



PUBLIC HEALTH DIVISION  
Office of the State Public Health Director  
Kate Brown, Governor

Oregon  
**Health**  
Authority

800 NE Oregon Street, Suite 930  
Portland, OR 97232  
Voice: 971-673-1222  
FAX: 971-673-1299  
TTY: 711

September 9, 2019

Chair Pete Sorenson  
Lane County Board of Commissioners  
125 E 8th Ave  
Eugene, OR 97401

Dear Chair Pete Sorenson:

This is an overview report of the April 2019 triennial review of the Lane County Health and Human Services (H&HS) Public Health Division. This report is a summary of individual reports from participating programs compiled by the Oregon Health Authority (OHA) Office of the State Public Health Director. Detailed individual reports are sent to Jocelyn Warren, Local Public Health Administrator. We urge you to review this document as it contains important information about your public health programs and their requirements.

The review included the appraisal of items in 18 program areas, listed below. Program areas with compliance findings are indicated with an asterisk.

Administration	Immunizations*
Babies First! and Perinatal	Nurse-Family Partnership
Civil Rights	Public Health Emergency Preparedness
Communicable Disease*	Reproductive Health
Drinking Water Services	Sexually Transmitted Diseases
Fiscal	Tobacco Prevention and Education*
Food, Pool and Lodging Health & Safety	Tuberculosis
Health Officer	Vital Records
HIV Prevention	Women, Infants and Children (WIC)*

An overview report is enclosed, which includes a list of specific compliance findings, descriptions of programs, and areas of strength identified throughout the review. We urge you to review the report as it contains important information about your public health programs and their requirements.

Please note that the results of this triennial review are very good. We think the report will be of assistance to your public health staff in their continuing efforts to provide quality public health services to your community.

Danna Drum is looking forward to presenting at an upcoming meeting with the Board of Commissioners to discuss the triennial review results and answer any questions you may have.

Overall, agency reviewers find the Lane County Health & Human Services to be composed of a committed team of professionals who deliver quality public health services to your community. The people of Lane County are very fortunate to have this agency providing comprehensive public health services.

We thank you for your support for the strong public health work that Lane County Health & Human Services is providing.

Sincerely,



Danna Drum  
Strategic Partnerships Lead



Kari Christensen  
Public Health Systems Consultant

Enclosure

cc: Jay Bozievich, Commissioner, Lane County  
Pat Farr, Commissioner, Lane County  
Joe Berney, Commissioner, Lane County  
Heather Buch, Commissioner, Lane County  
Jocelyn Warren, Local Public Health Administrator



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September 9, 2019

## **Lane County Health and Human Services Triennial Review Report**

This is an overview report of the April 2019 triennial review of the Lane County Health and Human Services (H&HS) Public Health Division. This report is a summary of individual reports from participating programs compiled by the Oregon Health Authority (OHA) Office of the State Public Health Director. Detailed individual reports will be sent to Jocelyn Warren, Local Public Health Administrator. We urge you to review this document as it contains important information about your public health programs and their requirements.

The Local Public Health Authority (LPHA), Lane County H&HS received \$2,264,880 in Federal Funds from OHA Public Health for the fiscal year 2018. The LPHA also received \$619,646 from State General Fund Support and \$652,337 Other Funds for the same period.

**Report Prepared by:** Kari Christensen, Public Health Systems Consultant, Office of the State Public Health Director

### **COMPLIANCE FINDINGS SUMMARY**

#### **Administration**

The LPHA is in compliance with all program requirements.

#### **Babies First! and Perinatal**

The LPHA is in compliance with all program requirements.

#### **Civil Rights**

The LPHA is in compliance with all program requirements.

#### **Communicable Disease**

The LPHA must do the following to comply with program requirements:

1. Enter complete date on investigations when done and use the keep active box to make entries show up on the home screen. **Due date to comply:** August 31, 2019. **RESOLVED**

2. Attempt to interview all cases requiring interview within four days. **Due date to comply:** August 31, 2019. **RESOLVED**
3. Recommend post exposure prophylaxis within appropriate time frame for disease. **Due date to comply:** August 31, 2019. **RESOLVED**

### **Drinking Water Services**

The LPHA is in compliance with all program requirements.

### **Fiscal**

The LPHA is in compliance with all program requirements.

### **Food, Pool and Lodging Health & Safety**

The LPHA is in compliance with all program requirements.

### **Health Officer**

The LPHA is in compliance with all program requirements.

### **HIV Prevention**

The LPHA is in compliance with all program requirements.

### **Immunizations**

The LPHA must do the following to comply with program requirements:

1. LPHA is billed quarterly for vaccines administered to insured patients. Payment is due 30 days after the invoice date. Charnelton Community Health Clinic received an invoice on January 15, 2019. As of the review date, the invoice has not been paid. Invoice of \$9,965.23 must be paid immediately. **Due date to comply:** May 22, 2019. **RESOLVED**
2. LPHA must work with birthing hospitals within LPHA's service area when administration of the birth dose of hepatitis B vaccine drops below 80% as reported in the Electronic Birth Registration System. The rate at PeaceHealth Peace Harbor Medical Center was 62.3% in 2018. LPHA must develop an action plan to address the low rate of administration of hepatitis B vaccine to newborns at PeaceHealth Peace Harbor Medical Center.  
**Due date to comply:** May 22, 2019. **RESOLVED**

### **Nurse-Family Partnership**

The LPHA is in compliance with all program requirements.

### **Public Health Emergency Preparedness**

The LPHA is in compliance with all program requirements.

### **Reproductive Health**

The LPHA is in compliance with all program requirements.

### **Sexually Transmitted Diseases**

The LPHA is in compliance with all program requirements.

### **Tobacco Prevention and Education Program (TPEP)**

The LPHA must do the following to comply with program requirements:

1. Process past due complaints and potential violations to the Indoor Clean Air Act in the Workplace Exposure Monitoring System. **Due date to comply: September 30, 2019**
2. For any complaints or potential violations for which documentation is inadequate, submit a recommendation to OHA that describes how to close each case. **Due date to comply: September 30, 2019**
3. Submit a plan that ensures the resolution of the challenges that led to the backlog of past due complaints and potential violations. **Due date to comply: September 30, 2019**

### **Tuberculosis**

The LPHA is in compliance with all program requirements.

### **Vital Records**

The LPHA is in compliance with all program requirements.

### **Women, Infants and Children (WIC)**

The LPHA must do the following to comply with program requirements:

1. WIC staff must manually change risk level from medium to high when indicated by policy. **Due date to comply: October 30, 2019**

## **PROGRAM OVERVIEW AND STRENGTHS**

### **Administration, Civil Rights and Health Officer**

Lane County H&HS provides an array of public health services within the foundational program areas of communicable disease control, environmental public health, prevention and health promotion, and access to clinical preventive services.

Program strengths:

Each division of Lane County Health and Human Services is required to have committees focused on health equity and trauma-informed care. Lane County Public Health (LCPH) has dedicated staff on committees to improve health and address health inequities in the community. An example of these efforts is the assurance of county building accessibility

through the use of braille signage and automatic doors. Committee review of accessibility information supports environments that are welcoming to all.

LCPH demonstrates exemplary collaboration between Communicable Disease (CD) and Environmental Health (EH) to improve food outbreak investigations. LCPH's dedicated response to an intensive pertussis outbreak investigation and follow up work included close communications with schools and parents.

LCPH provides a statewide service through hosting online platforms that issue food handler cards for all counties. The collaboration of LCPH with their county counsel to standardize enforcement around a range of issues, including Food, pool and lodging licensing and inspections; the Indoor Clean Air Act, and Tobacco Retail Licensure is exemplary. Standardization supports consistency and increases clarity for inspectors, the regulated community, and the public.

LCPH leadership leverages a mutually beneficial partnership by serving on the Coordinated Care Organization (CCO) board. As board members LCPH leadership create operationally supportive relationships. A negotiated per member per month rate paid by the CCO to LCPH that covers five positions for primary prevention programs, including an epidemiologist with a focus on the Medicaid population, a Community Advisory Council and the Rural Advisory Council coordinator, and preventive services coordinator.

LCPH provides statewide leadership through Health Officer Dr. Luedtke's role in chairing the Conference of Local Health Officials (CLHO) Health Officer Caucus for the past five years. The Caucus provides a forum for communications among Health Officers statewide and supports new Health Officers support in orienting to the role. LCPH Health Administrator Jocelyn Warren leads by serving on the CLHO/PHD Joint Leadership Team as well as her service as chair to CLHO subcommittees.

### **Babies First! & Perinatal**

Lane County Maternal and Child Health (MCH) Nurse Home Visiting offers services through the Babies First!, CaCoon and Nurse-Family Partnership public health nurse home visiting programs; Oregon Mothers Care; and MCH Title V Block Grant activities. Targeted Case Management (TCM) services are provided through the home visiting programs, and TCM Medicaid billing helps to support the home visiting programs. MCH Title V Block Grant activities are focused on smoking, food insecurity, toxic stress and Adverse Childhood Experiences (ACEs). Early Hearing Detection and Intervention (EHDI) referrals are received and acted on by a home visiting nurse.

**Program strengths:**

The Babies First! Program has incorporated several best practices, including working closely with an outreach coordinator for community referrals and participating in a community advisory board. LCPH has a bilingual nurse who ensures linguistically responsive care for the Spanish-speaking population. The entire Babies First! Team participates in continuous quality improvement, which is a best practice recommendation, and not a requirement of the program.

**Communicable Disease**

Lane County communicable disease (CD) staff are dedicated professionals who have exemplary case management skills. Lane County nurses Lisa Chambliss, Heather Young and Alice Kirby conduct the majority of case management and Cindy Morgan reviews their investigations and provides consultation. From August 2016 through February 2019 Lane County had 2292 CD cases reported, representing 10% of the total state volume. CD staff investigated 127 outbreaks during this period, 16% of the statewide total.

**Program strengths:**

Staff are knowledgeable about communicable disease prevention and control and strive for service excellence. Completeness and timeliness of their data are consistently above the state average. Although under a different division, CD staff worked closely with the environmental health program on 127 outbreaks of illness during the review period. Lane County staff have gone the extra mile in many outbreak investigations over the last three years. Staff managed a community-wide pertussis outbreak in addition to their routine case load. They arranged for collection of environmental samples from case homes to assist in outbreak identification. They hosted CD101 and CD303 trainings for other local public health authorities. Investigators are responsive to tasks in Orpheus, the statewide CD case tracking system, and do a complete job entering data. They also did an outstanding job on an antibiotic resistant organism work up which required a lot of problem-solving to prevent further spread of disease. They are skilled communicable disease investigators who are attentive to details and do everything they can to prevent disease transmission.

**Drinking Water Services**

The drinking water program provides technical services and support to public water systems. These services include responding to water quality alerts, requests from water system operators, drinking water contamination events, responding to spills, emergencies, and inspection of water system facilities. The drinking water services provided to water systems result in reduced health risk and increased compliance with drinking water standards. The drinking water program reports data to Oregon Health Authority, Drinking Water Services (DWS) as necessary for program management and to meet federal

Environmental Protection Agency (EPA) Safe Drinking Water Act program requirements.

Program strengths:

The Drinking Water Program is in the hands of a team of professional and hardworking environmental health specialists. The program is well organized and operated, and works cooperatively with state Drinking Water Services staff to help assure safe drinking water for the 282 public water systems it supervises.

### **Fiscal**

Lane County H&HS Administration Department includes Administrative Services, Fiscal and Special Services. The Fiscal unit provides fiscal and administrative services to public health programs.

Program strengths:

Lane County H&HS has sufficient internal controls to adequately safeguard assets, to detect and prevent errors in a timely manner. The operation is well organized, monitored and efficient with a commitment to quality, fairness and accuracy.

### **Food, Pool and Lodging Health and Safety**

Lane County Environmental Health works in partnership with OHA and the industry to protect public health by licensing, inspecting and enforcing health and safety regulations in food, pool and lodging facilities. These include restaurants, mobile food units, temporary food booths at events, public pools and spas, hotels and motels, bed and breakfasts and organizational camps.

Program strengths:

Lane County staff are doing an excellent job of providing environmental health services to the community. The inspection rates for licensed facilities are in compliance for all program areas. There were no compliance findings in the implementation of Division 12 Rules, OAR 333-012. Field staff exhibited effective communication skills and rapport with operators and employees of the food service facilities during the standardization process and field review. Staff are focusing on critical risk factors that are most associated with foodborne illness.

### **HIV Prevention**

LCPH provides comprehensive HIV prevention services at their Eugene clinic site which includes sexually-transmitted infections and HIV screening services to Oregon's priority populations, including men who have sex with men, persons who present with STIs and the partners of persons living with HIV/AIDS. Similar services are subcontracted through



HIV Alliance, an AIDS service organization located in Eugene. Targeted outreach efforts focusing on men who have sex with men, Latinx populations and persons who inject drugs have been supported by specialized social media campaigns and comprehensive community mobilization efforts. Comprehensive harm reduction services, including HIV, STI, and Hepatitis C screenings; wound care; syringe exchange and risk reduction information are supported throughout Lane County's urban and rural settings.

Program strengths:

LCPH demonstrates innovative approaches for implementing HIV prevention strategies utilizing other funded program staff (including: STI, case investigation, and early intervention services and outreach) to identify community trends, resources and key screening opportunities for primary HIV prevention efforts. Long-standing working relationships with HIV Alliance and other stakeholder agencies in the region to support HIV prevention services.

### **Immunizations**

LCPH has a dedicated team committed to providing excellent immunization services to their communities. Lane County operates five community clinics, making the coordination of vaccine management, billing and vaccine administration more challenging when compared to other local public health programs across the state. Additionally, they have seven delegate agencies, extending access to federally-supplied and state-supplied vaccines to more of their population.

Program strengths:

Lane County has designated Vaccine Captains in each of their community clinics to support immunization activities. They meet quarterly to receive continuing education and additional training in vaccine management.

Lane County has a strong commitment to providing public health services. They have been challenged over the past few years by significant outbreaks of meningococcus and pertussis. They are diligent about enforcing school immunization requirements and maintain productive relationships with local schools and daycare centers.

### **Nurse Family Partnership**

Nurse-Family Partnership ® (NFP) is an evidence-based, community health program that serves low-income women pregnant with their first child. Each vulnerable new mom is partnered with a registered nurse early in her pregnancy and receives ongoing nurse home visits. It is a life-transforming partnership, for the mom and her child. Nurse-Family Partnership helps families —and the communities they live in — become stronger while saving money for state, local and federal governments. The goals of NFP are to: (1)

Improve pregnancy outcomes by helping women engage in good preventive health practices, including thorough prenatal care from their healthcare providers, improving their diets, and reducing their use of cigarettes, alcohol and illegal substances; (2) Improve child health and development by helping parents provide responsible and competent care; and (3) Improve the economic self-sufficiency of the family by helping parents develop a vision for their own future, plan future pregnancies, continue their education and find work.

Since beginning the NFP program in July of 2012, the Lane County NFP program has served 598 clients.

**Program strengths:**

The team utilizes the NFP Visit Form. This form is designed to assure integration of the three NFP theories including: Attachment, Self-Efficacy, and Human Ecology. This tool assures structure and accountability. It also helps to assure strength-based and client-centered approaches. The team demonstrates high skill at utilizing this tool to integrate the theories and deploy client-centered principles. The team focuses on solutions, strengths, small steps, the client as the expert on her own life, and follows the client's heart's desire. The nurse supervisor utilizes data to inform decision making and the team's commitment to continuous quality improvement.

**Public Health Emergency Preparedness**

Lane County receives approximately \$165,364 annually from the Oregon Public Health Division to operate its public health emergency preparedness (PHEP) program which includes 1.0 FTE for the PHEP Coordinator.

**Program strengths:**

The Lane County PHEP program demonstrates a commitment to excellence and collaboration. The program focuses on developing community partnerships and supporting internal staff development as it relates to the 15 PHEP capabilities. They have experience responding to various emergencies and share lessons learned and successes with other LPHAs and partners to strengthen public health in Oregon and throughout the nation.

Selene Jaramillo, the Lane County PHEP Coordinator, was an active participant in the recent LCPH public health accreditation process, which included reviews and updates to preparedness and response plans. Plans were updated in a collaborative process with internal and external partners. The plans include functional appendices and templates to support the work various public health programs are required to fulfill during emergencies, which supports more organized and timely responses.

The Lane County PHEP Coordinator is active in community coalitions, partners with a variety of organizations, and is inclusive during responses. Selene Jaramillo places an emphasis on working with partners to develop their own capabilities for responses to improve the resilience of all partners. These efforts include participating in various exercises and drills led by other partners, as well as leading exercises with a public health focus to support development.

### **Reproductive Health**

Community Health Centers of Lane County provides clinical Reproductive Health services and is currently working with several community partners to improve access to these services.

Program strengths:

Community Health Centers of Lane County developed and implemented a local program plan and held several community meetings to improve access to Reproductive Health services.

Community Health Centers of Lane County developed a policy and procedures around gender affirming care for their clinical practice. They engaged with several partner organizations to ensure coordinated and culturally-appropriate access to evidence-based, high-quality reproductive health services for all individuals within their county. The program carried out important survey work to understand the community's needs. Community Health Centers of Lane County has demonstrated that they value the feedback and needs of community partners.

Community Health Centers of Lane County has done an excellent job of hearing the needs of their community. Initially their local program plan indicated that they would “communicate with partner agencies and develop goals related to delivering reproductive health services to community members experiencing health disparities, gaps in service, limited knowledge of available services, and/or difficulty accessing services.” After multiple meetings with partners, it was clear that the community wanted additional support and resources around providing transgender care and gender affirming care. Community Health Centers of Lane County heard this and actively worked with partners to develop next steps including their Gender Affirming Care survey.

Community Health Centers of Lane County has done a great job of bringing people together, asking the hard questions and helping to improve overall access to Reproductive Health services within their community.

### **Sexually Transmitted Diseases (STD)**

Lane County is the fourth most populous county in Oregon and includes Eugene, Oregon's third most populous city and home of the University of Oregon. In 2016, there were 1621 chlamydia cases, 281 gonorrhea cases, and 44 syphilis cases (including five primary and 11 secondary infectious cases). In 2017, there were 1837 chlamydia cases, 427 gonorrhea cases, and 62 syphilis cases (including 14 primary and 14 secondary infectious cases). In 2018 (data not final), there were 1844 chlamydia cases, 506 gonorrhea cases, and 47 syphilis cases (including seven primary and 10 secondary infectious cases).

For context, when the 2017 county and state rates are compared (most recent year of finalized data), the county chlamydia rate (495.4/100,000) was higher than the state rate (450.0/100,000). The county gonorrhea rate (115.2/100,000) was just below the state rate (121.3/100,000). The county early syphilis rate (8.9/100,000) was lower than the state rate (13.5/100,000). Of note, there was one congenital syphilis case in 2017 and two cases in 2018, reflecting the growing impact of the current STD epidemic.

#### Program strengths:

The Lane County STD program has a dedicated and inquisitive team, led by Cindy Morgan, that is committed to providing exceptional clinical services as well as prompt and efficient case investigation in an area with a significant number of STD cases. The thoughtful division of labor streamlines case investigation, with nurses primarily focused on syphilis cases, which tend to be complex, and the diligent case investigator providing partner services for syphilis, gonorrhea, and high priority chlamydia cases. In reviewing Orpheus data, there is impressive documentation of appropriate treatment as well as provision of an interview and partner services for gonorrhea and syphilis cases.

The Just Checking clinic, a low-cost opportunity for individuals without symptoms to walk in and be screened for STDs, is a model worthy of consideration in other counties with high STD morbidity. In addition to the Just Checking clinic and scheduled screening and treatment appointments available five days a week, two clinicians see complex patients on Wednesday afternoons.

OHA-PHD commends the Lane County STD program for implementing evidence-based strategies. The appropriately liberal expedited partner therapy (EPT) policy includes treatment of both chlamydia and gonorrhea. The EPT policy assists patients with linking their partners to treatment. The standing orders are revised annually, a more frequent basis than is typical, to reflect current best practices.

### **Tobacco Prevention and Education Program (TPEP)**

The Lane County Tobacco Prevention and Education Program (TPEP) takes a comprehensive approach to tobacco prevention. The program facilitates community partnerships, helps create tobacco-free environments, mobilizes to counter pro-tobacco influences, promotes quitting among adults and youth, and works to reduce the social and economic burden of tobacco-related chronic diseases. The program also carries out local activities related to the enforcement of the Indoor Clean Air Act and coordinates with several local jurisdictions on activities related to the ICAA and other tobacco-related laws and ordinances.

#### Program strengths:

Lane TPEP has strong multisector partnerships, relies on data and evidence-based solutions, and uses effective communications. The program is responsive to community and political will and mobilizes to support the concerns and efforts of elected officials and local communities. For example, Lane TPEP assisted businesses, local governments, non-profits, and other entities to establish tobacco- and smoke-free policies during the reporting period, which expanded protections to approximately 200,000 Lane County residents and visitors annually. Lane TPEP also supported tobacco retail licensing and increasing the minimum age of sales in unincorporated Lane County and municipal jurisdictions as evidence-based approaches to prevent initiation. This included support with policy development, data-sharing and other agreements, and recommendations and collaboration for enforcement.

The program is highly organized, tracking the degree to which best practices in tobacco prevention are enacted and enforced in local jurisdictions, government agencies and programs, health systems, community colleges, and other entities. As a result, the program is able to quickly identify partners with the readiness to improve population health through tobacco prevention. In addition to creating tobacco-free environments and recommending approaches to reduce initiation, the program works with county services and health system partners to improve screening for tobacco use and referrals to treatment. Lane TPEP also promotes tobacco cessation in a variety of venues, from email signatures and webpages to signage in parks, on buildings, and in tobacco retailers. Lane TPEP is a trusted partner, providing data and evidence-based options to improve population health, prevent tobacco-related disease, and promote health and well-being. The program is an important participant in the Community Health Improvement Plan and within Lane County Health and Human Services. Lane TPEP takes a leadership role in the region and statewide by advising TPEP staff from other counties, making recommendations to internal and external partners, and sharing best practices and successful strategies with tobacco prevention partners.

## **Tuberculosis (TB)**

Lane County typically has a high incidence of TB compared to many local public health authorities in Oregon. Lane County is highly proficient in all aspects of TB management including the care of complex TB cases with comorbidities, children and investigations in large congregate settings. The program is professional and organized, yet flexible enough to accommodate differing patient needs and find creative solutions to problems.

Program strengths:

The TB program staff have a high level of knowledge about tuberculosis. Everyone on the TB team in LCPH puts in an incredible amount of effort to make sure patients are well cared for and the public's safety is ensured. This is often a tricky balance. LCPH is diligent in locating and evaluating TB contacts as is reflected in their data. That same diligence applies to B waiver immigrant follow-up and evaluation. The outcomes for B waivers are good and a new case was detected due to this follow-up. LCPH continues to develop strong relationships with community clinics and hospitals; they communicate well with providers and give providers the support needed to care for the patient. LCPH staff is highly communicative with the OHA-TB staff and is responsive to and supportive of continuing efforts on the part of OHA to improve TB data collection and reporting. OHA-PHD appreciates the recent feedback LCPH has provided on electronic lab reports and other elements of data management.

## **Vital Records**

In 2018, Lane County was the county of birth for 3,586 infants and 3,769 deaths occurred in the county. The county vital records office serves its community by offering a local office where certified copies of birth and death records are available to order by authorized individuals. The county is limited to providing this service for the first six months after the event, whether birth or death. The staff of the Lane County Office of Vital Records provide these services with efficiency and excellent customer service. They complete most orders within one day of the request.

The Lane County staff members consistently maintain excellent standards of confidentiality and security. The office staff provide a large volume of vital records to their residents and families, while consistently receiving praise and appreciation from their partners in the field, including funeral directors, hospital and state staff members.

Staff members take the time and make the effort to understand the laws and rules that apply to their work. They do this through the perspective of the customer and with a goal of creating the best customer service experience possible.

### **Women, Infants and Children (WIC)**

WIC's mission is to safeguard the health of low-income women, infants, and children up to age five who are at nutrition risk by providing nutritious foods to supplement diets, information on healthy eating, and referrals to health care. Delivering high quality nutrition services is essential in not only carrying out this mission, but also ensuring that WIC continues to be the premiere national public health nutrition program. The most recent fact sheet for this local WIC agency can be found on the Oregon WIC website: <http://public.health.oregon.gov/HealthyPeopleFamilies/wic/Pages/annual.aspx>

#### Program strengths:

- Innovated implementation of a state grant for enhancement of WIC clinic environments using a trauma-informed approach.
- Access to a variety of excellent nutrition education options in English and Spanish. Options that meet diverse needs and interests include small group sessions, online nutrition education and “Cooking Matters” classes offered at local stores through partnership with Food for Lane County.
- A weekly “Baby Check-In” drop-in clinic where all WIC infants are offered weight checks, consultations with a nutritionist or breastfeeding specialist, and early intervention with feeding issues or health concerns.
- Quality breastfeeding services which include monthly prenatal breastfeeding sessions, breast pump education and distribution, and access to assistance from an International Board-Certified Lactation Consultant (IBCLC).
- Weekly food distribution at the Eugene WIC clinic drop off site through Food for Lane County.
- Onsite dental services at each WIC clinic sites. Dental hygienists provide dental screening and fluoride varnish through collaboration with the local CCO.



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Kate Brown, Governor

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June 2, 2020

The Honorable Heather Buch, Chair  
Lane County Board of Commissioners  
125 East 8<sup>th</sup> Ave  
Eugene, OR 97401

Dear Chair Buch:

The triennial onsite agency review of Lane County Public Health was conducted in April 2019. Findings were determined based on compliance with federal and state statutes or rules, the Intergovernmental Agreement for the Financing of Public Health Services and the Intergovernmental Agreement for Environmental Health Services.

A letter listing items that needed correction was sent to you after the review. The Public Health Administrator was provided a document listing the specific items and the time frame for correction.

We are very pleased to write you this letter thanking you and your staff for resolving all the compliance findings.

Sincerely,

Danna Drum  
Strategic Partnerships Lead

Andrew Epstein  
Public Health Systems Consultant

cc: Jay Bozievich, Commissioner, Lane County  
Pat Farr, Commissioner, Lane County  
Joe Berney, Commissioner, Lane County  
Pete Sorenson, Commissioner, Lane County  
Jocelyn Warren, Local Public Health Administrator