

**LANE COUNTY PUBLIC HEALTH AUTHORITY
ANNUAL PLAN SUBMITTED MAY 2009
FOR FISCAL YEAR 2009/10**

I. Executive Summary

The Annual Plan submitted for FY 2009-2010 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. In reviewing the Comprehensive Plan submitted in August 2007, this plan reflects updates to the plan due to the budget reductions in program services at Lane County Public Health (LCPH), beginning July 1, 2008.

A significant program addition to LCPH in the Winter of 2008/09 was accepting the State Drinking Water program for our county. This is included in the Action Plan. This is a significant increase in the responsibility for our Environmental Health Section. The decision to take on the program was through working with the Public Works/Land Management Division of Lane County and the State Public Health Drinking Water Program.

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 in developing and 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 (HAC) that meets monthly and brings forth an array of topics for discussion and research. The committee has chosen the following focus areas for 2009: air pollution and air quality, issues under legislative review, access to dental care and fluoridation, access to health care, Healthy Babies Health Communities (reducing fetal infant mortality), tobacco related and other chronic diseases and activity incentives (obesity, activity and nutrition). We have endeavored to have public health staff present program information at each of the monthly meetings. There continues to be a list of topics that the HAC is very interested in regards to the health of the community, but topics that are not within the program services of Lane County Public Health.

Additionally, we have worked with a county team in the planning for a different building for Lane County Public Health. A significant amount of time has gone into the effort with a move anticipated by late summer 2010. Final plans for remodeling the Charnelton Building are being completed now that decisions have been made regarding which programs within Lane County Department of Health and Human Services will be housed there.

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 2008 estimated population prepared by the Population Research Center of Portland State University for Lane County was 345,878, continuing it as the fourth largest Oregon county by population. The county has seen a steady growth over many years (2007:343,591, 2005: 335,180, 2000: 322,959, 1990: 282,912). US Census Bureau data and Portland State University, Population Research Center data provide a profile of Lane County's 2008 demographics:

- Percentage of persons 0-17 years old was 21.3% (state was 23.3%)
- OHCS Poverty Report 2008 (2007 status) shows 21% of the population living in poverty are children younger than 18.
- Percentage of persons 18-64 years was 64.8 (state was 63.8)
- OHCS Poverty Report 2008 (2007 status) shows 71% of the population living in poverty are 18-64 year olds.
- Percentage of persons 65 years old and over was 13.9% (state was 12.9%)
- OHCS Poverty Report 2008 (2007 status) shows 8% of the population living in poverty are people 65 years and older.
- The population was 89% White with 2.8% Asian, 1.9% American Indian/Alaska Native, and 1.1% Black; .2 Native Hawaiian Islander and Other Pacific; additionally, 5.9% of the population identified as Hispanic or Latino origin.
- The level of educational achievement included 89.6% of the adult population as high school graduates and 27.5% of the population having a bachelor's degree or higher.
- The OHCS Poverty Report 2008 notes the median household income as \$43,111 compared to \$48,730 in Oregon and \$50,740 in the U.S.
- The unemployment rate continues to increase in Lane County. In January 2009 it was 11.8% compared to the state 10.7%. In February 2009 Lane County was 12.8% and the state was 11.9%.

Additional indicators of health and wellbeing (data from Oregon Health Services as well as Lane County Public Health):

- Up to date immunization rate for 24-35 month olds in 2007 was 78%. The overall state rate was 70% for 2007. Lane County Public Health serves 1% of this age population while the private medical community provides the rest of the immunizations.
- Dramatic increase in gonorrhea (in 2008 101 cases with an incident rate of 27.8/100,000 population; in 2006 131 cases, a doubling from 2005) and chlamydia (in 2008 1,052 cases with an incident rate of 340/100,000 population; in 2006 998 cases) 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.
- 20% of adults report smoking cigarettes compared to 19% statewide.
- 22% of all deaths in Lane County are due to tobacco use.
- 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.

The number of births in 2008 was 3,778 (3,776 in 2007, 3,707 in 2006, 3,501 in 2005, 3,489 in 2004, 3,754 in 2003, 3,494 in 2002, 3,585 in 2001, 3,703 in 2000, 3,752 in 1999). As you can see, the number of births has remained between 3,500 and 3,700 over time with a recent trend of remaining at the higher level.

In regards to births to teen moms, during the last ten years as a percentage of total births, both the age 10-17 and 18-19 groups had a downward trend until 2004-05. After that, the percentage was generally an upward trend. For example, it was a high of 4.2% for teens 10-17 and then low in 2005 of 2.3% and in 2008 2.5%. For those 18-19 years of age there was a high in 1999 of 9.0%, low in 2004 of 5.5% but then rose in 2008 at 6.9%.

In 2008, 62.4% of our Oregon Mothers Care clients accessed prenatal care in their first trimester, which is down from 77.1% in 2007. We continue to see more difficulties for women getting in during the first trimester primarily due to the new requirement for a certified birth certificate to apply for Oregon Health Plan coverage. This has significantly slowed access to OHP and prenatal care as well as the number of prenatal providers in Lane County has decreased. In addition, we have begun to see women who are choosing water births which has delayed their ability to access the Oregon Health Plan coverage until the last trimester. In 2006, 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 and continued through 2007. We are concerned about the downturn in the economy, as well as 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 2007 was 66.7 per 1,000 births. The rate of very low birth weight (VLBW) in 2007 was 11.7 per 1,000 births. This compares to LBW in 2006 at 63.9 and LVBW at 9.7. 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. Low birth weight has continued to increase significantly while very low birth weight has increased but not as significantly.

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. (Note: this data is based on the state's analysis of combined 2000-2004 PRAMS data. We do not have updated data at this time.)

Fetal-Infant Deaths

The incidence of fetal-infant mortality in a community is measured by the number of fetal and infant deaths per 1,000 live births and fetal deaths. The rate of fetal-infant mortality serves as a measure of a community's social and economic well-being as well as its health. Lane County's overall fetal-infant mortality rate is higher than the national average, the state, and the three other large Oregon counties by population (Multnomah, Clackamas and Washington). State vital statistics for the five year period of 2000 – 2004 indicate that the overall fetal-infant mortality rate for Lane County was 9.4 as compared to the nation at 9.1 and Oregon at 8.0. Lane County Public Health continues to facilitate a number of coordinated efforts to address this serious problem.

Lane County Public Health used the Perinatal Periods of Risk (PPOR) approach to investigate local fetal-infant mortality. PPOR is an evidence-based, internationally respected approach that looks at fetal and infant deaths in relation to weight at birth and age at death. The PPOR analysis revealed an unacceptably high rate of fetal-infant mortality in Lane County. Additionally, the PPOR results indicated that the problem was wide-spread and significant in all population groups regardless of economic, educational, geographic, age, and cultural status. Finally, the PPOR analysis revealed that the most excess deaths occurred in the post-neonatal period from one month to one year of age. The results of the PPOR analysis were shared with the broader community: and, from the resulting community concern, the Healthy Babies, Healthy Communities (HBHC) initiative was born.

Next steps in investigating Lane County's high rate of fetal-infant mortality was to initiate a prospective, individual case- finding approach that would help clarify causes of death, identify missed opportunities for effective interventions, and address policy challenges. Members of the HBHC initiative identified Fetal Infant Mortality Review (FIMR) as the strategy to use in case-finding reviews. FIMR was developed by the Maternal Child Health Bureau and the American College of Obstetricians and Gynecologists, and is a well-established and evidence-based approach. During the FIMR data gathering phase, information on the fetal or infant death is collected from medical records and a maternal home interview. This information is compiled and de-identified. It is then reviewed to identify critical community strengths and weaknesses, as well as unique health and social issues associated with poor outcomes. Recommendations for new policies, practices, and/or programs are developed and shared with the broader community. Identified issues are prioritized, and appropriate interventions are implemented.

After the first year of the FIMR analysis, a number of common issues were identified: a lack of pre-pregnancy health, health care, and reproductive planning; significant alcohol, tobacco, and other drug use immediately before and during pregnancy; a lack of understanding regarding the negative impact that the use of alcohol, tobacco, and other drugs has on fetal health and development; a lack of consistent and comprehensive

prenatal risk screening and follow-up for psychosocial issues, alcohol, tobacco, and other drug use, domestic violence, and mental health issues; and significant unsafe infant sleep practices and confusion around co-sleeping.

In response to the issues that were identified, HBHC members developed a list of proposed community actions to address issues that had been identified including: education and outreach to high schools to promote healthy preconceptual behaviors; enhanced tobacco education and cessation efforts; the development of a user-friendly electronic risk screening tool with algorithm and referral drop downs for health care providers; outreach to health care providers to promote use of electronic risk screening tool; earned and purchased media to promote safe infant sleep; co-sleepers for low income families to ensure safer sleep; “this side up” onesies for all newborns to get the message out; SIDS and safe sleep training for nurses working in labor, delivery, nurseries; dedicated staff time to work to reduce fetal-infant mortality; continues data analysis; and process and content evaluation. Lane County Public Health is in its second year of March of Dimes Community Grant funding in support of the HBHC effort to reduce fetal-infant mortality. Staff continue to investigate additional resources to support identified community actions and interventions.

2. Adequacy of Local Public Health Services

As a result of the decline in receipt of federal secure rural school funds/timber funds, our local public health budget was substantially reduced for FY 08/09. The reduction was felt mostly in the communicable disease team. We are reduced to three 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 343,591 people. In addition, we have reduced one position in our administrative support, eliminated our lab tech position and reduced the Public Health Officer hours.

With these reductions in FY 08/09 for Lane County Public Health and through the County as an organization, Lane County as a safe and healthy community will not hold true. LCPH has developed, upon direction by the County Administrator, a budget that will make it possible for us to keep the local public health authority, but one which does not address the needs of our community. The budget for FY 09/10 is unsure. We have submitted a bare bones budget that allows LCPH to operate at its current service level, and maintain our local public health authority. Any reduction in that budget amount will jeopardize our ability to continue to provide the mandated services. At this point in the budget process, we are still unsure what the decisions will be by the Budget Committee and Board of County Commissioners and what public health will look like as of July 1, 2009.

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. Presently, due to 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 Program receives many hundreds of referrals for Maternity Case Management for pregnant women and teens at risk of poor pregnancy and birth outcomes, Babies First Targeted Case Management for infants at risk for developmental delays, and CaCoon Targeted Case Management for medically fragile infants and their families. Staffing limitations allows for only a fraction of those referred to receive nurse home visiting services. The prenatal Oregon Mother's Care (OMC) program was cut 20% for FY 08-09, and the decreased numbers of low income women who received services has correspondingly decreased. Additionally, the percentage of OMC clients who accessed prenatal care in the first trimester of their pregnancy is down to 62.4% due to the requirement for a certified birth certificate prior to OHP eligibility and care.

The new DMAP-MMIS system was launched in January 2009. MMIS expanded maternal child health electronic billing capacity, but came with unintended/unexpected problems that have resulted in the continued rejection of many claims for payment. Thus, anticipated revenue has not been forthcoming at levels expected. The degree to which the reduction in DMAP payments will impact the FY 09-10 budget and staffing will be determined by if and/or when the issues are resolved and payments made.

The Maternal Child Health Nurse Supervisor 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 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 turnover rate in the WIC program continues as a concern, as the time to fill the position within the county structure takes a long time and the many trainings (HIPAA, ICS courses, Diversity, Harassment, etc.) that need to be completed once a person is hired takes a significant time away from getting the person ready to see clients. Significant layoffs have occurred in the Department of Health and Human

Services in FY 08/09, resulting in more staff turnover and increased need for training, thus delaying seeing clients.

The Environmental Health program includes a staff of ten (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. Environmental Health program has been expanded to include the required inspections for the State Drinking Water Program.

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 2008 Lane County had a record 1,052 cases of chlamydia reported giving an incidence of 340 cases per 100,000 population. Gonorrhea cases in 2008 were 101 with an incidence of 27.8 cases per 100,000 population. The trend continues with increased numbers of chlamydia and gonorrhea. Between the decrease in nursing capacity due to

budget reductions in FY 08/09 and the increased numbers of positive STD reports the CD program has experienced an increased strain on LCPH communicable disease team nurses and support staff.

Tuberculosis

As of March 2009, Lane County has 2 cases of active tuberculosis. Neither of these cases are associated with the homeless population. They are both foreign born. There were 3 cases in 2008, none associated with the homeless population. The number of tuberculosis cases and converters has continued to decline in Lane County.

Tuberculin skin testing at the homeless shelter has been discontinued in FY 08/09 due to reduction in staffing in the CD program. We have continued inspecting twice yearly the UV lights that were installed at the Eugene Mission. Unified public health efforts and collaboration with the shelter is yielding positive results in preventing the spread of tuberculosis in our community.

Immunizations

The table below shows the numbers of immunizations given in the years 2006, 2007, and 2008 in LCPH clinics and at delegate clinic sites. In FY 08/09, LCPH has made adjustments in services based on budget and staff reductions. Immunization services have been eliminated at Willamette Family Treatment Center where 346 immunizations were given to women and children in the substance abuses treatment program in 2006. The Lane County Corrections delegate was unable to continue immunization services due to staffing reductions. Off-site flu clinics were suspended for the 2008/2009 flu season. In May of 2008, with a 1.15 FTE reduction in immunization nursing staff from a total of 4.15 FTE, LCPH determined that we were not positioned to consistently staff a drop-in immunization service. We made the strategic decision to switch to appointment only services and focus on provision of a safety net immunization service for children as well as adults and to continue to support and guide our remaining delegate clinics. One aspect of the decision is that flu immunization availability is becoming more accessible in most areas throughout the county. The LCPH Immunization Program provided 4671 immunizations in calendar year (CY) 2008. This appears to be a significant reduction; however, the entire reduction is in flu shots given at previous off site clinics. There is actually a nominal increase in the total number of non-flu shots given in CY 2008. In addition, the number of immunizations given at LCPH delegate clinics has continued to increase each year. Delegate clinics include school based health clinics, a large health care provider in Florence, a rural clinic in East Lane County, and the 5 clinical sites of the Community Health Centers of Lane County.

Lane County Public Health Immunizations Given	2006	2007	2008
LCPH Clinic Total	6685	6294	4671
Flu	3288	3138	1265
Non-Flu	3397	3156	3406
Delegate Clinic Total	5718	5810	7919
Flu	100	125	320
Non Flu	5618	5685	7599

The 2008 AFIX report (March 2009) indicates a 20% decrease in our missed dose rate. The decrease can be attributed to some specific steps including internal assessment of our process, transition to the state IRIS database, using the IRIS forecaster, accurate coding for shots not given – such as using the N04 code for parental refusal. In addition, some of the “improvement” may be explained by different comparisons used and immunizations visits used between the reports. None-the-less, we are quite pleased with the success of the transition to IRIS and the improving immunization rates within our clinic. With the reduction in the missed shot rate, the Up-To-Date (UTD) Rate of immunizations for children in the 24-35 month old age group served at LCPH increased from 65% in 2006 to 78% in 2008. Please see Appendix for more complete information on this measure.

LCPH has undertaken an assessment of the religious exemption (RE) rates in all schools, pre-schools, and certified day care centers in Lane County reviewed during the annual School Immunization Review process. In the current school year, 2008-2009, 307 facilities and 61,572 children’s records were assessed. The overall RE rate was 5.3%. Evaluation of the Review Log indicated widely varying rates from one school to the next with many schools having few or no REs and some schools, particularly some clustered in the Southeast area of Eugene, with rates from 10% to 76%. LCPH has sent out, and is in the process of assessing surveys designed and sent to both health care providers who do children’s immunizations and parents of children who declare REs in schools with excess rate of REs. The objective of this effort is to determine factors that contribute to under-immunization and to develop strategies to increase immunization rates and reduce the risk of outbreaks of vaccine preventable diseases in vulnerable and under-immunized populations. Please see the Attached Appendix for more complete information on this measure.

Finally, LCPH continues to participate in community education activities to increase the knowledge and improve immunization management of our delegate clinics as well as

providing information to the public about public health immunization issues such as under-immunization.

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.

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 Peace Health Foundation 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. Prenatal access works in collaboration with hospitals and private providers to increase access to early prenatal care; and works in collaboration with Maternal Child Health nurses and WIC staff to provide a system of services for vulnerable families. Approximately 566 low income pregnant women were served in 2008, down from the previous year of approximately 625, due to a 20% reduction in staffing. Additionally, the percentage of women who were able to access first trimester prenatal care was lower as a result of the requirement for a certified birth certificate prior to establishing OHP eligibility and early prenatal care.
- 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 (5.9 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. In 2008 MCH nurses provided home visiting for 674 unduplicated clients. Of these, 331 received maternity case management, 283 received Babies First!, and 65 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. Of particular concern for the MCH program is that we receive 100-200 high risk

referrals per month and are able to only serve about 50% of those. The community need is great but with our decreased county general fund, we will not be able to even see the 50% of before due to decrease in Community Health Nurse staff. In addition, in January-February 2008, we have seen a dramatic increase in the number of 14-17 year olds pregnant and for whom we are not able to do home visits.

- 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. (See Family Planning Annual Plan attached.)

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 following are the types and numbers of facilities licensed and inspected by the EH staff in 2008: full service and limited service food facility (940), bed and breakfast (21), mobile units (130), commissaries and warehouses (22), temporary restaurants (1011), pools/spas (289), traveler’s accommodations (127), RV parks (71), and organizational camps (14), for a total of 2,554. The total in 2007 was 2,465 and in 2006 was 2,452. In addition to license facility inspections, EH staff completed 173 daycare inspections and 434 school/summer food program inspections. The EH and CD teams work closely together as needed to ensure safe food and tourist accommodations. In 2007, the following are some of the violations found upon general inspections: improper holding temperatures (467), contaminated equipment (305), and poor personal hygiene (116). 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 6,927 food handler cards, of those 2,031 were issued in-house. .

4. Adequacy of Other Services

Chronic Disease Prevention:

1. Tobacco Prevention and Education Program – grant funding from DHS Public Health Division, Health Promotion and Chronic Disease Prevention Section

Tobacco use continues to be the leading cause of preventable death in the U.S., Oregon and Lane County. Twenty-two percent of annual deaths in Lane County are attributed to tobacco use. Through minimal state funding, the Lane County Tobacco Prevention and Education Program (TPEP) continues to reduce tobacco-related illness and death by countering pro-tobacco influences, promoting tobacco cessation resources, and eliminating and reducing people's exposure to secondhand smoke through the creation and enforcement of smoke-free environments.

In FY 09/10 the goals for the Lane County Tobacco Prevention Program include:

- a. Work internally with Public Health and Health & Human Services staff to adopt and implement a comprehensive tobacco free campus policy at the new Health Department building. The policy will take effect on "move in day", tentatively slated for June of 2010.
- b. Work with Lane County Human Resources staff to put into place a system that regularly promotes our tobacco cessation covered benefit (Free & Clear) to all employees, dependants and retirees.
- c. Re-assess tobacco policies in place at all hospitals located within Lane County. Assist hospitals in making policy/enforcement changes designed to enhance patient/staff/visitor compliance with tobacco free campus policies.
- d. Continue to work collaboratively with the Lane Community College Wellness Dept. staff and smokefree task force towards the incremental adoption of a tobacco-free campus policy.
- e. Continue to support the efforts of UO Health Center staff and student led Clean Air Task Force to advocate for the adoption of a smoke-free campus policy. At the request of the University, serve on a policy implementation committee charged with developing a one-year educational/public relations plan to assure a smooth transition of the policy by the fall of 2010.
- f. Assist Head Start of Lane County with the implementation of their recently passed comprehensive tobacco free campus policy at all 18 local pre-school sites.
- g. Continue to respond to all complaints of violation of the Smokefree Workplace Law according to the protocol specified in the Delegation Agreement with the State of Oregon Department of Human Services.
- h. Identify and meet with a minimum of 10 influential, local housing sector agencies and/or individuals to promote the adoption of smokefree multi-unit housing policies.
- i. Meet with members of the following policy making bodies: Board of County Commissioners, Eugene and Springfield City Councils and Oregon State legislators for the purpose of educating them on Chronic Disease issues and

identifying local champions willing to advocate for public policies that would prevent/reduce the burden of chronic disease on present and future generations.

2. Quitting for Keeps – grant funding from the American Legacy Foundation

With funding from the American Legacy Foundation, Lane County Public Health's "Quitting for Keeps" program is a smoking cessation and relapse prevention program targeting low-income pregnant and postpartum women receiving services at the county's WIC clinic. Initiated in the fall of 2007, Lane County's Chronic Disease Prevention Team trained the Community Service Workers in Public Health's WIC Clinic to implement an evidence-based cessation and relapse prevention intervention designed by Oregon Research Institute.

Smoking during pregnancy is the single most preventable cause of illness and death among mothers and infants. Women who smoke during pregnancy increase their risk of complications and infant low birth weight. Infants and children exposed to secondhand smoke are at increased risk of sudden infant death syndrome, acute lower respiratory infections, ear infections and asthma attacks. Pregnancy offers a unique "window of opportunity" in which a woman's awareness of the potential harm of smoking can strongly influence behavior change. While between 40-60% of women who smoke quit either just prior to or early in their pregnancy, many have a difficult time maintaining their cessation. At least half of these women resume smoking within the first 6 months postpartum and 80% relapse within the first year postpartum. Creating environments and systems that support and enhance tobacco cessation and relapse prevention among pregnant and postpartum women takes advantage of an important opportunity to realize long-term public health benefits. Due to the significant impact of tobacco on the health of pregnant woman and their babies in Lane County, preventing tobacco use and promoting cessation maintenance among this population has been identified a priority by both the community and Lane County Public Health.

Since November of 2007, a total of 496 WIC clients have received the intervention. Results to date include:

- Of the women who set quit dates, 48% were quit at 6 months;
- Of those who were considering quitting, 24% were quit at 6 months and 63.2% had cut back;
- Of those who were quit at 6 weeks and very confident of remaining a non-smoker, 80% were still quit at 6 months.

While grant funding for this program ends in August of 2009, the WIC Program is committed to continuing to implement this smoking cessation and relapse prevention program beyond that timeline.

3. Healthy Communities/Chronic Disease Prevention – grant funding from DHS Public Health Division, Health Promotion and Chronic Disease Prevention Section

In FY 09/10, the goals of Lane County's Healthy Communities Program includes:

- a. Application of TROCD Assessment and Capacity-Building Efforts: In coordination with the Tobacco Prevention and Education Program (TPEP), implement

prioritized objectives based on the local plan developed through the TROCD Training Institutes. Implementation of prioritized objectives should incorporate prevention, risk reduction and management activities related to arthritis, asthma, cancers, diabetes, heart disease and stroke.

- b. Facilitation of Community Partnerships: Accomplish movement toward establishment of policies, environments and systems that support healthy communities through a coalition or other group dedicated to the pursuit of agreed upon best and promising practice objectives based on TROCD community assessments. Community partners should include nongovernmental entities as well as community leaders.
- c. Development of Local Champions: Foster ongoing communication and education with community leaders, including elected leaders, on effective, comprehensive strategies for reducing the burden of tobacco-related and other chronic diseases in communities, schools, worksites, and health systems through establishment of policies and sustainable system change. Coordinate with statewide partners for strategic planning for the purpose of developing and sustaining a county and statewide infrastructure for tobacco-related and other chronic disease prevention and health promotion.
- d. Promotion of Healthy Food and Physical Activity: Promote healthy food choices and physical activity opportunities for chronic disease prevention and risk reduction through the establishment of policies and sustainable systems change that supports healthy communities, schools, worksites, and health systems.
- e. Countering Unhealthy Food and Tobacco Influences: Promote protection from exposure or access to secondhand smoke, tobacco products, unhealthy foods, and the advertising and promotions of tobacco and unhealthy food through establishment of policies and sustainable systems change that supports healthy communities, schools, worksites, and health systems. Promote and connect to arthritis, asthma, cancer, diabetes, heart disease, and stroke chronic disease self-management and the Quit Line in all activities.
- f. Facilitate Development of Chronic Disease Self-Management Networks and Systems: Promote optimal availability of and access to chronic disease self-management programs in communities, schools, worksites, and health systems through the establishment of policies, environments and local delivery systems for chronic disease self-management. Promote the Quit Line in all activities. Establish sustainable evidence-based self-management programs, including comprehensive, chronic disease management programs tailored to specific chronic conditions including arthritis, asthma, cancer, diabetes, heart disease, and stroke. Incorporate the promotion of tobacco cessation, healthy eating and physical activity into chronic disease management systems.
- g. Integrate tobacco use reduction in all Tobacco-related and Other Chronic Disease interventions: Conduct tobacco use reduction strategies in all TROCD Program activities in partnership with Tobacco Prevention & Education Programs. Utilize the experience and accomplishments gained from TPEP to build TROCD policy and systems change in the broader contexts of other risk factors and chronic conditions including arthritis, asthma, cancer, diabetes, heart disease, and stroke.
- h. Enforcement: Assist, through formal agreements with OPHD, with the enforcement of statewide chronic disease prevention and control laws.

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 plan 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 50 agencies representing children, older adults, tribes, emergency management, mental health, developmental disabilities, homeless, tourists and non-English speaking persons.

The PHP program is collaborating with the Vulnerable Populations Emergency Preparedness Coalition, the Lane Preparedness Coalition, and the Lane Mental Health Disaster Response Alliance to implement a \$194,046 competitive demonstration grant. Starting in October 2008, and working through September 2009, the PHP program will design and implement an emergency planning mentoring program for Community Based Organizations (CBOs) serving homeless populations in Lane County, Oregon. The mentoring program will assist local CBOs to successfully write, adopt, and test worksite specific plans and policies. It will enhance their capability to safely and effectively carry out their mission during a pandemic illness or other public health emergency. Emphasis will be placed upon preparations for a pandemic illness, but will incorporate strategies applicable to all hazards.

III. Action Plan

Communicable Disease Program

- Current condition or problem:
 1. Stabilized TB transmission at homeless shelter.
 2. Stabilize high STD rates – syphilis, gonorrhea, chlamydia.
 3. IRIS is fully functional and integrated with ALERT – historical data input is completed.
 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. High religious exemption rates for immunizations in certain populations. (See Immunization Action Report)

- Homeless Shelter Control Measures:

Goals

1. Long-Term: TB Prevention Education staff at homeless shelter. Staff to screen for symptoms of active TB.
 - a. Reduce infectiousness of TB in shelter.
2. Short-Term:
 - a. 85% of infected contacts of active cases started on LTBI (Latent Tuberculosis Infection) treatment will complete therapy.

Activities:

1. Twice yearly inspection of the ultra-violet light system (system was installed Fall of 2003.)
2. Provide staff education to screen symptoms.

Evaluation:

1. Biannual evaluation of UV lights will show homeless shelter staff following procedures for light maintenance.

- Stabilize but high 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 state program, to clients at high risk for STD's.
4. Work with state 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.
- Continue to focus on increasing overall immunization rates of 24-35 months olds (served by LCPH) by at least 3% by focusing on missed doses. (Refer to three year immunization plan.)

Goals:

1. Long-Term Goals:
 - a. Increase overall immunizations rates of 24-35 month olds served by LCPH by at least 3%.
2. Short -Term Goals:
 - a. Evaluate specific areas, i.e. missed dose rate in AFIX report, and facilitate record evaluation.
 - b. Continue to assure current and accurate data on IRIS.

Activities:

1. Use reports from AFIX to clarify areas of need.
2. Evaluate specific areas, i.e. missed dose rate in AFEX report and obtain name list from state immunization staff to facilitate record evaluation.
3. Review AFIX report with staff and determine if there are areas where staff training/update would be beneficial.

Evaluation:

1. Complete review of AFIX report by 6/09.
2. From name list obtained, record evaluation will be completed by 6/09.
3. Discussion of AFIX findings at Communicable Disease Team meeting June 2009.

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. Place remainder of needle drop boxes in county.
2. 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 Harm Reduction Coalition, will continue to provide leadership and partnership with other organizations to support programs and events that help prevent the spread of HIV infection.
3. Continue to support subcontracted agency on their best practice programs.

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 2007 was 71.6%, lower than the state average of 78.5%, 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 provides education regarding importance of dental care during pregnancy and encourages pregnant women to access dental care.

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 and WIC (Special Supplemental Nutrition Program for Women, Infants, and Children).
2. Provide community outreach regarding the need for early prenatal care and the local OMC program.

Evaluation:

1. When the system is operational, OMC staff will participate in statewide data collection through the ORCHIDS (Oregon Child Health Information Data System) MDE (MCH Data Entry) system. In the meantime, OMC staff will continue to send the data to the state in agreed upon manner.
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.
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. 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 continue the 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 WIC to ensure a system of public health services for families in need.
7. Participate in local Commission on Children and Families SB 555 early childhood planning efforts.

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.

Environmental Health Program

Current condition or problem:

1. There are more than 2,500 facilities in Lane County providing eating, living and recreational accommodations for public use.
2. The Environmental Health (EH) program continues with 7 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. Two EHS are being trained as emergency preparedness Public Information Officers.
5. Two new EHS personnel have attended the latest 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.
7. Two EHS personnel have been certified as a Serve Safe Trainer.
8. Two EHS personnel have attained national training in Poor Operator Certification.
9. The EH program has recently expanded to include inspection of State Drinking Water systems.

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.
 - e. Ensuring that all state drinking water systems in Lane County are free from communicable diseases and health hazards.
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.
 - f. Conduct inspections of state drinking water systems in a timely manner.
 - g. Follow-up on drinking water alerts and non-compliance issues.

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. Document, follow-up and communicate 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 norovirus prevention training for nursing homes.
11. The EH Supervisor will ensure that staff is properly trained and oriented to the responsibilities of the recently added State Drinking Water Program.
12. The EH Supervisor will work with the State Drinking Water Program staff to ensure that all elements of the program are met.

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.
8. EH staff will conduct all inspection, investigation and educational responsibilities associated with the State Drinking Water Program.
9. EH staff will properly enter all data into the State Drinking Water data collection system (SDWIS).

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. Due to 50% reduction in our staff greeting the public in Vital Records, there may be a longer waiting period of time for people as they come in to the office for certificates.
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.

**FAMILY PLANNING PROGRAM ANNUAL PLAN FOR
COUNTY PUBLIC HEALTH DEPARTMENT
FY '10**

July 1, 2009 to June 30, 2010

**Agency: Community Health Centers of Lane County
Kohler CNM**

Contact: Ivy

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

Problem Statement	Objective(s)	Planned Activities	Evaluation
1. Male family planning (FP) services are only 0.2% of our family planning services.	1. Increase the number of male family planning visits.	1. Review male family planning policy with staff at an upcoming staff meeting 2. Generate forms for health history and physical exam. 3. Implement these services first at school based clinics. 4. Evaluate sites at 6 months, if process is going well begin implementation of male FP services at all CHC sites with staff orientation.	1. Evaluate Ahlers data for an increase in male family planning visits. 2. Site visits to high school sites 2-3 months after initiation of male FP services for chart audit and review of process and forms with providers.

Objectives checklist:
findings?

- Does the objective relate to the goal and needs assessment
- Is the objective clear in terms of what, how, when and where the situation will be changed?
- Are the targets measurable?
- Is the objective feasible within the stated time frame and appropriately limited in scope?

**FAMILY PLANNING PROGRAM ANNUAL PLAN FOR
COUNTY PUBLIC HEALTH DEPARTMENT
FY '10**

July 1, 2009 to June 30, 2010

**Agency: Community Health Centers of Lane County
Kohler CNM**

Contact: Ivy

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

Problem Statement	Objective(s)	Planned Activities	Evaluation
<p>1. While male sterilization is a viable family planning option, it is not readily available to low income clients. A relationship has been established between CHC and the local Urology group, but no services for vasectomy have been utilized.</p> <p>2. According to Title X Family Planning Data for FY 2008 only 12.1% of family planning clients received Plan B</p>	<p>1. Utilize FPEP and Title X services to increase access for clients who choose vasectomy as their method of contraception.</p>	<p>1. Increase male FP services in clinic. 2. Write policy and procedure specific to vasectomy. 3. Establish agency protocol for providing sterilization counseling. Enroll NP in online vasectomy counseling and prep training. 4. Utilize Title X and FPEP Oregon Vasectomy Project.</p>	<p>1. Track clients referred for sterilization with a log or Ahlers data. 2. Client satisfaction survey.</p>
	<p>1. Increase the number of clients receiving Plan B to 25% in this FY 2010</p>	<p>1. Review importance of offering Plan B to all FP clients with all providers at each FP visit. 2. Encourage all CMAs to ask FP clients at all FP visits if they need Plan B. 3. Put up Plan B information signs in all exam rooms. 4. Put Plan B information and consent forms in each exam room.</p>	<p>1. Evaluate Ahlers data at 4 month intervals to evaluate effectiveness of activities.</p>

Progress on Goals / Activities for FY 09
(Currently in Progress)

**Agency: Community Health Centers of Lane County
Kohler CNM**

Contact: Ivy

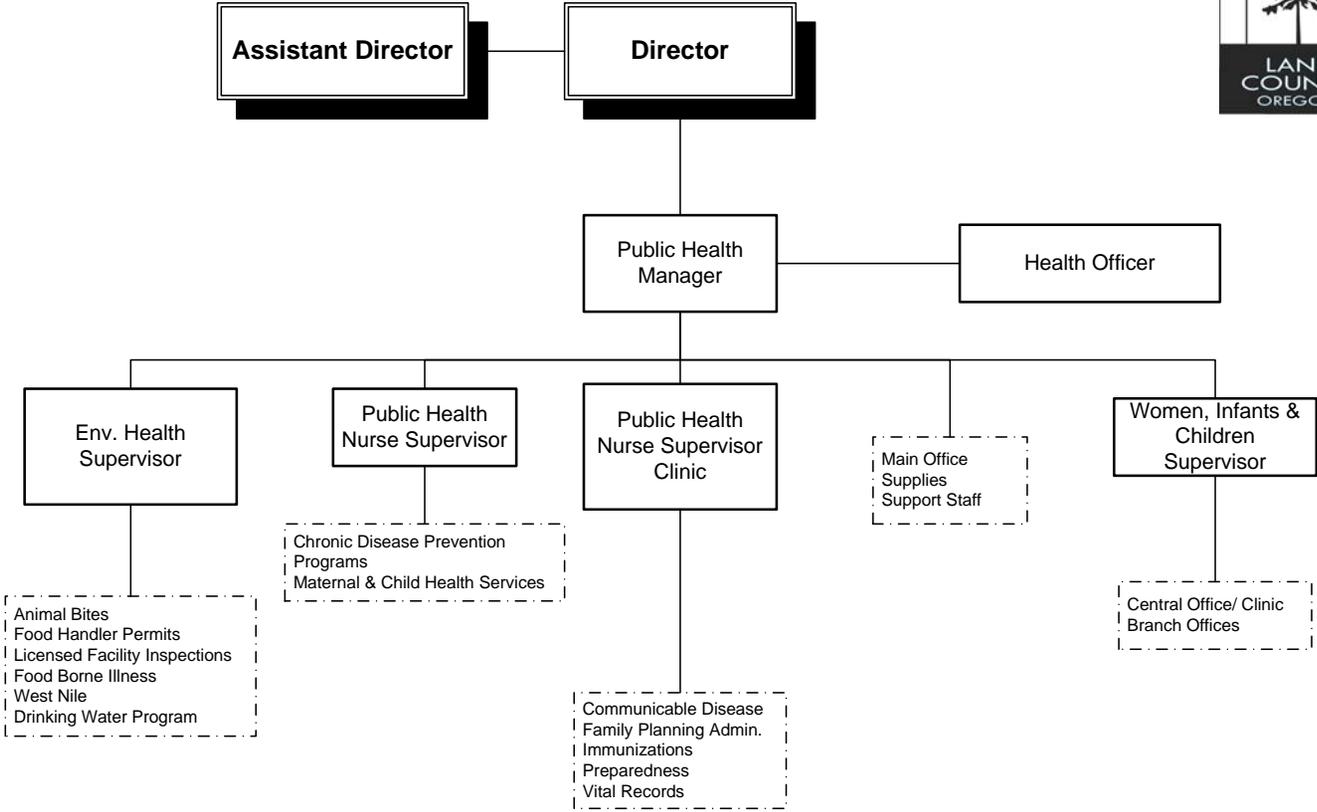
Goal / Objective	Progress on Activities
<p>Goal 1: Ensure appropriate and timely follow-up for women with abnormal cervical exam results.</p>	<ol style="list-style-type: none"> 1. We have borrowed a colposcope from the state and signed a contract agreeing to charge women their % of Title X discount. 2. We have colposcope procedure and protocol in place. 3. We have a designated provider trained in colposcopic technique, and staff to assist. 4. All staff were informed about our initiation of the colposcopy program. 4. All charts for women needing colposcopy are forwarded to me (Ivy Kohler CNM). I contact the client, review the abnormality and the process of colposcopy, and schedule the appointment. 5. A log has been created to track our colposcopy results and completed follow-up. 6. We had begun with 1 colposcopy per month and now we are doing 2 per month.
<p>Goal 2: 1. Increase access for male clients who desire male sterilization.</p> <p>Goal 2: 2. Increase the number of appointments for Family Planning clients at CHC</p>	<ol style="list-style-type: none"> 1. RiverStone Clinic has a relationship with our local Urology group, but none of the available funds have been used for vasectomy. 2. There is a protocol for male services, but these services have not been expanded. 3. A NP has not been enrolled in the online vasectomy counseling training. <ol style="list-style-type: none"> 1. We are now hiring another RN into a permanent position. We have also recently hired two RNs as extra help employees. We do not yet have Family planning protocols for RNs; I will begin working on RN method refill protocols. 2. We had increased clinic hours but have since decreased our evening hours. As opposed to adding clinic hours we have changed appointment times, visits are now 20 minutes and we are seeing more clients. 3. We have begun Title X and FPEP services at Churchill HS.

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 chart for Lane County Public Health Services is on the following page.
3. Lane County Public Health staff continue to be involved in the local planning process for Senate Bill 555. We participate in the monthly local Early Childhood Planning Team (ECPT). The two priorities for ECPT are ubfabt toddler child care and home visiting. 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.

**Health & Human Services
Public Health**



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 uncertainty of the county funding for FY 09/10 we continue to work on providing mandated services and maintain our local public health authority. It is still unknown how the Budget Committee and Lane County Board of County Commissioners will determine how to utilize the secure rural school federal funding. The Department of Health and Human Services and Public Safety could face tremendous reductions in FY 09/10, and in some cases elimination of services. Without the federal funding and without county general funding all "mandated" program will be impacted. This includes communicable disease, maternal child health and WIC.

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. With the reduced funding budget for FY 08/09, we had to make reductions in our CD program with decision to discontinue TB skin testing and monitoring three days per week at the homeless shelter. We continue to work with the shelter staff to make the transition for not having a public health presence at the shelter. We continue to twice yearly check the UV lights at the shelter. Fortunately the Budget Committee for FY 08/09 did provide funds for WIC to continue at the current service level from FY 07/08 as well as the MCH program. That meant that we could continue limited WIC services in Cottage Grove, Oakridge and Florence. We also provide nurse home visiting services throughout the county as we prioritize those families we can serve.

Fortunately we have been able to secure some small grants to continue working on the chronic disease issues in our county. In the past we were able to 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) ended 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 tobacco related and other chronic diseases 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 still have much work to do with employers, schools and the community in chronic disease prevention, including obesity, tobacco, diabetes and 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.

Within MCH and local agencies, we have a strong working relationship and referral process. These agencies continue to support the provision of nurse home visits for high risk families and know that the visits are 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. A Fetal Infant Mortality Review (FIMR) has been established in our county. We have an active coalition (Healthy Babies, Healthy Communities) working to find the areas to strengthen in our community in order to reduce the mortality rate. As much as we want to continue this effort, we continually look for funding to support the effort as well as funding to establish a Nurse Family Partnership (NFP) model for nurse home visiting. These two efforts would make a substantial difference to the health and well being of the families and babies we serve.

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 No A Local Health Authority exists which has accepted the legal responsibilities for public health as defined by Oregon Law.
2. Yes No The Local Health Authority meets at least annually to address public health concerns.
3. Yes 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 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 Ongoing community assessment is performed to analyze and evaluate community data. Note: A formal analysis is not done. We do community analysis as needed regarding specific program issues.
6. Yes 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 No ___ Local health officials develop and manage an annual operating budget.
8. Yes No ___ Generally accepted public accounting practices are used for managing funds.
9. Yes No ___ All revenues generated from public health services are allocated to public health programs.
10. Yes No ___ Written personnel policies and procedures are in compliance with federal and state laws and regulations.
11. Yes No ___ Personnel policies and procedures are available for all employees.
12. Yes No ___ All positions have written job descriptions, including minimum qualifications.
13. Yes No ___ Written performance evaluations are done annually. Note: we strive to do this.
14. Yes No ___ Evidence of staff development activities exists.
15. Yes No ___ Personnel records for all terminated employees are retained consistently with State Archives rules.
16. Yes No ___ Records include minimum information required by each program.
17. Yes ___ No 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 No There is a written policy for maintaining confidentiality of all client records which includes guidelines for release of client information.
19. Yes No Filing and retrieval of health records follow written procedures.
20. Yes No Retention and destruction of records follow written procedures and are consistent with State Archives rules.
21. Yes No Local health department telephone numbers and facilities' addresses are publicized.
22. Yes No Health information and referral services are available during regular business hours.
23. Yes 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 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 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 No Certified copies of registered birth and death certificates are issued within one working day of request.
27. Yes No 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 No A system to obtain reports of deaths of public health significance is in place.
29. Yes 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 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. Health Officer works with

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

31. Yes No Staff is knowledgeable of and has participated in the development of the county's emergency plan.
32. Yes No Written policies and procedures exist to guide staff in responding to an emergency.
33. Yes No Staff participate periodically in emergency preparedness exercises and upgrade response plans accordingly.
34. Yes No Written policies and procedures exist to guide staff and volunteers in maintaining appropriate confidentiality standards.
35. Yes 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 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 No There is a mechanism for reporting communicable disease cases to the health department.
38. Yes 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 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. (Note: Physician is contacted during investigation and at other times as requested by physician or as indicated by the investigation.)
40. Yes 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 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 No There is a mechanism for reporting and following up on zoonotic diseases to the local health department.
43. Yes No A system exists for the surveillance and analysis of the incidence and prevalence of communicable diseases.
44. Yes No 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 No Immunizations for human target populations are available within the local health department jurisdiction.
46. Yes No Rabies immunizations for animal target populations are available within the local health department jurisdiction. (Note: Available in Lane County, not at LCPH.)

Environmental Health

47. Yes No Food service facilities are licensed and inspected as required by Chapter 333 Division 12.
48. Yes No Training is available for food service managers and personnel in the proper methods of storing, preparing, and serving food.
49. Yes No Training in first aid for choking is available for food service workers. (Note: In Food Handlers Manual-English and Spanish.)
50. Yes No Public education regarding food borne illness and the importance of reporting suspected food borne illness is provided. (Note: Through Red Cross.)
51. Yes No Each drinking water system conducts water quality monitoring and maintains testing frequencies based on the size and classification of system.
52. Yes No Each drinking water system is monitored for compliance with applicable standards based on system size, type, and epidemiological risk.
53. Yes No Compliance assistance is provided to public water systems that violate requirements.

54. Yes No All drinking water systems that violate maximum contaminant levels are investigated and appropriate actions taken.
55. Yes No A written plan exists for responding to emergencies involving public water systems.
56. Yes No Information for developing a safe water supply is available to people using on-site individual wells and springs.
57. Yes 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 No Tourist facilities are licensed and inspected for health and safety risks as required by Chapter 333 Division 12.
59. Yes No School and public facilities food service operations are inspected for health and safety risks. (Note: At request of school districts.)
60. Yes 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 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 No Indoor clean air complaints in licensed facilities are investigated.
63. Yes No Environmental contamination potentially impacting public health or the environment is investigated.
64. Yes 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 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 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 No Culturally and linguistically appropriate health education components with appropriate materials and methods will be integrated within programs.

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

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

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

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

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

Nutrition

73. Yes No Local health department reviews population data to promote appropriate nutritional services. (Note: Within PAN grant our PHE looks at BMI community data and BRFS)

74. The following health department programs include an assessment of nutritional status:

- a. Yes No WIC
- b. Yes No Family Planning
- c. Yes No Parent and Child Health
- d. Yes No Older Adult Health
- e. Yes No Corrections Health

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

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

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

Older Adult Health

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

79. Yes No A mechanism exists for intervening where there is reported elder abuse or neglect. Note: Contact Lane County Senior Services.

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

81. Yes No 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.)

Parent and Child Health

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

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

84. Yes 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 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 No Child abuse prevention and treatment services are provided directly or by referral.

87. Yes No There is a system or mechanism in place to assure participation in multi-disciplinary teams addressing abuse and domestic violence. (Note: Supervisor member of MDT.)

88. Yes No There is a system in place for identifying and following up on high risk infants.
89. Yes No There is a system in place to follow up on all reported SIDS deaths.
90. Yes No Preventive oral health services are provided directly or by referral. (Note: Provided through referral only.)
91. Yes 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.)
92. Yes No Injury prevention services are provided within the community.

Primary Health Care

93. Yes No The local health department identifies barriers to primary health care services.
94. Yes No The local health department participates and provides leadership in community efforts to secure or establish and maintain adequate primary health care.
95. Yes No The local health department advocates for individuals who are prevented from receiving timely and adequate primary health care.
96. Yes No Primary health care services are provided directly or by referral. Note: By referral only -
97. Yes No The local health department promotes primary health care that is culturally and linguistically appropriate for community members.
98. Yes 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 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 No The local health department develops, implements and promotes a written plan that outlines clear goals, policies and operational plans for provision of culturally and linguistically appropriate services. (Note: Within the county and department documents.)
101. Yes No The local health department assures that advisory groups reflect the population to be served.
102. Yes No The local health department assures that program activities reflect operation plans for provision of culturally and linguistically appropriate services.

Health Department Personnel Qualifications

Local health department Health Administrator minimum qualifications:

The Administrator must have a Bachelor degree plus graduate courses (or equivalents) that align with those recommended by the Council on Education for Public Health. These are: Biostatistics, Epidemiology, Environmental Health Sciences, Health Services Administration, and Social and Behavioral Sciences relevant to public health problems. The Administrator must demonstrate at least 3 years of increasing responsibility and experience in public health or a related field.

Answer the following questions:

Administrator name: Rob Rockstroh

- Does the Administrator have a Bachelor degree: Yes No
- Does the Administrator have at least 3 years experience in public health or a related field? Yes No
- Has the Administrator taken a graduate level course in biostatistics? Yes No
- Has the Administrator taken a graduate level course in epidemiology? Yes No
- Has the Administrator taken a graduate level course in environmental health? Yes No
- Has the Administrator taken a graduate level course in health services administration? Yes No
- Has the Administrator taken a graduate level course in social and behavioral sciences relevant to public health problems? Yes No

a. Yes No The local health department Health Administrator meets minimum qualifications.

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

b. Yes No The local health department Supervising Public Health Nurse meets minimum qualifications:

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

AND

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

c. Yes 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.

d. Yes 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.

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

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

Local Public Health Authority

County

Date

PLEASE NOTE THAT THE FOLLOWING WIC ATTACHMENTS (A & B) AND THE IMMUNIZATIONS APPENDICES ARE TRANSMITTED ELECTRONICALLY TO SPECIFIC DHS DEPARTMENTS. THEY ARE REQUIRED COMPONENTS OF THE ANNUAL AUTHORITY PLAN, BUT ARE NOT CONTAINED WITHIN THE PLAN DOCUMENT ITSELF. THEY ARE INCLUDED HERE TO ENSURE THIS RECORD OF THE ANNUAL AUTHORITY PLAN SUBMISSION IS COMPLETE, AS PRESENTED TO THE BOARD OF COMMISSIONERS.

				<p>10/8/07 a presentation given by Immunization Coordinator to the Teen Parent program Opportunity School immunizations and safety. A video was (Children's Hospital Philadelphia) and a discussion was held regarding vaccines. were questions and answers. This was min. class with 6 teen mothers in attendance.</p> <p>2/28/08 a presentation given by Immunization Coordinator and the school/daycare review coordinator to Lane Community College Childhood Education (future childcare program) about immunization agenda included so vaccines, video on myths, introduction ALERT registry for providers, school/daycare law regarding vaccine forms, religious exemption and Q&A time. This 80 min. class. 16 students and instructor were</p>
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APPENDIX

Local Health Department: Lane County Public Health

Plan A - Continuous Quality Improvement: Increase overall immunization rates of 24-35 mo. Olds served at Lane County Public Health

Fiscal Years 2008-2010

Year 1: July 2007 – June 2008				
Objectives	Methods / Tasks	Outcome Measure(s)	Outcome Measure(s) Results ¹	Progress Notes ²

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

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

<p>A. Increase overall immunization rates of 24-35 mo. Olds (served at LCPH) by 3%. 2006 rate is 65%.</p>	<ul style="list-style-type: none"> • Review AFIX report to determine vaccines/areas to target • Assess current practices for sending recall reminders • Review current forecasting and catch-up procedures with immunization staff • Include immunization information, i.e. DTaP4 reminder, in mailing to daycare providers in Lane County • Work with OHD in transitioning from Lane County's immunization database to IRIS • Train OA/nurse/CSW staff on use of IRIS 	<ul style="list-style-type: none"> • Complete review of AFIX report by 8/01/07 • Verification of recall reminders being sent by IRIS/ALERT • Missed shots rate (per AFIX report) to be less than 16% • Daycare mailing (for Jan review) will be mailed by 9/1/07 • IRIS implementation depends on state, but is currently scheduled to occur early fall 2007 • Have staff trained and using IRIS by June 30, 2008 	<p>AFIX report reviewed for 2006.</p> <p>ALERT agreed to send reminders since our computer program had become less than adequate for this and we were in process of switching to IRIS.</p> <p>Missed shots rate reviewed from AFIX report – 24%.</p> <p>8/27/07 daycare mailing done.</p> <p>IRIS “go live” date was 3/17/08.</p> <p>Staff was trained on IRIS 3/7/08 in Portland and at LCPH 3/17/08.</p>	<p>AFIX for 2006 was reviewed and discussed with imm. staff looking specifically at overall up-to-date rate and missed dose rate. Contacted Justin Weisner at OHD and obtained more detailed information on DTaP4 doses.</p> <p>9/4/07 immunization staff met. Discussed results of triennial review. Missed dose rate was looked at and we reviewed IRIS codes for “reason not given”. Staff made aware that these codes need to be documented even though they won't be in computer(no IRIS yet). The documentation is for our own satisfaction we are correctly assessing what a child needs even if the parent refuses the doses. We discussed using ALERT forecasting when available as well as records brought in by parent. In Aug 07 it was discovered that Peace Health records were not getting into ALERT so forecaster was not correct on these clients.</p> <p>In Aug a mailing went to 114 daycares with a letter about imm rates in Lane county. Information was included about DTaP4 being the most often missed shot. Parent information cards from OPIC were sent with the request for provider to give them to parents of children 12 mos and older who had not had their 4th DTaP.</p> <p>On 3/7/08 four</p>
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				<p>On 3/7/08 four staff went to Portland and received IRIS training from Amanda Timmons. On 3/11/08 access to IRIS was installed on staff computers. 3/14/08 IS staff began file conversion from county program to IRIS. 3/17/08 Amanda Timmons came to Lane County to assist staff in data entry, questions, problem solving. Despite a few bugs, everything is going well with IRIS and staff like the change.</p> <p>Our 2006 AFIX shows an overall up-to-date rate of 65%, however, the 2007 report says our 2006 rate was 62%. We were disappointed that our rate did not increase in 2007 but decreased by 1%. It's hard to make a comparison though when criteria is different for the children included. Three times as many kids were assessed in 2007 than in 2006. In Jan 08 was told that base was 45 kids, then in March number changed to 142 because all the "one time only" visits were counted. We are a true safety net clinic seeing very few kids through their entire primary series. Our missed dose rate increased by 8% from 2006, but again, is hard to compare since criteria for base population changed. We had a number of kids who came here for Hib vaccine only because their provider was out due to the shortage. We entered history and gave one Hib dose and then that child was a</p>
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				child was counted as our client. We have many parents in Lane County who get their children vaccinated, but do it one shot at a time. We have been diligent in documenting the refused doses but have no control over these missed doses. With IRIS we hope to be able to track how much of our missed doses are due to parent refusal. If it is incorrect forecasting, we hope to improve our rate by using the forecaster built into the program.
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Year 2: July 2008 – June 2009				
Objectives	Methods / Tasks	Outcome Measure(s)	Outcome Measure(s) Results ¹	Progress Notes ²

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

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

<p>A. Continue to focus on increasing overall immunization rates of 24 – 35mos olds (served by LCPH) by at least 3% by focusing on missed doses</p>	<ul style="list-style-type: none"> • Use AFIX report to clarify areas of need • Evaluate specific areas, i.e. missed dose rate in AFIX report, and obtain name list from state immunization staff to facilitate record evaluation • Review AFIX report with staff and determine if there are areas where staff training/update would be beneficial 	<ul style="list-style-type: none"> • Complete review of AFIX report by 8/1/08 • From name list obtained, record evaluation will be completed by 10/1/08 • Discussion of AFIX findings at CD meeting Nov/Dec 2008 	<p>Rec'd AFIX report 4/1/08 and immediately reviewed it.</p> <p>From list provided by C. Quintera 6/19/08, found 6 doses were missed due to "out of stock", 2 were "not forecasted" and 37 were "parent refusals".</p> <p>CD meeting of 6/3/08 held discussion of AFIX report. Team came up with 6 ways we felt could help in bringing down our missed dose rate.</p>	<p>We started using IRIS in March 2008.</p> <p>Some cleaning up of data was done at OHD on list provided by Carlos. There were double entries of same missed dose on several kids.</p> <p>At our team meeting we discussed ways that we might improve our missed dose rate such as documentation of "one shot only" visits, coding correctly why shot not given(i.e. N04), using combination vaccines, focusing on getting 12 mo olds up to date, using new appt. system which gives parents more time options, and using IRIS forecaster.</p> <p>The criteria changed in 2008 AFIX for assessing missed doses, but our rate went down by 20%.</p>
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B.			To be completed for the FY 2009 Report	To be completed for the FY 2009 Report
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Year 3: July 2009 – June 2010				
Objectives	Methods / Tasks	Outcome Measure(s)	Outcome Measure(s) Results¹	Progress Notes²
A. Continue to focus on increasing overall immunization rates of 24 – 35mos olds (served by LCPH) by at least 3% by focusing on missed doses	<ul style="list-style-type: none"> • Use AFIX report to clarify areas of need • Assess area of least improvement over previous years. • Create specific action plan to address the area of least improvement 	<ul style="list-style-type: none"> • Complete review of AFIX report by 8/01/09 • Assessment will be completed by 10/01/09 • Action plan will be completed by 12/01/09 	To be completed for the FY 2010 Report	To be completed for the FY 2010 Report

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

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

B.			To be completed for the FY 2010 Report	To be completed for the FY 2010 Report
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Local Health Department: Lane County Public Health

Plan B - Chosen Focus Area: Evaluate effectiveness and accessibility of childhood immunizations throughout Lane County

Fiscal Years 2008-2010

Year 1: July 2007 – June 2008				
Objectives	Methods / Tasks	Outcome Measure(s)	Outcome Measure(s) Results ¹	Progress Notes ²
A. Identify populations in Lane County that have the greatest number of under immunized children.	<ul style="list-style-type: none"> Develop tool for assessment of immunization rates (i.e. % of population, specific age groups) Evaluate the 2007 and 2008 Day Care/School Review records utilizing assessment tool Work with ALERT to obtain additional immunization data as needed Assess data and identify the geographical areas with the highest “not-up-to-date” rates 	<ul style="list-style-type: none"> Tool will be developed by 9/15/07 Evaluation of 2007 Day Care/School Review will be completed by 11/01/07 Review data from ALERT by 11/01/07 Evaluation of 2008 Day Care/School Review will be completed by 4/01/08 Data assessment to be completed by 5/15/08 	<p>Developed tracking tool Sept 2007.</p> <p>Reviewed school/daycare data from review 2007 in Oct 07.</p> <p>March/April 08 completed same data review for 2008.</p> <p>Currently looking at data and comparisons.</p>	<p>Excel spreadsheet was developed for logging daycare/schools enrollment, religious exemptions, and percentage under immunized in each. 110 daycare/preschool, 60 private/charter schools, and 117 public schools assessed.</p> <p>Information was logged for 2007 and 2008. Continuing to complete this for 2008. Will be comparing rates for the 2 years and evaluate change per next year’s plan.</p>

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

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

Educational activities/outreach				<p>10/8/07 a presentation was given by Immunization Coordinator to the Young Teen Parent program at Opportunity School on immunizations and vaccine safety. A video was shown (Children's Hospital of Philadelphia) and a discussion was held regarding vaccines. There were questions and answers. This was a 40 min. class with 6 teen mothers in attendance.</p> <p>2/28/08 a presentation was given by Immunization Coordinator and the school/daycare review coordinator to Lane Community College Early Childhood Education class (future childcare providers) about immunizations. The agenda included schedule, vaccines, video on facts and myths, introduction to ALERT registry for daycare providers, school/daycare law regarding vaccines, CIS forms, religious exemptions, and Q&A time. This was an 80 min. class. 16 students and instructor were present.</p>
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Year 2: July 2008 – June 2009				
Objectives	Methods / Tasks	Outcome Measure(s)	Outcome Measure(s) Results¹	Progress Notes²

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

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

<p>A. Identify populations in Lane County that have the greatest number of under immunized children.</p>	<ul style="list-style-type: none"> • Develop survey/interview tool to be utilized in identified under-immunized populations • Conduct surveys/interviews with sampling of families, school nurses, medical providers in identified populations or communities • Assess results from surveys/interviews 	<ul style="list-style-type: none"> • Survey/interview tool will be developed by 10/01/08 • Surveys to be completed by 3/01/09 • Assessment process completed by 5/15/09 	<p>Survey was drafted in Oct 2008 and was fine tuned over next 3 mos. Cover letters for parents and providers were also drafted. Survey for providers was sent out 2/13/09 and for parents (via facilities) on 2/19/09. Surveys are returning currently and being assessed. Responses have been entered on spreadsheet so easily tracked. The process is not complete (in order to get this report to all who need it before submission to OHD by 5/1/09, it is being written end of March).</p>	<p>Family survey criteria for our survey from data on the annual school/daycare review was 1) schools, public or private, with an enrollment of ≥ 100 and religious exemption rate $\geq 10\%$. 2) daycare/preschools with an enrollment of ≥ 50 and religious exemption rate $\geq 10\%$. We wanted to send 250 surveys to families so we determined number of surveys to send from each facility by the number of exempt students divided by total number of surveys. To date 187 surveys have gone to families. We partnered with Lane Co. Medical Society and used SurveyMonkey to electronically send the provider survey. It was sent to all pediatricians and FP providers. It was also emailed by LCPH to school nurses who provide immunizations in SBHCs. So far we have had 38 responses from</p>
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			To be completed for the FY 2009 Report	medical providers and 43 responses from families surveyed. We are compiling responses and will continue to assess and evaluate through our next year's plan.
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Year 3: July 2009 – June 2010				
Objectives	Methods / Tasks	Outcome Measure(s)	Outcome Measure(s) Results¹	Progress Notes²
A. Identify populations in Lane County that have the greatest number of under immunized children.	<ul style="list-style-type: none"> Evaluate 2009 Day Care/School Review data of identified populations/communities to assess for data consistency Create document of findings Share outcome information with Public Health administration Discuss possible responses to address areas of need as appropriate Provide outcome data to interested community partners as indicated 	<ul style="list-style-type: none"> 2009 Day Care/School Review evaluation will be completed by 9/01/09 Document will be completed by 11/01/09 Outcome information will be shared with Public Health administration 2/01/10 Discussions regarding possible responses will be held throughout March and April 2010 As indicated, communication with community partners will take place in May and June 2010 	To be completed for the FY 2010 Report	To be completed for the FY 2010 Report

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

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

B.			To be completed for the FY 2010 Report	To be completed for the FY 2010 Report
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