

LANE COUNTY PUBLIC HEALTH AUTHORITY  
COMPREHENSIVE PLAN SUBMITTED DECEMBER 2012  
FOR FISCAL YEAR 2013/14

**I. Executive Summary**

The Annual Plan submitted for FY 2013-2014 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. The local public health authority must assure activities necessary for the preservation of health or prevention of disease. Through the Intergovernmental Agreement with Oregon Health Authority, Lane County accepts the role of the local public health authority within the Board of County Commissioners. The Board delegates the responsibility for adhering to the requirements in the program elements of the agreement and assuring activities are accomplished to the Department of Health and Human Services, of which Lane County Public Health is a division.

The mission of Lane County Public Health is to preserve, protect and promote the health of all people in Lane County. We have continued to refer to the five year strategic plan developed in 2009. The process staff participated in allowed us to think through what public health is, what we value in looking at the health of our communities, and what strategies we can put into place for the present and long term health effects. A tracking grid was also developed in 2009 and 2010 as a companion document to the plan in order for us to determine what we are accomplishing in relation to our objectives. Our Public Health Advisory Committee was involved in this process which enriched the product and understanding of what public health's role is in a community. Overarching goals in the plan are: 1. Service Integration (The community experiences accessible, aligned and adaptable public health services); 2. Communication (Public Health is valued and supported by the community); 3. Leadership (Public Health provides leadership in creating a Healthy Community); 4. Workforce Excellence (Maintain a competent public health workforce); 5. Quality Assurance and Improvement (Public Health continuously improves processes, programs and practices); and 6. Revenue Stability and Enhancement (Public Health has resources to achieve identified goals). Each of these goals are linked to the ten essential public health services that guide and inform the strategic directions of Lane County Public Health.

In July 2010, Lane County Public Health moved into the remodeled Charnelton Building. During our first year in the new facility, staff have initiated strategies to increase access to services and referrals to other department programs in the building, including coordination with the Community Health Center for clinical support.

## **II. Assessment**

### **Public Health Issues and Needs**

Lane County spans an area of 4,620 square miles making it the fifth largest county in Oregon 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 2012 estimated population prepared by the Population Research Center of Portland State University for Lane County is 353,155 establishing it as the fourth largest Oregon County by population. The county has seen a steady growth over many years (2010: 351,715; 2009: 347,690; 2008:345,880, 2007: 343,591). US Census Bureau data and Portland State University, Population Research Center data provide a profile of Lane County's 2011 demographics:

- Percentage of persons 0-17 years old was 19.7% (state was 23%).
- Percentage of the population living in poverty that are children younger than 18 was 24 %.
- Percentage of persons 18-64 years was 64.7% (state was 63.3%).
- Percentage of the population living in poverty between the ages of 18-64 was 69.5%.
- Percentage of persons 65 years old and over was 15.5% (state was 13.2%)
- Percentage of the population living in poverty 65 years and older was 6.5%.
- Lane County ethnicities reported in 2010 were 92.3% White with 3.5% Asian, 1.8% American Indian/Alaska Native, and 1.8% Black; .5% Native Hawaiian Islander and Other Pacific; additionally, 7.4% of the population identified as Hispanic or Latino origin.
- The level of educational achievement included 90.2% of the adult population as high school graduates and 27.9% of the population having a bachelor's degree or higher.
- The U.S. Census Bureau for 2010 notes the median household income as \$40,276 compared with \$46,560 in Oregon. The same report notes 19.3% people live below the poverty level.
- The unemployment rate Lane County in September 2012 was 7.6% compared to the state 7.6%. The rate in February 2012 was 9.2% compared to the state 9.7%.

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

- In 2010, 70% of Lane County's 24-35 month-olds received the full recommended series of immunizations (4:3:1:3:3:1 series), compared to 73% at the state level. Lane County Public Health serves 1% of this age population while the private medical community provides the rest of the immunizations.

- Lane County's Religious Exemption rate for immunizations required for kindergarten was 8.5% in 2011-2012. Exemptions are not spread evenly across the county but are disproportionately higher in certain geographic areas. Populations with lower herd immunity are at significantly increased risk for outbreaks of vaccine preventable diseases including measles and pertussis. Oregon's Religious Exemption rate for immunizations required for kindergarten was 5.8%.
- Preliminary and incomplete data for 2012 shows 1,297 reported cases of chlamydia through October 31, showing an increase over 2011.
  - 1,281 reported cases in 2010, with an incident rate of 367.52/100,000
  - 1,268 reported cases in 2009, with an incident rate of 365.9/100,000 population
  - 1,052 reported cases in 2008, with an incident rate of 340/100,000 population
- Preliminary and incomplete data for 2011 points to an increase in gonorrhea cases with 85 reported through October 31, 2011 (73 for same time period in 2010).
  - ✓ 43 reported cases in 2010, with an incident rate of 12.33/100,000;
  - ✓ 139 reported cases in 2009, with an incident rate of 39.5/100,000 population,
  - ✓ 101 reported cases in 2008, with an incident rate of 27.8/100,000 population
- Two cases of syphilis were reported in 2012, compared to 8 reported in 2011.
- Teen pregnancy rate for 10-17 year olds for 2011 was 6.3 compared to state at 6.7 per 1,000 teens 10-17.
- Teen pregnancy rate for 15-17 year olds for 2010 was 15.3 compared to state at 17.1 per 1,000 teens 15-17.
- 26% of Lane County adults are obese and another 35% are overweight.
- BRFSS 2006-2009 age-adjusted data shows 6.3% of Lane County adults have diabetes (6.8% statewide), 27.3% have high blood pressure (25.8% statewide), 33.6% have high blood cholesterol (33.0% statewide), 10.6% have asthma (9.7% statewide).
- 8% of 8<sup>th</sup> graders report smoking cigarettes compared to 9% in Oregon.
- 15% of 11<sup>th</sup> graders report smoking cigarettes compared to 16% in Oregon.
- 4% of 8<sup>th</sup> graders (males) report using smokeless tobacco compared to 5% in Oregon.
- 14% of 11<sup>th</sup> graders (males) report using smokeless tobacco compared to 14% in Oregon.
- 18% of adults report smoking cigarettes compared to 17% statewide.
- 24% of all deaths in one year in Lane County are due to tobacco use.
- 15% pregnant women report smoking cigarettes while pregnant, compared to 12% statewide.
- Fetal Infant Mortality rate 2001-2005 for Lane County was 8.25, down from 9.5 in 2000-2004. Oregon's overall rate was 8.0. Lane County's "Reference

Group” rate decreased to 6.9. The most recent U.S. “Reference Group” rate is 5.8.

- In 2011, 47% of pregnant women in Lane County were served by WIC. Statewide it was 46.1%.
- In 2011, 13,385 women, infants and children were served in Lane County through the WIC program. Of those, 9,329 were infants and children under age 5 and 4,056 were pregnant, breastfeeding and postpartum women.
- In 2011, 5,535 families were served in WIC. Of those, 61% are working families. In 2010, 60.3% were working families. (A working family is defined as a household with at least one wage-earning family member.)
- In 2010, 94% WIC moms start out breastfeeding.

In 2011, there were 3,469 births to Lane County residents, down slightly from 2010 with 3,493 births. Between 2000 and 2009, the number of births has remained in the 3,500 to 3,700 per year range.

Births to teen moms as a percentage of total births generally declined over the past ten years. In 2000, the percentage of births to teen moms was 11.9%, and in 2011 the percentage was 6.3%.

Overall in Lane County, the percentage of infants born to mothers who had first trimester prenatal care has trended downward from a high of 80.2% in 2001 to 77.7% in 2011. The downturn in the economy and the increase in poverty and homelessness may contribute to decreased early access to care.

In 2011, the percentage of births with low birth weight in Lane County was 5.9%. 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.

### 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 has shown a decrease to 8.25 in the most recent data for Perinatal Periods of Risk 2001-2005. Community efforts to maintain and enhance this downward trend continue.

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 five years of the FIMR analysis, a number of common issues have been 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.

### **Adequacy of Local Public Health Services**

The budget approved for FY 12/13 maintained the local public health authority, a value deeply held by the Board of County Commissioners. LCPH will begin the budget process for FY 13/14 in December 2012. We continue to work with the Community Health Centers (CHC) of Lane County, a division of the H&HS Department, to strategize how to maximize billing options under the CHC, especially for our MCH and CD programs. For FY 11/12 we developed a different billing strategy which provided us the opportunity to reduce the need for MCH general funding by \$175,000 while projecting that amount of funding via the billing process with the CHC. The Budget Committee has not yet begun its deliberations on the budget so we wait for further direction at both the state and

federal levels for budget information. We continue to work with the CHC as well in regards to the provision of STD clinical services and to provide immunization services in the primary care setting by a portion of our Communicable Disease Public Health Nurses. This strategy is allowing us to raise the immunization levels in Lane County. Lane County continues to work on strategies to fund prioritized services when the much needed Secure Rural Schools (timber funds) are no longer provided. Without the timber funds, our Communicable Disease, Maternal Child Health and WIC programs are dramatically affected in maintaining the required level of service and protection for the community.

LCPH has a Public Health Supervisor on-call at all times (24/7/52). The on-call supervisor is reached through an 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. Through our effort with the H1N1, we have been able to seek volunteer nurses as well as extra help nurses to provide vaccinations, but to also have a cadre of nurses available should we need to call for additional assistance for any future outbreaks.

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. Only a fraction of those receive nurse home visiting services due to staffing limitations. Beginning in August 2011, the MCM home visiting billing process came under the Community Health Centers of Lane County. This has provided revenue to make up for some of the loss of county general funds. The MCH team is working on new strategies to increase the number of home visits nurses can provide.

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 six 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 have been 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 the highest risks, thus limiting access to other families with unmet needs.

Lane County was awarded a grant to begin a Nurse Family Partnership (NFP) program in 2012. NFP is an evidence-based, community health program that helps transform the lives of vulnerable mothers pregnant with their first child. The goals of the NFP program are to improve pregnancy outcomes by helping women engage in good preventive care; improve child health and development by helping parents provide responsible and competent care; and to improve the economic self-sufficiency of the family by helping parents develop a vision for their future, plan pregnancies, continue their education, and find work. Because of the grant, we were able to hire two additional nurses and are able to serve more pregnant women. The NFP program was launched in August 2012 following rigorous training by NFP staff at the National Service Office. NFP trained public health nurses enroll clients into the program early in the client's pregnancy and work with these families until their child is age two.

Our WIC staff provides an exemplary level of service to the families they serve. The team has been able to incorporate creative strategies to keep the caseload numbers up including development of 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. At this time, it is apparent that the need for WIC services has increased along with other service needs accompanying the economic downturn. The program is currently maintaining approximately 100% of assigned caseload.

The Environmental Health program includes a staff of 11.6 FTE. Staff is 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 has successfully built positive working relationships with the food industry as well as tourist and travel industry. The Environmental Health program leads the state in the number of food manager training courses (ServeSafe) provided in Lane County and will host classes in February and November of 2013. The Environmental Health program continues an effective State Drinking Water Program.

## **Provision of Five Basic Services (ORS 431.416)**

### **Communicable Disease**

#### Epidemiology

Public Health communicable disease surveillance and reporting activities vary with the year.

The annual flu season for the fall and winter of 2010 and 2011 was more normal than the previous year of the H1N1 pandemic. Surveillance during the current flu season (fall and winter of 2011 and 2012) indicates that the circulating influenza viruses are, largely, well matched to the current trivalent vaccine which includes H1N1 as a component of the seasonal vaccine. The ongoing challenge is to assure an appropriate level of understanding and respect for influenza, leading to appropriate prevention activities even during low incidence years.

In 2011, Lane County Public Health (LCPH) recorded 980 reportable communicable diseases, not including sexually transmitted diseases (STDs) or HIV. In the first 10 months of 2012, there have been 585 such reports.

Another communicable disease of note is the continued presence of cases of pertussis, or Whooping Cough, in our community as well as in outbreaks in other parts of the country. LCPH received 42 reports of pertussis in 2011 and 26 cases in the first 10 months of 2012. This undoubtedly underrepresents the burden of disease in Lane County. It is significant that pertussis is a vaccine-preventable disease that carries significant risk to young children and individuals with certain chronic illnesses and immune disorders. Some of these individuals cannot be immunized, or do not mount an effective immune response when vaccinated. It is important the community around them maintain a high level of vaccination to reduce the chance that the most vulnerable individuals are protected. Our new adult immunization project includes a goal of increasing adult Tdap and health worker influenza vaccination rate by 10%.

Among the sporadically reported diseases were dengue or “Bone break fever” - a mosquito-borne tropical illness seen in an international aid worker, 2 cases of tularemia, which can be a bio-terrorism pathogen but – as in these cases – can also be transmitted by rabbits and other wild or domestic farm animals through tick, mosquito and fly vectors, and 2 cases of listeriosis. The majority of our work was related to the more common diseases including pertussis, salmonellosis, hepatitis C, Giardiasis, and campylobacteriosis. With increasingly sophisticated laboratory testing and reporting capabilities, local health departments are often able to determine if cases or outbreaks are related to cases in other jurisdictions or part of a wider outbreak requiring a coordinated public health response.

In June 2011, LCPH responded to an outbreak of a severe initially unidentified respiratory illness in a Lane County care facility. Three programs within LCPH - the Communicable Disease, Environmental Health, and Preparedness Programs - worked quickly and effectively with the facility and its contracted infection control provider to identify the organism and limit the outbreak. Consultation and joint meetings were held with the state epidemiologists, the local PeaceHealth Lab, hospital infectious disease specialists and doctors to expedite the proper

diagnosis, treatment, and control of the outbreak. The final case count was 23, including 7 hospitalizations and 3 deaths. The organism was identified as human metapneumovirus. The effective public health outbreak effort required a rapid and sustained response for 2 weeks. Communicable disease nurses, Preparedness coordinators, supervisors and support staff were fully occupied with this effort during that time.

The capacity to rapidly respond and sustain an effective response is crucial to controlling the spread of disease and preventing or reducing the serious consequences including deaths.

The LCPH Communicable Disease Team must participate in regular trainings covering multiple disciplines, in order to remain current and prepared to respond safely and effectively to public health events and to provide clinical services including immunizations, STD treatment, tuberculosis case management, and laboratory services.

Here is a listing of many of the mandatory or essential trainings that designated members of the LCPH Communicable Disease team participate in order to stay current in response capability.

- Respiratory Protection Plan & Fit testing
- LCPH Emergency Response Plans
- Blood Borne Pathogen
- Health Alert Network
- Communicable Disease (epidemiology) 101
- Communicable Disease (Outbreak Investigation) 303
- Forensic Epidemiology
- Isolation & Quarantine
- Outbreak exercises
- Laboratory packaging
- Hazardous Materials training
- Media and risk communication trainings
- Immunization Data Registry trainings
- Vaccine Eligibility coding
- Immunization Delegate Site Review
- STD Clinical Update
- Disease specific trainings such as tuberculosis and *Cryptococcus gattii*
- Position specific preparedness trainings including
  - FEMA Communication & Information Management
  - FEMA - Resource Management
  - FEMA – Multiagency Coordination
  - Introduction to Incident Command

LCPH completed the transition to the state ORPHEUS database for communicable disease reporting. With strict confidentiality protections in place,

the database has improved the cooperative reporting between the county and the state as well as with surrounding counties in select situations.

### Tuberculosis

Lane County continues to be a low incidence area for active tuberculosis. Tuberculosis cases in 2010 and 2011 were both foreign born and domestic with one case resulting from a past exposure in another state. All of the individuals with tuberculosis were employed. None of the 2011 cases were among the homeless. The travel and immigration patterns of Lane County residents in recent years make the constant surveillance and effective response to even one case of tuberculosis in our community essential.

The purposes and responsibilities of the LCPH Communicable Disease Program, Tuberculosis section are:

- To prevent the spread of active tuberculosis disease to people in Lane County
- To prevent outbreaks of tuberculosis in specific groups and populations. Recent examples of Lane County specific outbreaks include residential facilities, private workplaces, and schools.
- To reduce the development of active tuberculosis disease in the pool of latent tuberculosis infected individuals

These responsibilities are carried out by LCPH using the evidence-based standards of tuberculosis control in conjunction with the Oregon Health Authority HIV-STD-Tuberculosis Program.

- To identify and report every case of active tuberculosis disease in the county
- To assure initiation and completion of treatment of every case of active tuberculosis disease in the county, called "Tuberculosis Case Management" – a six month to one year process for each case.
- To complete an extensive case investigation for each case of active tuberculosis disease in order to identify exposed contacts to the case, those infected, and assure completion of preventative medication treatment.

Effective and sufficient response requires a knowledgeable and resource-adequate response at a local and state public health level in conjunction with local health care providers in the private sector. Delay in identifying or adequately meeting these responsibilities in even one case of active, infectious, tuberculosis disease can result in spread to the immediate population contacts of the case, and from there into the wider community, exponentially increasing both the burden of disease and the medical and economic costs to the individuals and wider community.

TB Case Management is a service that only local public health provides. It is the cornerstone of effective evidence based control of tuberculosis and consists of the following work:

- Identification of the disease by a sophisticated, multifaceted process including, local and state laboratory identification at specific intervals from suspicion of disease, through confirmation 4-6 weeks later. During this interval, the case is managed and treated by LCPH as if the disease is present.
- Assuring the client has a private health care provider (pulmonologist, infectious disease doctor, internist, family practice doctor, nurse-practitioner, or physicians assistant) – whether or not the client is able to pay for the service. This can be a complex and ongoing process throughout the course of treatment.
- The LCPH Nurse TB Case Manager acts in collaboration with the private physician, providing education and for those who may have limited or no experience in treating a client with tuberculosis, and assuring adequacy and completion of treatment.
- Consultation and collaboration with LCPH Health Officer and state tuberculosis program including participation in TB cohort review process.
- Nurse TB Case Manager home/hospital visits with the client and family to provide initial education and expectations for the period of treatment. These initial visits are challenging since the individual is learning that their activities (work, church, social, and family) will be restricted until it is demonstrated that they are no longer contagious. The individual also learns that LCPH will be providing daily, observed, 4 drug therapy through this period followed by twice weekly therapy until the documented cure and end of treatment many months later.
- DOT – Directly Observed Therapy is the evidence based international standard for treatment of active tuberculosis disease. Examples of the places that LCPH has provided DOT include: homeless shelters and river camps, private homes from Florence to rural East Lane County, and worksites throughout the County.
- Ongoing LCPH nurse evaluations to assure that the client is not experiencing serious side effects (including vision and liver) from the treatment and to assure that the client is keeping appointments with the private provider and required X-rays and laboratory testing.
- Contact Investigation involves identifying the contacts of all active cases and screening them all for TB infection, both immediately upon identification and two months later. Frequently it is necessary to provide TB education to those involved to try to minimize misunderstanding and anxiety. Case management services often need to be provided in a culturally sensitive manner and in languages other than English.

Private medical providers do not perform these functions. Tuberculosis as a disease and as a public health issue cannot be managed alone by private providers. This is the evidence-based assessment recognized both internationally and nationally.

In addition LCPH provides education and assessment services to community members and organizations to aid the identification and prevent the spread of tuberculosis. At a minimum we provide billable tuberculosis testing for 5 employers and treatment centers. We also provide twice yearly LCPH TB nurse inspections of the ultraviolet light system at the Eugene Mission which were installed during the most recent homeless shelter outbreak in Lane County. We provide consultation to other organizations which are developing their own tuberculosis prevention programs. We have developed and maintain a comprehensive internal Respiratory Exposure Prevention Protocol including initial tuberculosis testing of all public health employees and annual fit testing of respiratory protection equipment for employees whose work may put them at risk of exposure. Finally, we continue to provide ongoing B2 Waiver tuberculosis evaluation and follow-up for those referred from immigration services.

### Sexually Transmitted Disease Control Measures

The majority of reported cases of STDs come from private providers and not from public health clinics. Lane County Public Health, unlike private providers, is the entity responsible for assuring treatment of contacts of reportable STDs and, therefore, reducing the spread of these diseases throughout the population.

Chlamydia remains the disease with the highest case counts of any reportable communicable disease in Lane County. In 2011, LCPH received 1,296 reports of chlamydia. In the first 9 months of 2012, LCPH has received 1,103 reports of chlamydia. In addition, with most cases of chlamydia being asymptomatic, it is estimated that the true case count is three to four times greater.

There were 81 reports of gonorrhea in 2011 and 8 cases of syphilis. Thus far in 2012, LCPH has received 84 reports of gonorrhea and 4 cases of syphilis.

Surveillance reports show that the greatest burden of disease is in those people less than 25 years of age. These numbers do not reflect the increased morbidity, including hospitalizations or fertility impacts such as increased ectopic pregnancies, in those who sustain complications from chlamydia or gonorrhea infection.

In response to the move to our new facility in the Charnelton Building and to address points in the 2010 Triennial Review, LCPH has written a new lab manual. The manual is focused on specific policies and procedures for nurses providing the STD examination and treatment client services, as well as

attending to lab sample collection and packaging in accordance with state and OSHA requirements.

LCPH has transitioned to the statewide ORPHEUS database for STD reporting. This is facilitating confidential communication and morbidity reporting with the state as well as with other counties. In addition, database security and access has improved communication between the LCPH staff and the off site state Disease Information Specialist who investigates high risk STD cases such as gonorrhea, chlamydia in pregnant women, and syphilis.

### Immunizations

The purpose of the LCPH Communicable Disease Immunization Program is to reduce the incidence of vaccine preventable diseases in the community. LCPH work includes a comprehensive program of community vaccination assessment, delegate immunization partner education and management, health care provider education and training, community education, provision of direct immunization services, and vaccine management. The LCPH Immunization Program operates in partnership with the Oregon Public Health Division Immunization Program, health care providers in the county, and with schools.

LCPH provides immunization support to nine delegate clinics. At present these include five school based health centers, three Community Health Centers of Lane County, and Health Associates in Florence. The services that LCPH provides to these delegate sites include:

- Training for providers, nurses, and administrative support staff to provide sustainable safe, effective, and accurate immunization services
- Initial, annual, and as needed training on vaccine eligibility, coding, and charging
- Training and ongoing support for vaccine storage and management
- Access and follow-up support and training for the ALERT IIS Immunization data Registry – an evidenced based best practice for assuring and improving childhood immunization rates
- Training and support for vaccine reporting to assure compliance with requirements for use of state and federal vaccine
- Access to federal and state programs providing state of the art vaccine refrigerators and monitoring equipment and assistance in setting up and using this equipment.

LCPH, with the support of the Oregon Public Health Division Immunization Program, is the only entity that provides these services in our county. In the 2010 state Immunization Program Triennial Review of our program, the reviewer noted the enormous positive impact to the community that results from our coordination and management of our delegate immunization clinics.

Immunization delegate management is a large component of the work of the LCPH Immunization Coordinator and Senior Stores Clerk as well as other members of the Communicable Disease Team.

In calendar year 2011, LCPH directly provided 3,632 non-flu immunizations. In the first three quarters of 2012, we gave 2,428 non-flu immunizations. Our delegate clinics provided 9,573 non-flu immunizations in 2011, and 8,449 in the first three quarters of 2012.

In 2010, LCPH prepared and trained to transition to the new state IIS Alert Immunization registry. As the data registry enrolls new providers, opportunities to assure that children's immunization records are accurate and up-to-date continue even as families move from one location and provider to another.

A total of 52,667 school immunization records were reviewed for the 2011/2012 school year for all children in public and private schools and in preschools and certified day care facilities. We worked with 146 school and 154 children's facilities to address omissions in immunization records. On February 2, 2012, school exclusion letters were issued for 2,824 students. Of these, 259 students were excluded from school until immunization records were documented as being in compliance with state requirements.

The LCPH Communicable Disease team, including the County Health Officer and Nurse Supervisor, are continuing to analyze the Religious Exemption and Up-to-Date figures to assess and address the increased local risk for outbreaks of vaccine preventable diseases including measles, mumps, pertussis, and varicella. The Religious Exemption (RE) from required school immunizations increased across Lane County to 5.7% in 2011 from 5.43% in 2009. This year, for the first time, the report breaks down the exemption by vaccine antigen as well as by individual school.

Our School Immunization Coordinator works with each school's representative to update them on immunization and reporting requirements, educate them on the vaccines and their importance, and provide them with tools and evidence-based resources to help counsel families who are weighing the decision to vaccinate or claim religious exemption. She has had some measurable successes with several schools whose improved rates of up to date records are reflected in the report.

On October 10, 2-11, Dr. Patrick Luedtke, Lane County Health Officer, made a presentation at the Peace Health Pediatric Grand Rounds on the "Rising Number of Religious Exemptions in Lane County". In an effort to keep immunizations in the media, Dr. Luedtke also held a Town Hall Meeting on immunizations and spoke at the City Club November 16, 2012.

LCPH remains a good steward of our expensive and fragile vaccine resources. Our immunization program continues to exceed the performance measure target of 95% in vaccine accountability.

The LCPH Communicable Disease Program is also collaborating with the Community Health Centers of Lane County to identify opportunities to work together to coordinate and improve immunization services for Community Health Center clients and to support the broader LCPH Immunization program.

## HIV

The LCPH HIV Program continues to focus program resources and efforts on testing and prevention services to populations at greatest risk for disease. This emphasis is reflected in both our in-house and outreach efforts at LCPH and in our support and collaboration with our subcontracted agency, HIV Alliance. As funding at both the state and local level continue to decrease, we continue to strive to increase accessibility to members of these vulnerable populations.

HIV Counseling Testing and Referral Services (CTRS) are provided by appointment and, when possible, for clients who drop-in. In 2010 and 2011, LCPH provided these services in-house and also at Willamette Family Treatment Service sites. Outreach and testing was also provided at Buckley Detox & Sobering Station. Wednesday afternoons remain a reserved and promoted time for testing men who have sex with men (MSM) at LCPH. In addition, the LCPH HIV counseling and testing staff member collaborate with HIV Alliance to provide HIV testing at special events such as Project Homeless Connect, the University of Oregon during times dedicated to awareness and services to African American/Black and Latino communities, and to Latino clients at Centro Latino Americano.

LCPH has a Performance Measure to focus at least 65% of our HIV testing on populations at increased risk of HIV including MSM, injection drug users (IDU), and sex partners of people in these populations. In 2011, LCPH and its subcontracted partner together exceeded this goal every month. In 2011 a total of 1,178 HIV tests were provided. LCPH itself provided 469 of these HIV tests, exceeding our goal of 400.

LCPH continues to actively support and participate in the Lane County Harm Reduction Coalition (LCHRC) which consists of private and public partners with the purpose of reducing the impact of injection drug use and other substance abuse on public safety, community health, and individual health.

Funding for HIV Prevention from the Centers for Disease Control and Prevention is being restructured to align with national priorities to increase resources to areas where there is an increased prevalence of HIV. Oregon is a low incidence state and will receive reduced funding. Within Oregon, Lane County is one of

seven counties with the highest incidence and prevalence of HIV. It is anticipated that Lane County will continue to receive some HIV Prevention Funding, although in decreasing amounts over the next 4 years. Prevention activities that are to be undertaken with these funds include: HIV testing; comprehensive prevention with positives; condom distribution; and policy and structural initiatives. When the funding figures are known, LCPH will need to determine where the required core components can best be met. Careful evaluation of both the LCPH HIV Program and the subcontracted services at HIV Alliance is being undertaken.

Both HIV Alliance and LCPH have seen an increase in numbers of clients testing positive for HIV. For 2011, LCPH performed 469 tests and had two test positive. HIV Alliance performed 709 tests and had 22 test positive. Tests at HIV Alliance are completed on targeted groups and those most likely to be high risk for HIV while 70% of the tests performed at LCPH are on high risk individuals.

### LCPH Communicable Disease Program Summary

In summary, the work of the LCPH Communicable Disease Program consists of population focused services and programs in the following areas:

- Communicable Disease – prevention, surveillance, reporting, treatment
- Outbreak management
- Tuberculosis
- Sexually Transmitted Diseases
- Immunizations
- HIV prevention, surveillance, and testing

The same 3 to 4 Community Health Nurses and 2 Community Services Workers, supported by a Health Officer, Nursing Supervisor, Senior Stores Clerk, and 1.5 Office Assistants, provide all the client services, community and provider education, planning, enacting, and reporting for all of these programs. To address specific community health issues, they serve on multiple state and local committees including: CLHO/Epi, CLHO/HIV, Lane Harm Reduction Coalition as well as on program, division, and Lane County H&HS department committees to address the priorities of our organization.

### Parent and Child Health Services

The Oregon Mothers' Care (OMC) program helps low-income pregnant women establish health insurance coverage with Oregon Health Plan (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 408 low income pregnant women were served in 2010.

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 our 7.9 FTE of public health nurses. 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 2011 MCH nurses provided home visiting for 745 unduplicated clients. Of these, 365 received maternity case management, 322 received Babies First and 58 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 although we receive 100-200 high risk referrals per month, we are able to serve only those at highest risk.

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 Community Health Centers, then a component of the Human Services Commission, another Division of the Lane County Department of Health and Human Services. The FP clinic is now within the Federally Qualified Health Center (FQHC), also known as the Community Health Centers of Lane County. Goals for the FY 12/13 year for the Family Planning Program which fit within the Title X requirements are: 1. Increase the number of Family Planning clients receiving Plan B to at least 25%. 2) Continue to increase the number of clients receiving long acting reversible contraception (LARCs).

### **Collection and Reporting of Health Statistics**

Lane County Public Health provides statistical information to Oregon Health Authority/Public 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; the immunization data system ALERT; 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. During 2012, a Public Information Officer has been contracted to work specifically with the Health and

Human Services Department rather than through the county PIO. This has been a significant assistance to the department for all types of media work as well as letting the community know what the department does. The contracted PIO has provided a good deal of support to the Public Health Division, especially with 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, H1N1 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 2012: full service and limited service food facility (973), bed and breakfast (15), mobile units (208), commissaries and warehouses (43), temporary restaurants (765), pools/spas (287), traveler's accommodations (122), RV parks (76), and organizational camps (12), for a total of 2,501. The total in 2011 was 2,795. In addition to license facility inspections, EH staff completed 201 daycare inspections and 168 school/summer food program and miscellaneous kitchen inspections for jails, fraternities, group homes, etc. The EH and CD teams work closely together as needed to ensure safe food and tourist accommodations. In 2011, the following are some of the violations found upon general inspections: improper holding temperatures (423), contaminated equipment (419), and poor personal hygiene (65). 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 74,389 food handler cards in Lane County and counties across the state through intergovernmental agreements. Of that total, 1,326 were issued in-house. In addition to the above services, EH also provides Drinking Water Program surveillance to 311 public water systems in Lane County. Approximately 52-55 water system surveys are conducted yearly throughout Lane County.

### **Adequacy of Other Services**

#### **Chronic Disease Prevention**

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. (See Tobacco Prevention Program objectives under Action Plan section.)

Lack of physical activity and poor nutrition are the second leading cause of death in Lane County. Twenty-six percent of Lane County adults are obese (70,663) and another 35% (95,122) are overweight. Health consequences of obesity include coronary heart disease, type 2 diabetes, cancers (endometrial, breast, and colon), hypertension, Dyslipidemia (for example, high total cholesterol or high levels of triglycerides), stroke, liver and gallbladder disease, sleep apnea and respiratory problems, osteoarthritis (a degeneration of cartilage and its underlying bone within a joint) and gynecological problems (abnormal menses, infertility). Obesity is also financially costly for Oregon. A study commissioned by the Northwest Health Foundation found that 34 percent of the increase in Oregon's health expenditures between 1998 and 2005 could be attributed to the rising obesity prevalence. (See Healthy Communities Program objectives under Action Plan section.)

### Primary Health Care

In regards to primary health care a division within the Lane County Department of Health and Human Services was established – Community Health Centers (CHC) of Lane County. The central office is called RiversStone Clinic, located in Springfield. A second location for the clinic has just been established in the “Charnelton” Building, the building where all public health services are now located (as of July 2010). Having a primary care clinic in the same building as a public health service has been helpful to the people we serve and provides for continued coordination of services between the two divisions. The CHC provides family planning, pediatrics, internal medicine, family practice, integrated behavioral healthcare and now prenatal care.

### Medical Examiner

The Deputy Medical Examiner program was moved out of the Lane County Department of Health & 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. The Public Health Emergency Preparedness (PHEP 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 PHEP program addresses public health mitigation, preparedness, and response and recovery phases of emergency response through plan development, training and exercise, and plan revision. The program also galvanizes the community to tackle local preparedness needs, and specifically focuses planning for the needs of the community's most vulnerable populations. The program is actively monitored to

assure the attainment of professional standards and state/federal guidelines and to evaluate the program's success.

The following objectives have been identified for the PHEP Program:

1. Maintain and update the Lane County Emergency Operations Plan describing the functions, capabilities and procedures necessary to mitigate, respond and recover from a local emergency.
2. Update and implement the Lane County Public Health exercise and training program, including providing regular training opportunities and at least two exercises that increase in complexity and adhere to Homeland Security Exercise and Evaluation Program (HSEEP) guidelines.
3. Provide technical support to the Lane County Vulnerable Populations Emergency Preparedness Coalition and assist with actions identified within the coalition's work plan.
4. Share program accomplishments and lessons learned by presenting at professional conferences.

### III. Action Plan

#### Communicable Disease Program

- **Current condition or problem:**

1. TB case management and DOT for all active TB cases as defined in Program Element 03 of IGA with DHS/Oregon Health Authority.
2. Continued elevated rates of chlamydia.
3. Countywide immune rates for 24-35 month olds (4-3-1; 3-3-1) was just 60.2% in 2009 – the last year that information is available. State wide the percentage is 65.5%.
4. LCPH clinic up-to-date immunization rate for the same antigens in this population is 70%
5. Maintain currency of required staff preparedness trainings.
6. Continued immunization delegate support for 9 clinics.
7. High religious exemption rates for immunizations in certain populations. (See Immunization Action Report)

- **TB Control Measures:**

Goals:

1. Prevention of TB outbreaks at homeless shelter.
2. Provide culturally competent TB case management for all clients.
3. Meet state performance measures in Program Element 03.
4. At least 90% of individuals within LPHA's jurisdiction with newly diagnosed TB, who are identified by or reported to LPHA and for whom therapy for one year or less is indicated, complete therapy within 12 months of the identification or report.
5. Contacts are identified for at least 90% of newly reported or identified sputum AFB-smear positive TB cases within LPHA's jurisdiction.
6. At least 95% of Contacts to reported or identified sputum AFB-smear positive TB cases within LPHA's jurisdiction are evaluated for infection and disease.
7. At least 85% of infected Contacts to reported or identified sputum AFB-smear positive TB cases within LPHA's jurisdiction who are started on treatment for latent TB infection will complete therapy.
8. Assure TB case management staff remain current with standards of care.
9. Assure health and safety of staff when providing TB case management care.

Activities:

1. Twice yearly inspection of the ultra-violet light system at the homeless shelter (system was installed Fall of 2003.)
2. Assure availability of professional staff with appropriate language skills. Staff will complete required annual diversity trainings.

Individualized assessment of client needs include cultural appropriateness of services.

3. Maintain up to date reporting to state to demonstrate required performance measures for Program Element 03 are being met.
4. CD nursing staff and Public Health Officer participate in regular state and in-house TB case management reviews.
5. Participate in state webinars and webinars for new staff as offered.
6. Annual review of the LCPH Respiratory Protection Plan and fit testing of designated staff.

Evaluation:

1. Biannual evaluation of UV lights and monthly logs will show homeless shelter staff following procedures for light maintenance.
2. Continue surveillance and monitoring of TB cases as noted in Program Element 03 of IGA with DHS/Oregon Health Authority.
3. Triennial program review with state and local staff completed September 2010.

• **STD Control Measures:**

Goals:

1. Prevent and control spread of STD's in Lane County.
2. Meet program requirements in Program Element 10.
3. Increase direct STD services to clients.
4. Address STD investigations locally.
5. Clarify nursing standards for scope of practice in STD clinic.

Activities:

1. Annual review of STD protocols to ensure the protocols are in line with CDC and state guidelines.
2. Ongoing CD team review of LCPH STD clinic process.
3. Increase LCPH capacity to provide STD case management.
4. Maintain STD surveillance and reporting process using established community links, local trained staff, and the ORPHEUS data system.
5. Target outreach and clinic availability, in conjunction with local partners, to clients at high risk for STD's.
6. Work with local partners 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. STD performance measures provide data on reportable STD incidence rates.
2. New nurse will achieve initial proficiency in STD treatment and case management within 6 months of hire.

3. LCPH STD reporting process will meet state standard for timeliness and completion.
  4. LCPH will continue collaboration with state STD program, the Community Health Centers of Lane County, and Planned Parenthood to assure access to STD services during both normal public health activity levels and during times of surge efforts on other communicable disease work.
- **Continued integration and training of applicable preparedness activities and staff with Communicable Disease (CD) program.**

Goals:

1. CD team members will understand and maintain currency of preparedness training.
2. Develop and maintain surge capacity preparedness for CD staff.
  - a. Expand, organize and document CD team preparedness trainings.
  - b. CD team will participate in drafting, reviewing and exercising preparedness plans.
  - c. CD team members will meet trainings required as outlined in preparedness program elements of IGA with DHS/Oregon Health Authority.

Activities:

1. CD nurses will participate in quarterly preparedness staff meetings.
2. Preparedness staff will provide updates during bimonthly communicable disease staff meetings.
3. CD staff will complete required trainings according to the Public Health Training Plan for staff positions.
4. CD staff will continue to participate in preparedness planning.
5. Participate in preparedness exercises and drills.

Evaluation:

1. Preparedness staff will enter and monitor program output and outcome data as part of the countywide performance measure tracking.
2. At least annually, training records will be examined for progress, development of maintaining plan, and achievement of standards by the CD supervisor.
3. Evaluation of exercises, drills and actual events will be documented in a "Hot Wash" and After Action Reports with the CD team.
4. CD staff will review training records quarterly to be certain records are accurate.

- Continue to focus on increasing overall immunization rates of 24-35 months olds (served by LCPH).

Goals:

1. Maintain immunization performance measures we have accomplished.
2. Continue to assure current and accurate data in ALERT IIS.
3. Provide information/resources that addresses provider concerns and parent hesitancies regarding vaccines.
4. LPHA shall improve the 4:3:1:3:3:1 immunization series coverage rate by one (1) percentage point each year and/or maintain a rate of > 90% (4 DTaP, 3 IPV, 1 MMR, 3 Hep B, 3 Hib, 1 Varicella). (PE 43 of IGA)
5. LPHA shall reduce their Missed Shot rate by one (1) percentage point each year and/or maintain the rate of < 10%. (PE 43 of IGA). While this remains a state and county goal, LCPH's unique immunization clinic population includes many parents with vaccine hesitancy. Staff continues to work to provide information and education to these families about each recommended and school required immunization. None-the-less, nurses provide all the recommended immunizations that the parent will accept, even if this means that we have missed shots recorded.
6. 95% of all state-supplied vaccines shall be coded correctly per age-eligibility guidelines (PE 43 of IGA).
7. 80% of infants in LPHA's Service Area exposed to perinatal hepatitis B shall be immunized with the 3-dose hepatitis B series by 15 months of age. (PE 43 of IGA).
8. 80% of all vaccine administration data shall be entered within 14 days of administration. (PE 43 of IGA)

Activities:

1. Use AFIX reports to clarify areas of concern.
2. Evaluate specific areas, i.e. missed dose rate in AFIX 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.
4. Monthly evaluation of code report for accuracy.
5. Systematic monitoring and follow-up of perinatal hepatitis B cases.
6. Data entry of all immunizations given within 14 days of administration.
7. LCPH partner with state in discussions to provide information/resources to providers regarding vaccine hesitancies.

Evaluation:

1. Complete review of AFIX report annually for missed doses and up to date information compared to goal.
2. Discussion of AFIX findings at Communicable Disease Team meeting annually.
3. Review state evaluation of perinatal hepatitis B cases and address discrepancies.

4. Compare monthly report of vaccine coding and compare to goal in contract performance measures.
5. Provider assessment regarding concerns regarding children's vaccinations.

## **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. Prevent spread of HIV Disease.
2. Provide HIV Core Component Prevention services in alignment with CDC priorities.
3. Increase rates of testing for populations at high-risk for HIV infection.
3. Link at risk individuals with other LCPH prevention services.
4. Provide counseling, testing information and referral services to individuals within targeted high-risk groups.

### **Activities:**

1. Provide confidential and anonymous HIV counseling and testing per DHS/Oregon Health Authority contract per minimum service requirements.
2. Review current program plans with the state HIV program and adjust based on new CDC guidance of priorities and Core Components as well as spending reductions.
3. Provide community outreach to MSM and injecting drug populations to encourage HIV counseling and testing, and education as to how to prevent the transmission of the HIV virus.
4. Through participation on the Harm Reduction Coalition, LCPH will continue to provide leadership and partnership with other organizations to support programs and events that help prevent the spread of HIV infection.
5. Continue to support subcontracted agency on their best practice programs, including counseling and testing and needle exchange activities.

6. Direct provision of LCPH services such as STD exams and treatment and/or referrals such as HIV case management per IGA with DHS/Oregon Health Authority.

Evaluation:

1. HIV program staff will maintain data as required by DHS/Oregon Health Authority and CDC, per the intergovernmental agreement (IGA).
2. CD staff will enter and monitor program output and outcome data as part of countywide performance measure tracking.
3. Ongoing coordination and contract monitoring regarding HIV prevention services with subcontracted agency.
4. CD staff will meet our performance measure goal of 65% or greater testing for high-risk populations.
5. Upon review of the Program Plan with the state, CD staff will see that we are meeting our stated targets.

**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. 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, Immunizations. Having the Vital Records program housed with public health has proven valuable especially as we have established the Fetal Infant Mortality Review team and have had statistics available for the team.

Goal:

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 death certificates submitted by Lane County Dept. H&HS are first reviewed by the local deputy registrar for accuracy and completeness per Vital Records office procedures. (Per change in policy directive from state, birth certificates are no longer reviewed.)
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 optimally within two business days of receipt by mail when all required

documentation is available from the state. Staff are available from 9:00 am to 4:30 pm five days per week.

4. Vital Records staff provide fetal death reports to nurse supervisor for ongoing FIMR work to reduce fetal/infant mortality.
5. Staff continue to answer many inquiries regarding obtaining birth certificates six months of age and older from the state vital records office.

Evaluation:

1. Public Health staff will continue to verify the accuracy and completeness of death certificates.
2. Public Health staff will continue to monitor that mailed requests for certificates are issued within two working days of request when required documentation is available from the state.
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.

**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 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.
3. The EH team is actively involved in preparedness training and interagency exercises. One Environmental Health Specialist (EHS) is trained as an emergency preparedness Public Information Officer.
4. One new EHS personnel attended the latest state orientation meeting for new EHS personnel.
5. One EHS personnel will attain national training in Pool Operator Certification.
6. The EH program now includes inspections of State Drinking Water systems. Lane County has 311 public water systems that require routine sanitary surveys. One EHS leads the Drinking Water Program with three EHS trained as back-up.

Goals:

1. Ensure licensed facilities in Lane County are free from communicable diseases and health hazards.
2. Continue to focus attention on Food Service Management and Supervisory personnel training.
3. Continue to work on FDA Program Standards.
4. Update electronic inspection program to a web-based platform in cooperation with the State Environmental Health Program.

5. Ensure all state drinking water systems in Lane County are free from communicable diseases and health hazards as noted in the State Drinking Water (SDW) IGA.
6. Conduct inspections of licensed facilities in a timely manner as required in the State Food Program (SFP) IGA.
7. Coordinate food-borne investigations with CD team.
8. Continue follow-up on citizen complaints in a timely manner as noted in the SFP IGA.
9. Provide food handler and food facility management education, testing and licensing as required in the SFD IGA.
10. Continue to provide nursing home training regarding prevention of noro-virus.
11. Conduct inspections of state drinking water systems in a timely manner as required by the SDW IGA.
12. Follow-up on drinking water alerts and non-compliance issues as required by the SDW IGA.

Activities:

1. Conduct health inspections of all licensed facilities as required by the State Food Program (SFP) IGA.
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 as required by SFP IGA.
4. Perform investigations for citizen complaints on potential health hazards in licensed facilities as required by SFP IGA.
5. Perform epidemiological investigations related to public facilities as requested.
6. Provide environmental health education to the public as requested.
7. Document, follow-up and communicate with local animal control services and Oregon Health Authority on animal bites as required by DHS. Coordinate with local jurisdictions regarding animal bites.
8. The EH supervisor will continue work with interns on FDA Standards.
9. The EH supervisor will continue work with the Information Services Department, Conference of Local Environmental Health Supervisors (CLEHS) and Oregon Health Services Environmental Health program regarding option of electronic inspection program.
10. The EH Supervisor will work with CD Nurse Supervisor to develop noro-virus prevention training for nursing homes.
11. The EH Supervisor will ensure that staff is properly trained and oriented to the responsibilities of the 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 as required by the SFP IGA.
2. A triennial review of the Drinking Water Program and the Food and Lodging Program will be conducted by a state audit team.
3. Performance measures will be recorded against set targets in the Lane County ScoreCard system.

**Family Planning**

ANNUAL PLAN FOR July 1, 2012 to June 30, 2013

Problem Statement: Statistics provided by the state show a decrease in Plan B distribution despite measures to increase.

Goal 1: To promote awareness and increase access to Emergency Contraception among Oregonians at risk for unintended pregnancy.

Objective: Increase the number of Family Planning clients receiving Plan B to at least 25%.

Planned Activities:

1. Evaluate Ahler's data and Plan B inventory for the last year to evaluate the accuracy of the decrease in distribution of Plan B.
2. FP update for all providers and medical staff to offer Plan B to all FP clients at every visit.
3. Put up Plan B signs and posters in the exam rooms and rest rooms of all CHC clinics.
4. Meet with outreach staff to promote family planning in general to increase access to FP services.

Evaluation:

1. FP update planned for January 12 at a provider meeting.
2. FP update TBA for the rest of the medical staff.
3. Correct stats post data evaluation.
4. Assess Ahlers' data quarterly for Plan B dispensing stats.

Problem Statement: Numbers for provision of long acting reversible contraception (LARC) are increasing. In 2010 we inserted 34 IUDs and 6 Implanon; in 2011 we inserted 83 IUDs and 15 Implanon. There is a need for greater access to LARCs in our community.

Goal 1: Continue to increase the number of clients receiving LARCs; we have doubled our numbers from 2010 to 2011.

Objectives: 1. Review protocols and information handouts for LARCs for accuracy of information.

2. At FP update review LARCs with providers with a focus on necessary counseling elements.
3. Encourage insertion training for providers.

Evaluation: 1. Evaluate data to determine if our numbers are increasing. 2. Chart review to evaluate LARC counseling.

### **Health Information and Referral Services**

Current condition or problem:

Lane County Public Health provides health information and referral services five days a week in all Eugene program offices

Goal:

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

Activities:

1. Maintain bilingual (English/Spanish) support staff to answer telephone 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 and services provided through written and oral format as well as 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 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.

### **Healthy Communities Program Objectives**

**Best Practice Objective #1:** Infrastructure for Self-Management Programs, Early Detection and Tobacco Cessation Resources.

SMART Objectives:

1. By June 2012, support Loving Living Well/Tomando Coordinator's (Bev Cridland housed at Peace Health's Gerontology Institute) efforts to maintain our local Living Well/Tomando program delivery infrastructure and associated referral system by fostering Lane County's Federally Qualified Health Center's interest in participating in the Oregon Primary Care Association's Patient Self-management Collaborative (abbreviated as OPCA PSMC below).
2. By June 2012, all Lane County WIC service delivery staff will continue to implement an evidence-based 3As tobacco cessation intervention with clients who use tobacco, offer tobacco-using clients information on the Quitline, and refer interested and appropriate clients (those interested in quitting in the next 30 days) to the Quitline via the fax referral form [Tobacco Cessation Resources].
3. By June 2012, Lane County will develop and implement an organizational policy to regularly promote the evidence-based Chronic Disease Self-Management Programs (Living Well, tomando and others identified) available in the community to county employees, dependents and retirees living with chronic conditions. [Referral to Self-Management Programs]
4. By June 2012, Lane County will develop and implement an organizational policy to regularly encourage employees, beneficiaries, and retirees to obtain recommended screenings for colorectal, breast and cervical cancer. [Early Detection]
5. By June 2012, Lane County will develop and implement an organizational policy to encourage covered employees, beneficiaries and covered retirees to get recommended blood pressure and cholesterol screenings and follow up with recommended treatment to keep high blood pressure and cholesterol under control. [Early Detection]
6. By June 2012, Lane County will develop and implement an organizational policy to regularly promote the tobacco cessation benefits included in the county's health insurance plan to covered

employees, beneficiaries and covered retirees. The Oregon Tobacco Quitline will be simultaneously promoted to county employees and family members ineligible for county health insurance. [Tobacco Cessation Resources]

7. By June 2012, EC Coordinator will continue to participate in quarterly Well Group (local worksite wellness coalition) meetings to encourage other large local employers to consider implementing SMART Objectives 2-6 and other evidence-based worksite wellness policies and interventions at their own organizations.

#### Best Practice Objective #2: Healthy Worksites

##### SMART Objectives:

1. By June 2012, goal is that remaining H&HS properties will transition to tobacco-free status and a formal H&HS tobacco-free campus policy will be adopted, incorporated into the Departmental policy manual, and distributed by e-mail to all H&HS staff.
2. By June 2012, establish and implement a regular schedule to conduct tobacco-use environmental assessments at all H&HS properties to ensure compliance with new policy and address problem areas and build champions to continue policy assessment and communication efforts into perpetuity.
3. By June 2012, Lane County Department Directors, Central Administration Office, Human Resources, and Board of County Commissioners/Board of Health will have participated in educational sessions to increase understanding of the importance of adopting a county-wide tobacco-free properties policy.
4. By June 2012, the Lane County Public Health Division (~50 FTE) will adopt and implement a combined healthy food and physical activity at meetings policy for all public health-sponsored meetings and events.
5. By June 2012, conduct Department-wide educational efforts to increase H&HS employees' support for healthier worksite food and physical activity environments.

#### Best Practice Objective #3: Healthy Retail Environments

##### SMART Objective

1. By June 2012, workgroup including Lane Coalition for Healthy Active Youth (LCHAY), Public Health, Oregon Research Institute, the Willamette Food and Farm Coalition, Shelter Care, the Housing and Community Services Agency of Lane County, and Dari Mart will develop a policy proposal to increase availability of healthy, affordable food at convenience stores.

ACHIEVE Grant: Lane County Public Health received a three-year CDC-funded technical assistance grant from the National Association of Chronic Disease Directors in February 2011. This three-year initiative, known as ACHIEVE (Action Communities for Health, Innovation, and Environmental Change), includes the creation of a Community Health Action and Response Team

(CHART) comprised of community leaders from a variety of sectors. Under this initiative public health will lead collaborative assessments of local worksites, schools, community organizations, health care settings, and the community at large with CHART members. Once the assessment is complete, CHART members will work together to draft and implement a multi-year Community Action Plan focused on chronic disease prevention.

### **Parent and Child Health**

#### **• Prenatal Access, Oregon Mothers Care:**

##### **Current condition or problem:**

1. The percentage of Lane County pregnant women receiving first trimester care in 2011 was 77.7%, a slight improvement. The Oregon percentage in 2011 was 75.1%. The Oregon Benchmark goal is 95%.
2. Lane County's prenatal access program, Oregon MothersCare (OMC) assists pregnant teen and adult women access Oregon Health Plan (OHP) coverage and early prenatal care by helping remove barriers, per program element in the Intergovernmental Agreement with DHS.
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 as noted in the program element for OMC. (Noted in Program Element 42 in Oregon Health Authority IGA.)
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 as noted in the OMC Program Element.
3. Continue collecting and submitting client data quarterly to state as noted in OMC Program Elements in the IGA with DHS.
4. At each appointment with pregnant woman, staff will address healthy behaviors and importance of taking prenatal vitamins: vitamins will be provided to pregnant women at no charge.
5. Continue collaboration with Community Health Centers of Lane County in assisting pregnant women to access OHP services.

##### **Evaluation:**

1. OMC staff will continue to send 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.
  3. Excel spreadsheet will be maintained to track distribution of brochures and other outreach materials. Noted in OMC Program Elements in IGA with DHS.
- **Maternal Child Health, Maternity Case Management (MCM), Babies First!**  
Current condition or problem:

1. Lane County's fetal-infant mortality rate is higher than the rate for Oregon and the U.S. The most current data indicates that Lane County's rate has improved (decreased) and is now closer to the Oregon rate (Lane – 8.25; Oregon – 8.0). Initial data continues to indicate 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. Among post neonatal deaths during the two years of fetal infant mortality review, unsafe sleep practices were noted 40% of the time.
2. Collaborative partnerships with health providers and other service agencies have resulted in continued referrals for MCH services.
3. Public Health Nurses (PHNs) provide comprehensive Maternity Case Management (MCM) and Nurse Family Partnership (NFP) home visiting services for many women who are at risk of poor pregnancy and birth outcomes.
4. PHNs provide Babies First! services for infants and young children at significant risk of poor health or developmental outcomes.
5. 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.
6. PHNs provide support and assistance for families who have experienced a child's death by SIDS (Sudden Infant Death Syndrome). The Fetal Infant Mortality Review group case team reviews all fetal/infant deaths.

Goals:

1. Reduce Lane County's unacceptably high rate of fetal-infant mortality.
2. Increase the number/rate of births that are full-term ( $\geq 37$  weeks) and appropriate weight ( $\geq 6$  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.
7. Maintain up-to-date data entry into ORCHIDS.

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 and NFP nurse home visiting by well-trained and capable PHNs for at risk pregnant teen and adult women. (As noted in Program Element 42 of Oregon Health Authority IGA.)
4. Provide quality Babies First and CaCoon nurse home visiting services by well trained and capable PHNs. (As noted in Program Element 42 of Oregon Health Authority IGA.)
5. Provide nurse home visiting support for families who have experienced a SIDS death. (As noted in Program Element 42 of Oregon Health Authority IGA.)
6. Work closely with WIC to ensure a system of public health services for families in need.
7. Ensure staff assigned to do data entry into ORCHIDS for current client data to state. (As noted in Program Element 42 of Oregon Health Authority IGA.)

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.

**Public Health Emergency Preparedness**

Goals, objectives and activities are provided on page 23 of this document as well as within the Communicable Disease and Environmental Health Action Plans.

## **Tobacco Prevention Program Objectives**

- By June 2012, Lane County TPEP Coordinator will have partnered with Lane County HC Coordinator and other partners on a minimum of two collaborative efforts (Lane County Worksite Wellness Program Implementation Committee and new ACHIEVE grant) aimed at chronic disease prevention, early detection and self-management that is broader than, but also includes tobacco prevention. By June 2011, TPEP/HC staff will have met with a minimum of 5 local policy makers (outside of the Board of County Commissioners) to share local chronic disease prevalence data and information on local success stories for the purpose of increasing general support for the program and assessing political feasibility of future policy work.
- By June 2012, goal is that the remaining Lane County H&HS properties will transition to tobacco-free status and a formal H&HS tobacco-free campus policy will be adopted, incorporated into the Departmental policy manual, and distributed by e-mail to all H&HS staff.
- By June 2012, establish and implement a regular schedule to conduct tobacco-use environmental assessments at all H&HS properties to ensure compliance with new policy and address problem areas and build champions to continue policy assessment and communication efforts into perpetuity.
- By June 2012, Lane County Department Directors, Central Administration Office, Human Resources, and Board of County Commissioners/Board of Health will have participated in educational sessions to increase understanding of the importance of adopting a county-wide tobacco-free properties policy.
- By June 2012, Lane County Public Health will have responded to all complaints of violation of the Smokefree Workplace Law according to the protocol specified in the IGA.
- By June 2012, the City of Eugene will have made changes to City Code 6.225-6.240 "Tobacco Products and Smoking" that will eliminate or redefine the Tobacco Retail Shop exemption in such a way that it no longer allows for the establishment of smoking lounges.
- By June 2010, one of the two largest affordable housing providers in Lane County (excluding HACSA, our public housing authority) will have adopted a smokefree housing policy for all agency owned/managed properties. Staff will be working with Metro Affordable Housing Incorporated (419 units) and St. Vincent de Paul (over 1,000 units).
- By June 2012, Lane Community College will have adopted a revision to its current "Tobacco Free Core Campus" policy that will eliminate designated smoking areas in parking lots, therefore making the campus truly 100% Tobacco Free.
- By Fall 2012, the University of Oregon will have implemented its Tobacco Free Campus Policy.

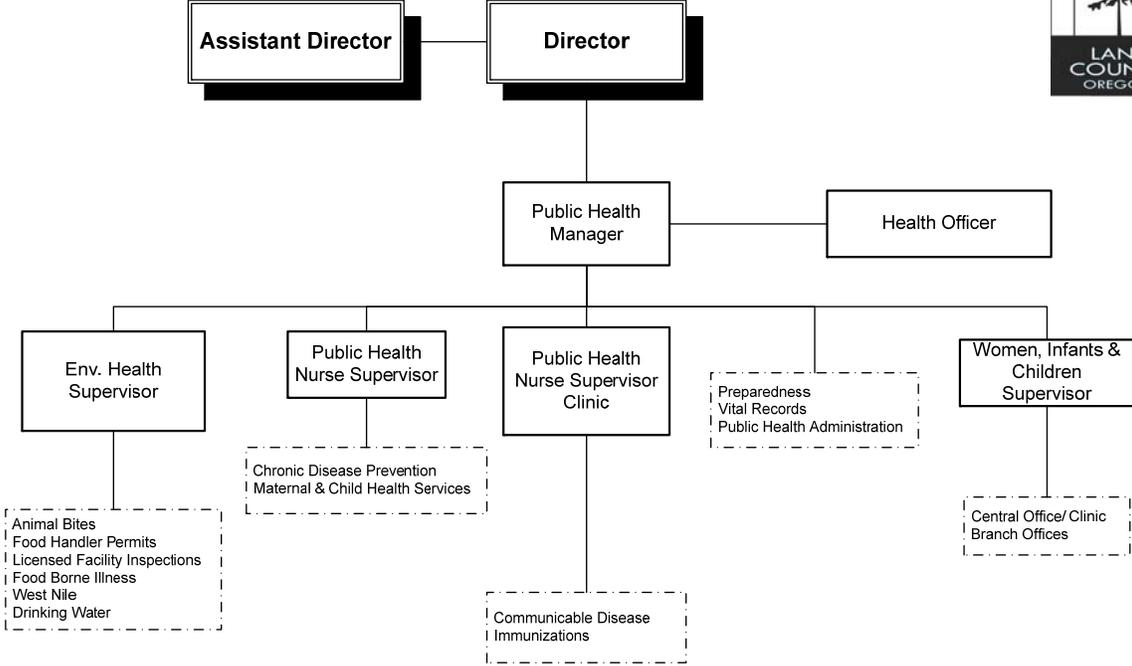
- By June 2012, the City of Eugene will have updated sections of Code 3.500-3.515 pertaining to Tobacco Products Retail Licenses in such a way that an increased licensing fee will cover the costs associated with bi-annual inspections of all tobacco retail outlets and any other subsequent enforcement requirements.

#### **IV. Additional Requirements**

1. The organizational chart for Lane County Public Health Services is on the page 39.
2. The Lane County Board of County Commissioners serves as the Board of Health. Minimally, they convene two times per year to receive the Lane County Department of Health and Human Services biannual Board of Health Report. This report includes all divisions of the department, ranging from Public Health to Behavioral Health to Family Mediation. The report is a public document and available to anyone who requests it and is posted on the department's website. In addition, when requested by our Department Director/Health Administrator, the Board of Health convenes on public health policy issues. With the assistance from our County Counsel, the Board of Health has developed better understanding of its authority to pursue and set policy at the local level to ensure improved community health. The Board of Health meetings are public meetings, with notice to the community. The Department Director and Assistant Director (Health Administrator) of Health and Human Services reports to the County Administrator and the Board of County Commissioners.
3. Lane County Public Health has an Advisory Committee (PHAC) which meets the second Tuesday evening of each month (5:30 p.m.-7:00 p.m.). The Committee consists of 12 members: seven at-large and five persons licensed by the State of Oregon as healthcare practitioners. Committee members have assisted Lane County Public Health with its five-year strategic plan, the Healthy Babies Healthy Communities Coalition work, chronic disease prevention, and herbicide spraying issues, to name a few. The committee is provided program updates from Public Health staff. In its 2011-2012 annual report to the Board of County Commissioners, to which they are advisory on public health matters, PHAC has identified the following major themes/work: tobacco-free policies for all Lane County Government campuses, MAPP/Community Health Assessment in preparation for accreditation for Lane County Public Health Services, addressing elevated rates of chlamydia/gonorrhea in Lane County, support staff efforts with ACHIEVE grant, improvement of immunization rates for children in Lane County, support for Lane County's applications as a coordinated care organization.
4. Senate Bill 555: During its last Comprehensive Planning process which ended in early 2008, Lane County prioritized three community focus issues: 1) Increasing effective community supports for Youth in

Transition (YIT) with moderate to severe mental health issues; 2) Increasing quality infant toddler child care slots; and 3) Developing strategies to increase our quality and capacity in home visiting programs to reduce child maltreatment. Public Health has played a variety of roles during the planning and implementation phases of the collaborative efforts the community has developed addressing these focus issues. This has included strategic and resource development, program planning, coordination, networking and community education. Two out of the three focus issues are priorities which grew out of the Early Childhood Planning Team. The focus on home visiting came about as a collaborative effort including the Commission on Children and Families, Public Health, Department of Human Services, United Way, schools and social service agencies, because this strategy has had a positive impact on reducing a community's fetal/infant mortality rate as well as reducing child maltreatment. Public Health will continue to be involved in both the home visiting and youth with mental health needs focus issues.

**Health & Human Services  
Public Health**



Public Health Department Structure  
Last Update: 03/2011

## **V. Unmet Needs**

As Lane County Public Health Services begins a new fiscal year, our projected budget provides funding at a level of service the same as FY 12/13. In the action plan of this document, we have identified activities which are priorities to meet some of our county's needs. We continue to work on providing mandated services and maintain our local public health authority.

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 continue to be available in the central (Eugene) office, but transportation to Eugene for many of these citizens is problematic. We have been able to continue nurse home visiting throughout the county, although we are not able to take on all the referrals given each month. Limited WIC services in Cottage Grove, Oakridge and Florence continues, however, there are long waits for clients to access these services due to limited number of times per month staff are in the rural areas. Our Environmental Health staff continue to provide inspections of all licensed facilities throughout the county.

The recent publication from the University of Wisconsin on County Health Rankings provided a snapshot view of some of the factors that contribute to the health of Lane County. Our overall ranking of 18 out of 33 counties was not a surprise, since we know the air quality issues we face at the end of the Willamette Valley and our rates of diabetes, obesity, chlamydia and low birth weight babies are significant. We have struggled with supporting a Chronic Disease Prevention Program in order to maintain sustainability, since much policy work needs to be done at the local level if we are to reduce morbidity and mortality related to tobacco use and lack of physical activity and nutrition. Our staff has done amazing work with the state tobacco prevention funding and Healthy Communities funding, however, it will become necessary for us to continue searching for other funding as well in order to address these significant public health issues at a policy level. Strong local community relationships have been built as well as across the state in chronic disease prevention and the need is great to continue the work.

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. There are several referrals each month to our MCH team that cannot be assigned, not because they aren't a high enough risk, but due to insufficient nurse staff to accommodate the increasing need in our community. We continue to meet with the Community Health Centers of Lane County management team to look at funding options under the CHC as well as a stronger referral process into our maternity

case management, Nurse Family Partnership and Babies First! Programs in order to increase our service level.

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 our work. A Fetal Infant Mortality Review (FIMR) process continues and has been instrumental in providing the necessary information in order for the coalition to make decisions regarding actions to take that will reduce the mortality rate. 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 as noted above. 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 & 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:

##### **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: Karen Gaffney, Assistant Director

- 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. (Note: Karen Gaffney is enrolled in graduate Public Health Program at OSU)

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: (yes, Betsy Meredith)

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.

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.**

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Local Public Health Authority

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County

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Date

## Attachment A

### FY 2013-2014 WIC Nutrition Education Plan

#### WIC Staff Training Plan – 7/1/2013 through 6/30/2014

**Agency:** Lane County

**Training Supervisor(s) and Credentials:** Tammy Johnson, IBCLC and Katey Bosworth, MA, RD

#### Staff Development Planned

Based on planned program initiatives, your program goals, or identified staff needs, what quarterly in-services and or continuing education are planned for existing staff? List the in-service topic and an objective for quarterly in-services that you plan for July 1, 2013 – June 30, 2014. State provided in-services, trainings and meetings can be included as appropriate.

Quarter	Month	In-Service Topic	In-Service Objective
1	July/Aug/Sept	Staff will observe “New Baby Check-up” a new weekly drop-in session for new moms and babies.	To increase staff understanding of how the drop-in sessions will provide support to breastfeeding mothers in the early postpartum period. Staff will observe how the sessions flow and operate in order to present it to new moms during pregnancy.
		Monthly Nutrition Topic.	To offer information and have a discussion on chosen nutrition related topic.
		Monthly PCE and/or eWIC review and discussion.	To review and have a discussion on chosen PCE and/or eWIC topic.
2	Oct/Nov/Dec	Breastfeeding discussion: Consistent Breastfeeding Information in the Community.	To update and have a discussion regarding progress of WIC and community partners in addressing and pursuing a goal of consistent breastfeeding messages and guidance in the community.
		eWIC transition plan and discussion.	Utilizing State information and guidance, staff will learn about new

		Monthly Nutrition Topic.	<p>processes and procedures that will change with the transition to eWIC.</p> <p>To offer information and have a discussion on chosen nutrition related topic.</p>
3	Jan/Feb/Mar	<p>Baby Behavior eLearning Online course.</p> <p>eWIC transition plan review and discussion.</p>	<p>All WIC staff will complete the Baby Behavior online course, to increase knowledge in areas of breastfeeding, baby behavior and infant cues.</p> <p>Review information regarding local transition plan and procedures.</p>
4	Apr/May/Jun	<p>Breastfeeding Related Topic.</p> <p>Monthly Nutrition Topic.</p> <p>Monthly PCE and/or eWIC review and discussion.</p>	<p>To continue to increase knowledge related to breastfeeding and infant cues.</p> <p>To offer information and have a discussion on chosen nutrition related topic.</p> <p>To review and have a discussion on chosen PCE and/or eWIC topic.</p>

# FY 2013 - 2014 Oregon WIC Nutrition Education Plan Form

**County/Agency:** Lane County  
**Person Completing Form:** Katey Bosworth, MA, RD  
**Date:** 11/15/2012  
**Phone Number:** (541) 682-4202  
**Email Address:** katey.BOSWORTH@co.lane.or.us

Return this form electronically (attached to email) to: [sara.e.sloan@state.or.us](mailto:sara.e.sloan@state.or.us)  
by December 1, 2012  
Sara Sloan, 971-673-0043

**Goal :** Oregon WIC staff will continue to provide quality participant centered services as the state transitions to eWIC.

**Objective 1:** During planning period, WIC agencies will assure participants are offered and receive the appropriate nutrition education contacts with issuing eWIC benefits.

**Activity 1:** By December 1, 2013, each agency will develop and implement a procedure for offering and documenting nutrition education contacts for each participant based on category and risk level while issuing benefits in an eWIC environment.

Note: Information and guidance will be provided by the state office as local agencies prepare for the transition to eWIC.

### **Implementation Plan and Timeline:**

By December 1, 2013, utilizing State provided information and guidance, Lane County WIC will develop and implement a procedure for offering and documenting nutrition education contacts for each participant based on category and risk level while issuing benefits in an eWIC environment.

**Objective 2:**        **During planning period, Oregon WIC Staff will increase their knowledge in the areas of breastfeeding, baby behavior and the interpretation of infant cues, in order to assist new mothers with infant feeding and breastfeeding support.**

**Activity 1:**        By March 31, 2014, all WIC certifiers will complete the new Baby Behavior eLearning online course.

Note:                Information about accessing the Baby Behavior eLearning Course will be shared once it becomes available on the DHS Learning Center.

**Implementation Plan and Timeline:**

By March 31, 2014, all Lane County WIC certifiers will complete the new Baby Behavior eLearning online course.

**Activity 2:**        By March 31, 2014, all new WIC Staff will complete the Breastfeeding Level 1 eLearning Course.

Note:                Information about accessing the Breastfeeding Level 1 eLearning Course will be shared once it becomes available on the DHS Learning Center.

**Implementation Plan and Timeline:**

By March 31, 2014, all new Lane County WIC Staff will complete the Breastfeeding Level 1 eLearning Course.

**Objective 3:            During planning period, each agency will assure staff continue to receive appropriate training to provide quality nutrition and breastfeeding education.**

**Activity 1:** Identify your agency training supervisor(s) and projected staff in-services dates and topics for FY 2013-2014. Complete and return Attachment A by December 1, 2012.

**Implementation Plan and Timeline:**

Lane County Staff Training Supervisor(s):  
Tammy Johnson, IBCLC  
Katey Bosworth, MA, RD

## AGENDA COVER MEMO

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**AGENDA DATE:** December 11, 2012

**TO:** Board of County Commissioners

**DEPARTMENT:** Health and Human Services

**PRESENTED BY:** Alicia Hays

**AGENDA ITEM TITLE:** ORDER \_\_\_\_\_ / IN THE MATTER OF APPROVING THE LANE COUNTY PUBLIC HEALTH AUTHORITY PLAN FOR FY 2013-2014

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### **I. MOTION**

In The Matter Of Approving the Lane County Public Health Authority Plan for FY 2013-2014

### **II. AGENDA ITEM SUMMARY**

ORS 431.375 through 431.385 establish county governments as the local public health authority and require local health authorities to submit an annual plan to the State Office of Public Health on a mutually agreed upon date. ORS 431.410 establishes that the governing body of each county shall constitute an ex officio board of health.

### **III. BACKGROUND/IMPLICATIONS OF ACTION**

#### **A. BOARD ACTION AND OTHER HISTORY**

The Board approved the FY 2012-2013 Public Health Authority Plan via BO 11-11-30-2. The County's 2013-2014 Public Health Authority Plan is due at the Oregon Health Authority (OHA) by December 21, 2012. This is not a triennial review year for LCPH, so this Plan represents an update of the plan approved in November, 2011.

The Plan submission follows a specific structure outlined by the State and provides an assessment of demographic and public health indicators for the County; a description of the delivery of core 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 required minimum public health standards.

The Annual Plan provides Lane County with an opportunity to describe the goals and strategies being used to fulfill the statutory and local priorities and obligations.

## **B. POLICY ISSUES**

ORS 431.416 states that the local Public Health Authority must carry out the following two duties:

- 1) Administer and enforce the rules of the local public health authority and the Oregon Health Authority.
- 2) Assure activities necessary for the preservation of health or prevention of disease in the area under its jurisdiction, as provided in the annual plan of the authority, are performed through the following basic services, as identified by OHA in conjunction with the Conference of Local Health Officials (CLHO):
  - A. Control and epidemiology of preventable diseases and conditions
    - Communicable disease investigation and control
    - Tuberculosis case management
    - Tobacco prevention, education, and control activities (TPEP)
  - B. Parent and child health
    - Immunizations
    - Maternal child health services (MCH block grant and home visiting services)
    - Family planning
    - Women, infants, and children nutrition services (WIC)
  - C. Environmental health
  - D. Public health emergency preparedness
  - E. Vital records
  - F. Information and referral

The list of Lane County's unmet needs addressed in the attached Authority Plan is substantial. Lane received an overall ranking of 18 out of 33 in the "County Health Rankings" publication by the University of Wisconsin. This year's authority plan refers to the following unmet needs:

- Frequency of WIC services in smaller communities thus leading to long-waiting time for clients
- Sexually transmitted disease prevention, education, and treatment services
- Ability to facilitate the community-based coalition to address the special needs of vulnerable populations during emergency hazards
- Ability to expand the coordination of chronic disease prevention to address diabetes, cancer, and heart disease
- Sufficient resources to support nurse home visits for at-risk pregnant women and medically fragile infants and the ability to meet referral capacity for high-risk client referrals for services

## **C. BOARD GOALS**

Maintaining local public health authority enhances the County's ability to support the stated goal of reducing the local fetal/infant mortality rate.

PH benefits from the input, involvement, and hard work of an active Public Health Advisory Committee (PHAC) that meets monthly. The PHAC does not limit itself to discussion, but actively researches a wide array of topics, improves community involvement in health-related issues and assists with the development of strategies.

Revenue Development – PH continues to seek resources to minimize reliance on general fund dollars. Public Health staff continue to aggressively pursue grant funding opportunities related to chronic disease prevention. The most significant grant renewed for an additional year is the \$540,000 “Nurse Family Partnership”, which funds a nurse home visiting program. The many smaller grants pursued and secured by Public Health staff are equally important. Public Health is currently using an additional \$40,972 grant from the State to promote adult immunizations in Lane County.

#### **D. FINANCIAL AND/OR RESOURCE CONSIDERATIONS**

The Authority Plan does not directly address the Public Health (PH) budget and health divisions are instructed to “use current funding” in preparing their plans.

#### **E. ANALYSIS**

This document covers the period July 1, 2013 through June 30, 2014 and must be submitted electronically to the State Office of Public Health, after the BCC has reviewed and approved it, delegating authority to the County Administrator to sign it, once any requested changes have been incorporated.

As stated previously and in accordance with ORS 431.416, in order to fulfill the duties of the local Public Health Authority and retain that designation, Lane County government must: administer and enforce the rules of the local Public Health Authority and the OHA; and, assure activities necessary for the preservation of health or prevention of disease under its jurisdiction as provided in the comprehensive plan of the authority the basic five services contained in statute and rule: a) Epidemiology and control of preventable diseases and disorders; b) Parent and child health services including family planning clinics; c) Collection and reporting of health statistics; d) Health information and referral services; and e) Environmental health services.

The attached Authority Plan preserves a minimal function in each of the “core” areas mentioned above, as required by statute.

#### **F. ALTERNATIVES/OPTIONS**

1. To approve the FY 2013-14 Lane County Public Health Authority Plan and delegate authority to the County Administrator to sign the plan.

2. To approve the FY 2013-14 Lane County Public Health Authority Plan and delegate authority to the County Administrator to sign the plan, with requested revisions.
3. Not to approve the FY 2013-14 Lane County Public Health Authority Plan and to direct staff to substantially rework the document, in accordance with guidelines directed by the BCC.

**IV. TIMING/IMPLEMENTATION**

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

**V. RECOMMENDATION**

Health & Human Services (H&HS) believes that the attached Public Health Authority Plan represents a best-faith effort on the part of Lane County to preserve local authority and requests that the Board authorize its signature by the County Administrator, to permit for immediate electronic submission to the Office of Public Health. This recommendation reflects the conviction of H&HS senior staff that there is a great deal of inherent value in the retention of the local authority and that services delivered at the local level are more accountable, more responsive, more efficient and cost effective.

**VI. FOLLOW-UP**

Addressed under Item V.

**VII. ATTACHMENT**

Board Order  
Public Health Authority Plan  
WIC Nutrition Education Plan (NEP)  
Attachment A to WIC NEP

THE BOARD OF COUNTY COMMISSIONERS, LANE COUNTY, OREGON

ORDER:                    ) IN THE MATTER APPROVING THE LANE COUNTY PUBLIC  
                              ) HEALTH AUTHORITY PLAN FOR FY 2013-2014

WHEREAS, ORS 431.410 establishes that the Board of County Commissioners constitutes an ex-officio board of health; and

WHEREAS, ORS 431.375 through 431.385 requires that the local public health authority to submit an annual plan to the Oregon Office of Public Health; and

WHEREAS, the annual submission of the Lane County Public Health Authority Plan to the Oregon Office of Public Health must incorporate and translate the policy and direction of local public health services for the plan year; and

WHEREAS, the annual Health Authority Plan, herewith presented as Attachment A continues to reflect substantial unmet needs in Lane County, based upon the lack of funding resulting from factors such as reduced federal and state support, as well as reduced revenues as a direct result of the slow economic recovery;

WHEREAS, the County Commissioners are cognizant that difficult choices must be made to counterbalance the public's health needs in a time of fiscal constraint, but believe that Attachment A represents a good faith effort to provide services within the current fiscal context;

NOW, THEREFORE, IT IS HEREBY ORDERED that the Board of County Commissioners approve the Lane County Public Health Authority Plan for FY 2013-2014, and that the Board of County Commissioners delegate authority to the County Administrator to sign the Lane County Public Health Authority Plan and submit it to the State.

Adopted this \_\_\_\_\_ day of December, 2012.

\_\_\_\_\_  
Sid Leiken, Chair  
Lane County Board of Commissioners

APPROVED AS TO FORM  
Date \_\_\_\_\_ Lane County

\_\_\_\_\_  
Office of Legal Counsel



# AGENDA CHECKLIST

Account Code 286 200 3427

### AGENDA INFORMATION TO BE SUBMITTED TO THE BOARD OFFICE:

**One Title Memo**  
(See APM CH.1, Sec. 2) (Photo-copy of Agenda Checklist is acceptable)

**Agenda Packet**  
One Original/Hard Copy plus  
One As-Complete-As-Possible copy e-mailed to Lane County Agenda Review mailbox

**Material Due**  
Due by 5 pm Wednesday preceding the week it will be **approved for inclusion** on the agenda. (Check Future Agenda for due dates.)

AGENDA TITLE: \_\_\_\_\_ /  
***In The Matter Of Approving the Lane County Public Health Authority Plan for FY 2013-2014***

DEPARTMENT	<b><i>Health &amp; Human Services</i></b>	
CONTACT	<b><i>Alicia Hays</i></b>	EXT <b><i>4035</i></b>
	<b><i>Collette Christian</i></b>	<b><i>3086</i></b>

AGENDA DATE: ***December 11, 2012***

#### THIS ITEM WILL INVOLVE:

- |  |  |  |  |
|--|--|--|--|
| <input checked="" type="checkbox"/> Consent Calendar | <input type="checkbox"/> Report                          | <input type="checkbox"/> Appointments    | <input type="checkbox"/> Committee Reports |
| <input type="checkbox"/> ORDER/Resolution            | <input type="checkbox"/> Discussion & Action             | <input type="checkbox"/> Discussion Only |  |
| <input type="checkbox"/> Ordinance/Public Hearing    | <input type="checkbox"/> 1st Reading                     | <input type="checkbox"/> 2nd Reading     | <input type="checkbox"/> 3rd Reading       |
| Public Comment Anticipated?                          | <input type="checkbox"/> Yes <input type="checkbox"/> No | Estimated Time <b>cc-</b> _____          |  |

**NOTE: DEPARTMENT MANAGER MUST SIGN OFF BEFORE SUBMITTING TO BOARD OFFICE**

Department Manager: ***Alicia Hays*** Date \_\_\_\_\_

Legal Staff-Review by: \_\_\_\_\_ Date \_\_\_\_\_

Management Staff- \_\_\_\_\_ Date \_\_\_\_\_

Review by: \_\_\_\_\_

Human Resources- \_\_\_\_\_ Date \_\_\_\_\_

Review by (if required): \_\_\_\_\_

- |  |  |
|--|--|
| <input type="checkbox"/> Yes <input type="checkbox"/> No | File Note Attached?                            |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Information for Agenda Setting Committee Only? |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | To be Distributed with Packets                 |

INDICATE OTHER DIVISIONS/DEPARTMENTS THAT REQUIRE COPIES OF APPROVED ORDER

\_\_\_\_\_  
\_\_\_\_\_

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.**

	Lane	12/13/12
Local Public Health Authority	County	Date
Liane Richardson		
County Administrator		