W. 9.B.1.

AGENDA COVER MEMO

AGENDA DATE: May 4, 2005

TO: Board of County Commissioners

DEPARTMENT: Health & Human Services

PRESENTED BY: Rob Rockstroh

AGENDA TITLE: ORDER _____ IN THE MATTER OF APPROVING EXHIBIT A, THE LANE COUNTY ANNUAL HEALTH PLAN FOR FY 2005-06.

I. MOTION

ORDER _____ To approve Exhibit A, the Lane County Annual Health Plan For FY 2005-06.

II. ISSUE OR PROBLEM

In accordance with ORS 431.375 through 431.385, local health authorities are required to submit to the Oregon Department of Human Services, Public Health Services (OPHS), an annual plan for providing public health services. The plan must be reviewed and accepted by the Board of County Commissioners and signed by the county health administrator prior to submission to the OPHS.

III. DISCUSSION

A. Background / Analysis

The FY 2005-06 plan was developed by the Department of Health & Human Services according to guidelines from OPHS. The Lane County Health Advisory Committee was consulted for input and acceptance of the plan. The local public health annual plan is approved or disapproved by OPHS. In consultation with the Conference of Local Health Officials, OPHS has established an appeals process whereby counties may obtain a hearing if their plans are not approved.

The Lane County Annual Health Plan for FY 2005-06, attached, includes the following required sections: Executive Summary; Assessment; Action Plan; Additional Requirements; Unmet Needs; and Administrative Checklist.

The funds that will be forwarded to support the plan are unknown at this time and will not be certain until the state legislature has completed the budget for FY 2005-06. It is expected that funding will be close to present levels.

Funding for school-based health clinics (SBHC) for the 2005-07 biennium will move to a new funding formula, approved by the Conference of Local Health Officials, using a range formula based upon the number of state certified SBHCs that were in operation

(regardless of funding sources) at the time the formula was set. Lane County is projected to be funded at $100,000 per year (Range C, 3-5 certified SBHCs). This is pending: 1) successful re-certification of centers this spring to meet the projected range requirement and 2) adoption of a legislatively approved budget that funds the state SBHC program at a continuing service level.

Public Health will no longer be accepting the Ryan White Funds for fiscal year 2005--06 - beginning July 1, 2005. The State will now be bidding out these funds and will contract directly with a local provider. After very careful consideration and discussion, Public Health feels it is in the best interest of both the community and local providers that these changes occur, regardless of any impact to internal funding mechanisms.

Public Health expects the following services to remain relatively unchanged for FY 2005-06: Family Planning; Maternal and Child Health (includes Prenatal); Women's, Infants & Children (WIC); TB Case Management; Immunization – Core Public Health Functions; Sexually Transmitted Diseases; Immunization Action Plan; Breast and Cervical Cancer Komen Breast Screening; Bioterrorism; Perinatal Hepatitis B Case Management; Vaccine Accountability; Tobacco Use Prevention

A copy of the FY 2005-06 Lane County Annual Health Plan is available in the County Administrator's Office for review upon request.

The funds forwarded with this grant will be appropriated in the budget process.

B. Alternatives / Options

1. To approve the FY 2005-06 Lane County Annual Health Plan and delegate authority to the County Administrator to sign the plan.

2. Not to approve the FY 2005-06 Lane County Annual Health Plan and thereby not continue services as specified in the plan.

C. Recommendation

To approve number one above.

D. Timing

The County-approved, FY 2005-06 Lane County Annual Health Plan is due at the Oregon Department of Human Services, Public Health Services Office, May 1, 2005. Therefore, the plan must be signed and forwarded as soon as the Board has acted.

IV. IMPLEMENTATION

Upon approval of the FY 2005-06 Lane County Annual Health Plan by the Board of County Commissioners, and signature by the County Administrator, the Department of Health & Human Services will forward the plan to the Oregon Public Health Services office.

V. ATTACHMENTS

Board Order
FY 2005-06 Lane County Annual Health Plan

THE BOARD OF COUNTY COMMISSIONERS, LANE COUNTY, OREGON

ORDER:) IN THE MATTER OF APPROVING EXHIBIT A, THE LANE
) COUNTY ANNUAL HEALTH PLAN FOR FY 2005-06.

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

WHEREAS, ORS 431.375 through 431.385 requires each local authority to develop an annual health plan; and

WHEREAS, Lane County is eligible to receive an as yet unknown amount of funding to support services described in the plan for FY 2005-06.

NOW, THEREFORE, IT IS HEREBY ORDERED that the Board of County Commissioners approve the Lane County Annual Health Plan for FY 2005-06; and

IT IS FURTHER ORDERED that the Board of County Commissioners delegate authority to the county administrator to sign the Lane County Annual Health Plan.

DATED this _____ day of May 2005.

Anna Morrison, Chair
Lane County Board of Commissioners

APPROVED AS TO FORM
Date 4/25/05 lane county
OFFICE OF LEGAL COUNSEL

Zoe and Teresa,

In the Matter of Approving Exhibit A, the Lane County Annual Health Plan For FY 2005-06.

LANE COUNTY PUBLIC HEALTH
FY 2005-06 ANNUAL PLAN

I. Executive Summary

The FY 2005-06 Annual Plan for Lane County includes the following narrative sections: an assessment which provides demographic and public health indicators for Lane County; a description of the delivery of local public health services; an action plan for the delivery of core public health services; a description of unmet needs; and a checklist of compliance with the minimum standards.

Following the required state format, the proposed action plan for fiscal year 2005/06 includes a description of the current condition or problem, the goal, the activities and evaluation method for each of the following program components: communicable disease, HIV, prenatal, maternal child health, family planning, environmental health, collection and reporting of health statistics, and health information and referral services. This plan also includes the required Office of Family Health program plans, the Breast and Cervical Cancer Screening Program Plan and Narrative Review, and the WIC Nutrition Education Plan.

During 2004, performance measures developed in 2003 for each of our public health programs were further defined. Key activities in the measures are identified for each program and a data collection process has been identified for each as well. The activities do not denote all the work done in each program, but rather those activities which specifically relate to the agreed upon program outcome measures. This process has been part of the overall effort in all departments of Lane County government for implementation to begin July 1, 2004. These performance measures will eventually be part of the annual budget review process. The performance measures for public health are included in this document as Attachment A.

We have an active Health Advisory Committee that meets monthly and brings forth an array of topics for discussion and research. Areas of focus in 2004 included: continued work with Vegetative Management Advisory Committee regarding last resort ordinance for herbicide spraying along roadways, dental care access, soda in the schools which developed into a larger discussion and community participation around obesity and healthy active youth, mad cow disease, needle exchange program, our working relationship with Lane County Medical Society, emergency preparedness/role of Sheriff's Office with public health, participation in our strategic planning process and the triennial review completed in August. Focus in 2005 will include: child and adolescent obesity (participation on community coalition for Healthy Active Youth); mad cow disease, West Nile Virus, access to dental services, continued work with administrator for review and comment on herbicide permitted product list or use

of non-listed herbicide per recent last resort ordinance, ongoing participation with public health strategic planning process, and work towards a new public health building.

II. Assessment

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

In 2003, the population of Lane County was 323,109, making it the fourth largest Oregon county by population. Between 2000 and 2003 the population of the county increased 2% through birth and migration. US Census Bureau data and Portland State University, Population Research Center data provide a profile of Lane County's demographics:

- In 2003, the median age of Lane County's population was 38.7 years.
- Females outnumbered males 162,803 to 160,306.
- The population was 91.1% Caucasian with 2% Asian, .6% American Indian/Alaska Native, and 0.6% Black/African American; additionally, 5.2% of the population identifies as Hispanic/Latino.
- The level of educational achievement was high, with 89.4% of the adult population having a high school or higher education and 29% of the population having a bachelor's degree or higher.
- The median household income was $36,887 and the per capita income was $21,569.
- In 2002, 20.1% of families with children under 5 had incomes below federal poverty level, and 53.5% of female-headed households with children under 5 had incomes below the poverty level. In 2003, 8.9% of families fell below the poverty level.
- In 2000, 14.8% of families with children under 18 had incomes below the poverty level, and 39.5% of female-headed households with children under 18 had incomes below the poverty level. In 2003, 14.8% of all individuals fell below the poverty level.

Downturns in the economy and subsequent increases in unemployment and poverty have, in all likelihood, decreased income levels and increased poverty levels in Lane County.

The County is rich in cultural and educational experiences. The University of Oregon and Lane Community College provide opportunities for learning, and the multitude of community arts programs provide esthetic and cultural opportunities. Additionally, the county is rich in non-profit community organizations dedicated to building on the strengths of the population and in supporting those most in need.

Births

The following birth data is from Center for Health Statistics and Vital Records, Oregon Department of Human Services. The year to date total number of births in Lane County in 2004 was 3,470, a decrease in the numbers of births in 2003. Births had shown a slightly downward trend since 1998 when births totaled 3,762, through 2002 when births totaled 3,494. With 247 more births in 2003 than in 2002, the total change for that one-year was an increase of 7.1%.

In 2004, year to date live births to teen mothers, aged 10-17, totaled 100 or 3.0 % of total births. Births to teen mothers have continued to decrease as an overall percent of births in Lane County. In 1998 births to teens was 5.1% of total births, each year since has shown a decrease. Lane County's community effort to reduce teen pregnancy includes providing access to contraception at LCPH Family Planning and Planned Parenthood, and participation in STARS (Students Today Aren't Ready for Sex).

In 2004, 79.9% of infants were born to mothers who had first trimester prenatal care. First trimester care gradually increased from 1999 to 2001 when it reached 80.2%. However the percentage of women receiving first trimester prenatal care was down to 76.5% in 2002, and 76.1% in 2003. In 2004, we show a slight increase in care, but we are still concerned about the downturn in the economy, lack of jobs, and increase in poverty and homelessness which contribute to decreased early access to care.

The percentage of live births with low birth weight in Lane County in 2004 was 6.3%. This is a jump to higher levels than recorded in data from 1998 to 2002. In 1999, the percentage was 6%, 2002 was 5.5%, and 2003 was 6.8%. This change will need to be tracked over the course of 2005 to analyze whether we are beginning to see a positive change in healthier birth weights or unusual results for just one year.

Alcohol, tobacco, and illicit drug use during pregnancy is tracked by self-declaration and thus may be skewed to under represent actual use; the reported numbers are so small (sometimes less than 5) that percentages may not be reliable. 2004 and 2003 data is not yet available. In 2002 0.2% of women disclosed that they had used alcohol during their pregnancy. This is up from 0.1% in 2001 and down from 0.5% in 2000 and 1.1% in 1999. The trend is generally down with less alcohol use during pregnancy.

In 2002, 11.8% of women disclosed that they smoked tobacco during their pregnancy. This is minimally up from 11.5% in 2001 and clearly down from 16.3% in 1999. Tobacco use continues to show a generally decreasing usage by pregnant women. Also in 2002, 0.1% of women disclosed that they had used illicit drugs during their pregnancy. Illicit drug use during pregnancy shows a slow but steady decrease since a high of 0.3% in 1999.

Communicable Disease Program

Lane County Public Health (LCPH) added a new Communicable Disease (CD) data base to the program at the end of 2003. The transition went well and the program is fully operational and CD nurses are trained and proficient in use of the system. In 2004 there were 356 cases of reportable communicable diseases. Included in these cases are 53 acute and chronic hepatitis B infections, 9 cases of meningococcal disease, and 64 cases of pertussis. Each case of a reportable communicable disease takes between 2 and 10 hours of CD nurse time to complete.

Lane County Public Health continues intensive daily efforts to prevent further transmission of tuberculosis at a Eugene homeless shelter and within the community. Late last year, the affected homeless shelter, with support from State Health Services, installed an ultraviolet light system. LCPH has provided twice yearly monitoring of the system to assure that the shelter is complying with the agreed upon maintenance and proper functioning of the system. In 2004, LCPH placed 2313 tuberculin skin tests (TSTs) and found no new cases of active tuberculosis associated with the homeless shelter and 11 conversions of tuberculosis tests. In 2003 there were 2,227 TSTs placed, one case of active disease, and ten conversions associated with the shelter. Because of the transient nature of the population at the shelter, it is difficult to draw accurate conclusions about Tb transmission. These numbers are remarkably stable and indicate that, while there continues to be some TB transmission affiliated with clients at the shelter, the significant Public Health measures taken have prevented the previously predicted exponential growth of disease.

County wide, there were 12 new cases of active tuberculosis in 2004. In November, 2004, a new active case of tuberculosis was referred to LCPH. Contact investigation revealed that the client was a worker at a local office. In addition to the case's household contacts 112 co-workers who were considered to be in the case's 1st circle of contact had TSTs placed. Of these 102 individuals, 73 people returned for follow-up TSTs in April. There were 6 conversions among this group. These individuals have been referred for chest X-rays and will be offered chemoprophylaxis as indicated. LCPH continues to evaluate next TB testing and prevention steps at the site.

The immunization program meets community needs for technical assistance and clinical updates. In addition, LCPH provided over 14,000 immunizations to clients through our clinics and those of our delegates. Due to budget pressures, LCPH closed its three rural Branch offices in 2004. Through the efforts of LCPH and community partners, delegate clinics were established with locally based qualified health care providers. These public/private partnerships have proved to be a successful and fiscally responsible model for the delivery of services. In the first 4 months of starting a delegate clinic with Florence providers the delegate

provided 597 state supplied vaccinations. In the year 2003, the LCPH Branch office was able to provide just 294 immunizations in the full year. LCPH added 4 new delegate clinics to our number in 2004 and now has eleven, the most in the state of Oregon.

In 2004, LCPH provided training for LCPH staff, community immunization health care providers, and delegate clinic staff on the topic of childhood flu immunization. LCPH immunization staff gave specific trainings for each of our new delegate clinics.

We continue to promote hepatitis A and B immunization for adults. We continue to offer these immunizations to clients at high risk for disease through STD and HIV testing and counseling clinics, a women's drug treatment center, a needle exchange program in conjunction with a community based organization (CBO), clients in the Lane County Methadone Program, and the University of Oregon. In addition, we have promoted these immunizations at the Community Corrections Center and have established a delegate relationship with the Lane County jail to provide these immunizations.

The STD clinic plays a vital role in the prevention of the spread of communicable diseases. Gonorrhea case numbers continued to decline with a total case number of 38 and a case rate of 11.4 per 100,000 people for 2004. The chlamydia case rate remains flat at 243 cases per 100,000 people and continues to play a significant role in the public health of our community. In calendar year 2004 we saw 639 clients in the STD clinic for screening and/or treatment.

The influenza vaccine shortage of 2004 immersed the LCPH immunization staff into a two month process of daily state and local supply evaluation, provider communication, vaccine redistribution, media and community information, and flu shot clinics. This provided the team and our Bioterrorism and Preparedness coordinator with a real time opportunity to practice with large clinics, surge capacity response, and media management.

HIV Program

Lane County Public Health expanded and revised our HIV counseling and testing services, outreach efforts to targeted high risk populations, and community collaboration in 2004.

Outreach efforts to reach to MSM population were expanded to public sex environments during the summer months beginning in July of 2004. In addition, staff participated in community sponsored events. The numbers of counseled and tested by LCPH and contracted CBO staff in this population increased to 353 in 2004

Outreach efforts to reach the IDU population have included LCPH staff participation at the CBO based needle exchange to provide prevention supplies, referral to hepatitis immunization services other harm reduction information and education. This has evolved into a plan for a complimentary LCPH based needle exchange program where there are gaps in service. Counseling and testing for IDU clients 586 at LCPH and contracted CBO sites due to focused efforts. Testing continues to be offered by LCPH HIV staff through the Community Corrections Center, Lane County Methadone Program, and the Willamette Family Treatment Center.

Rapid HIV testing is available to clients in high risk populations. Earlier in the year this involved a finger stick. Staff has now completed the training and is offering the more user friendly and client acceptable oral rapid test. In 2004 316 rapid tests were offered. In 2003, the first year that the finger stick rapid tests were available, a total of 53 rapid tests were given.

Through a Ryan White subcontract, LCPH provided a HIV nurse case manager to our CBO, HIV Alliance. In addition to providing case management to the organization's more than 140 HIV clients, the nurse assisted the organization with improving their nurse case management and charting process to make best use for the organization and the client of limited nurse time.

Tobacco Prevention

The local prevention program was refunded by the state in May of 2004. The workplan includes: education pertaining to and enforcement of the Eugene Clean Indoor Air Law and Oregon Smokefree Workplaces Law; working with public health staff to ensure that they are asking clients about their smoking status and referring them to the Oregon Tobacco Quitline or other cessation services; working with the U of O Student Health Center to build the capacity of their campus tobacco coalition; building community capacity to impact smoking in outdoor areas within Lane County.

Adequacy of Basic Services:

Epidemiology and control of preventable diseases and disorders: Lane County Public Health has developed a system which encourages and provides for the reporting, monitoring, investigating, and controlling communicable disease and other health hazards through coordinated medical and environmental epidemiological interventions. The required paperwork is accomplished and staff are apprised of situations as the need arises for further investigation.

Local public health staff work closely as needed with Oregon DHS/Health Services staff in accomplishing investigations and requesting technical assistance as needed. This partnership on case investigations and mutual assistance has strengthened the team's ability to respond to communicable disease (CD) incidence. State staff have also provided to the county statistical

information regarding statewide disease incidence as well as county level incidence. The Lane County Public Health Officer provides consultation and decision making with the CD team regarding CD issues.

The Public Health Officer and CD Nurse Supervisor have worked with the local medical providers to ensure awareness of the need and requirement to report all designated reportable communicable diseases. Through the preparedness grant, a blast fax system has been developed to alert physicians and hospitals of unusual occurrence of illness in the county. An outcome of this increased communication with the medical community has been that medical providers are calling more often to let our phone nurse know of unusual occurrences he or she is seeing in their practice. This blast fax system was used effectively in the 2004 flu season to communicate critical vaccine shortage and distribution information.

CD staff has been involved in ongoing training as opportunities arise, especially in regards to bioterrorism/preparedness. As new public health nurses are hired to do CD work, they are enrolled in the necessary training. Trainings have included CD 101 and 303, and now the 810.

The CD team is now experienced and capable working with the CD data system (Multnomah County system), which has been a valuable resource for staff to maintain up to date and accurate information on cases investigated.

Parent and Child Health Services:

- The Prenatal (PN) program helps low-income pregnant women establish health insurance coverage with OHP and helps ensure the initiation of prenatal care with local health providers. The program is part of the statewide system of Mother's Care and Safety Net Services. PN works in collaboration with hospitals and private providers to increase access to early prenatal care for all of Lane County's pregnant women. PN also works in collaboration with Family Planning, Maternal Child Health, and WIC to provide a system of services for vulnerable families. Approximately 724 low-income women were assisted with OHP application and with accessing prenatal care during this past year (2004).

- The Maternal Child Health (MCH) program provides nurse home visiting, education, support, and referral to appropriate medical and developmental services for families at risk of poor pregnancy, birth, or childhood outcomes. MCH services are provided countywide by a limited number of public health nurses (4.1 FTE). Pregnant women, infants, and young children at highest risk and greatest need are given priority when decisions about which families to serve have to be made. During the past twelve months, MCH received 636 referrals for nurse home visiting services. This included 485 referrals for Maternity Case Management, 44 referrals for Babies First!, 66 for CaCooon, and 41 for other services. In the last full year of data collection, over 260

pregnant teens and adults were provided Maternity Case Management services with 87% of the pregnancies resulting in full term births and appropriate birth weight infants. Approximately 94 new high-risk Babies First! and medically fragile CaCoon infants and young children were also served. The Maternity Case Management program provides ongoing nurse home visiting services for high-risk pregnant women; and, helps assure access to and effective utilization of appropriate health, social, nutritional, and other services during the perinatal period. The Babies First! program provides assessment and early identification of infants and young children at risk of developmental delays or other health related conditions. The CaCoon program provides services for infants and children, who are medically fragile or who have special health or developmental needs, by helping their families become as independent as possible in caring for the child and by helping families access appropriate resources and services.

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

- The Family Planning (FP) program includes clinical services, counseling, and referrals for contraceptive options to support parents as they plan the number and spacing of their children. Services include annual exams, contraceptive prescription and refills, pregnancy testing and counseling, emergency contraception, abnormal lab or pap follow-ups, and infection checks. FP is an integral component of the system of parent and child services in Lane County, and works closely with PN and MCH to provide a continuum of services. During the past year (2004), Public Health Family Planning provided 4,178 clinical visits for 2,120 unduplicated clients. Of these, 295 teens were provided services; 953 low-income women who were eligible for the family planning expansion project (Medicaid waiver program) were served; and an additional 768 very low-income women with no other access to family planning services were served. The services provided averted an estimated 473 pregnancies. Lane County Public Health Family Planning is the only Title X provider of services for teens and adults who are unable to pay for reproductive health care. At this time, 41% of Public Health Family Planning clients are Hispanic, and most of these are Spanish monolingual. Bilingual staffing has been increased to meet the needs of the clients. Due to budget constraints, the three branch offices for public health were closed in 2004.

Mitigation efforts occurred in order to continue providing some level of service to our rural residents. In West, East and South Lane County, private-public relationships have been developed in order that the FPEP services continue. The central office continues to be open five days a week for those who can come to Eugene for family planning services. The reduction in FPEP reimbursement rates, the increase in the number of Title X clients served, the poor economy in Lane County, and the increased cost of providing services have contributed to the need for reductions in services.

Collection and reporting of health statistics: Lane County Public Health provides statistical information to Oregon DHS/Health Services on a regular basis – including CD reporting on each case investigation, blood work sent to the state lab, inspections conducted by the environmental health staff, HIV program reporting requirements, WIC data system, and Babies First data system for the MCH home visits.

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

Environmental health services: The Environmental Health (EH) program includes the inspections of licensed facilities, primarily food service facilities. The total number of facilities served by the EH program increased by 10% in 2004 with most of the increase being temporary restaurants. The following are the types and numbers of facilities licensed and inspected by the EH staff in 2004: full service and limited service food facility (885), bed and breakfast (21), mobile units (128), commissaries (11), warehouses (28), vending (5), temporary restaurants (1,006), pools/spas (285), traveler's accommodations (108), RV parks (65), and organizational camps (16), for a total of 2,569 facilities compared with 2,326 in 2003. The EH and CD teams work closely together as needed to ensure safe food and tourist accommodations. In 2004, the following are some of the violations found upon general inspections: 285 hot and cold temperature violations, 243 date labeling violations, 160 food storage violations and 180 miscellaneous other critical violations. 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

5,683 food handler cards (down by 19% over the previous year) and 62 food managers were trained in food safety in 2004 (a 210% increase over 2003).

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

Adequacy of Other Services

Lane County Department of Health and Human Services, Human Services Commission, is now operating a Federally Qualified Health Center (Riverstone), located in Springfield. The Community Health Center Metro Clinic site offer sprimary medical, dental and behavioral health services. Included will be preventive and acute primary care, family planning, gynecological care, prenatal and obstetric services, immunizations, well-child examinations, physical examinations, health screenings, laboratory services, behavioral services including medication management, preventive and restorative dentistry, and 24-hour call coverage. The health center will target six contiguous impoverished urban census tracts that have a total population of 30,130.

Oversight of the health center will be done by the Lane County Department of Health and Human Services. LCPH continues to be an active participant in working with the FQHC staff regarding services related to public health.

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

LCPH works closely with the local lab and operates a moderate complexity lab in-house. This lab supports the clinical work for the Family Planning Clinic and Sexually Transmitted Diseases Clinic.

The staff working in the CDC bioterrorism/preparedness grant continues to work toward improvement of the performance of Public Health in the area of emergency response, which is a new and developing competency. Currently, there is a full-time coordinator for the program which has been a critical position for the multitude of tasks needing to be completed for the grant assurances. We have a full compliment of staff including public health nurses and a sanitarian to work as a team to strengthen public health's role in emergency response.

The preparedness staff is completing Strategic National Stockpile receipt and distribution plans and Mass Dispensing Clinic plans. The health annex of the county emergency plan and previously written appendices are undergoing further

edits in response to training, emergency exercises and increased knowledge regarding emergency response. This year staff has been able to shift their focus solely from writing emergency response plans and procedures, to testing some of the written plans. A strong relationship has been forged between Public Health emergency preparedness and the Eugene/Springfield Metro area hospitals. At this time, a representative from Public Health attends the disaster response committees at both McKenzie Willamette Hospital and Sacred Heart General Hospital.

Disaster response planning has also taken a regional focus. With the formation of the Health Resources and Services Administration Regions in the state, local public health agencies within these regions have begun the development of regional public health emergency response coordination and planning. On March 16, 2005 a regional tabletop exercise was held simultaneously in Coor, Curry, Douglas and Lane counties. Participants included local public health staff and administrators, state epidemiologists, area hospital representatives, emergency management, emergency services, medical clinic representatives and tribes.

The BT sanitarian is aggressively recruiting nurse and other volunteers necessary to augment local public health staff responding to a public health emergency. Future work in public health emergency preparedness will concentrate on testing and revising emergency response plans, regional response coordination, improved communication with local health care providers and tribes, and the development of a trained volunteer base.

III. Action Plan

Communicable Disease Program

Current condition or problem:

1. Ongoing TB outbreak at homeless shelter.
2. Rising gonorrhea statistics.
3. Continued attention to providing immunizations and encouraging private medical community to be enrolled in ALERT system.
4. Need for integration of applicable bioterrorism/preparedness activities and staff with CD program.
5. Increased number of delegate agencies when branch offices closed. This increased the need for coordination with several additional delegate agencies at the staff level.

- Homeless Shelter TB Outbreak:

Goals

1. Long-Term: Elimination of active TB disease in this population.
2. Short-Term:
   a. Increase completion of treatment rates for Latent Tuberculosis Infection (LTBI) to 75% of this population.
   b. To reach objective of no new TB cases and no new converters for six months in this population.

Activities:

1. Continuation of daily tuberculin skin testing for all shelter residents and workers.
2. Continue practice of retesting at three-month intervals.
3. Continue to practice the LCPH/shelter policy including requiring all converters to be on LTBI treatment as a condition of residence.
4. Update shelter policy to include ultra-violet light system and ongoing outbreak.
5. Twice yearly inspection of the ultra-violet light system (system was installed Fall of 2003.)
6. Continue regular meeting and review process with shelter management and state TB program staff.
7. Monthly review of shelter outbreak statistics.
8. Ongoing discussion between staff and Public Health Officer regarding shelter outbreak issues and client concerns.
9. Continue monetary incentives for all LTBI and active TB clients.

Evaluation:

1. Review of numbers at monthly interviews with staff to determine if numbers of cases and infections continue to diminish and make adjustments in the plan if numbers so warrant.
2. State statistician will work with LCPH staff to improve evaluation of LTBI treatment rates including when, during treatment, clients drop out of program, and how many doses have been completed. Medication plans may then be readjusted to optimize client

treatment completion rates. Will also review the effectiveness of the incentive program.

3. Graphing cases and converters over time and compare to goal of six month TB free interval goal.

- Rising gonorrhea statistics and achieving adequate staffing of STD clinics:

Goals

1. Long-Term: Countywide gonorrhea levels will decrease by 50% of present level.
2. Short-Term:
   a. Increase number of nursing staff available for STD client care.
   b. Increase availability of support staff to utilize nursing staff efficiently.
   c. Increase professional nursing staff (e.g. NP's) into STD clinic, allowing more room for clinic slots and consultant to the clinic nurses.
   d. Look at community partners to assure STD services for the spectrum of STD services.

Activities:

1. Train newly available nursing staff in STD client care.
2. Review staff assignments to allow routing support for STD clinic.
3. CD team review of LCPH STD clinic process. Outcome of this review is to focus on achieving long term and short term goals.
4. Target outreach and clinic availability, in conjunction with Disease Information Specialist (DIS), to clients at high risk for STD's.
5. Meetings with community partners and internal staff to assure full spectrum of STD services are provided.

Evaluation:

1. Monthly review of number of clients served.
2. Monthly review with DIS of STD statistics.

- Development of a Public Health Emergency Management Program:

Goals

1. Long-Term Goals:
   a. Integration of Public Health emergency planning, training and exercising into countywide Emergency Management and Hospital emergency management planning, training and exercising.
   b. Development of a 3+ year Public Health emergency management training and exercise program.

2. Short-Term Goals:
   a. Finish required emergency response plans and re source guides.

b. Develop essential resource sharing agreements with local hospitals, schools and other agents as necessary to improve Public Health emergency response.

Activities:

1. Establish emergency exercise plan and exercise design team.
2. Orient staff, supervisors, managers and administrators to Public Health emergency plans.
3. Outline areas of responsibilities of team.
4. Conduct a range of exercise types (tabletops, drills, functional and fullscale).
5. Refine emergency plans based on issues identified during exercises.

Evaluation:

1. Record of BT/CD team meetings available.
2. Review emergency exercise plan.
3. Review exercise after action reports.
4. Revise Public Health emergency response plans.

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

Goals

1. Long-Term Goals:
   a. Increase number of 24 month old children who have completed 4 doses of DTaP to the national goal of 90%.
   b. Increase number of independent private providers using electronic data transfer to ALERT, state immunization registry.
2. Short -Term Goals:
   a. Evaluate LCPH clinic practices and recall system to find ways to improve rates of DTaP #4.
   b. Work with DHS/Immunization Program in coordination with private independent clinics regarding ALERT data.

Activities:

1. Use reports from AFIX to assess immunization rates for DTaP.
2. Develop reminder/recall plan for 4th DTaP dose.
3. Target private clinics in groups who use same data system to work with ALERT IS staff to convert to electronic data transmission.
4. Obtain provider participation reports from ALERT to assess electronic data transmission.
5. Educational outreach to parents and community providers designed to raise childhood, adolescent and/or adult immunization rates and reduce barriers to immunizations.

Evaluation:

1. Request AFIX report to get immunization rate for 4th DTaP. Expect to see at least a 5% increase in the first year.

2. Increase by at least 6 the number of independent clinics using electronic data transfer to ALERT in the first year.

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 the community-wide HIV Planning and Prevention Council.

Goals:

1. To provide individual and community education.
2. To provide pre- and post-HIV test counseling to individuals within targeted high-risk groups.
3. To facilitate/foster community activities that will help prevent the spread of the HIV virus.
4. To provide information and referral services to individuals within targeted high-risk groups.
5. To provide community outreach to MSM and injecting drug populations (IDU) to encourage HIV counseling and testing, and education as to how to prevent the transmission of the HIV virus.
6. Plan activities per CDC defined goals, objectives and performance measures.
7. Needle exchange capability, drop boxes, and pharmacists participation.

Activities:

1. LCPH HIV staff will provide CDC interventions for targeted high-risk groups, including members of the MSM community, inmates of correctional facilities, and clients of IDU treatment programs.
2. LCPH will continue to change some of the current testing opportunities in order to focus on the more high-risk groups.
3. LCPH will continue to provide rapid HIV testing to targeted high-risk groups. Testing sites include the Lane County Jail, Lane County Methadone Program, Willamette Family Treatment Center and off-site places where MSM gather.
4. LCPH, through participation on the HIV Prevention and Planning Council, will continue to provide leadership and partnership with other organizations to support programs and events that help prevent the spread of HIV infection.
5. LCPH staff will continue to provide information about, and referral to, other LCPH programs and organizations that provide services

for prevention and treatment of HIV infection. These include the client services program at HIV Alliance, Oregon Health Plan, and other DHS and CDC required programs.

6. The IDU outreach worker is working with Harm Reduction Coalition in providing HIV prevention information and counseling/testing information.

Evaluation:

1. HIV program staff will maintain data as required by DHS, CDC and LCPH performance measures.
2. LCPH HIV program staff will continue to document numbers of clients served in each clinic as well as statistics on populations served, number of clients who return for results, and number of HIV positive tests in each population.
3. Prevention and Planning Council minutes will document activities for this group.
4. The HIV IDU Outreach Worker will document and report outreach activities. LCPH HIV program staff will continue work with Harm Reduction Coalition to develop complimentary and shared activities directed toward increased outreach to injection drug users for HIV prevention.

Parent and Child Health

- Prenatal Program

Current condition or problem:

1. The percentage of infants born to mothers who had first trimester prenatal care in 2004 was 79.9%, slightly lower than the state 80.5% and well below the Oregon Benchmark goal of 95%.
2. The self-disclosed use of alcohol, tobacco, or illicit drugs during pregnancy has general continued as a downward trend.

Goals:

1. Increase the number of pregnant women beginning prenatal care in the first trimester.
2. Continue the decrease in the number of pregnant women who use alcohol, tobacco, and illicit drugs during pregnancy.
3. Increase the rate of births that are full-term with appropriate birth weights.

Activities:

1. Provide pregnancy testing and counseling, assistance in gaining OHP coverage, accessing prenatal care, and referral to MCH, Healthy Start, and WIC.
2. Provide outreach services to the community about the need for early prenatal care, and LCPH PN services.
3. Serve on the Early Childhood Planning Team for SB 555 and local planning.

Evaluation:

1. Prenatal program staff at LCPH provide data for the state Mother's Care/Safety Net program to track numbers of clients, insurance status, trimester of encounter and care, and services provided.
2. Staff also collect program output, outcome, and service quality data as part of countywide performance measure tracking.

- Maternal Child Health

Current condition or problem:

1. Collaborative partnerships with health providers, and other services agencies have resulted in continued referrals for MCH services.
2. Public Health Nurses provide comprehensive Maternity Case Management (MCM) services for many women who are at risk for poor pregnancy and birth outcomes. Many other women receive more limited MCM services as provided by their health care provider. Not all at-risk pregnant women receive adequate MCM services.
3. Babies First! services are provided for infants and young children at significant risk of poor health or developmental outcomes.
4. CaCoon services are provided to help families become as independent as possible in caring for their child with special health or developmental needs and help in access appropriate services. LCPH contracts with CDRC for funding to support a 0.63 FTE public health nurse to provide CaCoon services.
5. LCPH also contracts with Willamette Family Treatment Services to provide funding for 0.7 FTE public health nurse to provide a full range of public health prevention and education services on-site for women in their residential treatment program. The nurse provides HIV counseling and testing, immunizations for the mothers and children, parenting classes, health screening and growth and development review.
6. Support and assistance is provided for families who have experienced Sudden Infant Death syndrome.

Goals:

1. Optimize birth and childhood outcomes for at-risk families through education, referral and support.
2. Increase the number of pregnant women beginning prenatal care in the first trimester.
3. Decrease in the number of pregnant women who use alcohol, tobacco, and illicit drugs during pregnancy.
4. Increase the rate of births that are full-term with appropriate birth weights.
5. Increase family independence in caring for children with special needs through support, education, and case coordination.

Activities:

1. Provide comprehensive, quality MCM home visiting for high-risk pregnant women.
2. Ensure that local providers of MCM are trained in program policy, purpose, and assurances by organizing a MCM training to be given by state staff.
3. Provide quality, comprehensive Babies First! and CaCoon services using well trained and dedicated public health nurses.
4. Follow up on SIDS cases referred by the Deputy Medical Examiner.
5. Work closely with Prenatal, Healthy Start, Family Planning and WIC to ensure a comprehensive system of services for families in need.
6. Serve on the Early Childhood Planning Team for SB 555 and local planning.

Evaluation:

1. Babies First!, CaCoon, and MCM client and visit data will be transmitted to the state.
2. Referral logs will be kept to track referrals and referral sources.
3. Public Health Nurses maintain an up-to-date log of their case load and outcome of contact.

Family Planning Program

Current condition or problem:

1. LCPH has a successful, established family planning (FP) program, which provides quality care to otherwise underserved client populations.
2. LCPH has diminished funding resources for program.
3. LCPH has concerns about access to care issues for low-income residents of rural communities in the county: teens, low income, non-English speaking residents in the county.
4. Branch offices in Cottage Grove, Florence and Oakridge closed.
5. Newly opened FQHC is providing FPEP services and offers opportunity for coordination between our clinic and FQHC staff

Goals:

1. Provide individual education and low cost family planning services to reduce the number of unintended pregnancies, especially for teens.
2. Encourage parents and partners to participate in the program while maintaining strict confidentiality according to Oregon law and HIPAA.
3. Provide information on family planning and health related topics and referrals.
4. Achieve adequate funding to be able to continue program services at present level.
5. Provide access to family planning services for identified underserved populations including rural, teen, low income, and

non-English speaking, as well as those with limited English proficiency, residents.

6. Optimize staffing levels within budget constraints to provide efficient client services.

Activities:

1. FP program staff will continue to:
   a. Review and update written education materials to reflect new information on methods and instructions for use.
   b. Professional nursing staff serve as mentors for nursing and nurse practitioner students.
   c. Counsel clients about potential benefits of including parents or their intimate partner in their family planning and pregnancy prevention decisions.
   d. Comply with Oregon statutes, County Policy and HIPAA regulations to protect client confidentiality.
   e. Refer appropriate clients to available health resources in the community, including the Breast and Cervical Cancer Screening Program, Oregon Health Plan, WIC, county and community prenatal health services.
   f. Be provider of BCCP services.
   g. Health Advisory Committee will review client education/informational material.
   h. Comply with Title X regulations.
2. Meet with workgroups regarding program funding.
3. Continue participation in the Family Planning Expansion Project.
4. Partner with other county and community groups to identify potential resources for support and provision of services.
5. Review current LCPH structure of Family Planning program to evaluate current and future resources, prioritize provision of care services, and make program changes that reflect the results of this analysis.
6. Emphasize outreach to community about family planning services.

Evaluation:

1. FP staff will document in client chart when referrals are made and to whom. Information is maintained in Ahler's data system.
2. County budget review process will include information on numbers of FP clients served and type of service as well as income received and expenses.
3. Continue work with FQHC in provision of Family Planning services – provide data entry for FPEP clients and technical assistance as needed.
4. Review demographic data of those people we are serving to determine which populations are not being reached.

Environmental Health Program

Current condition or problem:

1. There are more than 1,900 facilities in Lane County providing eating, living and recreational accommodations for public use.
2. The Environmental Health (EH) program is presently fully staffed and continues to orient new staff who have replaced those retired in previous years.
3. The EH program has become much stronger and efficient in the past three years.
4. The EH and CD teams of LCPH are collaborating more regarding food borne investigations, animal bites and presently with emerging diseases.
5. The EH team is actively involved in preparedness training. One sanitarian is identified as the BT Sanitarian with the BT Coordinator in providing trainings.
6. Due to budget reductions, the Florence branch office was closed in July of 2004. EH staff in Florence was reduced from .5 FTE to .25 FTE.

Goals

1. Long-Term: Ensuring 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. Short-Term:
   a. Conduct inspections of licensed facilities in timely manner.
   b. Coordinate food-borne investigations with CD team.
   c. Continue follow-up on citizen complaints in a timely manner.
   d. Provide food handler and food facility management education, testing and licensing.

Activities:

1. Conduct health inspections of restaurants.
2. Conduct inspections of motels, hotels, and recreational facilities.
3. Conduct inspections of public pools and spas.
4. Conduct inspections of unlicensed facilities as requested by those facilities (certified day cares, group homes, jails, sororities, fraternities).
5. Provide testing and licensing for food handlers and managers in Lane County.
6. Perform investigations for citizen complaints on potential health hazards in licensed facilities.
7. Perform epidemiological investigations related to public facilities.
8. Provide environmental health education to the public.
9. Documentation, follow-up and communication with DHS on animal bites. Coordinate with local jurisdictions regarding animal bites.

10. The EH department is participating in the CDC Environmental Health Tracking Project through a pilot seed grant.

Evaluation:

1. There will be a record and numerical score for each food service inspection. The record will be maintained in the EH database. In addition, a file will be maintained for each facility.
2. Testing and licensing for food handlers will be provided five days a week in the central office. On-line testing is also available.
3. Environmental Health staff will coordinate with the CD team in performing epidemiological investigations as needed related to public facilities.
4. Sanitarians will provide health education to staff of licensed facilities while conducting inspections – comments will be noted in facility file as needed. Sanitarians will also provide health education to the public as requests are made. A log will be kept of these talks to groups/classes/community events.
5. A log will be kept of all animal bites (includes incident, victim name and follow-up completed). Information will be provided to State Health Services.

Collection and Reporting of Health Statistics

Current condition or problem:

The Lane County Department of Health and Human Services Administrative Office houses the registrar for birth and death records/certificates. Public Health programs do data entry for individual programs – WIC, Maternal Child Health, Family Planning, Immunizations.

Goals:

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

Activities:

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

Evaluation:

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

Health Information and Referral Services:

Current condition or problem:

Lane County Public Health provides health information and referral services five days a week in the Eugene office. Health information and referral services have traditionally also been provided in the three branch offices, but effective July 1 it is anticipated that these offices will be closed due to increased expenses and budget deficit.

Goal:

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

Activities:

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

Evaluation:

1. Structure of support staff schedule will be reviewed to ensure availability of staff to provide health information and referral services.
2. Minutes of public health program team meetings will be kept and shared with support staff to keep up to date information regarding our services.
3. Clinic schedules will be reviewed periodically for accuracy – schedules will be provided in English and Spanish.

Breast and Cervical Cancer Screening Program – Plan will be submitted as required by the state program by mid-May under separate cover.

IV. Additional Requirements

1. The Office of Family Health packet is due to the state by May 27 and will be sent under separate cover.
2. The WIC Nutrition Education and Breastfeeding Participant Survey information will be sent under separate cover.
3. The organizational chart for Lane County Department of Human Services and for Lane County Public Health Services is attached.
4. Lane County Public Health staff has been involved in the local planning process for Senate Bill 555. We have been active members on the Steering Committee as well as the local Early Childhood Planning Team. Our staff have been involved in the discussions for development of several of the high level outcomes stated in the Lane County Senate Bill 555 Planning document, Phase II: Priorities, Strategies and Outcome Measures. These include: High Level Outcome 4: Reduce Child Maltreatment; High Level Outcome #5: Improve Prenatal Care; High Level Outcome #6: Increase Immunizations; High Level Outcome #7: Reduce ATOD use During Pregnancy; High Level Outcome #9: Improve Readiness to Learn; and High Level Outcome #16: Reduce Teen Pregnancy.

V. Unmet Needs

As Lane County Public Health Services faces continued budget concerns, we continually need to prioritize the services to be provided. In the action plan of this document, we have identified activities which are priorities to meet some of our county's needs. For fiscal year 2005/06, we will continue working to establish strong public/private partnerships in order to provide immunization and family planning services in the rural areas, since we needed to close the three branch offices during fiscal year 2004/05 (Oakridge, Florence, Cottage Grove). This becomes our number one unmet need - serving the rural residents of our county with public health services (family planning, immunizations, maternal child health, communicable disease) in their communities. Services will be available in the central (Eugene) office, but transportation to Eugene for many of these citizens is problematic. Some will be able to utilize the public bus system that travels to Cottage Grove and Oakridge.

Addressing the chronic disease issues in our county is also an unmet need. Services provided are within the core components of public health, and have not included a chronic disease/prevention program for many years. We do not provide a program to specifically address diabetes, cancer, obesity, heart disease or dental health. Through our efforts with health education in our services (family planning, WIC, Healthy Start) we talk with clients about reducing their risks of developing a chronic disease. We will continue our active participation on the community coalition Lane County Healthy Active Youth.

We continue to build a positive working relationship with a variety of agencies in our county. We have strong relationships with the social service agencies and

are developing better relationships with other county departments, such as the Sheriff's Office, in the context of all hazards preparedness. Within our Environmental Health Program, we will continue to build coordination with other regulatory agencies, such as the Department of Environmental Quality and Department of Agriculture. We have begun doing this through our Communicable Disease and Environmental Health teams but we would like to have closer working relationships with these other agencies.

Healthy Start is a program within Lane County Public Health and because of this a stronger relationship has developed between the Healthy Start, Family Planning, Maternal Child Health and WIC programs. In this coordination, we are again realizing that providing nurse home visits for high risk families is critical to reducing child abuse and neglect as well as increasing the health of our children. We are able to provide a number of home visits, although the need for more nurses to provide prevention services is greater than the funding allows.

VI. Budget

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

VII. Minimum Standards

To the best of your knowledge are you in compliance with these program indicators from the Minimum Standards for Local Health Departments:

Organization

1. Yes _X_ No ___ A Local Health Authority exists which has accepted the legal responsibilities for public health as defined by Oregon Law.

2. Yes _X_ No ___ The Local Health Authority meets at least annually to address public health concerns.

3. Yes _X_ No ___ A current organizational chart exists that defines the authority, structure and function of the local health department; and is reviewed at least annually.

4. Yes ___ No _X_ Current local health department policies and procedures exist which are reviewed at least annually. Note: Policies and procedures exist but are not reviewed on an annual basis. We have department and program policies and procedures that are reviewed and updated as needed.

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

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

7. Yes _X_ No ___ Local health officials develop and manage an annual operating budget.

8. Yes _X_ No ___ Generally accepted public accounting practices are used for managing funds.

9. Yes _X_ No ___ All revenues generated from public health services are allocated to public health programs.

10. Yes _X_ No ___ Written personnel policies and procedures are in compliance with federal and state laws and regulations.

11. Yes _X_ No ___ Personnel policies and procedures are available for all employees.

12. Yes _X_ No ___ All positions have written job descriptions, including minimum qualifications.

13. Yes _X_ No ___ Written performance evaluations are done annually.

14. Yes _X_ No ___ Evidence of staff development activities exists.

15. Yes _X_ No ___ Personnel records for all terminated employees are retained consistently with State Archives rules.

16. Yes _X_ No ___ Records include minimum information required by each program.

17. Yes ___ No _X_ A records manual of all forms used is reviewed annually. Note: a review is not completed on an annual basis. Forms are reviewed and updated as needed.

18. Yes _X_ No ___ There is a written policy for maintaining confidentiality of all client records which includes guidelines for release of client information.

19. Yes _X_ No ___ Filing and retrieval of health records follow written procedures.

20. Yes __X No ___ Retention and destruction of records follow written procedures and are consistent with State Archives rules.

21. Yes _X_ No ___ Local health department telephone numbers and facilities' addresses are publicized.

22. Yes _X_ No ___ Health information and referral services are available during regular business hours.

23. Yes _X_ No ___ Written resource information about local health and human services is available, which includes eligibility, enrollment procedures, scope and hours of service. Information is updated as needed.

24. Yes _X_ No ___ 100% of birth and death certificates submitted by local health departments are reviewed by the local Registrar for accuracy and completeness per Vital Records office procedures.

25. Yes _X_ No ___ To preserve the confidentiality and security of non-public abstracts, all vital records and all accompanying documents are maintained. Note: records are maintained in a confidential manner.

26. Yes _X_ No ___ Certified copies of registered birth and death certificates are issued within one working day of request.

27. Yes ___ No _X_ Vital statistics data, as reported by the Center for Health Statistics, are reviewed annually by local health departments to review accuracy and support ongoing community assessment activities. Note: Not reviewed on an annual basis.

28. Yes _X_ No ___ A system to obtain reports of deaths of public health significance is in place.

29. Yes _X_ No ___ Deaths of public health significance are reported to the local health department by the medical examiner and are investigated by the health department.

30. Yes ___ No _X_ Health department administration and county medical examiner review collaborative efforts at least annually. Note: Efforts are not reviewed on an annual basis, but as the need arises. Department Director works with District Attorney's office as needed to collaborate with the work of the Deputy Medical Examiner.

31. Yes _X_ No ___ Staff is knowledgeable of and has participated in the development of the county's emergency plan.

32. Yes _X_ No ___ Written policies and procedures exist to guide staff in responding to an emergency.

33. Yes _X_ No ___ Staff participate periodically in emergency preparedness exercises and upgrade response plans accordingly.

34. Yes _X_ No ___ Written policies and procedures exist to guide staff and volunteers in maintaining appropriate confidentiality standards.

35. Yes _X_ No ___ Confidentiality training is included in new employee orientation. Staff includes: employees, both permanent and temporary, volunteers, translators, and any other party in contact with clients, services or information. Staff sign confidentiality statements when hired and at least annually thereafter.

36. Yes _X_ No ___ A Client Grievance Procedure is in place with resultant staff training and input to assure that there is a mechanism to address client and staff concerns.

Control of Communicable Diseases

37. Yes _X_ No ___ There is a mechanism for reporting communicable disease cases to the health department.

38. Yes _X_ No ___ Investigations of reportable conditions and communicable disease cases are conducted, control measures are carried out, investigation report forms are completed and submitted in the manner and time frame specified for the particular disease in the Oregon Communicable Disease Guidelines.

39. Yes _X_ No ___ Feedback regarding the outcome of the investigation is provided to the reporting health care provider for each reportable condition or communicable disease case received.

40. Yes _X_ No ___ Access to prevention, diagnosis, and treatment services for reportable communicable diseases is assured when relevant to protecting the health of the public.

41. Yes _X_ No ___ There is an ongoing/demonstrated effort by the local health department to maintain and/or increase timely reporting of reportable communicable diseases and conditions.

42. Yes _X_ No ___ There is a mechanism for reporting and following up on zoonotic diseases to the local health department.

43. Yes _X_ No ___ A system exists for the surveillance and analysis of the incidence and prevalence of communicable diseases.

44. Yes ___ No _X_ Annual reviews and analysis are conducted of five year averages of incidence rates reported in the Communicable Disease Statistical Summary, and evaluation of data are used for future program planning.

45. Yes _X_ No ___ Immunizations for human target populations are available within the local health department jurisdiction.

46. Yes _X_ No ___ Rabies immunizations for animal target populations are available within the local health department jurisdiction.

Environmental Health

47. Yes _X_ No ___ Food service facilities are licensed and inspected as required by Chapter 333 Division 12, or more frequently based on epidemiological risk.

48. Yes _X_ No ___ Training is available for food service managers and personnel in the proper methods of storing, preparing, and serving food.

49. Yes _X_ No ___ Training in first aid for choking is available for food service workers. Note: Training is provided through Red Cross and Lane Community College. Information is also available in the Food Handlers Manual through the Environmental Health Office.

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

51. Yes **N/A**_ No ___ Each drinking water system conducts water quality monitoring and maintains testing frequencies based on the size and classification of system. Note: N/A State staff has the drinking water program in Lane County.

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

53. Yes _**N/A** No ___ Compliance assistance is provided to public water systems that violate requirements.

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

55. Yes **N/A**_ No ___ A written plan exists for responding to emergencies involving public water systems.

56. Yes _X_ No ___ Information for developing a safe water supply is available to people using on-site individual wells and springs.

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

58. Yes _X_ No ___ Tourist facilities are licensed and inspected for health and safety risks as required by Chapter 333 Division 12.

59. Yes _X_ No ___ School and public facilities food service operations are inspected for health and safety risks. Note: At request of school districts.

60. Yes _X_ No ___ Public spas and swimming pools are constructed, licensed, and inspected for health and safety risks as required by Chapter 333 Division 12.

61. Yes _X_ No ___ A program exists to assure protection of health and the environment for storing, collecting, transporting, and disposing solid

waste. Note: Through Department of Public Works, Waste Management Division of Lane County.

62. Yes _X_ No ___ Indoor clean air complaints in licensed facilities are investigated.

63. Yes _X_ No ___ Environmental contamination potentially impacting public health or the environment is investigated.

64. Yes _X_ No ___ The health and safety of the public is being protected through hazardous incidence investigation and response. Note: Through Lane County Sheriff's Office, HazMat and Public Health.

65. Yes _X_ No ___ Emergency environmental health and sanitation are provided to include safe drinking water, sewage disposal, food preparation, solid waste disposal, sanitation at shelters, and vector control. Note: In coordination with Department of Public Works, Department of Environmental Quality and State Water Program, Public Health.

66. Yes _X_ No ___ All license fees collected by the Local Public Health Authority under ORS 624, 446, and 448 are set and used by the LPHA as required by ORS 624, 446, and 448. (Added per G.S. request, not in program indicators)

Health Education and Health Promotion

67. Yes _X_ No ___ Culturally and linguistically appropriate health education components with appropriate materials and methods will be integrated within programs.

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

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

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

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

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

Nutrition

73. Yes ___ No _X_ Local health department reviews population data to promote appropriate nutritional services.

74. The following health department programs include an assessment of nutritional status:
    a. Yes _X_ No ___ WIC
    b. Yes _X_ No ___ Family Planning
    c. Yes _X_ No ___ Parent and Child Health
    d. Yes ___ No _X_ Older Adult Health
    e. Yes ___ No _X_ Corrections Health

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

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

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

Older Adult Health

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

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

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

81. Yes ___ No _X_ Prevention-oriented services exist for self health care, stress management, nutrition, exercise, medication use, maintaining activities of daily living, injury prevention and safety education. Note: We do try to provide information and referral if people call regarding these services. We do not provide services directly.

Parent and Child Health

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

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

84. Yes _X_ No ___ Comprehensive family planning services are provided directly or by referral.

85. Yes _X_ No ___ Services for the early detection and follow up of abnormal growth, development and other health problems of infants and children are provided directly or by referral.

86. Yes _X_ No ___ Child abuse prevention and treatment services are provided directly or by referral.

87. Yes _X_ No ___ There is a system or mechanism in place to assure participation in multi-disciplinary teams addressing abuse and domestic violence.

88. Yes _X_ No ___ There is a system in place for identifying and following up on high risk infants.

89. Yes _X_ No ___ There is a system in place to follow up on all reported SIDS deaths.

90. Yes _X_ No ___ Preventive oral health services are provided directly or by referral. Note: Provided through referral only.

91. Yes ___ No _X_ Use of fluoride is promoted, either through water fluoridation or use of fluoride mouth rinse or tablets. Note: MCH nurses talk with families about importance of dental care and fluoride rinse and varnishes.

92. Yes _X_ No ___ Injury prevention services are provided within the community.

Primary Health Care

93. Yes _X_ No ___ The local health department identifies barriers to primary health care services.

94. Yes _X_ No ___ The local health department participates and provides leadership in community efforts to secure or establish and maintain adequate primary health care.

95. Yes _X_ No ___ The local health department advocates for individuals who are prevented from receiving timely and adequate primary health care.

96. Yes _X_ No ___ Primary health care services are provided directly or by referral. Note: By referral only -

97. Yes _X_ No ___ The local health department promotes primary health care that is culturally and linguistically appropriate for community members.

98. Yes _X_ No ___ The local health department advocates for data collection and analysis for development of population based prevention strategies. Note: Are developing performance measures and data collection processes.

Cultural Competency

99. Yes _X_ No ___ The local health department develops and maintains a current demographic and cultural profile of the community to identify needs and interventions.

100. Yes _X_ No ___ The local health department develops, implements and promotes a written plan that outlines clear goals, policies and operational plans for provision of culturally and linguistically appropriate services.

101. Yes _X_ No ___ The local health department assures that advisory groups reflect the population to be served.

102. Yes _X_ No ___ The local health department assures that program activities reflect operation plans for provision of culturally and linguistically appropriate services.

Health Department Personnel Qualifications

103. Yes X No The local health department Health Administrator meets minimum qualifications:

A Master's degree from an accredited college or university in public health, health administration, public administration, behavioral, social or health science, or related field, plus two years of related experience.

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

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

II. **AND**

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

105. Yes X No The local health department Environmental Health Supervisor meets minimum qualifications:

Registration as a sanitarian in the State of Oregon, pursuant to ORS 700.030, with progressively responsible experience in a public health agency

OR

a Master's degree in an environmental science, public health, public administration or related field with two years progressively responsible experience in a public health agency.

106. Yes X No The local health department Health Officer meets minimum qualifications:

Licensed in the State of Oregon as M.D. or D.O. Two years of practice as licensed physician (two years after internship and/or residency). Training and/or experience in epidemiology and public health.

Questions concerning the Annual Plan should be directed to Tom Engle at the Department of Human Services, 1-503-731-4017, or at tom.r.engle@state.or.us. Responses to questions that would be of interest to all counties will be sent to all the Health Administrators to their email address.