated to the Community Health Center (CHC) of Lane County, a Federally Qualified Health Center (FQHC) under the Human Services Commission (HSC). Both LCPH and the HSC are within the Lane County Department of Health and Human Services. The transition plan is being developed. Transition items include: location of the clinic, staffing, provision of primary care in addition to family planning services, and notification of current and ongoing clients. The change is driven by budget shortfalls.

**b) Goals:**

- Continued provision of family planning client services that meet community needs and provisions of both Title X and the Family Planning Expansion Project (FPEP). At a minimum, maintain current caseload for Family Planning services including Title X and FPEP clients.
- Fiscal sustainability of the Family Planning program
- Integrate the provision of primary health care within the Family Planning program

**c) Activities:**

- Transition management planning group including program managers and supervisors of both LCPH and the HSC/CHC as well as H & HS department administration will complete the planning process including timeline for changes. Timeframe: Ongoing but outline of proposed changes is projected by the end of April, 2006.
- Family Planning clients will be notified of any changes in services (location, care providers, addition of primary care services). Timeframe: Prior to the administrative shift, any service location and provider changes. Will include adequate time for scheduling appointments and records transfers – ideally with at least 1 month before changes occur.
- Regular evaluation (quarterly?) by administrative staff of billing, costs, and revenues.

**d) Evaluation:**

- Standardized unintended pregnancy prevention statistical assessment will indicate that the number of unintended pregnancies prevented by the transitioned Family planning program is equal to or greater than the same measurement under LCPH administration

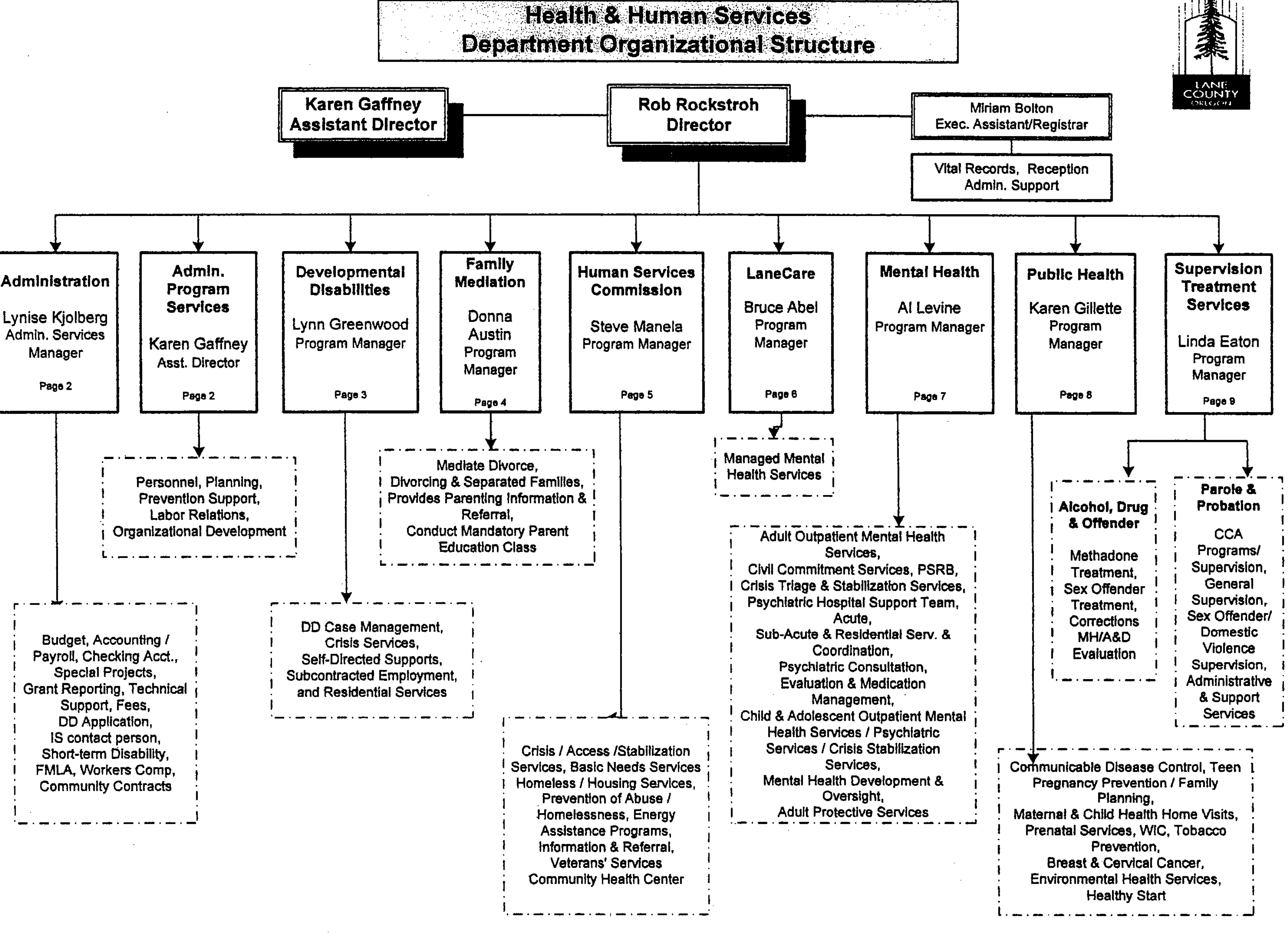
Fiscal evaluation will show that the transitioned Family Planning program with addition of primary care services is financially sustainable with revenues equal to or exceeding costs.

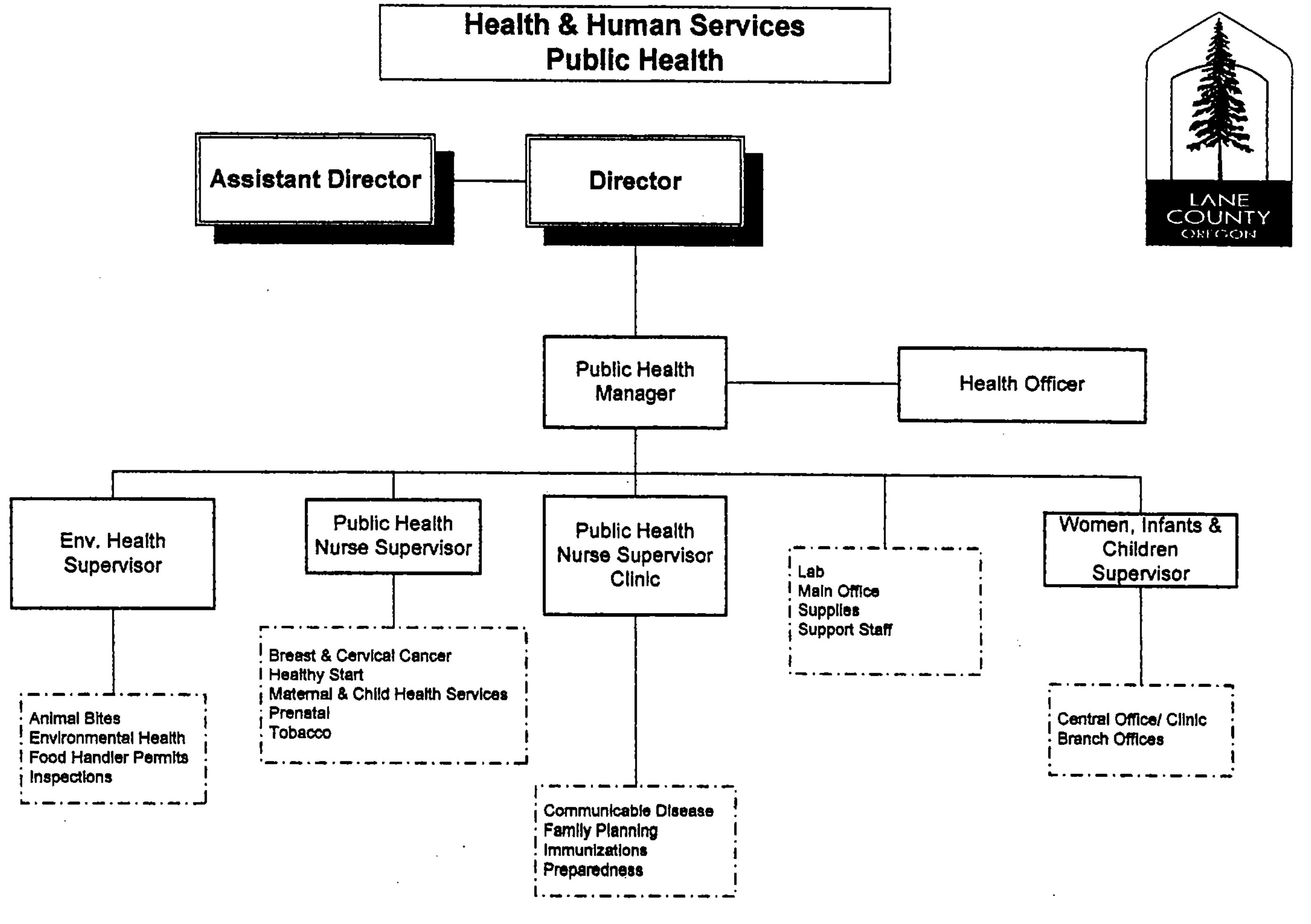
## Maternal and Child Health Programs
## Annual Plan 2006-07

The Maternal and Child Health Annual Plan for 2006-07 does not include any changes from the 2005-06 Annual Plan. The plan continues to be current.

## Budget
## Annual Plan 2006-07

As requested, the contact name for our Lane County Public Health annual budget is Lynise Kjolberg, Administrative Services Manager, Lane County Department of Health and Human Services, 125 E. 8th, Eugene, OR 97401. She can be reached at 541-682-3968.


Health & Human Services
Department Organizational Structure
LANE COUNTY OREGON
Karen Gaffney
Assistant Director
Rob Rockstroh
Director
Miriam Bolton
Exec. Assistant/Registrar
Vital Records, Reception
Admin. Support
Administration
Lynise Kjolberg
Admin. Services Manager
Page 2
Admin. Program Services
Karen Gaffney
Asst. Director
Page 2
Developmental Disabilities
Lynn Greenwood
Program Manager
Page 3
Family Mediation
Donna Austin
Program Manager
Page 4
Human Services Commission
Steve Manela
Program Manager
Page 5
LaneCare
Bruce Abel
Program Manager
Page 6
Mental Health
Al Levine
Program Manager
Page 7
Public Health
Karen Gillette
Program Manager
Page 8
Supervision Treatment Services
Linda Eaton
Program Manager
Page 9
Personnel, Planning, Prevention Support, Labor Relations, Organizational Development
Mediate Divorce, Divorcing & Separated Families, Provides Parenting Information & Referral, Conduct Mandatory Parent Education Class
Managed Mental Health Services
Alcohol, Drug & Offender
Methadone Treatment, Sex Offender Treatment, Corrections MH/A&D Evaluation
Parole & Probation
CCA Programs/ Supervision, General Supervision, Sex Offender/ Domestic Violence Supervision, Administrative & Support Services
Budget, Accounting / Payroll, Checking Acct., Special Projects, Grant Reporting, Technical Support, Fees, DD Application, IS contact person, Short-term Disability, FMLA, Workers Comp, Community Contracts
DD Case Management, Crisis Services, Self-Directed Supports, Subcontracted Employment, and Residential Services
Crisis / Access /Stabilization Services, Basic Needs Services Homeless / Housing Services, Prevention of Abuse / Homelessness, Energy Assistance Programs, Information & Referral, Veterans' Services Community Health Center
Adult Outpatient Mental Health Services, Civil Commitment Services, PSRB, Crisis Triage & Stabilization Services, Psychiatric Hospital Support Team, Acute, Sub-Acute & Residential Serv. & Coordination, Psychiatric Consultation, Evaluation & Medication Management, Child & Adolescent Outpatient Mental Health Services / Psychiatric Services / Crisis Stabilization Services, Mental Health Development & Oversight, Adult Protective Services
Communicable Disease Control, Teen Pregnancy Prevention / Family Planning, Maternal & Child Health Home Visits, Prenatal Services, WIC, Tobacco Prevention, Breast & Cervical Cancer, Environmental Health Services, Healthy Start
HHS Dept. Structure Page 1.vsd
4/3/2006




Public Health Department Structure
Last Update: 06/05
h:/visio2002/department structure/public health positions only.vsd

## VII. Minimum Standards

Agencies are **required** to complete this section.

To the best of your knowledge, are you in compliance with these program indicators from the Minimum Standards for Local Health Departments?

## Organization

1. Yes _X__ No ___ A Local Health Authority exists which has accepted the legal responsibilities for public health as defined by Oregon Law.

2. Yes _X__ No ___ The Local Health Authority meets at least annually to address public health concerns.

3. Yes _X__ No ___ A current organizational chart exists that defines the authority, structure and function of the local health department; and is reviewed at least annually.

4. Yes ___ No _X__ Current local health department policies and procedures exist which are reviewed at least annually. **(Note: Policies and procedures exist but are not reviewed on an annual basis. We have H&HS department and program policies and procedures which are reviewed and updated as needed.)**

5. Yes ___ No _X__ Ongoing community assessment is performed to analyze and evaluate community data. **(Note: A formal community assessment has not been done.)**

6. Yes _X__ No ___ Written plans are developed with problem statements, objectives, activities, projected services, and evaluation criteria. **(Note: Our H&HS Department has continued to develop performance measures and data collection processes. This is an ongoing county effort and highly valued by our department.)**

7. Yes _X__ No ___ Local health officials develop and manage an annual operating budget.

8. Yes _X__ No ___ Generally accepted public accounting practices are used for managing funds.

9. Yes _X__ No ___ All revenues generated from public health services are allocated to public health programs.

10. Yes _X__ No ___ Written personnel policies and procedures are in compliance with federal and state laws and regulations.

11. Yes _X__ No ___ Personnel policies and procedures are available for all employees.

12. Yes _X__ No ___ All positions have written job descriptions, including minimum qualifications.

13. Yes _X__ No ___ Written performance evaluations are done annually.

14. Yes _X__ No ___ Evidence of staff development activities exists.

15. Yes _X__ No ___ Personnel records for all terminated employees are retained consistently with State Archives rules.

16. Yes _X__ No ___ Records include minimum information required by each program.

17. Yes _X__ No ___ A records manual of all forms used is reviewed annually. **(Note: a formal review is not completed on an annual basis. Record forms are reviewed and updated as needed.)**

18. Yes _X__ No ___ There is a written policy for maintaining confidentiality of all client records which includes guidelines for release of client information.

19. Yes _X__ No ___ Filing and retrieval of health records follow written procedures.

20. Yes _X__ No ___ Retention and destruction of records follow written procedures and are consistent with State Archives rules.

21. Yes X___ No ___ Local health department telephone numbers and facilities' addresses are publicized.

22. Yes _X__ No ___ Health information and referral services are available during regular business hours.

23. Yes _X__ No ___ Written resource information about local health and human services is available, which includes eligibility, enrollment procedures, scope and hours of service. Information is updated as needed.

24. Yes _X__ No ___ 100% of birth and death certificates submitted by local health departments are reviewed by the local Registrar for accuracy and completeness per Vital Records office procedures.

25. Yes _X__ No ___ To preserve the confidentiality and security of non-public abstracts, all vital records and all accompanying documents are maintained.

**(Note: all vital records and accompanying documents are maintained in a confidential manner.**

26. Yes _X__ No ___ Certified copies of registered birth and death certificates are issued within one working day of request.

27. Yes ___ No __X_ Vital statistics data, as reported by the Center for Health Statistics, are reviewed annually by local health departments to review accuracy and support ongoing community assessment activities.

28. Yes _X__ No ___ A system to obtain reports of deaths of public health significance is in place.

29. Yes _X__ No ___ Deaths of public health significance are reported to the local health department by the medical examiner and are investigated by the health department.

30. Yes ___ No _X__ Health department administration and county medical examiner review collaborative efforts at least annually. **(Note: Efforts are not reviewed on an annual basis, but as the need arises. The H&HS Department Director works with the District Attorney's Office as needed to collaborate with the work of the Deputy Medical Examiner (Deputy Medical Examiner is a staff member in the District Attorney's Office)).**

31. Yes _X__ No ___ Staff is knowledgeable of and has participated in the development of the county's emergency plan.

32. Yes _X__ No ___ Written policies and procedures exist to guide staff in responding to an emergency.

33. Yes _X__ No ___ Staff participate periodically in emergency preparedness exercises and upgrade response plans accordingly.

34. Yes _X__ No ___ Written policies and procedures exist to guide staff and volunteers in maintaining appropriate confidentiality standards.

35. Yes _X__ No ___ Confidentiality training is included in new employee orientation. Staff includes: employees, both permanent and temporary, volunteers, translators, and any other party in contact with clients, services or information. Staff sign confidentiality statements when hired and at least annually thereafter.

36. Yes _X__ No ___ A Client Grievance Procedure is in place with resultant staff training and input to assure that there is a mechanism to address client and staff concerns.

## Control of Communicable Diseases

37. Yes _X__ No ___ There is a mechanism for reporting communicable disease cases to the health department.

38. Yes _X__ No ___ Investigations of reportable conditions and communicable disease cases are conducted, control measures are carried out, investigation report forms are completed and submitted in the manner and time frame specified for the particular disease in the Oregon Communicable Disease Guidelines.

39. Yes _X__ No ___ Feedback regarding the outcome of the investigation is provided to the reporting health care provider for each reportable condition or communicable disease case received.

40. Yes _X__ No ___ Access to prevention, diagnosis, and treatment services for reportable communicable diseases is assured when relevant to protecting the health of the public.

41. Yes _X__ No ___ There is an ongoing/demonstrated effort by the local health department to maintain and/or increase timely reporting of reportable communicable diseases and conditions.

42. Yes _X__ No ___ There is a mechanism for reporting and following up on zoonotic diseases to the local health department.

43. Yes _X__ No ___ A system exists for the surveillance and analysis of the incidence and prevalence of communicable diseases.

44. Yes ___ No _X__ Annual reviews and analysis are conducted of five year averages of incidence rates reported in the Communicable Disease Statistical Summary, and evaluation of data are used for future program planning.

45. Yes _X__ No ___ Immunizations for human target populations are available within the local health department jurisdiction.

46. Yes _X__ No ___ Rabies immunizations for animal target populations are available within the local health department jurisdiction.

## Environmental Health

47. Yes _X__ No ___ Food service facilities are licensed and inspected as required by Chapter 333 Division 12.

48. Yes _X__ No ___ Training is available for food service managers and personnel in the proper methods of storing, preparing, and serving food.

**49.** Yes _X_ No ___ Training in first aid for choking is available for food service workers. **(Note: In Lane County, training is provided through the Red Cross and Lane Community College. Information is also available in the Food Handlers Manual through the Lane County Environmental Health office and on-line.)**

50. Yes _X__ No ___ Public education regarding food borne illness and the importance of reporting suspected food borne illness is provided.

51. Yes N/A___ No ___ Each drinking water system conducts water quality monitoring and maintains testing frequencies based on the size and classification of system.

52. Yes N/A__ No ___ Each drinking water system is monitored for compliance with applicable standards based on system size, type, and epidemiological risk.

53. Yes _N/A__ No ___ Compliance assistance is provided to public water systems that violate requirements.

54. Yes _N/A__ No ___ All drinking water systems that violate maximum contaminant levels are investigated and appropriate actions taken.

55. Yes _N/A__ No ___ A written plan exists for responding to emergencies involving public water systems.

56. Yes _X__ No ___ Information for developing a safe water supply is available to people using on-site individual wells and springs.

57. Yes _X__ No ___ A program exists to monitor, issue permits, and inspect on-site sewage disposal systems. **(Note: Through the Lane County Public Works Department, Lane Management Division.)**

58. Yes _X__ No ___ Tourist facilities are licensed and inspected for health and safety risks as required by Chapter 333 Division 12.

59. Yes _X__ No ___ School and public facilities food service operations are inspected for health and safety risks.

60. Yes _X__ No ___ Public spas and swimming pools are constructed, licensed, and inspected for health and safety risks as required by Chapter 333 Division 12.

61. Yes X___ No ___ A program exists to assure protection of health and the environment for storing, collecting, transporting, and disposing solid waste. **(Note: Through the Lane County Public Works Department, Waste Management and Land Management Division.)**

62. Yes _X__ No ___ Indoor clean air complaints in licensed facilities are investigated.

63. Yes _X__ No ___ Environmental contamination potentially impacting public health or the environment is investigated.

64. Yes _X__ No ___ The health and safety of the public is being protected through hazardous incidence investigation and response. **(Note: Through Lane County Sheriff, HazMat, Public Health.)**

65. Yes _X__ No ___ Emergency environmental health and sanitation are provided to include safe drinking water, sewage disposal, food preparation, solid waste disposal, sanitation at shelters, and vector control. **(Note: In coordination with Lane County Public Works Department, State Department of Environmental Quality and State Water Program, Public Health.)**

66. Yes _X__ No ___ All license fees collected by the Local Public Health Authority under ORS 624, 446, and 448 are set and used by the LPHA as required by ORS 624, 446, and 448.

## Health Education and Health Promotion

67. Yes _X__ No ___ Culturally and linguistically appropriate health education components with appropriate materials and methods will be integrated within programs.

68. Yes _X__ No ___ The health department provides and/or refers to community resources for health education/health promotion.

69. Yes _X__ No ___ The health department provides leadership in developing community partnerships to provide health education and health promotion resources for the community.

70. Yes _X__ No ___ Local health department supports healthy behaviors among employees.

71. Yes _X__ No ___ Local health department supports continued education and training of staff to provide effective health education.

72. Yes _X__ No ___ All health department facilities are smoke free.

## Nutrition

73. Yes ___ No _X__ Local health department reviews population data to promote appropriate nutritional services.

74. The following health department programs include an assessment of nutritional status:
    a. Yes _X__ No ___ WIC
    b. Yes _X__ No ___ Family Planning
    c. Yes _X__ No ___ Parent and Child Health
    d. Yes ___ No _X__ Older Adult Health
    e. Yes ___ No _X__ Corrections Health

75. Yes _X__ No ___ Clients identified at nutritional risk are provided with or referred for appropriate interventions.

76. Yes _X__ No ___ Culturally and linguistically appropriate nutritional education and promotion materials and methods are integrated within programs.

77. Yes _X__ No ___ Local health department supports continuing education and training of staff to provide effective nutritional education.

## Older Adult Health

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

79. Yes _X__ No ___ A mechanism exists for intervening where there is reported elder abuse or neglect. **(Note: Staff contact Lane County Senior and Disabled Services.)**

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

81. Yes ___ No _X__ Prevention-oriented services exist for self health care, stress management, nutrition, exercise, medication use, maintaining activities of daily living, injury prevention and safety education. **(Note: we do not provide these services directly but do provide referrals and information as needed. We just began this year the Physical Activity and Nutrition Grant for county employees to be more active and healthy – we have an aging workforce. The grant also provides for us to work with other large employers in the county for wellness programs.)**

## Parent and Child Health

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

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

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

85. Yes _X__ No ___ Services for the early detection and follow up of abnormal growth, development and other health problems of infants and children are provided directly or by referral.

86. Yes _X__ No ___ Child abuse prevention and treatment services are provided directly or by referral.

87. Yes _X__ No ___ There is a system or mechanism in place to assure participation in multi-disciplinary teams addressing abuse and domestic violence.

88. Yes _X__ No ___ There is a system in place for identifying and following up on high risk infants.

89. Yes _X__ No ___ There is a system in place to follow up on all reported SIDS deaths.

90. Yes _X__ No ___ Preventive oral health services are provided directly or by referral.

91. Yes __X_ No ___ Use of fluoride is promoted, either through water fluoridation or use of fluoride mouth rinse or tablets.

92. Yes _X__ No ___ Injury prevention services are provided within the community.

## Primary Health Care

93. Yes _X__ No ___ The local health department identifies barriers to primary health care services.

94. Yes _X__ No ___ The local health department participates and provides leadership in community efforts to secure or establish and maintain adequate primary health care.

95. Yes _X__ No ___ The local health department advocates for individuals who are prevented from receiving timely and adequate primary health care.

96. Yes _X__ No ___ Primary health care services are provided directly or by referral.

97. Yes _X__ No ___ The local health department promotes primary health care that is culturally and linguistically appropriate for community members.

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

## Cultural Competency

99. Yes _X__ No ___ The local health department develops and maintains a current demographic and cultural profile of the community to identify needs and interventions. **(Note: Through local data and state data on population, U.S. Census.)**

100. Yes _X__ No ___ The local health department develops, implements and promotes a written plan that outlines clear goals, policies and operational plans for provision of culturally and linguistically appropriate services. **(Note: Through our performance measures and service needs specific to programs.)**

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

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

## Health Department Personnel Qualifications

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

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

**If the answer is "No", submit an attachment that describes your plan to meet the minimum qualifications.**

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

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

AND

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

**If the answer is "No", submit an attachment that describes your plan to meet the minimum qualifications.**

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

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

OR

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

**If the answer is "No", submit an attachment that describes your plan to meet the minimum qualifications.**

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

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

**If the answer is "No", submit an attachment that describes your plan to meet the minimum qualifications.**