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AGENDA COVER MEMO

MEMORANDUM DATE: May 21, 2007
ORDER DATE: June 6, 2007

TO: Board of County Commissioners

DEPARTMENT: Health and Human Services

PRESENTED BY: Rob Rockstroh

AGENDA ITEM TITLE: ORDER_____/ IN THE MATTER OF APPROVING THE LANE COUNTY PUBLIC HEALTH AUTHORITY PLAN FOR FY 2007-2008.

I. MOTION

In The Matter Of Approving The Lane County Public Health Authority Plan for FY 2007-2008.

II. AGENDA ITEM SUMMARY

ORS 431.375 through 431.385 require local health authorities to submit an annual plan to the Department of Human Services. ORS 431.410 established that the governing body of each county shall constitute an ex officio board of health.

III. BACKGROUND/IMPLICATIONS OF ACTION

A. BOARD ACTION AND OTHER HISTORY

The Board approved the FY 2006-2007 Public Health Authority Plan via BO 06-04-26-4. Although each County's Plan is due annually on May 1st., Lane County Public Health's August, 2007 triennial review dictates that this year's comprehensive plan be received no later than July 1, 2007.

The Public Health Authority Plan was submitted to the Lane County Health Advisory Committee (HAC) on May 8, 2007 and the revisions suggested by that body have been incorporated into the document transmitted via this memorandum. The HAC formed a subcommittee, composed of Wendy Apland, Jim Goes, and Jim Lakehomer, to review and provide input on the comprehensive plan.

E. ANALYSIS

This Public Health Authority Plan seeks to stabilize services, to leverage the general fund dollars that PH will receive and to judiciously use the mandated State and Federal funds; in order to mitigate the impact of the overall reductions on our service population.

At the same time that this Plan foresees the need to delete one program altogether (STARS), the Plan also includes State funding forecasts that may increase the per capita payments for some PH elements.

The Plan represents a measured response to the need to balance reduced resources in a manner that will permit Lane County to retain its local Public Health Authority.

F. ALTERNATIVES/OPTIONS

1. To approve the FY 2007-08 Lane County Public Health Authority Plan and delegate authority to the County Administrator to sign the plan.

2. Not to approve the FY 2007-08 Lane County Public Health Authority Plan, as presented, and to give staff direction to revise certain elements of the Plan, delegating authority to the County Administrator to ensure that the directed changes are made, prior to signing the revised Plan.

IV. RECOMMENDATION

That the Board approve the attached Public Health Authority Plan and authorize its signature by the County Administrator, to permit for timely submission of to the State Department of Human Services (DHS).

V. TIMING/IMPLEMENTATION

Once approved by the Board of Commissioners and signed by the County Administrator acting on their behalf, the Public Health Authority Plan will be transmitted to DHS. DHS, will review the Plan and approve or disapprove it. If Lane County's Plan is disapproved, DHS, in concert with the Conference of Local Health Officials (CLHO), will establish an appeals process, permitting Lane County an opportunity to obtain a hearing, to resolve any challenged elements.

VII. ATTACHMENT

Board Order
Public Health Authority Plan

THE BOARD OF COUNTY COMMISSIONERS, LANE COUNTY, OREGON

RESOLUTION AND ORDER:	)))	IN THE MATTER OF APPROVING THE LANE COUNTY PUBLIC HEALTH AUTHORITY PLAN FOR FY 2007-2008.

WHEREAS, the Lane County Board of County Commissioners is recognized as the local public health authority under the provisions of ORS 431.410; and

WHEREAS, ORS 431.375 through 431.385 require each local authority to develop a Public Health Authority Plan; and

WHEREAS, upon budget approval by the State of Oregon, funds will be allocated to Lane County to support the services described in the plan for FY 2007-2008;

NOW THEREFORE IT IS HEREBY RESOLVED AND ORDERED that the Board of County Commissioners approve the Lane County Public Health Authority Plan for FY 2007-2008, and that the Board of County Commissioners delegate authority to the County Administrator to sign the Lane County Public Health Authority Plan.

Dated this _____ day of June, 2007.

Faye Stewart, Chair
Lane County Board of Commissioners

APPROVED AS TO FORM
Date 5/25/07 Lane County
Office of Legal Counsel

LANE COUNTY PUBLIC HEALTH AUTHORITY
COMPREHENSIVE PLAN SUBMITTED JUNE 2007
(Triennial Review Due August 2007)

I. Executive Summary

The Comprehensive Plan submitted for FY 2007-08 for Lane County includes the following narrative sections: an assessment which provides demographic and public health indicators for Lane County; a description of the delivery of local public health services; an action plan for the delivery of core public health services; a description of unmet needs; and a checklist of compliance with the minimum standards.

Following the required state format, the proposed action plan includes a description of the current condition or problem, the goal(s), the activities and evaluation method for each of the following program components: communicable disease, HIV, prenatal, maternal child health, family planning, environmental health, collection and reporting of health statistics, and health information and referral services.

We have continued to work on updating performance measures that were developed in 2003. This is an ongoing process as we seek to measure evidence based programs while it is difficult to acquire the data needed within our present data collection systems. The Lane County Department of Health and Human Services has one staff person who is our technical assistant to reviewing performance measures and has worked with us to set up a data entry system called pb views in order that we can review our progress on the measures which is a helpful management tool.

We have an active Health Advisory Committee that meets monthly and brings forth an array of topics for discussion and research. The committee has chosen the following focus areas for 2007: fetal infant mortality, continued interest in herbicide use in the county and the state, maintain presence on Lane County healthy Active Youth Coalition, air quality issues (smoke free areas, field burning, particulate pollution, air toxins), and keep informed on the United Way 100% Access Initiative. In addition, the committee invited a speaker from public health to talk about meth and how this drug affects so many of the families public health serves.

A significant amount of our time these next two years will be the planning and moving into a new building for Lane County Public Health!!!! We have looked forward to such an activity for twenty years and with the support of county administration and the board, a building has been purchased for public health services, parole and probation, alcohol/drug and offender services, and methadone clinic. This will be an exciting time of bringing all public health services together under one roof.

II. Assessment

1. **Public Health issues and needs**

Lane County spans an area of 4,620 square miles making it the fifth largest Oregon county by area. It stretches from the Pacific Ocean, over the coastal mountain range, across the southern Willamette Valley, to the crest of the Cascade Mountains. Although 90 percent of Lane County is forestland, Eugene and Springfield comprise the second largest urban area in Oregon. In addition, the county encompasses many smaller cities and rural communities.

The most current population information is from 2005 when the population estimate of Lane County was 335,180, making it the fourth largest Oregon county by population. Between 2000 and 2005 the percent change in population was 3.8% for Lane County with a 6.4% change for the State of Oregon. US Census Bureau data and Portland State University, Population Research Center data provide a profile of Lane County's 2005 demographics:

- Percentage of persons under 5 years old was 5.4% (state was 6.2%)
- Percentage of persons under 18 years old was 21.0% (state was 23.3%)
- Percentage of persons 65 years old and over was 13.9% (state was 12.9%)
- Percentage of female persons was 50.8% (state was 50.3%)
- The population was 92.3% White with 2.6% Asian, 1.2% American Indian/Alaska Native, and 0.9% Black; additionally, 5.6% of the population identified as Hispanic or Latino origin.
- The level of educational achievement included 87.5% of the adult population as high school graduates and 25.5% of the population having a bachelor's degree or higher.
- U.S. Census Bureau data reports the median household income in 2005 in Lane County was $37,290 compared to $42,944 for Oregon.
- Unemployment rate in 2003 was 8%, highest seen since 1986. In 2005 the rate was 6%.
- In 2005, 16.4% of Lane County families with children under 18 had incomes below the poverty level (Oregon was 15.9%), and 40.6% of female-headed households with children under 18 had incomes below the poverty level (Oregon was 40.7%). In 2005, 16.1% of all Lane County individuals fell below the poverty level (Oregon was 14.1%).

Additional indicators of health and wellbeing (data from Oregon Health Services):

- Up to date immunization rate for 24-35 month olds in 2006 was 65%. The overall state rate was 69% for 2006. Lane County Public Health serves 1% of this age population while the private medical community provide the rest of the immunizations.
- Dramatic increase in gonorrhea (in 2006 131 cases, a doubling from 2005) and chlamydia (998 cases in 2006) cases.
- 9% of 8th graders report smoking cigarettes compared to 9% in Oregon.

- 14% of 11th graders report smoking cigarettes compared to 17% in Oregon.
- 4% of 8th graders report using smokeless tobacco compared to 5% in Oregon.
- 9% of 11th graders report using smokeless tobacco compared to 12% in Oregon.
- 21%of adults report smoking cigarettes compared to 20% statewide.
- 14% pregnant women report smoking cigarettes while pregnant, compared to 12% statewide.
- Fetal Infant Mortality rate 1999-2003 for Lane County was 9.5. Oregon's rate was 7.9. Lane County's "Reference Group" rate was 8.4 compared to the U.S. "Reference Group" rate of 5.8.

Births

The following birth data is from Center for Health Statistics and Vital Records and the Oregon PRAMS Program, Oregon Department of Human Services. In 2006, the total number of births in Lane County was 3,694, up from 3,501 births in 2005.

In 2006, births to teen mothers, aged 10-17, totaled 102 or 2.8 % of total births. Births to teen mothers have continued to decrease as an overall percent of births in Lane County. In 1998 births to teens was 5.1% of total births, each year since has shown a decrease.

In 2006, only 72.8% of infants were born to mothers who had first trimester prenatal care. First trimester care gradually increased from 1999 to 2001 when it reached 80.2%. However the percentage of women receiving first trimester prenatal care has trended down over the last five years. We are concerned about the downturn in the economy, and increase in poverty and homelessness which often contribute to decreased early access to care.

The rate of live births with low birth weight (LBW) in Lane County in 2005 was 63.4 per 1,000 births. The last three years have had higher levels of LBW than recorded in data from 1998 to 2002. The rate of very low birth weight (VLBW) has also climbed. In 2001 the VLBW rate was 10.9 per 1,000 births. In 2004 it was 14.3 per 1,000 births, and in 2005 it was 11.7 per 1,000 births. Low birth weight and preterm birth and the precursors of these outcomes are serious concerns for our community, particularly in light of Lane County's unacceptably high rate of fetal-infant mortality.

PRAMS (Pregnancy Risk Assessment monitoring System) data for Lane County identifies several areas of concern with risk behaviors. Of the respondents, 24.9% admitted to binge drinking (5 or more drinks at one setting) in the three months before pregnancy. 26.1% admitted smoking in the three months before pregnancy. Alcohol and tobacco use are markers for illicit drug use. Alcohol, tobacco, and other drugs have a significant negative impact on birth outcomes, including birth weight and preterm birth.

Fetal-Infant Deaths

By using the Perinatal Periods of Risk (PPOR) method of data analysis, we were able to determine that within the high rate of fetal-infant deaths, the greatest number of excess deaths occurred during the postneonatal period from day 29 to 1 year. Through vital records death records, we were able to determine that 35.9% of these deaths were due to SIDS and other ill-defined causes and 24.5% due to accidents/injuries. These deaths are potentially preventable.

In order to provide more complete data about fetal-infant deaths, a community coalition was formed to review the available information, identify strategies, and activities to address the problem, and to implement best-practice interventions to reduce fetal-infant deaths. Such a best-practice is the FIMR (Fetal Infant Mortality Review) process. As a community, we are developing funding sources to allow the initiation of a FIMR.

The County is rich in cultural and educational experiences. The University of Oregon and Lane Community College provide opportunities for learning, and the multitude of community arts programs provide esthetic and cultural opportunities. Additionally, the county is rich in non-profit community organizations dedicated to building on the strengths of the population and in supporting those most in need. Even with all these county attributes, we continue to have an unacceptable mortality rate with infants which is an overall marker of the general health of our community, a grave concern of ours at Lane County Public Health.

2. **Adequacy of Local Public Health Services**

Lane County Public Health (LCPH) has four full time communicable disease nurses with responsibility for surveillance and investigation of reportable communicable diseases, sexually transmitted disease clinic and investigation, tuberculosis control, immunization clinic and community and provider education and immunization accountability, as well as preparedness functions for an estimated county population of 338,000 people.

LCPH has a Public Health Supervisor on-call at all times (24/7/52). The on-call supervisor is reached through our answering service. This supervisor is able to call on other management and nursing staff resources as needed to manage the public health need. Because of the support of the county general fund, the communicable disease team is able to meet current expectations unless we have a large event or outbreak which would quickly overwhelm the local resources at public health.

The Maternal Child Health Nurse Supervisor has brought together an internal departmental team and community partners to discuss the county's high fetal infant mortality rate. As part of the identification of best practices to reduce fetal-infant mortality, the community coalition has determined that Public Health has inadequate capacity to provide long term, comprehensive nurse home visiting for

families at risk of poor pregnancy and infancy outcomes. Research indicates that nurse home visiting needs to begin early in pregnancy and continue to age two. The high number of excess deaths between age 29 days and one year in Lane County indicate a great need for nurse home visiting (particularly for families with high psycho-social risks) to teach injury and SIDS prevention and child health and development needs. Because local hospitals and medical providers know that we are limited to five field nurses, they only refer infants with high medical/developmental risks. And, although we serve pregnant women with social risk factors through maternity case management, we are unable to continue serving their infants through Babies First unless there is a medical condition. The limited number of staff dictates that we offer services to families with higher risks. This limitation means we are limiting access to other families with unmet needs.

Our WIC staff (see organizational chart for staffing) provide an exemplary level of service to the families they serve. The difficulty continues in keeping the caseload numbers up while developing streamlined schedules and processes in order to provide the nutrition education, assessment and voucher distribution needed. The myriad of required complexities within the WIC program continues to challenge us in serving the number of clients who qualify for the program.

The Environmental Health program includes a staff of eight (see organizational chart for staffing). Staff are presently able to tend to all the required inspections of the licensed facilities in the county. In addition, work continues on maintaining an electronic food handler testing program as well as walk in services for reading and testing for food handler cards. The Environmental Health Specialist staff have successfully built positive working relationships with the food industry as well as tourist and travel industry. The EH staff also work closely with the CD staff on case investigations, especially those related to noro-virus, and most recently nursing homes and large gatherings.

3. **Provision of Five Basic Services (ORS 431.416)**

Communicable disease

Epidemiology

In July of 2005, chronic hepatitis C became a reportable communicable disease in Oregon. Lane County Public Health began offering hepatitis C testing for chronic disease during STD clinic and needle exchange times to clients with a history of behavior putting them at increased risk for disease. Since then, with test kits provided to us at no charge from ODHS, LCPH has tested 190 individuals. Approximately 25% of those tested have been positive. LCPH has received 682 reports of cases of chronic hepatitis C throughout the county during this timeframe. For clients testing at LCPH, communicable disease team staff members provide information and referral services and education to prevent

further spread. Current surveillance assists public health to assess the disease burden for hepatitis C in Lane County.

In addition to hepatitis C reports, LCPH reported 302 non-STD reportable communicable diseases in calendar year 2006. This was a lower figure than in the previous six years. Notably, pertussis reports which surged in late 2004 and 2005 were significantly decreased in 2006. Recent immunization changes providing pertussis coverage to adolescents and adults as well as public information on prevention may be contributing to the decreased incidence of this, often cyclic, disease. Provider awareness about prevention, diagnosis, and reporting requirements was also improved through public health information and continuing education efforts.

Sexually Transmitted Diseases

In addition to the functioning communicable disease database, we have recently added the STD database provided by contract through Multnomah County Public Health. This has quickly become an invaluable tool for reporting and investigating our surging numbers of positive chlamydia reports as well as reports of gonorrhea and syphilis. In 2006 Lane County had a record 998 cases of chlamydia reported giving an incidence of 293 cases per 100,000 population. Gonorrhea cases more than doubled to 131 cases and syphilis numbers, while small in number, also increased. Lane County was without a state employed Disease Information Specialist for the last 3 months of 2006. The increased numbers of positive STD reports placed an increased strain on LCPH communicable disease team nurses and support staff. With the arrival of our new DIS and the time saving addition of the STD database, we anticipate greater capability to investigate and address STD prevention and control efforts in our community.

Tuberculosis

In 2006, Lane County had 6 cases of active tuberculosis. None of these cases were associated with the homeless population. The number of tuberculosis cases and converters has continued to decline in Lane County. Currently there are five active cases of tuberculosis on treatment in Lane County and none are associated with a homeless shelter.

In the past six months, there have been six people associated with the Eugene Mission who converted their tuberculosis skin test from negative to positive. Unified public health efforts and collaboration with the shelter is yielding positive results in preventing the spread of tuberculosis in our community.

Immunizations

The LCPH Immunization Program provided 6685 immunizations in 2006. Almost half of these were influenza immunizations provided at off site clinics with increased numbers of elderly and other high risk clients. Significantly 11 immunization delegate clinics of LCPH, which include school based clinics, rural

private providers, the University of Oregon, and the Community Health Center, provided 5718 immunizations in the same time period. The vast majority of these immunizations were either children's vaccines or the hepatitis A and B series. LCPH provides ongoing technical support, annual site review, and program education sessions as needed for delegate clinics. The LCPH immunization program presented a community health care provider education breakfast on the topic of Adolescent Immunizations in May of 2006.

In the fall of 2006, Oregon counties learned that Up-To-Date immunization rates for two year olds in Lane County in 2005 are well below state and national goals of 90%. Lane County (all providers) immunization coverage rates for the 4:3:1:3:3:1 children's series (covering diphtheria-tetanus-pertussis, polio, measles-mumps-rubella, haemophilus influenzae b, hepatitis B, and varicella) are at 72.1%, just slightly above the state average. We will continue to collaborate with ODHS and community health providers to address this concern. In addition, LCPH is addressing our own clinic Up-to-Date immunization rate for two year olds in the attached action plan. The LCPH Immunization clinic directly serves less than 1% of the Lane County population of two year olds.

HIV

The LCPH HIV program focuses resources and efforts on testing and prevention services to populations at greatest risk for disease. Even while funding availability has decreased at both state and local levels, our services to many within these target populations has become more accessible.

Since September of 2006 LCPH's Social Network Recruitment program, in collaboration with HIV Alliance and private providers, has selected 4 individuals from high risk MSM (Men Who Have Sex With Men) social networks and coached them to refer friends and network associates for incentive-based testing. These recruiters distributed 116 cards, and 59 persons were tested from their high risk networks, many for the first time ever. This program is funded by Oregon DHS and is based on CDC intervention shown to find more positives than conventional testing programs. The program has found two individuals who were positive for HIV and facilitated their entry into medical services. Each of the four recruiters received 4 individual counseling sessions from the program which resulted in risk reduction behavior changes and increased pride in contributing to HIV prevention.

The LCPH HIV program has provided community leadership by gathering private and public partners in the Lane County Harm Reduction Coalition (LCHRC) with the purpose of reducing the impact of injection drug use and other substance abuse on public safety, community health, and individual health. The LCHRC, with funding support from Sacred Heart Medical Center and clinical support from the Community Health Center of Lane County, has established a health care practitioner position at HIV Alliance's needle exchange van. This position will provide direct wound care to clients on the streets to prevent injection drug use

related infections from developing complications which tax local hospital and health care resources.

Parent and Child Health Services:

- The Prenatal (PN) program helps low-income pregnant women establish health insurance coverage with OHP and helps ensure the initiation of prenatal care with local medical care providers. The program is part of the statewide system of Mother's Care and Safety Net Services. PN works in collaboration with hospitals and private providers to increase access to early prenatal care for all of Lane County's pregnant women. PN also works in collaboration with Family Planning, Maternal Child Health, and WIC to provide a system of services for vulnerable families. Approximately 625 low-income women were assisted with OHP application and with accessing prenatal care during this past year.

- The Maternal Child Health (MCH) program provides nurse home visiting, education, support, and referral to appropriate medical and developmental services for families at risk of poor pregnancy, birth, or childhood outcomes. MCH services are provided countywide by a limited number of public health nurses (5.1 FTE). Pregnant women, infants, and young children at highest risk and greatest need are given priority when decisions about which families to serve have to be made. During FY 05-06, MCH nurses provided home visiting for 454 families. Of these families, 284 received maternity case management, 117 received Babies First!, and 53 received CaCoon services. The Maternity Case Management program provides nurse home visiting services for high-risk pregnant women; and, helps assure access to and effective utilization of appropriate health, social, nutritional, and other services during the perinatal period. The Babies First! program provides assessment and early identification of infants and young children at risk of developmental delays or other health related conditions. The CaCoon program provides services for infants and children, who are medically fragile or who have special health or developmental needs, by helping their families become as independent as possible in caring for the child and by helping families access appropriate resources and services.

- The Healthy Start (HS) program continues to offer support and education services for first-time families through voluntary home visiting. The program screens and assesses the needs and strengths of families, and determines eligibility for participation; and, provides ongoing home visiting for families at high risk of poor childhood outcomes, and one time home visits for those at lower risk. Research has shown that families participating in HS show a lower rate of child abuse and neglect and greater use of appropriate health services. The central administrative core of the program is part of Public Health, and the home visiting portion of the program is provided through seven contracting agencies throughout the county. HS works collaboratively with WIC, PN, and MCH to provide an integrated system of services.

- As of July 1, 2006, the Family Planning (FP) program was moved from the Public Health Division of the Lane County Department of Health and Human Services to the Human Services Commission, also within the Lane County Department of Health and Human Services. The FP clinic is now within the federally qualified health center. As noted in the annual plan submitted to the state Family Planning Office for FY 08, the following state goals within the Title X grant application must be carried out: 1. Assure continued high quality clinical family planning and related preventive health services to improve overall individual and community health. 2. Assure ongoing access to a broad range of effective family planning methods and related preventive health services. How these goals are carried out are identified in the Action Plan section of this comprehensive plan.

Collection and reporting of health statistics: Lane County Public Health provides statistical information to Oregon DHS/Health Services on a regular basis – including CD reporting on each case investigation, blood work sent to the state lab, inspections conducted by the environmental health staff; HIV program reporting requirements IRIS, the WIC data system, and ORCHIDS MDE for women and children's data.

Health information and referral services: Lane County Department of Health and Human Services and Lane County Public Health (LCPH) publicize location, phone numbers and listing of services. We have developed a web site for the department that has specific information regarding each program within the department. We also have a strong working relationship with the county Public Information Officer (PIO) who assists in disseminating up-to-date information regarding any public health issue in which the community may be interested. The PIO has a section on the general county website for public health issues, such as smallpox and West Nile Virus, providing easy access for citizens. LCPH has available brochures, the mission statement, and a handout with clinic services, times and locations.

Environmental health services: The Environmental Health (EH) program includes the inspections of licensed facilities, primarily food service facilities. The total number of facilities served by the EH program increased by 3% in 2006. The following are the types and numbers of facilities licensed and inspected by the EH staff in 2006: full service and limited service food facility (920), bed and breakfast (11), mobile units (118), commissaries and warehouses (30), temporary restaurants (897), pools/spas (282), traveler's accommodations (112), RV parks (66), and organizational camps (16), for a total of 2,452 facilities compared with 2,386 the year prior. In addition to license facility inspections, EH staff completed 148 daycare inspections and 357 school/summer food program inspections. The EH and CD teams work closely together as needed to ensure safe food and tourist accommodations. In 2006, the following are some of the violations found upon general inspections: improper holding temperatures (603),

contaminated equipment (456), and poor personal hygiene (187). Food borne illness continues to be a concern when food is not prepared, served or stored in a safe and sanitary manner. Ongoing monitoring of facilities and training of food service personnel can prevent food borne illness. The EH food handler testing program issued 8,012 food handler cards, of those 1,902 were issued in-house. Twenty-five food managers were trained in food safety in 2006.

The EH staff also works with the CD team regarding general preparedness and has one sanitarian assigned part time to work on the preparedness grant.

4. **Adequacy of Other Services**

Chronic Disease Prevention:

Lane County Public Health has been fortunate the past couple years to be awarded grants that have been able to address some community concerns we have had for several years. These include oral health and physical activity and nutrition. Even though the funding has been very limited, we have been able to hire talented public health educators to work in the programs. We have had the Early Childhood Caries Prevention Program a couple years, unfortunately the funding ends June 30, 2007. The focus of the work is to improve the oral and overall health of low-income pregnant women and young children through community collaboration, preventive treatment and education services and activities. A local dental health coalition has been established, with participants including a nurse practitioner, pediatrician, Lane County Dental Society, dental providers, Head Start and other community members. Through the work of the coalition, significant work has been accomplished in making sure pregnant women know of the importance of dental care, the effects on the pregnancy and newborn without the preventive care. Our MCH nurses deliver direct oral health services to clients and children during home visits, including screening and educating adult clients on strategies to improve their dental health and that of their children. The MCH nurses also screen and assess infants and children in MCH programs for risk of oral health problems, apply a fluoride varnish to children at high risk for cavities, encourage and help parents to make regular dental appointments for themselves and their children. Lane County Public Health has been able to raise the level of awareness, education and participation in this most important community health issue. We continue to look for resources to continue this work.

The physical activity and nutrition program is another significant effort which Lane County Public Health has taken on for the past two years and will continue to June 30, 2008. We are hopeful that continued funding will provide for services long after 2008. The program initially (and continues to) support worksite wellness efforts for Lane County employees. The second year has expanded to provide support to other large employers Worksite Wellness programs. The Public Health Educator provides technical assistance and coordinates a monthly

worksite wellness training and networking session for six other large employers in Lane County. Through this networking, the employer representatives have increased their understanding of public health and understand wellness issues such as obesity, tobacco use, and breastfeeding from a public health as opposed to individual health perspective. These employer representatives are enthusiastic participants and have already taken many steps to improve the health of their worksites. Our Public Health Educator receives frequent calls from other employers asking for assistance in establishing wellness practices, so we know that we have a significant area for continued work and a best practice in increasing the health of our community. The Public Health Educator provided initial support to the Lane County Healthy Active Youth Coalition and continues to participate in their meetings and provides technical assistance as her time allows.

Tobacco continues as the leading cause of preventable death in the U.S., Oregon and Lane County. In Lane County tobacco kills 683 people every year. Through minimal state funding, the Lane County Tobacco Prevention and Education Program (TPEP) continues to reduce tobacco-related illness and death in Lane County by reducing exposure to secondhand smoke, creating smoke-free environments, decreasing youth access to and initiation of tobacco use, and increasing access to cessation services.

Current data indicates that while Lane County youth (8^{th} and 11^{th} graders) use tobacco at similar or lower rates than other Oregon youth, adults and pregnant women are using tobacco at higher rates than the state average (see page three) Higher tobacco use rates among pregnant women is especially concerning considering the effects of tobacco on pregnancy outcomes and Lane County's high rate of fetal/infant mortality.

The TPEP staff continue to respond to complaints generated by the public, Oregon DHS, or local coalition assessment activities regarding violations of the State Clean Indoor Air Law. In addition, the Tobacco Free Lane County Coalition (TFLC) continue to monitor business compliance with Eugene's Clean Indoor Air Law and City of Eugene staff response to complaints of violation.

The TPEP staff will continue work with the two large hospitals in the community which have worked to establish tobacco-free campuses at all locations in Lane County. This includes Peace Health and McKenzie Willamette Medical Center. In addition, staff and TFLC members will continue work with the University of Oregon's Environmental Health and Safety Committee and Students for a Smokefree Campus to move the U of O towards being a smoke-free campus.

Primary Health Care:

In regards to primary health care, Lane County Department of Health and Human Services, Human Services Commission, operates a Federally Qualified Health

Center (Riverstone), located in Springfield. As of July 1, 2006, the FQHC added the family planning clinic was previously within public health. Due to a reduction in county general funds to the family planning program, administration decided that it would be prudent to make this change. The positive side of the change is that more families have been able to access primary health care and establish a medical home. One of our nurse supervisors continues to work closely with the FQHC nurse supervisor regarding family planning, immunization and sexually transmitted disease questions.

Medical Examiner:

The Deputy Medical Examiner program was moved out of the Lane County Department of Health and Human Services in 2002 to the District Attorney's Office. This seemed to be a more prudent link for the work that is done with the enforcement activities. The Deputy Medical Examiner continues to work with LCPH and the Department in regards to SIDS and those deaths of significant public health concern (e.g. heroin overdoses, adolescent suicides, injuries).

Emergency Preparedness:

Preparedness for disasters, both natural and man-made, is a public health priority. Our Public Health Emergency Preparedness and Communicable Disease Response Program ("PHP Program") develops and maintains the capacity of the department to rapidly mount an effective response to an emergency and to prevent, investigate, report and respond to outbreaks or the spread of communicable diseases.

The preparedness staff have developed a draft training program incorporating professional standards and state/federal guidelines. The plan outlines training goals and priorities, maps training requirements according to professional and emergency roles, establishes a timeline for implementation and defines a means for evaluating the plan's success. This training plain applies to all Lane County Public Health Services employees, volunteers with identified emergency response roles and specific Lane County personnel with direct management and support roles for Public Health Services. At a minimum, all employees will receive introductory training on the National Incident Management System (NIMS) and the Incident Command System (ICS). Beyond the minimum standards, employees with specified emergency response roles require additional training in bioterrorism, chemical and radiation emergencies, communicable diseases and general emergency response, as well as other professional or technical skills as appropriate.

The PHP program addresses public health mitigation, preparedness, and response and recovery phases of emergency response through plan development, exercise and plan revision. Currently, existing plans are undergoing a thorough review and revision to comply with national standards,

and to incorporate lessons learned from past exercises and drills. To prepare staff and improve emergency response capabilities, plans are exercised on a regular basis. Successful exercises lead to an ongoing program of process improvements. All exercises and drills result in reports to assist Lane County Public Health in achieving preparedness excellence by analyzing results of the exercises, identifying strengths, and identifying areas for improvement.

In partnership with local and state government agencies, businesses, schools and the media, Lane County Public Health galvanizes the community to tackle local preparedness needs. The most recent effort is focusing on bringing together local partners to plan for the needs of the community's most vulnerable populations. In March 2007 the Vulnerable Populations Emergency Preparedness Coalition was formed. The group consists of more than 40 persons from 36 agencies representing children, older adults, tribes, emergency management, mental health, developmental disabilities, homeless, tourists and non-English speaking persons.

III. Action Plan

Communicable Disease Program

Current condition or problem:

1. Stabilized TB transmission at homeless shelter. Continue Public Health TB testing and control measures at this high risk setting.
2. Rising STD rates – syphilis, gonorrhea, chlamydia.
3. Internal immune data base does not interface well with state ALERT system.
4. Improve countywide immune rates for 24-35 month olds (4-3-1; 3-3-1).
5. Expanded integration and training of applicable bioterrorism/preparedness activities and staff with CD program.
6. Continued immunization delegate support (have ten delegate agencies).
7. First primary care clinic went "live" with immunization data program February 2007 and working out program issues. Nine clinics are working on going live this year.

- Homeless Shelter Control Measures:

Goals

1. Long-Term: Elimination of active TB disease in this population.
2. Short-Term:
   a. 85% of infected contacts of active cases started on LTBI (Latent Tuberculosis Infection) treatment will complete therapy.
   b. To reach objective of no new TB cases and no new converters for six months in this population.

Activities:

1. Continuation of tuberculin skin testing and screening for all shelter residents and workers, both on-site and at Lane County Public Health (LCPH).
2. Continue practice of retesting at three to six-month intervals based on policy review.
3. Continue to practice the LCPH/shelter policy including requiring all converters to be on LTBI treatment as a condition of residence.
4. Twice yearly inspection of the ultra-violet light system (system was installed Fall of 2003.)
5. Annual review of Mission policy with shelter staff and LCPH staff.
6. Monthly review of shelter outbreak statistics.
7. Continue monetary incentives for all LTBI and active TB clients as DHS and county resources permit.

Evaluation:

1. Ongoing review of converters or cases to evaluate LCPH control measures.

2. Review Mission policy and statistics to determine if LTBI completion rates and whether or not the policy should be adjusted to improve LTBI completion rates.
3. Graphing cases and converters over time and compare to goal of six month TB free interval goal.

- Rising gonorrhea, syphilis and chlamydia cases.

Goals

1. Long-Term: Prevent and control spread of STD's in Lane County.
2. Short-Term: Collect baseline data to determine percentage of countywide contacts to cases of chlamydia who are evaluated and treated.
3. Short-Term: Assure that 100% of countywide contacts to cases of syphilis, and gonorrhea, and all pregnant women contacts to cases of gonorrhea, syphilis, and chlamydia are evaluated and treated.

Activities:

1. Annual review of STD protocols.
2. Ongoing CD team review of LCPH STD clinic process.
3. Target outreach and clinic availability, in conjunction with Disease Information Specialist (DIS), to clients at high risk for STD's.
4. Work with DIS to optimize community resources in provision of services.

Evaluation:

1. Staff will enter and monitor program output and outcomes data as part of the countywide performance measure tracking.

- Expanded integration and training of applicable bioterrorism/preparedness activities and staff with Communicable Disease (CD) program.

Goals:

1. Long-Term Goal: CD team members will understand Incident Command Structure (ICS), their roles during preparedness exercises and events. Will be NIMS compliant.

2. Short-Term Goals:
   a. Expand, organize and document CD team preparedness trainings.
   b. CD team will participate in drafting, reviewing and exercising preparedness plans.

Activities:

1. CD/Preparedness staff will participate in monthly staff meeting.
2. Complete mandatory trainings for staff positions.
3. Participate with Preparedness Coordinator and Supervisor in drafting, reviewing and exercising plans.

Evaluation:

1. Staff will enter and monitor program output and outcome data as part of the countywide performance measure tracking.
2. Evaluation of exercises, events will be done in a "Hot Wash" and After Action Reports with the CD team.
3. Review training records to verify trainings are completed.

- Improving the DTaP #4 immunization rate of clients served at Lane County Public Health and working with the private medical community in electronic data transmission to the state registry (ALERT).

  Goals

  1. Long-Term Goals:
     a. Increase number of 24 month old children who have completed 4 doses of DTaP to the national goal of 90%.
     b. All ten LIPP clinics will continue data export to ALERT.
  2. Short -Term Goals:
     a. Evaluate LCPH clinic practices and recall system to find ways to improve rates of DTaP #4.
     b. Get LIPP clinics to go live.
     c. Get on IRIS historical data transferred and assure transfer of county data.

  Activities:

  1. Use reports from AFIX to assess immunization rates for DTaP.
  2. Continued using updated reminder/recall plan for 4th DTaP dose.
  3. Check in with LIPP clinics that they are making progress on electronic transfers.
  4. Obtain provider participation reports from ALERT to assess electronic data transmission.
  5. Educational outreach to parents through child care providers designed to raise DTaP rates and reduce barriers to immunizations.
  6. Work with state to achieve signup to IRIS and train staff.

  Evaluation:

  1. Review antigen specific AFIX reports to get immunization rate for 4th DTaP.
  2. Staff will enter and monitor program output and outcome data as part of countywide performance measure tracking.
  3. Success in using IRIS at local level.
  4. Assess number of clinics that go live and are regularly transferring information.

HIV Program

Current condition or problem:

1. The population in Lane County includes residents at high-risk of acquiring and spreading HIV infection.

2. Lane County Public Health (LCPH) has a well-established HIV counseling and testing program which includes outreach and education to members of groups at increased risk for HIV.
3. LCPH maintains a contractual relationship with a community-based organization (HIV Alliance) for further provision of services to clients with HIV and those at risk.
4. LCPH is an active participant in Lane County Harm Reduction Coalition.

Goals:

1. Long-Term Goal: Prevent spread of HIV Disease.
2. Short-Term Goals:
   a. To increase rates of testing in populations high-risk for HIV infection.
   b. Link individuals at risk with other LCPH prevention services.
   c. To provide counseling, testing information and referral services to individuals within targeted high-risk groups.
   d. Plan activities per CDC defined goals, objectives and performance measures.
   e. Reduce community exposure and reuse of needles in IDU population (intravenous drug user).

Activities:

1. Social network recruitment (SNR).
2. Place remainder of needle drop boxes in county.
3. Provide community outreach to MSM and injecting drug populations to encourage HIV counseling and testing, and education as to how to prevent the transmission of the HIV virus. LCPH, through participation on the HIV Prevention and Planning Council, will continue to provide leadership and partnership with other organizations to support programs and events that help prevent the spread of HIV infection.

Evaluation:

1. HIV program staff will maintain data as required by DHS and CDC, per the intergovernmental agreement (IGA).
2. Staff will enter and monitor program output and outcome data as part of countywide performance measure tracking.

Parent and Child Health

- Prenatal Access, Oregon Mothers Care

Current condition or problem:

1. The percentage of infants born to mothers who had first trimester prenatal care in 2006 was 72.8%, lower than the state average of 79.3%, and well below the Oregon Benchmark goal of 95%.
2. Lane County's prenatal access program, Oregon Mothers Care (OMC) assists pregnant teen and adult women access Oregon

Health Plan (OHP) coverage and early prenatal care by helping remove barriers.

3. The local OMC also assists OHP pregnant women access dental care services through direct referral to DCOs (dental care organizations).

Goals:

1. Increase the number of pregnant women who access prenatal care during the first trimester.
2. Increase the number of OHP eligible pregnant and postpartum women who access dental care services.

Activities:

1. Provide pregnancy testing and counseling, assist in gaining OHP coverage and prenatal care, and referral to MCH, Healthy Start, and WIC (Special Supplemental Nutrition Program for Women, Infants, and Children).
2. Provide outreach services to the community about the need for early prenatal care and the local OMC program.
3. Direct dental health care referral to DCOs.
4. Participate in the Lane County Oral Health Coalition.

Evaluation:

1. OMC staff will participate in statewide data collection through the ORCHIDS (Oregon Child Health Information Data System) MDE (MCH Data Entry) system.
2. OMC staff will record program outputs and outcomes as part of the countywide performance measure process.

- Maternal Child Health

Current condition or problem:

1. Lane County's fetal-infant mortality rate is higher than the state and national average and higher than other large counties in Oregon for all population groups. Initial data indicates that the highest rate of excess death is in the post-neonatal period (29 days to 1 year of age); and, the second highest excess mortality is related to maternal health and prematurity. Vital Statistics death data for the post-neonatal period show that SIDS and other ill defined causes plus accidents and injuries made up 60.4% of all post-neonatal deaths.
2. PRAMS (Pregnancy Risk Monitoring System Data) indicates that Lane County has a higher rate of binge drinking and of smoking before and after pregnancy than the state. Alcohol and tobacco use are markers for illicit drug use. Babies First! services are provided for infants and young children at significant risk of poor health or developmental outcomes.
3. Collaborative partnerships with health providers and other service agencies have resulted in continued referrals for MCH services.

4. Public Health Nurses (PHNs) provide comprehensive Maternity Case Management (MCM) home visiting services for many women who are at risk of poor pregnancy and birth outcomes. many other high-risk pregnant women receive more limited MCM services as provided by their health care provider, and many others do not receive MCM services.
5. PHNs provide Babies First services for infants and young children at significant risk of poor health or developmental outcomes.
6. PHNs provide CaCoon services to help families become as independent as possible in caring for their child with special health or developmental needs and help in accessing appropriate services.
7. Lane County Public Health contracts with Willamette Family Treatment Services to provide funding for PHN services at their residential treatment facility. The PHN provides a full range of public health prevention and education services, HIV counseling and testing, immunizations for mothers and their children, parenting classes, health screening, and growth and development assessment.
8. PHNs provide support and assistance for families who have experienced a child's death by SIDS (Sudden Infant Death Syndrome).

Goals:

1. Reduce Lane County's unacceptably high rate of fetal-infant mortality.
2. Increase the number/rate of births that are full-term (≥37 weeks) and appropriate weight (≥ 6 lbs.)
3. Decrease the number of pregnant women who use alcohol, tobacco, or illicit drugs during pregnancy.
4. Optimize birth and childhood outcomes for at-risk families through education, referral and support.
5. Prevent and mitigate early developmental delays, ensure early intervention of delays that are identified, and optimize each child's potential capacity.
6. Increase family independence in caring for children with special needs.

Activities:

1. Facilitate the community initiative for the reduction of fetal-infant mortality.
2. Work to fund and establish a FIMR (Fetal Infant Mortality Review) process in Lane County.
3. Provide comprehensive, quality MCM nurse home visiting by well trained and capable PHNs for at risk pregnant teen and adult women.

4. Provide quality Babies First and CaCoon nurse home visiting services by well trained and capable PHNs.
5. Provide nurse home visiting support for families who have experienced a SIDS death.
6. Work closely with Lane County's Oregon Mothers Care Program, Healthy Start and WIC to ensure a comprehensive system of public health services for families in need.
7. Participate in local Commission on Children and Families SB 555 early childhood planning efforts.
8. Participate in the Lane County Oral Health Coalition effort.

Evaluation:

1. MCM, Babies First!, and CaCoon data will be recorded in ORCHIDS MDE, the statewide MCH system.
2. MCH referral logs will be maintained to track referrals for MCH services and identify referral sources.
3. PHNs will maintain a case log that indicates the outcome of client contact.
4. PHNs, with the assistance of ancillary staff, will record program outputs and outcomes as part of the countywide performance measure process.

Family Planning (FP) Program

Following was submitted to the State FP Office per their required timeframe:

Goal 1: Assure continued high quality clinical family planning and related preventive health services to improve overall individual and community health.

Problem Statement: Assure screening, follow-up and treatment when necessary for low income women at risk for breast and cervical cancers.

Objectives:

1. Identify and provide breast and cervical screening for women at risk for these cancers seen at Lane County Community Health Center clinics.
2. Ensure appropriate and timely follow-up for women with abnormal breast and cervical exam results.

Activities:

1. At staff meetings, educate CHC providers and support staff about patient identification and internal and external resources for women at increased risk for breast and cervical cancers. Encourage parents and partners to participate in the program while maintaining strict confidentiality according to Oregon law and HIPAA.

2. Dedicate care coordinator time to develop at risk client identification system and to provide follow-up services to clients with abnormal screening results.
3. Seek additional funding for breast health follow-up (specialists, imaging).
4. Improve internal clinic processes for tracking routine follow-up of breast and cervical exams according to clinical standards.
5. Improve internal clinic processes for tracking abnormal follow-up breast and cervical exam results according to clinical standards.

Evaluation:

1. Log of clients screened, abnormal labs identified and follow-up completed to be used as baseline for assessing need and future improvement.
2. Client satisfaction survey.
3. Data review of clinical path of all abnormal test results.
4. Protocol and designated staff identified for breast and cervical follow-up.
5. Funding as budget line item dedicated to this project.

Problem Statement: Lane County has a higher rate of fetal infant mortality than the United States, Oregon, or other large Oregon counties.

1. Ensure timely identification of family planning clients who are pregnant.
2. Ensure seamless access for these clients to culturally appropriate, affordable, prenatal care.

Activities:

1. Increase access to RN visits at FP clinic for pregnancy testing and follow-up counseling.
2. Develop relationship with PeaceHealth Prenatal Clinic staff and develop smooth referral process.
3. Remove any identified barriers that exist for pregnant FP clients to follow up with Lane County's Public Health Maternal Child Health program and access to OHP.

Evaluation:

1. Demonstrate increase in RN FP visits.
2. Protocol in place for transition of client from FP to Public Health to Prenatal Clinic.
3. Evaluate positive pregnancy tests documented at FP clinic for outcomes.

Problem Statement: Family Planning clients often do not have access to primary care, and are faced with getting many of their primary care needs met within their FP visits.

Objective: Provide seamless access to primary care at the Community Health Center for family planning clients.

Activities:

1. Establish policy that all FP clients are also patients of the primary care clinics if they choose.
2. Establish simple method of explaining different services to clients for understanding of fee structure for primary care for uninsured patients.
3. Use ongoing method of communication between FP provider and primary care provider, if those providers are not the same person.

Evaluation:

1. Policy for Activity 1 in place.
2. Printed description of services available to clients in English and Spanish.
3. Provider meeting time dedicated to program communication flow monthly as evidenced by case studies, meeting notes.

Goal 2:
Assure ongoing access to a broad range of effective family planning methods and related preventive health services.

Problem Statement: While sterilization is a viable family planning methods, it is not readily available to low income clients.

Objective: Increase access to sterilization for clients who desire this method.

Activities:

1. Send one nurse practitioner to training on counseling and preparing clients for this method.
2. Implement DHS vasectomy project when it becomes available.
3. Explore relationship for pro bono services with local urology group.

Evaluation:

1. Track clients referred for sterilization.
2. Demonstrate relationship with DHS on vasectomy project implementation.
3. Have written policy, procedure, and protocol for this family planning service.

Problem Statement: The demand for family planning services is higher than our available appointments.

Objective: Increase number of appointments for FP clients at CHC.

Activities:

1. Add RN provider time to family planning.
2. Increase clinic hours and thus numbers of available slots.
3. Add one family planning site.

Evaluation:

1. Show 50% increase in RN visits in FY 08 and add 1.0 FTE RN to CHC.
2. Increase clinic hours by 6 weekly at Riverstone site.
3. Begin Title X services at Churchill School-Based Health Center.

Environmental Health Program

Current condition or problem:

1. There are more than 2,300 facilities in Lane County providing eating, living and recreational accommodations for public use.
2. The Environmental Health (EH) program continues with 5.5 FTE Environmental Health Specialists (EHSs).
3. The EH and CD teams of LCPH collaborate regarding food borne investigations, animal bites and more currently with increased incidence of noro-virus in nursing care facilities.
4. The EH team is actively involved in preparedness training. One EHS has extensive Hazmat Audit and Response experience. One EHS works part time in Preparedness and works closely with the Public Health Preparedness Coordinator in providing trainings and planning exercises.
5. A part-time EHS continues to successfully handle the responsibilities in the West Lane County coast area and will attend this year's State orientation meeting for new EHS personnel.
6. An internship program has been established in the EH program with primary duties of strengthening our education program to Food Service Industry at the Management and Supervisory levels. A second conference was held in March 2006.

Goals

1. Long-Term:
   a. Ensuring licensed facilities in Lane County are free from communicable diseases and health hazards.
   b. Continue to focus attention on Food Service Management and Supervisory personnel training.
   c. Complete FDA Program Standards.
   d. Update electronic inspection program to a web-based platform.
2. Short-Term:
   a. Conduct inspections of licensed facilities in timely manner.
   b. Coordinate food-borne investigations with CD team.
   c. Continue follow-up on citizen complaints in a timely manner.
   d. Provide food handler and food facility management education, testing and licensing.

e. Develop nursing home training regarding prevention of noro-virus.

Activities:

1. Conduct health inspections of all licensed facilities.
2. Conduct inspections of unlicensed facilities as requested by those facilities (certified day cares, group homes, jails, sororities, fraternities).
3. Maintain on-line and walk-in testing and licensing for food handlers and managers in Lane County.
4. Perform investigations for citizen complaints on potential health hazards in licensed facilities.
5. Perform epidemiological investigations related to public facilities.
6. Provide environmental health education to the public.
7. Documentation, follow-up and communication with DHS on animal bites. Coordinate with local jurisdictions regarding animal bites.
8. The EH supervisor will continue work with interns on FDA Standards.
9. The EH supervisor will continue work with the Information Services Department, Conference of Local Environmental Health Supervisors (CLEHS) and Oregon Health Services Environmental Health program regarding option of electronic inspection program.
10. The EH Supervisor will work with CD Nurse Supervisor to develop noro-virus prevention training for nursing homes.

Evaluation:

1. There will be a record and numerical score for each food service inspection. The record will be maintained in the EH database. In addition, a file will be maintained for each facility.
2. Testing and licensing for food handlers will be provided five days a week in the central office. On-line testing is also available.
3. Environmental Health staff will maintain files on all epidemiological investigations and send documented summaries to Oregon Health Services as required.
4. EHS personnel will provide health education to staff of licensed facilities while conducting inspections – comments will be noted in facility file as needed. Environmental Health Specialists will also provide health education to the public as requests are made.
5. A log will be kept of all animal bites (includes incident, victim name and follow-up completed). Information will be provided to Oregon Health Services.
6. A summary log including resolution will continue to be kept of all citizen complaints regarding licensed facilities.
7. EH staff will enter and monitor program output and outcome data as part of the countywide performance measure tracking.

Collection and Reporting of Health Statistics

Current condition or problem:

As of April 1, 2007 the registrar for birth and death records/certificates and the Vital Records staff moved to the Public Health Division at the Annex Building. It was previously housed in the Department of Health and Human Services Administrative Office. Public Health programs do data entry for individual programs – WIC, Maternal Child Health, Family Planning, Immunizations.

Goals:

Maintain current data entry in order that all statistics are up to date and provided to the state in timely manner.

Activities:

1. 100% of birth and death certificates submitted by Lane County Dept. H&HS are first reviewed by the local registrar for accuracy and completeness per Vital Records office procedures.
2. All vital records and all accompanying documents are maintained in a confidential and secure manner.
3. Certified copies of registered birth and death certificates are issued immediately upon request at the walk-in counter or within two business days of receipt by mail. Staff are available from 8:00 am to 11:30 am and 1:00 to 4:30 pm five days per week.
4. Public Health program staff will do data entry in timely manner to ensure accuracy of records and well as ability to bill for services. (e.g. Babies First, Maternity Case Management)

Evaluation:

1. Public Health staff will continue to verify the accuracy and completeness of certificates.
2. Public Health staff will continue to monitor that mailed requests for certificates are issued within two working days of request.
3. Public Health staff will monitor data entry and ensure that entries are done in a timely manner and that revenue is received on a monthly basis due to the data entry.

Health Information and Referral Services:

Current condition or problem:

Lane County Public Health provides health information and referral services five days a week in the Eugene office. Information and referral services are also provided in the WIC office and Environmental Health Office located in Eugene.

Goal:

To continue providing up to date health information and referral services to citizens who call or come into the public health office.

Activities:

1. Maintain support staff to answer phone calls and greet people in the office and to provide current health information and referral services as requested.
2. Coordinate information between particular teams within public health and the support staff in order that information is current.
3. Maintain current information regarding clinic hours, services provided through written and oral format and website.
4. Maintain current information regarding eligibility and access to services provided by public health.
5. Continue communication with community agencies and medical providers in rural areas of the county for information and referral services in those areas.
6. Maintain current website information.

Evaluation:

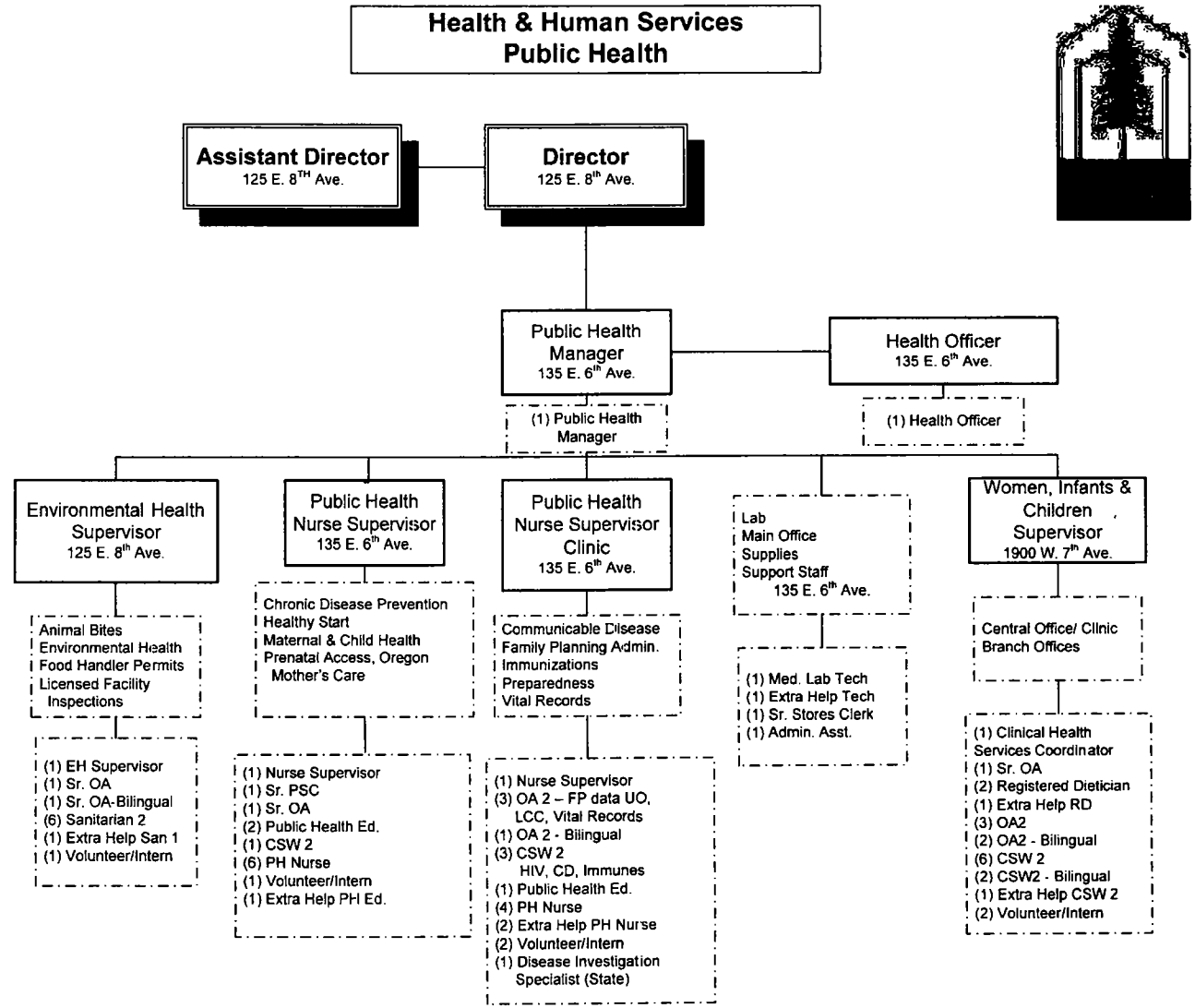
1. Structure of support staff schedule will be reviewed to ensure availability of staff to provide health information and referral services.
2. Minutes of public health program team meetings will be kept and shared with support staff to keep up to date information regarding our services.
3. Clinic schedules will be reviewed periodically for accuracy – schedules will be provided in English and Spanish.
4. Staff will be encouraged to check the Lane County Public Health website often to make sure the information is accurate. One person maintains website changes and suggestions in order to keep fidelity in the website information.

Breast and Cervical Cancer Screening Program – We no longer provide this program due to lack of adequate state/federal funding.

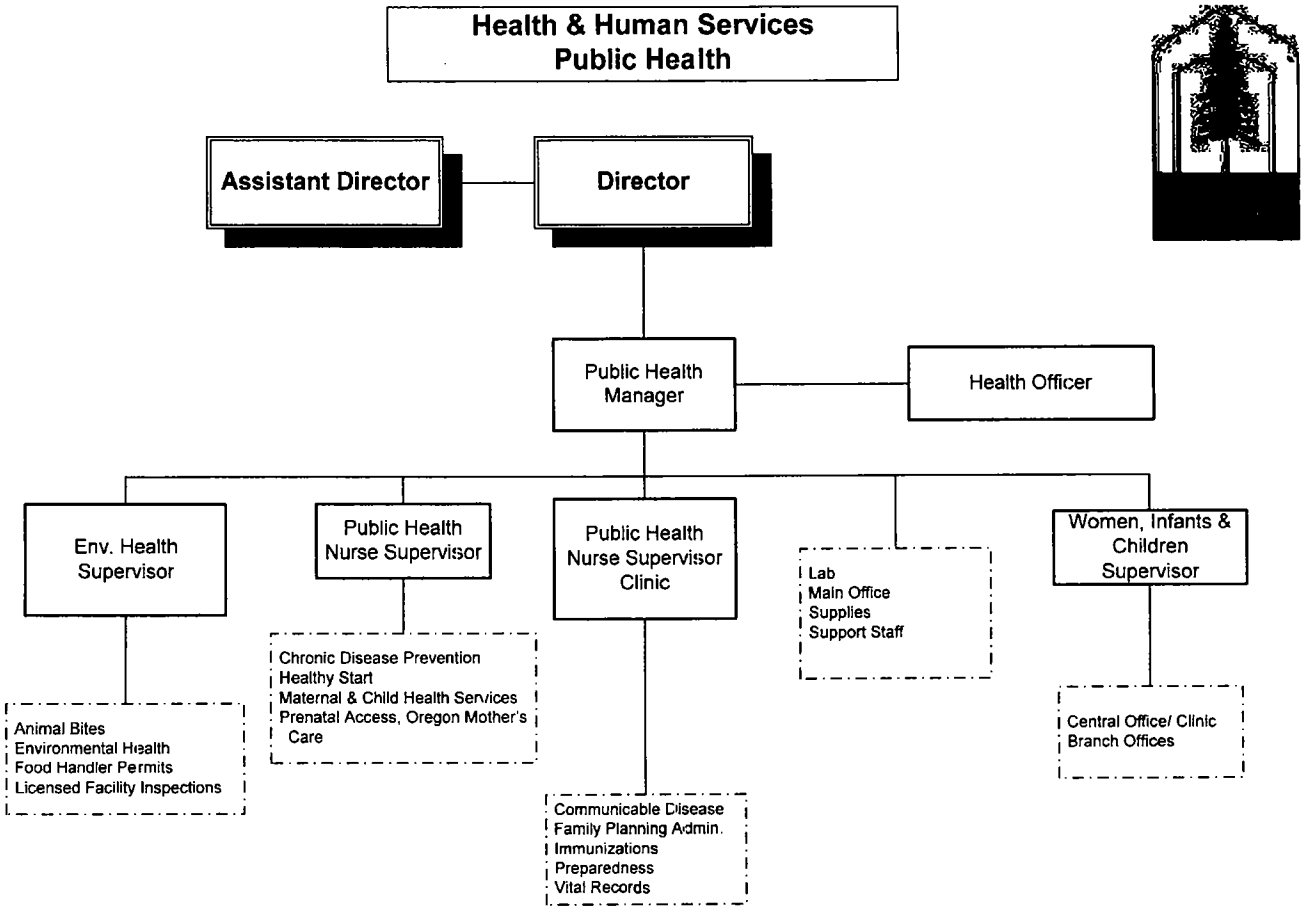
IV. Additional Requirements

1. The WIC Nutrition Education and Breastfeeding Participant Survey information will be sent under separate cover.
2. The organizational charts for Lane County Public Health Services is on the following pages.
3. Lane County Public Health staff continue to be involved in the local planning process for Senate Bill 555. We are members on the Steering Committee as well as the local Early Childhood Planning Team. We are presently meeting with the Lane County Department of Children and Families and other community groups to discuss focus areas for the next planning process. Previously, Lane County Public Health staff were involved in the discussions for development of several of the high level outcomes stated in the Lane County Senate Bill 555 Planning document, Phase II: Priorities, Strategies and Outcome Measures. These include: High Level Outcome 4: Reduce Child Maltreatment; High Level Outcome #5: Improve Prenatal Care;

High Level Outcome #6: Increase Immunizations; High Level Outcome #7: Reduce Alcohol, Tobacco and Other Drugs (ATOD) use During Pregnancy; High Level Outcome #9: Improve Readiness to Learn; and High Level Outcome #16: Reduce Teen Pregnancy.



Public Health Department Structure
Last Update: 04/07
h:/visio2002/department structure/public health positions 0407.vsd



Public Health Department Structure
Last Update: 04/07
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V. Unmet Needs

As Lane County Public Health Services faces continued budget concerns, we continually need to prioritize the services to be provided. In the action plan of this document, we have identified activities which are priorities to meet some of our county's needs. Due to the uncertainly of federal funding through the Secure Rural Schools Funding, we have been involved with the county prioritization process for services. The picture is gruesome for several departments in the county which will experience reductions, and in some cases elimination of services. Without the federal funding and without county general funding the most impacted program for public health will be WIC. The program is "below the line" for county general funds for 07/08, which means a reduction in that program's budget of an estimated $341,000. The program has taken previous reductions and further cuts threaten the integrity of the program. In addition, if the increase in per capita funding is not secured in the legislature this year, the Communicable Disease program will experience a reduction of about $205,000.

In previous years of reductions, we have had to close the three branch offices for public health (Oakridge, Florence, Cottage Grove). Serving the rural residents of our county with public health services (family planning, immunizations, maternal child health, communicable disease) in their communities continues to be an unmet need. Services will be available in the central (Eugene) office, but transportation to Eugene for many of these citizens is problematic.

Fortunately we have been able to secure some small grants to begin working on the chronic disease issues in our county. We have been able to develop work on oral health and cavity prevention with Head Start and helping pregnant women get access to OHP and needed dental services. However, those limited funds (@$13,000) will end June 30, 2007. Dental issues remain a large unmet need in Lane County and is a concern of our Health Advisory Committee. With the tobacco prevention program and physical activity and nutrition program, we have begun identifying a chronic disease prevention unit, but we have not been able to establish a program to specifically address diabetes, cancer, or heart disease.

We continue to build a positive working relationship with a variety of agencies in our county. We have strong relationships with the social service agencies and are developing better relationships with other county departments, such as the Sheriff's Office, in the context of all hazards preparedness. Within our Environmental Health Program, we will continue to build coordination with other regulatory agencies, such as the Department of Environmental Quality and Department of Agriculture.

Healthy Start is a program within Lane County Public Health and because of this a stronger relationship has developed between the Healthy Start, Maternal Child Health and WIC programs. In this coordination, we are again realizing that providing nurse home visits for high risk families is critical to reducing child abuse

and neglect as well as increasing the health of our children. We are able to provide a number of home visits, although the need for more nurses to provide prevention services is greater than the funding allows.

The largest initiative we have begun has been the concern over the Fetal Infant Mortality rate in Lane County. This has been addressed in other sections of this plan, and it continues to be a priority for us to work on. The community group and our subcommittees working on addressing the reasons why we have such a high rate have identified that we need to establish a Fetal Infant Mortality Review (FIMR) in our county. In addition, we know that establishing a home visiting program in the form of Nurse Family Partnership (NFP) will make a substantial difference to the health and well being of the families and babies we serve. We continue to aggressively look for funding sources for both the FIMR and the NFP.

VI. Budget

The contact person for the approved annual budget for Lane County Public Health is Lynise Kjolberg, Administrative Services Supervisor, Dept. of Health and Human Services. Her phone number is (541) 682-3968; e-mail is lynise.kjolberg@co.lane.or.us. The budget is presented by individual programs and will be submitted to the state per each of the program required timelines.

VII. Minimum Standards

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 department and program policies and procedures that are reviewed and updated as needed.

5. Yes ___ No _X_ Ongoing community assessment is performed to analyze and evaluate community data. Note: A formal analysis is not done.

6. Yes _X_ No ___ Written plans are developed with problem statements, objectives, activities, projected services, and evaluation criteria. Note: As a county and department, we have been writing performance measures and data collection forms. This is an ongoing process.

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 ___ No _X_ A records manual of all forms used is reviewed annually. Note: a review is not completed on an annual basis. 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: records 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. Note: Not reviewed on an annual basis.

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. Department Director works with District Attorney's office as needed to collaborate with the work of the Deputy Medical Examiner.

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, or more frequently based on epidemiological risk.

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.

50. Yes _X_ No ___ Public education regarding food borne illness and the importance of reporting suspected food borne illness is provided. Note: Through Red Cross.

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. Note: N/A State managed drinking water program.

52. Yes _**N/A** No ___ Each drinking water system is monitored for compliance with applicable standards based on system size, type, and epidemiological risk. Note: state managed drinking water program.

53. Yes _**N/A** No ___ Compliance assistance is provided to public water systems that violate requirements. Note: state managed drinking water program.

54. Yes **N/A** No ___ All drinking water systems that violate maximum contaminant levels are investigated and appropriate actions taken. Note: state managed drinking water program.

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

56. Yes N/A_ No ___ Information for developing a safe water supply is available to people using on-site individual wells and springs. Note: state managed drinking water program.

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

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. Note: At request of school districts.

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 Department of Public Works, Waste Management Division of Lane County.

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's Office, HazMat and 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 Department of Public Works, 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. (Added per G.S. request, not in program indicators)

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: Contact Lane County Senior 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 _X__ No __ 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 try to provide information and referral if people call regarding these services. We do not provide services directly. We have an active Physical Activity and Nutrition Grant which includes working with Lane County employees, Human Resources and several large employers in Lane County.

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. (As of July 1, 2006, Family Planning is now provided through the Federally Qualified Health Center within the Department of Health and Human Services.)

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. Note: Provided through referral only. We are actively involved with the Oral Health Coalition.

91. Yes _X__ No __ Use of fluoride is promoted, either through water fluoridation or use of fluoride mouth rinse or tablets. Note: MCH nurses talk with families about importance of dental care and fluoride rinse and varnishes. Our MCH nurses are presently doing varnishing as appropriate when they do home visiting.

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. Note: By referral only -

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. Note: Are developing performance measures and data collection processes.

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: This is limited information, utilizing Lane Council of Governments information and through the U.S. Census and Portland State University information.)

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.

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.

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;

II. **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.

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.

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.