

## Agenda Cover Memo



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AGENDA DATE: May 10, 2016

TO: Board of County Commissioners

FROM: Karen Gaffney, Assistant Director and Public Health Administrator  
Department of Health & Human Services

DEPARTMENT: Health & Human Services

DESCRIPTION: SEMI-ANNUAL BOARD OF HEALTH REPORT

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This report to the Board of Health includes a discussion of several key issues related to Health & Human Services and the health of the community, followed by brief updates from each of the Department's nine divisions, and a report on leading causes of death and some key health indicators in Lane County. The 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.

### **Progress on Updating the Community Health Needs Assessment (CHNA) and Community Health Improvement Plan (CHIP):**

The community work to update the Community Health Needs Assessment and Community Health Improvement Plan continues to progress. The Steering Committee is completing work on identifying the final strategies that will be included, based on the community input session that identified two priority strategic issues: 1) Social and Economic Opportunities, and 2) Healthy Behaviors. The final strategies are likely to include recommendations focused on the social/economic environment; the built environment; policy and governance; long-lasting interventions; and clinical/education areas. After the final strategies are selected, the Steering Committee will identify objectives and then the plan will be submitted to key organizations for approval late spring or early summer, with implementation ready to kick-off by early fall.

### **Update on Tobacco Policy Work:**

On March 1, 2016, the Board of Commissioners received an update on four specific topics related to tobacco prevention in the community: increasing the legal age of tobacco to 21; adopting tobacco retail licensing countywide; tobacco-free parks; and a tobacco-free campus policy. Staff are moving forward based on the Board discussion, and anticipate a presentation and discussion on some of these issues at a June 7, 2016 Board of Health meeting.

While there was significant discussion of tobacco retail licensing in the 2016 Oregon Legislative Session, ultimately the legislature did not vote on a final bill that would adopt a statewide policy. Based on prior Board direction, staff continue to work with local jurisdictions to encourage adoption of local tobacco retail licensing programs. In cities where there are pre-existing tobacco retail licensing programs, staff are working with the city staff to identify opportunities to strengthen those policies based on the work of the Board of Health.

## **Public Health Advisory Committee Recommendations on Ambulance Service Area (ASA) Plan:**

In its role as the Ambulance Service Area (ASA) Committee, the Public Health Advisory included in its workplan for 2016 a review of the current Lane County ASA Plan contained in Lane Code Chapter 18. The committee invited all of the current ASA providers to a kick-off work session in February to identify areas of the plan that might be improved, and continues to work with stakeholders on recommendations for revisions to the code. A primary goal of the ASA Plan review is to clarify some language that has been confusing in the past, to explore the best way to address response time zones, and to update some language related to the quality assurance function. The committee hopes to have proposed language for the BCC to consider in a first reading in June or July.

## **Health Indicator Data:**

Each year staff compile data on a series of health indicators, and that most recent report is included as an attachment, including a description of the indicator and a brief analysis of the data. In a couple of cases the data collection process has changed at the state level which is noted in those sections. Staff will be available to discuss these indicators and answer questions from the Board.

## **Administration**

Administration is a division that provides administrative support to eight direct service divisions within Health & Human Services. This division includes: Fiscal Services, Contracts & Planning, Analytics, Public Information, and Recruitment & Hiring.

Both the fiscal and contracts team are completing work in preparation for FY16/17. Staff in fiscal have worked with the Health & Human Services division managers to create and submit the FY16/17 budget along with completing the initial work for the Public Health Modernization assessment. Contracting staff are preparing to start the selection process for FY16/17 services. The division is also continuing to review and update department policies and Lane Manual.

The department is continuing to see a great return of effort as a result of the position devoted to resource development. The recent grant awards for Jail Diversion and Crisis Services brings the total grants awarded for FY15/16 above \$1.6 million. Some of these grants have the option to reapply for additional years.

The analytics team continues to assist Lane County Behavior Health (LCBH) in its transformation process which includes the expansion of the integration of Primary Care services at Behavioral Health.

In the last year, Health & Human Services has had three times the amount of media placements and appearances than any year to date – well over 3,000. This means on average, the work of the department is being talked about by some form of news media approximately ten times per day, each and every day of 2015.

## **Behavioral Health**

Lane County Behavioral Health (LCBH) continues to focus its resources and clinical efforts on serving individuals with complex behavioral health challenges. This includes access to care, corrections system interventions, strategic planning, quality improvement/assurance (QI/QA), and integration of behavioral health and primary care.

In 2015, LCBH provided over 31,000 services and served an average of 850 unique clients each month. LCBH admitted 656 clients and discharged 650. In order to increase access to services, LCBH hired 33 new staff.

**Adult Services:** The adult program continues to transform care delivery. The Access Team is fully operational and provides comprehensive screening, intake, and referral services. This team utilizes evidenced-based screening instruments to ensure accurate diagnostics and team assignment. The Jail Intercept program is thriving and continues to grow in scope and depth. The adult program is focused on building team-based care across the clinic.

**Child and Adolescent Program (CAP):** The School Based Health Center programs provide high quality care in area high schools. CAP is working on integration with the Community Health Centers (CHC) and continues to provide screening/assessments at the CHC. The CAP team is developing a process to provide clinical services to individuals at Youth Services.

**Licensed Behavioral Health Medical Providers & Nursing Services:** This team provided over 8,000 services to clients in 2015 and continued to provide services integrated with primary care. The team provided ongoing consultation to primary care physicians, updated and revised policies specific to psychiatric services, and continued collaboration with the tele-psychiatry roll out and implementation.

**Behavioral Health & Primary Care Integration:** In January 2016, LCBH transitioned to using the NextGen electronic medical record. This was done primarily to create an integrated medical record with the CHC. This technological change enables coordination of care, increased safety, and further integration. In April 2016, the primary care clinic at LCBH will triple its primary care resources. This will enable all LCBH adult clients, if they choose, to have both their primary care and behavioral health care in one location.

**Quality Improvement/Assurance:** LCBH redesigned the QI/QA system and designated a Clinical Director and Quality Coordinator from existing staff. The QI/QA leadership formed a new and dynamic QI/QA committee that is working actively on improvement and assurance projects. They completed their 2016 annual QI/QA plan and are actively working on goals. Additionally, LCBH created a small Behavioral Health Analytics team to improve data, informatics, and analysis at the clinic.

**Site Review:** The Health Systems Division (HSD) just completed their site review of LCBH. The review went very well and the auditors praised the clinic for their strengths and hard work over the past couple years. They had basic findings related to the health record system. LCBH plans to remedy those findings quickly.

**Continued Strategic Priorities:** Submit grant funding to expand services, continue transformation project, work on strategic plan, expand access to prescribers, expand access to CAP, continue NextGen implementation, continue primary care integration, apply for co-occurring treatment license, continue stabilizing budget, and continue hiring staff to increase access to care.

## Clinical Financial Services

Clinical Financial Services (CFS) provides financial and clinical solutions support services to the Community Health Centers (CHC) and Lane County Behavioral Health (LCBH) operating units. These services include ensuring accurate and timely insurance billing and collections, accounts receivable management, payments for services rendered, and clinical software support.

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

- **NextGen Implementation at LCBH**

In order to provide better coordinated care for patients and clients, LCBH moved off LC Cares, their legacy Employee Health Record (EHR) and Practice Management (PM) systems, and started using NextGen, the EHR and PM systems used by the CHC. Although the transition occurred in January 2016, work continues on the implementation. Focus can begin on better coordination of care now that medical and mental health professionals can share the same database.

- **Consolidation of Billing Operations**

Now that LCBH is using NextGen, CFS has begun to consolidate workflows into one seamless process. This will entail merging staff of the CHC and LCBH billing teams under one supervisor.

- **Management Analyst Vacancy**

CFS experienced the recent retirement of a very valuable, long-time employee under the Voluntary Separation Incentive Program. CFS has met with LCBH and CHC management to determine the future needs and expectations of their divisions, and the qualification requirements they need from the position. At this time, CFS plans on posting for a Management Analyst in June of 2016.

- **Human Resources and Services Administration (HRSA) Site Visit**

The HRSA site visit occurred in February of 2016. They found CFS needs to expand the sliding fee discount schedule policy at LCBH to be in line with regulations. CFS staff will be working with LCBH over the next few months to determine an appropriate slide, modify operating procedures, inform clients, and implement the policy.

- **Clinical Solutions Team**

The Clinical Solutions Team (CST) is working with both the CHC and LCBH to implement and improve functional use of tele-psychiatry equipment recently purchased with a grant from the HRSA. The equipment allows up to four sites to communicate electronically via video and can be used for both curbside consultations and direct patient care. The CST is also working to implement a new NextGen tool called "NextPen". NextPen is a digital writing utensil that creates structured EHR data directly from pen and paper without scanning or transcription. The tool will automatically populate charts with intake data and provider notes, thus creating efficiencies in EHR management and improved patient care.

- **Fiscal Accountability**

CFS continues to work closely with the CHC and LCBH division managers to develop and provide operational financial reports and related statistical productivity analytics to provide accurate and timely information on program performance to assist them in their decisions.

## **Community Health Centers**

Community Health Centers (CHC) of Lane County provides primary care at six locations in the Eugene/Springfield area. In addition to primary care, the CHC offers prenatal care, dental prevention services, and integrated behavioral health services. CHC provides care to the uninsured and underinsured members of our community. Part of CHC's core mission is to serve homeless members of our community.

In 2015, the CHC provided the following:

- Primary Medical Care: 45,147 visits to 15,139 individuals
- Preventative Dental Care: 16,005 to 10,762 children and adolescents
- Number of Homeless Served: 2,730 individuals

Key issues for the CHC in the coming year include:

### **Increasing Access to Care**

In addition to opening the new Delta Oaks Clinic in November 2015, the CHC has successfully recruited a number of new primary care providers and behavioral health providers to our community. The CHC is now concentrating on expanding access to care for current and for new patients. To this end, the CHC is:

- Adding new providers to schedules.
- Expanding hours of operation to include extended hours/appointments at each of the main clinic locations.
- Leveraging workforce expertise by adding more nurse visits and shared medical visits.

### **Continued Focus on Clinical Improvement**

The CHC has a robust quality improvement process and strives to make continuous improvements on key clinical indicators of individual and community health. Areas of focus include the following:

- Tobacco cessation
- Screening and follow-up for Adverse Childhood events (ACEs), depression, and substance abuse
- Child and adolescent care including developmental screening, immunization rates, and adolescent physical exams
- Adult chronic disease management in the areas of hypertension, diabetes, and cancer

### **Focus on Efficiency Improvements**

The CHC is working on standardizing and streamlining key processes throughout its organization. This standardization improves efficiency in staff workflows, while also often improves clinical outcomes.

## **Developmental Disabilities Services**

Lane County Developmental Disabilities Services (DDS) is responsible for case management services for over 1,600 children and adults with intellectual and developmental disabilities living in Lane County. Lane County is the second largest county community developmental disabilities program in the state.

Within the division, case management services are separated into three distinct teams, older adult, high school transition, and children's services. Services Coordinators on the older adult team (ages 25 and over) are charged with the ongoing responsibility of monitoring clients' services in residential sites (foster care, group homes, and supported living) and those who live in their family homes with in-home support plans. Services Coordinators monitor the health and safety of these vulnerable individuals and ensure their individual support plans are being followed.

The high school transition team was created in January 2016, and provides case management services for children and young adults ages 16-24. This team focuses on case management of transition from high school to post-secondary opportunities and employment services. They are responsible for monitoring health and safety, and ensuring that individuals are supported to meet their individualized support needs in order to be productive citizens of Lane County.

The children's unit (ages birth - 15) is responsible for monitoring the health and safety of children with an intellectual and/or developmental disability who live in their family homes, foster care homes and other group home settings. Services for children who live in their family home focus on providing appropriate resources that support the child in their family home. The children's team is now specializing in early childhood and school-age age groups.

Lane County DDS is responsible for many other duties including intake and eligibility determinations for every applicant interested in accessing services. DDS also includes a specialized team 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 DDS services. DDS is also the designee of the state for licensure of both adult and children foster care homes.

### **Current highlights:**

- Preparing for the upcoming state audit slated for August of 2016. DDS is currently updating all process maps and policies in order to get in line with all the new Oregon Administrative Rules (OARs). Other strategies that have been implemented in order to get ready for the audit include, file reviews, file remediation, analyzing data, participation in state audit stakeholders group, and additional training for all staff.
- Implementation of the new electronic health record (EHR) – CaseWorthy. CaseWorthy is a much more robust and efficient tool for accessing information for the individuals we serve as well as for billing purposes. The new EHR will allow for better data tracking and quality assurance reporting. Caseworthy is slated to Go-Live in November 2016.
- The DDS management team has developed and unveiled a new mission and values statement and is currently working on a strategic plan which includes shared vision goals in the areas of communication, collaboration, efficiency, quality, technology, staff development, budget health, and staff contentment. The DDS strategic plan will align with both the H&HS strategic plan and the county strategic plan.

## Human Services Division

**Energy Program** is strong and stable, but is experiencing some funding reductions. As of March 2016, Lane County has received \$1,970,000 in federal Low Income Home Energy Assistance Program (LIHEAP) funding, compared to \$2,500,000 received last year. Nationally, LIHEAP funding has been on a slow but steady decline since it peaked in 2010. The EWEB Customer Care energy assistance program has benefited from additional program allocations the past several years, but in 2016 has returned to its base funding level. The energy conservation and bill payment management programs continue to produce strong results. With seven years of impact analysis completed, the Energy Program sees consistent patterns of reduced energy usage and improved bill payment behavior in program participants. The Human Services Division's (HSD) Low Income Weatherization Services program, operated by Housing & Community Services Agency (HACSA), is on track to complete 125 weatherization jobs this year.

**Family Mediation's** (FM) primary focus is to provide services to families experiencing upheavals relating to separation and divorce. Over the course of the upcoming fiscal year, FM will provide parent education and mediation orientation to 1,600 parents, direct domestic relations mediation services to 700 parents, and supervised visitation services to more than 30 families. Through funding from Trillium, FM will provide Family Check-Up services to over 230 youth and their parents. Through a partnership with Youth Services, FM will provide restorative justice diversion services to 20 Springfield youth and to those directly impacted by their behaviors. The Adverse Childhood Experiences (ACEs) program presented to community organizations and expanded educational materials and activities. ACEs also launched a media campaign.

**Housing and Human Services:** The Poverty and Homeless Board (PHB) is finalizing its 5-year strategic plan identifying three areas of focus: Increasing availability and access to coordinated, supportive housing, shelter, and services; Preventing homelessness and poverty; Informing and enhancing public awareness and advocacy efforts. The PHB has developed homeless winter strategies including a dusk to dawn camping program, increased car camping spots and additional family shelter options. A Facilities Committee is working on a project to develop 100 Housing First units for chronically homeless single adults. The PHB Ending Veteran's Homelessness Committee staffed by HSD exceeded the goal of Operation 365, and housed 404 veterans households. A HUD Continuum of Care (CoC) grant was awarded in the amount of \$2,070,484.

**Veterans Services:** In the first two quarters of the current fiscal year, clients of the Veterans Services program have received 447 decisions from the Veterans Administration establishing eligibility for benefits (out of a total of 650 decisions for a success rate of 68.7%). These awards have resulted in over \$330,000 of new federal benefits being received by Lane County veterans and their survivors on a monthly basis. Also, these decisions have resulted in over \$3.3 million one-time retroactive benefits paid to Veterans Services clients. Over this same time period Veterans Services has met with 1,985 clients during Veterans Services open access office hours and 405 clients through outreach efforts. These are increases of 9% and 10%, respectively, over the same period from last fiscal year.

**Workforce Services (WS):** In the first six months of this fiscal year, 46 people were placed with employers with the On-the-Job Training (OJT) program. 96% of them were still working 90 days later. 81% earned \$12 per hour or more; 63% earned \$15 per hour or more; and 19% earned \$20 per hour or more. WS started working with seven new businesses. 26 Training Scholarships were awarded. An average of 50 people a month were placed in Voluntary Work Experience placements. An average of 314 people a month were participating in Job Search services. An average of 34 people a month were in paid internships in the JOBS Plus program. A total of 393 Lane County residents were placed into employment with the assistance of HSD Employment Specialists during this time.

## Public Health

Across the state, health departments are engaged in efforts to [modernize the public health system](#) – efforts that parallel and support the ongoing work of health care transformation in Oregon. For years, public health has been operating within an outdated system to manage communicable diseases, such as tuberculosis and pertussis, while also working to prevent the conditions and diseases that are today the biggest threats to community health, such as tobacco use and Type II diabetes. House Bill 3100, passed in 2015, lays out a path to modernize the state’s public health system so it can more proactively meet the needs of Oregonians. The most recent advance along that path was a comprehensive assessment of the extent to which state and local public health departments currently provide the foundational capabilities and programs outlined in Oregon’s Public Health Modernization Manual. Results will be compiled and a report made to the legislature by June 2016. HB 3100 calls for full implementation of the foundational capabilities and programs in all local jurisdictions by 2023.

Lane County Public Health (LCPH) is preparing to apply for [national accreditation](#) by establishing a culture of continuous quality improvement and completing the necessary prerequisites. The national Public Health Accreditation Board (PHAB) was launched in 2007 because of the desire to improve service, value, and accountability to stakeholders. Oregon’s Public Health Modernization Manual is based largely on the standards developed by PHAB, and thus accreditation efforts will also support achievement of the goals of modernization.

Recent highlights in LCPH include:

- [The Live Healthy Lane Project](#): Over two thousand Lane County residents and dozens of organizations have contributed over the past few months to the new Community Health Assessment and Improvement Plan (CHA/CHIP), conducted in partnership with United Way, PeaceHealth, and Trillium. The CHA will be complete in the next month and the CHIP soon after.
- *Expanding the Tobacco Retailers’ Licensing (TRL) program*: Cottage Grove was the first city to adopt a TRL ordinance that mirrors the county’s, and staff are working closely with other cities, such as Veneta and Creswell, to support adoption. Environmental Health staff are monitoring compliance.
- *Technological innovations*: Environmental Health is leading the state’s transition to an online licensing and inspection program. WIC staff are converting to eWIC - benefits are being issued via EBT cards, which provide greater security and convenience for families and retailers.
- *Stabilizing, expanding and improving services*: LCPH hired a Maternal and Child Health (MCH) supervisor, Kevin Burns, who has a long history in our community and brings expertise in infant and child mental health to the team. The referral rates for the MCH programs continue to be high and new nursing staff are expanding their clinical skills with continuous assessment and reflective practice to meet the needs of their clients. WIC is poised to begin offering appointments for Springfield residents at the Riverstone Clinic, in the spirit of meeting people where they live and advancing integration between public health and primary care. Finally, LCPH is piloting a new approach to the investigation of gastrointestinal illnesses in the community. The Epidemiological Team approach (*Epi Team*) is modeled on methods developed by the North Carolina Institute for Public Health with support from the Centers for Disease Control and Prevention. The teams include staff from Communicable Disease and Environmental Health with support from the Health Officer and Preparedness Coordinator. The pilot was launched late last year and has strengthened LCPH’s response to gastrointestinal outbreaks. LCPH tested the protocol during an Emergency Preparedness Tabletop exercise on February 29, 2016. The tabletop was an opportunity for those newly assigned to Epi Team roles to gain a greater understanding of the model’s structure and specific responsibilities during a communicable disease outbreak. Because of the success of this new approach, LCPH will expand the use of Epi Teams to respond to all communicable disease outbreaks in the county.

## **Trillium Behavioral Health**

Lane County contracts with Trillium Community Health Plan (Centene) as a risk-bearing partner in the Coordinated Care Organization (CCO). Agate has now been purchased by Centene, a Fortune 500 corporation. Lane County Health & Human Services expects the contract for Trillium Behavioral Health (TBH) to continue to manage the behavioral health system for Centene and to remain as essential members of Trillium committees and the CCO management team.

Staff are working with Trillium and Centene to adapt the role of the County in managing the behavioral health benefit for the CCO. In all meetings where the transition is being discussed, Centene employees speak extremely positively about the role and performance of TBH in the management of the Oregon Health Plan (OHP) benefit and are adapting their systems to incorporate existing Trillium Behavioral Health prior authorization and utilization management approaches.

TBH Behavioral Health Care Coordinator's (BHCC) role is changing with implementation changes associated with the Centene purchase, integration with CCO medical management staff, implementation of NCQA procedural changes, and the reality of a larger member pool. Additional Care Coordination positions have been created, although recruitment remains a challenge within the program, currently having two vacant positions. There is an increased need for documentation of member interactions, developing policies and procedures, and modifying workflows. This will result in organizational design changes in the second half of 2016. Four new positions have been created to employ Community Service Workers as team members to support Care Coordinators.

Centene is also finalizing the purchase of HealthNet, a large insurance plan with many members on the west coast. When this purchase closes, it is likely that Trillium Medicare products will expand to include up to 11,000 new Medicare members in Lane County and may incorporate an additional 50,000 members statewide. If TBH participates in the oversight of behavioral health services for these new Medicare members, as planned, this will require significant planning and expansion of staff.

The county received state funding for two care coordination specialists to work with older adults with behavioral health concerns. These positions were assigned to TBH and have been filled. TBH has developed and is implementing a strategic plan for engaging system service providers to develop a more coordinated and efficient behavioral health delivery system for older adults.

TBH staff is actively leading the community effort to transform the delivery model and integrate physical and behavioral health. The TBH medical director is providing significant support to the eight funded projects, has created an active learning community, and is addressing alternative payment approaches.

## **Youth Services**

### **Administration**

The primary change in Youth Services (YS) Administration is with the retirement of Al Levine, Division Manager, and John Aarons, Manager. Nathaline Frener will be the new Youth Services Division Manager effective April 4, 2016. John Aarons will continue to support Youth Services through May of 2016, and will assist Nathaline in settling into her new role. During this past reporting period, Youth Services staff helped train Lane County Parole & Probation in the use of Effective Practices In Community Supervision (EPICS– an Evidence-Based Best Practice developed by University of Cincinnati Corrections Institute). Youth Services has adopted the EPICS approach to supervising youth and has been training all staff who work directly with youth in this approach. The Shelter and Assessment Center, that start-up funding was secured for during the last Legislative session, is anticipated to be fully open by June 1, 2016, and YS may begin accepting referrals as soon as May 1, 2016. This will be a partnership with the Department of Human Services (DHS) and Looking Glass.

### **Phoenix Residential Treatment Program**

The Phoenix program worked to change its level system, moving from seven levels that youth had to work through. Many youth had difficulty completing all seven levels prior to exhausting their time in the program, which was designed to be a 4-6 month stay. The work they need to complete is somewhat intensified, but is based on EPICS principles. The intent is that youth complete all 4 levels prior to reaching the end of their time in the program, and have a successful program graduation. This past reporting period, youth in YS care and custody (Detention and Phoenix) have benefitted from dental clinic services provided on site by WhiteBird, who provides a dentist at YS alternating weeks as well as a number of hygienists that come weekly to conduct exams, clean teeth, and provide instruction on oral hygiene. They also diagnose more serious dental problems that can then be addressed by the on-site dentist or with appointments at WhiteBird's Dental Clinic.

### **Educating Adjudicated Youth on the Serbu Campus**

This last reporting period, YS finally achieved the goal of having a single education provider (Lane ESD) providing education to youth in Detention, the Phoenix Residential Treatment Program, and the MLK Education Center (MLK), which is the community-based alternative education program. MLK offers wraparound services and supports to youth who have experienced multiple interruptions in traditional school placements. MLK strives to provide opportunities for youth to develop skills needed to be successful in school, work and the community. MLK focusses on job skills education and offers onsite vocational programs in horticulture and culinary arts.

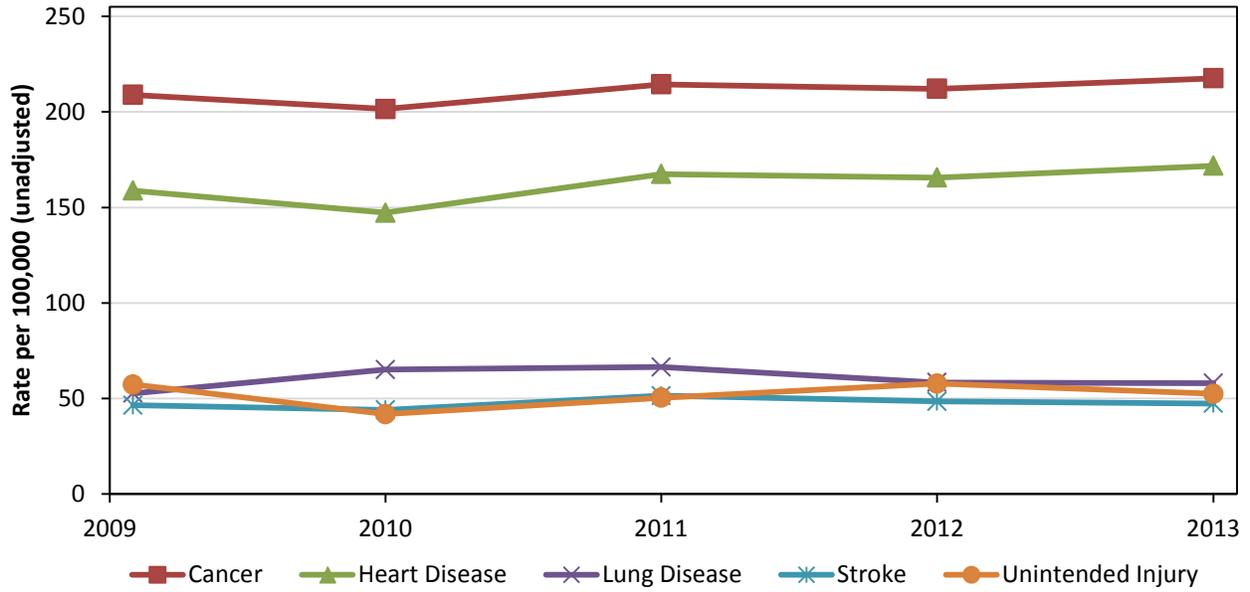
### **Supervision**

Community Supervision continues to work with youthful offenders who are living in the community. These youth represent a range of risk levels, and interventions range from formal involvement through Circuit Court to informal agreements. These agreements, as well as formal probation, highlight accountability, community restoration and skill development towards helping the youth achieve success and lead a crime-free life. Employing EPICS, the Juvenile Counselor uses a cognitive behavioral skills training approach that is an evidence-based best practice.

### **Detention**

Detention has begun to implement a Probation Violation program which involves close collaboration between the detention group worker and the juvenile counselor to develop individualized short-term cognitive behavioral interventions based on the youth's criminogenic factors. Skills groups are also being implemented focused on improving social skills, problem solving, moral and critical reasoning, self-control, impulsivity and self-efficacy. Also, Detention now has a permanent supervisor after years of filling in with interim supervision.

## Leading Causes of Death in Lane County, Oregon

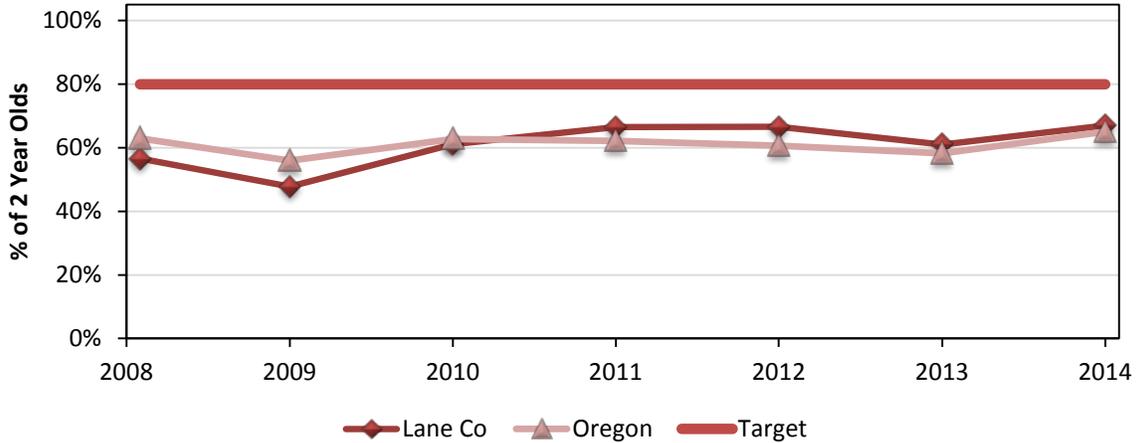


Source: Oregon Death Certificates

## Health Indicators

**Indicator 1: Immunization rates for Lane County 2-year-olds receiving a full series of recommended vaccines.** The national Healthy People 2020 target is that 80% of two year olds receive the full series of recommended vaccines. Lane County's vaccination rates are similar to national and Oregon state rates and well below the national target. With recent changes in vaccine exemption laws rates have begun to rise.

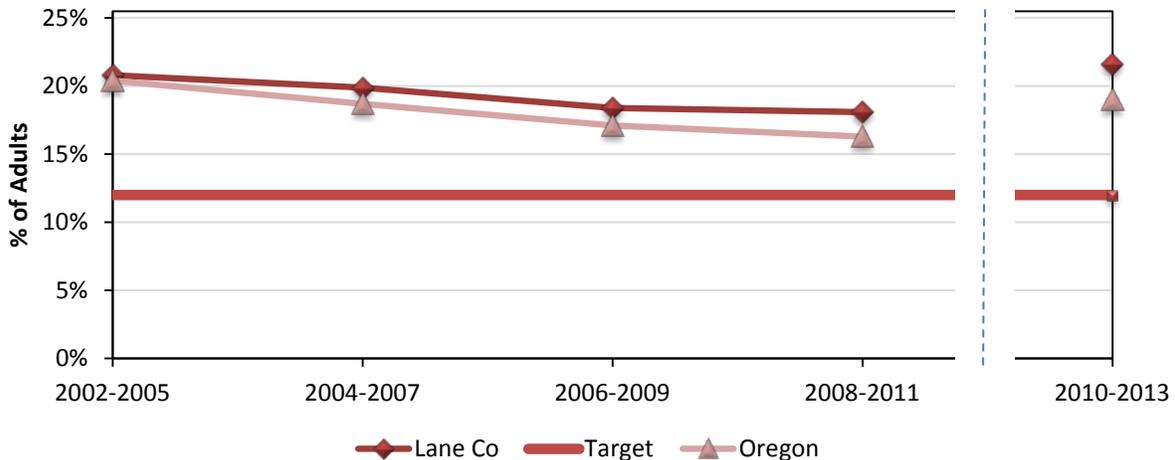
**Percentage of 2-Year Olds Who Have Recieved All Recommended Vaccines in Lane County, OR**  
County and State Trends



Source: Oregon Immunization Surveillance and Evaluation Report.

**Indicator 2: The percentage of adults in Lane County who smoke.** The national Healthy People 2020 target is 12%. The Lane County rate is slightly lower than the national rate and it has gone down marginally but it is still 50% higher than the national target and higher than the average for all of Oregon. A new statistical method was used to produce estimates of adult health in Oregon counties starting in the 2010-2013 period. Because of this change, 2013 data should not be compared with previous years, but it does provide a good estimate of likely current rates of smoking.

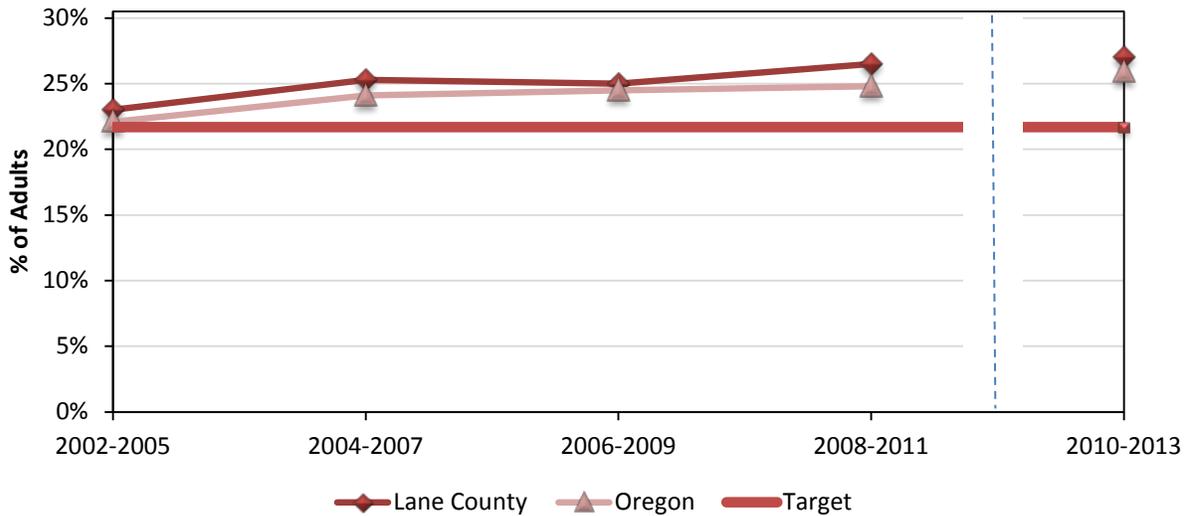
**Percentage of Adults Who Smoke in Lane County, OR**  
County and State Trends



Source: Oregon Behavioral Risk Factors Survey (BRFSS).

**Indicator 3: The percentage of adults in Lane County who are obese** (have a body mass index of 30 or higher). The Lane County rate is lower than the national rate and worse than the Oregon state rate. Historically, rates have been steadily increasing. For Lane County, the target is 21.7%. A new statistical method was used to produce estimates of adult health in Oregon counties starting in the 2010-2013 period. Because of this change, 2013 data should not be compared with previous years, but it does provide a good estimate of likely current rates of obesity.

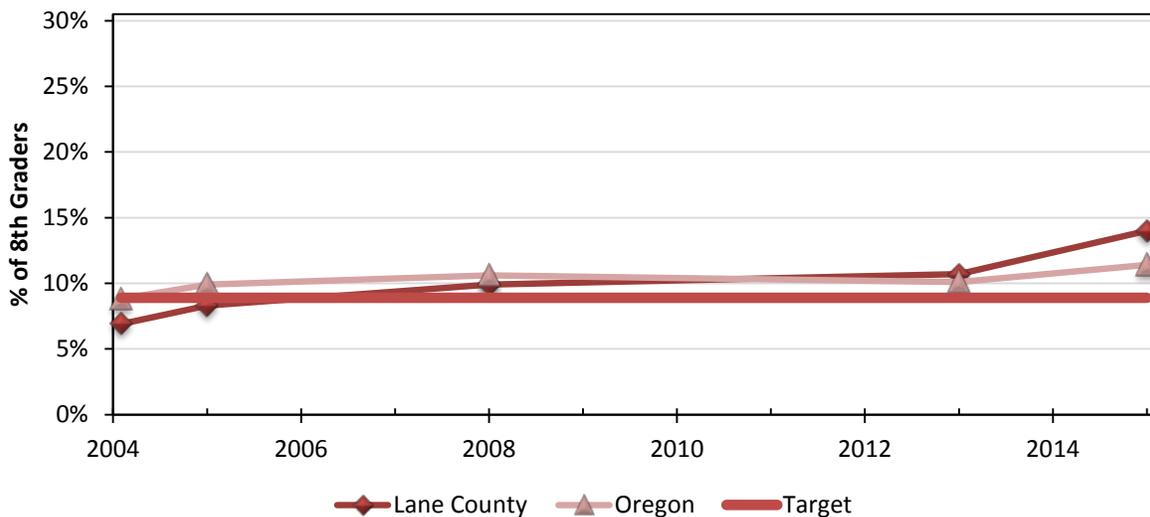
### Adult Obesity in Lane County, OR County and State Trends



Source: Behavioral Risk Factors Surveillance Survey (BRFSS).

**Indicator 4: The percentage of children in 8<sup>th</sup> grade who are overweight or obese.** The national Healthy People 2020 target is a 10% reduction from the 2008 level. For Lane County that target would be 8.9%. Lane County has continued to see a steady increase and has surpassed the state average.

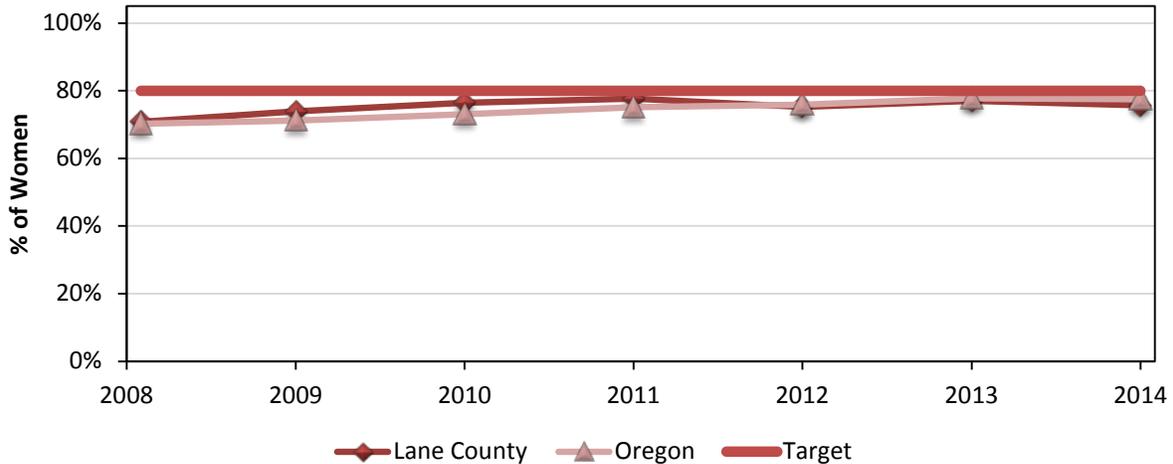
### Youth Obesity in Lane County, OR County and State Trends



Source: Oregon Healthy Teens Survey.

**Indicator 5: The percentage of pregnant women in Lane County who receive prenatal care in the first trimester.** The national Healthy People 2020 target is 77.9%. The Lane County target is 80%. After several years of declining rates in the early and mid-2000s, the Lane County rate has been trending up to the point where it is close to national and county targets.

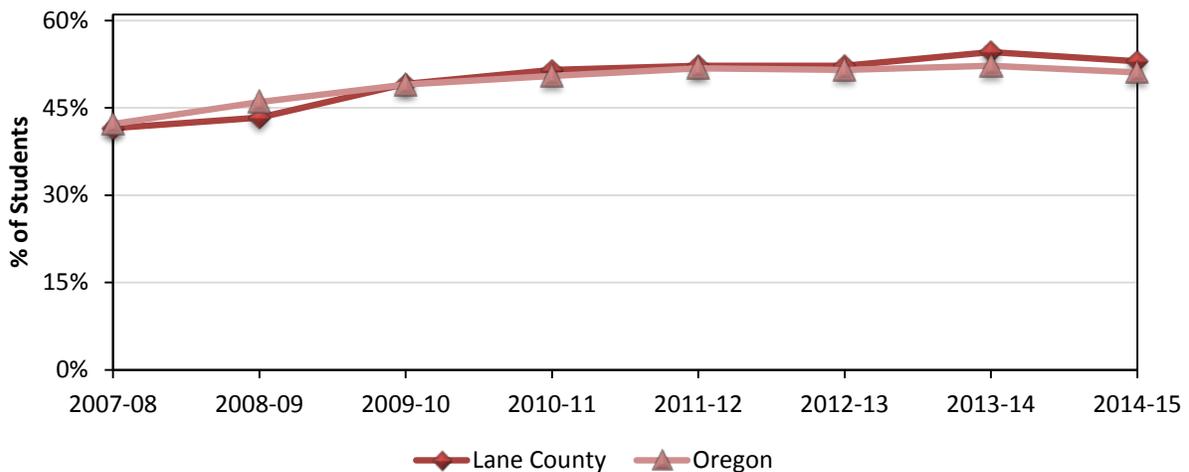
**Percentage of Women Who Received Prenatal Care in the First Trimester in Lane County, OR**  
County and State Trends



Source: Oregon Health Authority, County Data Books.

**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 and it has stabilized in Lane County and in the state of Oregon.

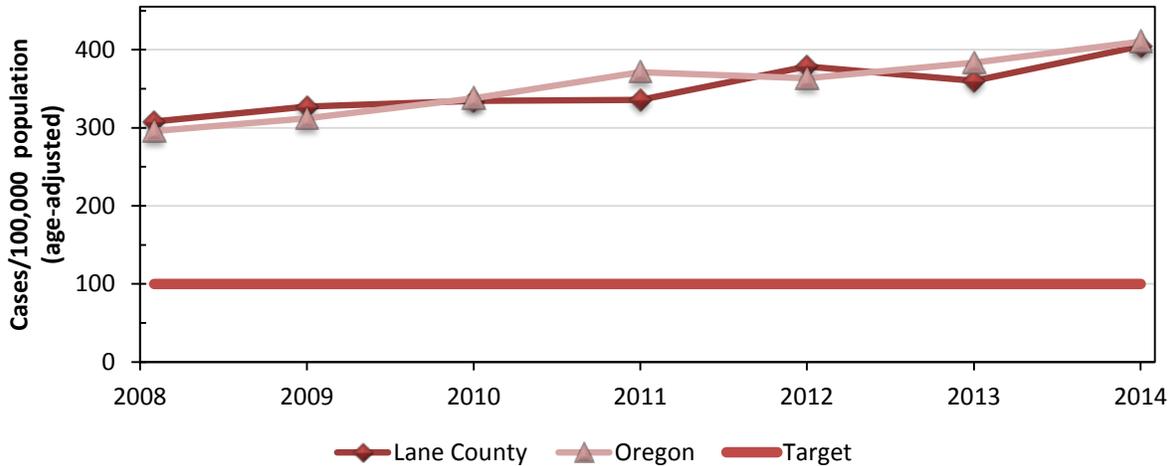
**Percentage of Students Who Are Eligible for Free or Reduced Cost School Lunch in Lane County, OR**  
County and State Trends



Source: Oregon Department of Education, School Finance and Data Analysis

**Indicator 7: The incidence of new chlamydia infections in Lane County.** Incidence is measured per 100,000 people. This rate has trended upward and is at approximately 410% of the target.

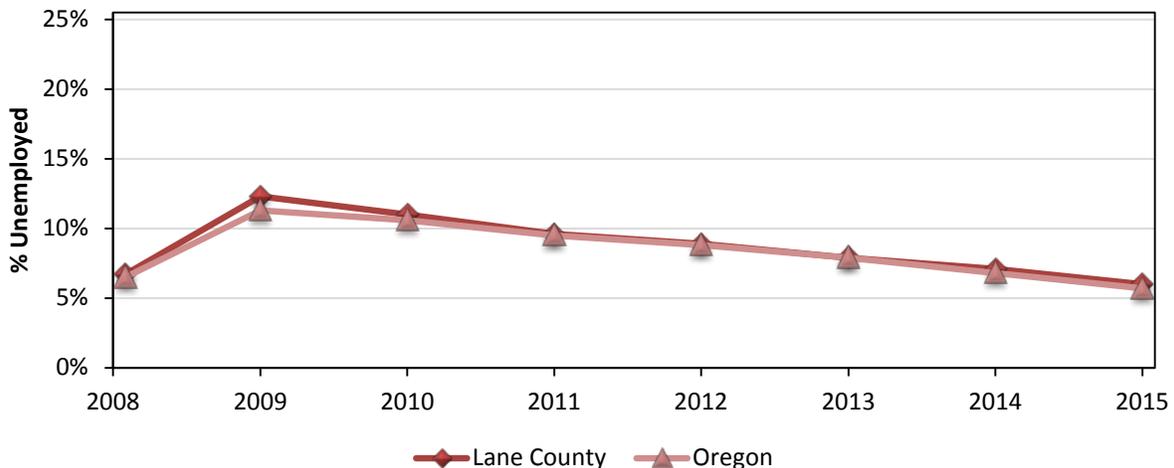
**Cases of Reported Chlamydial Infection Per 100,000 Population in Lane County, OR**  
County and State Trends



Source: Oregon Health Authority, Oregon STD Statistics.

**Indicator 8: Unemployment Rate.** The unemployment rate in Lane County has followed state and national trends. It has declined steadily since its peak in 2009.

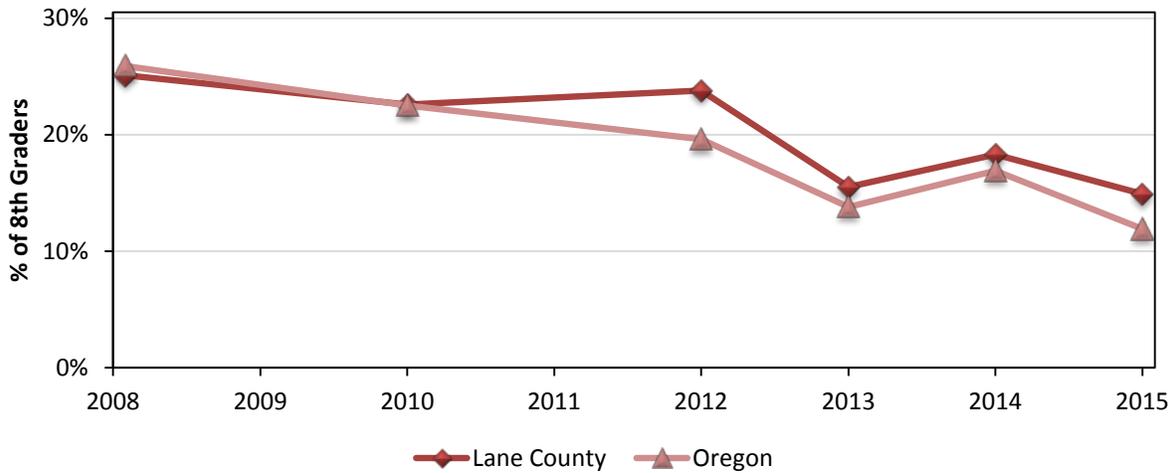
**Unemployment Rate in Lane County, OR, Seasonally Adjusted**  
County and State Trends



Source: Bureau of Labor Statistics.

**Indicator 9: The percentage of 8<sup>th</sup> graders who report drinking alcohol in the last 30 days.** This rate has been trending down in Lane County, the state of Oregon, and nationally, but remains higher in Lane County than in Oregon as a whole.

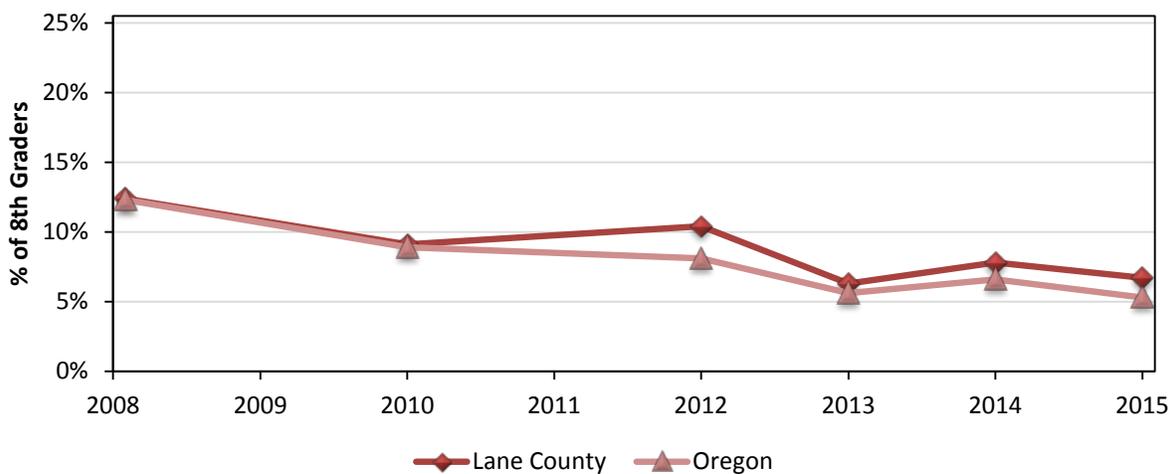
**Percent of 8th Graders Who Report Drinking Alcohol in the Last 30 Days in Lane County, OR  
County and State Trends**



Source: Oregon Healthy Teens Survey and Oregon Student Wellness Survey.

**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.** In Lane County and Oregon this rate has shown a steady decline. Since 2010, the rate in Lane County has been higher than in the state of Oregon overall.

**Percent of 8th Graders Who Report Binge Drinking in the Last 30 Days in Lane County, OR  
County and State Trends**



Source: Oregon Healthy Teens Survey and Oregon Student Wellness Survey.