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AGENDA COVER MEMO

AGENDA DATE: April 30, 2008

TO: Board of County Commissioners

DEPARTMENT: Health and Human Services

PRESENTED BY: Rob Rockstroh

AGENDA ITEM TITLE: ORDER ______________________ / IN THE MATTER OF APPROVING THE LANE COUNTY PUBLIC HEALTH AUTHORITY PLAN FOR FY 2008-2009

I. MOTION

In The Matter Of Approving the Lane County Public Health Authority Plan for FY 2008-2009

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 Department of Human Services on a mutually agreed upon date or no later than May 1 of each year. 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 2007-2008 Public Health Authority Plan via BO 07-06-6-4. Last year, Public Health was scheduled for a triennial review and was accorded a later plan submission date, based on the need to submit a comprehensive plan. This year's submission is not comprehensive in nature.

The Triennial Review completed last year resulted in commendations of the Lane County Public Health staff. Singled out for particular praise were: the Maternal Child Health (MCH) Nursing Supervisor, the Health Officer and the Public Health Manager.

The Public Health Authority Plan was submitted to a subcommittee of the Lane County Public Health Advisory Committee (HAC) on April 14, 2008 and the comments and recommendations of that body have been incorporated into the

document transmitted for consideration via this memorandum. The subcommittee members were Jim Lakehomer (position 1, at-large, Commissioner District 5) and Lawrence Dunlap (position 9, health professional, Commissioner District 3).

The Annual 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 minimum public health standards.

B. POLICY ISSUES

The Authority Plan does not include the Public Health (PH) funding that is provided by DHS to assist counties in providing local Public Health Authority as that is provided by the State under separate cover.

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

1) Administer and enforce the rules of the local public health authority and DHS

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 five program elements:

- Epidemiology and control of preventable diseases and disorders
- Parent and child health services, including family planning
- Collection and reporting of health statistics
- Health information and referral services
- Environmental health services

In addition, DHS (in conjunction with the Conference of Local Health Officials) has identified specific programs within the program elements that are required to satisfy the five statutory program elements and thus maintain the local Public Health Authority designation.

According to DHS representatives, if the County chooses to relinquish its duties as a Public Health Authority, DHS would most likely arrange for the required programs/services, and at the levels it believes should be provided in Lane County, and could bill the County for all costs associated with the provision of same. Lane County would likely forfeit local control and the benefits associated with local provision of services – accountability, cost savings and efficiency. The Authority Plan included with this agenda item has been formulated by Health & Humans Services to address Lane County's compliance with the minimum services and service levels to maintain its designation as the Public Health Authority.

This year's Authority Plan identifies a growing list of the County's unmet needs. As funding decreases at the local and state level, the number of clients receiving

services decreases. This has necessitated the following reductions and/or eliminations of services:

- No flu clinics in the community
- No tuberculosis prevention and testing services at the homeless shelter
- Decreased sexually transmitted disease prevention, education, and treatment services
- Loss of surge capacity to respond to threats and hazards
- Decreased ability to facilitate the community-based coalition to address the special needs of vulnerable populations during emergency hazards
- Decrease in WIC nutrition services for low-income young children and pregnant women
- No assistance in accessing prenatal care for low-income pregnant women
- Decrease in nurse home visiting for at-risk pregnant women and medically fragile infants

C. BOARD GOALS

The goal of moving PH to an adequate facility was assured last FY, with the purchase of the Charnelton Place building. Significant staff time has been dedicated to planning the relocation to the new facility, now foreseen for the Fall of 2009.

PH benefits from the input, involvement, and hard work of a very active Public Health Advisory Committee (HAC) that meets monthly. The HAC 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. (See Board Packet 08-4-2-8 for further analysis of community investment in Lane County Public Health.) Over the past year, the HAC has researched and worked on fetal infant mortality, chronic diseases, nutrition and wellness, air quality (see BO 07-9-19-3), emergency preparedness, environmental health and pesticide/herbicide use.

Revenue Development – PH continues to seek resources to minimize reliance on general fund dollars. The Environmental Health program has launched a local on-line food handlers' testing application, reducing the need to share on-line revenue with a contractor. Public Health staff continue to aggressively pursue grant funding opportunities in the areas of: Tobacco Education, Maternal Child Health, Chronic Disease Prevention and Emergency Preparedness.

D. FINANCIAL AND/OR RESOURCE CONSIDERATIONS

The submission of the Authority Plan is not tied directly to the annual Public Health budget, however this Plan is based upon a detailed and comprehensive analysis of the staffing and funding levels required to meet "minimum compliance" with the program elements as established annually by the Intergovernmental Agreement with DHS. This process was completed by Public Health Division staff in conjunction with H&HS/Administrative and Fiscal staff as

part of the development of the FY 09 internal budget process (renewal, step-down, step-down+ and no-renewal).

E. ANALYSIS

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 DHS; and, assure activities necessary for the preservation of health or prevention of disease in the are under its jurisdiction as provided in the annual plan of the authority through five program elements: 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, based upon the County Administrator's proposed "no renewal" budget, as of this date. Please Note: should subsequent Board action reduce this proposed level of funding, Lane County would likely be required to address a DHS concern about the County's ability to continue as the local Public Health Authority.

However, staff would be remiss if this Plan were submitted to the Board with no comment on the bare bones nature of this proposal and the inherent danger that such limited coverage of the core elements represents at a time when the economy is also experiencing a downturn. The growing list of "unmet needs" delineated under "Policy Issues" above attests to the precarious balance represented by a County general fund commitment of only $1,052,647 and the attached Plan references the impact of the budget reductions on the County's most vulnerable populations

While proposed funding will allow PH to fulfill the minimal statutory duties of a local Public Health Authority, the level of proposed funding will result in a significant reduction and/or elimination in PH services for Lane County's residents. The following table illustrates the proposed general fund reduction and the attendant decrease or loss of services.

Service	General Fund Proposed Budget	Other Funds Proposed Budget	Reduction from FY 07-08 level of service
Communicable disease investigation and control, including tuberculosis, immunization, preparedness	537,377	502,791	500 less clients in STD Clinic 4,000 fewer flu shots 4,000 fewer general immunizations 5 less agencies delegated to perform immunizations
HIV Services	10,957	107,517	No service reductions.

Subcontracts	0	153,214	None.
Bio-Terrorism	0	263,162	None.
Family Planning	0	690,000	None.
Maternal child health services	234,624	340,428	300 less high-risk pregnant women and/or medically fragile infants served by nurse home visiting
Prenatal (Oregon Mother's Care)	0	0	650 less low-income pregnant women helped to access prenatal care
Women, Infants & Children Nutrition Services	269,689	854,124	1,674 less clients assisted monthly
Environmental health services	0	1,032,780	None.
Vital records	0	254,547	None.
Tobacco prevention/education	0	262,986	None.
Public Health Contingency	0	123,253	No change.
TOTALS	$1,052,647*	$4,584,802	
	$5,637,449		

*Please Note: this total does not include funding for Information Services.

F. ALTERNATIVES/OPTIONS

1. To approve the FY 2008-09 Lane County Public Health Authority Plan and delegate authority to the County Administrator to sign the plan.

2. Not to approve the FY 2008-09 Lane County Public Health Authority Plan, as presented, and to give staff direction to revise certain elements of the Plan, delegating authority to the County Administrator to ensure that the directed changes are made, prior to signing the revised Plan. Please Note: A reduction of services or service levels from those foreseen in the attached Plan would likely lead to a DHS concern that Lane County may not be able to continue as the local Public Health Authority.

IV. RECOMMENDATION

Health & Human Services 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 submission to the State Department of Human Services (DHS). 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 more cost effective.

V. TIMING/IMPLEMENTATION

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

VII. ATTACHMENT

Board Order
Public Health Authority Plan (Including WIC Attachments and Immunization Appendices)

THE BOARD OF COUNTY COMMISSIONERS, LANE COUNTY, OREGON

RESOLUTION	)	IN THE MATTER OF APPROVING THE LANE
AND ORDER:	)	COUNTY PUBLIC HEALTH AUTHORITY PLAN FOR FY
	)	2008-2009

WHEREAS, general fund support for Lane County Public Health services will be reduced due to the loss of Secure Rural Schools Act revenues; and

WHEREAS, this funding reduction requires the Board to direct policy changes concerning the provision of public health services in Lane County; and

WHEREAS, the annual submission of the Lane County Public Health Authority Plan to the Department of Human Services must incorporate and translate that policy redirection into the reduction of services and service provision levels; and

WHEREAS, these policy choices shall result in: eliminating immunizations, tuberculosis prevention and testing at the homeless shelter; reduction of prevention, education and treatment services for persons with sexually transmitted diseases; loss of surge capacity for response to threats and hazards; lessening of ability to facilitate the community-based coalition to address the special needs of vulnerable populations during emergency hazards; reduction of WIC nutrition services, reduced ability to provide prevention and education services to at-risk families, reduced capacity to assist with prenatal care and referrals, reduction of nurse home visiting for at-risk pregnant women and medically fragile infants, reduced chronic disease prevention, education and mitigation; decrease in staffing to three communicable disease nurses with responsibility for surveillance and investigation of reportable communicable diseases, sexually transmitted disease clinic and investigation, tuberculosis control, immunization clinic and community and provider education and immunization accountability, and preparedness functions for county; decrease in nurse home visitations limiting ability to address the higher fetal infant mortality rates in Lane County, reduction of immunizations and flu shots administered, reduced number of agencies delegated to performing immunizations; and

WHEREAS, these policy choices will result in 500 fewer clients being seen at the STD clinic, in 4,000 fewer flu shots and 4,000 fewer general immunizations being administered, in 300 fewer high-risk pregnant women or medically fragile infants receiving home visitations and in 650 fewer low-income pregnant women being assisted with access to prenatal care and with 1,674 fewer WIC clients per month; and

WHEREAS, these policy choices include those also set forth in the Authority Plan; and

WHEREAS, the Lane County Board of County Commissioners is recognized as the local public health authority under the provisions of ORS 431.410; and

WHEREAS, ORS 431.375 through 431.385 require each local authority to develop a Public Health Authority Plan; and

WHEREAS, upon budget approval by the State of Oregon, funds will be allocated to Lane County to support the services described in the plan for FY 2008-2009;

NOW, THEREFORE, IT IS HEREBY RESOLVED AND ORDERED that the Board of County Commissioners approve the Lane County Public Health Authority Plan for FY 2008-2009, and that the Board of County Commissioners delegate authority to the County Administrator to sign the Lane County Public Health Authority Plan.

Dated this _______ day of April, 2008.

____
Faye Stewart, Chair
Lane County Board of Commissioners

APPROVED AS TO FORM
Date 4/23/08 Lane County
____
Office of Legal Counsel

LANE COUNTY PUBLIC HEALTH AUTHORITY
ANNUAL PLAN SUBMITTED MAY 2008
FOR FISCAL YEAR 2008/09

I. Executive Summary

The Annual Plan submitted for FY 2008-09 for Lane County includes the following narrative sections: an assessment which provides demographic and public health indicators for Lane County; a description of the delivery of local public health services; an action plan for the delivery of core public health services; a description of unmet needs; and a checklist of compliance with the minimum standards. In reviewing the Comprehensive Plan submitted in August 2007, this plan reflects updates to the plan due to the burden of dramatic budget reductions in program services at Lane County Public Health, beginning July 1, 2008.

Following the required state format, the proposed action plan includes a description of the current condition or problem, the goal(s), 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.

We have continued to work on updating performance measures that were developed in 2003. This is an ongoing process as we seek to measure evidence based programs while it is difficult to acquire the data needed within our present data collection systems. The Lane County Department of Health and Human Services has one staff person who is our technical assistant to reviewing performance measures and has worked with us to set up a data entry system called pb views in order that we can review our progress on the measures which is a helpful management tool.

We have an active Health Advisory Committee that meets monthly and brings forth an array of topics for discussion and research. The committee has chosen the following focus areas for 2008: fetal infant mortality, air quality issues (benzene, field burning, airborne pesticide spraying) , environmental health (food safety/training, pesticide/herbicide spraying on county roads, schools), emergency preparedness (infectious diseases, immunizations, pandemic flu, MRSA), nutrition, physical activity and health prevention/wellness particularly among children, chronic disease (smoking, diabetes, substance abuse).

Additionally, we have worked with a county team in the planning for a different building for Lane County Public Health. A significant amount of time has gone into the effort with a move anticipated by the Fall of 2009. Some of the remodeling work has been on hold due to uncertainty of the county budget for 08/09 and which programs will actually be housed in the building.

II. Assessment

1. Public Health Issues and Needs

Lane County spans an area of 4,620 square miles making it the fifth largest Oregon county by area. It stretches from the Pacific Ocean, over the coastal mountain range,

across the southern Willamette Valley, to the crest of the Cascade Mountains. Although 90 percent of Lane County is forestland, Eugene and Springfield comprise the second largest urban area in Oregon. In addition, the county encompasses many smaller cities and rural communities.

The 2007 estimated population by the U.S. Census Bureau for Lane County was 343,591, continuing it as the fourth largest Oregon county by population. The county has seen a steady growth over many years (2005: 335,180, 2000: 322,959, 1990: 282,912). US Census Bureau data and Portland State University, Population Research Center data provide a profile of Lane County's 2006 demographics:

- Percentage of persons under 5 years old was 5.4% (state was 6.2%)
- Percentage of persons 18 years & over was 79.4% (state was 76.8%)
- Percentage of persons 65 years old and over was 14.1% (state was 12.9%)
- Percentage of female persons was 50.8% (state was 50.5%)
- The population was 89% White with 2.8% Asian, 1.9% American Indian/Alaska Native, and 1.1% Black; .2 Native Hawaiian Islander and Other Pacific; additionally, 5.9% of the population identified as Hispanic or Latino origin.
- The level of educational achievement included 89.6% of the adult population as high school graduates and 27.5% of the population having a bachelor's degree or higher.
- U.S. Census Bureau data reports the median household income in 2006 in Lane County was $42,127 compared to $46,230 for Oregon.
- Unemployment rate in 2003 was 8%, highest seen since 1986. In 2005 the rate was 6% and in 2006 was 6.4%.
- In 2006, 15.0% of Lane County families with children under 18 had incomes below the poverty level (Oregon was 14.8%), and 34.9% of female-headed households with children under 18 had incomes below the poverty level (Oregon was 38.1%). In 2006, 16.1% of all Lane County individuals fell below the poverty level (Oregon was 13.3%).

Additional indicators of health and wellbeing (data from Oregon Health Services):

- Up to date immunization rate for 24-35 month olds in 2007 was 61%. The overall state rate was 70% for 2007. Lane County Public Health serves 2% of this age population while the private medical community provide the rest of the immunizations.
- Dramatic increase in gonorrhea (in 2006 131 cases, a doubling from 2005) and chlamydia (998 cases in 2006) cases.
- 9% of 8th graders report smoking cigarettes compared to 9% in Oregon.
- 14% of 11th graders report smoking cigarettes compared to 17% in Oregon.
- 4% of 8th graders report using smokeless tobacco compared to 5% in Oregon.
- 9% of 11th graders report using smokeless tobacco compared to 12% in Oregon.
- 21%of adults report smoking cigarettes compared to 20% statewide.
- 14% pregnant women report smoking cigarettes while pregnant, compared to 12% statewide.
- Fetal Infant Mortality rate 1999-2003 for Lane County was 9.5. Oregon's rate was 7.9. Lane County's "Reference Group" rate was 8.4 compared to the U.S. "Reference Group" rate of 5.8.

Births

The following birth data is from Center for Health Statistics and Vital Records and the Oregon PRAMS Program, Oregon Department of Human Services. In 2006, the total number of births in Lane County was 3,694, up from 3,501 births in 2005.

In 2006, births to teen mothers, aged 10-17, totaled 102 or 2.8 % 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.

In 2007, 77.1% of our Oregon Mothers Care clients got in for first trimester care, but we are beginning to see more difficulties for women getting in during the first trimester. In 2006, 72.8% of infants were born to mothers who had first trimester prenatal care. First trimester care gradually increased from 1999 to 2001 when it reached 80.2%. However the percentage of women receiving first trimester prenatal care has trended down over the last five years and continued through 2007. We are concerned about the downturn in the economy, as well as increase in poverty and homelessness which often contribute to decreased early access to care. The new requirement for certified birth certificates has been a barrier for women getting into prenatal care in the first and sometimes second trimester. In addition, the number of prenatal providers in Lane County has decreased.

The rate of live births with low birth weight (LBW) in Lane County in 2006 was 63.9 per 1,000 births. The rate of very low birth weight (VLBW) in 2006 was 9.7 per 1,000 births. 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. Both LBW and VLBW birth rates have increased significantly in Lane County over the last 17 years.

PRAMS (Pregnancy Risk Assessment Monitoring System) data for Lane County identifies several areas of concern with risk behaviors. Of the respondents, 24.9% admitted to binge drinking (5 or more drinks at one setting) in the three months before pregnancy. 26.1% admitted smoking in the three months before pregnancy. Alcohol and tobacco use are markers for illicit drug use. Alcohol, tobacco, and other drugs have a significant negative impact on birth outcomes, including birth weight and preterm birth. (Note: this data is based on the state's analysis of combined 2000-2004 PRAMS data. We do not have updated data at this time.)

Fetal-Infant Deaths

By using the Perinatal Periods of Risk (PPOR) method of data analysis, we were able to determine that within the high rate of fetal-infant deaths, the greatest number of excess deaths occurred during the postneonatal period from day 29 to 1 year. Through vital records death records, we were able to determine that 35.9% of these deaths were due to SIDS and other ill-defined causes and 24.5% due to accidents/injuries. These deaths are potentially preventable.

In order to provide more complete data about fetal-infant deaths, a community coalition was formed to review the available information, identify strategies, and activities to address the problem, and to implement best-practice interventions to reduce fetal-infant

deaths. Such a best-practice is the FIMR (Fetal Infant Mortality Review) process. As a community, we are developing funding sources to allow the initiation of a FIMR.

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. Even with all these county attributes, we continue to have an unacceptable mortality rate with infants which is an overall marker of the general health of our community, a grave concern of ours at Lane County Public Health.

2. **Adequacy of Local Public Health Services**

As a result of the expectation that Lane County will not receive federal secure rural school funds/timber funds, our estimate is that Lane County Public Health (LCPH) will be decreasing its overall staff by up to 14 positions (out of 54 positions). For the communicable disease team alone this will mean a capacity of three full time communicable disease nurses with responsibility for surveillance and investigation of reportable communicable diseases, sexually transmitted disease clinic and investigation, tuberculosis control, immunization clinic and community and provider education and immunization accountability, as well as preparedness functions for an estimated county population of 343,591 people.

Due to the impending large budget reductions throughout the organization, Lane County as a safe and healthy community will not hold true. LCPH has developed, upon direction by the County Administrator, a budget that will make it possible for us to keep the local public health authority, but one which does not address the needs of our community. We will be experiencing reductions in our programs which have the most vulnerable citizens – WIC, MCH, Oregon Mothers Care, and CD. At this point in the budget process, we are still unsure what the decisions will be by the Budget Committee and Board of County Commissioners and what public health will look like as of July 1, 2008.

LCPH has a Public Health Supervisor on-call at all times (24/7/52). The on-call supervisor is reached through our answering service. This supervisor is able to call on other management and nursing staff resources as needed to manage the public health need. Presently, due to the support of the county general fund, the communicable disease team is able to meet current expectations unless we have a large event or outbreak which would quickly overwhelm the local resources at public health.

The Maternal Child Health Nurse Supervisor has brought together an internal departmental team and community partners to discuss the county's high fetal infant mortality rate. As part of the identification of best practices to reduce fetal-infant mortality, the community coalition has determined that Public Health has inadequate capacity to provide long term, comprehensive nurse home visiting for families at risk of poor pregnancy and infancy outcomes. Research indicates that nurse home visiting needs to begin early in pregnancy and continue to age two. The high number of excess deaths between age 29 days and one year in Lane County indicate a great need for

nurse home visiting (particularly for families with high psycho-social risks) to teach injury and SIDS prevention and child health and development needs. Because local hospitals and medical providers know that we are limited to five field nurses, they only refer infants with high medical/developmental risks. And, although we serve pregnant women with social risk factors through maternity case management, we are unable to continue serving their infants through Babies First unless there is a medical condition. The limited number of staff dictates that we offer services to families with higher risks. This limitation means we are limiting access to other families with unmet needs.

Our WIC staff provide an exemplary level of service to the families they serve. The difficulty continues in keeping the caseload numbers up while developing streamlined schedules and processes in order to provide the nutrition education, assessment and voucher distribution needed. The myriad of required complexities within the WIC program continues to challenge us in serving the number of clients who qualify for the program. The turnover rate in the WIC program continues as a concern, as the time to fill the position within the county structure takes a long time and the many trainings (HIPAA, ICS courses, Diversity, Harassment, etc.) that need to be completed once a person is hired takes a significant time away from getting the person ready to see clients.

The Environmental Health program includes a staff of eight (see organizational chart for staffing). Staff are presently able to tend to all the required inspections of the licensed facilities in the county. In addition, work continues on maintaining an electronic food handler testing program as well as walk in services for reading and testing for food handler cards. The Environmental Health Specialist staff have successfully built positive working relationships with the food industry as well as tourist and travel industry. The EH staff also work closely with the CD staff on case investigations, especially those related to noro-virus, and most recently nursing homes and large gatherings.

3. **Provision of Five Basic Services (ORS 431.416)**

Communicable disease

Epidemiology

In July of 2005, chronic hepatitis C became a reportable communicable disease in Oregon. Lane County Public Health began offering hepatitis C testing for chronic disease during STD clinic and needle exchange times to clients with a history of behavior putting them at increased risk for disease. Since then, with test kits provided to us at no charge from ODHS, LCPH has tested 190 individuals. Approximately 25% of those tested have been positive. LCPH has received 682 reports of cases of chronic hepatitis C throughout the county during this timeframe. For clients testing at LCPH, communicable disease team staff members provide information and referral services and education to prevent further spread. Current surveillance assists public health to assess the disease burden for hepatitis C in Lane County.

In addition to hepatitis C reports, LCPH reported 302 non-STD reportable communicable diseases in calendar year 2006. This was a lower figure than in the

previous six years. Notably, pertussis reports which surged in late 2004 and 2005 were significantly decreased in 2006. Recent immunization changes providing pertussis coverage to adolescents and adults as well as public information on prevention may be contributing to the decreased incidence of this, often cyclic, disease. Provider awareness about prevention, diagnosis, and reporting requirements was also improved through public health information and continuing education efforts.

Sexually Transmitted Diseases
In addition to the functioning communicable disease database, we have recently added the STD database provided by contract through Multnomah County Public Health. This has quickly become an invaluable tool for reporting and investigating our surging numbers of positive chlamydia reports as well as reports of gonorrhea and syphilis. In 2006 Lane County had a record 998 cases of chlamydia reported giving an incidence of 293 cases per 100,000 population. Gonorrhea cases more than doubled to 131 cases and syphilis numbers, while small in number, also increased. Lane County was without a state employed Disease Information Specialist for the last 3 months of 2006. The increased numbers of positive STD reports placed an increased strain on LCPH communicable disease team nurses and support staff. With the arrival of our new DIS and the time saving addition of the STD database, we anticipate greater capability to investigate and address STD prevention and control efforts in our community.

Tuberculosis
In 2006, Lane County had 6 cases of active tuberculosis. None of these cases were associated with the homeless population. The number of tuberculosis cases and converters has continued to decline in Lane County. Currently there are five active cases of tuberculosis on treatment in Lane County and none are associated with a homeless shelter.

In the past six months, there have been six people associated with the Eugene Mission who converted their tuberculosis skin test from negative to positive. Unified public health efforts and collaboration with the shelter is yielding positive results in preventing the spread of tuberculosis in our community.

Immunizations
The LCPH Immunization Program provided 6685 immunizations in 2006. Almost half of these were influenza immunizations provided at off site clinics with increased numbers of elderly and other high risk clients. Significantly 11 immunization delegate clinics of LCPH, which include school based clinics, rural private providers, the University of Oregon, and the Community Health Center, provided 5718 immunizations in the same time period. The vast majority of these immunizations were either children's vaccines or the hepatitis A and B series. LCPH provides ongoing technical support, annual site review, and program education sessions as needed for delegate clinics. The LCPH immunization program presented a community health care provider education breakfast on the topic of Adolescent Immunizations in May of 2006.

In the fall of 2006, Oregon counties learned that Up-To-Date immunization rates for two year olds in Lane County in 2005 are well below state and national goals of 90%. Lane County (all providers) immunization coverage rates for the 4:3:1:3:3:1 children's series (covering diphtheria-tetanus-pertussis, polio, measles-mumps-rubella, haemophilus

influenzae b, hepatitis B, and varicella) are at 72.1%, just slightly above the state average. We will continue to collaborate with ODHS and community health providers to address this concern. In addition, LCPH is addressing our own clinic Up-to-Date immunization rate for two year olds in the attached action plan. The LCPH Immunization clinic directly serves less than 1% of the Lane County population of two year olds.

HIV

The LCPH HIV program focuses resources and efforts on testing and prevention services to populations at greatest risk for disease. Even while funding availability has decreased at both state and local levels, our services to many within these target populations has become more accessible.

Since September of 2006 LCPH's Social Network Recruitment program, in collaboration with HIV Alliance and private providers, has selected 4 individuals from high risk MSM (Men Who Have Sex With Men) social networks and coached them to refer friends and network associates for incentive-based testing. These recruiters distributed 116 cards, and 59 persons were tested from their high risk networks, many for the first time ever. This program is funded by Oregon DHS and is based on CDC intervention shown to find more positives than conventional testing programs. The program has found two individuals who were positive for HIV and facilitated their entry into medical services. Each of the four recruiters received 4 individual counseling sessions from the program which resulted in risk reduction behavior changes and increased pride in contributing to HIV prevention.

The LCPH HIV program has provided community leadership by gathering private and public partners in the Lane County Harm Reduction Coalition (LCHRC) with the purpose of reducing the impact of injection drug use and other substance abuse on public safety, community health, and individual health. The LCHRC, with funding support from Sacred Heart Medical Center and clinical support from the Community Health Center of Lane County, has established a health care practitioner position at HIV Alliance's needle exchange van. This position will provide direct wound care to clients on the streets to prevent injection drug use related infections from developing complications which tax local hospital and health care resources.

Parent and Child Health Services:

- The Prenatal (PN) program helps low-income pregnant women establish health insurance coverage with OHP and helps ensure the initiation of prenatal care with local medical care providers. 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 Maternal Child Health and WIC to provide a system of services for vulnerable families. Approximately 625 low-income women were assisted with OHP application and with accessing prenatal care during this past year.

- The Maternal Child Health (MCH) program provides nurse home visiting, education, support, and referral to appropriate medical and developmental services for families

at risk of poor pregnancy, birth, or childhood outcomes. MCH services are provided countywide by a limited number of public health nurses (5.1 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 FY 05-06, MCH nurses provided home visiting for 454 families. Of these families, 284 received maternity case management, 117 received Babies First!, and 53 received CaCoon services. The Maternity Case Management program provides nurse home visiting services for high-risk pregnant women; and, helps assure access to and effective utilization of appropriate health, social, nutritional, and other services during the perinatal period. The Babies First! program provides assessment and early identification of infants and young children at risk of developmental delays or other health related conditions. The CaCoon program provides services for infants and children, who are medically fragile or who have special health or developmental needs, by helping their families become as independent as possible in caring for the child and by helping families access appropriate resources and services. Of particular concern for the MCH program is that we receive 100-200 high risk referrals per month and are able to only serve about 50% of those. The community need is great but with our decreased county general fund, we will not be able to even see the 50% of before due to decrease in Community Health Nurse staff. In addition, in January-February 2008, we have seen a dramatic increase in the number of 14-17 year olds pregnant and for whom we are not able to do home visits.

- In January 2008, the Healthy Start program moved back to the Department of Children and Families (DCF). DCF chose to contract out the "core" program into the community rather than continuing with the contract with Lane County Public Health.
- As of July 1, 2006, the Family Planning (FP) program was moved from the Public Health Division of the Lane County Department of Health and Human Services to the Human Services Commission, also within the Lane County Department of Health and Human Services. The FP clinic is now within the federally qualified health center. As noted in the annual plan submitted to the state Family Planning Office for FY 08, the following state goals within the Title X grant application must be carried out: 1. Assure continued high quality clinical family planning and related preventive health services to improve overall individual and community health. 2. Assure ongoing access to a broad range of effective family planning methods and related preventive health services. How these goals are carried out are identified in the Action Plan section of this comprehensive plan.

<u>Collection and reporting of health statistics</u>: Lane County Public Health provides statistical information to Oregon DHS/Health Services on a regular basis – including CD reporting on each case investigation, blood work sent to the state lab, inspections conducted by the environmental health staff; HIV program reporting requirements IRIS, the WIC data system, and ORCHIDS MDE for women and children's data.

<u>Health information and referral services</u>: Lane County Department of Health and Human Services and Lane County Public Health (LCPH) publicize location, phone numbers and listing of services. We have developed a web site for the department that has specific information regarding each program within the department. We also have a strong working relationship with the county Public Information Officer (PIO) who assists

in disseminating up-to-date information regarding any public health issue in which the community may be interested. The PIO has a section on the general county website for public health issues, such as smallpox and West Nile Virus, providing easy access for citizens. LCPH has available brochures, the mission statement, and a handout with clinic services, times and locations.

Environmental health services: The Environmental Health (EH) program includes the inspections of licensed facilities, primarily food service facilities. The following are the types and numbers of facilities licensed and inspected by the EH staff in 2006: full service and limited service food facility (940), bed and breakfast (13), mobile units (120), commissaries and warehouses (25), temporary restaurants (959), pools/spas (285), traveler's accommodations (99), RV parks (71), and organizational camps (12), for a total of 2,524. Total in 2006 was 2,452 and in 2005 was 2,386. In addition to license facility inspections, EH staff completed 167 daycare inspections and 302 school/summer food program inspections. The EH and CD teams work closely together as needed to ensure safe food and tourist accommodations. In 2007, the following are some of the violations found upon general inspections: improper holding temperatures (604), contaminated equipment (305), and poor personal hygiene (174). 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 7,718 food handler cards, of those 1,976 were issued in-house. .

4. **Adequacy of Other Services**

Chronic Disease Prevention

Recent funds received for tobacco-related and other chronic disease prevention will help expand and reinforce LCPH's efforts to establish a community health assessment process that will prepare our local public health system to anticipate, manage, and respond to the burden of chronic disease in our community. Capacity building with these funds will allow staff to devote time specifically to chronic disease assessment, planning and partnership building activities. The process will focus on chronic disease prevention, early detection and management, and will inform a broad network of public and not-for-profit service and healthcare providers, community decision makers, and citizens. In addition, the state training institutes will provide the necessary information, technical assistance, links to data and population-based strategies that will significantly improve the Lane County's ability to advance the policies and environmental changes necessary to address the root causes of chronic disease.

The first step to addressing the burden of chronic disease in Lane County is building assessment capacity and identifying disparities or areas of need. This information will then be used to build awareness and motivate action that is based on evidence-based best practices, ultimately producing policies and environments that promote health and reduce disease. Lane County Public Health will begin this process with two of the county's Public Health Educators attending a series of training institute sessions and facilitating community collaboration and input on the community assessment of chronic disease in Lane County. The Executive Director for the Lane Coalition for Healthy Active Youth (LCHAY), will also participate in the training sessions.

After the community-wide assessment of chronic disease, the Public Health Educators will coordinate a strategic planning process based on best practices to address prevention, early detection, and management of tobacco-related and other chronic diseases. The plan will include evaluation; policy, environmental, and systems changes; and identifying and addressing disparities. Together, these outputs and partnerships will significantly improve Lane County's ability to advance the population-based policies and environmental changes necessary to prevent and manage chronic diseases.

Together, the training, capacity-building, and partnerships facilitated by this grant will significantly improve Lane County's ability to advance the policies and environmental changes necessary to address the root causes of chronic disease in our community.

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

The goal of Quitting for Keeps is to increase access to tobacco relapse prevention and cessation services among low-income pregnant and postpartum women who utilize WIC in Lane County, Oregon. ACTIVITIES: 1). Collecting data from the target audiences and using their input to inform the development of the program and its outputs; 2) Identifying existing cessation promotion and relapse prevention support and pharmacotherapy that is appropriate and accessible to the target population and incorporating these resources into Quitting for Keeps; 3) Collaboratively developing the cessation and relapse prevention training and materials tailored specifically for the WIC setting; 4) Training staff in the provision of the brief and tailored forms of the cessation promotion and relapse prevention and implementing those interventions at WIC; 5) Evaluating the program; and 6) Sustaining intervention efforts.

The physical activity and nutrition program is another significant effort which Lane County Public Health has taken on for the past two years and will continue to June 30, 2008. We are hopeful that continued funding will provide for services long after 2008. The program initially (and continues to) support worksite wellness efforts for Lane County employees. The second year has expanded to provide support to other large employers Worksite Wellness programs. The Public Health Educator provides technical

assistance and coordinates a monthly worksite wellness training and networking session for six other large employers in Lane County. Through this networking, the employer representatives have increased their understanding of public health and understand wellness issues such as obesity, tobacco use, and breastfeeding from a public health as opposed to individual health perspective. These employer representatives are enthusiastic participants and have already taken many steps to improve the health of their worksites. Our Public Health Educator receives frequent calls from other employers asking for assistance in establishing wellness practices, so we know that we have a significant area for continued work and a best practice in increasing the health of our community. The Public Health Educator provided initial support to the Lane County Healthy Active Youth Coalition and continues to participate in their meetings and provides technical assistance as her time allows.

Tobacco continues as the leading cause of preventable death in the U.S., Oregon and Lane County. In Lane County tobacco kills 683 people every year. Through minimal state funding, the Lane County Tobacco Prevention and Education Program (TPEP) continues to reduce tobacco-related illness and death in Lane County by reducing exposure to secondhand smoke, creating smoke-free environments, decreasing youth access to and initiation of tobacco use, and increasing access to cessation services.

Current data indicates that while Lane County youth (8th and 11th graders) use tobacco at similar or lower rates than other Oregon youth, adults and pregnant women are using tobacco at higher rates than the state average (see page three) Higher tobacco use rates among pregnant women is especially concerning considering the effects of tobacco on pregnancy outcomes and Lane County's high rate of fetal/infant mortality.

The TPEP staff continue to respond to complaints generated by the public, Oregon DHS, or local coalition assessment activities regarding violations of the State Clean Indoor Air Law. In addition, the Tobacco Free Lane County Coalition (TFLC) continue to monitor business compliance with Eugene's Clean Indoor Air Law and City of Eugene staff response to complaints of violation.

The TPEP staff will continue work with the two large hospitals in the community which have worked to establish tobacco-free campuses at all locations in Lane County. This includes Peace Health and McKenzie Willamette Medical Center. In addition, staff and TFLC members will continue work with the University of Oregon's Environmental Health and Safety Committee and Students for a Smokefree Campus to move the U of O towards being a smoke-free campus.

Primary Health Care:

In regards to primary health care, Lane County Department of Health and Human Services, Human Services Commission, operates a Federally Qualified Health Center (Riverstone), located in Springfield. As of July 1, 2006, the FQHC added the family planning clinic was previously within public health. Due to a reduction in county general funds to the family planning program, administration decided that it would be prudent to make this change. The positive side of the change is that more families have been able to access primary health care and establish a medical home. One of our nurse

supervisors continues to work closely with the FQHC nurse supervisor regarding family planning, immunization and sexually transmitted disease questions.

Medical Examiner:

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

Emergency Preparedness:

Preparedness for disasters, both natural and man-made, is a public health priority. Our Public Health Emergency Preparedness and Communicable Disease Response Program ("PHP Program") develops and maintains the capacity of the department to rapidly mount an effective response to an emergency and to prevent, investigate, report and respond to outbreaks or the spread of communicable diseases.

The preparedness staff have developed a draft training program incorporating professional standards and state/federal guidelines. The plan outlines training goals and priorities, maps training requirements according to professional and emergency roles, establishes a timeline for implementation and defines a means for evaluating the plan's success. This training plain applies to all Lane County Public Health Services employees, volunteers with identified emergency response roles and specific Lane County personnel with direct management and support roles for Public Health Services. At a minimum, all employees will receive introductory training on the National Incident Management System (NIMS) and the Incident Command System (ICS). Beyond the minimum standards, employees with specified emergency response roles require additional training in bioterrorism, chemical and radiation emergencies, communicable diseases and general emergency response, as well as other professional or technical skills as appropriate.

The PHP program addresses public health mitigation, preparedness, and response and recovery phases of emergency response through plan development, exercise and plan revision. Currently, existing plans are undergoing a thorough review and revision to comply with national standards, and to incorporate lessons learned from past exercises and drills. To prepare staff and improve emergency response capabilities, plans are exercised on a regular basis. Successful exercises lead to an ongoing program of process improvements. All exercises and drills result in reports to assist Lane County Public Health in achieving preparedness excellence by analyzing results of the exercises, identifying strengths, and identifying areas for improvement.

In partnership with local and state government agencies, businesses, schools and the media, Lane County Public Health galvanizes the community to tackle local preparedness needs. The most recent effort is focusing on bringing together local partners to plan for the needs of the community's most vulnerable populations. In March 2007 the Vulnerable Populations Emergency Preparedness Coalition was

formed. The group consists of more than 40 persons from 36 agencies representing children, older adults, tribes, emergency management, mental health, developmental disabilities, homeless, tourists and non-English speaking persons.

III. Action Plan

Communicable Disease Program

- Current condition or problem:
  1. Stabilized TB transmission at homeless shelter.
  2. Stabilize high STD rates – syphilis, gonorrhea, chlamydia.
  3. IRIS has been instituted. Transmission to state system completed March 2008.
  4. Improve countywide immune rates for 24-35 month olds (4-3-1; 3-3-1).
  5. Expanded integration and training of applicable bioterrorism/preparedness activities and staff with CD program.
  6. Continued immunization delegate support (have ten delegate agencies).

- Homeless Shelter Control Measures:

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

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

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

- Stabilize but high gonorrhea, syphilis and chlamydia cases.

  Goals
  1. Long-Term: Prevent and control spread of STD's in Lane County.
  2. Short-Term: Collect baseline data to determine percentage of countywide contacts to cases of chlamydia who are evaluated and treated.
  3. Short-Term: Assure that 100% of countywide contacts to cases of syphilis, and gonorrhea, and all pregnant women contacts to cases of gonorrhea, syphilis, and chlamydia are evaluated and treated.

  Activities:
  1. Annual review of STD protocols.
  2. Ongoing CD team review of LCPH STD clinic process.
  3. Target outreach and clinic availability, in conjunction with Disease Information Specialist (DIS), to clients at high risk for STD's.
  4. Work with DIS to optimize community resources in provision of services.

  Evaluation:
  1. Staff will enter and monitor program output and outcomes data as part of the countywide performance measure tracking.

- Expanded integration and training of applicable bioterrorism/preparedness activities and staff with Communicable Disease (CD) program.

Goals:

1. Long-Term Goal: CD team members will understand Incident Command Structure (ICS), their roles during preparedness exercises and events. Will be NIMS compliant.

2. Short-Term Goals:
   a. Expand, organize and document CD team preparedness trainings.
   b. CD team will participate in drafting, reviewing and exercising preparedness plans.

Activities:

1. CD/Preparedness staff will participate in monthly staff meeting.
2. Complete mandatory trainings for staff positions.
3. Participate with Preparedness Coordinator and Supervisor in drafting, reviewing and exercising plans.

Evaluation:

1. Staff will enter and monitor program output and outcome data as part of the countywide performance measure tracking.
2. Evaluation of exercises, events will be done in a "Hot Wash" and After Action Reports with the CD team.
3. Review training records to verify trainings are completed.

- Continue to focus on increasing overall immunization rates of 24-35 months olds (served by LCPH) by at least 3% by focusing on missed doses.

Goals:

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

   b. Continue to assure current and accurate data on IRIS.

Activities:

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

Evaluation:

1. Complete review of AFIX report by 8/1/08.
2. From name list obtained, record evaluation will be completed by 10/1/08.

3. Discussion of AFIX findings at Communicable Disease Team meeting November/December 2008.

HIV Program

Current condition or problem:

1. The population in Lane County includes residents at high-risk of acquiring and spreading HIV infection.
2. Lane County Public Health (LCPH) has a well-established HIV counseling and testing program which includes outreach and education to members of groups at increased risk for HIV.
3. LCPH maintains a contractual relationship with a community-based organization (HIV Alliance) for further provision of services to clients with HIV and those at risk.
4. LCPH is an active participant in Lane County Harm Reduction Coalition.

Goals:

1. Long-Term Goal: Prevent spread of HIV Disease.
2. Short-Term Goals:
   a. To increase rates of testing in populations high-risk for HIV infection.
   b. Link individuals at risk with other LCPH prevention services.
   c. To provide counseling, testing information and referral services to individuals within targeted high-risk groups.
   d. Plan activities per CDC defined goals, objectives and performance measures.
   e. Reduce community exposure and reuse of needles in IDU population (intravenous drug user).

Activities:

1. Place remainder of needle drop boxes in county.
2. Provide community outreach to MSM and injecting drug populations to encourage HIV counseling and testing, and education as to how to prevent the transmission of the HIV virus. LCPH, through participation on the Harm Reduction Coalition, will continue to provide leadership and partnership with other organizations to support programs and events that help prevent the spread of HIV infection.
3. Continue to support subcontracted agency on their best practice programs.

Evaluation:

1. HIV program staff will maintain data as required by DHS and CDC, per the intergovernmental agreement (IGA).
2. Staff will enter and monitor program output and outcome data as part of countywide performance measure tracking.

Parent and Child Health

- Prenatal Access, Oregon Mothers Care: **(Note: If we are in the county budget of no-renewal of federal funds for 08/09, the Oregon Mothers Care program will be eliminated. If we are able to keep the program, the following is current.)**

Current condition or problem:

1. The percentage of infants born to mothers who had first trimester prenatal care in 2006 was 72.8%, lower than the state average of 79.3%, and well below the Oregon Benchmark goal of 95%.
2. Lane County's prenatal access program, Oregon Mothers Care (OMC) assists pregnant teen and adult women access Oregon Health Plan (OHP) coverage and early prenatal care by helping remove barriers.
3. The local OMC also assists OHP pregnant women access dental care services through direct referral to DCOs (dental care organizations).

Goals:

1. Increase the number of pregnant women who access prenatal care during the first trimester.
2. Increase the number of OHP eligible pregnant and postpartum women who access dental care services.

Activities:

1. Provide pregnancy testing and counseling, assist in gaining OHP coverage and prenatal care, and referral to MCH, Healthy Start, and WIC (Special Supplemental Nutrition Program for Women, Infants, and Children).
2. Provide outreach services to the community about the need for early prenatal care and the local OMC program.
3. Direct dental health care referral to DCOs.
4. Participate in the Lane County Oral Health Coalition.

Evaluation:

1. OMC staff will participate in statewide data collection through the ORCHIDS (Oregon Child Health Information Data System) MDE (MCH Data Entry) system.
2. OMC staff will record program outputs and outcomes as part of the countywide performance measure process.

- Maternal Child Health

Current condition or problem:

1. Lane County's fetal-infant mortality rate is higher than the state and national average and higher than other large counties in Oregon for all population groups. Initial data indicates that the highest rate of excess death is in the post-neonatal period (29 days to 1 year of age); and, the second highest excess mortality is related to maternal health and prematurity. Vital Statistics death data for the post-neonatal period show that SIDS and other ill defined causes plus accidents and injuries made up 60.4% of all post-neonatal deaths.
2. PRAMS (Pregnancy Risk Monitoring System Data) indicates that Lane County has a higher rate of binge drinking and of smoking before and after pregnancy than the state. Alcohol and tobacco use are markers for illicit drug use. Babies First! services are provided for infants and young children at significant risk of poor health or developmental outcomes.
3. Collaborative partnerships with health providers and other service agencies have resulted in continued referrals for MCH services.

4. Public Health Nurses (PHNs) provide comprehensive Maternity Case Management (MCM) home visiting services for many women who are at risk of poor pregnancy and birth outcomes. many other high-risk pregnant women receive more limited MCM services as provided by their health care provider, and many others do not receive MCM services.
5. PHNs provide Babies First services for infants and young children at significant risk of poor health or developmental outcomes.
6. PHNs provide CaCoon services to help families become as independent as possible in caring for their child with special health or developmental needs and help in accessing appropriate services.
7. Due to non-renewal of federal funds and a significant budget reductions from the county general fund, we will no longer have a contract with Willamette Family Treatment Services to provide funding for PHN services at their residential treatment facility. The PHN has provided a full range of public health prevention and education services, HIV counseling and testing, immunizations for mothers and their children, parenting classes, health screening, and growth and development assessment.
8. PHNs provide support and assistance for families who have experienced a child's death by SIDS (Sudden Infant Death Syndrome).

Goals:
1. Reduce Lane County's unacceptably high rate of fetal-infant mortality.
2. Increase the number/rate of births that are full-term (≥37 weeks) and appropriate weight (≥ 6 lbs.)
3. Decrease the number of pregnant women who use alcohol, tobacco, or illicit drugs during pregnancy.
4. Optimize birth and childhood outcomes for at-risk families through education, referral and support.
5. Prevent and mitigate early developmental delays, ensure early intervention of delays that are identified, and optimize each child's potential capacity.
6. Increase family independence in caring for children with special needs.

Activities:
1. Facilitate the community initiative for the reduction of fetal-infant mortality.
2. Work to fund and establish a FIMR (Fetal Infant Mortality Review) process in Lane County.
3. Provide comprehensive, quality MCM nurse home visiting by well trained and capable PHNs for at risk pregnant teen and adult women.
4. Provide quality Babies First and CaCoon nurse home visiting services by well trained and capable PHNs. With the significant reduction in federal/county funding, we will reduce our nurse positions within the MCH program. This will be greatly affect the number of high risk home visiting referrals LCPH will be able to take.
5. Provide nurse home visiting support for families who have experienced a SIDS death.
6. Work closely with WIC to ensure a system of public health services for families in need.
7. Participate in local Commission on Children and Families SB 555 early childhood planning efforts.

Evaluation:

1. MCM, Babies First!, and CaCoon data will be recorded in ORCHIDS MDE, the statewide MCH system.
2. MCH referral logs will be maintained to track referrals for MCH services and identify referral sources.
3. PHNs will maintain a case log that indicates the outcome of client contact.
4. PHNs, with the assistance of ancillary staff, will record program outputs and outcomes as part of the countywide performance measure process.

Family Planning (FP) Program

Following was submitted to the State FP Office per their required timeframe:

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

Problem Statement: Assure screening, follow-up and treatment when necessary for low income women at risk for breast and cervical cancers.

Objectives:

1. Identify and provide breast and cervical screening for women at risk for these cancers seen at Lane County Community Health Center clinics.
2. Ensure appropriate and timely follow-up for women with abnormal breast and cervical exam results.

Activities:

1. At staff meetings, educate CHC providers and support staff about patient identification and internal and external resources for women at increased risk for breast and cervical cancers. Encourage parents and partners to participate in the program while maintaining strict confidentiality according to Oregon law and HIPAA.
2. Dedicate care coordinator time to develop at risk client identification system and to provide follow-up services to clients with abnormal screening results.
3. Seek additional funding for breast health follow-up (specialists, imaging).
4. Improve internal clinic processes for tracking routine follow-up of breast and cervical exams according to clinical standards.
5. Improve internal clinic processes for tracking abnormal follow-up breast and cervical exam results according to clinical standards.

Evaluation:

1. Log of clients screened, abnormal labs identified and follow-up completed to be used as baseline for assessing need and future improvement.
2. Client satisfaction survey.
3. Data review of clinical path of all abnormal test results.
4. Protocol and designated staff identified for breast and cervical follow-up.
5. Funding as budget line item dedicated to this project.

Problem Statement: Lane County has a higher rate of fetal infant mortality than the United States, Oregon, or other large Oregon counties.

1. Ensure timely identification of family planning clients who are pregnant.
2. Ensure seamless access for these clients to culturally appropriate, affordable, prenatal care.

Activities:

1. Increase access to RN visits at FP clinic for pregnancy testing and follow-up counseling.
2. Develop relationship with PeaceHealth Prenatal Clinic staff and develop smooth referral process.
3. Remove any identified barriers that exist for pregnant FP clients to follow up with Lane County's Public Health Maternal Child Health program and access to OHP.

Evaluation:

1. Demonstrate increase in RN FP visits.
2. Protocol in place for transition of client from FP to Public Health to Prenatal Clinic.
3. Evaluate positive pregnancy tests documented at FP clinic for outcomes.

Problem Statement: Family Planning clients often do not have access to primary care, and are faced with getting many of their primary care needs met within their FP visits.

Objective: Provide seamless access to primary care at the Community Health Center for family planning clients.

Activities:

1. Establish policy that all FP clients are also patients of the primary care clinics if they choose.
2. Establish simple method of explaining different services to clients for understanding of fee structure for primary care for uninsured patients.
3. Use ongoing method of communication between FP provider and primary care provider, if those providers are not the same person.

Evaluation:

1. Policy for Activity 1 in place.
2. Printed description of services available to clients in English and Spanish.
3. Provider meeting time dedicated to program communication flow monthly as evidenced by case studies, meeting notes.

Goal 2:

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

Problem Statement: While sterilization is a viable family planning methods, it is not readily available to low income clients.

Objective: Increase access to sterilization for clients who desire this method.

Activities:

1. Send one nurse practitioner to training on counseling and preparing clients for this method.
2. Implement DHS vasectomy project when it becomes available.
3. Explore relationship for pro bono services with local urology group.

Evaluation:
1. Track clients referred for sterilization.
2. Demonstrate relationship with DHS on vasectomy project implementation.
3. Have written policy, procedure, and protocol for this family planning service.

Problem Statement: The demand for family planning services is higher than our available appointments.

Objective: Increase number of appointments for FP clients at CHC.

Activities:
1. Add RN provider time to family planning.
2. Increase clinic hours and thus numbers of available slots.
3. Add one family planning site.

Evaluation:
1. Show 50% increase in RN visits in FY 08 and add 1.0 FTE RN to CHC.
2. Increase clinic hours by 6 weekly at Riverstone site.
3. Begin Title X services at Churchill School-Based Health Center.

Environmental Health Program

Current condition or problem:
1. There are more than 2,300 facilities in Lane County providing eating, living and recreational accommodations for public use.
2. The Environmental Health (EH) program continues with 5.5 FTE Environmental Health Specialists (EHSs).
3. The EH and CD teams of LCPH collaborate regarding food borne investigations, animal bites and more currently with increased incidence of noro-virus in nursing care facilities.
4. The EH team is actively involved in preparedness training. One EHS has extensive Hazmat Audit and Response experience. Two EHS are being trained as emergency preparedness Public Information Officers.
5. A part-time EHS continues to successfully handle the responsibilities in the West Lane County coast area and attended this year's State orientation meeting for new EHS personnel.
6. An internship program has been established in the EH program with primary duties of strengthening our education program to Food Service Industry at the Management and Supervisory levels.
7. One EHS has been certified as a Serve Safe Trainer.

Goals:
1. Long-Term:

a. Ensuring licensed facilities in Lane County are free from communicable diseases and health hazards.
b. Continue to focus attention on Food Service Management and Supervisory personnel training.
c. Complete FDA Program Standards.
d. Update electronic inspection program to a web-based platform.

2. Short-Term:
   a. Conduct inspections of licensed facilities in timely manner.
   b. Coordinate food-borne investigations with CD team.
   c. Continue follow-up on citizen complaints in a timely manner.
   d. Provide food handler and food facility management education, testing and licensing.
   e. Develop nursing home training regarding prevention of noro-virus.

<u>Activities:</u>

1. Conduct health inspections of all licensed facilities.
2. Conduct inspections of unlicensed facilities as requested by those facilities (certified day cares, group homes, jails, sororities, fraternities).
3. Maintain on-line and walk-in testing and licensing for food handlers and managers in Lane County.
4. Perform investigations for citizen complaints on potential health hazards in licensed facilities.
5. Perform epidemiological investigations related to public facilities.
6. Provide environmental health education to the public.
7. Documentation, follow-up and communication with DHS on animal bites. Coordinate with local jurisdictions regarding animal bites.
8. The EH supervisor will continue work with interns on FDA Standards.
9. The EH supervisor will continue work with the Information Services Department, Conference of Local Environmental Health Supervisors (CLEHS) and Oregon Health Services Environmental Health program regarding option of electronic inspection program.
10. The EH Supervisor will work with CD Nurse Supervisor to develop noro-virus prevention training for nursing homes.

<u>Evaluation</u>:

1. There will be a record and numerical score for each food service inspection. The record will be maintained in the EH database. In addition, a file will be maintained for each facility.
2. Testing and licensing for food handlers will be provided five days a week in the central office. On-line testing is also available.
3. Environmental Health staff will maintain files on all epidemiological investigations and send documented summaries to Oregon Health Services as required.
4. EHS personnel will provide health education to staff of licensed facilities while conducting inspections – comments will be noted in facility file as needed. Environmental Health Specialists will also provide health education to the public as requests are made.
5. A log will be kept of all animal bites (includes incident, victim name and follow-up completed). Information will be provided to Oregon Health Services.

6. A summary log including resolution will continue to be kept of all citizen complaints regarding licensed facilities.
7. EH staff will enter and monitor program output and outcome data as part of the countywide performance measure tracking.

Collection and Reporting of Health Statistics

Current condition or problem:

As of April 1, 2007 the registrar for birth and death records/certificates and the Vital Records staff moved to the Public Health Division at the Annex Building. It was previously housed in the Department of Health and Human Services Administrative Office. Public Health programs do data entry for individual programs – WIC, Maternal Child Health, Family Planning, Immunizations.

Goals:

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

Activities:

1. 100% of birth and death certificates submitted by Lane County Dept. H&HS are first reviewed by the local registrar for accuracy and completeness per Vital Records office procedures.
2. All vital records and all accompanying documents are maintained in a confidential and secure manner.
3. Certified copies of registered birth and death certificates are issued immediately upon request at the walk-in counter or within two business days of receipt by mail. Staff are available from 8:00 am to 11:30 am and 1:00 to 4:30 pm five days per week. Due to 50% reduction in our staff greeting the public in Vital Records, there may be a longer waiting period of time for people as they come in to the office for certificates.
4. Public Health program staff will do data entry in timely manner to ensure accuracy of records and well as ability to bill for services. (e.g. Babies First, Maternity Case Management)

Evaluation:

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

Health Information and Referral Services:

Current condition or problem:

Lane County Public Health provides health information and referral services five days a week in the Eugene office. Information and referral services are also provided in the WIC office and Environmental Health Office located in Eugene.

Goal:

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

Activities:

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

Evaluation:

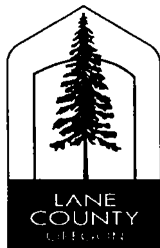
1. Structure of support staff schedule will be reviewed to ensure availability of staff to provide health information and referral services.
2. Minutes of public health program team meetings will be kept and shared with support staff to keep up to date information regarding our services.
3. Clinic schedules will be reviewed periodically for accuracy – schedules will be provided in English and Spanish.
4. Staff will be encouraged to check the Lane County Public Health website often to make sure the information is accurate. One person maintains website changes and suggestions in order to keep fidelity in the website information.

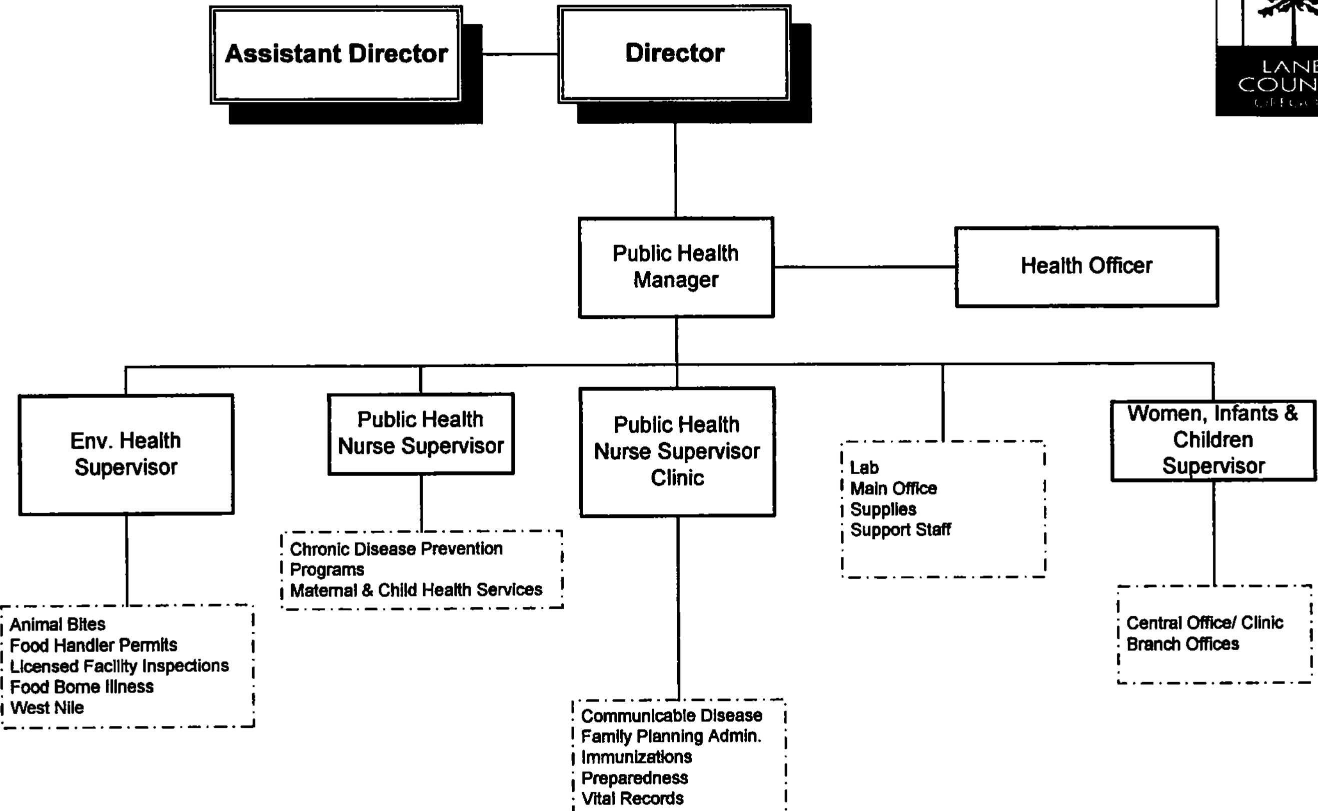
Breast and Cervical Cancer Screening Program – We no longer provide this program due to lack of adequate state/federal funding.

IV. Additional Requirements

1. The WIC Nutrition Education and Breastfeeding Participant Survey information will be sent under separate cover.
2. The organizational chart for Lane County Public Health Services is on the following page.
3. Lane County Public Health staff continue to be involved in the local planning process for Senate Bill 555. We are members on the Steering Committee as well as the local Early Childhood Planning Team. We are presently meeting with the Lane County Department of Children and Families and other community groups to discuss focus areas for the next planning process. Previously, Lane County Public Health staff were involved in the discussions for development of several of the high level outcomes stated in the Lane County Senate Bill 555 Planning document, Phase II: Priorities, Strategies and Outcome Measures. These include: High Level Outcome 4: Reduce Child Maltreatment; High Level Outcome #5: Improve Prenatal Care; High Level Outcome #6: Increase Immunizations; High Level Outcome #7: Reduce Alcohol, Tobacco and Other Drugs (ATOD) use During Pregnancy; High

Level Outcome #9: Improve Readiness to Learn; and High Level Outcome #16: Reduce Teen Pregnancy.





Public Health Department Structure
Last Update: 04/08

V. Unmet Needs

As Lane County Public Health Services faces continued budget concerns, we continually need to prioritize the services to be provided. In the action plan of this document, we have identified activities which are priorities to meet some of our county's needs. Due to the uncertainly of federal funding through the Secure Rural Schools Funding, we have been involved with the county prioritization process for services. The picture is gruesome for several departments in the county which will experience reductions, and in some cases elimination of services. Without the federal funding and without county general funding all "mandated" program will be impacted. This includes communicable disease, maternal child health and WIC. We have been in discussion with DHS as well as the county commissioners regarding our ability to maintain the local public health authority. The action plan in this annual plan reflects the work Lane County Public Health will be doing with reduced funding.

In previous years of reductions, we have had to close the three branch offices for public health (Oakridge, Florence, Cottage Grove). Serving the rural residents of our county with public health services (family planning, immunizations, maternal child health, communicable disease) in their communities continues to be an unmet need. Services will be available in the central (Eugene) office, but transportation to Eugene for many of these citizens is problematic. With a reduced funding budget for 08/09, we most likely will not be providing WIC or MCH services in the rural areas and we will not be providing TB skin testing and monitoring three days per week at the homeless shelter. We are working with the shelter staff to make the transition for not having a public health presence at the shelter. We will be twice yearly checking the UV lights at the shelter.

Fortunately we have been able to secure some small grants to continue working on the chronic disease issues in our county. Last year we were able to work on oral health and cavity prevention with Head Start and helping pregnant women get access to OHP and needed dental services. However, those limited funds (@$13,000) ended June 30, 2007. Dental issues remain a large unmet need in Lane County and is a concern of our Health Advisory Committee. With the tobacco prevention program and physical activity and nutrition program, we have begun identifying a chronic disease prevention unit, but we have not been able to establish a program to specifically address diabetes, cancer, or heart disease. Our public health educators have been instrumental in maintaining a second year of the physical activity and nutrition grant as well as increasing our work in tobacco prevention. We still have much work to do with employers, schools and the community in chronic disease prevention, including obesity, tobacco, diabetes and heart disease.

We continue to build a positive working relationship with a variety of agencies in our county. We have strong relationships with the social service agencies and are developing better relationships with other county departments, such as the Sheriff's Office, in the context of all hazards preparedness. Within our Environmental Health Program, we will continue to build coordination with other regulatory agencies, such as the Department of Environmental Quality and Department of Agriculture.

The Lane County Department of Children and Families made the decision not to continue the Healthy Start contract with Lane County Public Health. The choice was made that one of their staff would be the coordinator of the program and increased contracting out to local agencies to provide direct services to families. Previously, we had a strong working relationship between the Healthy Start, Maternal Child Health and WIC programs. We continue to hope that we can maintain the relationship in order for families to be served in a meaningful manner. Agencies we have worked with continue to understand 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.

The largest initiative we have begun has been the concern over the Fetal Infant Mortality rate in Lane County. This has been addressed in other sections of this plan, and it continues to be a priority for us to work on. A Fetal Infant Mortality Review (FIMR) has been established in our county. We have an active coalition (Healthy Babies, Healthy Communities) working to find the areas to strengthen in our community in order to reduce the mortality rate. As much as we want to continue this effort, we continually look for funding to support the effort as well as funding to establish a Nurse Family Partnership (NFP) model for nurse home visiting. These two efforts would make a substantial difference to the health and well being of the families and babies we serve.

VI. Budget

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

VII. Minimum Standards

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

Organization

1. Yes _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. <u>Note: Policies and procedures exist but are</u>

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. This 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. Health Officer 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 __ No _X__ Feedback regarding the outcome of the investigation is provided to the reporting health care provider for each reportable condition or communicable disease case received. **(Note: Physician is contacted during investigation and at other times as requested by physician or as indicated by the investigation.)**

40. Yes _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. **(Note: we rely on the state data base.)**

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. **(Note: Available in Lane County, not at LCPH.)**

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: In Food Handlers Manual-English and Spanish.)

50. Yes _X_ No ___ Public education regarding food borne illness and the importance of reporting suspected food borne illness is provided. (Note: Through Red Cross.)

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 managed drinking water program.

52. Yes _N/A No ___ Each drinking water system is monitored for compliance with applicable standards based on system size, type, and epidemiological risk. Note: state managed drinking water program.

53. Yes _N/A No ___ Compliance assistance is provided to public water systems that violate requirements. Note: state managed drinking water program.

54. Yes N/A No ___ All drinking water systems that violate maximum contaminant levels are investigated and appropriate actions taken. Note: state managed drinking water program.

55. Yes X_ No ___ A written plan exists for responding to emergencies involving public water systems.

56. Yes N/A_ No ___ Information for developing a safe water supply is available to people using on-site individual wells and springs. Note: state managed drinking water program.

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

74. The following health department programs include an assessment of nutritional status:
    a. Yes _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 _X__ No __ Prevention-oriented services exist for self health care, stress management, nutrition, exercise, medication use, maintaining activities of daily

living, injury prevention and safety education. (Note: We do try to provide information and referral if people call regarding these services. We do not provide services directly. We have an active Physical Activity and Nutrition Grant which includes working with Lane County employees, Human Resources and several large employers in Lane County.)

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. (As of July 1, 2006, Family Planning is now provided through the Federally Qualified Health Center within the Department of Health and Human Services.)

85. Yes _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. **(Note: Supervisor member of MDT.)**

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 _X__ No __ Use of fluoride is promoted, either through water fluoridation or use of fluoride mouth rinse or tablets. **(Note: MCH nurses talk with families about importance of dental care and fluoride rinse and varnishes.)**

92. Yes _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. **(Note: This is limited information, utilizing Lane Council of Governments information and through the U.S. Census and Portland State University information.)**

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. **(Note: Within the county and department documents.)**

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;

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.

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

Attachment A

FY 2008-2009 WIC Nutrition Education Plan

Goal 1, Activity 3

WIC Staff Training Plan – 7/1/2008 through 6/30/2009

Agency:

Training Supervisor(s) and Credentials:

Staff Development Planned

Based on planned new program initiatives (for example Oregon WIC Listens, new WIC food packages), your program goals, or identified staff needs, what quarterly in-services and or continuing education are planned for existing staff? List the in-services and an objective for quarterly in-services that you plan for July 1, 2008 – June 30, 2009. State provided in-services, trainings and meetings can be included as appropriate.

Quarter	Month	In-Service Topic	In-Service Objective
1	July 2008	Participant Centered Counseling	Discuss how staff has modified their counseling approaches regarding Participant Centered Counseling. What's Working/What's Not
2	August and September 2008	Lactation Services at Sacred Heart and McKenzie-Willamette Hospitals	Sharing information about respective services provided by Hospital Lactation Services and by WIC
3	January 2009	Proposed Food package Changes	Introduce all staff to proposed food package changes for later 2009
4	February 2009	Trouble-Shooting Food package Changes-talking to clients	Trouble-shoot how to counsel around changes in food packages.

FY 2008 - 2009 WIC Nutrition Education Plan Form

County/Agency: Lane County
Person Completing Form: Connie Sullivan and Leslie Houghton
Date: April 2008
Phone Number: 541-682-4699 & 541-682-4658
Email Address: connie.sullivan@co.lane.or.us & leslie.houghton@co.lane.or.us

Return this form electronically (attached to email) to:
sara.e.sloan@state.or.us
By May 1, 2008
Sara Sloan, 971-673-0043

Goal 1: Oregon WIC Staff will have the knowledge to provide quality nutrition education.

Year 2 Objective: During plan period, through informal discussions, staff in-services and/or targeted trainings, staff will be able to describe the general content of the new WIC food packages and begin to connect how these changes may influence current nutrition education messages.

Activity 1:

By October 31, 2008, staff will review the Oregon WIC Key Nutrition Messages and identify which one's they need additional training on.

Resources: American Academy of Pediatrics, MyPyramid.gov, Maternal and Child Health Oral health website – http://www.mchoralhealth.org/Openwide/ Information from the 2008 WIC Statewide meeting.

Implementation Plan and Timeline:

In September 2008 written information outlining the Oregon Key Nutrition Messages will be distributed to certifiers. A questionnaire will be distributed to gather input on what additional information/training they would like or feel they need regarding these messages. It will also be discussed at the October certifier meeting. By October 31 additional training needs in this area will be documented.

Activity 2:

By March 31, 2009, staff will review the proposed food packages changes and:

- Select at least three food packages modifications (for example, addition of new foods, reduction of current foods, elimination of current foods for a specific category),
- Review current nutrition education messages most closely connected to those modifications, and
- Determine which messages will remain the same and which messages may need to be modified to clarify WIC's reasoning for the change and/or reduce client resistance to the change.

Resources: WIC Works Website WIC food package materials, Information from the 2008 WIC Statewide meeting, State provided materials.

Implementation Plan and Timeline:

In May 2008 at least one Office Assistant, one Certifier and one RD will attend a session at the state WIC meeting on the proposed food package changes.

In June attendees and supervisor will meet and brain storm about the proposed changes and discuss issues/ problems that may arise. These will be recorded for later discussion.

In January 2009 proposed food package changes will be presented to all staff at an In-Service. Feedback will be collected from staff at the meeting and by e-mail after this meeting regarding the changes and how they may affect nutrition education messages, how they may affect counseling, how to best present them to clients, and how to best address clients' concerns and resistance.

At least one staff In-Service will be conducted in February 2009 to examine at least 3 changes of concern and to trouble-shoot possible changes in counseling needed.

Activity 3:

Identify your agency training supervisor(s) and projected staff in-service training dates and topics for FY 2008-2009. Complete and return Attachment A by May 1, 2008.

Goal 2: Nutrition Education offered by the local agency will be appropriate to the clients' needs.

Year 2 Objective: During Plan period, each agency will assess staff knowledge and skill level to identify areas of training needed to provide participant centered services.

Activity 1:

By September 30, 2008, staff will review the diet assessment steps from the Dietary Risk Module and identify which ones they need additional training on.

Implementation Plan and Timeline:

All certifier staff attending the May 2008 State WIC meeting will attend one Participant Centered Counseling session. Before the June 2008 certifier meeting, staff will be asked to review the diet assessment steps from the Dietary Risk Module. Feedback on additional training needs in Participant Centered Counseling will be assessed at the June 2008 staff meeting and via e-mail and/ or questionnaire after the meeting.

Activity 2: By November 30, 2008, staff will evaluate how they have modified their approach to individual counseling after completing the Nutrition Risk and Dietary Risk Modules.

Resources include: State provided guidance and assessment tools.

Implementation Plan and Timeline:
In-service will be conducted in July 2008 to discuss how staff has modified their counseling approaches regarding Participant Centered Counseling. Discussion will include what's working, difficulties encountered, and strategies/techniques people have used that have been successful.

Goal 3: Improve the health outcomes of clients and staff in the local agency service delivery area.

Year 2 Objective: During Plan period, in order to help facilitate healthy behavior change for WIC staff and WIC clients, each local agency will select at least one objective and implement at least one strategy from the Statewide Physical Activity and Nutrition Plan 2007-2012.

Activity 1:

Identify your setting, objective and strategy to facilitate healthy behavior change for WIC staff.

Setting: *Home/Household*

Objective: *IV. By 2012, decrease television and other screen time for children. Specifically, reduce by two percent the number of children ages 2-18 who have more than two hours a day of screen time and work to ensure children 2 years and younger have no screen time.*

Strategy:
c). Families should participate in TV-Turnoff Week each year and meet the American Academy of Pediatrics screen time recommendations throughout

the year. Parents should also encourage alternatives to television and screen time, such as by promoting activity rooms in place of media rooms.

d). Parents should adopt the following practices in the home:

1). No television in the bedrooms

2). No eating while watching television

3). Not using television or screen time as a reward or punishment.

Resource: Attachment B - A Healthy Active Oregon: Statewide Physical Activity and Nutrition Plan 2007-2012, Recommended Objectives and Strategies

Implementation Plan and Timeline: Include why this objective was chosen, what you hope to change, how and when you will implement the strategy, and how you will evaluate its effectiveness.

Excessive TV watching has been shown to contribute to a variety of health and other problems in our culture including obesity, poor school performance and even violent behavior. Our objective is to make our staff more aware of their own habits, how this may impact their and their families' health and well being, and to have them think about and possibly institute TV watching limits and increase other healthier activities in their families.

March-April 2009: Bulletin Board in main lobby on Screen time and information on TV-Turn off Week.
March 2009 Staff Meeting- discuss TV-Turn Off Week and distribute information and forms for participating.
April 2009: TV Turn-off week

Evaluation of Effectiveness
May 2009: Discussion at staff meeting about who participated and how it went i.e. what kind of things they did instead of watching TV, how difficult/easy/different it was, how kids (if any) reacted etc.

Activity 2:

Identify your setting, objective and strategy to facilitate healthy behavior change for WIC clients.

Setting: *Home/Household*

Objective: IV. *By 2012, decrease television and other screen time for children. Specifically, reduce by two percent the number of children ages 2-18 who have more than two hours a day of screen time and work to ensure children 2 years and younger have no screen time.*

Strategy: *c). Families should participate in TV-Turnoff Week each year and meet the American Academy of Pediatrics screen time recommendations throughout the year. Parents should also encourage alternatives to television and screen time, such as by promoting activity rooms in place of media rooms.*
d). Parents should adopt the following practices in the home:
1). No television in the bedrooms
2). No eating while watching television
3). Not using television or screen time as a reward or punishment.

Resource: Attachment B - A Healthy Active Oregon: Statewide Physical Activity and Nutrition Plan 2007-2012, Recommended Objectives and Strategies

Implementation Plan and Timeline: Include why this objective was chosen, what you hope to change, how and when you will implement the strategy, and how you will evaluate its effectiveness.

Excessive TV watching has been shown to contribute to a variety of health and other problems in our culture including obesity, poor school performance and even violent behavior. Our objective is to make our clients more aware of their own habits, how this may impact their and their families' health and well being, and to have them think about and hopefully institute TV- watching limits and increase other healthier activities in their families.

March-April 2009: Bulletin Board in main lobby on Screen time and information on TV Turn-Off Week.
March 2009 Staff Meeting- Discuss TV Turn-Off Week. Distribute information and forms for participating in this activity so certifiers can distribute them to clients at appointments.
Starting in March and continuing into April, certifiers will offer information to clients about screen-time and offer them worksheets so they can participate in TV Turn-Off Week. Certifiers will be asked to take note of how the information was received at appointments and what and how much interest clients showed for participation in the TV Turn-Off.

April 2009: TV Turn-Off week

Evaluation of Effectiveness
May 2009: Discussion at staff meeting about how the screen time information was received at appointments and what and how much interest clients showed for participation in the TV Turn-Off.

Goal 4: Improve breastfeeding outcomes of clients and staff in the local agency service delivery area.

Year 1 Objective: During Plan period, in order to help improve breastfeeding outcomes for WIC participants, each local agency will select at least one setting, objective and implement at least one strategy from the Statewide Physical Activity and Nutrition Plan 2007-2012.

Resource: Attachment B - A Healthy Active Oregon: Statewide Physical Activity and Nutrition Plan 2007-2012, Recommended Objectives and Strategies

Activity 1:

Setting: *Healthcare*

Objective: *By 2012, to increase support for breastfeeding, 15 percent of Oregon birthing hospitals will achieve the World Health Organization designation of Baby-Friendly Hospital, meaning they are centers of breastfeeding support.*

Strategy: *a). Encourage all birthing hospitals to adopt baby-friendly policies and communicate them to staff.*
e). Encourage hospitals to provide lactation support, breast pumps (when needed) and education.

Implementation Plan and Timeline: Include why this objective was chosen, what you hope to change, how and when you will implement the strategy, and how you will evaluate its effectiveness.

Communication, cooperation and coordination of services between WIC and local hospitals' lactation services would provide improved services and breastfeeding support to women in our community. To promote this, lactation consultants from the two local hospitals will be invited to attend a staff meeting (2 separate meetings) to exchange information about our respective services. We will ask them to share how WIC clients can best access their services, who can receive services and what services are available etc. Discussion will include how the two hospitals are progressing with instituting the Baby Friendly Initiative and Ban the Bag movement and how WIC can assist with this. Information will be shared with them regarding WIC services including breast pump availability and types (after an initial assessment), how these are obtained and who qualifies. Also discussed will be WIC staff expertise and training levels and the services provided to support and promote breastfeeding. This information should help increase access to breast pumps and to breastfeeding support for the WIC population giving birth at the local hospitals.

Evaluation
Time at the end of the meeting will be put aside to assess effectiveness of the meeting and further needs for

communication. Follow-up phone calls and or/e-mails to meeting attendees will be made to get feedback and field questions. Feedback will be gathered on how the referral process is working and if there has been a perceived increase in referrals for breast pumps and other WIC breastfeeding services.

APPENDIX

Local Health Department: **Lane County Public Health**
Plan A - Continuous Quality Improvement: Increase overall immunization rates of 24-35 mo. Olds served at Lane County Public Health
Fiscal Years 2008-2010

Year 1: July 2007 – June 2008

Objectives	Methods / Tasks	Outcome Measure(s)	Outcome Measure(s) Results[1]	Progress Notes[2]
A. Increase overall immunization rates of 24-35 mo. Olds (served at LCPH) by 3%. 2006 rate is 65%.	• Review AFIX report to determine vaccines/areas to target • Assess current practices for sending recall reminders • Review current forecasting and catch-up procedures with immunization staff • Include immunization information, i.e. DTaP4 reminder, in mailing to daycare providers in Lane County • Work with OHD in transitioning from Lane County's immunization database to IRIS • Train OA/nurse/CSW staff on use of IRIS	• Complete review of AFIX report by 8/01/07 • Verification of recall reminders being sent by IRIS/ALERT • Missed shots rate (per AFIX report) to be less than 16% • Daycare mailing (for Jan review) will be mailed by 9/1/07 • IRIS implementation depends on state, but is currently scheduled to occur early fall 2007 • Have staff trained and using IRIS by June 30, 2008	To be completed for the FY 2008 Report	To be completed for the FY 2008 Report

[1] **Outcome Measure(s) Results** – please report on the specific Outcome Measure(s) in this table.
[2] **Progress Notes** – please include information about the successes and challenges in completing the Methods/Tasks, any information that will help us better understand your progress, and any assistance from DHS that would have helped or will help met these objectives in the future.

B.			To be completed for the FY 2008 Report	To be completed for the FY 2006 Report

Year 2: July 2008 – June 2009

Objectives	Methods / Tasks	Outcome Measure(s)	Outcome Measure(s) Results[3]	Progress Notes[4]
A. Continue to focus on increasing overall immunization rates of 24 – 35mos olds (served by LCPH) by at least 3% by focusing on missed doses	• Use AFIX report to clarify areas of need • Evaluate specific areas, i.e. missed dose rate in AFIX report, and obtain name list from state immunization staff to facilitate record evaluation • Review AFIX report with staff and determine if there are areas where staff training/update would be beneficial	• Complete review of AFIX report by 8/1/08 • From name list obtained, record evaluation will be completed by 10/1/08 • Discussion of AFIX findings at CD meeting Nov/Dec 2008	To be completed for the FY 2009 report	To be completed for the FY 2009 report

[3] **Outcome Measure(s) Results** – please report on the specific Outcome Measure(s) in this table.
[4] **Progress Notes** – please include information about the successes and challenges in completing the Methods/Tasks, any information that will help us better understand your progress, and any assistance from DHS that would have helped or will help met these objectives in the future.

B.			To be completed for the FY 2009 Report	To be completed for the FY 2009 Report

Year 3: July 2009 – June 2010

Objectives	Methods / Tasks	**Outcome Measure(s)**	**Outcome Measure(s) Results**[5]	**Progress Notes**[6]
A. Continue to focus on increasing overall immunization rates of 24 – 35mos olds (served by LCPH) by at least 3% by focusing on missed doses	• Use AFIX report to clarify areas of need • Assess area of least improvement over previous years. • Create specific action plan to address the area of least improvement	• Complete review of AFIX report by 8/01/09 • Assessment will be completed by 10/01/09 • Action plan will be completed by 12/01/09	To be completed for the FY 2010 Report	To be completed for the FY 2010 Report

[5] **Outcome Measure(s) Results** – please report on the specific Outcome Measure(s) in this table.
[6] **Progress Notes** – please include information about the successes and challenges in completing the Methods/Tasks, any information that will help us better understand your progress, and any assistance from DHS that would have helped or will help met these objectives in the future.

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

Local Health Department: Lane County Public Health

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

Fiscal Years 2008-2010

Year 1: July 2007 – June 2008

Objectives	Methods / Tasks	Outcome Measure(s)	Outcome Measure(s) Results[7]	Progress Notes[8]
A. Identify populations in Lane County that have the greatest number of under immunized children.	• Develop tool for assessment of immunization rates (i.e. % of population, specific age groups) • Evaluate the 2007 and 2008 Day Care/School Review records utilizing assessment tool • Work with ALERT to obtain additional immunization data as needed • Assess data and identify the geographical areas with the highest "not-up-to-date" rates	• Tool will be developed by 9/15/07 • Evaluation of 2007 Day Care/School Review will be completed by 11/01/07 • Review data from ALERT by 11/01/07 • Evaluation of 2008 Day Care/School Review will be completed by 4/01/08 • Data assessment to be completed by 5/15/08	To be completed for the FY 2008 Report	To be completed for the FY 2008 Report

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

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

B.			To be completed for the FY 2008 Report	To be completed for the FY 2008 Report

Year 2: July 2008 – June 2009

Objectives	Methods / Tasks	Outcome Measure(s)	Outcome Measure(s) Results[9]	Progress Notes[10]
A. Identify populations in Lane County that have the greatest number of under immunized children.	• Develop survey/interview tool to be utilized in identified underimmunized populations • Conduct surveys/interviews with sampling of families, school nurses, medical providers in identified populations or communities • Assess results from surveys/interviews	• Survey/interview tool will be developed by 10/01/08 • Surveys to be completed by 3/01/09 • Assessment process completed by 5/15/09	To be completed for the FY 2009 Report	To be completed for the FY 2009 Report

[9] **Outcome Measure(s) Results** – please report on the specific Outcome Measure(s) in this table.
[10] **Progress Notes** – please include information about the successes and challenges in completing the Methods/Tasks, any information that will help us better understand your progress, and any assistance from DHS that would have helped or will help met these objectives in the future.

B.			To be completed for the FY 2009 Report	To be completed for the FY 2009 Report

Year 3: July 2009 – June 2010

Objectives	Methods / Tasks	Outcome Measure(s)	Outcome Measure(s) Results[11]	Progress Notes[12]

[11] **Outcome Measure(s) Results** – please report on the specific Outcome Measure(s) in this table.
[12] **Progress Notes** – please include information about the successes and challenges in completing the Methods/Tasks, any information that will help us better understand your progress, and any assistance from DHS that would have helped or will help met these objectives in the future.

A. Identify populations in Lane County that have the greatest number of under immunized children.	• Evaluate 2009 Day Care/School Review data of identified populations/communities to assess for data consistency • Create document of findings • Share outcome information with Public Health administration • Discuss possible responses to address areas of need as appropriate • Provide outcome data to interested community partners as indicated	• 2009 Day Care/School Review evaluation will be completed by 9/01/09 • Document will be completed by 11/01/09 • Outcome information will be shared with Public Health administration 2/01/10 • Discussions regarding possible responses will be held throughout March and April 2010 • As indicated, communication with community partners will take place in May and June 2010	To be completed for the FY 2010 Report	To be completed for the FY 2010 Report
B.			To be completed for the FY 2010 Report	To be completed for the FY 2010 Report