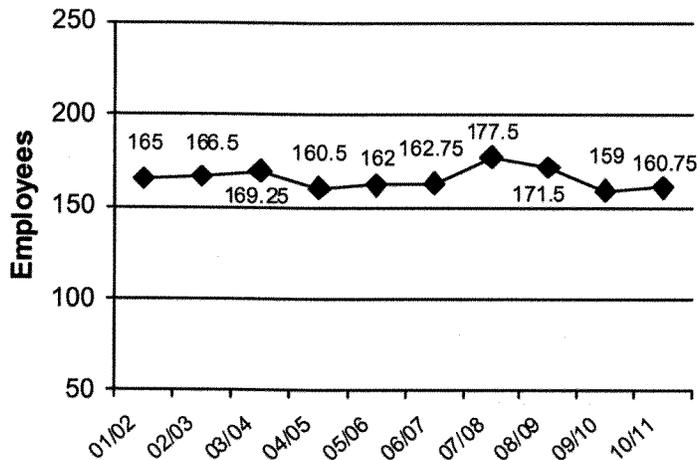


MISSION STATEMENT

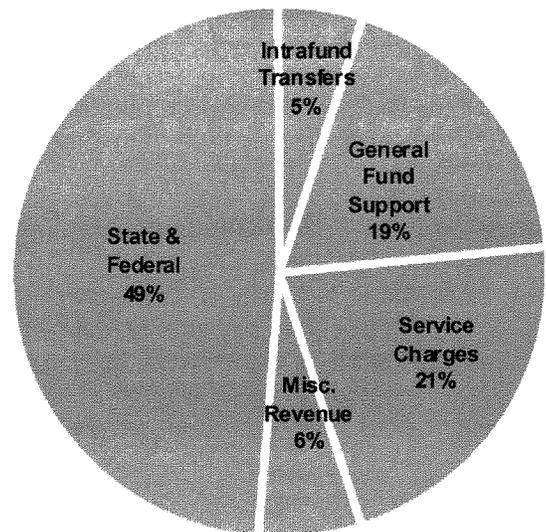
To promote, preserve and protect the health of all San Luis Obispo County residents through disease surveillance, health education, direct services, and health policy development.

	2008-09	2009-10	2010-11	2010-11	2010-11
<u>Financial Summary</u>	<u>Actual</u>	<u>Actual</u>	<u>Requested</u>	<u>Recommended</u>	<u>Adopted</u>
Licenses and Permits	\$ 17,063	\$ 18,787	\$ 23,551	\$ 23,551	\$ 23,551
Fines, Forfeitures and Penalties	246,584	8,162	177,800	177,800	177,800
Revenue from Use of Money & Property	2,813	1,462	1,000	1,000	1,000
Intergovernmental Revenue	10,680,166	11,298,983	10,472,632	10,580,946	11,187,946
Charges for Current Services	4,671,302	4,622,416	4,946,372	4,706,539	4,726,214
Other Revenues	94,701	544,476	60,556	455,632	455,632
Interfund	591,866	364,848	237,086	237,086	237,086
**Total Revenue	\$ 16,304,495	\$ 16,859,134	\$ 15,918,997	\$ 16,182,554	\$ 16,809,229
Salary and Benefits	16,042,688	15,453,727	16,313,093	16,098,450	16,111,850
Services and Supplies	6,497,751	5,452,006	4,931,548	4,570,172	4,576,447
Other Charges	302,856	1,027,369	908,567	908,567	1,508,567
Fixed Assets	0	100,413	0	0	7,000
**Gross Expenditures	\$ 22,843,295	\$ 22,033,515	\$ 22,153,208	\$ 21,577,189	\$ 22,203,864
Less Intrafund Transfers	904,983	1,090,220	1,152,584	1,152,584	1,152,584
**Net Expenditures	\$ 21,938,312	\$ 20,943,295	\$ 21,000,624	\$ 20,424,605	\$ 21,051,280
General Fund Support (G.F.S.)	\$ 5,633,817	\$ 4,084,161	\$ 5,081,627	\$ 4,242,051	\$ 4,242,051

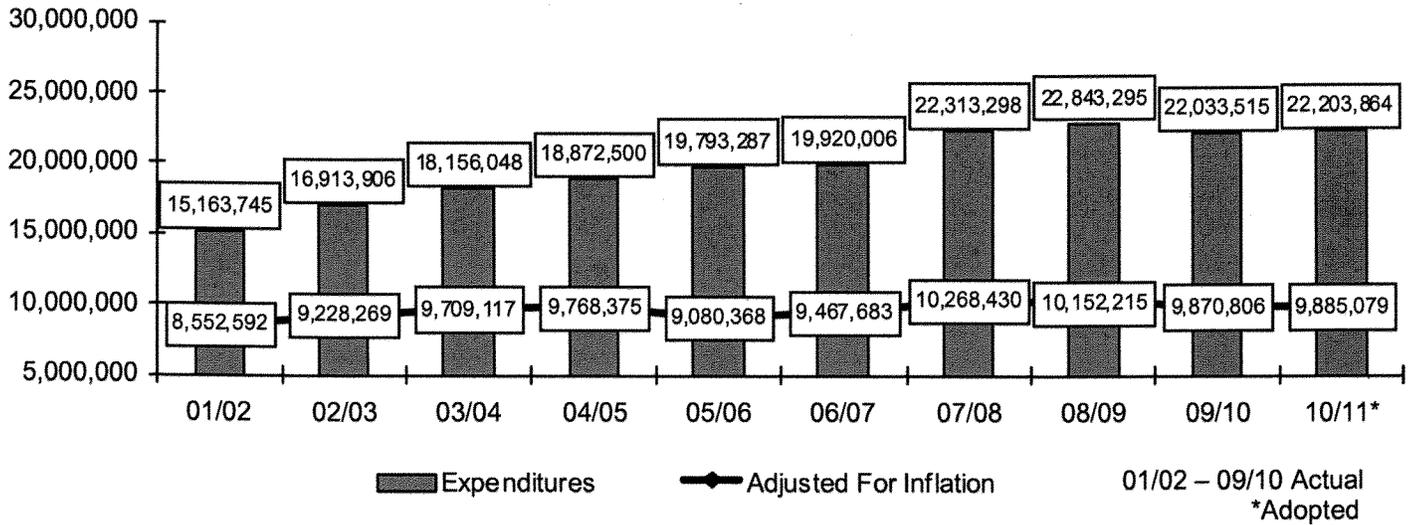
**Number of Employees
(Full Time Equivalent)**



Source of Funds



10 Year Expenditures Adjusted For Inflation



SERVICE PROGRAMS

Environmental Health Services

The Environmental Health Division is responsible for protecting public health by preventing exposure to toxic substances, disease-causing agents, unsanitary conditions, other environmental hazards and disaster response. Specific programmatic areas of the Division include Food Sanitation, Land Development, Hazardous Material Management, Vector Control, Waste Management, Water Quality, and Stormwater and Underground Storage Tank Management.

Total Expenditures: \$3,309,005 Total Staffing (FTE): 24.50

Family Health Services

The Family Health Services Division is comprised of programs and activities that provide a comprehensive array of health related services including communicable disease control, immunizations, HIV/AIDS surveillance, reproductive health, early cancer detection, case management targeted at improved prenatal care and parenting skills leading to healthy birth outcomes, child health disability prevention and specialty care for children with disabilities, as well as specialized service for the Suspected Abuse Response Team (SART).

Total Expenditures: \$9,645,069 Total Staffing (FTE): 72.75

Public Health Laboratory

The Public Health Laboratory provides testing to physicians, health clinics and other laboratories for infectious diseases, to businesses and the public for water, shellfish and other environmental microbial contamination, and serves as an advanced-capability, regional laboratory in the event of a bioterrorist attack or natural pandemic.

Total Expenditures: \$1,893,553 Total Staffing (FTE): 11.25

Health Promotion

The Health Promotion section focuses on promoting a healthy community by empowering individuals, groups and organizations to take responsibility for adopting healthy behaviors and supporting policies that promote health. Program areas include Tobacco Control, Nutrition and Physical Activity (Obesity Prevention), the Special Supplemental Nutrition Program for Women, Infants and Children (WIC), oversight of HIV/AIDS community-based services, Injury Prevention, and Oral Health Promotion.

Total Expenditures: \$2,085,021 Total Staffing (FTE): 21.25

Emergency and Special Services

The Public Health Department also oversees vital records, epidemiological services, and the Emergency Medical Services system for the County, and the Public Health Emergency Preparedness program.

Total Expenditures: \$950,933 Total Staffing (FTE): 7.00

Health Agency Administration

Health Agency Administration provides Administration, Information Technology, Accounts Payable, and Human Resources support to all of the Health Agency and oversight of the office of Public Guardian.

Total Expenditures: \$4,280,933 Total Staffing (FTE): 24.00

DEPARTMENT COMMENTS

Key Accomplishments for FY 2009-10

Internal Business Processes

Reorganized Department

- Created two new divisions: Health Care Services and Health Promotion. This improved alignment of program functions and enhanced efficiency and supervisory span of control.

Family Health Services

- Completed Five-Year Maternal, Child, and Adolescent Health Needs Assessment to identify program priorities – Perinatal Substance Abuse, Access to Care, Adolescent Risk Behavior.

Laboratory Services

- Obtained federal recertification for testing of human, environmental, and select (bioterrorism) agents.
- Began testing for new select agent allowing certification for testing FBI evidence submitted.

Environmental Health Services

- Completed annual update of 22 Program Plans that include purpose, regulatory authority, scope, goals and objectives, performance measures, cost and net county cost.

Public Health Emergency Preparedness

- Finalized, in collaboration with local hospitals and Emergency Medical Services providers, a new county-wide Standard Operating Procedure for triaging patients in a public health emergency.

Health Promotion

- The County AIDS Program eliminated direct care for clients and contracted with AIDS Support Network resulting in cost efficiency while maintaining quality medical care and support services for clients.

Financial Health

Family Health Services

- Eliminated routine tuberculosis (TB) testing of all Jail inmates and wards of the Juvenile Services Center.

Laboratory Services

- Obtained two grants from the Health Resources Service Agency \$329,670 to complete lab renovation. and \$85,000 from the Department of Homeland Security to purchase a Thermocycler for molecular testing.
- Increased fee revenue 13% over the previous fiscal year.

Environmental Health Services

- Converted server-based database system (Envision) to web-based (Envision Connect) which provides dashboard reports to more easily track completion of performance measures.

Public Health Emergency Preparedness

- Hired a Senior Account Clerk to help improve budget and expenditure tracking procedures.

Health Promotion

- Women Infants and Children (WIC) Program received \$323,000 in supplemental federal funding to expand services in underserved areas of the county.

Customer Service

Responded to 2009 Pandemic (H1N1) Influenza A

- Activated County Health Agency Departmental Operations Center (CHADOC), 8/31/09 – 1/20/10.
- Provided informational updates at least weekly (daily during peak) to all health care providers, City and agency partners, County leadership, and the media.
- Investigated and directed infection control response to several institutional outbreaks.
- Swiftly upgraded Public Health Laboratory to enable influenza testing for H1N1 virus locally.
- Worked with Information Technology Department to enhance County website utility.
- Conducted 33 presentations and distributed > 4,000 educational pamphlets for local residents.
- Partnered with 11 school districts to plan and conduct school-located vaccination clinics (SLVCs).
- Vaccinated more than 30,000 people, including nearly 15,000 at 85 SLVCs.
- Partnered with EMSA, Inc. and Advanced Life Support (ALS) providers (Fire and Ambulance companies) to expand Scope of Practice for paramedics to administer vaccine.

Community Health Status Report, 2010

- Produced the Community Health Status Report, which provides an overview of some of the key community health trends in our county and provides information for use by health care providers, policy-makers, educators and other community members.

Family Health Services

- Created and distributed, in English and Spanish, a list of dental providers who accept DentiCal insurance, so that families may self-refer their children.
- 76% of all staff in the Division participated in the H1N1 pandemic response.

Laboratory Services

- Selected a new, less expensive single-courier service for use by entire Health Agency.
- Implemented advanced molecular testing for TB and influenza and performed more than 650 flu tests for H1N1 pandemic.

Environmental Health Services

- Developed the Public Portal to allow businesses to electronically submit chemical inventory and maps.

Public Health Emergency Preparedness

- Doubled to 3,200, the number of County and City employees, first responders and immediate family members vaccinated for flu during a mass drill.

Health Promotion

- Collaborated with Drug and Alcohol Services (DAS) to offer smoking cessation services to their clients.

- Worked with the City of San Luis Obispo to develop and implement a comprehensive outdoor smoking ordinance, the most comprehensive ordinance yet passed in this County.

Learning and Growth

Family Health Services

- 107 employees completed CPR training and 150 completed FIT testing (for use of respirator masks).
- 67 pediatric provider office personnel received training in audiometric (hearing) testing.
- 58 pediatric provider office personnel received training in Body Mass Index (BMI) percentile calculations so that the county can accurately capture the extent of the childhood overweight/obesity problem.

Laboratory Services

- Conducted a workshop for private clinical laboratory staff on packing and shipping requirements.

Environmental Health Services

- Continued cross-training staff to support generalist approach to delivery of services.

Public Health Emergency Preparedness

- Conducted two orientation courses, in collaboration with the local chapter of the American Red Cross, for new Medical Reserve Corps members, increasing membership from 5 to 28.
- Completed training and FEMA-graded drill for Nuclear Power Plant on evacuee monitoring and management of the Decontamination Center.

Health Promotion

- The Childhood Obesity Prevention Program taught a curriculum designed to get people to drink fewer sweetened drinks called "ReThink Your Drink" to 60 classes of over 1,200 children and adults.
- The Tobacco Control Program developed a puppet show on the dangers of tobacco which was taught to over 15 preschool classrooms, and attended by over 200 children.
- Offered a train-the-trainer program on smoking cessation for 70 staff including nurses, drug and alcohol specialists, and mental health therapists. To date, Public Health Nurses have provided cessation counseling to 30 women during home visits.

Major Focus and Challenges for FY 2009-10

Internal Business Processes

- Augment existing performance measures and reporting of outcomes to adequately reflect the diversity, comprehensiveness, and attainment of Public Health functions.
- Continue implementation of evidence-based targeted tuberculosis testing based on risk assessment rather than routine testing of traditional population groups.
- Assess Departmental readiness for national Public Health Accreditation to begin in 2011.
- Use "lessons learned" from the Agency's response to the H1N1 pandemic to improve agency emergency response systems and increase understanding of individual disaster service worker roles in a public health emergency.

Financial Health

- Alter or eliminate ineffective or inefficient services; e.g., limit adult vaccinations to those with public health implications, reduce duplication in managing potential blood-borne pathogen exposures among public safety employees.

Customer Service

- Develop a local ordinance which allows Health Agency grounds to become "smoke-free".
- Maintain greater than 90% positive results on all customer satisfaction surveys and an absence of complaints.
- Create an Oral Health Coordinator position to continue the collaborative efforts of many stakeholders in improving the system of oral health care for children.

Learning and Growth

- Develop and enhance clinical quality assurance initiatives for programs with direct care.
- Continue to avail new staff of opportunities for certifications such as Registered Environmental Health Specialist (REHS) for Environmental Health Specialists, CPR for clinical staff, and Nursing Child Assessment Satellite Training (NCAST) certification for field nurses.
- Increase the number of people agency-wide that have completed online courses in the Incident Command System (ICS), a nationally-recognized system used to organize the response to an emergency event.

COUNTY ADMINISTRATOR'S COMMENTS AND RECOMMENDATIONS

The level of General Fund support for Public Health is recommended to decrease \$749,351 or 15% compared to the FY 2009-10 adopted level. Revenues are budgeted to decrease \$469,312 or 2% compared to the FY 2009-10 adopted budget. Total expenditures for this fund center are budgeted to decrease \$1,218,663 or 6%. As in past years, cost savings measures have been incorporated into the budget to reduce the need for General Fund support. Accordingly, the following measures are included in the FY 2010-11 recommended budget for Public Health:

- A General Fund savings of \$310,676 created by not budgeting for a FY 2010-11 prevailing wage increase. In the past, divisions of the Health Agency typically budgeted to provide some funding should it be necessary to pay for a prevailing wage increase in a particular year. This was done mainly to ensure that where a program received State and Federal reimbursement revenue, the amount received would be as close to full cost as possible. Over the years reimbursement rates have not kept pace with actual costs and it is no longer necessary for Health Agency programs to budget for a prevailing wage increase. For FY 2010-11 the Health Agency has opted not to budget for this cost. If it is determined that an increase is in order for FY 2010-11, the Health Agency will need to offset the increase in Salary and Benefits with expense savings or unanticipated revenue elsewhere.
- An expenditure reduction of \$111,063 and a General Fund savings of \$87,204 expected from the use of Voluntary Time Off (VTO) by Public Health Staff. This is the third year that VTO has been budgeted in order to reduce the need for General Fund support and help avoid potential layoffs. The use of VTO in FY 2010-11 will mean the loss of productive time across various Public Health programs and may impact the ability to provide timely customer service in those programs.
- Reduction of Information Technology programming support by an additional 8%, on top of a cumulative reduction of approximately 20% in the 18 months including all of FY 2008-09 and the first half of FY 2009-10, for a savings of \$60,310. Eliminating programming hours will increase the risk of application failure, make recovery time longer in the event of a failure, will decrease the Agency's ability to comply with regulatory changes, and will delay projects that could increase business efficiency.
- Elimination of a full-time Supervising Public Health Nurse position in the Family Health Services Division for an expenditure reduction of \$137,233 and a General Fund savings of \$63,935. The loss of this supervisory position is expected to be largely mitigated by an organizational realignment of the Family Health Services Division.

Revenues are budgeted to decrease \$469,312 or 2% compared to the FY 2009-10 adopted budget. State and Federal revenues are expected to be flat overall. A significant portion of the reduction in revenue is due to a major reduction of \$242,908 in State funding for the AIDS program and the elimination of \$441,979 due to the departure of the First 5 staff from the Public Health budget. Other significant reductions include realignment revenue, which is drawn from State sales tax and vehicle license fees, and is expected to continue to decline by \$170,039 or 5% from the FY 2009-10 adopted amount, as is Tobacco Settlement revenue, which is expected to decline \$61,435 or 14%. The overall reduction in FY 2010-11 revenue would be closer to \$1 million were it not for two major funding sources: Federal economic stimulus revenue (expected to be extended through the end of FY 2010-11) totaling \$319,853, and an increase in Public Health Security revenue totaling \$205,384.

The FY 2010-11 budgeted revenue includes approximately \$75,000 in Federal funding based on the assumption that Congress will extend stimulus funding that increases the Federal Medical Assistance Percentage (FMAP) paid on MediCal reimbursement. As of April 2010, the FMAP increase was due to expire on December 31, 2010.

If Congress does not pass an extension by mid-FY 2010-11, the Health Agency will be required to offset the shortfall through expenditure savings or unanticipated revenue.

Total expenditures for this fund center are budgeted to decrease \$1,218,663 or 6% compared to the FY 2009-10 adopted budget. Salary and Benefits expenditures are budgeted to decrease \$503,644. Significant variances include the General Fund reductions in prevailing wage and VTO noted above, totaling \$421,739; staff reductions due to the elimination of State funding for the AIDS program totaling \$257,491; and the departure of the First 5 staff from the Public Health budget totaling \$306,261. Staff positions are being added due a request by Public Health to create and Oral Health Coordinator position (see below) and the need to end the contract for the Emergency Medical Services Agency (EMSA) and bring its functions into the Public Health Department (see below). This function is currently provided by an independent, non-profit organization. The addition of these positions adds a combined \$449,036 in expenditures to Salaries and Benefits expense.

Service and Supplies expenditures are budgeted to decrease \$1,212,660 or 20% compared to the FY 2009-10 adopted budget. Significant variances include the reduction of \$130,065 in contracted assistance for the AIDS program, the elimination of \$443,415 for the EMSA contract, the loss of the \$110,666 grant for the Obesity prevention program, and a combined reduction of \$80,310 in Information Technology support (including the \$60,310 reduction listed among the General Fund support cuts listed above). Also contributing to the overall reduction is a \$325,465 reduction in charges for interdepartmental services and overhead (mainly due to a change beginning in FY 2010-11 whereby Health Agency departments will no longer be charged for these costs through FC 160 – Public Health), and a \$90,215 reduction in Countywide overhead.

Since 1982, the County has contracted with Emergency Medical Services Agency, Inc., a local non-profit entity, to regulate and administer the County's Emergency Medical Services (EMS) program. A major duty under this contract involves review of confidential Department of Justice (DOJ) and Federal Bureau of Investigation (FBI) background information for paramedics and emergency medical technicians wishing to work in San Luis Obispo County. Beginning in FY 2010-11, the contractor will no longer be able to perform this duty because the DOJ and the FBI will not allow non-governmental agencies access to the confidential information they provide.

The County is obligated to continue the program, so the EMS function will be moved into the Public Health department beginning July 1, 2010. The expense for providing this function in house, totaling \$473,254, along with a modest amount of revenue (\$29,839) has been added to the FY 2010-11 recommended budget. Six staff positions, totaling 4.00 FTE, make up most of the cost of the program, and have been added to the FY 2010-11.

Position Allocation List (PAL) (see below). While this change effects the totals for overall revenue and expenditures, there is no increase in General Fund cost to the County because of the offsetting effect of eliminating the expenditure for the EMSA contract.

An overall increase of 3.00 FTE is recommended in the Public Health Position Allocation List (PAL) for FY 2010-11:

- -1.00 Supervising Public Health Nurse due to reduced General Fund support in this budget.
- +2.00 Public Health Aide II limited-term positions, added with Federal stimulus funding received in the Women, Infants and Children (WIC) program.
- -1.00 Administrative Assistant (AA) III due to the departure of First 5 from this fund center.
- -1.00 Administrative Services Office (ASO) II due to the departure of First 5.
- -1.00 Program Manager due to the departure of First 5.
- -1.00 Accountant II due to the departure of First 5.
- +1.00 Accounting Technician transferred from FC 161 – Mental Health to consolidate accounts payable staff in this fund center.
- +1.00 Senior Account Clerk from FC 162 – Drug & Alcohol Services to consolidate accounts payable staff.
- +1.00 Program Manager II due to the addition of the EMS program to this budget.
- +0.50 Public Health Nurse due to the addition of EMS.
- +1.00 ASO I due to the addition of EMS.

- +1.00 AA III due to the addition of EMS.
- +0.50 AA II due to the addition of EMS.

BUDGET AUGMENTATION REQUESTS ADOPTED

Unit Amount	Description	Intended Results
Gross: \$118,129 General Fund Support: \$0	Create an Oral Health Coordinator position in the Public Health Department of the Health Agency.	<ul style="list-style-type: none"> ▪ At least 1,200 children will receive three fluoride varnish applications per year. According to a 2006 article in the Journal of Dental Research, "Fluoride Varnish Efficacy in Preventing Early Childhood Caries", children receiving no fluoride varnish were more than twice as likely to have dental caries as those who had annual varnish treatments, and nearly four times more likely to have cavities than children who received fluoride varnish at six-month intervals. ▪ At least 100 parents annually will receive help from the Oral Health Coordinator in locating a dentist to treat their child, and in "convincing" a dentist to accept their child into the dental practice (dental home). ▪ At last 500 parents annually will be educated about preventive dental care for their children. ▪ Schools, community organizations, and other County departments will have a person to contact when they have dental issues. Low-income children who are at risk for dental disease will be identified, and agencies will collaborate to find resources to facilitate oral health treatment.

BOARD ADOPTED CHANGES

Per the Supplemental Budget document, the following modifications were made to this fund center.

- A 1.00 FTE Administrative Assistant (AA) position was deleted from the PAL and a 1.00 FTE Supervising Administrative Clerk I was added in Environmental Health.
- The purchase of an autodialer for the Women, Infants and Children (WIC) program totaling \$7,000 was added to the Fixed Asset list.
- \$600,000 in revenue and expense was added for contract with San Luis Coastal Unified School District to allow the District to participate in the School-Based Medi-Cal Administrative Activities (MAA) reimbursement program (pass-through funding).
- A 1.00 FTE Oral Health Program Manager was added to the PAL, in accordance with the Budget Augmentation Request.
- Delete the proposed 0.50 FTE Administrative Assistant (AA) position for the Emergency Medical Services Agency (EMSA) and add a 0.50 FTE Administrative Services Officer (ASO) in its place.

GOALS AND PERFORMANCE MEASURES

Department Goal: Prevent epidemics and the spread of disease or injury.						
Communitywide Result Link: Healthy Community						
1. Performance Measure: Annual rate of reported retail foodborne disease outbreaks per 100,000 people.						
05-06 Actual Results	06-07 Actual Results	07-08 Actual Results	08-09 Actual Results	09-10 Adopted	09-10 Actual Results	10-11 Target
0.4	0	1.5	0	0	1.5	.5
<p>What: Measures the number of reported outbreaks originating from food sources (restaurants, other retail food preparation facilities, or community meals) as a rate per 100,000 population. A foodborne outbreak is defined as "the occurrence of 2 or more cases of a similar illness resulting from ingestion of a common food source."</p> <p>Why: The Public Health Department responds to foodborne disease outbreaks in order to identify the cause and, if possible, prevent it from reoccurring. Investigating and controlling foodborne disease outbreaks minimizes the number of people affected and reduces the potential for recurrence, contributing to maintaining a healthy community.</p> <p>How are we doing? There were two foodborne outbreaks. National data reflects an estimated 76 million cases of foodborne disease occur each year in the United States. The majority of these cases are mild and cause symptoms for only a day or two. The Centers for Disease Control and Prevention (CDC) estimates that there are 325,000 hospitalizations and 5,000 deaths related to foodborne diseases each year.</p> <p>Benchmark Counties with foodborne outbreaks for the same period: Monterey – 3, Placer-2, Santa Cruz – 0.</p>						
2. Performance Measure: Cost per visit for childhood immunization.						
05-06 Actual Results	06-07 Actual Results	07-08 Actual Results	08-09 Actual Results	09-10 Adopted	09-10 Actual Results	10-11 Target
\$38.24/visit	\$50.04/visit	\$57.23/visit	\$62.66/visit	\$59.50/visit	\$47.95/visit	\$60/visit
<p>What: Measures the County's net cost per visit to immunize a child. The measure does not include flu only clinics and vaccinations for persons traveling overseas. Cost per visit includes all child immunization direct costs to the Family Health Services Division, less any fees that are collected for the immunization service.</p> <p>Why: To monitor the efficiency of delivering a core Public Health function. The most current data from the CDC reflects that for every dollar spent on immunizations there is a corresponding savings of \$6.30 on future medical costs.</p> <p>How are we doing? For the 2nd year in a row, there has been a decrease in the number of clients utilizing Public Health clinics for childhood vaccines. In FY 2009-10, there were 1,208 visits for an 18% decrease in the number of children receiving immunizations at the Public Health clinic sites, down from 1,473 children in FY 2008-09. The decline represents an increase in the number of children receiving childhood vaccines from their private medical provider. Additionally, more low-income children are enrolled into CenCal (the local Medi-Cal Managed Care insurance program). CenCal requires Medi-Cal children to utilize their primary care physicians for routine childhood immunizations.</p> <p>In FY 2009-10, the actual cost per visit rate compared to the target was \$11.55 less or a reduction of 19.41%. The decreased cost per visit is attributed to the redirection of staff to work on Swine (H1N1) flu activities.</p> <p>Benchmark data from other counties are not available.</p>						
3. Performance Measure: Percentage of low birth weight infants.						
05-06 Actual Results	06-07 Actual Results	07-08 Actual Results	08-09 Actual Results	09-10 Adopted	09-10 Actual Results	10-11 Target
5.9%	7.3%	6.9%	7.0%	7.0%	5.5%	7.0%
<p>What: Measures the percentage (averaged over a three-year time period) of live-born infants born to county residents who weigh less than 2,500 grams (five and three-quarters pounds) at birth.</p> <p>Why: Low birth-weight impacts the infant's survival and future development. Reducing the percentage of low birth weight infants would decrease costs for neonatal medical care and enhance quality of life and survival.</p>						

How are we doing? In FY 2009-10, the low birth weight rate was 5.5% (Automated Vital Statistic System birth records), a 1.5% improvement compared to FY 2008-09. It is unknown if this trend will continue into FY 2010-11.

The low rate in our county may be attributed to the multiple preventative Public Health Programs including *First-Time Mothers* (nurse-home visiting), *Baby's First Breath* (tobacco cessation), *Women, Infants and Children (WIC) Program* and the *4 Ps program* (prevention of perinatal substance use) which all are aimed at reducing the rate of low birth weight infants. Emphasis is placed on increasing outreach, education and referral to reduce known risk factors such as teen pregnancy, poor nutrition, tobacco, alcohol and/or other drug use and late entrance into prenatal care.

Benchmark data from the 2010 County Health Status Profiles report: Santa Cruz: 5.7%, Placer: 5.9%, Napa: 6.2%, Monterey: 5.7%, Santa Barbara: 6.2%, and Kern: 7.1%.

4. Performance Measure: Percentage of live born infants whose mothers received prenatal care in the first trimester.

05-06 Actual Results	06-07 Actual Results	07-08 Actual Results	08-09 Actual Results	09-10 Adopted	09-10 Actual Results	10-11 Target
82.7%	82.7%	76%	78%	80%	78%	76%

What: Percentage of live-born infants, born to county residents, whose mothers received prenatal care in the first trimester of pregnancy.

Why: Early, high quality prenatal care reduces the incidence of morbidity and mortality for both mother and infant.

How are we doing? FY 2009-10 birth record data (Automated Vital Statistics System) reflects the percentage of live born infants whose mothers received prenatal care in the first trimester is 78% (2% less than the FY 2009-10 target).

Our high rate of women receiving prenatal care may be attributed to multiple preventive Public Health Programs, such as *Comprehensive Perinatal Services Program* included with our Maternal, Child and Adolescent Health allocation, *First-Time Mothers* (nurse-home visiting), *Medi-Cal Administrative Activities (MAA)*, *Family Planning*, and *Women, Infants and Children (WIC) Program*.

Benchmark data from other counties are not available.

Department Goal: Promote and encourage healthy behaviors.

Communitywide Result Link: A Healthy Community

5. Performance Measure: Birth rate of adolescent females, ages 15 to 17, per 1,000 population.

05-06 Actual Results	06-07 Actual Results	07-08 Actual Results	08-09 Actual Results	09-10 Adopted	09-10 Actual Results	10-11 Target
11.5	11.3	13.8	9.8	15.0	10.5	14.0

What: This measures the frequency of teen births - presented as a rate per 1,000 female county residents between 15 and 17 years old.

Why: The rate of teen births is a direct predictor of future health, social and economic status of both the mother and child. The age range of 15 to 17 year olds is a critical one and a direct indicator of future high-risk families.

How are we doing? In FY 2009-10, 56 female teens in the age range of 15-17 years gave birth compared to 68 in FY 2008-09, a 17.6% decrease (Automated Vital Statistic System birth records). Due to the small number of teen births in the county, annual rates can vary without signifying real change.

The Healthy People 2010 benchmark is 43 per 1000 live births to 15-17 year olds.

The most recent benchmark county data (birth rates for 15-19 year olds): Placer 15.5, Napa 27.3, Santa Cruz 32.6, Santa Barbara 43.1, Monterey 56.2, and Kern 63.7, while San Luis Obispo had a birth rate for teens aged 15-19 of 21.0.

6. Performance Measure: Percentage of the State allocated caseload enrolled in the Women, Infants & Children (WIC) Program.

05-06 Actual Results	06-07 Actual Results	07-08 Actual Results	08-09 Actual Results	09-10 Adopted	09-10 Actual Results	10-11 Target
97.8%	97.7%	100%	97.5%	99%	97%	99%

What: Measures the number of women, infants and children receiving supplemental foods, nutrition education and referrals to health care as a percentage of the State allocated caseload. Allocated caseload is determined by the State WIC Branch and is based on a combination of census data, county poverty levels, and past performance.

Why: Numerous studies have shown that the WIC Program helps reduce complications of pregnancy; lowers the incidence of low birth weight, reduces iron deficiency anemia in children; and promotes optimum growth and development of infants and young children. Ensuring high program participation enhances the health of low-income women, infants and children.

How are we doing? In San Luis Obispo County, the average number of women, infants and children participating in the WIC program in FY 2009-10 was 4,695 a month or 97% of the average allocated monthly caseload (4,844).

Average number of participants served per month in our benchmark counties during FY 2009-10 was: Marin – 3,422 (96.2%); Monterey – 22,172 (96%); Napa - 3,903 (99%); Santa Barbara – 18,416 (96.5%); Santa Cruz – 9,459 (96.1%); Placer – 4,290 (97.6%); Statewide - 1,452,309 (95.3%).

7. Performance Measure: Rate of newly diagnosed HIV cases per 100,000 population.

05-06 Actual Results	06-07 Actual Results	07-08 Actual Results	08-09 Actual Results	09-10 Adopted	09-10 Actual Results	10-11 Target
4.6	3.6	5.6*	7.5	6.0	7.9	6.5

What: This measure denotes the number of unduplicated, newly reported Human Immunodeficiency Virus (HIV) cases throughout the County (excluding the prison system) per 100,000 population.

Why: The rate of reported HIV cases reflects those who are newly diagnosed. Public Health staff contact physicians, hospitals and other places that test for HIV to assist in capturing new HIV cases. This data helps in planning for medical and care services in the community and for determining where prevention efforts should be focused.

* Prior to FY 2007-08, the actual results only included HIV cases reported through the Public Health Laboratory either those who tested HIV positive at Public Health sites or at venues that sent their specimens to the Public Health Laboratory. The new measure is a more accurate indication of the number of newly diagnosed HIV cases in the community. The performance measure changed to reflect the number of new HIV cases since HIV is now a "name-based" mandatory reportable condition rather than anonymous.

How are we doing? In FY 2009-10, 21 cases at a rate of 7.9 were reported, as compared to FY 2008-09 rate of 7.5. This is not a statistically significant change, and the rate remains stable.

In comparison, Kern County had 71 reported community cases for a rate of 8.5 for the year. Benchmark data from other counties is not available at this time.

8. Performance Measure: Youth smoking rate (proportion of youth in 11th grade who have smoked cigarettes within the past 30 days).

05-06 Actual Results	06-07 Actual Results	07-08 Actual Results	08-09 Actual Results	09-10 Adopted	09-10 Actual Results	10-11 Target
19%	Biennial Survey	20%	Biennial Survey	20%	Results not available	Biennial Survey

What: The proportion of youth in the 11th grade who have smoked cigarettes within the past 30 days, based on the Healthy Kids Survey conducted every two years by the California Department of Education.

Why: Among young people, the short-term health consequences of smoking include respiratory illness, addiction to nicotine, and the associated risk of abusing alcohol and/or drugs. Most young people who smoke regularly continue to smoke throughout adulthood. According to the 2007 National Survey on Drug Use and Health, the rate of illicit drug use was almost 9 times higher among youths aged 12 to 17 who smoked cigarettes in the past month (47.3 %) than it was among youths who did not smoke cigarettes in the past month (5.4 %).

How are we doing

No new data is available until completion of the 2009 survey, originally projected to be released in spring 2010. According to the County Office of Education, the release of data has been delayed until September 2010. The July 2010 Centers for Disease Control (CDC) Morbidity and Mortality Weekly report, indicates that the percentage of high school students who are current users of tobacco is 19.5%. CDC projects declines in youth smoking is possible if cigarette advertising and promotions are reduced, along with a reduced availability of tobacco products to minors.

The most current data available is the Healthy Kids 2007 survey which indicated a 20% smoking rate in San Luis Obispo County 11th graders who smoked cigarettes in the last 30 days, an increase of 1% from FY 2005-06. Data from comparable counties in 2007 indicated that 13% of 11th graders smoked in Kern County, 14% in Ventura, 13% in Monterey, 17% in Placer, 12% in Santa Cruz, 17% in Napa, and 16% in San Benito. Variables that may affect local smoking rates include a reduction of tobacco education in grades 9-12, a focus in schools on binge drinking rather than tobacco use, and sporadic enforcement of laws associated with youth access to tobacco.

9. Performance Measure: Adult smoking rates.

05-06 Actual Results	06-07 Actual Results	07-08 Actual Results	08-09 Actual Results	09-10 Adopted	09-10 Actual Results	10-11 Target
Biennial Survey	14.5% (2005 survey)	Biennial survey	11.1% (2007 survey)	Biennial survey	Biennial survey	11%

What: This measure is based on the proportion of adults who smoke based on the California Health Interview Survey (CHIS), which is completed every two years. *Note: Public Health has replaced the Action for Healthy Communities survey with California Health Interview Survey and has benchmark data for each county and the State. Both surveys utilized random telephone surveys.*

Why: The Centers for Disease Control and Prevention (CDC) reports that, in addition to the well-known association with lung cancer, cigarette smoking also increases the risk for heart disease and stroke and on average, someone who smokes a pack or more of cigarettes per day lives seven years less than someone who never smoked.

How are we doing?

The next CHIS 2009 survey is currently underway with an anticipated release in late 2010 or early 2011. According to the 2008 National Health Survey, the percent of United States adults over the age of 18 who currently smoke is 21%. According to 2007 data from the California Department of Public Health, the percent of adults over 18 who currently smoke in the state of California is 13.8%. There are several factors that contribute to the relatively low smoking rate in San Luis Obispo. San Luis Obispo tends to be more affluent and have higher education rates than the population of California as a whole, and smoking is inversely related to socioeconomic status. The Tobacco Control Program has also been effectively working with local jurisdictions to create retail licensing ordinances, and ordinances to ban smoking in outdoor areas. Research indicates that the more environmental restrictions there are, the lower the rate of smoking overall. Since most smoking bans have already gone into effect, we do not anticipate further declines in the SLO County adult smoking rate.

Department Goal: Protect against environmental hazards.

Communitywide Result Link: A safe and a healthy community.

10. Performance Measure: Percentage of compliance with State or Federal bacteriological drinking water standards.

05-06 Actual Results	06-07 Actual Results	07-08 Actual Results	08-09 Actual Results	09-10 Adopted	09-10 Actual Results	10-11 Target
95.8%	95.4%	97.1%	96.8%	96%	96.3%	96%

What: San Luis Obispo County regulates approximately 150 small water systems that supply water to approximately 20% of our county. Water samples are tested for total coliform bacteria, which is the standard test for complying with bacteriological drinking water standards.

Why: Water systems contaminated with fecal material can cause diseases such as typhoid fever, cholera, shigella and cryptosporidiosis. By performing routine inspections for coli form bacteria on water systems and requiring repairs and improvements to water systems that repeatedly fail bacteriologic standards, we will improve the healthfulness of the drinking water supply, reduce the incidence of samples that fail bacteriological water tests and reduce the risk of disease.

How are we doing? In FY 2009-10, 96.3% of the routine water samples were in compliance with the drinking water standards. This includes 1,745 samples at 150 locations. Overall, compliance rates have remained relatively stable. We continue to monitor this indicator to ensure that there is no dramatic decrement in our drinking water systems and to continue to strive for improvement. When a sample fails, the water system operator is notified immediately and instructed on how he can resolve the problem. Follow up samples are taken until they pass. Eventually, all water systems must pass bacteriological drinking water standards. Benchmark data from other counties are not available.

Department Goal: Promote accessible, appropriate and responsive health services to all members of the community.

Communitywide Result Link: A Healthy Community.

11. Performance Measure: Number of children enrolled in the Healthy Families (HF) Program and in the Healthy Kids (HK) Program of the Children's Health Initiative. (This performance measure is being deleted)

05-06 Actual Results	06-07 Actual Results	07-08 Actual Results	08-09 Actual Results	09-10 Adopted	09-10 Actual Results	10-11 Target
4,436 557	4,752 581	5,098 800	5,450 HF 800 HK	5,000 HF 800 HK	5,709 HF 508 HK	Deleted

What: Number of children, aged 0-19 years, enrolled in the Healthy Families Program and in the Healthy Kids Program.

Why: Health insurance coverage for all children ensures that children have access to preventive and curative health. The Healthy Families Program expands coverage to include children in families with incomes at or below 250% of the federal poverty level. Through the Children's Health Initiative, the Healthy Kids Program offers health coverage to all children below 300% poverty who are ineligible for Healthy Families or Medi-Cal.

How are we doing? In FY 2009-10, the total number of children enrolled in the Healthy Families Program (HF) is 5,709, an increase of 259 children or 4.8% over the prior year. The increase in enrollment is due to the worsening economy and the loss of employer-based insurance in local business sectors. This performance measure is deleted in FY 2010-11. This data is no longer collected due to the loss of staff and funding. The responsibility of tracking this data has been transferred to the Children's Health Initiative (CHI). Public Health will continue to partner with the CHI to monitor this data, but will no longer report on it as a performance measure.

All Healthy Families data is from the state website: www.mrmib.ca.gov.
All Healthy Kids data is from the local Children's Health Initiative office.

12. Performance Measure: Percentage of pregnant and parenting women with a positive drug and/or alcohol screen or admitted substance abuse who are enrolled in Public Health Nursing Case Management Services and receiving follow-up.

05-06 Actual Results	06-07 Actual Results	07-08 Actual Results	08-09 Actual Results	09-10 Adopted	09-10 Actual Results	10-11 Target
49.4%	58.5%	59.1%	63.3%	45%	66%	45%

What: Measures the percentage of pregnant and parenting women who are referred to Public Health Nursing case management services due to a positive drug and/or alcohol screen or who admitted substance abuse and subsequently enroll in Public Health Nursing Case Management Programs.

Why: Using alcohol, drugs or smoking during pregnancy can substantially affect newborn health and increase the healthcare costs associated with the newborn. The percentage is a measure of how well the program reaches and enrolls this very high-risk target population.

How are we doing? In FY 2009-10 there were 96 pregnant and parenting referrals of women with substance abuse issues. Public Health Nursing Case Management Services enrolled 64 of the 96 women (66%). Of the 32 not served, 7 are waiting assignment to a Public Health Nurse Case Manager, 14 were not able to be located, 2 clients terminated their pregnancy, and 9 refused service. These low-income, high-risk pregnant women and new mothers are frequently homeless, mistrustful of agencies and present a challenge for retention after enrollment. The target for FY 2009-10 has been exceeded as enhanced efforts continue by Public Health Field Nursing staff to engage/enroll clients by collaborating with Drug and Alcohol Services and Department of Social Services.
Data from benchmark counties are not available.