

# Oregon Public Health Connection

An e-bulletin co-produced by the Oregon Public Health Division, DHS, and the Conference of Local Health Officials

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Included: Oregon Immunization Rates, PH Training Assessment, Oregon breastfeeding data, hazard vulnerability assessment data tool
- **County Best Practices:** Focus on Vista PHw and how it can help counties
- **Hot Topics:** H1N1 Influenza, Arthritis

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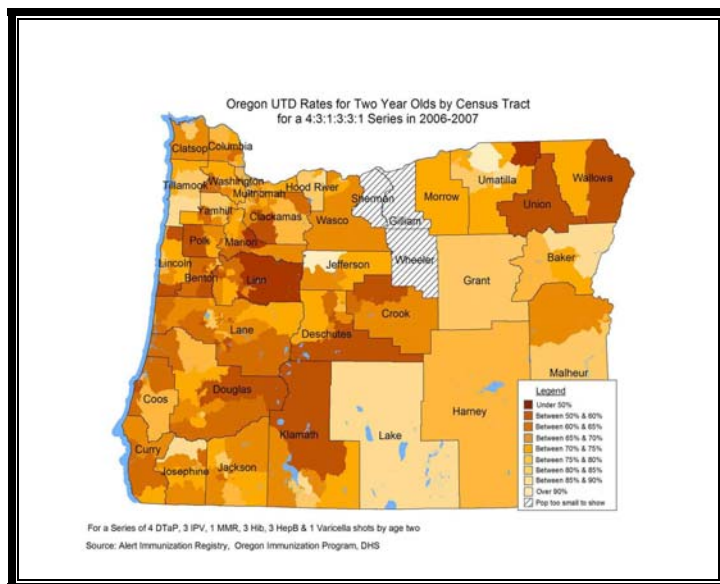
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## Top Priority:

### Data collection, analysis and its impact on the public's health

*(Editor's note: May's issue of the Oregon Public Health Connection is devoted to "data month" – highlighting some of the various data-related efforts, collection and analysis being conducted that impact and benefit the public's health. For a compendium of Oregon Public Health data with web-based links to information about public health issues facing Oregonians, see **Community Health Priorities** link at: [http://www.communityhealthpriorities.org/resources/oregon\\_health\\_data](http://www.communityhealthpriorities.org/resources/oregon_health_data))*



### Oregon Immunization Rates

The United States has experienced a dramatic decrease in the incidence of vaccine-preventable childhood diseases over the past five decades, largely due to successful integration of vaccines into early childhood care<sup>1</sup>. However, when immunization rates wane, disease can reemerge and threaten community health.

Sustaining immunization rates high enough to protect communities is a complex task. In addition to a diligent vaccine program, it requires an understanding of the spread of disease, economic and social barriers, and community issues affecting immunization coverage at the population level.

*Continued on page 2*

## County Perspective:

### Public Health Training Needs Assessment of PH Workforce

#### Background:

In November 2008, the Oregon Public Health Division and the Oregon Health & Sciences University Department of Medical Informatics and Clinical Epidemiology (OHSU DMICE) developed a needs assessment survey of Oregon's local health department workforce to assess the need, interest in and resources for training/education about public health informatics.

#### Methods:

Surveys were distributed to counties in December 2008 and January 2009 and respondents included county public health administrators or managers.

*Continued on page 2*

<sup>1</sup> Centers for Disease Control and Prevention (1999). Achievements in public health, 1900-1999 impact of vaccines universally recommended for children – United States, 1990-1998. *Morbidity and Mortality Weekly Report*, 48, 243-248.

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## Top Priority: Oregon Immunization Rates - from pg. 1

The development of successful programs and policies to address these issues rely on accurate and timely immunization data. Demand for such information is rapidly increasing, and public health planners need to know where to get it and how to use it.

Three main methods are used for measuring immunization rates in Oregon:

- 1) clinic specific rates for organizations participating in the AFIX (Assessment, Feedback, Incentives, eXchange) program;
- 2) population-based rates from the National Immunization Survey (NIS); and
- 3) population-based rates from the ALERT Immunization Information System.

AFIX is a quality improvement process that uses immunization data from ALERT to inform areas of service delivery improvement at individual clinics in Oregon. The NIS is an on-going national telephone survey of immunization coverage among children 19-35 months of age. The NIS collects data from parents and medical providers of approximately 200-400 children in each state, which provides population-based statewide estimates of immunization coverage.

Since 2004, the Oregon Immunization Program (OIP) has produced state and county wide population-based immunization rates based on ALERT immunization records of all two-year-old children in Oregon. Unlike the NIS, OIP population-based rates are built on the entire population of two year olds in Oregon, making county level rates reliable. These rates are used by OIP, health professionals, and community partners utilize this information to monitor progress and challenges in immunization, identify specific populations at greater risk of diseases, provide local health organizations and decision makers with program measures, and evaluate the efficacy of state and local health policies.

- The **2007 OIP population-based rates** showed 74.1% of two-year-old children in Oregon had received all recommended immunizations – a significant improvement from previous years<sup>2</sup>.
- At the county level, coverage rates ranged from 54.9% to 87.5%.
- Hispanic children have significantly higher rates, 77.5%, compared to non-Hispanic children at 73.0%.
- Among two year old clients of the Women, Infant, and Children Program (WIC), immunization rates increased ten percentage points between 2004 (67.5%) and 2007 (77.6%).

OIP population-based immunization rates for 2004 through 2007, NIS rates, and information on AFIX can be found at OIP Research and Evaluation: <http://www.oregon.gov/DHS/ph/imm/Research/index.shtml>. The 2008 OIP population-based immunization rates will be released in Fall 2009.

For more additional information or data requests, contact Samantha Kurosky at 971-673-0304 or [samantha.k.kurosky@state.or.us](mailto:samantha.k.kurosky@state.or.us)

## County Perspective: Public Health Informatics Needs Assessment - from pg.1

### Results:

- 88% (30/34) counties serving 98% of Oregon's population returned the surveys.
- The number of public health practitioners in counties (nurses, doctors, administrators, others) ranged from two to 200 with a median of nine.
- The number of IT employees supporting health departments ranged from zero to five with the median of two.
- The knowledge, skills, and abilities related to Public Health informatics for potential new employees included: advanced data management (8), basic/general computer skills (9), applying data to the community (2), research to validate services (1), and epidemiology/statistics (1).
- 89% (17/23) of those who responded anticipate the need for employees with informatics training in coming years.
- 77% (23/30) counties were interested in Public Health informatics training affiliated with OHSU's Medical Informatics graduate program.

This information was collected to determine the current level of expertise, people's understanding of the topic, and what the future needs/desires might be. The information is in the process of being reviewed by the Conference of Local Health Officials (CLHO) and the Oregon Public Health Division to determine what next steps need to be taken. For more information contact Steve Modesitt, Oregon Public Health Division, [steve.k.modesitt@state.or.us](mailto:steve.k.modesitt@state.or.us) or Ellen Larsen, Hood River County Health Department Director, [ellen.larsen@co.hood-river.or.us](mailto:ellen.larsen@co.hood-river.or.us)

<sup>2</sup> The Advisory Committee on Immunization Practices (ACIP) recommends all two year olds receive four or more DTaP, three or more Polio, one or more MMR, three or more Hib, three or more HepB, and one or more Varicella vaccination.

## PH: In the News

### H1N1 Outbreak in Oregon



Dr. Mel Kohn, M.D., M.P.H., Acting Director and State Health Officer, Oregon Public Health Division, DHS, conducts one of many briefings during the H1N1 outbreak.

Public health and health care entities throughout Oregon recently took swift action to investigate potential cases and provide public information to help curb the spread of the new H1N1 influenza A virus in Oregon. For the latest information in Oregon: <http://www.flu.oregon.gov>

First swine flu case confirmed in county (Jackson County, OR.) – Whatever you call it – swine flu, H1N1 virus, or novel influenza A (H1N1) – the illness has been confirmed in Southern Oregon. (Courtesy Medford Mail Tribune, Medford, OR.) Swine flu hits coast (Clatsop County, OR.) – Man tests positive; family shows no signs; fellow workers alerted. (Courtesy The Daily Astorian, Clatsop County, OR.)

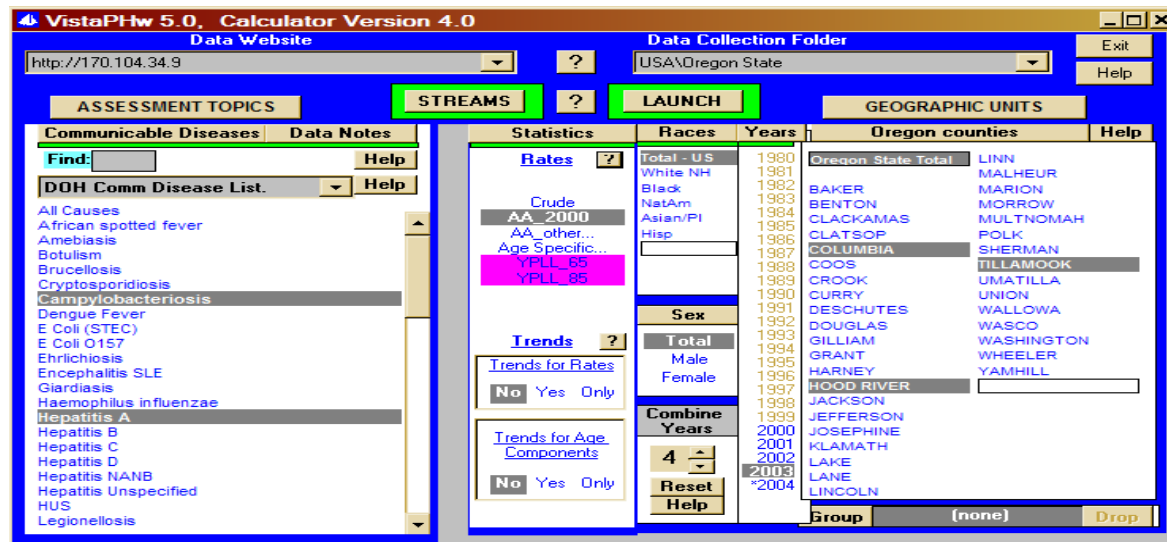
Human Services: Caseloads up, revenues down (Umatilla County, OR.) – In District 12 (Pendleton, Hermiston, Milton-Freewater, and Boardman) rises are expected in human services and health care needs. (Courtesy East Oregonian, Umatilla County, OR.)

Health Department offers help in tough times (Hood River County, OR.) – The Hood River County Health Department is offering free birth control to men and women who are struggling in the economic recession. (Courtesy The Hood River News, Hood River County, OR.)

County will consider fund swap proposal (Lane County, OR.) – Lane County Budget Committee favors saving until state revenues picture clearer. (Courtesy The Eugene Register Guard, Lane County, OR.)

## County Best Practices: VistaPHw: Tool for community assessment in counties

VistaPHw is a free software package that allows the public health community in Oregon to access and analyze population-based health data on the county or state level. The program calculates rates of disease or other health events with appropriate statistical measures and displays the results in an Excel spreadsheet table, as a chart, or as a thematic map. Oregon data sets currently available for analysis include birth, death, infant mortality, abortion/pregnancy, communicable disease, cancer registry, decennial census and population estimates. Hospital discharge data will be added soon.



Within the next year, Oregon will roll out a new, improved assessment tool to replace VistaPHw. While maintaining all of the current functionality of VistaPHw, the Community Health Assessment Tool (CHAT) will provide even more options for advanced users as well as a simple user-friendly interface for all users.

While data tools such as VistaPHw and CHAT are a great aid to the assessment work of county health departments, other resources are also needed. To help provide those resources, the Community Health Assessment Network (CHAN) and the Public Health Division are developing a clearinghouse where counties can access data, training materials and technical assistance. The clearinghouse will also facilitate collaboration with other counties, community-based organizations and academic institutions.

For more information, contact Nita Heimann, Research Analyst, Health Systems Planning, Oregon Public Health Division, DHS, 971-673-1267 or [juanita.a.heimann@state.or.us](mailto:juanita.a.heimann@state.or.us) or see the VistaPHw website at <http://oregon.gov/DHS/ph/hsp/vistaphw/index.shtml>

## Oregon breastfeeding data available through accessible sources

Have you ever wondered how many moms in Oregon breastfeed? Or whether the birthing hospitals in our state provide a breastfeeding friendly environment? Ever wished for a better understanding of which factors influence moms' decisions about breastfeeding?

Luckily, there are a number of easily accessible data sources to answer these very questions. To access general breastfeeding rates, the primary source is the National Immunization Survey conducted by CDC. Ross Laboratories also collects breastfeeding data and has historical data back to 1970. Data on hospital practices is also available from the CDC. Oregon also collects breastfeeding data through the Pregnancy Risk Assessment Monitoring Survey (PRAMS). County level data for the WIC population can be obtained by contacting the State WIC office. In addition, the Oregon WIC program just completed a multi-year study tracking women from pregnancy through six months postpartum to uncover the multiple and complex factors that influence breastfeeding decisions.

While this multitude of data sources confirms that Oregon leads the nation in breastfeeding rates and its hospital practices are stronger than in other areas of the country, the data also demonstrates that many problems still exist. Therefore, having a good grasp of our state's breastfeeding data is a vital piece of assuring that each new Oregonian gets off to the best start by breastfeeding.

### Links to Data

- Breastfeeding Among U.S. Children Born 1999-2005, CDC National Immunization Survey [http://www.cdc.gov/breastfeeding/data/NIS\\_data/index.htm](http://www.cdc.gov/breastfeeding/data/NIS_data/index.htm)
- 2007 CDC National Survey of Maternity Practices in Infant Nutrition and Care (mPINC) <http://www.cdc.gov/breastfeeding/data/mpinc/>
- Ross Mothers Survey. Alan S. Ryan, Zhou Wenjun, and Andrew Acosta. Breastfeeding Continues to Increase Into the New Millennium. PEDIATRICS Vol. 110 No. 6 December 2002, pp. 1103-1109.
- Pregnancy Risk Assessment Monitoring Survey (PRAMS) <http://www.oregon.gov/DHS/ph/pnh/prams/index.shtml>
- Oregon WIC BF Data and BF Study Information: Contact Julie Reeder, (971) 673-0051 or [julie.a.reeder@state.or.us](mailto:julie.a.reeder@state.or.us)

## PH Calendar

May 2009



**Colored Pencils Culture Night**  
Next Colored Pencils Art and Culture Night: May 29, 5:30 p.m., United Way of the Columbia-Willamette Community Center, 619 SW 11<sup>th</sup>, Portland, OR. Event sponsored by the Center for Intercultural Organizing, Vision Into Action Coalition, Latino Network, City of Portland's Office of Human Relations, Colors of Influence magazine, Cambodian American Community of Oregon.

June 2009

**Health Equity, Diversity Forum**  
June 2, 6:30 p.m., Kaiser Permanente Town Hall, 3704 N. Interstate Ave., Portland, OR. Explore this topic at a facilitated community forum to discuss the factors that influence our health and the emotional impact of health disparities.

**Hot Topics in Preparedness**

June 30, noon, via live web conferencing. Topic is Reflecting on Decision-Making During an Influenza (H1N1-Unusual) Epidemic, Steven Helgerson, M.D., M.P.H., State Medical Officer, Montana Dept. of Public Health & Human Services and Anthony Marfin, M.D., M.P.H., State Epidemiologist, Washington State Dept. of Health. Sponsored by the Northwest Center for Public Health Practice.

August 2009

**Summer Institute 2009**  
Northwest Center for Public Health Practice, Aug. 10-14, 2009, University of Washington, Seattle, WA.



The Oregon Public Health Connection is recognized by NPHIC as a national Bronze Award winner for Excellence in Public Health Communication.

## Top Priority:

### Hazard vulnerability assessment data tool to aid local preparedness

Oregon Public Health Division Emergency Preparedness Program (OPHD/PHEP) is finalizing a new "GIS Data Tool" for use by local health departments and emergency managers to identify and plan to protect critical facilities and populations in their communities that may be at special risk during an emergency. The tool is an interactive database that contains a series of base maps of the entire state that are overlaid with geocoded\* information about the specific location of infrastructure and service facilities, roadways, water bodies and other important local resources. The database also includes geocoded information about major hazards like floods, earthquakes and fault-lines, wild fires, and the locations of where hazardous materials are manufactured, stored and used.

This tool will provide local health departments and emergency managers with data to assist them in planning for and mitigating the impacts of the prioritized emergencies identified in the hazard vulnerability assessments (HVA) that most local public health agencies recently completed. The information will also help improve situational awareness during an emergency.

The information in the GIS Data Tool comes from several sources, and will be updated approximately twice per year. The tool is designed in a way that will allow local users of the tool to add additional information layers that are relevant to the local jurisdiction, as needed. It is the intention of OPHD/PHEP to develop map layers representing vulnerable populations for a future update of the tool. The initial evaluation phase for the tool is two years. Users of the tool will assist OPHD/PHEP in evaluating the tool to help determine its value for maintaining and enhancing beyond the initial two-year period.

The GIS Data Tool has been developed in two formats to be useful to non-experts in geocoding (e.g., local health department staff) and to more advanced GIS users (e.g., cartographers and GIS-specialists working for local planning departments and emergency management agencies). It is the intention of OPHD/PHEP to share the tool with local public health departments, local emergency managers to assist in emergency preparedness efforts. A data use agreement intended to clarify the users and uses of this information is currently being developed. The GIS Data Tool contains information about critical resources, facilities and infrastructures. The tool is intended for use only for emergency preparedness planning, response and recovery purposes.

*\*Geocoding is the process of assigning geographic coordinates (often expressed as latitude and longitude) to other geographic data, such as street addresses, or zip codes. With geographic coordinates, the features can be mapped and entered into Geographic Information Systems (GIS), or the coordinates can be embedded into maps and digital photographs. Information provided by Michael Heumann, Epidemiologist, Office of Environmental Public Health, Oregon Public Health Division.*

## Hot Topics: Arthritis - Leading cause of disability in the U.S.



(Photo courtesy U.S. Department of Health and Human Services.)

### Physical activity is the key to better health for 750,000 Oregonians with arthritis

Arthritis is the leading cause of disability in the United States and a serious health issue in Oregon, affecting about 27 percent of the state's adult population. Arthritis is not just an "old person's" condition: Nearly 64 percent of Oregonians with arthritis are under the age of 65.

Studies have shown that engaging in regular physical activity can help reduce arthritis pain, improve joint function and improve a person's quality of life. Moderate exercise such as walking, swimming and biking are especially beneficial, but even gardening, washing the car and dancing can help reduce pain, improve flexibility and help people stay independent as they age. The key is doing some form of physical activity three or more days a week.

In Oregon, there are ample opportunities to enjoy physical activity. Walking paths, parks, bike lanes and recreation centers are available in most communities. For those who enjoy a more structured environment, motivation and companionship, the Oregon Chapter of the Arthritis Foundation is sponsoring aquatics, exercise and Tai Chi classes at pools, athletic clubs, YMCAs, and community senior centers around the state. Classes are taught by trainers certified by the Arthritis Foundation.

Since May is Arthritis Awareness Month, the Oregon Public Health Division is running a radio and newspaper campaign promoting physical activity and Arthritis Foundation classes. The Arthritis Foundation's website offers a variety of resources for people with arthritis as well as resources for health care professionals. For information, go to the Foundation's website, [www.arthritis.org/chapters/pacific-northwest/or-branch.php](http://www.arthritis.org/chapters/pacific-northwest/or-branch.php), or call 503-245-5695 (toll free at 1-888-845-5695.) Information provided by the Chronic Disease Prevention Program, Oregon Public Health Division.



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