

## Agenda Cover Memo

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AGENDA DATE: May 23, 2012

TO: Board of County Commissioners

FROM: Alicia Hays, Director  
Department of Health & Human Services

DEPARTMENT: Health & Human Services

DESCRIPTION: SEMI-ANNUAL BOARD OF HEALTH REPORT

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You will notice a new format for this Board of Health report, including a discussion of three key issues related to Health & Human Services and the health of the community, followed by brief updates from each of the Department's ten divisions, and then data on some key indicators of health in the community. This format is designed to target some of the most critical issues during this period, and of course staff will be happy to address any questions you might have related to these or other topics related to your role as the Local Board of Health.

### **Health Care Transformation**

The work at the federal, state, and local level to achieve the Triple Aim of improving health care, improving the health of the population, and containing or reducing costs continues to be front and center for H&HS. As the Local Health Authority and the Local Mental Health Authority, this work is critically important to how the Board will be looking at health care for years to come.

One key strategy during this period has been the design and related application for a local, community-based Coordinated Care Organization (CCO). As the Board knows, the County has worked with other local partners to support Trillium Health Plans as the legal entity for the local CCO, and the application has been submitted that, if approved, will result in a contract beginning August 1, 2012. This will create a platform for a variety of stakeholders in the community to reform the healthcare delivery system to provide coordinated, integrated care with a focus on prevention and improved health outcomes.

The CCO effort focuses on the Medicaid population (and those who are dually eligible for Medicare), however the focus is on the delivery system as a whole, so strategies will be put into place that will also have a more broad impact. During this first year, the community will tackle Health Information Technology, working to find systems that will

enable the many different health care providers to better communicate to coordinate care. Additionally, a focus will be on supporting Patient Centered Primary Care Homes, where people can work with their primary provider to develop a plan to improve their health, and get the support and help coordinating all the health and social supports necessary to achieve those goals. And, early efforts will push to better integrate primary care and behavioral health services, based on data that demonstrates the traditional “silos” between these disciplines creates barriers to improved health outcomes and results in higher costs.

This effort impacts all of H&HS. The divisions that are responsible for providing health care (Behavioral Health and Community Health Centers of Lane County, supported by Clinical Financial Services) are working to change their internal systems to better respond to the changes in the health care delivery system. The divisions that are responsible for planning, funding, and delivering non-medical human services (Developmental Disabilities, Human Services Commission) are preparing for increased coordination through the new CCO. And, Administration, LaneCare and Public Health will be in the middle of determining how to administer the CCO to best be able to meet the Triple Aim.

In July, the state will have final metrics released for measuring the success of the CCOs, and those measures will also be useful gages for the community as a whole. Data will be available to policy makers to evaluate the effectiveness of these strategies, and to shape future initiatives to move the community toward the triple aim.

### **H&HS Strategic Plan and Reorganization**

During the last six months, through a combination of internal strategic planning and the Innovate Lane County process, H&HS is positioned for a number of changes that will impact staff and the community. The final restructuring associated with these changes is not scheduled to be complete until the end of July, and the strategic plan itself will span the next several years.

Work on the strategic plan began last fall, and is currently being rolled out in the department. The H&HS Strategic Plan is built on four pillars:

- Improve and ensure equitable and timely access to services.
- Focus on integrated care and prevention models.
- Leverage and lead with quality information and analytics.
- Develop quality outcomes with a focus on efficiency and staff development.

These pillars cut across the whole department, and outcomes at multiple levels of the organization are all driving toward them. While some of the pillars more centrally apply to some divisions and not others, the whole department is focused on moving the needle in these areas.

In addition to the strategic planning, the Innovate Lane County process brought several major restructuring efforts. The most significant is the merger of H&HS with the Department of Youth Services and the Department of Children and Families. This

change is significant in terms of service scope, staffing, and budget and in order to make it successful, the departments are taking the time necessary to plan needed changes and integrate key areas over time. In January, the Director of Children and Families was appointed as the Director of H&HS as well, and with the departure of the Youth Services Director in April, is now the Director of all three departments. Through the spring, the departments have focused on administrative functions, identifying those that can be centralized to more efficiently use available resources. Additional opportunities to collaborate at the service level continue to be identified, and will likely do so well into the future. The merger is expected to be complete in late July.

Additionally, the Public Health Division is being re-shaped into a new Public and Community Health Division, shifting all direct clinical services to be provided through the Community Health Centers, and bringing into this division the prevention and community health promotion activities that have been happening elsewhere in the department. This will create additional focus and synergy for the community health focus of H&HS.

And, as part of the proposed budget, Lane County Animal Services will be changing, with each jurisdiction responsible for their own services. This service was transferred to H&HS in 2007, followed by the BCC's adoption of recommendations from the Save Adoptable and Treatable Animals Task Force. Beginning with the new fiscal year, animal care and control services for unincorporated Lane County will be provided through Lane County Public Works.

The department has grown significantly during the last ten years, and is in the process of a restructuring effort to help promote support for the important services provided through H&HS Divisions, and to create synergy for moving the department towards the four pillars. The new structure is shown on page 16, with four groups or clusters of divisions working together around some specific shared outcomes. Because the work in H&HS is very interrelated, each division still works with divisions outside its cluster on particular initiatives and each manager reports to the Director. However, this structure builds on some common focus within divisions, and provides more support without spending additional dollars in management.

### **Health Indicators**

The department is tracking a variety of indicators of the health of Lane County, and will provide that data regularly to the Board of Health for review and discussion. In addition to the leading causes of death in Lane County, the report includes ten specific health indicators—the data is presented in tables at the end of the report beginning on page 17.

The two leading causes of death in Lane County are cancer, at 209 deaths per 100,000 population and heart disease, at 159 deaths per 100,000 population. According to the CDC, at least 30% of all cancers in the US are caused by smoking. Lane County has a

smoking rate of 18.4% among adults, which is about 13% higher than the state average of 16.3%, and 53% worse than the national goal of 12%. There is a significant opportunity in Lane County to save lives, improve quality of life, and save money by bringing down the smoking rate.

At 72%, the immunization rate for Lane County 2-year-olds receiving a full series of recommended vaccines is significantly lower than the national Healthy People 2020 standard of 80%. The child vaccine exemption rate in Lane County has risen for 12 straight years, and puts the community at significant risk for a major outbreak of measles, whooping cough, or other preventable disease.

The rate of obesity in both children and adults has increased parallel to the national rates. In Lane County, the percentage of children in 8<sup>th</sup> grade in Lane County is at 25.7%, higher than the current adult rate. The target in Lane County, and nationally, is to reduce both of these rates by 10% by 2020.

In the area of early prenatal care, at 76%, the percentage of pregnant women in Lane County who receive prenatal care in the first trimester is lower than the national Healthy People 2020 target of 77.9% and the Lane County target of 80%. However, the graph shows significant progress in this area over the last three years, due at least in part to the growth the Community Health Centers (CHC) providing increased access to care, and more recently to developing a specific prenatal program as part of the CHC.

Lane County has a similar population to Clackamas County, yet a 30% higher rate of Chlamydia. Over the last four years, the incidence of Chlamydia in Lane County has risen from 277 to 366 per 100,000 population. The major cause of female infertility in the US is blockage/damage of the fallopian tube, most commonly caused by scarring from Chlamydia infections.

Poverty and unemployment are robust predictors of health status, and they are all linked. The percentage of students in Lane County who are eligible for free or reduced cost school lunch has risen steeply from 42% to 52% over the last five years, and unemployment has reached 12%. While the global and national economies are certainly to blame, Public Health would support programs aimed at economic revitalization.

Alcohol and substance abuse have significant negative impacts on individual health, family well-being, and broader social and economic issues including public safety and worker productivity. While the percentage of Lane County 8<sup>th</sup> graders who drank in the last month has gone down since FY 08-09 to 23%, it is almost twice the national average of 13%. These youth numbers are particularly important, because 90% of Americans who meet the medical criteria for addiction started drinking, smoking, or using other drugs before age 18.

## **Administration**

The tasks required for the merger of the Departments of Children and Families and Youth Services into Health & Human Services has been an important focus for the Administration Division. Staff are busy working to identify which functions will become the responsibility of H&HS Administration and the timeline for the transition. The three separate departments become one on July 21, 2012.

Some specific functions are moving immediately in order to allow time for staff training and to provide a smooth transition. The administrative functions that will be handled centrally by Health & Human Services Administration and Clinical Financial Services division are:

- Contracts - selection and monitoring
- Grants – application, acceptance, set-up & tracking, draws & reporting
- Accounts Receivable (non-grant) – BRS billing & invoicing for rent, utilities, copies, etc.
- Contract payments, purchasing for daily operations, and procurement cards
- Human Resources – recruitment & hiring, discipline, and labor relations
- Payroll audit and related functions
- FMLA and workers compensation tracking

The reason for this change is to create efficiencies and improve services across the larger department. Some of these responsibilities can be absorbed with existing staff. As each area is transitioned, staffing needs will become more clear.

Another significant change in the Administrative Division will be the merging of what is now two separate prevention teams; one within the Administration division and the other within the Public Health division. Both groups will become one under the Public Health division sometime in July. This strategy surfaced as part of Innovate Lane County as a way to improve efficiencies and the impact on community health, by consolidating these efforts as part of the Public Health Division.

## **Animal Services**

Lane County Animal Services (LCAS) has a mission to ensure public and animal health, safety, and quality of life within our community; and to bring about and maintain an environment in which people and animals can live harmoniously. This includes animal control and protection services to unincorporated Lane County, the City of Eugene, and by request to all other incorporated cities. LCAS provides progressive adoption, licensing, lost and found, and educational programs. Services include enforcement of state, county, and city ordinances regarding domestic animals and limited livestock situations. LCAS investigates and prosecutes animal neglect, cruelty and abuse cases, and dangerous dog violations. Additionally, staff provides housing and basic medical services for lost, abused, and neglected animals; return animals to their owners; and transfer adoptable animals to local humane societies and rescue groups.

The outcomes at LCAS continue to trend positive on the primary indicators. The changes at LCAS are most obvious in the changes in euthanasia numbers at the shelter. Our Live Release Rate has stayed well above 90% for 4 consecutive years. In the past year especially, a network of fosters and rescue groups has greatly assisted in finding permanent homes for more behaviorally challenged dogs in our care.

License sales continue to plateau. We've achieved 70% compliance by all reported rabies vaccinated dogs, but struggle to get beyond that 70%. Based on national formulas we believe this represents about 46% of the total assumed dog population in Lane County.

This will be the last Fiscal Year for LCAS as collaboration between Lane County, Eugene, and Springfield. In order to preserve the highest level of service to the community possible within the available resources, beginning next year each jurisdiction will be responsible for providing their own animal care and control services. There is currently an open Request for Proposals process for the sheltering and adoptions services, with the plan for each jurisdiction to contract with a private vendor for those services. The City of Eugene will provide their own enforcement (as Springfield currently does) and enforcement and licensing for unincorporated Lane County will be provided by a Senior Animal Welfare Officer and an Office Assistant 2 through Lane County Public Works.

Having LCAS emerge as a leader in progressive sheltering for abused, neglected and abandoned animals has been rewarding to all staff and H&HS as a whole. This reorganization is necessary in order to maintain the current Board policy, directing staff to save all adoptable and treatable animals within available resources.

## Behavioral Health Services

The Behavioral Health Services (BHS) Division is engaged in a large number of healthcare transformation initiatives to prepare for being a successful provider of healthcare services under the proposed Coordinated Care Organization. All of these initiatives are aimed at helping BHS achieve the Triple Aim of improving health outcomes, improving the customer experience, and reducing costs. In that regard the following initiatives are well underway, with pilot phases being prepared to roll out over the next month or two.

- **Implement Feedback Informed Treatment.** This is an approach championed by Scott Miller, PhD, who began training BHS staff last October. It focuses on constantly evaluating progress toward functional client goals while also assessing the therapeutic alliance. Therapists and supervisors can track client progress and assess the quality of the alliance with an eye toward adjusting treatment approaches or focus to meet the client's needs. This also allows one to “treat to target”, which means that treatment will be more focused on achieving desired outcomes and that adjustments will be made if the data from this approach is not showing adequate progress toward treatment goals.
- **Implement Centralized Scheduling.** This allows centralized business support staff to schedule clients directly into clinician schedules, which improves the customer experience (they don't have to wait for a call back from their clinician), improves access as it allows for the scheduler to backfill cancellations with clients waiting for appointments, and also improves staff productivity.
- **Implement an Intake Team.** This will designate individuals who will be available to provide intake assessments in a more timely manner so treatment can be initiated more closely to the time that an individual is seeking services. In other clinics this has reduced no shows and improved client engagement in treatment. Staff are already piloting this approach.
- **Integration of Behavioral Health and Primary Care.** There is data demonstrating improved health outcomes by treating the mental health and physical health needs of individuals in a coordinated way. CHC staff currently offer primary care at the Mental Health building. BHS will add staff to the primary care team (a nurse care coordinator and a community health worker) to assist the primary care practitioner with what is a complex and challenging patient load.

Finally, BHS just learned they have been awarded \$500,000 to assist with remodeling the mental health building to add exam rooms and improved support space for primary care, and additional group room space for Addictions Treatment. This project, as well as a much needed expansion of the Child Clinic is dependent on relocation of Family Law staff to another building.

## Clinical Financial Services

Clinical Financial Services (CFS) provides financial services support to the Community Health Centers (CHC) and Behavioral Health Services (BHS) operating units. These services include ensuring that the patient information is collected and maintained to ensure accurate and timely insurance billing, processing insurance billing, and posting of payments for services provided in the operating units.

Key issues for this unit for the coming year include the following:

- **Implementation of a new billing system and electronic health record (EHR) to support the Community Health Centers (CHC).** The new information system will replace the current software that supports patient scheduling and billing for the CHC. Implementing the new system will reduce the CHC's annual expenses related to the billing software. The new system will also include an EHR, replacing the current paper medical charts. Having an EHR is critically important to the on-going growth and sustainability of the CHC. However, these system conversions are very labor intensive - resulting in lower provider productivity, and therefore revenue during the implementation. Delays or other problems in the system conversation may also delay payments from insurers. The management team is working closely with the new vendor, and has committed substantial internal resources to minimize the risks associated with this conversion.
- **Medicaid Payment Funding Shifting to Coordinated Care Organizations (CCOs).** The State of Oregon is changing the way in which Medicaid services are funded and managed. Regional CCOs, which are being formed throughout Oregon, will be responsible to manage the Medicaid services. The County, Lipa, and local healthcare and community partners are collaborating to become designated as a CCO for Lane County. Medicaid accounts for the majority of revenue for Lane County Behavioral Health and for the Community Health Centers. As such, the development of CCOs has the potential to have significant impacts on the operations and payment models for services provided by these programs. The management teams of these programs believe that their strategic initiatives are in line with the anticipated goals of the Lane County CCO, and that the CCO structure will provide opportunities for enhanced reimbursement and other support for our strategic initiatives. The CFS management team expects to be active participants in the development of the Lane County CCO's clinical initiatives and payment guidelines, and will closely monitor expected impacts on the organization.

## Community Health Centers

Community Health Centers of Lane County provides primary care at The Riverstone Clinic and Springfield High School in Springfield and Charnelton Community Clinic and Lane County Mental Health in Eugene. In addition to primary care, the health centers offer prenatal care, dental prevention, and integrated behavioral health services.

Key issues for the health center in the coming year include:

- **Patient Centered Medical Home.** The CHC continues to implement all aspects of the patient centered medical home model. The health center has achieved Tier 2 of 3, recognition by the Oregon Health Authority and the National Committee for Quality Assurance—a huge accomplishment in the process of health care transformation. Implementation of electronic health record will help with the goal to achieve Tier 3 status. Over the next few months, the Community Health Center, through Lane United Care Connect, a project of United Way 100% Access program, will add Community Health Workers (CHW). CHW programs in the Portland area and in Vermont have helped reduce cost and unplanned utilization. The goal of the program is to provide high cost; high risk and high utilizing patients with a coach/mentor who can help them navigate the health system. The project will start with 12 Community Health Workers assigned to a variety of patients throughout the county. The CHW program is part of the patient centered medical home design. As the health care transformation and the Trillium CCO take shape in Lane County, patient centered medical homes and community health workers play a central role in achieving the Triple Aim.
- **Public Health Partnership.** Historically, Public Health provides direct clinical services to patients needing immunizations, sexually transmitted disease, and tuberculosis as part of their mission to assure access to services. Over the past several months, the CHC has been working with Public Health to transition their direct clinical services to the Community Health Centers. This summer, a public health nurse will be assigned to Riverstone and Charnelton Clinics to assist with the CHC's immunization program and to provide immunizations to those patients who historically use public health for those services. The immunization program is highly complex and very time consuming. The addition of public health nurses who are experts in this area will be a tremendous asset to the CHC. Services to patients needing diagnosis and treatment of sexually transmitted disease will transition to the medical team at the CHC. Tuberculosis services will remain with public health for the foreseeable future. This partnership provides a tremendous opportunity to increase the CHC knowledge and expertise in public health matters, and ultimately strengthens the community response during disease outbreaks.

## **Developmental Disabilities**

Lane County Developmental Disabilities Services (DDS) is responsible for case management services for more than 1,800 children and adults with developmental disabilities. It is estimated that there are an additional 3000 persons in Lane County that meet eligibility criteria but do not currently receive services. In Oregon, the number of people with developmental disability-related needs such as autism and alcohol and drug-related causes is growing rapidly. There is also an increase in people needing services who have co-occurring mental health and/or corrections needs. Over the past two years there has been a significant increase in the number of children and adults with developmental disabilities requesting new services. In Lane County alone, more than 120 individuals with a documented developmental disability have entered our services during that period.

Within DDS, case management services are separated into two distinct teams. Case managers in the adult comprehensive team are charged with the ongoing responsibility of monitoring clients' services in residential sites and those who live in their family homes with in-home support plans. These residential sites include foster care, group homes and supported living. Case managers monitor the health and safety of these vulnerable individuals and ensure their individual support plans are being followed. Case managers monitor medical, financial, and behavioral supports for clients and ensure they are being addressed. Often case managers are advocates for their clients in getting their basic needs met.

The children's unit is responsible for monitoring the health and safety of children with a developmental disability who live in their family homes, foster care and other residential settings. Services for children who live in their family home focus on providing appropriate resources that support the child. Children who live in other settings are monitored by case managers to ensure they are receiving the supports outlined in their individual support plans.

DDS also includes a specialized unit that acts as the designee of the State of Oregon in conducting investigations into allegations of abuse/neglect of adult individuals who are eligible for our services. Currently, Lane County DDS has two Abuse Investigators who have typically 15 open cases between them at any given time. Each year they screen approximately 150-200 possible cases of abuse/neglect in Lane County.

### **Some highlights from our division during the last six months:**

- State Audit was completed in June of 2011 that indicated DDS is in need of new policies and procedures.
- One additional case manager was hired to decrease caseload sizes.
- All outstanding abuse investigations were completed--a significant milestone.
- Office support was added for our case management staff.
- An Independent contractor is working with DDS on compliance issues.
- DDS sponsored the first Latino Family Event for children and their families, and an ongoing Latino support group was started from this group.

## Human Services Division

The Human Services Division is implementing a new coordinated entry of services for at-risk and homeless families receiving services through the Division, supported by a federal Human Services Management Information grant and a state grant for coordinated entry to services. Staff has fully implemented the ServicePoint Human Services Management information system with partner service-providing agencies to increase the efficiency and effectiveness of network services, including additional reports that can retrieve data through the system so that duplicate data entry and reporting is reduced.

The division works to improve prosperity services for unemployed Lane County rural residents with employment and financial counseling in partnership with Goodwill Industries of Lane County. Additional efforts are underway to align services with Promised Neighborhoods and Financial Stabilization community initiatives.

Given funding reductions, work is underway to realign service goals and outcomes for contracted human and housing services. During this period, staff has improved the compliance monitoring review process for funded contracted services. And, staff is in the process of completing ARRA funded Homeless Prevention and Rapid Re-Housing rent assistance and stabilization services and a low-income weatherization grant.

Given a planned 1.5 FTE staffing reduction in the Veterans Services office, the program has implemented same day appointments to reduce the waiting time for benefit appointments. With this staff reduction, the program anticipates serving 1,400 fewer veterans, spouses and survivors with benefit appointments including reduction of 400 outreach appointments to homebound, homeless and rural veterans/survivors.

The Low-Income Energy Assistance Program has served 3,333 fewer households this winter with heating assistance due to the reduction of in federal funds. The energy program has improved efficiency through the elimination of re-filing of program and eligibility documentation and through implementation of electronic scanning.

Staff participated in the City of Eugene Council Committee on Human Service Funding to improve the stability regional services funding. Staff also participated in the City of Eugene Opportunity Taskforce on Homelessness, and will be working on the development a collaborative homeless action plan with partner local governments, clergy, businesses and non-profits.

A Sobering Community Response Taskforce was formed with representation from local governments, hospitals, university, public safety agencies, social service, emergency management, and health insurance organizations. The task force held their final meeting on April 13th, 2012 a facilitated session to discern the impacts of the closure of sobering service on July 1, 2012. Also, the taskforce reviewed a proposal for a potential future partnership approach to funding.

## LaneCare

Health care delivery transformation is occurring at a rapid pace. LaneCare staff are actively participating in community discussions about health care reform and service delivery transformation. The County contract with the State for the management of the OHP mental health benefit is expected to terminate effective August 1, 2012 with the formation of a regional Coordinated Care Organization (CCO). Beginning August 1, 2012, Lane County plans to contract with Trillium as a risk-bearing partner in the CCO with staff participation on the CCO Board of Directors and in the administrative structure of the CCO.

By contract, LaneCare will continue to manage the behavioral health system for the CCO. This will include the staff functions for Exceptional Needs Care Coordination, authorization and utilization management, customer service, provider relations, quality assurance, and medical director oversight. The CCO will complete all provider contracts.

The process of transformation is moving quickly. The application for the CCO was submitted to the State on April 30. The financial proposal is due May 14. The selection of contractors may be completed by May 28 with contracts completed by June 29. The initiation of the CCO is scheduled for August 1, 2012.

The state budget includes a 20% reduction in funds for OHP budgeted for October 1, 2012 (\$50,000,000 in Lane County). Negotiations between the state and federal government resulted in agreement for some additional federal funds to provide transitional supports for the transformation of the Medicaid system. These ongoing negotiations will also define administrative and operational flexibilities associated with the CCO and the global budgeting process that may result in administrative reductions and more flexible service and payment opportunities.

The challenge of meeting the Triple Aim by transforming the health delivery system to promote better health with better care, while reducing costs, is still to be overcome. The role of the County and behavioral health providers in achieving better care and improved health outcomes is clear: support prevention, improve care coordination for at-risk members, and support service linkages for individuals whose health problems are related to socially determined causes. Rapid access to appropriate treatment is essential. Developing lower cost community support and health promotion specialists will reduce higher cost medical care.

## Public Health

Public Health staff have experienced several transitions in the past six months as the division seeks to continually prioritize population based health work, while also streamlining and integrating services. For the Communicable Disease (CD) program, staff has worked with the staff of Community Health Centers (CHC) of Lane County to transition the delivery of some clinical services and staffing. This integration process has involved the STD and Immunization services. Staff has focused on ways to optimize the expertise of the CHC staff with billing and provider availability while also supporting Public Health's disease prevention, investigation and reporting responsibilities.

Due to the economic conditions in the county, the WIC program is receiving continual calls for assistance. Currently, 47% of all pregnant women in Lane County are participating in the WIC program, which indicates the broad impact the program has on prenatal health and birth outcomes. These services are a critical part of public health efforts to reduce Lane County's rate of fetal/infant mortality. WIC applied for and received funding for a Special Breastfeeding Project, working with our Chronic Disease Prevention program to provide extra support to WIC mothers through consultations, issuance of breast pumps and telephone support. Smoking cessation interventions continue to be provided in WIC appointments for pregnant women and postpartum women who smoked during pregnancy or are currently smoking.

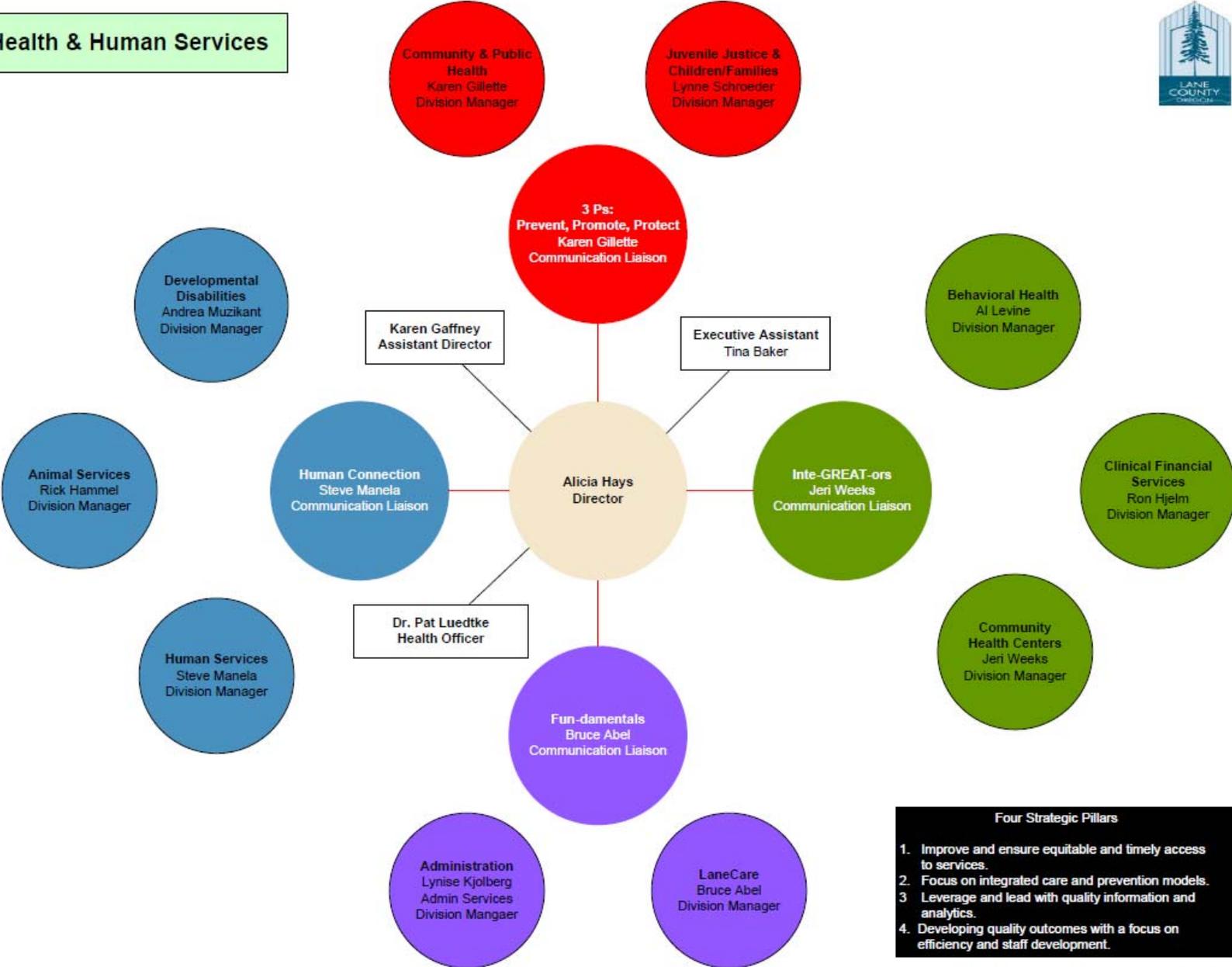
As Health Care Transformation continues to move forward, Public Health's role with the CCO is critical to achieving the goal of improved population health. Specific opportunities in the first year involve collaboration on increasing the child immunization rates, maternal and child health efforts, and decreasing tobacco use. In Lane County the childhood immunization rates have decreased for the last 12 years, and as a result Lane County is at risk of major disease outbreaks such as the outbreaks of measles and whooping cough in California and Washington in the last 24 months (affecting more than 1,000 people, killing and hospitalizing many).

Public Health Preparedness staff have been involved in the pre-planning for the Olympic Trials to be held in Eugene June 21-July 1, 2012. Public Health's participation in this extensive planning and preparation is critical to the success of the health and safety of the community and the thousands of visitors coming into our county.

The Chronic Disease Prevention team has completed the 3-year Community Action Plan required under our CDC-funded chronic disease prevention policy grant. The community decided to focus the collaborative work over the next three years on: supporting interested local government entities in their efforts to create tobacco-free worksite campus policies; supporting interested local park districts in their efforts to create tobacco-free parks policies; and supporting interested large local employers in creating healthy worksite food policies.

Using the National Association of City and County Health Officials' Mobilizing for Action through Planning and Partnerships (MAPP) tool, Public Health staff are in the process of conducting a comprehensive Community Health Assessment. Once the assessment is complete, an associated Community Health Improvement Plan will be developed in collaboration with community partners and then proceed to collaboratively implement that plan. Once the plan is completed the Division's Strategic Plan will be updated. These processes are part of the prerequisites for local public health accreditation. Under new IRS guidelines, nonprofit hospitals are required to conduct processes with local public health authorities every three years to guide their Community Benefit resource decisions, and state CCOs are also required to have an assessment and plan. Public Health and PeaceHealth have decided to conduct these parallel processes together, along with the Trillium CCO.

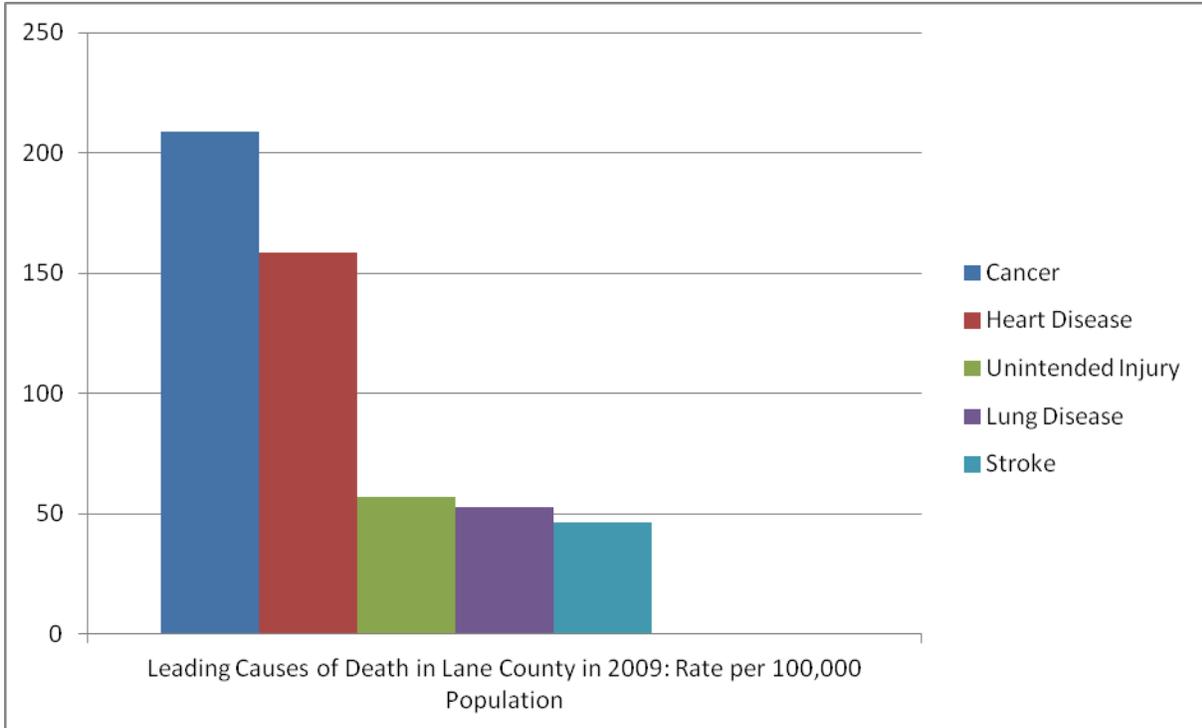
**Health & Human Services**



- Four Strategic Pillars**
1. Improve and ensure equitable and timely access to services.
  2. Focus on integrated care and prevention models.
  3. Leverage and lead with quality information and analytics.
  4. Developing quality outcomes with a focus on efficiency and staff development.

# Health Indicators for the Board of Health Report

## Leading Causes of Death in Lane County 2009



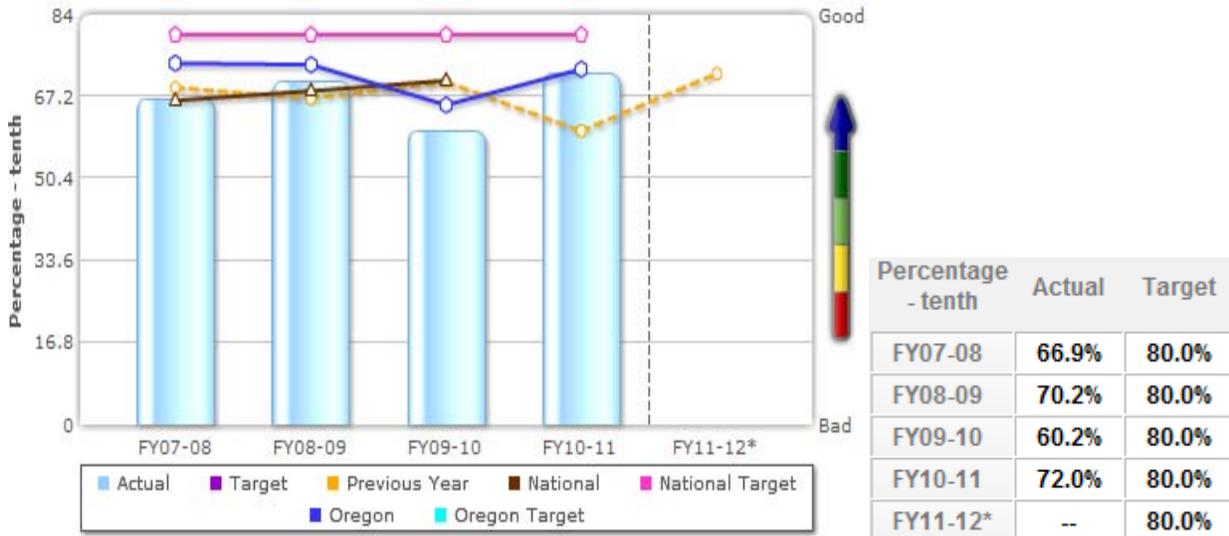
<b>Leading Causes of Death in Lane County in 2009: Rate per 100,000 Population</b>	
Cancer	208.83
Heart Disease	158.69
Unintended Injury	57.26
Lung Disease	52.70
Stroke	46.44

## Health Indicators

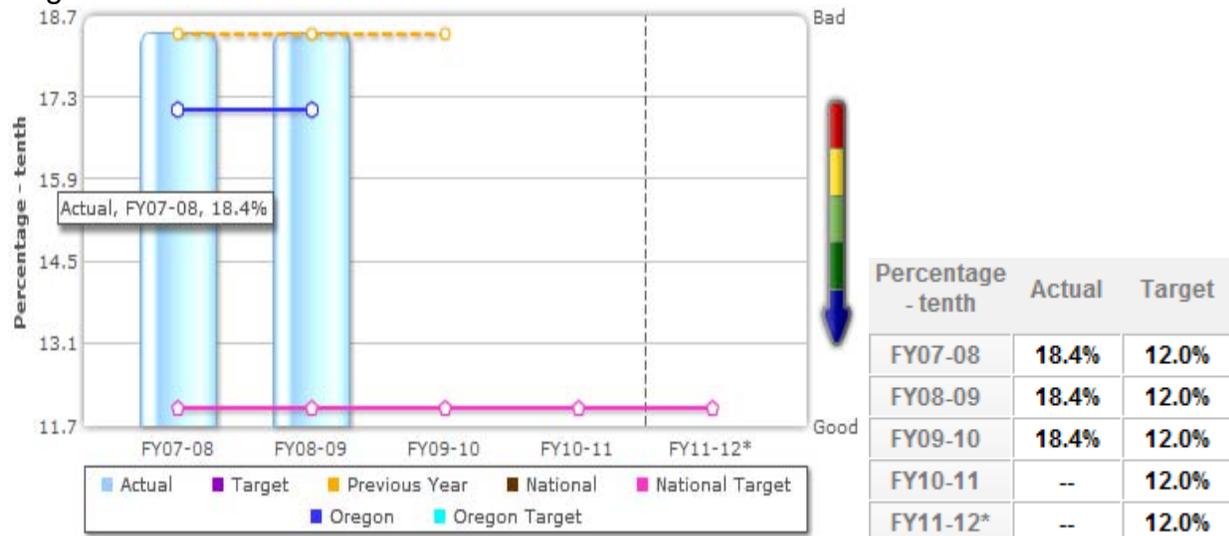
**Indicator 1:** Immunization rates for Lane County 2-year-olds receiving a full series of recommended vaccines. Source: Oregon Immunization Surveillance and Evaluation Report.

<http://public.health.oregon.gov/PreventionWellness/VaccinesImmunization/Pages/research.aspx>

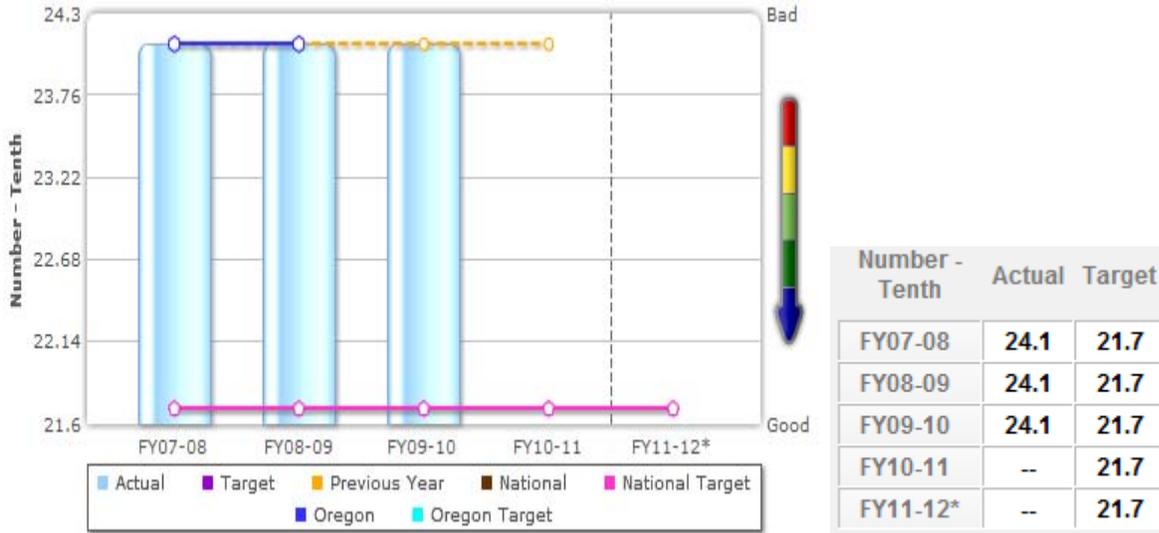
The national Health People 2020 target is that 80% of two year olds receive the full series of recommended vaccines.



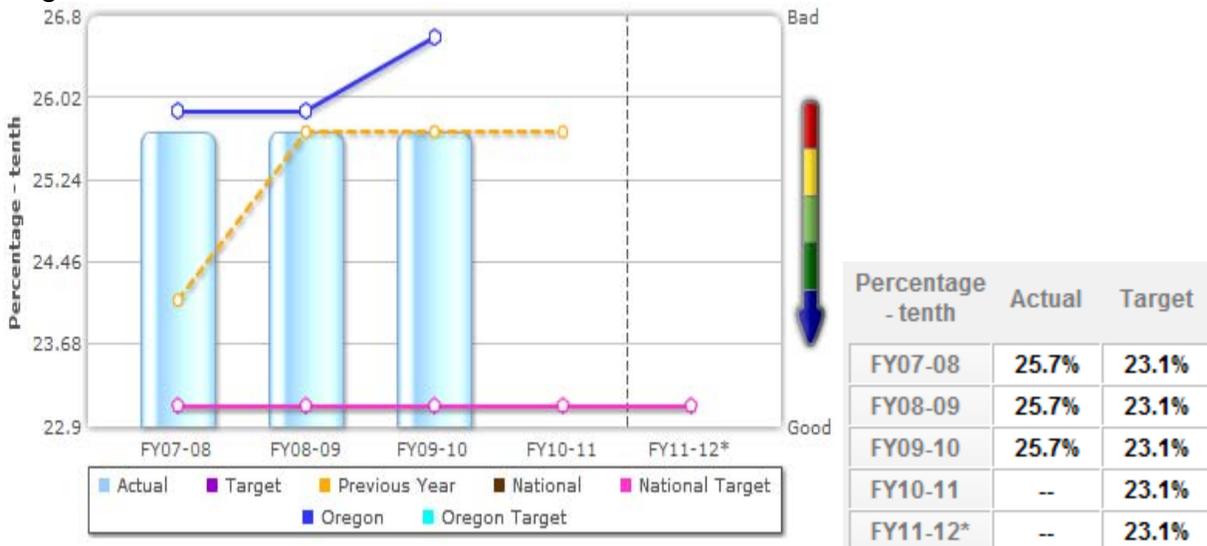
**Indicator 2:** The percentage of adults in Lane County who smoke. Source: Oregon Behavioral Risk Factors Survey (BRFSS). County data are compiled on a three year average in order to obtain an adequate sample size. The national Healthy People 2020 target is 12%.



**Indicator 3:** The percentage of adults in Lane County who are obese (have a body mass index of 30 or higher). Source: Behavioral Risk Factors Surveillance Survey (BRFSS). County data are compiled on a three year average in order to obtain an adequate sample size. The national Healthy People 2020 target is a 10% reduction to 21.7%



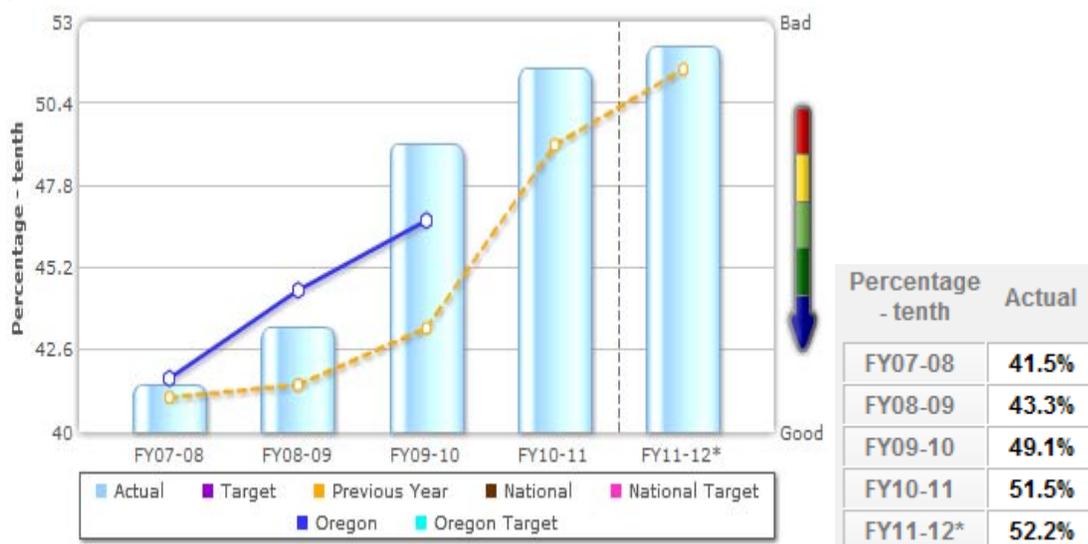
**Indicator 4:** The percentage of children in 8<sup>th</sup> grade who are overweight or obese. Source: Oregon Healthy Teens Survey. County data are compiled on a three year average in order to obtain an adequate sample size. The national Healthy People 2020 target is a 10% reduction to 23.1.



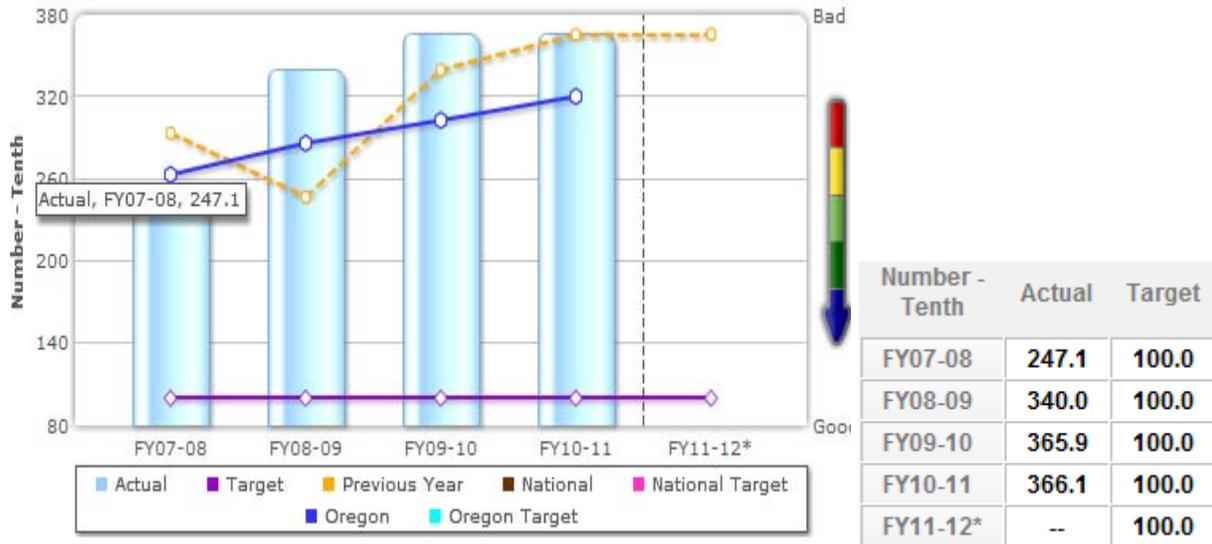
**Indicator 5:** The percentage of pregnant women in Lane County who receive prenatal care in the first trimester. Source: Oregon Department of Human Services. The national Healthy People 2020 target is 77.9%. The Lane County target is 80%.



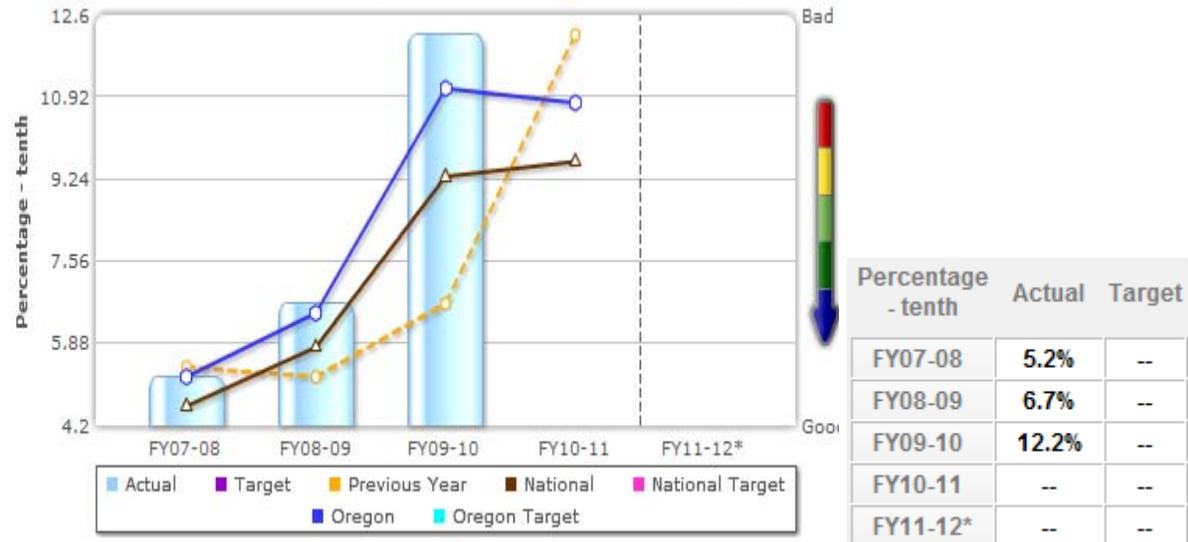
**Indicator 6:** The percentage of students in Lane County who are eligible for free or reduced cost school lunch. This measure is an indicator of poverty. Source of county data: Oregon Department of Education, School Finance and Data Analysis <http://www.ode.state.or.us/sfda/reports/r0061Select.asp> . Source of state data: IndicatorsNorthwest.org <http://www.indicatorsnorthwest.org/DrawRegion.aspx?RegionID=41000&IndicatorID=24>



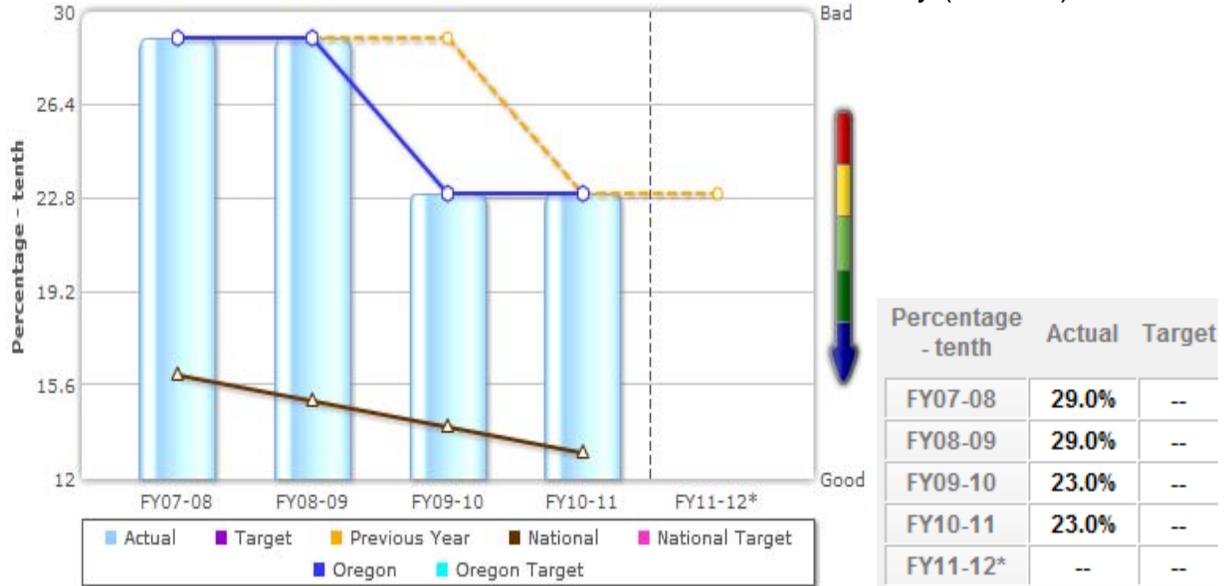
**Indicator 7:** The incidence of new Chlamydia infections in Lane County. Incidence is measured per 100,000 people. Source: Oregon Health Authority, Oregon STD Statistics.



**Indicator 8:** The unemployment rate in Lane County. Source: Bureau of labor Statistics.



**Indicator 9:** The percentage of 8<sup>th</sup> graders who report drinking alcohol in the last 30 days. Source for combined 2007 and 2008 Oregon data: Oregon Healthy Teens Survey. Source for combined 2009 and 2010 Oregon data: Oregon Student Wellness Survey. Source for national data: Youth Risk Behavior Surveillance Survey (YRBSS).



**Indicator 10:** The percentage of 8<sup>th</sup> graders who report binge drinking (five or more drinks in one session) in the last 30 days. Source for combined 2007 and 2008 Oregon data: Oregon Healthy Teens Survey. Source for combined 2009 and 2010 Oregon data: Oregon Student Wellness Survey. Source for national data: Youth Risk Behavior Surveillance Survey (YRBSS).

