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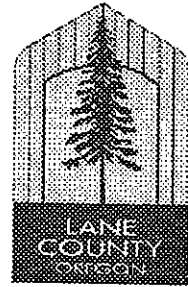
## AGENDA COVER MEMO

AGENDA DATE: April 30, 2003

TO: Board of County Commissioners

DEPARTMENT: Health & Human Services

PRESENTED BY: Rob Rockstroh



AGENDA TITLE: IN THE MATTER OF APPROVING EXHIBIT A, THE LANE COUNTY ANNUAL HEALTH PLAN FOR FY 2003-04.

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### I. MOTION

TO APPROVE EXHIBIT A, THE LANE COUNTY ANNUAL HEALTH PLAN FOR FY 2003-04.

### II. ISSUE OR PROBLEM

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

### III. DISCUSSION

#### A. Background / Analysis

The FY 2003-04 plan looks different from past years because the format has been changed by OPHS. In the past, the plan was a series of forms developed by OPHS and forwarded to counties along with the grant revenue declaration form. Counties completed the forms, returned the signed plan and the funds were released. The FY 2003-04 plan was developed by the Department of Health & Human Services according to guidelines from OPHS. The Lane County Health Advisory Committee was consulted for input and acceptance of the plan.

The local public health annual plan is approved or disapproved by OPHS. In consultation with the Conference of Local Health Officials, Oregon Public Health Services (OPHS) has established an appeals process whereby counties may obtain a hearing if their plans are not approved.

The Lane County Annual Health Plan for FY 2003-04, attached, includes the following required sections: Executive Summary; Assessment; Action Plan; Additional Requirements; Unmet Needs; Budget; and Minimum Standards.

The funds that will be forwarded to support the plan are unknown at this time and will not be certain until the state legislature has completed the budget for FY 2003-04. However, OPHS instructed counties to plan services with funding support projected at the current level. The services anticipated to be provided under the FY 2003-04 plan are quite similar to the services provided in the present fiscal year, which amounts are reflected in the following table:

Program Area	FY 2002-03 Funding	FY 2003-04 Anticipated Funding	Anticipated Change
State Support for Public Health (Per Capita)	\$ 186,731	\$ 186,731	\$ 0
Family Planning	123,468	123,468	0
Maternal and Child Health (includes Prenatal)	214,546	214,546	0
Women's, Infants & Children (WIC)	945,752	945,752	0
TB Case Management	10,892	10,892	0
Immunization – Core Public Health Functions	22,632	22,632	0
School-Based Clinics	30,694	0	(30,694)
Sexually Transmitted Diseases	12,048	12,048	0
HIV Block Grant – Prevention	86,736	86,736	0
HIV Care Consortia	133,808	41,119	(92,689)
HIV Case Management	140,130	138,215	(1,915)
HIV Prevention/Intravenous Drug User Outreach	35,000	35,000	0
HIV Prevention/Case Management	49,875	49,875	0
HIV Intervention Block	43,207	43,207	0
Immunization Action Plan	57,812	57,812	0
STARS Project	25,777	25,777	0
Breast and Cervical Cancer	270,816	270,816	0
Komen Breast Screening	46,102	46,102	0
Bioterrorism – Preparedness	97,027	97,027	0
Bioterrorism – Epidemiology	97,027	97,027	0
Bioterrorism – Training	66,470	66,470	0
Bioterrorism – HAN	24,732	24,732	0
Perinatal Hepatitis B Case Management	3,419	0	(3,419)
Vaccine Accountability	4,896	0	(4,896)
Youth Media Campaign/Walk to School Oregon	1,000	0	(1,000)
Tobacco Use Prevention	Unknown	Unknown	Unknown
<b>TOTALS</b>	<b>\$2,730,597</b>	<b>\$2,595,984</b>	<b>(\$134,613)</b>

The overall reduction in service funding is not known at this time but is projected to be greater than \$134,613. The total dollars received this year for Tobacco Use Prevention services will not be known until sometime in May 2003. This is due to the state's directive to terminate these services effective April 7, 2003, and return any unused funds to OPHS. Furthermore, funding for these services for the new fiscal year is uncertain. Therefore, this amount of the revenue forecast has been marked unknown.

The total dollars in FY 2002-03 incorporates reductions to public health funding that were made to balance the state budget for the fiscal year. Those dollars were taken from State Support to Public Health, Family Planning, Perinatal Services, and School-Based Health Clinics. These funds are not anticipated to be added back in FY 2003-04.

Further reductions that we do anticipate for FY 2003-04 include School-Based Health Clinics, HIV Care Consortia and HIV Case Management, Perinatal Hepatitis B Case Management, Vaccine Accountability, and Walk to School Oregon Project funds.

All funding for school-based health clinics has been removed statewide. In Lane County, these dollars funded the clinic at South Eugene High School. The reductions to HIV services are formula driven - based upon the number of individuals served in Lane County in the current fiscal year and the dollars assessed to be needed to provide adequate support to them. The other three projects were one-time-only and we do not anticipate further funding for them.

A copy of the FY 2003-04 Lane County Annual Health Plan is available in the County Administrator's Office for review upon request.

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

B. Alternatives / Options

1. To approve the FY 2003-04 Lane County Annual Health Plan and delegate authority to the County Administrator to sign the plan.
2. Not to approve the FY 2003-04 Lane County Annual Health Plan and thereby not continue services as specified in the plan.

C. Recommendation

To approve the FY 2003-04 Lane County Annual Health Plan and delegate authority to the County Administrator to sign the document.

D. Timing

The county approved FY 2003-04 Lane County Annual Health Plan is due at the Oregon Department of Human Services, Public Health Services Office, May 1, 2003. Therefore, the plan must be signed and forwarded as soon as the Board has acted.

**IV. IMPLEMENTATION**

Upon approval of the FY 2003-04 Lane County Annual Health Plan by the Board of County Commissioners, and signature by the County Administrator, the Department of Health & Human Services will forward the plan to the Oregon Public Health Services office.

**V. ATTACHMENTS**

Board Order  
FY 2003-04 Lane County Annual Health Plan

THE BOARD OF COUNTY COMMISSIONERS, LANE COUNTY, OREGON

**ORDER:**           ) IN THE MATTER OF APPROVING EXHIBIT A, THE LANE  
                      ) COUNTY ANNUAL HEALTH PLAN FOR FY 2003-04.

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

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

WHEREAS, Lane County is eligible to receive an as yet unknown amount of funding to support services described in the plan for FY 2003-04.

NOW, THEREFORE, IT IS HEREBY ORDERED that the Board of County Commissioners approve the Lane County Annual Health Plan for FY 2003-04; and further

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

DATED this \_\_\_\_\_ day of April, 2003.

\_\_\_\_\_  
Peter Sorensen, Chair  
Board of Commissioners

APPROVED AS TO FORM

Date 4/17/03 lane county  
Thaiden  
OFFICE OF LEGAL COUNSEL

## **LANE COUNTY PUBLIC HEALTH** **FY 2004 ANNUAL PLAN**

### **I. Executive Summary**

The FY 2004 Public Health Annual Plan for Lane County includes the following: an overall assessment of public health indicators for the county; a description of the delivery of local public health services; an action plan for the core components of public health; a proposed budget for FY 2003-04; a description of unmet needs; and a checklist of compliance with the minimum standards.

In order for us to provide strong public health services in the core components, we are beginning a focus on prioritizing the services we are to provide through the county-wide effort to develop performance measures. The Lane County Strategic Plan has identified as its first priority "services addressing critical life and health safety needs". The guidelines frame the decision-making process in determining if services fit this priority for funding. The categories are: (a) service is direct response to immediate situation where life safety is threatened; and (b) service provides long-term or future deterrent to threats to life and health safety. Public health fits within this first priority of services as evidenced by the program activities in the action plan of this document.

The proposed action plan for FY 2003-04 includes a description of the current condition or problem, the goal, the activities and evaluation method for the following program components: communicable disease, family planning, HIV, prenatal, maternal child health, environmental health, collection and reporting of health statistics, and health information and referral services.

Through coordination and partnership with other agencies in our communities as well as the private medical community, we have seen a decrease in: the number of reportable communicable diseases; the teen pregnancy rate; the percent of women who access prenatal care late in their pregnancy; and the percent of women who do not use tobacco, alcohol, or other drugs during pregnancy. We have strengthened the communicable disease and environmental health teams in order to provide surveillance and investigation of reportable diseases efficiently and effectively. We continue to train staff in preparedness, whether the response needed is due to a natural disaster or bioterrorism.

We have an active Health Advisory Committee that meets monthly and brings forth an array of topics for discussion and research. Topics such as immunizations, ambulance service areas, air quality, pesticide use, communicable disease, and tobacco prevention have been highlighted the past three years.

### **II. Assessment**

Lane County spans an area of 4,620 square miles and is the fourth largest county by population in the State of Oregon. Specific information in regards to demographics is

included below per information from the Center for Health Statistics and Vital Records, Oregon Department of Human Services.

### Births / Prenatal Care

Total number of births in the year 2001 in Lane County was 3,585. This was a decrease from year 2000 which had 3,703 births. Of those births in 2001, 5.7% were low birth weight and in 2000, 5.5% were low birth weight. The year-to-date figure for 2002 is 5.5% low birth weight babies. In regards to live births by teens (age 10-17 years), in 2001 it was 3.1% of the total births and in 2000 it was 4.1%. Significant efforts have been underway in Lane County to decrease the number of teen pregnancies. Through community efforts, the coordinated effort between schools and Lane County Public Health (LCPH) with the Students Today Aren't Ready for Sex (STARS) Program, and access to contraceptive services through Lane County Family Planning and Planned Parenthood, we continue to see the teen pregnancy rate reduced. In 2000, the teen pregnancy rate for 10-17 year olds in Lane County was 12.2 per thousand and in 2001 it was 9.8 per thousand (state average for 2000 was 14.0 per thousand and for 2001 was 12.6 per thousand).

In regards to women receiving adequate prenatal care in Lane County, in 2000, 7.2% of pregnant women did not receive adequate prenatal care (starting care in the first trimester). In 2001, 5.9% did not receive adequate prenatal care. Continued efforts have been made to increase awareness in the community for the need for pregnant women to access care early in their pregnancy. LCPH Prenatal Program is available for any woman who is pregnant to call and seek assistance in obtaining medical care. The collaboration between public health, hospitals and private medical care providers, is crucial for us to continue seeing more women seeking care early in their pregnancies, and thus improving the birth outcomes.

### Alcohol and Other Drug Use

For a snapshot view of substance abuse in Lane County, please refer to Attachment A.

### Communicable Disease

The function of communicable disease work has greatly expanded in the last year. While reportable communicable disease investigations, immunizations and STD clinics have continued to function at the same rates as recent years, a number of other factors have entered the picture to increase the work to be completed.

Case investigations for reportable communicable diseases were 333 in 2001 and 399 in 2002. LCPH has been particularly busy with intensive daily efforts to prevent further transmission of TB at a Eugene homeless shelter and within the community. The efforts at the shelter, while very labor intensive, have clearly prevented a significant increase of residents and staff from becoming infected with the bacterium. In 2002, there were 13 active cases of TB. In 2001, there were 23 cases of active TB. Due to the diligence of our staff and the cooperative working relationship with the Eugene homeless shelter, private

medical providers, and the community, we now have eight (8) active cases of TB. As of December 2002, there were 83 people on TB Chemoprophylaxis.

STD clinics have been able to continue functioning at the same level as in recent years, seeing approximately 800 clients per year. According to estimates from our Disease Information Specialist from the state, a minimum of 520 clients who need LCPH services are not able to get in due to limited clinic staffing time. During 2002 we have seen a syphilis recurrence. The number of reported gonorrhea cases has nearly doubled from 44 cases in 2001, to 83 cases in 2002. We have been required to add staffing time to investigate and complete STD morbidity reports without increasing staffing levels. Morbidity reporting takes .2 FTE of a support staff member's time.

Staff has been challenged with the increase number of *E.coli* 0157 cases during the Lane County Fair and performing the necessary surveillance and investigation of cases. Hepatitis A and B are serious communicable diseases in our community. We have committed to take part in a project to provide Hepatitis A and B vaccinations to high-risk groups, including clients in our STD clinics and in the injection drug use service and treatment settings.

The immunization program is stellar and meeting the community needs while actively pursuing advancement of private provider participation in the statewide ALERT system. Last year, LCPH staff in Eugene and our three rural branch offices administered more than 10,000 immunizations.

The communicable disease team has also been focusing on "emerging diseases" such as SARS and West Nile Virus. When these new diseases appear, staff work with the Oregon Department of Health Services (DHS)/ Health Services staff and local primary medical care providers in making sure correct information is provided to the citizens. The team has also been working on preparedness issues including bioterrorism and covering such issues as smallpox preparations, networking and trainings with other local, county, state, and federal organizations and our ability to respond efficiently to possible bioterrorism events and threats. Staff remain current on the process of identifying and reporting cases, as well as providing resource materials to other health care delivery teams in Lane County and the community at large.

### Tobacco Prevention

Local tobacco prevention staff has been engaged in ongoing education regarding Eugene's Clean Indoor Air Ordinance, the Statewide Smoke-Free Workplace Law and state and local age-of-sale laws. The Tobacco Free Lane County Coalition continues to meet on a monthly basis and produces a bi-monthly newsletter entitled "Tobacco Free Times". On April 5, 2003, the program was suspended but will be ready to start-up quickly if funding is restored beginning July 1, 2003.



## Community Profile

Attachment B provides community profile information on a variety of categories. This is the information which was submitted with the Lane County SB555 Comprehensive Plan: Phase II, January 2002.

## Adequacy of Basic Services

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

Local public health staff work closely as needed with Oregon DHS/Health Services staff in accomplishing investigations and requesting technical assistance as needed. This partnership on case investigations and mutual assistance has strengthened the team's ability to respond to communicable disease (CD) incidence. State staff have also provided to the county statistical information regarding statewide disease incidences as well as county level incidences. The Lane County Health Officer works part-time providing consultation and decision making with the CD team regarding CD issues.

CD staff has been involved in ongoing training as opportunities come-up, especially in regards to bioterrorism/preparedness. As new public health nurses are hired to do CD work, they are enrolled in the necessary training.

Parent and Child Health Services: Maternal child health (MCH) services are provided on a limited basis by public health nurses doing home visits to CaCoon and Babies First clients. Those children with the highest medical risk are the top priority. These nurse services to high-risk families provide an assessment and ongoing work with families in order to prevent child abuse and to offer treatment referrals as needed. Maternity case management is also provided by nurses in the MCH program. By providing these home visits, the early detection and follow up of abnormal growth, development and other health problems of infants and children can be done. The MCH team also works closely with the Women, Infants, and Children (WIC) and Healthy Start programs within LCPH in order to strengthen the services provided to families.

Family Planning Services (FP): The FP Program includes clinic services as well as counseling and referrals for birth control options to support parents in planning the number and spacing of their children. Services are provided five days a week in the Eugene office for nurse clinics and nurse practitioner exams. Nurse clinics include pill refills, depo reinjections, pregnancy testing and counseling, emergency contraception, abnormal lab or pap follow-ups, and infection checks. Nurse practitioners and nurses travel to the three branch offices (Oakridge, Cottage Grove, and Florence) to provide clinic services on a

limited basis. Our clients are largely low-income teens and Spanish speaking clients for whom we are the only affordable community resource for these services.

Due to program expenses and funding limitations we are at risk of losing our ability to provide services at our branch offices. This will be a serious problem for our rural residents, as their options to obtain family planning services in their community is limited.

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

Health Information and Referral Services: Lane County Department of Health & Human Services and LCPH publicize location, phone numbers and listing of services. We have developed a website 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 getting up-to-date information distributed 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 brochures, a mission statement, and a handout for clinic services also describing clinic times and locations.

Environmental Health Services: The Environmental Health (EH) program includes the inspections of licensed facilities. The subsurface program is conducted through the Department of Public Works, Land Management Division. Following are the types and numbers of licensed facilities which the EH staff are responsible for licensing and inspecting: full service and limited service food facilities (851), bed and breakfast facilities (21), mobile units (138), commissaries (13), warehouses (15), vending (3), temporary restaurants (749), pools/spas (289), traveler's accommodations (108), RV parks (55), and organizational camps (16), for a total of 2,258 facilities. The EH and CD teams work closely together as needed to ensure safe food and tourist accommodations. In 2002, nine failure to comply notices were issued in response to inspections completed by sanitarians. In addition, the following risk factors were found upon general inspections: 14 unsafe sources, 48 inadequate cooking, 757 improper holding temperatures, 330 contaminated equipment, and 165 poor personal hygiene. Food borne illness is a continuing threat 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. In regards to the food handler testing information, Lane County staff issued 7,310 food handler cards and 21 food managers were trained in food safety in 2002.

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

## **Adequacy of Other Services**

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

Census 2000 data reports 46% of the area's residents in these six census tracts, or 13,975 people, have incomes that fall below 200% of the Federal Poverty Level, compared with Lane County's 33% and the State's 30%. Average median household income for the area is \$30,188, compared to \$40,818 for Oregon residents. The teen pregnancy rate for the target area is 20.2%, compared to 12.7% for Lane County. In addition, 7.2% of the target area population receives inadequate prenatal care, compared to 3.9% statewide (Oregon Health Service Statistics).

Oversight of the health center will be done by the Lane County Department of Health & Human Services. LCPH will be an active participant in providing services if the funding is awarded.

The Deputy Medical Examiner program was transferred from the Lane County Department of Health & Human Services last year 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 H&HS in regards to SIDS and those deaths of significant public health concern (e.g., heroin overdoses, adolescent suicides, and injuries).

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

Staff have been working within the CDC bioterrorism/preparedness grant for emergency preparedness. There is a part-time coordinator for the program which has been a critical position for the multitude of tasks needing to be completed for the grant assurances. We will have a full complement of staff including public health nurses and a sanitarian to work as a team to strengthen public health's role in emergency response.

Staff are involved with the Sheriff Office's countywide preparedness committee, the local Disaster Task Force with social service agencies including the Red Cross and the Lane County Medical Society's Disaster Task Force. The health officer and coordinator have been actively involved in providing trainings to a variety of groups regarding bioterrorism

and preparedness (fire and safety, physicians, nurse practitioners, pharmacists, and community groups).

We continue to need to review present policies and procedures, including our manual for steps to follow in case of a disaster. Staff have participated in a full exercise regarding a communicable disease outbreak and it is expected we will have future tabletop exercises to "walk through" our health annex of the county emergency plan.

### **III. Action Plan**

#### **Communicable Disease Program**

##### **Current Condition or Problem:**

1. Ongoing TB outbreak at homeless shelter.
2. Rising gonorrhea statistics.
3. Continued attention to providing immunizations and encouraging private medical community to be enrolled in ALERT system.
4. Need for integration of applicable bioterrorism/preparedness activities and staff with CD program.

##### **Homeless Shelter TB Outbreak:**

**Long Term Goal:** Elimination of active TB disease in this population.

##### **Short Term Goals:**

1. Increase completion of treatment rates for Latent Tuberculosis Infection (LTBI) to 75% of this population.
2. To reach objective of no new TB cases and no new converters for six months in this population.

##### **Activities:**

1. Continuation of daily shelter tuberculin skin testing for all shelter residents and workers.
2. Continue practice of retesting at three-month intervals.
3. Continue to practice the LCPH/shelter policy including requiring all converters to be on LTBI treatment as a condition of residence.
4. Continue regular meeting and review process with shelter management and state TB program.
5. Monthly review of shelter outbreak statistics.
6. Ongoing discussion between staff and public health officer regarding shelter outbreak issues and client concerns.

##### **Evaluation:**

1. Review of numbers at monthly interviews with staff to determine if numbers of cases and infections continue to diminish and make adjustments in the plan if numbers so warrant.
2. State statistician will work with LCPH staff to improve evaluation of LTBI treatment rates including when, during treatment, clients drop out of

- program, and how many doses have been completed. Medication plans may then be readjusted to optimize client treatment completion rates.
3. Graphing cases and converters over time and compare to goal of six-month TB free interval goal.

#### Rising Gonorrhea Statistics and Achieving Adequate Staffing of STD Clinics:

Long Term Goal: Countywide gonorrhea levels will return to half of present level.

##### Short Term Goals:

1. Increase number of nursing staff available for STD client care.
2. Increase availability of support staff to utilize nursing staff efficiently.

##### Activities:

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

##### Evaluation:

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

#### Integration of Applicable Bioterrorism/Preparedness Program and CD Program:

##### Long Term Goals:

1. Integration of BT/CD programs in applicable areas.
2. Protocol which delineates responsibilities and activities of both programs with regard to traditional and overlapping areas of practice.

##### Short Term Goals:

1. Define scope of responsibility of BT/CD integrated team.
2. Identify additional community and state resources to contact for various potential BT/CD events.

##### Activities:

1. Establish regular meetings of BT/CD team.
2. Build a list of potential overlapping areas of work.
3. Outline areas of responsibilities of team.
4. Create a detailed list of resources available to each team in event management.
5. Work with H&HS management team to develop on-call protocol with BT/CD teams.

Evaluation:

1. Record of BT/CD team meetings available.
2. Record consensus of team on areas of responsibility for each team (create overlapping circles where necessary).
3. Make available to staff and management the list of resources identified.
4. Revised on-call responsibilities and availabilities between management and BT/CD team.

Continued Attention to Providing Immunizations and Encouraging Private Medical Community to be Enrolled in Alert System:

Long Term Goal: Increase number of private medical providers enrolled in the statewide ALERT immunization system.

Short Term Goals:

1. Provide adequate clinic hours for administering immunizations.
2. Continue visits to private physician offices to discuss the ALERT system and the benefits of a comprehensive immunization database.

Activities:

1. Assess hours immunizations are provided and determine if they are meeting the needs of clients.
2. Continue to meet with private medical physician groups to train on the ALERT system and discuss ways LCPH can be supportive of their efforts to enroll in the statewide system.

Evaluation:

1. Ask clients when they come to our clinic for immunizations about any barriers they had in coming to the clinic.
2. Review every three months the number of physician groups who have newly enrolled in the ALERT system.

**Family Planning Program**

Current Condition or Problem:

1. LCPH has a successful, established family planning (FP) program, which provides quality care to otherwise underserved client populations.
2. LCPH has diminished funding resources for program.
3. LCPH has concerns about access to care issues for low-income residents of rural communities in the county: teens, low income, and non-English speaking residents in the county, especially in Eugene and Cottage Grove.

Goals:

1. Provide individual education and low cost family planning services to reduce the number of unintended pregnancies, especially for teens.
2. Encourage parents and partners to participate in the program while maintaining strict confidentiality according to Oregon laws and HIPAA.
3. Provide information on family planning and health related topics and referrals.

4. Achieve adequate funding to be able to continue program services at present levels.
5. Provide access to family planning services for identified underserved populations including rural, teen, low income, and non-English speaking residents.

Activities:

1. FP program staff will continue to:
  - a. Review and update written education materials to reflect new information on methods and instructions for use.
  - b. Provide a nurse or nurse practitioner to present FP education sessions to high school students and organizations.
  - c. Counsel clients about potential benefits of including parents or their intimate partner in their family planning and pregnancy prevention decisions.
  - d. Comply with Oregon Statutes, County Policy and HIPAA regulations to protect confidential client information.
  - e. Refer appropriate clients to available health resources in the community, including the Breast and Cervical Cancer Screening Program, Oregon Health Plan, WIC, county and community prenatal health services.
2. Meet with workgroups regarding program funding.
3. Continue participation in the Family Planning Expansion Project.
4. Partner with other county and community groups to identify potential resources for support and provision of services.
5. Review current LCPH structure of Family Planning program to evaluate current and future resources, prioritize provision of care services, and make program changes that reflect the results of this analysis.

Evaluation:

1. FP Quality Assurance Committee to address written education materials.
2. FP program staff will maintain a list of school or community education sessions provided.
3. Nurse provider to document in client chart when parent or partner participates in FP care visit.
4. Supervisor and FP staff to document and review client confidentiality complaints received.
5. FP staff will document in client chart when referrals are made and to whom. Information is maintained in Ahler's data system.
6. County budget review process will include information on numbers of FP clients served and type of service as well as income received and expenses.
7. Partnering with county and community groups is developing now during this budget-setting time period. Meeting is scheduled to discuss opportunities for LCHP FP to work with a proposed H&HS administered Federally Qualified Health Center.

## **HIV Program**

### **Current Condition or Problem:**

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

### **Goals:**

1. To provide individual and community education.
2. To provide pre- and post-HIV test counseling.
3. To facilitate/foster community activities that will help prevent the spread of the HIV virus.
4. To provide information and referral services.
5. To provide community outreach to injecting drug users to encourage HIV counseling and testing, and education as to how to prevent the transmission of the HIV virus.

### **Activities:**

1. LCPH HIV staff, in partnership with staff of HIV Alliance, will provide education and information sessions for targeted high-risk groups. Groups include those composed of members of the MSM community, inmates of correctional facilities, and clients of injection drug use treatment programs.
2. LCPH will maintain present clinic testing opportunities at LCPH, the Service Station and HIV Alliance.
3. LCPH will participate in the state-sponsored Rapid HIV Testing Pilot Program. Testing sites include the Lane County Jail, Lane County Methadone Program, and Willamette Family Treatment Center.
4. LCPH, through participation on the HIV Prevention and Planning Council, will continue to provide leadership and partnership with other organizations to support programs and events that help prevent the spread of HIV infection.
5. LCPH staff will continue to provide information about, and referral to, other programs and organizations that provide services for prevention and treatment of HIV infection. These include the prevention case management program at HIV Alliance, Oregon Health Plan, and state programs for medication funding.
6. LCPH is seeking to fill a presently vacant HIV IDU Outreach Worker position.

### **Evaluation:**

1. HIV program staff will maintain thorough documentation of educational and informational event participation.



2. HIV program staff will continue to document numbers of clients served in each clinic as well as statistics on populations served, number of clients who return for results, and number of HIV positive tests in each population.
3. LCPH will collaborate with the state on evaluation of the Rapid HIV Testing Pilot Program.
4. Prevention and Planning Council minutes will document activities for this group.
5. When the HIV IDU Outreach Worker position is filled, the staff member will continue to document and report outreach activities. HIV program staff will also meet with HIV Alliance staff to develop complimentary and shared activities directed toward increased outreach to injection drug users for HIV prevention.

### **Prenatal Program**

#### **Current Condition or Problem:**

1. In 2001, 80.2% of pregnant women in Lane County began prenatal care in the first trimester (Oregon Vital Statistics County Data 2001).
2. In 2001, 88.5% mothers in Lane County reported abstaining from using tobacco during pregnancy (Oregon Vital Statistics County Data 2001).
3. In 2001, .1% of mothers in Lane County reported using alcohol during their pregnancy (Oregon Vital Statistics County Data 2001).

#### **Goals:**

1. Increase the number of pregnant women beginning prenatal care in the first trimester.
2. Increase the number of pregnant women who abstain from tobacco during pregnancy.
3. Increase the number of pregnant women who abstain from alcohol and other drugs during pregnancy.
4. Provide client support for gaining access to prenatal services, pregnancy testing, assistance in application to the Oregon Health Plan, access to clinical prenatal care, and referral to WIC, maternity case management and other services.

#### **Activities:**

1. Continue to provide outreach services to the community about the need for early prenatal care.
2. Continue to serve on the Early Childhood Planning Team for SB555 and local planning. (Goal II: Healthy, Thriving Children, High Level Outcome #5 is Improve Prenatal Care).
3. Continue strong coordination with Healthy Start program in providing emphasis on early prenatal care.
4. Through maternity case management program at LCPH, women will be provided education regarding the effects of smoking on the fetus and will be given information regarding smoking cessation.
5. Nurse home visits will emphasize early prenatal care, and reinforce no smoking during pregnancy as well as abstaining from alcohol and other drugs.

Evaluation:

1. Prenatal program staff at LCPH will continue to keep statistics and provide data entry to state system to keep track of which trimester prenatal care was initiated by pregnant woman.
2. Client records will document information provided by public health nurse regarding the effects of tobacco, alcohol and other drugs on the mother and fetus.

**Maternal Child Health Program**

Current Condition or Problem:

1. Public health nurses continue to provide home visiting services to high-risk pregnant women and infants. Referrals continue to be received from private medical providers, WIC, and hospitals.
2. Public health nurses provide home visiting services for the CaCoon Program, which is for special health needs children.
3. One public health nurse on the MCH team is funded through a grant with Willamette Family Treatment Services, providing a full spectrum of public health prevention and education information. The nurse does HIV counseling and testing, immunizations for mothers and children, parenting classes, and growth and development review.
4. A strong relationship has developed between the MCH program staff and the Healthy Start staff. The nurses from these two programs meet on a monthly basis and have daily contact as needed in order to provide optimal care for families in both programs.

Goals:

1. Continue to provide MCH home visiting services, despite difficult budget situation at local level.
2. Maintain close working relationship between MCH and Healthy Start program staff.
3. Increase positive childhood outcomes through support and education for high-risk families.
4. Increase family independence in caring for children with special needs through support, education, and case coordination.
5. Provide support and assistance for families who have experienced Sudden Infant Death Syndrome.

Activities:

1. Continue to provide in-home public health nursing visitation for high-risk infants and special needs infants.
2. MCH and Healthy Start staff will continue to meet to keep up to date on training in regards to MCH. Nursing staff will continue to provide technical assistance and support to the paraprofessional staff of the Healthy Start program.
3. MCH and Healthy Start staff will continue to work closely with the WIC program, coordinating referrals and optimizing services to women and children.

4. Public health nurses will follow up on SIDS cases which are referred by the Deputy Medical Examiner.

Evaluation:

1. Log will be maintained of referrals coming into MCH program, prioritization decision regarding the referral, and if assigned to a public health nurse.
2. Minutes of the MCH meetings will be maintained, showing attendance of staff and discussion held by the two teams.
3. MCH nursing supervisor and Healthy Start nursing supervisor will continue to coordinate work for the two teams and will provide backup for each other as needed.

**Environmental Health Program**

Current Condition or Problem:

1. There are more than 1,700 facilities in Lane County providing eating, living and recreational accommodations for public use.
2. The Environmental Health (EH) program is experiencing a change in staffing with the retirement of two staff who have been with the county nearly 30 years each and who have a vast knowledge base regarding EH.
3. The EH program has become much stronger and efficient in the past three years.
4. The EH and CD teams of LCPH are increasing collaboration efforts regarding food borne investigations, animal bites and presently with emerging diseases.

Long Term Goal: Ensure licensed facilities in Lane County are free from communicable diseases and health hazards.

Short Term Goals:

1. Conduct inspections of licensed facilities in timely manner.
2. Coordinate food borne investigations with CD team.
3. Continue follow-up on citizen complaints in a timely manner.
4. Provide food handler education, testing and licensing.

Activities:

1. Conduct health inspections of restaurants.
2. Conduct inspections of motels, hotels, and recreational facilities.
3. Conduct inspections of public pools and spas.
4. Conduct inspections of unlicensed facilities as requested by those facilities (certified day cares, group homes, jails, sororities, fraternities).
5. Provide testing and licensing for all food handlers in Lane County.
6. Perform investigations for citizen complaints on potential health hazards.
7. Perform epidemiological investigations related to public facilities.
8. Provide environmental health education to the public.

**Evaluation:**

1. There will be a record and numerical score for each 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 Eugene office.
3. Environmental Health staff will coordinate with the CD team in performing epidemiological investigations as needed related to public facilities.
4. Sanitarians will provide health education to staff of licensed facilities while conducting inspections – comments will be noted in facility file as needed. Sanitarians will also provide health education to the public as requests are made. A log will be kept of these talks to groups/classes/community events.

**Collection and Reporting of Health Statistics**

**Current Condition or Problem:** The Lane County Department of Health & Human Services Administrative Office houses the registrar for birth and death certificates. Public Health programs do data entry for individual programs – WIC, Maternal Child Health, Family Planning, Immunizations.

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

**Activities:**

1. 100% of birth and death certificates submitted by Lane County Dept. H&HS are first reviewed by the local registrar for accuracy and completeness per Vital Records office procedures.
2. All vital records and all accompanying documents are maintained in a confidential and secure manner.
3. Certified copies of registered birth and death certificates are issued within one working day of request.
4. Public Health program staff will do data entry in timely manner to ensure accuracy of records and well as ability to bill for services, e.g., Babies First, Maternity Case Management.

**Evaluation:**

1. H&HS Administrative Office staff will continue to verify the accuracy and completeness of birth and death certificates.
2. H&HS Administrative Office staff will continue to monitor that certificates are issued within one working day 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: LCPH provides health information and referral services five days a week in the Eugene office. Health information and referral services have traditionally also been provided in the three branch offices, but effective July 1, 2003 it is anticipated that these offices will be closed due to increased expenses and budget deficit.

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

#### **Activities:**

1. Maintain support staff to answer phone calls and greet people in the office and to provide current health information and referral services as requested.
2. Coordinate information between particular teams within public health and the support staff in order that information is current.
3. Maintain current information regarding clinic hours, services provided through written and oral format and website.
4. Maintain current information regarding eligibility and access to services provided by public health.

#### **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 teams 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.

Tobacco Prevention Program – Plan for FY 2003-04 will be submitted when funding status known.

Breast and Cervical Cancer Screening Program – Plan is included as Attachment C.

### **IV. Additional Requirements**

1. Annual Plan for family health programs is included in the Action Plan category above. No changes for the Maternal Child Health program from last year's plan. Updates for the Family Planning Progress Report are included in Attachment D.
2. Lane County's ALERT Promotion Plan/Vaccine Accountability Plan remains the same as submitted for fiscal year FY 2002-03.
3. The WIC Nutrition Education and Breastfeeding Participant Survey information is included as Attachment E.
4. The organizational chart for Lane County Department of Health & Human Services and for LCPH is included as Attachment F.

5. LCPH staff has been involved in the local planning process for Senate Bill 555. We have been active members on the Steering Committee as well as the local Early Childhood Planning Team. Our programs have been deeply involved in several of the goals stated in the Lane County Senate Bill 555 Planning document, Phase II: Priorities, Strategies and Outcome Measures. These include: Healthy, Thriving Children Goal High Level Outcome #5: Improve Prenatal Care; High Level Outcome #6: Improve Immunizations; High Level Outcome #7: Reduce ATOD use During Pregnancy; High Level Outcome #16: Reduce Teen Pregnancy.

## **V. Unmet Needs**

As LCPH faces continued budget concerns, we continually need to prioritize the services to be provided. In the Action Plan of this document, we have identified activities which are priorities to meet some of our county's needs. For FY 2003-04, we are facing the probable closure of our three branch offices (Oakridge, Florence, and Cottage Grove). This will be a devastating impact to many of the clients we serve in these rural communities. This becomes our number one unmet need - serving the rural residents of our county with public health services (family planning, immunizations, maternal child health, and communicable disease) in their community. Services will be available in the Eugene office, but transportation to Eugene for many of these citizens is problematic.

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

We have been working incrementally in building a strong coordination 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 disaster preparedness. However, we need to spend more time building coordination with other regulatory agencies, such as the Department of Environmental Quality and Department of Agriculture. We have begun doing this through our Communicable Disease and Environmental Health teams but we would like to have closer working relationships with these other agencies.

Now that Healthy Start has become a program within LCPH, we have developed a stronger relationship between the Healthy Start, Maternal Child Health and WIC programs. In this coordination, we are again realizing that providing nurse home visits for high risk families is critical to reducing child abuse and neglect as well as increasing the health of our children. Although we are able to provide a number of home visits, we find the need is great to increase the number of nurses available to provide this level of prevention to families.

## **VI. Budget**

Projected budget for FY 2003-04 for LCPH is included in this plan as Attachment G. The budget is presented by individual programs.

### **Family Planning Progress Report**

1. Due to budget constraints and increased expenses, it is expected that we will be closing our three branch offices, effective July 1, 2003 (Cottage Grove, Oakridge, and Florence). We will continue to provide family planning services in the Eugene office five days a week.
2. During fiscal year 2003, we have made changes in our Cottage Grove office hours to maximize the nurse and nurse practitioner clinic times.
3. The patch and recent up-to-date contraceptive methods were added for clients to utilize. These have been eagerly anticipated by our clients.
4. The contract for Family Planning Expansion Program (FPEP) services has continued this year with the University of Oregon Health Services Center and Lane Community College Health Services Center.
5. The Ahlers billing program was established. We continue to work on the Ahlers appointment scheduling program. It is set up but not yet fully operational.
6. The number of clients served has remained stable since last year.
7. Following barriers have been encountered: Ahlers appointment scheduling system has had several problems becoming operational, primarily due to the complexity of the nurse and nurse practitioner clinic schedules.
8. The FP team decided to delay Client Oriented Provider Efficient (COPE) until staffing levels are more clearly identified for FY 2003-04.
9. Due to staffing shortage, we have not been able to complete plans for increased male involvement in the clinic.
10. The nurse practitioner protocols have been completed. The nurse protocols are scheduled to be reviewed FY 2003-04.

## VII. Minimum Standards

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

### Organization

1. Yes ☒ No ☐ A Local Health Authority exists which has accepted the legal responsibilities for public health as defined by Oregon Law.
2. Yes ☒ No ☐ The Local Health Authority meets at least annually to address public health concerns.
3. Yes ☒ No ☐ A current organizational chart exists that defines the authority, structure and function of the local health department; and is reviewed at least annually.
4. Yes ☒ No ☒ Current local health department policies and procedures exist which are reviewed at least annually. (Note: We are currently reviewing P&P's)
5. Yes ☐ No ☒ Ongoing community assessment is performed to analyze and evaluate community data. Note: Not a formal assessment.
6. Yes ☒ No ☒ Written plans are developed with problem statements, objectives, activities, projected services, and evaluation criteria. Note: Plans are being developed in program and administrative office. Performance measures as being written for all programs/throughout county.
7. Yes ☒ No ☐ Local health officials develop and manage an annual operating budget.
8. Yes ☒ No ☐ Generally accepted public accounting practices are used for managing funds.
9. Yes ☒ No ☐ All revenues generated from public health services are allocated to public health programs.
10. Yes ☒ No ☐ Written personnel policies and procedures are in compliance with federal and state laws and regulations.
11. Yes ☒ No ☐ Personnel policies and procedures are available for all employees.
12. Yes ☒ No ☐ All positions have written job descriptions, including minimum qualifications.



13. Yes ☒ No ☐ Written performance evaluations are done annually.
14. Yes ☒ No ☐ Evidence of staff development activities exists.
15. Yes ☒ No ☐ Personnel records for all terminated employees are retained consistently with State Archives rules.
16. Yes ☒ No ☐ Records include minimum information required by each program.
17. Yes ☐ No ☒ A records manual of all forms used is reviewed annually.
18. Yes ☒ No ☐ There is a written policy for maintaining confidentiality of all client records which includes guidelines for release of client information.
19. Yes ☒ No ☐ Filing and retrieval of health records follow written procedures.
20. Yes ☒ No ☐ Retention and destruction of records follow written procedures and are consistent with State Archives rules.
21. Yes ☒ No ☐ Local health department telephone numbers and facilities' addresses are publicized.
22. Yes ☒ No ☐ Health information and referral services are available during regular business hours.
23. Yes ☒ No ☐ Written resource information about local health and human services is available, which includes eligibility, enrollment procedures, scope and hours of service. Information is updated as needed.
24. Yes ☒ No ☐ 100% of birth and death certificates submitted by local health departments are reviewed by the local Registrar for accuracy and completeness per Vital Records office procedures.
25. Yes ☒ No ☐ To preserve the confidentiality and security of non-public abstracts, all vital records and all accompanying documents are maintained.
26. Yes ☒ No ☐ Certified copies of registered birth and death certificates are issued within one working day of request.
27. Yes ☒ No ☐ Vital statistics data, as reported by the Center for Health Statistics, are reviewed annually by local health departments to review accuracy and support ongoing community assessment activities.

28. Yes ☒ No ☐ A system to obtain reports of deaths of public health significance is in place.
29. Yes ☒ No ☐ Deaths of public health significance are reported to the local health department by the medical examiner and are investigated by the health department.
30. Yes ☒ No ☐ Health department administration and county medical examiner review collaborative efforts at least annually.
31. Yes ☒ No ☐ Staff is knowledgeable of and has participated in the development of the county's emergency plan.
32. Yes ☒ No ☐ Written policies and procedures exist to guide staff in responding to an emergency.
33. Yes ☒ No ☐ Staff participate periodically in emergency preparedness exercises and upgrade response plans accordingly.
34. Yes ☒ No ☐ Written policies and procedures exist to guide staff and volunteers in maintaining appropriate confidentiality standards.
35. Yes ☒ No ☐ Confidentiality training is included in new employee orientation. Staff includes: employees, both permanent and temporary, volunteers, translators, and any other party in contact with clients, services or information. Staff sign confidentiality statements when hired and at least annually thereafter.
36. Yes ☒ No ☐ A Client Grievance Procedure is in place with resultant staff training and input to assure that there is a mechanism to address client and staff concerns.

### **Control of Communicable Diseases**

37. Yes ☒ No ☐ There is a mechanism for reporting communicable disease cases to the health department.
38. Yes ☒ No ☐ Investigations of reportable conditions and communicable disease cases are conducted, control measures are carried out, investigation report forms are completed and submitted in the manner and time frame specified for the particular disease in the Oregon Communicable Disease Guidelines.
39. Yes ☒ No ☐ Feedback regarding the outcome of the investigation is provided to the reporting health care provider for each reportable condition or communicable disease case received.

40. Yes ☒ No ☐ Access to prevention, diagnosis, and treatment services for reportable communicable diseases is assured when relevant to protecting the health of the public.
41. Yes ☒ No ☐ There is an ongoing/demonstrated effort by the local health department to maintain and/or increase timely reporting of reportable communicable diseases and conditions.
42. Yes ☒ No ☐ There is a mechanism for reporting and following up on zoonotic diseases to the local health department.
43. Yes ☒ No ☐ A system exists for the surveillance and analysis of the incidence and prevalence of communicable diseases. Note: We are purchasing a CD data system from Multnomah County.
44. Yes ☐ No ☒ Annual reviews and analysis are conducted of five year averages of incidence rates reported in the Communicable Disease Statistical Summary, and evaluation of data are used for future program planning.
45. Yes ☒ No ☐ Immunizations for human target populations are available within the local health department jurisdiction.
46. Yes ☒ No ☐ Rabies immunizations for animal target populations are available within the local health department jurisdiction.

### **Environmental Health**

47. Yes ☒ No ☐ Food service facilities are licensed and inspected as required by Chapter 333 Division 12, or more frequently based on epidemiological risk.
48. Yes ☒ No ☐ Training is available for food service managers and personnel in the proper methods of storing, preparing, and serving food.
49. Yes ☒ No ☐ Training in first aid for choking is available for food service workers. Note: Information is in the food handlers book; courses are available through Lane Community College, Red Cross.
50. Yes ☒ No ☐ Public education regarding food borne illness and the importance of reporting suspected food borne illness is provided.
51. Yes ☐ No ☐ Each drinking water system conducts water quality monitoring and maintains testing frequencies based on the size and classification of system. Note: State staff have the drinking water program for Lane County.
52. Yes ☐ No ☐ Each drinking water system is monitored for compliance with applicable standards based on system size, type, and epidemiological risk. Note: State staff have the drinking water program for Lane County.

53. Yes ☐ No ☐ Compliance assistance is provided to public water systems that violate requirements. Note: State staff have the drinking water program in Lane County.
54. Yes ☐ No ☐ All drinking water systems that violate maximum contaminant levels are investigated and appropriate actions taken. Note: State staff have the drinking water program in Lane County.
55. Yes ☒ No ☐ A written plan exists for responding to emergencies involving public water systems.
56. Yes ☒ No ☐ Information for developing a safe water supply is available to people using on-site individual wells and springs.
57. Yes ☒ No ☐ A program exists to monitor, issue permits, and inspect on-site sewage disposal systems. Note: Through Department of Public Works, Land Management Division.
58. Yes ☒ No ☐ Tourist facilities are licensed and inspected for health and safety risks as required by Chapter 333 Division 12.
59. Yes ☒ No ☐ School and public facilities food service operations are inspected for health and safety risks. Note: At request of school districts.
60. Yes ☒ No ☐ Public spas and swimming pools are constructed, licensed, and inspected for health and safety risks as required by Chapter 333 Division 12.
61. Yes ☒ No ☐ A program exists to assure protection of health and the environment for storing, collecting, transporting, and disposing solid waste. Note: Through Department of Public Works, Waste Management Division, Cities and private agencies.
62. Yes ☒ No ☐ Indoor clean air complaints in licensed facilities are investigated.
63. Yes ☒ No ☐ Environmental contamination potentially impacting public health or the environment is investigated.
64. Yes ☒ No ☐ The health and safety of the public is being protected through hazardous incidence investigation and response. Note: Through Sheriff's Office, HazMat, Public Health.
65. Yes ☒ No ☐ Emergency environmental health and sanitation are provided to include safe drinking water, sewage disposal, food preparation, solid waste

disposal, sanitation at shelters, and vector control. Note: Coordination with Department of Public Works, DEQ, State Water Program.

### **Health Education and Health Promotion**

66. Yes ☒ No ☐ Culturally and linguistically appropriate health education components with appropriate materials and methods will be integrated within programs.
67. Yes ☒ No ☐ The health department provides and/or refers to community resources for health education/health promotion.
68. Yes ☒ No ☐ The health department provides leadership in developing community partnerships to provide health education and health promotion resources for the community.
69. Yes ☒ No ☐ Local health department supports healthy behaviors among employees.
70. Yes ☒ No ☐ Local health department supports continued education and training of staff to provide effective health education.
71. Yes ☒ No ☐ All health department facilities are smoke free.

### **Nutrition**

72. Yes ☐ No ☒ Local health department reviews population data to promote appropriate nutritional services.
73. The following health department programs include an assessment of nutritional status:
- a. Yes ☒ No ☐ WIC
  - b. Yes ☒ No ☐ Family Planning
  - c. Yes ☒ No ☐ Parent and Child Health
  - d. Yes ☐ No ☐ Older Adult Health N/A
  - e. Yes ☐ No ☐ Corrections Health N/A
74. Yes ☒ No ☐ Clients identified at nutritional risk are provided with or referred for appropriate interventions.
75. Yes ☒ No ☐ Culturally and linguistically appropriate nutritional education and promotion materials and methods are integrated within programs.
76. Yes ☒ No ☐ Local health department supports continuing education and training of staff to provide effective nutritional education.

## **Older Adult Health**

77. Yes ☒ No ☐ Health department provides or refers to services that promote detecting chronic diseases and preventing their complications. Note: Referral only
78. Yes ☒ No ☐ A mechanism exists for intervening where there is reported elder abuse or neglect. Note: Reported to Senior and Disabled Services
79. Yes ☒ No ☐ Health department maintains a current list of resources and refers for medical care, mental health, transportation, nutritional services, financial services, rehabilitation services, social services, and substance abuse services.
80. Yes ☐ No ☒ Prevention-oriented services exist for self health care, stress management, nutrition, exercise, medication use, maintaining activities of daily living, injury prevention and safety education.

## **Parent and Child Health**

81. Yes ☒ No ☐ Perinatal care is provided directly or by referral.
82. Yes ☒ No ☐ Immunizations are provided for infants, children, adolescents and adults either directly or by referral.
83. Yes ☒ No ☐ Comprehensive family planning services are provided directly or by referral.
84. Yes ☒ No ☐ Services for the early detection and follow up of abnormal growth, development and other health problems of infants and children are provided directly or by referral.
85. Yes ☒ No ☐ Child abuse prevention and treatment services are provided directly or by referral.
86. Yes ☒ No ☐ There is a system or mechanism in place to assure participation in multi-disciplinary teams addressing abuse and domestic violence.
87. Yes ☒ No ☐ There is a system in place for identifying and following up on high risk infants.
88. Yes ☒ No ☐ There is a system in place to follow up on all reported SIDS deaths.

89. Yes ☒ No ☐ Preventive oral health services are provided directly or by referral. Note: Referral only.
90. Yes ☒ No ☐ Use of fluoride is promoted, either through water fluoridation or use of fluoride mouth rinse or tablets.
91. Yes ☒ No ☐ Injury prevention services are provided within the community. Note: Prevention education provided during MCH home visits, Healthy Start visits, WIC services.

### **Primary Health Care**

92. Yes ☒ No ☐ The local health department identifies barriers to primary health care services. Note: Aware of barriers.
93. Yes ☒ No ☐ The local health department participates and provides leadership in community efforts to secure or establish and maintain adequate primary health care.
94. Yes ☒ No ☐ The local health department advocates for individuals who are prevented from receiving timely and adequate primary health care.
95. Yes ☒ No ☐ Primary health care services are provided directly or by referral. Note: By referral only.
96. Yes ☒ No ☐ The local health department promotes primary health care that is culturally and linguistically appropriate for community members.
97. Yes ☒ No ☐ The local health department advocates for data collection and analysis for development of population based prevention strategies.

### **Cultural Competency**

98. Yes ☐ No ☒ The local health department develops and maintains a current demographic and cultural profile of the community to identify needs and interventions. Note: We do not develop a profile, but we are aware of the cultural issues in our community through our coordination with agencies in the community.
99. Yes ☐ No ☒ The local health department develops, implements and promotes a written plan that outlines clear goals, policies and operational plans for provision of culturally and linguistically appropriate services. Note: However, Lane County has a Diversity Implementation Plan which we follow in providing support to our staff and services to clients.

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

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



100. Yes X No X The local health department assures that advisory groups reflect the population to be served. Note: The Health Advisory Committee membership includes those professionals represented in the ORS; HIV Prevention Planning Council membership reflects the population served in HIV prevention; the Healthy Start Advisory Group membership reflects the population served.

101. Yes X No X The local health department assures that program activities reflect operation plans for provision of culturally and linguistically appropriate services. Note: Services are provided in the language required; written information is available in English and Spanish; bilingual Spanish staff available to serve clients.

### **Health Department Personnel Qualifications**

102. 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.

103. 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.

104. 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.

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

**SUBSTANCE ABUSE SNAPSHOT – LANE COUNTY****OREGON MENTAL HEALTH AND ADDICTION SERVICES – May 2000**

<b>ADULT USE OF ANY SUBSTANCE*</b>			
Measure	No Use	Some Use	Abuse/Dependence
Alcohol/Drugs (incl. illicit)	7.3%	77.8%	15.0%
Illicit Drugs	61.1%	28.6%	10.3%

<b>ADULT USE OF ANY ILLICIT DRUG*</b>			
Measure	No Use	Some Use	Abuse/Dependence
	61.1%	28.6%	10.3%

\*1999 Oregon Household Survey

<b>ADULT USE OF ALCOHOL*</b>			
Measure	No Use	Some Use	Abuse/Dependence
	7.8%	84.4%	7.8%

**OREGON MENTAL HEALTH AND ADDICTION SERVICES – November 2002**

<b>ADULT USE OF ANY SUBSTANCE</b>			
Measure	No Use	Some Use	Abuse/Dependence
Alcohol/Drugs (incl. illicit)	7.0%	77.6%	15.3%
Illicit Drugs	61.1%	28.6%	10.3%

<b>ADULT USE OF ANY ILLICIT DRUG</b>			
Measure	No Use	Some Use	Abuse/Dependence
	63.3%	26.1%	10.5%

<b>ADULT USE OF ALCOHOL*</b>			
Measure	No Use	Some Use	Abuse/Dependence
	7.7%	84.8%	7.5%

**OREGON MENTAL HEALTH AND ADDICTION SERVICES – May 2000**

<b>30 DAY USE OF ALCOHOL AND OTHER DRUGS*</b>				
YOUTH	Tobacco	Alcohol	Illicit Drugs	Inhalants

Sixth Graders	6.9%	8.2%	1.6%( Marijuana only)	5.3%
Eighth Graders	21.7%	26.0%	18.6%	
Eleventh Graders	35.1%	42.9%	24.2%	

\*Oregon Public School Drug Use Student Survey (1998)

#### **OREGON MENTAL HEALTH AND ADDICTION SERVICES – November 2002**

30 DAY USE OF ALCOHOL AND OTHER DRUGS*				
<b>YOUTH</b>	1998	2000	2001	2002
<b>Eighth Graders</b>				
Use of Alcohol	27.4%	29.4%	28.4%	28.2%
Use of Other Illicit Drugs	17.4%	13.2%	17.6%	19.1%
<b>Eleventh Graders</b>				
Use of Alcohol	49.8%	53.8%	40.2%	45.9%
Use of Other Illicit Drugs	28.4%	27.5%	24.6%	26.9%

\*Oregon Public School Drug Use Student Survey (1999-2000)

**COMMUNITY PROFILE**

*"Entre el dicho y el hecho hay gran derecho (Between the saying and the doing there is a long stretch)."*  
*Irma Castro*

***Significant Contextual Factors Affecting the Data or Planning Analysis***

Each county has a unique mix of history, geography, population, economy, and other demographic and socioeconomic factors that provide the context for the health and welfare of children and families. These contextual factors also can affect the indicators used to track and interpret emerging trends.

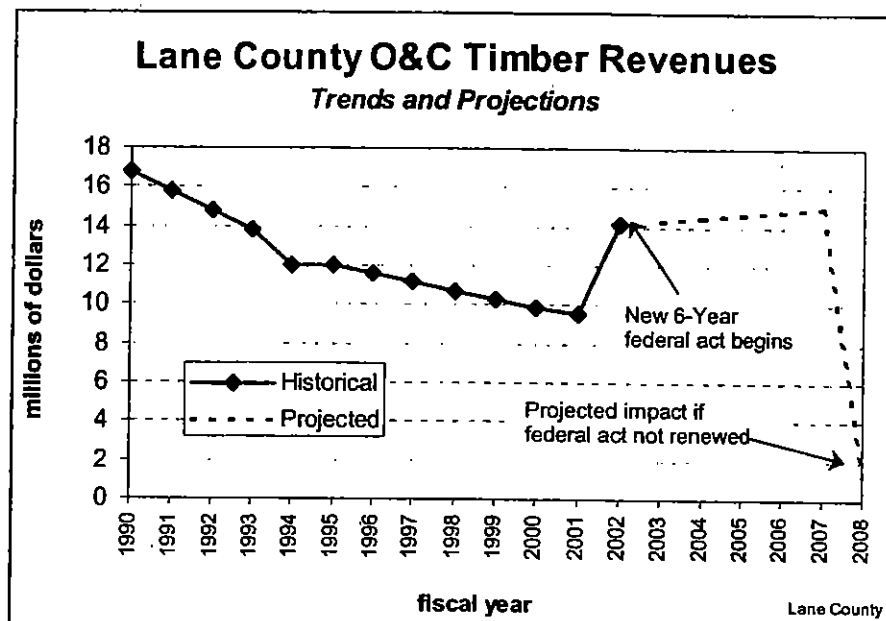
The following contextual factors were reviewed for this phase of the planning process:

Contextual Factor	Data Source	Oregon Bench-mark	County Relative to State	County Trend
<b><i>Geography and Land Ownership</i></b>				
Percent of State and Federal Land	LCOG		NA	☹
National Forest Timber Revenue	Lane County		NA	☹
<b><i>Population</i></b>				
Total Population – Trends & Projections	PSU/ DAS		NA	☹
Youth Population Trends (2)	PSU/ Census		NA	☹
Race & Ethnic Population	PSU/ Census		NA	☹
<b><i>Health, Safety &amp; Well-being</i></b>				
Overall Crime Rate	OCCF (LEDS)	✓	☹	☹
Public Safety Index	OPB	✓	☹	☹
Child Well-being Index	OPB	✓	☹	☹
Education Index	OPB	✓	☹	☹
Economy Index	OPB	✓	☹	☹
<b><i>Economy and Affordability</i></b>				
Net Job Growth	OPB (OED)	✓	☹	☹
Unemployment	OPB (OED)	✓	☹	☹
Employment Trends (3)	OED		☹	☹
Distressed Area Index	OECD		☹	☹
Average Annual Payroll per Worker	OPB (OED)	✓	☹	☹
Per Capita Personal Income	OPB (OED)	✓	☹	☹
Median Family Income	HUD		☹	☹
Housing Affordability	NAHB		☹	☹

☹ = good, positive trend ☹ = about the same, neutral, unclear trend ☹ = bad, negative trend NA = not available/not applicable

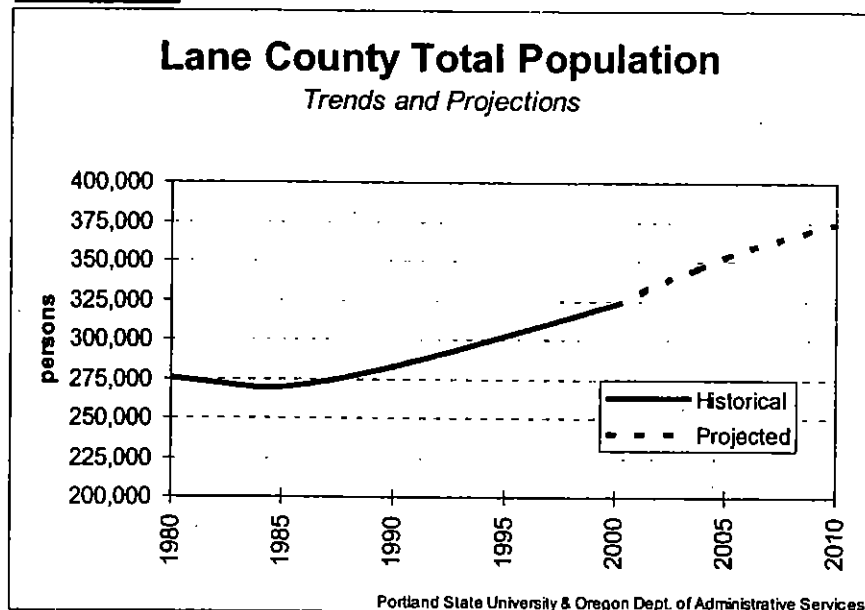
## Geography and Land Ownership

Lane County is roughly the size of the state of Connecticut. The county stretches across the southern end of the Willamette Valley, beginning at the crest of the Cascade mountain range, continuing across the valley and over the coastal mountain range to the Pacific Ocean. Almost 90 percent of the land area is covered in forest.



The federal government owns approximately 54 percent of the county. Timber harvests on federal lands – as well as the associated revenues to the county – have been declining steadily over the last 12 years. The revenues are expected to drop precipitously in five years. This revenue has been a traditional source of funding for many county services. The chart represents the revenues from O&C lands (Oregon & California railroad lands managed by the federal Bureau of Land Management).

## Population



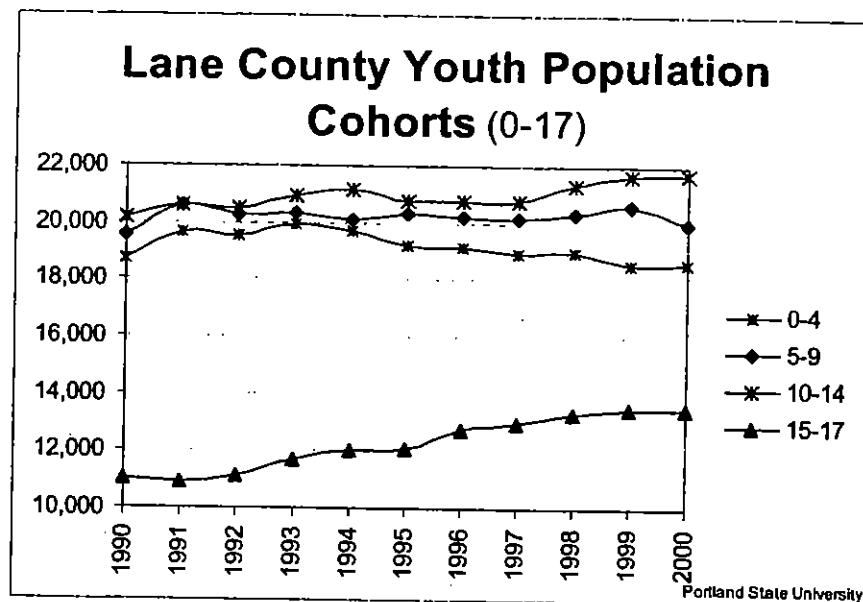
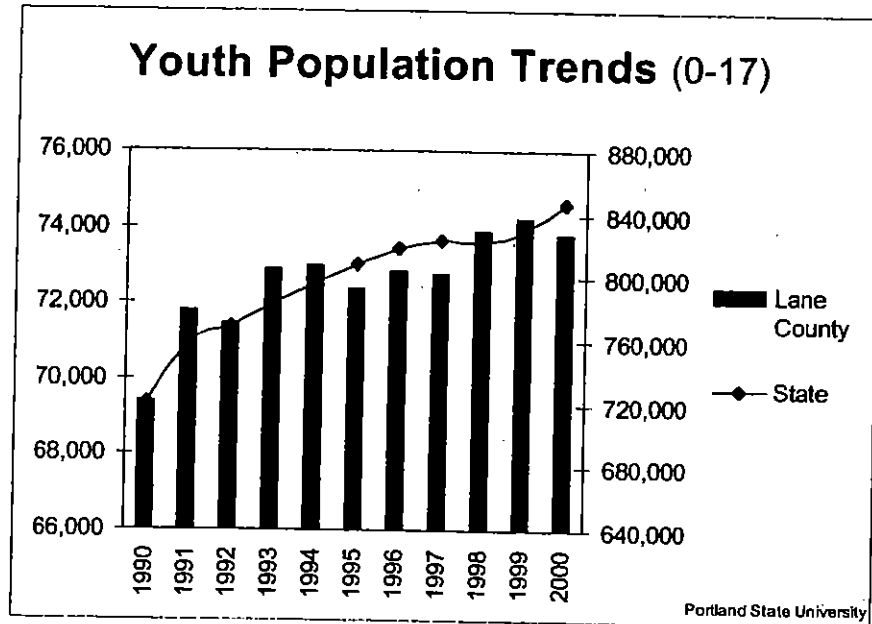
Lane County's population reached an estimated 325,900 in 2001. Between the 1990 and 2000 Census, Lane County's population increased by approximately 14%. The projected population in 2010 is 381,000.

There are twelve incorporated cities in Lane County. Approximately 43% of the county residents live inside the Eugene city limits.

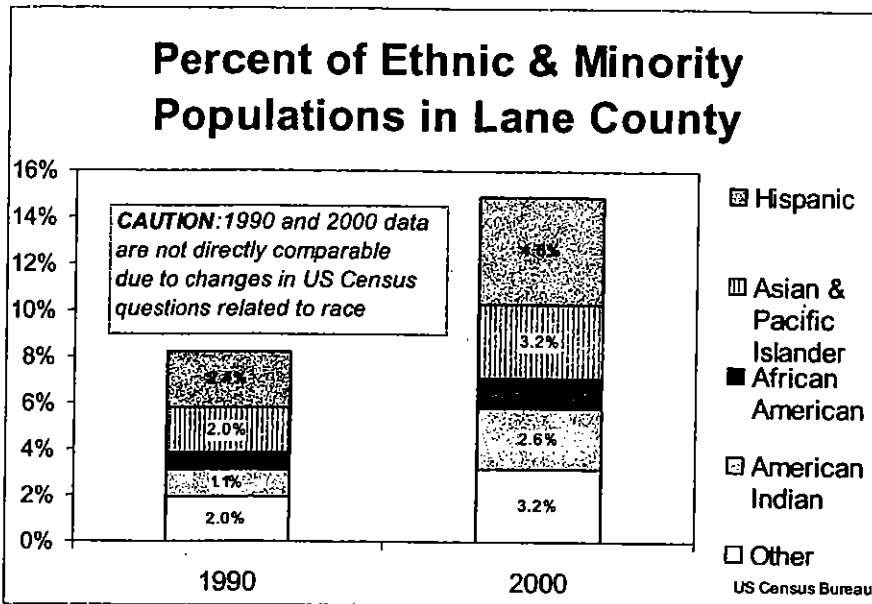
Roughly 63% of the county's population lives in the Eugene-Springfield metropolitan area – which includes some areas outside the limits of the two cities. The 10 small cities in Lane County – Coburg, Cottage Grove, Creswell, Dunes City,

Florence, Junction City, Lowell, Oakridge, Veneta, Westfir – account for approximately 10% of the county's population, and the unincorporated portion of the county accounts for almost 30%. The Eugene-Springfield metro area is the second largest urban center in Oregon after Portland.

While there has been an overall increase in the youth population in Lane County since 1990, the trend has been somewhat sporadic.



The youth population of Lane County has been increasing at a lower rate than the population as a whole. The only age cohort that has increased significantly since 1990 is the 15-17 year olds. *Please note:* the 15-17 year-olds is a 3-year age cohort; the remaining cohorts are 5-year.

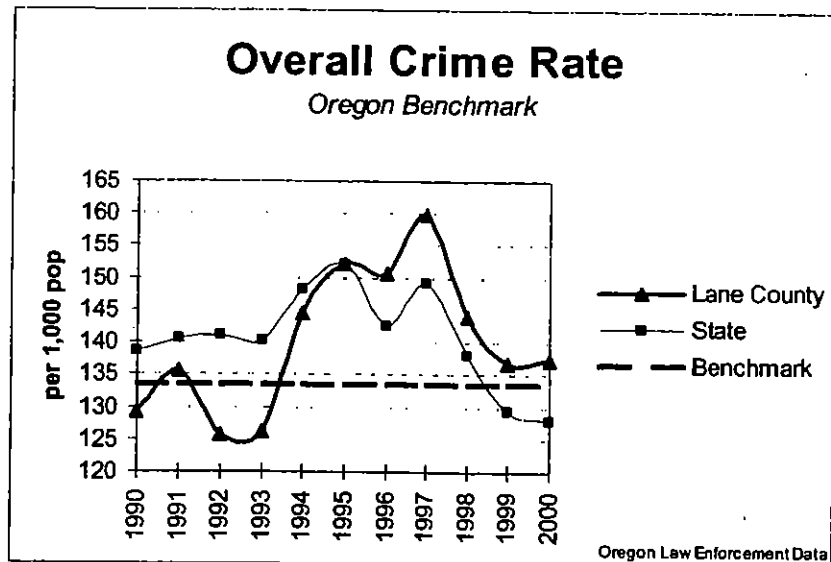


There has been a steady increase in the populations of two ethnic groups in Lane County – Hispanics and Asian & Pacific Islanders. It is difficult to draw any conclusions about trends from the change in populations between census years due to the substantive changes in the census questions regarding race and ethnicity. In 1990, respondents were asked to select one race or

ethnicity; in 2000, respondents could select more than one race or ethnicity. Therefore, the totals in 2000 add up to more than 100% due to mixed races.

### Health, Safety & Well-Being

The overall crime rate in Lane County has resembled a roller coaster over the last decade. After a dip in the early 1990's, the overall crime rate generally increased in Lane County until 1997. The data indicate a downward dip between 1997 and 1999 with a slight increase between 1999 and 2000. Further years of data are needed to determine if this is the beginning of a new trend. Since 1995, Lane County's crime rate has exceeded the state crime rate, as well as the statewide benchmark goal.



***Summary and Findings of Community Profile***

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- The population of Lane County will continue to grow, and the number and percent of the Asian & Pacific Islander, and Hispanic populations, are expected to increase. A portion of these populations will have unique cultural and language needs that affect access to and appropriateness of services and supports.
- Overall employment in Lane County has increased, but the sectors that are growing either do not pay high wages (service and retail), are cyclical and unstable (construction), or are being replaced by jobs that dislocated workers are not skilled in (timber versus high-tech manufacturing). This translates into a lower standard of living and higher incidence of poverty.
- Incomes vary substantially between urban and rural areas in Lane County. In 1998 Eugene's per capita income was the highest in the county, while all the other cities were significantly lower, with Oakridge at the bottom of the list.
- The cost of living in Lane County has increased to a point that the county is considered one of the least affordable places in the country to buy a home.
- Timber revenues from federal lands – and the associated timber receipts to the county – are expected to continue decreasing. This has implications for Lane County funding of programs and services at a time when the need may be increasing.



**2001 Estimated Population Age 16 and Above  
By Race and Gender**

State of Oregon  
EMPLOYMENT DEPARTMENT

Workforce Analysis  
November 2002

	Total	Female	%	White Only	%	Black Only	%	Asian Only	%	Pacific Islander	%	Some Other	%	Two or More	%	Hispanic	%	Total
				Not Hsp.		Not Hsp.		Not Hsp.		Only Not Hsp.		Race		Races Not Hsp.				
Oregon	2,721,000	1,384,262	60.6%	2,318,442	88.2%	39,207	1.4%	30,022	1.1%	80,121	2.9%	3,328	0.2%	89,998	2.2%	184,801	6.8%	338,804
Expansive-Springfield NSA 1/	282,000	134,611	61.3%	238,410	88.8%	1,727	0.7%	2,513	1.0%	6,382	2.0%	428	0.2%	9,747	2.8%	9,539	3.6%	20,008
Standard NSA 2/	144,663	76,887	62.3%	139,431	90.2%	489	0.3%	1,377	1.0%	1,203	0.8%	142	0.2%	3,021	2.1%	7,782	6.4%	11,068
Portland-Vancouver OR-WA	1,244,812	633,721	60.8%	1,098,037	82.1%	31,336	2.5%	9,181	0.7%	60,820	4.9%	1,680	0.3%	28,959	2.3%	88,142	7.1%	182,028
Portland-Vancouver	1,096,803	578,049	60.8%	1,284,444	82.1%	34,644	2.3%	11,578	0.8%	89,444	4.8%	8,521	0.4%	28,939	1.9%	100,257	6.5%	228,284
OR-WA PMSA 4/	269,540	135,779	60.3%	218,222	81.0%	1,761	0.7%	3,077	1.1%	4,830	1.7%	280	0.2%	6,376	2.0%	35,718	13.2%	48,688
Staten NSA 5/	13,300	6,941	61.1%	12,911	95.7%	41	0.3%	83	0.6%	71	0.5%	3	0.0%	186	1.4%	212	1.6%	394
Baker	64,708	32,732	60.8%	64,456	97.2%	898	0.9%	2,668	4.6%	66	0.1%	117	0.2%	1,838	2.4%	2,687	4.2%	6,908
Benton	284,731	135,437	61.5%	238,683	90.1%	1,465	0.6%	1,172	0.6%	484	0.3%	194	0.1%	4,378	1.7%	11,724	4.4%	21,698
Clatskanie	28,233	14,763	61.0%	28,483	91.6%	174	0.6%	321	1.1%	12	0.0%	589	2.0%	589	2.0%	1,110	3.6%	1,840
Clatsop	22,033	11,942	60.8%	21,833	94.7%	78	0.3%	433	1.9%	184	0.8%	34	0.1%	855	3.8%	592	1.8%	1,317
Columbia	61,843	31,828	61.7%	61,236	91.2%	87	0.1%	1,122	2.2%	300	0.5%	78	0.2%	1,680	3.1%	1,310	2.8%	2,880
Cook	14,987	7,822	60.8%	13,830	91.2%	26	0.2%	264	1.8%	43	0.3%	28	0.2%	202	1.3%	681	4.5%	949
Crook	17,893	9,171	61.2%	18,482	91.9%	26	0.1%	390	2.7%	98	0.5%	28	0.1%	379	2.1%	616	2.5%	1,037
Curry	87,109	46,469	60.8%	85,791	92.8%	167	0.2%	718	0.8%	480	0.5%	75	0.1%	1,189	1.3%	3,013	2.7%	4,864
Deerfield	80,073	41,600	61.0%	74,916	92.9%	130	0.2%	1,183	1.4%	474	0.8%	60	0.1%	2,025	2.6%	1,868	2.3%	3,073
Donkey	1,854	770	60.1%	1,498	96.3%	2	0.1%	37	1.1%	6	0.1%	1	0.0%	18	0.9%	19	1.2%	45
Grant	8,271	4,101	60.1%	8,061	96.1%	3	0.0%	1	0.0%	6	0.1%	5	0.0%	80	1.5%	143	2.3%	213
Harney	6,968	3,508	60.8%	6,432	90.8%	7	0.1%	187	2.6%	42	0.7%	34	0.2%	146	2.4%	190	3.2%	418
Hood River	15,000	7,742	60.8%	14,233	74.2%	7	0.2%	320	2.0%	14	0.1%	3	0.0%	211	1.3%	3,320	21.3%	3,601
Jackson	144,983	71,897	62.3%	130,431	90.2%	489	0.3%	1,277	1.0%	1,200	0.8%	143	0.1%	3,021	2.1%	7,782	8.4%	11,069
Jefferson	74,912	37,043	62.3%	73,821	92.8%	11	0.1%	1,245	12.8%	100	0.7%	13	0.1%	283	2.0%	2,080	14.6%	

\* Details may not add to totals due to rounding.

\* Details may not add to totals due to rounding.

11/ Eugene- Springfield MHA consists of Lane County.  
12/ Woodford MHA consists of Jackson County.

<sup>2/</sup> Medford HRA consists of Jackson County.

of Oregon pardon of the Portland PMSA includes Clatsamas, Columbia, Multnomah, Washington and Yamhill counties.

212-1-1111 Oregon Portland-Vancouver Oregon-Washington PMAA Inc.



Oregon Breast & Cervical Cancer Program  
Komen Breast Screening Program  
Annual Plan 2004\* (July 1, 2003 – June 30, 2004)

Date: April 2, 2003

Local health department/tribe: Lane County

Contact person: Elizabeth Miglioretto or Kristi Wedmore Title: PSC and CSW

Phone: 541-682-6682 Fax: 541-682-6684 Email: Elizabeth.miglioretto@co.lane.or.us

**Sections of the plan to be completed** (check those included in your Plan):

  X   Part A. Narrative review and evaluation of the past year,  
based on objectives in the Annual Plan (July 1, 2001 - June 30, 2002).

  X   Part B. Annual Plan Assessment Tool - completed and included.

  X   Part C. Annual Plan - Objectives and strategies in your Plan  
should be based on the priorities set for the next year (July 1, 2002 –  
June 30, 2003) after completing the Assessment tool.

Please check all sections that are included in your Plan:

- |                   |   |
|-------------------|---|
| <u>  X  </u> I.   | <b>Program Management</b>                             |
| <u>  X  </u> II.  | <b>Recruitment of Priority Populations</b>            |
| <u>  X  </u> III. | <b>Delivery of Screening and Diagnostic Services</b>  |
| <u>  X  </u> IV.  | <b>Community Education and Community Partnerships</b> |

Please note that the BCC/Komen Assessment Tool and Workplan template have been revised in accordance with the Program Scope of Work. Grantees that receive BCC Education funds will receive an abbreviated Assessment and Workplan template for their use. These forms will be sent directly to the BCC Coordinator.

Please submit this cover page, completed Assessment Tool and Workplan 2004 together. Include one copy of these materials with your county or tribe Grant Application Packet submitted to DHS Health Services (due May 1, 2003). Also submit one copy of the materials to Patricia Schoonmaker, BCC Program Manager, Oregon Breast & Cervical Cancer Program, 800 NE Oregon Street, Suite 730, Portland, OR, 97232. If Plans are not received by May 1<sup>st</sup>, BCC and Komen Program funds cannot be guaranteed by July 1, 2003. Please call Patricia at (503) 731-4273 if you have questions.

\* BCC and Komen Program Scope of Work Statement: Grantee shall submit an annual workplan to DHS-BCC using the template provided, comprised of objectives related to program management, recruitment of priority populations, delivery of screening and diagnostic services, and community education and community partners. This workplan shall include a narrative review of the previous year activities, an assessment form and objectives for Grantee's areas for improvement for the next fiscal year. This workplan is due from Grantee on May 1<sup>st</sup> each year. The workplan will be reviewed by DHS-BCC, who will provide feedback to the Grantee and give final written approval of the workplan to Grantee by June 30<sup>th</sup> each year. The workplan will guide the technical assistance provided by DHS-BCC staff.



## BCC and Komen Program Annual Plan Narrative Review



Susan G. Komen  
Breast Cancer  
Foundation

Local Program – Lane County Breast and Cervical Cancer Program

Contact Person – Elizabeth Miglioretto or Kristi Wedmore

Date submitted – May 1, 2003

Narrative review and evaluation of the past year based on objectives in the Annual Plan 2003 (July 1, 2002 – June 30, 2003).

The Lane County Breast and Cervical Cancer Program (BCCP) continues to benefit from strong community support. Most local health care providers participate in the provision of BCCP screening services in spite of the numerous changes in the local program over the past year. In addition, program staff has been invited to participate in breast cancer education and awareness activities throughout the community like the Best Dressed Breast event at the University of Oregon, McKenzie Willamette Hospital Employee Health Fair and Hynix Employee Health Fair.

During this reporting period, BCCP has maintained our targeted recruitment of women aged 50 – 64; and Spanish monolingual women. Women in rural areas of Lane County with less access to health care were also targeted for BCCP recruitment.

- To increase awareness of program services in our target age range and to women in rural areas, display ads were placed in local papers serving Florence, Mapleton, Junction City, Veneta, Elmira, Pleasant Hill, Waltherville, Vida and Blue River. Brochure displays have been placed in hair salons, local medical clinics and activity centers in Cottage Grove and Creswell. Additionally, reminder cards have been sent to all women aged fifty and older who have previously participated in the BCCP. To date we have received the most enrollments from reminder cards, but have also received many recruitments from the display ads in Florence and Mapleton.
- The BCCP works with Central Latino Americano (CLA) and their partners in medicine to provide Spanish speaking women with education about the importance of preventive women's care, the availability of BCCP services, and to help ensure access to services.

The BCCP program was unable to meet some of the priority population objectives outlined in the FY 02-03 annual plan. The program was understaffed for several months and the half-time coordinator was not hired until late in August. In addition, the program had to move to a new location in November with major disruptions in computer access and network access for at least a month.

During the first 9 months of this 12 month reporting period, the following progress was made towards BCC and Komen goals for the number of clients served:

	BCC	BCC/K	BCC Total	K-only Total
Goal FY 02-03		210	684	112
Actual	308	106	414	106

The BCCP screening goals remain the same. The program's overall goal has been reduced since focusing on screening at least 75% of women aged 50-64. The Komen Foundation wanted to help women younger than 40 with suspicious breast lumps and set up a separate amount of funds for this identified group. We didn't expect the volume of women under forty who were referred to BCCP, or the actual medical cost of providing screening services to this age group. Over this year we have had to make several adjustments in eligibility requirements based on the amount of funding we have received and when we received it.

Ninety percent of our data submitted to the state has been within the required deadlines. We request local medical care providers to send abnormal findings within 7 days and normal results within 30 days. We have been working with providers who fail to meet these criteria to improve their submission of data. Most often problems arise when providers have a change in staff.

A local database and tracking system developed last year to monitor progress and provide weekly data submissions to DHS continues to be updated by the CSW and is serving as a model for other programs in the state.

Case Management requirements are being met. Education to providers regarding BCCM is ongoing as staff in providers' offices change.



# BCC and Komen Programs

## Annual Assessment 2004

Program Lane County Contact Elizabeth Miglioretto and/or Kristi Wedmore

Date April 2, 2003

Please complete this assessment as a first step to beginning work on your WorkPlan for the next year. This assessment outlines the four key program components of program management, recruitment, delivery of screening and diagnostic services, community partners and community education. Your responses to these questions can help you identify what's working as well as areas to strengthen and help you set priorities for the next year.

	Yes	Yes, but needs revision	No
<b>I. Program Management</b>			
A. Maintain adequate staff to administer and implement the programs.			
1. Designated program coordinator and educator.	<u>p</u>	p	p
2. Access to clinical consultation.	<u>p</u>	p	p
3. Designated case manager, with ability to determine adherence to protocols.	<u>p</u>	p	p
4. Supervisor who provides adequate support to staff for program requirements.	p	p	<u>p</u>
B. Maintain a network of health care providers to deliver all program services.			
1. Access to referral resources for non-program services.	<u>p</u>	p	p
2. Services are accessible and acceptable, geographically and culturally.	<u>p</u>	p	p
3. Deliver services in a primary care setting. Goal is 75% or more.	<u>p</u>	p	p
4. Have access to free or low cost CBEs for Komen Only clients.	<u>p</u>	p	p
C. Meet the program's annual screening goals:			
1. BCC program goal	<u>p</u>	p	p
a. BCC/Komen goal	<u>p</u>	p	p
2. Komen Only goal	p	<u>p</u>	p
D. Maintain fiscal management system:			
1. Use funds appropriately (screening support, reimbursement, education)	<u>p</u>	p	p
2. Review invoices for appropriateness and current reimbursement rate.	<u>p</u>	p	p
3. Provide timely reimbursement to providers.	<u>p</u>	p	p
4. Submit quarterly expenditure reports.	<u>p</u>	p	p
5. Track program expenditures to determine if costs exceed per client allotment.	<u>p</u>	p	p
6. Can provide itemized documentation to DHS if costs exceed client allotment.	<u>p</u>	p	p
E. Collect client data and maintain medical records according to program guidelines.			
1. Maintain complete client records: enrollment form; signed consent and release of information; screening and diagnostic procedures and results; reports; data			

forms and documentation of all communication between providers and clients.

2. Attain the required written referral and CBE information from providers.	<u>p</u>	p	p
3. Maintain confidentiality of all records, standards for record retention, storage.	<u>p</u>	p	p

#### DOES YOUR PROGRAM . . .

YES YES, BUT NEEDS REVISION NO

F. Submit required reports and other documentation that are complete and on time.

1. Annual workplan by May 1 <sup>st</sup> each year with all required components.	<u>p</u>	p	p
2. Six month progress report on January 20 <sup>th</sup> (July 1 – Dec 31) each year.	<u>p</u>	p	p
3. Annual STAR report at requested time (currently October).	<u>p</u>	p	p
4. Monthly Screening Tally report by the 15 <sup>th</sup> of each month.	<u>p</u>	p	p
5. Submit required data elements on data forms to DHS within 60 days.	<u>p</u>	p	p

G. Maintain communication with DHS-BCC staff and other programs via phone, email Site visits, focused reviews, and participate in training, meetings, conference calls.

p p p

## 2. Recruitment of Priority Populations

A. Define priority populations for program services annually.

1. Review program data and report to define demographics of clients screened.	<u>p</u>	p	<u>p</u>
2. Review demographic data to identify priority populations.	<u>p</u>	<u>p</u>	<u>p</u>
3. Conduct recruitment activities using a variety of media, educational strategies, small group and 1:1 activities.	<u>p</u>	p	p
4. Monitor new client information to determine referral sources and effectiveness of recruitment activities.	<u>p</u>	p	p
5. Collaborate with community partners to define culturally appropriate activities.	<u>p</u>	p	p
6. Develop and deliver recruitment messages that are consistent with outreach priorities; conduct activities that are culturally appropriate for audience.	<u>p</u>	p	p

B. Involve priority populations in planning and implementing outreach activities.

p p p

C. Increase the percentage of BCC clients age 50 – 64 each year (goal 75%).

p p p

D. Increase the percentage of percentage of BCC clients who are rescreened each year with a focus on women age 50 – 64 (goal 70%).

p p p

E. Increase the percentage of women rarely or never screened for cervical cancer (goal is greater than 20%).

p p p

F. Maintain a system to contact clients for rescreening according to program policy.

p p p

G. Use formal and informal evaluation methods, including participant feedback,

to measure the effectiveness of your recruitment activities.

p p p

### 3. Delivery of Screening and Diagnostic Services

A. Maintain a system to conduct enrollment activities, define client special needs, collect program information and schedule appointments.

p p p

B. Deliver appropriate services, according to protocols and program guidelines.

p p p

C. Maintain tracking and follow-up systems to assure timely and complete services.

1. Track client status (appointment kept, no-shows, rescheduled)

p p p

2. Receive normal test results from BCC providers within 30 days.

p p p

3. Receive abnormal test results from BCC providers within 7 days.

p p p

4. Receive information from BCC providers about additional client referrals.

p p p

5. Maintain a system to notify client of normal and abnormal results.

p p p

6. Track and document first course of cancer treatment.

p p p

7. Resolve DHS abnormal follow-up cases within 60 days.

p p p

D. Provide case management services to all clients with abnormal results.

p p p

1. Get verbal or written consent for case management services from each client.

p p p

2. Complete a comprehensive assessment for all clients with abnormal results.

p p p

3. Develop written plans; monitor and update plan, as needed.

p p p

4. Maintain a system for complete, timely services, within 60 days of first service.

p p p

5. Maintain a combined lost to follow-up or refusal rate of less than 10%.

p p p

6. Resolve cases in DHS Follow-up within 60 days from entry into database.

p p p

7. Maintain system to assure timely referral to treatment. Goal is first course of treatment within 60 days of diagnosis for 100% of cancers diagnosed.

p p p

### 4. Community Partners and Community Education

A. Use demographic data and community feedback to determine education priorities.

p p p

B. Collaborate with community partners to conduct education activities.

p p p

C. Evaluate education activities to determine effectiveness and outcomes to enhance decision-making about future use of limited resources.

p p p

D. Develop and maintain mechanisms to communicate with partners on regular basis.

p p p

E. Participate in local committee, coalition or community group with a focus on women's health, cancer control or breast and cervical cancer, as available.

p p p

F. Develop strategies to recognize the contribution and involvement of partners.

p p p

Annual WorkPlan July 1, 2003-- June 30, 2004

# **1. PROGRAM MANAGEMENT**

Perform program management functions, including meeting requirements in the following areas: staffing and contracting, fiscal management, record keeping, data collection, and reporting. Maintain communication with internal and external partners regarding the BCC Program. Integrate these functions for the BCC and Komen Breast Screening Programs, creating a seamless system for clients and BCC Program healthcare providers (BCC Providers), whenever possible.

- A. Maintain adequate staffing.
- B. Maintain network of BCC providers to assure comprehensive screening and diagnostic services, through direct service, referral or contract.
- C. Meet annual screening goal.
- D. Maintain fiscal management system.
- E. Collect client data and maintain medical records according to program guidelines.
- F. Submit required reports and other documentation that are complete and on time.
- G. Maintain communication with DHS-BCC staff and other BCC programs.

Objectives	Activities Planned to Meet Objectives	Who Is Responsible (Local Program/Tribe and/or community partners)	Evaluation/Outcome (measures of success)
A. Maintain adequate staffing	The office assistant hours will increase to .75 and we will continue to have extra help. The hours paid for by the program will be the actual hours staff work in this program.	Local Program Manager	Program Coordinator and Community Service worker will have time to do community education and better recruitment of priority populations.
B. Maintain network of BCC providers to assure comprehensive screening and diagnostic services.	CSW and/or PSC will provide information, brochures and referral sheets to providers who currently work with the BCC program in Lane County.	Local Program PSC and CSW	Program staff will maintain list of providers working with the local BCC program and will add or remove providers from the list as necessary.



C. Meet Annual Screening Goal	CSW runs monthly tally to track progress CSW and PSC will adjust recruitment activities to make sure the program reaches, but doesn't exceed its goal.	Local Program	The local program will vary by less than 15% per month, the number of enrollments necessary to reach program goals.
D. Maintain Fiscal Management system	PSC will compare enrollment and expenditure reports with similar reports in our fiscal department.	Local Program	Reports will be compared quarterly and corrections or adjustments will be made as necessary.
E. Collect client data and maintain medical records according to program guidelines.	Program staff will collect data mailed to the program, request data from providers by fax as necessary and work with providers who are not meeting deadlines for reporting results.	Local Program Staff	90% of client data will be collected within 30 days of dates of service for normal results and within 7 days for abnormal results. 80% of all files will have tabs inserted and the paperwork in the files in proper order.
F. Submit required reports and other documentation complete and on time.	There will be adequate staffing to get all the data entry finished in a timely manner.	Local Program Staff	90% of the required reports and other documentation will be complete and faxed to DHS within required deadlines.
G. Maintain communication with DHS-BCC staff and other BCC programs	PSC and/or CSW will be scheduled to participate in monthly screening conference call and other statewide BCC program meetings.	Local Program Management	Local program staff will participate in at least 10 monthly screening conference calls. Program staff will attend annual conference and other training as necessary.

## II. RECRUITMENT OF PRIORITY POPULATIONS

Grantee shall recruit women with low incomes who are medically underserved and are not currently accessing health services and encourage clients to return for rescreening at recommended intervals. Priority populations are women ages 50-64, women of color, women who live in rural areas, women with disabilities, and lesbians who may be at risk for not getting screened.

A. Define the priority populations for program services on an annual basis; determine program goals.

B. Increase the percentage of clients age 50-64 (goal is 75%).

C. Increase the percentage of clients rescreened, with a focus on age 50-64 (goal is 70%).

D. Maintain a system to contact clients to return for rescreening.

E. Increase the percentage of clients rarely or never screened for cervical cancer (goal is at least 20%).

	<b>Activities Planned to Meet Objectives</b>	<b>Who Is Responsible</b> (Local Program/Tribe and/or community partners)	<b>Evaluation/Outcomes</b> (measures of success)
A. Define the priority populations for program services on an annual basis; determine program goals.	<p>Look at US Census data for Lane County to develop priority populations. The priorities for the Lane County BCC program based on population data are as follows in order of their priority.</p> <ul style="list-style-type: none"> <li>• Women aged 50-64</li> <li>• Women living in rural communities/areas</li> <li>• Women of color</li> <li>• Women who identify as lesbian</li> </ul>	Local Program – PSC	Communication to program staff of our priority populations so that actual recruitment reflects those goals.
B. Increase the % of clients age 50 – 64.	Send reminder cards to previously enrolled clients aged 50 – 64. Work with local churches to provide information about the BCC program through church newsletters, women's groups and displays.	Local Program – PSC and CSW	Measured progress toward goal of 75% of total BCC clients screened aged 50-64.
C. Increase the % of clients rescreened, with focus on age 50-64 (goal is 70%).	Send reminder cards to previously enrolled clients aged 50-64.	Local Program Staff	An increase in the number of women rescreened age 50-64 from previous years.
D. Maintain system to contact clients to return for rescreening.	Send reminder cards to previously enrolled clients each week for clients whose annuals are due in the next couple of months.	Local Program Staff	Maintain current work.
E. Increase the % of clients rarely of never screened for cervical cancer. (20%)	Recruitment of women in rural areas with less access to medical care through grange halls, churches, hair salons and community centers.	Local Program – PSC and CSW	Documentation of the outreach to the listed areas.

### III. Delivery of Screening and Diagnostic Services

Conduct client enrollment activities, deliver timely and appropriate screening and diagnostic services, maintain client tracking and follow-up systems, and provide case management for clients with abnormal screening test results.

- A. Maintain a system to enroll clients, define client special needs, collect program information and scheduling appointments.
- B. Deliver screening services that are clinically appropriate, according to program guidelines and protocols.
- C. Establish and maintain tracking and follow-up systems to assure timely and complete services. (address any/all of 5 components as needed).
- D. Provide case management services to all clients with abnormal screening or diagnostic test results. (address any/all of 7 components as needed).

Objectives	Activities Planned to Meet Objectives	Who Is Responsible (Local Program/Tribe and/or community partners)	Evaluation/Outcomes (measures of success)
A. Maintain a system to enroll clients, define client special needs, collect program information and track appointments.	Continue using the Access database with the adjustments that Kristi has made in the enrollment form.	Local Program Staff	Staff will enter all client information directly into the database enrollment forms set up on the computer by Kristi.
B. Deliver screening services that are clinically appropriate, according to program guidelines and protocols.	Program staff will be required to learn program protocols and guidelines. While entering client screening results into the database, program staff will check to see if provider recommendations follow program guidelines and protocols. Program staff will contact providers for clarification when they don't appear to be following program protocols. PSC will send information annually to all providers reminding them of program protocols.	Local Program Staff	Program staff responsible for reviewing screening results will be knowledgeable of program protocols and guidelines. At least 75% of program providers will be aware of program protocols and guidelines. Lane County Family Planning providers will understand and follow BCC program protocols.
C. Establish and maintain tracking and follow-up systems to assure timely and complete services.	Program staff will enter all pertinent information into the enrollment, screening and tracking forms on the database. Program staff will chart all pertinent information in	Local Program Staff	Timely data tracking reports will be run and necessary follow-up finished.

D. Provide case management services to all clients with abnormal screening or diagnostic test results.	client paper files to support information in the tracking fields in the database.  CSW/PSC will continue to provide case management services to all clients with abnormal screening or diagnostic test results.	Local Program Staff – CSW/PSC	Program staff will continue to provide case management services as required by the BCC program.
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#### IV. Community Partners and Community Education

Grantee shall establish and maintain partnerships with health care providers, community organizations and individuals who participate in the promotion of early detection education and screening activities and have contact with the priority populations in the service area. Through collaborative efforts, the partnerships can reduce duplication of effort, expand networks and combine resources for maximum benefit to increase screening among all Oregonians.

- A. Use local demographic data and community feedback to determine education priorities.
- B. Collaborate with Community Partners to conduct education activities to promote early detection of breast and cervical cancer.
- C. Evaluate education activities to determine effectiveness and outcomes to enhance decision-making about future use of limited resources.
- D. Develop and maintain mechanisms to communicate with Community Partners on a regular basis.
- E. Participate in a local committee, coalition or community group with a focus on women's health, cancer control or breast and cervical cancer, as available.
- F. Develop strategies to recognize the contribution and involvement of Community Partners each year.

Objectives	Activities Planned to Meet Objectives	Who Is Responsible (Local Program/Tribe and/or community partners)	Evaluation/Outcomes (measures of success)
A. Use local demographic data and community feedback to determine education priorities.	PSC will work with program staff to use demographic data from the US census as well as provider and client comments to develop plan for educating partners and community.	Local Program	Minutes from meeting with program staff to develop education plan.
B. Collaborate with Community Partners to conduct education	Program staff will work with Hopeline, ACS, Planned Parenthood, Volunteers in Medicine, the University of Oregon, Central Latino Americano and all our program providers to promote educational	Local Program	Documentation of collaborative efforts and activities in which BCCP participated.

activities to promote early detection of breast and cervical cancer.	activities to promote early detection of breast and cervical cancer. We plan a mailing in September, activities throughout October for Breast Cancer Awareness month, attendance at local Relay for Life events and another activity during National Public Health week in April 2004.	Local Program	Provide copy of logs of activities with semi-annual reports.
C. Evaluate education activities to determine effectiveness and outcomes to enhance decision-making about future use of limited resources.	PSC will develop a log sheet for program staff to use at events to count the number of individuals who attended or participated in a BCCP activity or visited a BCCP display table.		
D. Develop and maintain mechanisms to communicate with Community Partners on a regular basis.	Program staff will continue to provide community partners with updates in information by phone, fax and mail.	Local Program	Provide copies of correspondence, faxes and phone logs with semi-annual reports.
E. Participate in a local committee, coalition or community group with a focus on women's health, cancer control or breast and cervical cancer, as available.	Program staff will attend meetings of a local coalition, committee, or community group with a focus on women's health as time allows staff to do so.	Local Program	Provide copies of meeting minutes.
F. Develop strategies to recognize the contribution and involvement of Community Partners.	Program staff will recognize the contribution and involvement of community partners as time allows staff to do so. We usually recognize providers with small gifts of pens, pink ribbons, coffee mugs or water bottles, candy and emery boards.	Local Program	Provide list of partners recognized and how they have been recognized.

Family Planning Progress Report

1. Due to budget constraints and increased expenses, it is expected that we will be closing our three branch offices, effective July 1, 2003 (Cottage Grove, Oakridge, Florence). We will continue to provide family planning services in the Eugene office five days a week.
2. During fiscal year 2003, we have made changes in our Cottage Grove office hours to maximize the nurse and nurse practitioner clinic times.
3. The patch and recent up-to-date contraceptive methods were added for clients to utilize. These have been eagerly anticipated by our clients.
4. The contract for FPEP services has continued this year with the University of Oregon Health Services Center and Lane Community College Health Services Center.
5. The Ahlers billing program was established. We continue to work on the Ahlers appointment scheduling program. It is set up but not yet fully operational.
6. The number of clients served has remained stable since last year.
7. Following barriers have been encountered: Ahlers appointment scheduling system has had several problems becoming operational, primarily due to the complexity of the nurse and nurse practitioner clinic schedules.
8. The FP team decided to delay COPE until staffing levels are more clearly identified for fiscal year 2003/04.
9. Due to staffing shortage, we have not been able to complete plans for increased male involvement in the clinic.
10. The nurse practitioner protocols have been completed. The nurse protocols are scheduled to be reviewed fiscal year 2003/04.

## **Lane County WIC Program**

### **FY 2002-2003 Nutrition Education and Breastfeeding Survey Results**

The newly developed state survey was administered from March 3 through March 26, 2003. During that time, we offered surveys to all drop-in clients and clients who had individual appointments. There were two confidential drop boxes for clients to return surveys, one of which was located conveniently beside the door where clients exit the building. Only 101 nutrition education surveys and 57 breastfeeding surveys were returned. Last year we discovered that, to get a more accurate assessment of services provided to the client, it was more effective to offer the survey to clients after their appointments and/or drop-in visits. This year we discovered that, when offering the surveys after the appointment or drop-in service, participants were ready to leave and frequently did not complete the surveys or place them in the confidential drop boxes!

Upon tallying the surveys, we found that some clients didn't answer some of the questions and others gave more than one answer to questions that should have had a single response. Many clients liked our newsletter even though we do not publish a WIC newsletter! These findings, as well as the low sample size, suggest that we use caution in assigning too much significance to the survey results.

### **WIC Nutrition Education Survey Results**

Generally, WIC participants seem to feel positive about the nutrition information they receive at WIC. Clearly, the majority of participants enjoy receiving their nutrition information through one-on-one nutrition counseling (67%) and/or pamphlets (51%). As a result of the nutrition information participants received, 53% indicated they made changes in their eating habits and/or food choices. An overwhelming 96% of participants felt the nutrition information was relevant to their needs and/or interests.

Questions # 4 & 5 of the survey elicited participant feedback for optional nutrition education goals. In FY 2002-2003, Lane County WIC Program did not elect to set objectives for these optional goals. The survey question # 4 asked participants "...did you have a chance or goal to choose a specific change to improve your health?" and the survey question # 5 asked participants "...has the information you received from WIC helped you or your family increase your physical activity, for example, walking, running, bicycling, playing on a playground, or dancing?". Even though we did not include a specific objective for these goals, 46% of participants felt they were given an opportunity to set a goal or make a change to improve their health or nutrition. Regarding question #5, 26% indicated the information received by WIC helped them or their families

to increase physical activity. It is interesting to note that 34% and 40% of participants indicated they were "not sure" in regards to questions numbers 4 & 5, respectively.

The last question on the survey assesses food insecurity. It is noted that nearly half of our participants, 44%, indicate that in the last 12 months they have cut the size of their meals or skipped meals because there wasn't enough money for food. These figures appear to fall in line with conclusions from the 1999 US Census Bureau Food Security Supplement to the Current Population Survey, which ranks Oregon as the highest in the nation for the prevalence of food insecurity where hunger is evident.

### **Results of Survey for Mothers with Children Ages Birth to 18 months**

The majority of postpartum women on WIC, 86%, accessed us during their most recent pregnancy. Ninety-two percent of women felt encouraged and supported by our breastfeeding promotion/services. Survey results indicate that the majority of pregnant women on WIC have not attended a breastfeeding class. However, the survey question implies attending a WIC breastfeeding class and we offer many other community breastfeeding classes through our alternate nutrition education class options. We are aware that the numbers of participants who attend a community or WIC breastfeeding class are much lower than the number of participants who are actually signed up for the class. It would be interesting to see how participants would answer the question if it stated "Did you go to any class about breastfeeding?".

All participants who did attend a breastfeeding class indicated it was helpful and the majority, 72%, felt it was very helpful. Eighty-five percent of women indicated they breastfed their babies even for a short while. Sixty-four percent of women said they remembered receiving information and support about breastfeeding, 21% felt they didn't need breastfeeding information/support and 15% did not remember receiving information/support. Out of the women who received breastfeeding information/support, all participants indicated it was useful in helping them to breastfeed and 80% of participants indicated that receiving a breast pump helped them to nurse for a longer period of time.

### **Data Summary Tool: Nutrition Education Survey**

Local Agency: Lane County WIC Program

Contact Person: Jackie L. Lucas, R.D. Phone: 541-682-4307

Did you use: YES State developed tool or      Local developed tool

If you used a local tool, attach a copy.

Total Number of Surveys: 450



Number of Blank Surveys: 349  
 Number Completed Surveys: 101

1. WIC offers nutrition information in different ways. ~~Please tell us which one~~  
 or ones you found helpful.

Enter the total number of responses in each category

Tally Space	Total	Question Response
	66	Meeting with the WIC counselor
	18	Going to WIC classes
	50	Pamphlets you can take home
	15	WIC Newsletter
	2	Other:
(Total number of answers 151)	99	<b>Total number of people who answered this question</b>
	2	<b>Total number of people Who left this question blank</b>

2. Has the nutrition information you received from WIC helped you or your family make any changes in your eating habits of food choices?

Enter the total number of responses in each category

Tally Space	Total	Question Response
	16	"No"
	32	"I didn't need to make any changes"

	2	"Yes" and <b>don't list</b> a change
	50	"Yes" and <b>can list</b> a change
	99	<b>Total number of people who answered this question</b>
	2	<b>Total number of people who left this question blank</b>

3. How well does the nutrition information you receive at WIC meet your interests and needs?

Enter the total number of responses in each category

Tally Space	Total	Question Response
	64	Very Well
	33	Well
	1	Not very well
	3	Not Sure
	101	<b>Total number of people who answered this question</b>
	0	<b>Total number of people who left this question blank</b>

4. When you meet with the WIC counselor, you may talk about your family's health or nutrition. Thinking about your most recent visit, did you have a chance or goal to choose a specific change to improve your health or nutrition?

Enter the total number of responses in each category

Tally Space	Total	Question Response
	19	"No"
	34	"Not Sure"
	2	"Yes" and <b>don't list</b> a change
	44	"Yes" and <b>can list</b> a change
	99	<b>Total number of people who answered this question</b>
	2	<b>Total number of people who left this question blank</b>

5. Thinking about your time on the WIC program, has the information you received from WIC helped you or your family increase your physical activity, for example, walking, running, bicycling, playing on a playground, or dancing?

Enter the total number of responses in each category

Tally Space	Total	Question Response
	33	"No"
	40	"Not Sure"
	4	"Yes" and <b>don't list</b> a change
	22	"Yes" and <b>can list</b> a change
	99	<b>Total number of people who answered this question</b>
	2	<b>Total number of people who left this question blank</b>

6. In the last 12 months, did you or anyone in your family ever cut the size of your meals or skip meals because there wasn't enough money for food?

Enter the total number of responses in each category

Tally Space	Total	Question Response
	55	"No"
	43	"Yes"
If yes, how often did this happen?		
	20	Almost every month
	19	Some months but not every month
	4	Only 1 or 2 of the past 12 months
(98 for the first question and 43 for the second question)	98 / 43	<b>Total number of people who answered this question</b>
	3	<b>Total number of people who left this question blank</b>

**Data Summary Tool: WIC Survey for Mothers with Children Ages Birth to 18 months**

Local Agency: Lane County WIC

Contact Person: Jackie L. Lucas, R.D. Phone: 541-682-4307

Did you use: YES State developed tool or \_\_\_\_ Local developed tool  
If you used a local tool, attach a copy.

Total Number of Surveys: 120

Number of Blank Surveys: 63

Number Completed Surveys: 57

1. Is your baby 5 months and older?

**Divide your surveys into 2 groups, "No" for babies younger than 5 months, "Yes", for babies 5 months and older. For the rest of the data summary, keep these groups separate and record their results separately.**

Enter the total number of responses in each category

Tally Space	Total	Question Response
	26	"No" Babies younger than 5 months
	31	"yes" babies 5 months and older
	57	<b>Total number of people who answered this question</b>
	0	<b>Total number of people who left this question blank</b>

2. Were you on WIC during your most recent pregnancy?

Enter the total number of responses in each category

Babies less than 5 months	Total < 5months	Babies 5 months and older	Total ≥5months	Question
	2		6	No
	24		25	Yes
If yes, did WIC encourage you to breastfeed?				
	20		25	Yes, and WIC helped support my decision to Breastfeed
	1		1	Yes, but WIC did not help me feel positive about breastfeeding
				No, WIC did not encourage me to breastfeed
	2			I can't remember
(Total # for first question / total # for second question)	26 / 23		31 / 26	<b>Total number of people who answered this question</b>
	1		0	<b>Total number of people who left this question blank.</b>

3. Did you go to a class bout breastfeeding?

Enter the total number of responses in each category.

Babies less than 5 months	Total < 5months	Babies 5 months and older	Total ≥5months	Question
	17		21	No
	9		10	Yes
If yes, how helpful was the class in preparing you to breastfeed?				
	7		6	Very helpful
	2		3	Helpful
				Not helpful
				I didn't need the help
(Total # for the first question / total # for the second question)	26 / 9		31 / 9	Total number of people who answered this question
	0		1	Total number of people who left this question blank.

4. Did you breastfeed your baby even for a short while?

Enter the total number of responses in each category.

Babies less than 5 months	Total < 5months	Babies 5 months and older	Total ≥5months	Question
	3		5	No
	21		26	Yes

	24		31	<b>Total number of people who answered this question</b>
	2		0	<b>Total number of people who left this question blank.</b>



5. After your baby was born, did you receive information and support from WIC about breastfeeding?

Enter the total number of responses in each category.

Babies less than 5 months	Total < 5months	Babies 5 months and older	Total ≥5months	Question
	3		4	No
	4		6	I didn't need breastfeeding information
	14		16	Yes
If yes, how useful was the information and support from WIC in helping you breastfeed?				
	9		6	Very useful
	4		9	Useful
				Not useful
				Other:
	21 / 13		26 / 15	Total number of people who answered this question
	1 / 1		0	Total number of people who left this question blank.

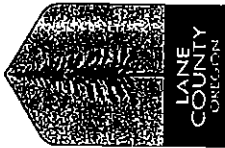
6. Did you ask for a breast pump from WIC?

Enter the total number of responses in each category.

Babies less than 5 months	Total	Babies 5 months and older	Total	Question
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months	< 5months	and older	>5months	
	5		10	No, because I did not need a pump
	3		5	No, because I did not know I could get a pump
	1		0	Yes, but I was not able to get one from WIC
	11		9	Yes, and I received a pump
If yes, did the breast pump help you breastfeed longer?				
	5		7	Yes
	1		2	No
	3		0	Other
	20 / 9		24 / 9	<b>Total number of people who answered this question</b>
	3		2	<b>Total number of people who left question blank.</b>

# Health & Human Services Public Health



**Karen Gaffney**  
Assistant Director

**Rob Rockstroh**  
Director

**Sarah Hendrickson, M.D.**  
Health Officer

**Karen Gillette**  
Program Manager

**Pam Stuver,**  
Nurse Supervisor  
(BCCP, MCH,  
Prenatal)

M. Clasen-Copely, PHN  
D. Figurski, PHN  
E. Lassiter, PHN  
E. Miglioretto, PSC  
K. Morrison, PHN  
A. O'Brien, Sr. OA  
K. Piper, PHN  
K. Wedmore, CSW2  
J. Winter, CSW2

**Betsy Meredith**  
Nurse Supervisor  
(Clinic)

T. Brown, CSW2  
R. Buchmeier, OA2  
B. Crooks, CSW2  
M. deBroekert, PHN  
G. Elcher, CSW2  
B. Forrester, PHN  
L. Garcia, PHN  
I. Kohler, NP  
D. Laks, PHN  
N. McCreesh, OA2  
P. Placek, PHN  
M. Self, NP  
L. Sherwood, PHN  
M. Stefansen, PHN  
S. Weaver, CSW2

**Support Staff**

P. Dotson, Sr. Stores Clerk  
S. Ezzati, OA 2  
L. Carrera, OA 2  
C. Mitchell, Lab Tech  
S. McNealey, OA 2  
G. Smith, Admin. Asst.

**Connie Sullivan**  
WIC Coordinator

S. Bennett, Sr. OA  
K. Copeland, OA 2  
K. Davis, CSW2  
L. Ihara, CSW2  
T. Johnson, CSW2  
C. Knudtson, OA 2  
M. Lindley, CSW2  
J. Lucas, R.D.  
L. Marlow, CSW2  
G. Moniz, OA2  
T. Omachi, CSW2  
J. Pacheco, OA 2  
M. Ponce, OA 2  
R. Trejo, CSW2  
L. Waller, Sr OA

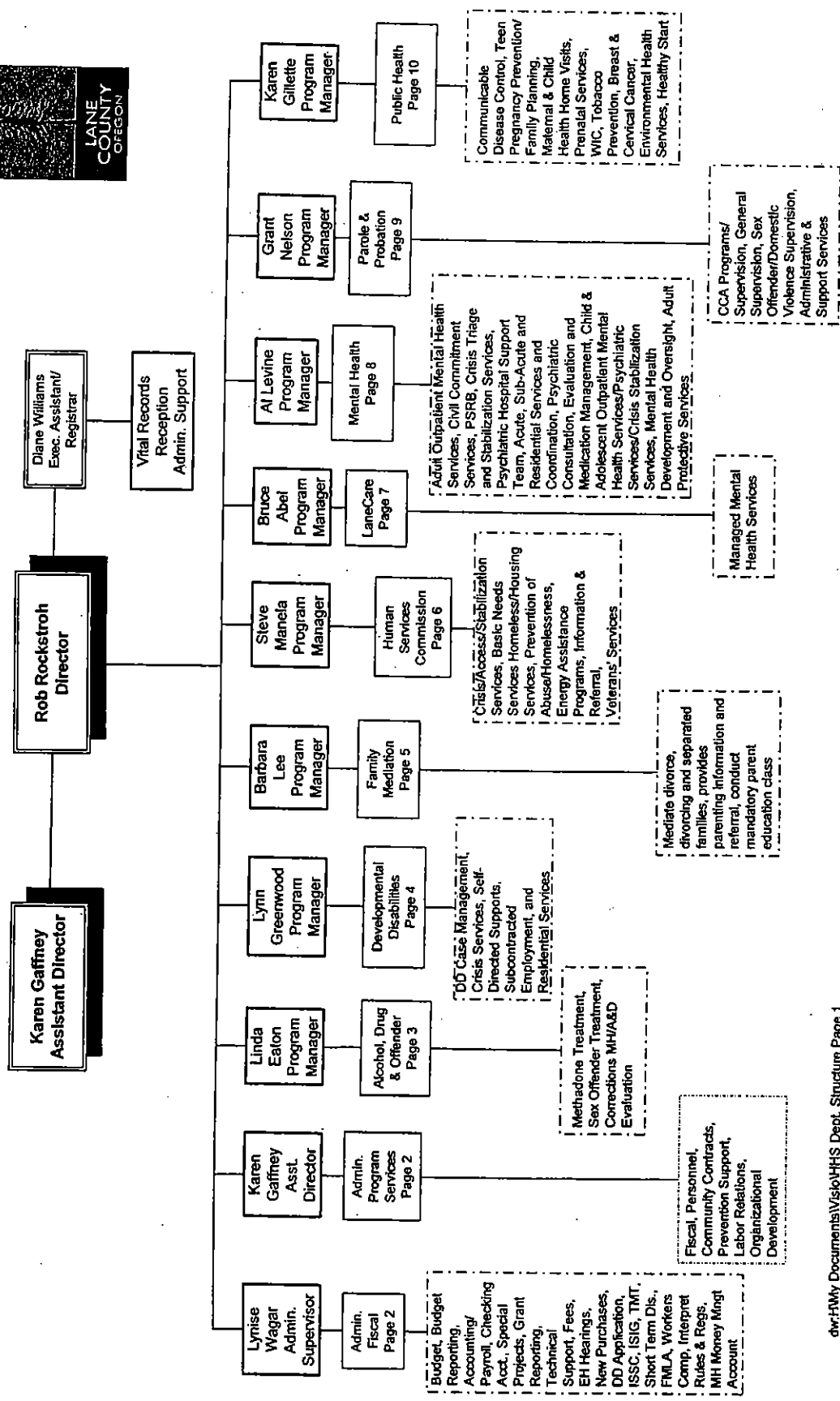
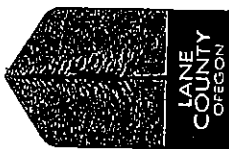
**Harry Youngquist**  
Env. Health  
Acting Supervisor

A. Bleekman, San 2  
L. Burns, San 2  
S. Cutsforth, OA2  
J. Earls, San 2  
G. Gray, San 2  
T. Iliff, Sr. OA  
S. Kruger, San 1  
T. Wilhite, San 2

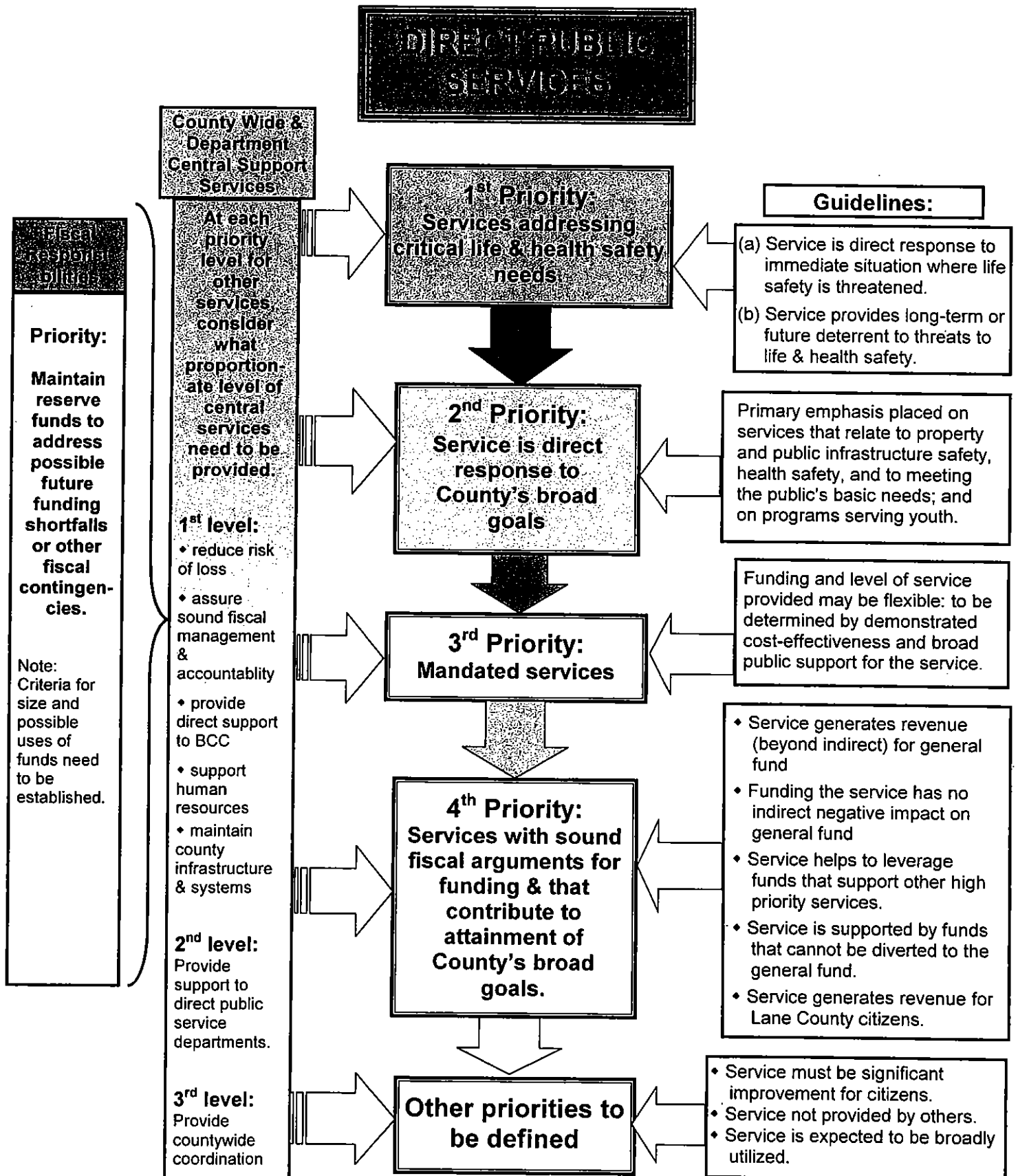
**Karen VanTassel**  
PH Nurse  
Supervisor  
Healthy Start

A. Alarcon, CSW 2  
P. Earls, Sr. OA  
H. Duncan, PHN  
L. Kostur, CSW 2  
J. Terrazas, CSW2

Health & Human Services  
Department Organizational Structure



# Decision Tree for Allocating Resources



**Lane County, OR.**  
**Organization Detail Budget Report by Fund**  
**Dept. Request For Fiscal Year 2003-2004**

PUBLIC HEALTH SERVICES		FY 99-00	FY 00-01	FY 01-02	FY 02-03	FY 03-04	FY 03-04	FY 03-04	FY 03-04
		Actuals	Actuals	Actuals	Revised	Initial Base	Total Adjust. Base	Svc Dec. Packages	Total Dept. Request
<b>3427200 Communicable Disease Services</b>									
<b>286 Health &amp; Human Services Fund</b>									
446190	Miscellaneous Sales	4,495	2,591	1,142	2,000	2,000	1,000	0	1,000
451355	Title XIX Support	9,802	12,131	10,931	9,000	9,000	9,000	0	9,000
451951	Reimbursements	0	302	0	0	0	0	0	0
453101	Bio-Terrorism	0	0	0	285,256	285,256	285,256	0	285,256
453129	HIV Education	0	26,221	19,638	0	0	0	0	0
453131	High Risk Infants	37,004	0	0	17,922	17,922	17,922	0	17,922
453442	Health Per Capita	69,861	75,648	80,544	75,296	75,296	65,296	0	65,296
453444	Immune Action & Babies 1st	73,378	40,949	44,947	44,786	44,786	44,786	0	44,786
453452	TB Case Management	8,602	9,384	8,289	10,892	10,892	10,892	0	10,892
453456	S.T.D.	11,044	12,048	12,048	12,048	12,048	12,048	0	12,048
453910	Misc - State Revenue	0	0	0	3,419	3,419	3,419	0	3,419
453980	Prior Year Revenues	24,831	11,496	0	0	0	0	0	0
466220	Communicable Disease Screening	0	0	0	300	300	200	0	200
466235	Clinic Fees	10,510	10,349	10,730	14,000	14,000	14,000	0	14,000
466240	HIV Immunization-OSHA	18,311	21,896	27,491	22,000	22,000	20,000	0	20,000
466260	Influenza Immunization	35,615	16,223	25,288	34,425	34,425	42,500	0	42,500
466265	Immunization Fees	27,436	28,122	29,783	30,000	30,000	30,000	0	30,000
466275	Gamma Globulin Immunization	8	98	578	200	200	200	0	200
466280	Tuberculin Test Fees	3,082	3,881	4,373	4,000	4,000	4,000	0	4,000
466290	Family Planning Fees	0	27	0	0	0	0	0	0
466730	Medicare	1,278	550	21,847	24,828	24,828	17,000	0	17,000
466740	Lane Care/OHP Fees	278	0	0	0	0	0	0	0
466780	Other Third Party Fees	282	15,458	496	500	500	300	0	300
466910	Miscellaneous Svc Charges	15	0	15	0	0	0	0	0
466950	Private Donations	237	99	409	0	0	0	0	0
466980	Refunds & Reimbursements	3,682	1,012	12	1,000	1,000	500	0	500
466995	Cash Over & Under	49	65	52	0	0	0	0	0
486900	Miscellaneous Interest	0	0	0	0	0	0	0	0
496110	Fund Balance	0	0	27,847	0	0	0	0	0
498510	Transfer Fr General Fund (100)	522,737	601,460	629,017	608,231	0	659,716	0	659,716
<b>400000 TOTAL RESOURCES</b>		<b>862,507</b>	<b>890,011</b>	<b>955,477</b>	<b>1,200,103</b>	<b>591,872</b>	<b>1,238,035</b>	<b>0</b>	<b>1,238,035</b>
511100	Permanent Operating Salaries	397,749	415,273	441,759	612,121	586,729	586,729	0	586,729
511300	Extra Help	17,521	15,129	11,654	14,844	15,540	15,540	0	15,540
511400	Overtime	843	2,310	529	0	0	700	0	700

**Lane County, OR.**  
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PUBLIC HEALTH SERVICES	FY 99-00 Actuals	FY 00-01 Actuals	FY 01-02 Actuals	FY 02-03 Revised Budget	FY 03-04 Initial Base Budget	FY 03-04 Total Dept. Adjust. Base	FY 03-04 Svc Dec. Packages	FY 03-04 Total Dept. Request
3427200 Communicable Disease Services								
286 Health & Human Services Fund								
511510 Reduction Unfunded Vac Liab	5,463	8,332	3,151	2,892	6,171	6,171	0	6,171
511520 Compensatory Time	206	800	800	1,000	0	200	0	200
511600 Employee Benefits	159,703	176,546	188,747	282,343	312,043	312,043	0	312,043
511610 Risk Management Benefits	110	59	131	124	0	1,246	0	1,246
<b>511000 PERSONNEL SERVICES</b>	<b>581,594</b>	<b>618,449</b>	<b>646,770</b>	<b>913,324</b>	<b>920,483</b>	<b>922,629</b>	<b>0</b>	<b>922,629</b>
TOTFTE TOTAL FTE	0	0	0	10	12	12	0	12
512111 Professional & Consulting	966	4,299	3,639	7,000	0	4,000	0	4,000
512118 Laundry Services	0	0	2	0	0	200	0	200
512201 Intergovernmental Agreements	0	0	525	0	0	0	0	0
512211 Agency Payments	3,450	4,255	1,946	4,500	0	4,000	0	4,000
512218 State Payback	0	0	0	2,500	2,500	6,000	0	6,000
512341 Refuse & Garbage	471	566	551	700	700	600	0	600
512342 Spec Handling & Haz Waste Disp	0	0	17	0	0	100	0	100
512343 Light, Power & Water	889	1,005	1,041	880	880	880	0	880
512344 Telephone Services	8,424	7,907	11,010	8,440	8,440	8,440	0	8,440
512345 Purchased Insurance	2,331	2,351	2,224	3,776	3,776	4,724	0	4,724
512354 Maintenance of Equipment	388	1,113	649	500	500	500	0	500
512355 Maintenance of Structures	1,200	1,303	1,200	1,000	1,000	0	0	0
512357 Maintenance Agreements	392	55	58	400	400	300	0	300
512362 External Equipment Rental	0	15	9	0	0	0	0	0
512364 External Vehicle Rental	0	58	0	0	0	0	0	0
512366 Real Estate & Space Rentals	4,800	5,100	6,684	7,500	7,500	2,700	0	2,700
512531 Fleet Services Rentals	7,232	7,424	7,370	9,985	0	1,000	0	1,000
512536 Copier Charges	2,042	1,034	1,981	2,000	2,000	2,000	0	2,000
512537 Mail Room Charges	2,168	3,196	3,966	3,500	3,500	3,500	0	3,500
512551 Financial System Assessment	3,818	0	0	0	0	0	0	0
512552 Direct/Information Services	32,523	37,552	44,229	43,420	43,420	64,974	0	64,974
512554 County Overhead Charges	41,704	43,348	54,599	52,778	52,778	74,052	0	74,052
512558 PC Replacement Services	10,320	13,704	11,304	7,104	0	5,904	0	5,904
512611 Office Supplies & Expense	6,346	10,704	14,685	15,315	15,315	14,500	0	14,500
512613 Membership/Professional Licenses	10,161	7,426	1,241	2,000	2,000	9,000	0	9,000
512614 Printing & Binding	8,345	3,964	3,719	5,848	5,848	5,800	0	5,800
512615 Advertising & Publicity	9,313	3,922	5,997	5,000	5,000	3,000	0	3,000
512616 Microfilm Services	130	140	136	0	0	0	0	0

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PUBLIC HEALTH SERVICES	FY 99-00 Actuals	FY 00-01 Actuals	FY 01-02 Actuals	FY 02-03 Revised Budget	FY 03-04 Initial Base Budget	FY 03-04 Total Dept. Adjust. Base	FY 03-04 Svc Dec. Packages	FY 03-04 Total Dept. Request
3427200 Communicable Disease Services								
286 Health & Human Services Fund								
512618 Postage	3,796	64	230	400	400	400	0	400
512621 DP Supplies And Access	293	0	608	5,241	5,241	1,000	0	1,000
512622 DP Equipment	680	737	0	0	0	0	0	0
512711 Institutional Supplies	0	0	27	0	0	0	0	0
512751 Medical Supplies	42,868	46,336	58,909	65,000	65,000	67,000	0	67,000
512811 Business Expense & Travel	1,374	1,537	610	3,000	3,000	2,500	0	2,500
512815 Committee Stipends & Expense	0	0	0	60	60	100	0	100
512821 Outside Education & Travel	2,954	3,296	2,357	3,500	3,500	3,000	0	3,000
512822 County Training Classes	415	770	421	700	700	500	0	500
512911 Miscellaneous Payments	0	23,097	22,174	24,732	24,732	24,732	0	24,732
512000 MATERIALS & SERVICES	209,793	236,279	264,116	286,779	258,190	315,406	0	315,406
500000 TOTAL EXPENDITURES	791,387	854,728	910,886	1,200,103	1,178,673	1,238,035	0	1,238,035
Total Health & Human Services Fund	(71,120)	(35,283)	(44,591)	10	586,813	12	0	12
Total Communicable Disease Services	(71,120)	(35,283)	(44,591)	10	586,813	12	0	12



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PUBLIC HEALTH SERVICES	FY 99-00 Actuals	FY 00-01 Actuals	FY 01-02 Actuals	FY 02-03 Revised Budget	FY 03-04 Initial Base Budget	FY 03-04 Total Dept. Adjust. Base	FY 03-04 Svc Dec. Packages	FY 03-04 Total Dept. Request
<b>3427210 Teen Pregnancy Prevention/FP</b>								
<b>286 Health &amp; Human Services Fund</b>								
451355 Title XIX Support	61,042	79,018	68,897	50,000	50,000	50,000	0	50,000
451361 Title XIX Expansion Project	435,333	439,156	356,316	350,000	350,000	350,000	0	350,000
451901 Misc - Federal Revenue	0	0	917,866	630,000	630,000	661,500	0	661,500
451951 Reimbursements	0	0	63,162	40,000	40,000	36,750	0	36,750
453124 Family Planning BCC/Komen	101,035	110,216	127,509	116,582	116,582	113,679	0	113,679
453442 Health Per Capita	11,968	13,056	18,852	27,873	27,873	27,873	0	27,873
453910 Misc - State Revenue	1,656	0	0	0	0	0	0	0
453980 Prior Year Revenues	15,382	8,875	0	0	0	0	0	0
466235 Clinic Fees	(0)	0	0	0	0	0	0	0
466290 Family Planning Fees	20,742	12,224	12,711	17,000	17,000	17,000	0	17,000
466780 Other Third Party Fees	1,842	3,602	4,601	3,000	3,000	4,500	0	4,500
466950 Private Donations	1,814	2,432	1,870	1,000	1,000	1,000	0	1,000
466980 Refunds & Reimbursements	0	563	77	0	0	0	0	0
466995 Cash Over & Under	19	(35)	(9)	0	0	0	0	0
496110 Fund Balance	153,532	214,559	122,667	145,066	145,066	15,316	0	15,316
498510 Transfer Fr General Fund (100)	161,218	101,661	104,736	131,951	0	165,337	0	165,337
<b>400000 TOTAL RESOURCES</b>	<b>965,582</b>	<b>985,327</b>	<b>1,799,253</b>	<b>1,512,472</b>	<b>1,380,521</b>	<b>1,442,955</b>	<b>0</b>	<b>1,442,955</b>
511100 Permanent Operating Salaries	388,955	434,985	466,792	437,762	380,429	380,429	0	380,429
511300 Extra Help	2,037	14,947	11,393	13,464	9,648	9,648	0	9,648
511400 Overtime	156	63	467	0	0	100	0	100
511510 Reduction Unfunded Vac Liab	1,706	0	3,557	2,484	2,967	2,967	0	2,967
511520 Compensatory Time	1,049	855	713	250	0	600	0	600
511600 Employee Benefits	140,902	172,544	193,645	198,444	208,895	208,895	0	208,895
511610 Risk Management Benefits	83	231	623	401	0	538	0	538
<b>511000 PERSONNEL SERVICES</b>	<b>534,888</b>	<b>623,625</b>	<b>677,189</b>	<b>652,805</b>	<b>601,939</b>	<b>603,177</b>	<b>0</b>	<b>603,177</b>
<b>TOTFTE TOTAL FTE</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>9</b>	<b>8</b>	<b>8</b>	<b>0</b>	<b>8</b>
512111 Professional & Consulting	21,013	28,934	24,443	40,000	0	35,000	0	35,000
512179 Subscriptions	0	0	118	0	0	0	0	0
512201 Intergovernmental Agreements	0	0	57,137	0	0	585,706	0	585,706
512211 Agency Payments	0	2,792	847,103	576,450	0	0	0	0
512321 Motor Fuel & Lubricants	0	0	25	0	0	0	0	0
512341 Refuse & Garbage	157	180	168	233	233	233	0	233
512342 Spec Handling & Haz Waste Disp	0	0	6	0	0	0	0	0

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PUBLIC HEALTH SERVICES	FY 99-00 Actuals	FY 00-01 Actuals	FY 01-02 Actuals	FY 02-03 Revised Budget	FY 03-04 Initial Base Budget	FY 03-04 Total Dept. Adjust. Base	FY 03-04 Svc Dec. Packages	FY 03-04 Total Dept. Request
<b>3427210 Teen Pregnancy Prevention/FP</b>								
286 Health & Human Services Fund								
512343 Light, Power & Water	287	312	345	300	300	300	0	300
512344 Telephone Services	16,754	13,662	17,209	15,325	15,325	10,545	0	10,545
512345 Purchased Insurance	2,264	2,280	2,230	3,865	3,865	3,085	0	3,085
512354 Maintenance of Equipment	640	927	468	400	400	400	0	400
512355 Maintenance of Structures	0	0	0	100	100	100	0	100
512357 Maintenance Agreements	589	54	24	400	400	200	0	200
512531 Fleet Services Rentals	3,445	3,375	3,370	3,000	0	3,500	0	3,500
512536 Copier Charges	439	1,017	731	600	600	500	0	500
512537 Mail Room Charges	696	1,186	1,412	1,600	1,600	1,000	0	1,000
512551 Financial System Assessment	3,050	0	0	0	0	0	0	0
512552 Direct/Information Services	25,972	37,440	42,785	42,420	42,420	42,536	0	42,536
512554 County Overhead Charges	33,303	43,219	54,051	52,778	52,778	48,480	0	48,480
512558 PC Replacement Services	2,880	4,200	4,800	2,400	0	2,400	0	2,400
512611 Office Supplies & Expense	6,301	9,754	6,888	5,000	5,000	5,000	0	5,000
512613 Membership/Professional Licenses	1,632	1,143	835	2,000	2,000	800	0	800
512614 Printing & Binding	2,512	4,039	2,963	7,500	7,500	4,000	0	4,000
512615 Advertising & Publicity	9,707	11,599	12,713	14,000	14,000	10,000	0	10,000
512617 Photo/Video Supplies & Svcs	0	15	0	0	0	0	0	0
512618 Postage	191	496	462	400	400	500	0	500
512621 DP Supplies And Access	176	0	58	1,200	1,200	200	0	200
512622 DP Equipment	453	1,022	153	0	0	0	0	0
512711 Institutional Supplies	0	0	8,011	0	0	0	0	0
512721 Special Supplies	0	0	3,844	0	0	0	0	0
512751 Medical Supplies	80,881	83,027	67,089	85,646	85,646	82,743	0	82,743
512811 Business Expense & Travel	157	10	0	300	300	300	0	300
512815 Committee Stipends & Expense	0	0	0	50	50	50	0	50
512821 Outside Education & Travel	2,437	2,807	2,949	3,500	3,500	2,000	0	2,000
512822 County Training Classes	200	210	60	200	200	200	0	200
<b>512000 MATERIALS &amp; SERVICES</b>	<b>216,135</b>	<b>253,700</b>	<b>1,162,447</b>	<b>859,667</b>	<b>237,817</b>	<b>839,778</b>	<b>0</b>	<b>839,778</b>
<b>500000 TOTAL EXPENDITURES</b>	<b>751,023</b>	<b>877,325</b>	<b>1,839,636</b>	<b>1,512,472</b>	<b>839,756</b>	<b>1,442,955</b>	<b>0</b>	<b>1,442,955</b>
Total Health & Human Services Fund	(214,559)	(108,003)	40,383	9	(540,757)	8	0	8
Total Teen Pregnancy Prevention/FP	(214,559)	(108,003)	40,383	9	(540,757)	8	0	8

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PUBLIC HEALTH SERVICES	FY 99-00 Actuals	FY 00-01 Actuals	FY 01-02 Actuals	FY 02-03 Revised Budget	FY 03-04 Initial Base Budget	FY 03-04 Total Dept. Adjust. Base	FY 03-04 Svc Dec. Packages	FY 03-04 Total Dept. Request
3427211 Cancer Screening Education								
286 Health & Human Services Fund								
453124 Family Planning BCC/Komen	206,514	246,463	254,938	305,957	305,957	305,957	0	305,957
453195 Prior Year Revenues	15,167	0	0	0	0	0	0	0
453910 Misc - State Revenue	0	0	31,737	0	0	0	0	0
453980 Prior Year Revenues	0	34,232	22,030	0	0	0	0	0
466890 Miscellaneous	87	0	0	0	0	0	0	0
466950 Private Donations	1,134	1,362	2,114	1,500	1,500	1,500	0	1,500
466980 Refunds & Reimbursements	42,103	44,786	20,836	0	0	0	0	0
496110 Fund Balance	(11,055)	(38,181)	(24,919)	0	0	0	0	0
<b>400000 TOTAL RESOURCES</b>	<b>253,950</b>	<b>288,662</b>	<b>306,736</b>	<b>307,457</b>	<b>307,457</b>	<b>307,457</b>	<b>0</b>	<b>307,457</b>
511100 Permanent Operating Salaries	63,154	57,967	56,830	63,118	58,087	58,087	0	58,087
511300 Extra Help	2,063	10,650	8,009	1,380	11,796	11,796	0	11,796
511510 Reduction Unfunded Vac Liab	1,384	1,127	1,232	0	0	0	0	0
511520 Compensatory Time	3	24	329	0	0	0	0	0
511600 Employee Benefits	28,224	26,338	27,478	36,333	36,496	36,496	0	36,496
511610 Risk Management Benefits	0	59	0	0	0	0	0	0
<b>511000 PERSONNEL SERVICES</b>	<b>94,828</b>	<b>96,165</b>	<b>93,878</b>	<b>100,831</b>	<b>106,379</b>	<b>106,379</b>	<b>0</b>	<b>106,379</b>
TOTFTE TOTAL FTE	0	0	0	2	2	2	0	2
512111 Professional & Consulting	166,755	183,303	157,124	130,171	0	125,856	0	125,856
512211 Agency Payments	0	0	17,879	29,852	0	26,992	0	26,992
512214 Client Support Fund	0	0	(209)	0	0	1,500	0	1,500
512215 Family Subsidy Payments	0	0	117	0	0	0	0	0
512344 Telephone Services	1,198	1,912	1,552	1,200	1,200	1,200	0	1,200
512345 Purchased Insurance	250	378	300	647	647	607	0	607
512366 Real Estate & Space Rentals	92	525	900	900	900	0	0	0
512531 Fleet Services Rentals	100	0	0	200	0	200	0	200
512536 Copier Charges	607	401	629	750	750	350	0	350
512537 Mail Room Charges	167	385	507	600	600	250	0	250
512551 Financial System Assessment	898	0	0	0	0	0	0	0
512552 Direct/Information Services	7,639	7,407	6,661	7,906	7,906	8,832	0	8,832
512554 County Overhead Charges	9,795	8,550	8,223	9,610	9,610	10,066	0	10,066
512558 PC Replacement Services	1,728	1,200	1,200	600	0	600	0	600
512611 Office Supplies & Expense	2,025	8,576	1,561	1,250	1,250	500	0	500
512613 Membership/Professional Licenses	0	37	0	0	0	0	0	0

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PUBLIC HEALTH SERVICES	FY 99-00 Actuals	FY 00-01 Actuals	FY 01-02 Actuals	FY 02-03 Revised Budget	FY 03-04 Initial Base Budget	FY 03-04		FY 03-04 Svc Dec. Packages	FY 03-04 Total Dept. Request
						Total Dept. Adjust. Base	Total Dept. Base		
3427211 Cancer Screening Education									
286 Health & Human Services Fund									
512614 Printing & Binding	920	502	953	750	750	750	750	0	750
512615 Advertising & Publicity	849	1,030	546	500	500	2,465	2,465	0	2,465
512618 Postage	924	742	816	700	700	1,200	1,200	0	1,200
512621 DP Supplies And Access	59	0	363	2,000	2,000	0	0	0	0
512622 DP Equipment	0	1,521	146	0	0	0	0	0	0
512811 Business Expense & Travel	419	188	0	200	200	200	200	0	200
512821 Outside Education & Travel	405	0	283	100	100	300	300	0	300
512822 County Training Classes	70	350	180	100	100	100	100	0	100
512823 Training Services & Materials	2,404	410	423	1,800	1,800	0	0	0	0
512911 Miscellaneous Payments	0	0	13,477	16,790	16,790	19,110	19,110	0	19,110
512000 MATERIALS & SERVICES	197,302	217,416	243,633	206,626	45,803	201,078	201,078	0	201,078
500000 TOTAL EXPENDITURES	292,131	313,581	307,511	307,457	152,182	307,457	307,457	0	307,457
Total Health & Human Services Fund	38,181	24,919	775	2	(155,273)	2	2	0	2
Total Cancer Screening Education	38,181	24,919	775	2	(155,273)	2	2	0	2

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PUBLIC HEALTH SERVICES		FY 99-00	FY 00-01	FY 01-02	FY 02-03	FY 03-04	FY 03-04	FY 03-04	FY 03-04	FY 03-04
		Actuals	Actuals	Actuals	Revised	Initial Base	Total Dept.	Adjust. Base	Svc Dec.	Total Dept.
					Budget	Budget			Packages	Request
<b>3427230 MCH-Babies First</b>										
<b>286 Health &amp; Human Services Fund</b>										
446190	Miscellaneous Sales	2,625	1,545	240	0	0	0	0	0	0
451355	Title XIX Support	9,092	19,255	18,615	17,500	17,500	29,000	29,000	0	29,000
451358	Title XIX Babies First	17,160	17,040	26,640	16,000	16,000	22,000	22,000	0	22,000
453134	Child & Adolescent Health	122,144	134,191	145,121	140,143	140,143	140,143	140,143	0	140,143
453195	Prior Year Revenues	12,415	0	0	0	0	0	0	0	0
453442	Health Per Capita	30,305	30,504	29,568	29,562	29,562	29,562	29,562	0	29,562
453444	Immune Action & Babies 1st	38,280	41,765	39,446	39,699	39,699	36,699	36,699	0	36,699
453627	Healthy Start	0	0	0	0	0	70,000	70,000	0	70,000
453980	Prior Year Revenues	6,190	17,344	0	0	0	0	0	0	0
456900	Community Contracts	0	0	4,759	2,500	2,500	0	0	0	0
466910	Miscellaneous Svc Charges	(105)	0	15	0	0	0	0	0	0
466950	Private Donations	500	0	2,025	0	0	0	0	0	0
496110	Fund Balance	0	0	19,900	0	0	0	0	0	0
498510	Transfer Fr General Fund (100)	122,270	109,517	112,898	165,058	0	174,989	174,989	0	174,989
<b>400000</b>	<b>TOTAL RESOURCES</b>	<b>360,876</b>	<b>371,161</b>	<b>399,227</b>	<b>410,462</b>	<b>245,404</b>	<b>502,393</b>	<b>502,393</b>	<b>0</b>	<b>502,393</b>
511100	Permanent Operating Salaries	203,597	211,398	217,361	233,207	274,251	274,251	274,251	0	274,251
511300	Extra Help	0	0	5,357	0	0	0	0	0	0
511400	Overtime	133	66	378	0	0	0	0	0	0
511510	Reduction Unfunded Vac Liab	465	0	2,151	684	2,376	2,376	2,376	0	2,376
511520	Compensatory Time	57	0	0	0	0	0	0	0	0
511600	Employee Benefits	77,326	79,978	87,024	100,897	139,926	139,926	139,926	0	139,926
511610	Risk Management Benefits	2,316	0	0	0	0	0	0	0	0
<b>511000</b>	<b>PERSONNEL SERVICES</b>	<b>283,895</b>	<b>291,442</b>	<b>312,270</b>	<b>334,788</b>	<b>416,553</b>	<b>416,553</b>	<b>416,553</b>	<b>0</b>	<b>416,553</b>
<b>TOTFTE TOTAL FTE</b>										
512111	Professional & Consulting	0	0	0	5	5	5	5	0	5
512211	Agency Payments	96	177	30	100	0	200	200	0	200
512218	State Payback	0	0	69	0	0	0	0	0	0
512344	Telephone Services	7,283	6,578	10,191	5,064	5,064	8,000	8,000	0	8,000
512345	Purchased Insurance	2,678	2,548	3,568	2,000	2,000	2,000	2,000	0	2,000
512354	Maintenance of Equipment	1,288	1,067	1,039	1,853	1,853	2,022	2,022	0	2,022
512357	Maintenance Agreements	69	0	0	100	100	100	100	0	100
512531	Fleet Services Rentals	129	0	0	0	0	0	0	0	0
512536	Copier Charges	2,556	2,558	2,465	3,000	0	4,000	4,000	0	4,000
		908	513	376	550	550	400	400	0	400

**Lane County, OR.**  
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PUBLIC HEALTH SERVICES	FY 99-00 Actuals	FY 00-01 Actuals	FY 01-02 Actuals	FY 02-03 Revised Budget	FY 03-04		FY 03-04 Total Dept. Adjust. Base	FY 03-04 Svc Dec. Packages	FY 03-04 Total Dept. Request
					Initial Base	Budget			
<b>3427230 MCH-Babies First</b>									
286 Health & Human Services Fund									
512537 Mail Room Charges	2,794	1,420	1,691	1,800	1,800		700	0	700
512551 Financial System Assessment	1,638	0	0	0	0		0	0	0
512552 Direct/Information Services	13,955	16,332	19,450	21,283	21,283		26,639	0	26,639
512554 County Overhead Charges	17,895	18,852	24,010	25,870	25,870		30,361	0	30,361
512558 PC Replacement Services	5,400	3,504	3,504	2,904	0		1,368	0	1,368
512611 Office Supplies & Expense	3,440	3,430	6,807	3,900	3,900		3,900	0	3,900
512613 Membership/Professional Licenses	25	230	217	300	300		300	0	300
512614 Printing & Binding	1,086	2,405	2,280	2,000	2,000		2,000	0	2,000
512615 Advertising & Publicity	1,804	218	1,305	1,750	1,750		0	0	0
512618 Postage	33	1,600	43	0	0		50	0	50
512621 DP Supplies And Access	50	0	0	0	0		0	0	0
512751 Medical Supplies	375	0	1,752	1,200	1,200		1,300	0	1,300
512811 Business Expense & Travel	420	78	385	200	200		200	0	200
512821 Outside Education & Travel	2,821	3,902	1,470	1,500	1,500		2,000	0	2,000
512822 County Training Classes	185	140	200	300	300		300	0	300
512823 Training Services & Materials	650	50	0	0	0		0	0	0
512911 Miscellaneous Payments	200	0	0	0	0		0	0	0
<b>512000 MATERIALS &amp; SERVICES</b>	<b>67,777</b>	<b>65,602</b>	<b>80,852</b>	<b>75,674</b>	<b>69,670</b>		<b>85,840</b>	<b>0</b>	<b>85,840</b>
<b>500000 TOTAL EXPENDITURES</b>	<b>351,672</b>	<b>357,044</b>	<b>393,122</b>	<b>410,462</b>	<b>486,223</b>		<b>502,393</b>	<b>0</b>	<b>502,393</b>
<b>Total Health &amp; Human Services Fund</b>	<b>(9,205)</b>	<b>(14,117)</b>	<b>(6,104)</b>	<b>5</b>	<b>240,824</b>		<b>5</b>	<b>0</b>	<b>5</b>
<b>Total MCH-Babies First</b>	<b>(9,205)</b>	<b>(14,117)</b>	<b>(6,104)</b>	<b>5</b>	<b>240,824</b>		<b>5</b>	<b>0</b>	<b>5</b>

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PUBLIC HEALTH SERVICES	FY 99-00 Actuals	FY 00-01 Actuals	FY 01-02 Actuals	FY 02-03 Revised Budget	FY 03-04 Initial Base Budget	FY 03-04 Total Dept. Adjust. Base	FY 03-04 Svc Dec. Packages	FY 03-04 Total Dept. Request
3427231 Prenatal Services								
286 Health & Human Services Fund								
453133 MCH/Prenatal	36,080	30,000	39,362	39,362	39,362	28,182	0	28,182
453442 Health Per Capita	0	2,556	2,556	2,555	2,555	2,555	0	2,555
453446 Perinatal	0	9,362	1,000	0	0	0	0	0
453980 Prior Year Revenues	3,528	3,282	0	0	0	0	0	0
466980 Refunds & Reimbursements	0	11	0	0	0	0	0	0
498510 Transfer Fr General Fund (100)	23,801	23,346	42,693	46,842	0	50,127	0	50,127
400000 TOTAL RESOURCES	63,409	68,557	85,611	88,759	41,917	80,864	0	80,864
511100 Permanent Operating Salaries	33,674	29,424	46,718	48,644	39,920	39,920	0	39,920
511300 Extra Help	0	0	(53)	0	0	0	0	0
511600 Employee Benefits	13,026	12,053	20,801	23,305	22,341	22,341	0	22,341
511000 PERSONNEL SERVICES	46,700	41,477	67,465	71,949	62,261	62,261	0	62,261
TOTFTE TOTAL FTE	0	0	0	1	1	1	0	1
512111 Professional & Consulting	0	527	1,183	200	0	1,000	0	1,000
512116 Data Processing Services	0	0	0	352	352	352	0	352
512344 Telephone Services	875	964	1,142	670	670	670	0	670
512345 Purchased Insurance	194	201	241	428	428	388	0	388
512354 Maintenance of Equipment	69	0	0	0	0	0	0	0
512357 Maintenance Agreements	142	0	0	0	0	0	0	0
512536 Copier Charges	102	189	338	300	300	300	0	300
512551 Financial System Assessment	328	0	0	0	0	0	0	0
512552 Direct/Information Services	2,791	3,703	5,551	5,342	5,342	5,967	0	5,967
512554 County Overhead Charges	3,579	4,275	6,852	6,493	6,493	6,801	0	6,801
512558 PC Replacement Services	576	600	600	600	0	600	0	600
512611 Office Supplies & Expense	525	1,425	780	400	400	500	0	500
512614 Printing & Binding	114	621	298	300	300	300	0	300
512615 Advertising & Publicity	0	0	1,135	0	0	0	0	0
512621 DP Supplies And Access	231	0	0	0	0	0	0	0
512751 Medical Supplies	1,405	1,005	850	1,500	1,500	1,500	0	1,500
512811 Business Expense & Travel	14	0	0	75	75	75	0	75
512821 Outside Education & Travel	0	27	68	75	75	75	0	75
512822 County Training Classes	0	0	0	75	75	75	0	75
512000 MATERIALS & SERVICES	10,945	13,536	19,038	16,810	16,010	18,603	0	18,603

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PUBLIC HEALTH SERVICES	FY 99-00 Actuals	FY 00-01 Actuals	FY 01-02 Actuals	FY 02-03 Revised Budget	FY 03-04		FY 03-04 Svc Dec. Packages	FY 03-04 Total Dept. Request
					Initial Base	Total Dept. Adjust. Base		
3427231 Prenatal Services								
286 Health & Human Services Fund								
500000 TOTAL EXPENDITURES	57,645	55,014	86,503	88,759	78,271	80,864	0	80,864
Total Health & Human Services Fund	(5,764)	(13,543)	892	1	36,355	1	0	1
Total Prenatal Services	(5,764)	(13,543)	892	1	36,355	1	0	1



**Lane County, OR.**  
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PUBLIC HEALTH SERVICES		FY 99-00	FY 00-01	FY 01-02	FY 02-03	FY 03-04	FY 03-04	FY 03-04	FY 03-04
		Actuals	Actuals	Actuals	Revised Budget	Initial Base Budget	Total Adjust. Base	Svc Dec. Packages	Total Dept. Request
<b>3427233 MCH-Other Services</b>									
<b>286 Health &amp; Human Services Fund</b>									
453121 Crippled Childrens Div		44,820	45,936	47,304	48,732	48,732	48,732	0	48,732
453404 Childrens Services Division		104,621	125,337	113,350	83,875	83,875	0	0	0
466910 Miscellaneous Svc Charges		42,170	42,549	49,208	51,798	51,798	49,208	0	49,208
466980 Refunds & Reimbursements		108	0	0	0	0	0	0	0
496110 Fund Balance		0	(12,871)	0	0	0	0	0	0
498510 Transfer Fr General Fund (100)		33,103	45,494	53,408	54,235	0	52,463	0	52,463
<b>400000 TOTAL RESOURCES</b>		<b>224,822</b>	<b>246,445</b>	<b>263,270</b>	<b>238,640</b>	<b>184,405</b>	<b>150,403</b>	<b>0</b>	<b>150,403</b>
511100 Permanent Operating Salaries		152,652	141,319	150,721	138,833	79,188	79,188	0	79,188
511600 Employee Benefits		54,925	52,990	59,436	60,464	40,365	40,365	0	40,365
511610 Risk Management Benefits		0	0	307	123	0	687	0	687
<b>511000 PERSONNEL SERVICES</b>		<b>207,577</b>	<b>194,309</b>	<b>210,464</b>	<b>199,420</b>	<b>119,553</b>	<b>120,240</b>	<b>0</b>	<b>120,240</b>
<b>TOTFTE TOTAL FTE</b>									
512211 Agency Payments		0	0	0	3	2	2	0	2
512345 Purchased Insurance		0	55	0	0	0	0	0	0
512531 Fleet Services Rentals		811	837	820	1,200	1,200	775	0	775
512551 Financial System Assessment		3,494	3,394	3,380	3,000	0	3,000	0	3,000
512552 Direct/Information Services		1,174	0	0	0	0	0	0	0
512554 County Overhead Charges		9,989	12,962	15,542	13,248	13,248	11,935	0	11,935
512558 PC Replacement Services		12,809	14,962	19,186	16,104	16,104	13,603	0	13,603
512611 Office Supplies & Expense		1,152	0	0	0	0	0	0	0
512614 Printing & Binding		261	167	564	1,728	1,728	500	0	500
512811 Business Expense & Travel		0	0	19	0	0	0	0	0
512821 Outside Education & Travel		43	84	(42)	50	50	50	0	50
512822 County Training Classes		349	1	9	200	200	200	0	200
512911 Miscellaneous Payments		35	0	0	100	100	100	0	100
512911 Miscellaneous Payments		0	0	0	3,590	3,590	0	0	0
<b>512000 MATERIALS &amp; SERVICES</b>		<b>30,117</b>	<b>32,451</b>	<b>39,478</b>	<b>39,220</b>	<b>36,220</b>	<b>30,163</b>	<b>0</b>	<b>30,163</b>
<b>500000 TOTAL EXPENDITURES</b>		<b>237,694</b>	<b>226,770</b>	<b>249,942</b>	<b>238,640</b>	<b>155,773</b>	<b>150,403</b>	<b>0</b>	<b>150,403</b>
<b>Total Health &amp; Human Services Fund</b>									
		12,871	(19,675)	(13,328)	3	(28,631)	2	0	2
<b>Total MCH-Other Services</b>									
		12,871	(19,675)	(13,328)	3	(28,631)	2	0	2

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PUBLIC HEALTH SERVICES	FY 99-00 Actuals	FY 00-01 Actuals	FY 01-02 Actuals	FY 02-03 Revised Budget	FY 03-04 Initial Base Budget	FY 03-04 Total Dept. Adjust. Base	FY 03-04 Svc Dec. Packages	FY 03-04 Total Dept. Request
<b>3427234 Women Infants &amp; Children Pgm</b>								
<b>286 Health &amp; Human Services Fund</b>								
453135 WIC Program	809,604	848,750	881,230	925,382	925,382	925,382	0	925,382
453195 Prior Year Revenues	43,397	0	0	0	0	0	0	0
453442 Health Per Capita	21,769	23,748	30,912	33,608	33,608	33,608	0	33,608
453910 Misc - State Revenue	301	0	0	0	0	0	0	0
453980 Prior Year Revenues	0	24,720	0	0	0	0	0	0
466910 Miscellaneous Svc Charges	62	0	0	0	0	0	0	0
466950 Private Donations	200	0	0	0	0	0	0	0
466980 Refunds & Reimbursements	(0)	10	35	0	0	0	0	0
496110 Fund Balance	0	0	5,115	0	0	0	0	0
498510 Transfer Fr General Fund (100)	124,701	167,221	174,366	204,310	0	213,614	0	213,614
<b>400000 TOTAL RESOURCES</b>	<b>1,000,034</b>	<b>1,064,449</b>	<b>1,091,658</b>	<b>1,163,300</b>	<b>958,990</b>	<b>1,172,604</b>	<b>0</b>	<b>1,172,604</b>
511100 Permanent Operating Salaries	449,827	456,973	511,534	552,040	543,862	543,862	0	543,862
511300 Extra Help	28,996	33,748	28,019	11,827	11,796	11,796	0	11,796
511400 Overtime	1,167	4,192	782	0	0	0	0	0
511520 Compensatory Time	36	182	238	0	0	200	0	200
511600 Employee Benefits	180,497	199,873	239,930	286,745	329,512	329,512	0	329,512
511610 Risk Management Benefits	193	183	251	251	0	651	0	651
<b>511000 PERSONNEL SERVICES</b>	<b>660,716</b>	<b>695,150</b>	<b>780,754</b>	<b>850,863</b>	<b>885,170</b>	<b>886,021</b>	<b>0</b>	<b>886,021</b>
TOTFTE TOTAL FTE	0	0	0	17	15	15	0	15
512111 Professional & Consulting	755	1,461	3,235	800	0	800	0	800
512201 Intergovernmental Agreements	0	0	0	5,100	0	5,100	0	5,100
512211 Agency Payments	4,000	4,000	3,120	0	0	0	0	0
512341 Refuse & Garbage	86	0	0	0	0	0	0	0
512344 Telephone Services	13,389	11,703	14,160	12,715	12,715	12,715	0	12,715
512345 Purchased Insurance	2,904	3,011	2,982	5,415	5,415	5,277	0	5,277
512354 Maintenance of Equipment	75	5	302	600	600	600	0	600
512355 Maintenance of Structures	4,315	3,705	3,360	5,500	5,500	5,500	0	5,500
512357 Maintenance Agreements	647	729	740	400	400	400	0	400
512362 External Equipment Rental	4,049	3,630	4,330	5,000	5,000	4,500	0	4,500
512366 Real Estate & Space Rentals	54,600	56,238	56,250	58,000	58,000	58,000	0	58,000
512531 Fleet Services Rentals	5,049	5,007	5,016	6,000	0	6,000	0	6,000
512536 Copier Charges	30	69	5	200	200	200	0	200
512537 Mail Room Charges	(0)	989	19	500	500	0	0	0

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PUBLIC HEALTH SERVICES	FY 99-00 Actuals	FY 00-01 Actuals	FY 01-02 Actuals	FY 02-03 Revised Budget	FY 03-04 Initial Base Budget	FY 03-04 Total Dept. Adjust. Base	FY 03-04 Svc Dec. Packages	FY 03-04 Total Dept. Request
<b>3427234 Women Infants &amp; Children Pgm</b>								
<b>286 Health &amp; Human Services Fund</b>								
512551 Financial System Assessment	5,796	0	0	0	0	0	0	0
512552 Direct/Information Services	49,358	62,216	73,604	70,797	70,797	80,203	0	80,203
512554 County Overhead Charges	59,524	71,819	70,271	64,480	64,480	71,188	0	71,188
512558 PC Replacement Services	9,168	8,904	8,904	3,600	0	3,168	0	3,168
512611 Office Supplies & Expense	20,278	17,548	13,832	23,582	23,582	7,582	0	7,582
512613 Membership/Professional Licenses	0	70	50	300	300	300	0	300
512614 Printing & Binding	7,819	4,889	4,350	5,000	5,000	4,000	0	4,000
512615 Advertising & Publicity	476	662	959	650	650	650	0	650
512618 Postage	15,169	13,035	14,974	12,711	12,711	9,000	0	9,000
512621 DP Supplies And Access	273	3,085	300	640	640	200	0	200
512622 DP Equipment	430	0	1,849	0	0	0	0	0
512731 Janitorial Supplies	969	963	976	800	800	800	0	800
512737 Electrical Supplies	36	0	0	0	0	0	0	0
512751 Medical Supplies	9,001	5,186	10,109	8,622	8,622	7,500	0	7,500
512811 Business Expense & Travel	44	0	105	500	500	300	0	300
512821 Outside Education & Travel	2,938	4,413	3,081	3,281	3,281	2,000	0	2,000
512822 County Training Classes	1,530	1,855	180	750	750	400	0	400
512823 Training Services & Materials	750	0	0	750	750	200	0	200
512911 Miscellaneous Payments	76	0	0	15,744	15,744	0	0	0
<b>512000 MATERIALS &amp; SERVICES</b>	<b>273,534</b>	<b>285,194</b>	<b>297,064</b>	<b>312,437</b>	<b>296,937</b>	<b>286,583</b>	<b>0</b>	<b>286,583</b>
<b>500000 TOTAL EXPENDITURES</b>	<b>934,250</b>	<b>980,344</b>	<b>1,077,819</b>	<b>1,163,300</b>	<b>1,182,107</b>	<b>1,172,604</b>	<b>0</b>	<b>1,172,604</b>
<b>Total Health &amp; Human Services Fund</b>	<b>(65,784)</b>	<b>(84,105)</b>	<b>(13,840)</b>	<b>17</b>	<b>223,132</b>	<b>15</b>	<b>0</b>	<b>15</b>
<b>Total Women Infants &amp; Children Pgm</b>	<b>(65,784)</b>	<b>(84,105)</b>	<b>(13,840)</b>	<b>17</b>	<b>223,132</b>	<b>15</b>	<b>0</b>	<b>15</b>

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PUBLIC HEALTH SERVICES	FY 99-00 Actuals	FY 00-01 Actuals	FY 01-02 Actuals	FY 02-03 Revised Budget	FY 03-04 Initial Base Budget	FY 03-04 Total Dept. Adjust. Base	FY 03-04 Svc Dec. Packages	FY 03-04 Total Dept. Request
<b>3427235 Healthy Start</b>								
286 Health & Human Services Fund								
453627 Healthy Start	0	0	0	504,302	504,302	510,989	0	510,989
456900 Community Contracts	0	0	0	0	0	2,370	0	2,370
466950 Private Donations	0	0	0	0	0	2,630	0	2,630
496110 Fund Balance	0	0	0	30,417	30,417	0	0	0
498510 Transfer Fr General Fund (100)	0	0	181,500	0	0	0	0	0
<b>400000 TOTAL RESOURCES</b>	<b>0</b>	<b>0</b>	<b>181,500</b>	<b>534,719</b>	<b>534,719</b>	<b>515,989</b>	<b>0</b>	<b>515,989</b>
511100 Permanent Operating Salaries	0	0	92,294	255,482	240,789	240,789	0	240,789
511300 Extra Help	0	0	1,605	8,328	1,608	4,500	0	4,500
511510 Reduction Unfunded Vac Liab	0	0	0	0	708	708	0	708
511600 Employee Benefits	0	0	45,478	130,470	135,795	136,295	0	136,295
<b>511000 PERSONNEL SERVICES</b>	<b>0</b>	<b>0</b>	<b>139,377</b>	<b>394,280</b>	<b>378,900</b>	<b>382,292</b>	<b>0</b>	<b>382,292</b>
TOTFTE TOTAL FTE	0	0	0	6	6	6	0	6
512344 Telephone Services	0	0	1,080	3,000	3,000	2,000	0	2,000
512345 Purchased Insurance	0	0	0	2,133	2,133	2,431	0	2,431
512366 Real Estate & Space Rentals	0	0	100	0	0	0	0	0
512531 Fleet Services Rentals	0	0	91	1,000	1,000	2,000	0	2,000
512536 Copier Charges	0	0	601	1,000	1,000	1,000	0	1,000
512537 Mail Room Charges	0	0	239	700	700	400	0	400
512552 Direct/Information Services	0	0	0	16,952	16,952	33,657	0	33,657
512554 County Overhead Charges	0	0	0	44,344	44,344	38,359	0	38,359
512558 PC Replacement Services	0	0	1,800	2,400	0	4,200	0	4,200
512559 Dept Support/Indirect	0	0	0	48,610	48,610	40,000	0	40,000
512611 Office Supplies & Expense	0	0	1,890	4,000	4,000	2,000	0	2,000
512612 Educational Materials	0	0	0	1,200	1,200	1,200	0	1,200
512614 Printing & Binding	0	0	2,677	1,200	1,200	1,200	0	1,200
512615 Advertising & Publicity	0	0	0	600	600	600	0	600
512618 Postage	0	0	7	0	0	50	0	50
512622 DP Equipment	0	0	0	4,500	4,500	0	0	0
512712 Food	0	0	0	800	800	600	0	600
512811 Business Expense & Travel	0	0	1,229	4,000	4,000	2,000	0	2,000
512821 Outside Education & Travel	0	0	1,969	4,000	4,000	2,000	0	2,000
512911 Miscellaneous Payments	0	0	23	0	0	0	0	0

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PUBLIC HEALTH SERVICES	FY 99-00 Actuals	FY 00-01 Actuals	FY 01-02 Actuals	FY 02-03 Revised Budget	FY 03-04		FY 03-04 Svc Dec. Packages	FY 03-04 Total Dept. Request
					Initial Base Budget	Total Dept. Adjust. Base		
3427235 Healthy Start								
286 Health & Human Services Fund								
512000 MATERIALS & SERVICES	0	0	11,705	140,439	137,039	133,697	0	133,697
500000 TOTAL EXPENDITURES	0	0	151,083	534,719	515,939	515,989	0	515,989
Total Health & Human Services Fund	0	0	(30,417)	6	(18,774)	6	0	6
Total Healthy Start	0	0	(30,417)	6	(18,774)	6	0	6

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	FY 99-00 Actuals	FY 00-01 Actuals	FY 01-02 Actuals	FY 02-03 Revised Budget	FY 03-04 Initial Base Budget	FY 03-04 Total Dept. Adjust. Base	FY 03-04 Svc Dec. Packages	FY 03-04 Total Dept. Request
<b>PUBLIC HEALTH SERVICES</b>								
3427240 Tobacco Prevention & Education								
286 Health & Human Services Fund								
453454 Tobacco Prevention	192,357	237,207	258,300	254,600	254,600	212,950	0	212,950
453980 Prior Year Revenues	79,690	52,846	0	0	0	0	0	0
466950 Private Donations	0	0	1,500	0	0	0	0	0
496110 Fund Balance	(77,356)	(50,846)	1,855	0	0	0	0	0
<b>400000 TOTAL RESOURCES</b>	<b>194,691</b>	<b>239,207</b>	<b>261,655</b>	<b>254,600</b>	<b>254,600</b>	<b>212,950</b>	<b>0</b>	<b>212,950</b>
511100 Permanent Operating Salaries	50,545	70,801	77,487	79,351	61,712	61,712	0	61,712
511300 Extra Help	2,820	0	0	0	0	0	0	0
511600 Employee Benefits	20,594	30,872	37,486	42,365	41,693	41,693	0	41,693
<b>511000 PERSONNEL SERVICES</b>	<b>73,960</b>	<b>101,673</b>	<b>114,973</b>	<b>121,716</b>	<b>103,405</b>	<b>103,405</b>	<b>0</b>	<b>103,405</b>
TOTFTE TOTAL FTE	0	0	0	2	2	2	0	2
512111 Professional & Consulting	104,307	77,537	93,568	91,700	0	74,194	0	74,194
512211 Agency Payments	0	520	0	0	0	0	0	0
512344 Telephone Services	1,021	877	998	850	850	850	0	850
512345 Purchased Insurance	287	442	410	712	712	583	0	583
512354 Maintenance of Equipment	64	0	0	0	0	0	0	0
512531 Fleet Services Rentals	0	59	0	0	0	0	0	0
512536 Copier Charges	504	361	227	0	0	100	0	100
512537 Mail Room Charges	2,755	6,292	4,080	2,500	2,500	2,344	0	2,344
512551 Financial System Assessment	518	0	0	0	0	0	0	0
512552 Direc/Information Services	7,345	8,332	9,325	8,975	8,975	10,025	0	10,025
512554 County Overhead Charges	9,418	9,619	11,512	10,909	10,909	11,426	0	11,426
512558 PC Replacement Services	1,152	1,200	1,200	1,200	0	1,200	0	1,200
512611 Office Supplies & Expense	12,333	8,845	8,266	3,500	3,500	1,000	0	1,000
512613 Membership/Professional Licenses	160	0	0	0	0	0	0	0
512614 Printing & Binding	10,988	8,272	4,038	5,788	5,788	4,823	0	4,823
512615 Advertising & Publicity	10,688	7,599	2,164	2,000	2,000	600	0	600
512618 Postage	1,021	49	43	150	150	500	0	500
512621 DP Supplies And Access	0	132	3,948	0	0	400	0	400
512622 DP Equipment	0	0	133	0	0	0	0	0
512811 Business Expense & Travel	1,187	779	116	500	500	500	0	500
512815 Committee Stipends & Expense	0	0	0	500	500	200	0	200
512821 Outside Education & Travel	8,596	4,315	5,630	3,300	3,300	500	0	500
512822 County Training Classes	0	450	90	300	300	300	0	300

**Lane County, OR.**  
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PUBLIC HEALTH SERVICES	FY 99-00 Actuals	FY 00-01 Actuals	FY 01-02 Actuals	FY 02-03 Revised Budget	FY 03-04 Initial Base Budget	FY 03-04 Total Dept. Adjust. Base	FY 03-04 Svc Dec. Packages	FY 03-04 Total Dept. Request
3427240 Tobacco Prevention & Education								
286 Health & Human Services Fund								
512911 Miscellaneous Payments	131	0	0	0	0	0	0	0
512000 MATERIALS & SERVICES	171,577	135,679	145,750	132,884	39,984	109,545	0	109,545
500000 TOTAL EXPENDITURES	245,537	237,352	260,723	254,600	143,389	212,950	0	212,950
Total Health & Human Services Fund	50,846	(1,855)	(932)	2	(111,209)	2	0	2
Total Tobacco Prevention & Education	50,846	(1,855)	(932)	2	(111,209)	2	0	2

**Lane County, OR.**  
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PUBLIC HEALTH SERVICES	FY 99-00 Actuals	FY 00-01 Actuals	FY 01-02 Actuals	FY 02-03 Revised Budget	FY 03-04 Initial Base Budget	FY 03-04 Total Dept. Adjust. Base	FY 03-04 Svc Dec. Packages	FY 03-04 Total Dept. Request
<b>3427250 H.I.V. Services</b>								
286 Health & Human Services Fund								
453123 HIV Intervention	0	0	0	10,000	10,000	10,000	0	10,000
453126 Ryan White HIV Support Svc	4,220	8,424	13,760	9,173	9,173	6,880	0	6,880
453127 IV Drug User Outreach	232	0	28,035	35,000	35,000	35,000	0	35,000
453128 HIV Block Grant Prevent-Federal	19,954	59,707	5,525	66,736	66,736	22,245	0	22,245
453129 HIV Education	38,623	0	0	0	0	0	0	0
453195 Prior Year Revenues	1,692	0	0	0	0	0	0	0
453432 HIV Care Consortia	7,956	4,913	0	0	0	0	0	0
453434 HIV Community Outreach	47,530	37,050	6,115	0	0	0	0	0
453436 HIV Block Grant Prevent-State	0	31,701	74,499	0	0	44,491	0	44,491
453438 HIV Education	879	0	0	0	0	0	0	0
453440 HIV Health Maintenance	14,761	32,953	0	0	0	0	0	0
453442 Health Per Capita	12,452	13,584	6,120	2,033	2,033	0	0	0
453980 Prior Year Revenues	9,327	4,632	0	0	0	0	0	0
496110 Fund Balance	0	0	45,970	0	0	0	0	0
498510 Transfer Fr General Fund (100)	25,935	10,171	3,415	53,019	0	26,543	0	26,543
<b>400000 TOTAL RESOURCES</b>	<b>183,561</b>	<b>203,135</b>	<b>183,439</b>	<b>175,961</b>	<b>122,942</b>	<b>145,159</b>	<b>0</b>	<b>145,159</b>
511100 Permanent Operating Salaries	95,394	98,444	95,648	92,436	68,732	68,732	0	68,732
511510 Reduction Unfunded Vac Liab	756	0	0	648	0	0	0	0
511600 Employee Benefits	38,141	41,531	39,760	44,383	40,294	40,294	0	40,294
511610 Risk Management Benefits	160	134	25	20	0	21	0	21
<b>511000 PERSONNEL SERVICES</b>	<b>134,451</b>	<b>140,109</b>	<b>135,432</b>	<b>137,487</b>	<b>109,026</b>	<b>109,047</b>	<b>0</b>	<b>109,047</b>
TOTFTE TOTAL FTE	0	0	0	2	2	2	0	2
512111 Professional & Consulting	125	140	55	200	0	200	0	200
512344 Telephone Services	1,167	1,057	1,373	1,200	1,200	1,200	0	1,200
512345 Purchased Insurance	468	590	581	830	830	668	0	668
512531 Fleet Services Rentals	2,818	2,679	2,876	3,000	0	3,000	0	3,000
512536 Copier Charges	465	275	245	500	500	400	0	400
512537 Mail Room Charges	238	376	481	570	570	400	0	400
512551 Financial System Assessment	828	0	0	0	0	0	0	0
512552 Direct/Information Services	7,051	10,554	12,656	10,257	10,257	10,980	0	10,980
512554 County Overhead Charges	9,042	12,184	15,623	12,467	12,467	12,514	0	12,514
512558 PC Replacement Services	1,152	0	0	0	0	0	0	0
512611 Office Supplies & Expense	1,686	3,882	595	3,000	3,000	2,000	0	2,000



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PUBLIC HEALTH SERVICES	FY 99-00 Actuals	FY 00-01 Actuals	FY 01-02 Actuals	FY 02-03 Revised Budget	FY 03-04 Initial Base Budget	FY 03-04 Total Dept. Adjust Base	FY 03-04 Svc Dec. Packages	FY 03-04 Total Dept. Request
<b>3427250 H.I.V. Services</b>								
286 Health & Human Services Fund								
512613 Membership/Professional Licenses	174	0	0	0	0	0	0	0
512614 Printing & Binding	967	632	776	1,000	1,000	500	0	500
512615 Advertising & Publicity	599	831	847	500	500	300	0	300
512618 Postage	0	0	7	0	0	0	0	0
512621 DP Supplies And Access	59	570	0	0	0	0	0	0
512622 DP Equipment	0	1,366	0	0	0	0	0	0
512751 Medical Supplies	2,253	2,428	5,080	3,500	3,500	2,500	0	2,500
512811 Business Expense & Travel	537	60	63	400	400	400	0	400
512815 Committee Stipends & Expense	0	0	0	50	50	50	0	50
512821 Outside Education & Travel	777	300	128	800	800	800	0	800
512822 County Training Classes	0	0	0	200	200	200	0	200
<b>512000 MATERIALS &amp; SERVICES</b>	<b>30,405</b>	<b>37,924</b>	<b>41,387</b>	<b>38,474</b>	<b>35,274</b>	<b>36,112</b>	<b>0</b>	<b>36,112</b>
<b>500000 TOTAL EXPENDITURES</b>	<b>164,857</b>	<b>178,033</b>	<b>176,820</b>	<b>175,961</b>	<b>144,300</b>	<b>145,159</b>	<b>0</b>	<b>145,159</b>
Total Health & Human Services Fund	(18,704)	(25,102)	(6,619)	2	21,360	2	0	2
Total H.I.V. Services	(18,704)	(25,102)	(6,619)	2	21,360	2	0	2

**Lane County, OR.**  
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PUBLIC HEALTH SERVICES	FY 99-00 Actuals	FY 00-01 Actuals	FY 01-02 Actuals	FY 02-03 Revised Budget	FY 03-04 Initial Base Budget	FY 03-04 Total Dept. Adjust. Base	FY 03-04 Svc Dec. Packages	FY 03-04 Total Dept. Request
<b>3427260 Health Subcontracts</b>								
286 Health & Human Services Fund								
453123 HIV Intervention	0	0	0	33,207	33,207	33,207	0	33,207
453126 Ryan White HIV Support Svc	164,773	188,180	170,000	119,422	119,422	118,252	0	118,252
453127 IV Drug User Outreach	21,840	16,991	49,034	0	0	0	0	0
453128 HIV Block Grant Prevent-Federal	24,189	28,010	12,109	20,000	20,000	20,000	0	20,000
453129 HIV Education	0	33,670	30,250	0	0	0	0	0
453130 Ryan White HIV Case Mgmt	0	0	0	140,130	140,130	140,130	0	140,130
453195 Prior Year Revenues	2,193	0	0	0	0	0	0	0
453434 HIV Community Outreach	20,570	18,968	0	0	0	0	0	0
453440 HIV Health Maintenance	0	0	50,417	45,575	45,575	38,700	0	38,700
453448 Stars	0	0	0	22,370	22,370	32,138	0	32,138
453450 School Based Clinic	49,206	53,915	52,619	52,619	52,619	0	0	0
453910 Misc - State Revenue	12,151	21,237	19,085	1,000	1,000	0	0	0
453980 Prior Year Revenues	30,313	37,778	(10,152)	0	0	0	0	0
466950 Private Donations	0	4,985	0	0	0	0	0	0
496110 Fund Balance	0	0	49,869	0	0	0	0	0
<b>400000 TOTAL RESOURCES</b>	<b>325,235</b>	<b>403,734</b>	<b>423,231</b>	<b>434,323</b>	<b>434,323</b>	<b>382,427</b>	<b>0</b>	<b>382,427</b>
512201 Intergovernmental Agreements	0	0	2,318	65,219	0	32,138	0	32,138
512211 Agency Payments	330,649	330,292	381,196	369,104	0	350,289	0	350,289
512216 Agency Payments Prior Year	38,306	19,081	1,607	0	0	0	0	0
<b>512000 MATERIALS &amp; SERVICES</b>	<b>368,955</b>	<b>349,373</b>	<b>385,121</b>	<b>434,323</b>	<b>0</b>	<b>382,427</b>	<b>0</b>	<b>382,427</b>
<b>500000 TOTAL EXPENDITURES</b>	<b>368,955</b>	<b>349,373</b>	<b>385,121</b>	<b>434,323</b>	<b>0</b>	<b>382,427</b>	<b>0</b>	<b>382,427</b>
Total Health & Human Services Fund	43,720	(54,361)	(38,110)	0	(434,323)	0	0	0
Total Health Subcontracts	43,720	(54,361)	(38,110)	0	(434,323)	0	0	0

**Lane County, OR.**  
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		FY 99-00	FY 00-01	FY 01-02	FY 02-03	FY 03-04	FY 03-04	FY 03-04	FY 03-04	FY 03-04
		Actuals	Actuals	Actuals	Revised	Initial Base	Total Dept.	Adjust. Base	Svc Dec.	Total Dept.
					Budget	Budget			Packages	Request
<b>PUBLIC HEALTH SERVICES</b>										
3427299	Public Health Contingency									
286	Health & Human Services Fund									
496110	Fund Balance	52,726	52,594	52,594	52,726	52,726	52,593		0	52,593
400000	TOTAL RESOURCES	<u>52,726</u>	<u>52,594</u>	<u>52,594</u>	<u>52,726</u>	<u>52,726</u>	<u>52,593</u>		<u>0</u>	<u>52,593</u>
512622	DP Equipment	132	0	0	0	0	0		0	0
512000	MATERIALS & SERVICES	<u>132</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>		<u>0</u>	<u>0</u>
991910	Operational Contingency	0	0	0	52,726	52,726	52,593		0	52,593
990000	TOTAL RESERVES & CONTINGEN	<u>0</u>	<u>0</u>	<u>0</u>	<u>52,726</u>	<u>52,726</u>	<u>52,593</u>		<u>0</u>	<u>52,593</u>
500000	TOTAL EXPENDITURES	<u>132</u>	<u>0</u>	<u>0</u>	<u>52,726</u>	<u>52,726</u>	<u>52,593</u>		<u>0</u>	<u>52,593</u>
Total Health & Human Services Fund		(52,594)	(52,594)	(52,594)	0	0	0		0	0
Total Public Health Contingency		(52,594)	(52,594)	(52,594)	0	0	0		0	0

**Lane County, OR.**  
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	FY 99-00 Actuals	FY 00-01 Actuals	FY 01-02 Actuals	FY 02-03 Revised Budget	FY 03-04 Initial Base Budget	FY 03-04 Total Dept. Adjust. Base	FY 03-04 Svc Dec. Packages	FY 03-04 Total Dept. Request
<b>PUBLIC HEALTH SERVICES</b>								
3427810 Environmental Health Services								
286 Health & Human Services Fund								
426151 Temporary Restaurant Licenses	45,130	41,468	43,249	42,500	42,500	42,500	0	42,500
426152 Mobile Unit Licenses	19,018	18,909	21,323	19,000	19,000	19,000	0	19,000
426153 Swimming Pool Licenses	56,050	59,255	57,719	60,000	60,000	60,000	0	60,000
426154 Restaurant Licenses	406,662	413,816	415,763	417,000	417,000	420,418	0	420,418
426155 Recreation Park Licenses	17,053	16,458	16,311	16,000	16,000	16,000	0	16,000
426156 Motel/Hotel Licenses	23,028	24,120	24,548	25,000	25,000	25,000	0	25,000
436522 Late Filing Penalties	5,878	6,752	2,462	4,000	4,000	4,000	0	4,000
453442 Health Per Capita	12,397	13,524	11,496	8,862	8,862	10,895	0	10,895
453980 Prior Year Revenues	0	1,131	0	0	0	0	0	0
466105 Site Reviews	2,387	1,472	1,520	1,500	1,500	1,500	0	1,500
466115 Swimming Pool Plan Review	6,200	0	2,628	1,000	1,000	1,000	0	1,000
466125 Daycare Inspection Fees	11,650	12,280	10,987	12,000	12,000	12,000	0	12,000
466130 School Inspections	6,830	15,375	11,400	11,612	11,612	13,000	0	13,000
466135 Frat/Sor/Coops Inspections	1,950	1,575	3,300	2,000	2,000	2,500	0	2,500
466215 Water Lab Fees	290	0	0	0	0	0	0	0
466225 Food Handlers Fees	79,889	81,452	79,007	80,935	80,935	76,000	0	76,000
466602 Restaurant Plan Reviews	8,000	7,700	7,400	5,000	5,000	6,000	0	6,000
466910 Miscellaneous Svc Charges	143	3,000	3,015	2,000	2,000	500	0	500
466915 Special Projects	630	0	0	0	0	0	0	0
466943 Photocopies	12	5	13	0	0	25	0	25
466980 Refunds & Reimbursements	8	0	0	0	0	0	0	0
466995 Cash Over & Under	7	(19)	192	0	0	0	0	0
496110 Fund Balance	78,398	79,290	80,859	78,397	78,397	87,283	0	87,283
498510 Transfer Fr General Fund (100)	22,310	18,566	0	0	0	0	0	0
<b>400000 TOTAL RESOURCES</b>	<b>804,369</b>	<b>816,130</b>	<b>793,191</b>	<b>786,806</b>	<b>786,806</b>	<b>797,621</b>	<b>0</b>	<b>797,621</b>
511100 Permanent Operating Salaries	339,608	345,813	329,526	354,204	336,803	336,803	0	336,803
511300 Extra Help	0	4,165	11,795	3,108	3,216	3,216	0	3,216
511400 Overtime	340	0	41	0	0	0	0	0
511510 Reduction Unfunded Vac Liab	20,598	8,944	8,778	10,554	5,802	5,802	0	5,802
511520 Compensatory Time	3,236	2,518	3,884	4,000	0	4,000	0	4,000
511600 Employee Benefits	127,806	138,599	140,186	160,484	187,153	187,153	0	187,153
511610 Risk Management Benefits	153	209	163	942	0	604	0	604
<b>511000 PERSONNEL SERVICES</b>	<b>491,741</b>	<b>500,248</b>	<b>494,374</b>	<b>533,292</b>	<b>532,974</b>	<b>537,578</b>	<b>0</b>	<b>537,578</b>

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PUBLIC HEALTH SERVICES	FY 99-00 Actuals	FY 00-01 Actuals	FY 01-02 Actuals	FY 02-03 Revised Budget	FY 03-04 Initial Base Budget	FY 03-04 Total Dept. Adjust. Base	FY 03-04 Svc Dec. Packages	FY 03-04 Total Dept. Request
3427810 Environmental Health Services								
286 Health & Human Services Fund								
TOTFTE TOTAL FTE	0	0	0	8	8	8	0	8
512111 Professional & Consulting	16	0	20	100	0	100	0	100
512115 Land Management Services	424	0	0	0	0	0	0	0
512201 Intergovernmental Agreements	40,602	40,602	42,000	42,000	0	42,000	0	42,000
512218 State Payback	48,106	51,592	42,547	53,000	53,000	52,000	0	52,000
512321 Motor Fuel & Lubricants	59	21	0	0	0	0	0	0
512343 Light, Power & Water	49	53	45	50	50	50	0	50
512344 Telephone Services	6,796	4,767	6,086	7,117	7,117	7,117	0	7,117
512345 Purchased Insurance	1,855	1,905	1,847	2,955	2,955	2,791	0	2,791
512355 Maintenance of Structures	688	908	0	200	200	200	0	200
512357 Maintenance Agreements	195	0	0	0	0	0	0	0
512531 Fleet Services Rentals	16,309	15,820	17,102	18,600	0	18,000	0	18,000
512536 Copier Charges	639	610	293	400	400	400	0	400
512537 Mail Room Charges	1,752	1,771	1,881	2,200	2,200	1,800	0	1,800
512551 Financial System Assessment	3,268	0	0	0	0	0	0	0
512552 Direct/Information Services	24,885	32,589	41,823	38,826	38,826	38,669	0	38,669
512554 County Overhead Charges	35,676	37,619	41,870	38,569	38,569	41,322	0	41,322
512556 Dept Support/Direct	0	0	27,397	27,397	27,397	28,644	0	28,644
512558 PC Replacement Services	8,795	4,800	4,800	2,400	0	5,040	0	5,040
512611 Office Supplies & Expense	9,714	11,293	8,588	10,000	10,000	9,000	0	9,000
512613 Membership/Professional Licenses	1,874	1,027	937	900	900	900	0	900
512614 Printing & Binding	2,728	4,380	10,991	6,000	6,000	6,000	0	6,000
512615 Advertising & Publicity	694	0	958	300	300	300	0	300
512616 Microfilm Services	130	140	136	0	0	50	0	50
512617 Photo/Video Supplies & Svcs	0	17	0	100	100	100	0	100
512618 Postage	5	13	6	0	0	10	0	10
512619 Radio/Communic Supplies & Svcs	0	0	0	100	100	50	0	50
512622 DP Equipment	1,359	0	4,058	0	0	3,000	0	3,000
512625 Small Tools & Equipment	0	0	0	50	50	0	0	0
512721 Special Supplies	0	0	0	50	50	0	0	0
512811 Business Expense & Travel	418	0	101	400	400	400	0	400
512821 Outside Education & Travel	3,248	855	313	1,500	1,500	1,500	0	1,500
512822 County Training Classes	300	0	0	300	300	300	0	300
512823 Training Services & Materials	444	0	0	0	0	300	0	300

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		FY 99-00	FY 00-01	FY 01-02	FY 02-03	FY 03-04	FY 03-04	FY 03-04	FY 03-04	FY 03-04
		Actuals	Actuals	Actuals	Revised	Initial Base	Budget	Adjust. Base	Svc Dec.	Total Dept. Request
<b>PUBLIC HEALTH SERVICES</b>										
3427810	Environmental Health Services									
286	Health & Human Services Fund									
512000	MATERIALS & SERVICES	211,028	210,783	253,798	253,514	190,414		260,043	0	260,043
521200	Vehicles	0	5,674	0	0	0	0	0	0	0
521000	CAPITAL OUTLAY	0	5,674	0	0	0	0	0	0	0
500000	TOTAL EXPENDITURES	702,769	716,705	748,172	786,806	723,388		797,621	0	797,621
Total Health & Human Services Fund		(101,600)	(99,425)	(45,019)	8	(63,410)		8	0	8
Total Environmental Health Services		(101,600)	(99,425)	(45,019)	8	(63,410)		8	0	8
Grand Total		(432,939)	(478,651)	(209,504)	65	(243,893)		62	0	62