



Clackamas County

**Community Health Division
Triennial Plan
2008 – 2009 Annual Update**

**CLACKAMAS COUNTY COMMUNITY HEALTH DIVISION
PUBLIC HEALTH SERVICES
TRIENNIAL PLAN
2008-2009 ANNUAL UPDATE**

The local public health authority is submitting this 2008-2009 Annual Plan Update to the 2008-2010 Triennial Plan pursuant to ORS 431.385, and assures that the activities defined in ORS 431.375-431.385 and ORS 431.416, are performed.

Lynn Peterson, Chair
Board of County Commissioners
Local Public Health Authority

Clackamas County
County

Date

Melinda A. Mowery
Community Health Director

Clackamas County
County

Date

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CLACKAMAS COUNTY COMMUNITY HEALTH DIVISION
PUBLIC HEALTH SERVICES
TRIENNIAL PLAN
2008 – 2009 ANNUAL PLAN UPDATE

I. Executive Summary

The Clackamas County Community Health Division submitted a comprehensive plan for Public Health services for 2008-2010. The plan was approved and submitted in December, 2007 and is guiding current operations. The triennial review, conducted during January and February, 2008, provided an opportunity for plan validation by state Public Health program staff.

In the months since the comprehensive plan was submitted, the Division has been funded for a Tobacco Prevention and Education Program. Managers are in the process of hiring staff to implement approved activities, focused on reducing or eliminating tobacco use on the Clackamas Community College campus, on hospital campuses, in multi-unit housing facilities, and on local school district grounds. The program is also gearing up for enforcement of the Clean Indoor Air Act and Smoke-free Workplace Law.

Another development has been the announced intention of the Clackamas County Board of County Commissioners to close the Division's primary care clinics over the next 2 – 3 years. The Molalla site will close in June, 2008, followed by the Sandy site in December, 2008. The Oregon City site will continue to operate for a longer period, to help assure access while planning continues. Public Health services provided in the primary care system will continue, although access may become more difficult due to increased travel distances for some clients. Access and options for direct client services traditionally provided through Public Health will continue to be evaluated and explored throughout this transition. Clackamas County continues its commitment to a strong focus on Public Health core functions and essential services.

- II. **Assessment** *(Unchanged from current 2008-2010 Triennial Plan)*
- III. **Action Plan** *(Please see attached Nutrition Education Plan – ATTACHMENT A and attached Plan A – ATTACHMENT B)*
- IV. **Additional Requirements** *(Unchanged from current 2008-2010 Triennial Plan)*
- V. **Unmet Needs** *(Unchanged from current 2008-2010 Triennial Plan)*
- VI. **Budget** *(Unchanged from current 2008-2010 Triennial Plan)*

Budget Officer Contact Information

Karen Slothower, Business Services Manager, is the Budget Officer contact for Clackamas County Community Health Division and can be reached at:

Clackamas County Community Health Division
Public Services Building
2051 Kaen Road, Suite 367
Oregon City, OR 97045

Telephone: 503-742-5300

Email: KarenS@co.clackamas.or.us

VII. Minimum Standards

Agencies are **required** to complete this section.

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

Organization

- 1. Yes No A Local Health Authority exists which has accepted the legal responsibilities for PH as defined by Oregon Law.
- 2. Yes No The Local Health Authority meets at least annually to address public health concerns.
- 3. Yes No A current organizational chart exists that defines the authority, structure and function of the local health department; and is reviewed at least annually.
- 4. Yes No Current local health department policies and procedures exist which are reviewed at least annually.

5. Yes No Ongoing community assessment is performed to analyze and evaluate community data.
6. Yes No Written plans are developed with problem statements, objectives, activities, projected services, and evaluation criteria.
7. Yes No Local health officials develop and manage an annual operating budget.
8. Yes No Generally accepted public accounting practices are used for managing funds.
9. Yes No All revenues generated from PH services are allocated to PH programs.
10. Yes No Written personnel policies and procedures are in compliance with federal and state laws and regulations.
11. Yes No Personnel policies and procedures are available for all employees.
12. Yes No All positions have written job descriptions, including minimum qualifications.
13. Yes No Written performance evaluations are done annually.
14. Yes No Evidence of staff development activities exists.
15. Yes No Personnel records for all terminated employees are retained consistently with State Archives rules.
16. Yes No Records include minimum information required by each program.
17. Yes No A records manual of all forms used is reviewed annually.
18. Yes No There is a written policy for maintaining confidentiality of all client records which includes guidelines for release of client information.
19. Yes No Filing and retrieval of health records follow written procedures.
20. Yes No Retention and destruction of records follow written procedures and are consistent with State Archives rules.
21. Yes No Local health department telephone numbers and facilities' addresses are publicized.

22. Yes No Health information and referral services are available during regular business hours.
23. Yes No Written resource information about local health and human services is available, which includes eligibility, enrollment procedures, scope and hours of service. Information is updated as needed.
24. Yes No 100% of birth and death certificates submitted by local health departments are reviewed by the local Registrar for accuracy and completeness per Vital Records office procedures.
25. Yes No To preserve the confidentiality and security of non-public abstracts, all vital records and all accompanying documents are maintained.
26. Yes No Certified copies of registered birth and death certificates are issued within one working day of request.
27. Yes No Vital statistics data, as reported by the Center for Health Statistics, are reviewed annually by local health departments to review accuracy and support ongoing community assessment activities.
28. Yes No A system to obtain reports of deaths of public health significance is in place.
29. Yes No Deaths of public health significance are reported to the local health department by the medical examiner and are investigated by the health department.
30. Yes No Health department administration and county medical examiner review collaborative efforts at least annually.
31. Yes No Staff is knowledgeable of and has participated in the development of the county's emergency plan.
32. Yes No Written policies and procedures exist to guide staff in responding to an emergency.
33. Yes No Staff participate periodically in emergency preparedness exercises and upgrade response plans accordingly.
34. Yes No Written policies and procedures exist to guide staff and volunteers in maintaining appropriate confidentiality standards.
35. Yes No Confidentiality training is included in new employee orientation. Staff includes: employees, both permanent and temporary, volunteers, translators,

and any other party in contact with clients, services or information. Staff sign confidentiality statements when hired and at least annually thereafter.

36. Yes No A Client Grievance Procedure is in place with resultant staff training and input to assure that there is a mechanism to address client and staff concerns.

Control of Communicable Diseases

37. Yes No There is a mechanism for reporting communicable disease cases to the health department.
38. Yes No Investigations of reportable conditions and communicable disease cases are conducted, control measures are carried out, investigation report forms are completed and submitted in the manner and time frame specified for the particular disease in the Oregon Communicable Disease Guidelines.
39. Yes No Feedback regarding the outcome of the investigation is provided to the reporting health care provider for each reportable condition or communicable disease case received.
40. Yes No Access to prevention, diagnosis, and treatment services for reportable communicable diseases is assured when relevant to protecting the health of the public.
41. Yes No There is an ongoing/demonstrated effort by the local health department to maintain and/or increase timely reporting of reportable communicable diseases and conditions.
42. Yes No There is a mechanism for reporting and following up on zoonotic diseases to the local health department.
43. Yes No A system exists for the surveillance and analysis of the incidence and prevalence of communicable diseases.
44. Yes No Annual reviews and analysis are conducted of five year averages of incidence rates reported in the Communicable Disease Statistical Summary, and evaluation of data are used for future program planning.
45. Yes No Immunizations for human target populations are available within the local health department jurisdiction.
46. Yes No Rabies immunizations for animal target populations are available within the local health department jurisdiction.

Environmental Health

47. Yes No Food service facilities are licensed and inspected as required by Chapter 333 Division 12.
48. Yes No Training is available for food service managers and personnel in the proper methods of storing, preparing, and serving food.
49. Yes No Training in first aid for choking is available for food service workers.
50. Yes No Public education regarding food borne illness and the importance of reporting suspected food borne illness is provided.
51. Yes No Each drinking water system conducts water quality monitoring and maintains testing frequencies based on the size and classification of system.
52. Yes No Each drinking water system is monitored for compliance with applicable standards based on system size, type, and epidemiological risk.
53. Yes No Compliance assistance is provided to public water systems that violate requirements.
54. Yes No All drinking water systems that violate maximum contaminant levels are investigated and appropriate actions taken.
55. Yes No A written plan exists for responding to emergencies involving public water systems.
56. Yes No Information for developing a safe water supply is available to people using on-site individual wells and springs.
57. Yes No A program exists to monitor, issue permits, and inspect on-site sewage disposal systems.
58. Yes No Tourist facilities are licensed and inspected for health and safety risks as required by Chapter 333 Division 12.
59. Yes No School and public facilities food service operations are inspected for health and safety risks.
60. Yes No Public spas and swimming pools are constructed, licensed, and inspected for health and safety risks as required by Chapter 333 Division 12.
61. Yes No A program exists to assure protection of health and the environment for storing, collecting, transporting, and disposing solid waste.

62. Yes No Indoor clean air complaints in licensed facilities are investigated.
63. Yes No Environmental contamination potentially impacting PH or the environment is investigated.
64. Yes No The health and safety of the public is being protected through hazardous incidence investigation and response.
65. Yes No Emergency environmental health and sanitation are provided to include safe drinking water, sewage disposal, food preparation, solid waste disposal, sanitation at shelters, and vector control.
66. Yes No All license fees collected by the Local Public Health Authority under ORS 624, 446, and 448 are set and used by the LPHA as required by ORS 624, 446, and 448.

Health Education and Health Promotion

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

Nutrition

73. Yes No Local health department reviews population data to promote appropriate nutritional services.
74. The following health department programs include an assessment of nutritional status:
a. Yes No ___ WIC

- b. Yes No ___ Family Planning
- c. Yes No Parent and Child Health
- d. Yes No Older Adult Health
- e. Yes No Corrections Health

- 75. Yes No Clients identified at nutritional risk are provided with or referred for appropriate interventions.
- 76. Yes No Culturally and linguistically appropriate nutritional education and promotion materials and methods are integrated within programs.
- 77. Yes No Local health department supports continuing education and training of staff to provide effective nutritional education.

Older Adult Health

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

Parent and Child Health

- 82. Yes No Perinatal care is provided directly or by referral.
- 83. Yes No Immunizations are provided for infants, children, adolescents and adults either directly or by referral.
- 84. Yes No Comprehensive family planning services are provided directly or by referral.
- 85. Yes No Services for the early detection and follow up of abnormal growth, development and other health problems of infants and children are provided directly or by referral.

86. Yes No Child abuse prevention and treatment services are provided directly or by referral.
87. Yes No There is a system or mechanism in place to assure participation in multi-disciplinary teams addressing abuse and domestic violence.
88. Yes No There is a system in place for identifying and following up on high risk infants.
89. Yes No There is a system in place to follow up on all reported SIDS deaths.
90. Yes No Preventive oral health services are provided directly or by referral.
91. Yes No Use of fluoride is promoted, either through water fluoridation or use of fluoride mouth rinse or tablets.
92. Yes No Injury prevention services are provided within the community.

Primary Health Care

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

Cultural Competency

99. Yes No The local health department develops and maintains a current demographic and cultural profile of the community to identify needs and interventions.

100. Yes No The local health department develops, implements and promotes a written plan that outlines clear goals, policies and operational plans for provision of culturally and linguistically appropriate services.
101. Yes No The local health department assures that advisory groups reflect the population to be served.
102. Yes No The local health department assures that program activities reflect operation plans for provision of culturally and linguistically appropriate services.

Health Department Personnel Qualifications

103. Yes No **The local health department Health Administrator meets minimum qualifications:**

A Master's degree from an accredited college or university in public health, health administration, public administration, behavioral, social or health science, or related field, plus two years of related experience.

If the answer is “No”, submit an attachment that describes your plan to meet the minimum qualifications.

104. Yes No **The local health department Supervising Public Health Nurse meets minimum qualifications:**

Licensure as a registered nurse in the State of Oregon, progressively responsible experience in a public health agency;

AND

Baccalaureate degree in nursing, with preference for a Master's degree in nursing, public health or public administration or related field, with progressively responsible experience in a public health agency.

If the answer is “No”, submit an attachment that describes your plan to meet the minimum qualifications.

105. Yes No **The local health department Environmental Health Supervisor meets minimum qualifications:**

Registration as a sanitarian in the State of Oregon, pursuant to ORS 700.030, with progressively responsible experience in a public health agency.

OR

A Master's degree in an environmental science, public health, public administration or related field with two years progressively responsible experience in a public health agency.

If the answer is “No”, submit an attachment that describes your plan to meet the minimum qualifications.

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

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

If the answer is “No”, submit an attachment that describes your plan to meet the minimum qualifications.

FY 2008-2009 WIC Nutrition Education Plan

Goal 1, Activity 3

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

Agency: Clackamas County

Training Supervisor(s) and Credentials: Julie Aalbers, RD

Staff Development Planned

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

Quarter	Month	In-Service Topic	In-Service Objective
1	July 2008	Diet Risk Review	Staff will be able to correctly assign dietary risks based on client reported information and document appropriately in TWIST at each visit.
2	September 2008 December 2008	Nutrition Education Planning Retreat Oregon WIC Listens Training	Staff will plan nutrition education activities for calendar year 2009 incorporating key messages and food package changes.
3	January 2009	Key Nutrition Messages and New Food Packages	Staff will be able to explain modifications in the food package and how the key nutrition messages support those changes to participants during the transition to new food packages.
4	May 2009	Fresh Choices	Staff will be able to explain modifications in the food package and how the key nutrition messages support those changes to participants during the transition to new food packages.

EVALUATION OF WIC NUTRITION EDUCATION PLAN **FY 2007-2008**

WIC Agency: Clackamas County Community Health WIC Program

Person Completing Form: Dana R Lord

Date: 04/28/2008 Phone: 503-655-8405

Return this form, attached to email to: sara.e.sloan@state.or.us by May 1, 2008

Please use the outcome evaluation criteria to assess the activities your agencies did for each Year One Objectives. If your agency was unable to complete an activity please indicate why.

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

Year 1 Objective: During plan period, staff will be able to correctly assess nutrition and dietary risks.

Activity 1: All certifiers will complete the Nutrition Risk Module by December 31, 2007.

Outcome evaluation: Please address the following questions in your response.

- Did all certifiers successfully complete all the activities of the Nutrition Risk Module by December 31, 2007?
- Were the completion dates entered into TWIST and the competency achievement checklist filed for each certifier?

Response:

Training was conducted in a group setting on June 26, 2007. All RD and certifier staff attended and participated. The training was facilitated by Julie Aalbers, Mari Brooker and Dana Lord.

The Competency Achievement Checklist was completed and is on file for each certifier and the results have been documented in TWIST.

Activity 2: All certifiers will complete the revised Dietary Risk Module by March 31, 2008.

Outcome evaluation: Please address the following questions in your response.

- Did all certifiers successfully complete all the activities of the Dietary Risk Module by March 31, 2008?
- Were the completion dates entered into TWIST and the competency achievement checklist filed for each certifier?

Response:

Dietary Risk training was completed between October 15, 2007 and November 2, 2007.
Competency achievement checklist completed between December 2007 and January 2008.
Competencies are documented in TWIST.

Activity 4: Identify your agency training supervisor(s) and staff in-service dates and topics for FY 2007-2008.

Outcome evaluation: Please address the following questions in your response.

- Did your agency conduct the staff in-services you identified?
- Were the objectives for each in-service met?
- How do your staff in-services address the core areas of the CPA Competency Model?

Response:

Julie Aalbers was designated as our training supervisor. We conducted all of the quarterly inservices with modification and additions. We found we actually did more and had more inservice topics than we predicted. The CPA's were integral in the development of the training plan and topics. This supports a model of participant centered education within our program.

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

Year 1 Objective: During plan period, each agency will implement strategies to provide targeted, quality nutrition education.

Activity 1: Using state provided resources, conduct a needs assessment of your community by September 30, 2007 to determine relevant health concerns and assure that your nutrition education activity offerings meet the needs of your WIC population.

Outcome evaluation: Please address the following questions in your response:

- Was the needs assessment of your community conducted?
- What health concerns did you determine were relevant to your community?
- What did you do with the information you collected?
- Who did you communicate the results of your needs assessment with?

Response:

The needs assessment was completed in November 2007 following a review at our annual Nutrition Education Planning Retreat held on September 25, 2007.
Our class topics in 2007 were planned to address fruit and vegetable consumption and increasing physical activity, both address the risk prevalence in our caseload.
This information has been used in planning and in support of the WIC Program in Clackamas County.

Activity 2: Complete Activity 2A or 2B depending upon the type of second nutrition education activities your agency offers.

Activity 2A: By October 31, submit an Annual Group Nutrition Education schedule for 2008.

Activity 2B: If your agency does not offer group nutrition education activities, how do you determine 2nd individual nutrition education is appropriate to the clients' needs?

Outcome Evaluation: Please address the following questions in your response.

- If your agency offers group nutrition education, did you submit your Annual Group Nutrition Schedule for 2008?
- How do you assure that your nutrition education activities meet the needs of your WIC population?

Response:

Nutrition Education activities topics for the year was submitted. Our Nutrition Fair has tables that address the major life stages that WIC serves. We completed our Triennial Review in January 2008 and received feedback and assessment of our Nutrition Fair Activity. We made some adjustments in March based on that review.

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

Year 1 Objective: During plan period, each local agency will develop at least one specific objective and activity to help facilitate healthy behavior change for WIC staff and at least one specific objective and activity to help facilitate healthy behavior change for WIC clients.

Activity 1: Local Agency Objective to facilitate healthy behavior change for WIC staff. Local Agency Staff Activity.

Outcome Evaluation: Please address the following questions in your response.

- How did your agency decide on this objective and activity?
- Did the activity help meet your objective?
- What went well and what would you do differently?

Response:

The staff as a group helped decide this objective to increase access to fruits and vegetables in the workplace. Each staff member was involved with the Farm Direct Program at the market and shopped there during their break time. Staff shared their garden surplus with each other at work. The quarterly potlucks have included more and more fresh fruits and vegetables. We plan to continue all of these activities because they have been positive experiences for everyone.

Activity 2: Local Agency Objective to facilitate healthy behavior change for WIC clients. Local agency Client Activity.

Outcome Evaluation: Please address the following questions in your response.

- How did your agency decide on this objective and activity?
- Did the activity help meet your objective?
- What went well and what would you do differently?

Response:

Increasing fruit and vegetable consumption has been a major message again this year in our bulletin boards, General Topics and in our counseling. Certifiers have been practicing using a client centered approach to goal setting. Certifiers were reviewed by our nutrition consultant and the coordinator and it is recognized that additional training in this technique and method are needed. It will improve as we receive training the end of this year.

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

Year 1 Objective: During plan period, each local agency will develop at least one objective and activity to help improve breastfeeding outcomes for WIC staff or WIC clients.

Activity 1: Local Agency Breastfeeding Objective. Local agency Breastfeeding Activity.

Outcome Evaluation: Please address the following questions in your response.

- How did your agency decide on this objective and activity?
- Did the activity help meet your objective?
- What went well and what would you do differently?

Response:

The breastfeeding coordinators assisted the coordinator with the objectives based on their interests and the participants' needs.

Staff worked very hard to support breastfeeding during the formula conversion. Prepared information and bulletin boards supported those efforts. We were successful and would do that way again.

Clackamas County Department of Employee Services was contacted and responded that the county sets policy based on legal requirements and have responded to the new BF Employer requirements.

FY 2008 - 2009 WIC Nutrition Education Plan Form

County/Agency :Clackamas County

Person Completing Form: Dana R Lord, WIC Coordinator

Date: April 28,2008

Phone Number: 503-655-8405

Email Address: danalor@co.clackamas.or.us

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

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

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

Activity 1:

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

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

Implementation Plan and Timeline:

Staff will review key messages during monthly staff meeting and at the annual Nutrition Education Retreat in September 2008. Staff training on key messages will be assessed during that annual NE Retreat. In services and additional training will be identified and planned based on that assessment.

Activity 2:

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

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

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

Implementation Plan and Timeline:

In January 2009 staff will select three food package modifications connect them with the key nutrition message that closely relates to that change and modify it if necessary. We will use this information to drive our internal marketing and messages regarding the food package changes in the fall of 2009.

Activity 3:

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

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

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

Activity 1:

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

Implementation Plan and Timeline:

In July 2008 the staff will identify and receive additional training on diet risks that are difficult to assess and document. Questions to help identify diet risks will be shared and reviewed. Additional training will be offered at the Nutrition Education Retreat in September 2008.

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

Resources include: State provided guidance and assessment tools.

Implementation Plan and Timeline:

Staff will participate in the assessment of nutrition risk and diet risk code changes evaluation process in October or November of 2008.

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

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

Activity 1:

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

Setting: Home/Household

Objective: By 2012, increase by one percent per year the number of Oregon adults and children who consume five servings of fruits and vegetables per day.

Strategy: The Department of Human Services and local coalitions should promote Fruits and Veggies-More Matters campaign.

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

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

This objective was chosen because it continues work we have done over the past three years in the WIC clinics, participant surveys encourage us to repeat the messages and Clackamas County is a member of the Tri-county Fruits and Vegetable Coalition. We will know we are successful if participants are accepting of the new food packages that include fruits and vegetables, if community members recognize and look to Clackamas County Community Health WIC Program as a leader in nutrition issues.

Activity 2:

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

Setting:

Objective: N/A

Strategy:

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

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

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

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

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

Activity 1:

Setting: Worksite

Objective: By 2012, increase by 10 percent the number of worksites with policies and programs that promote and support physical activity and healthy eating for employees and their families.

Strategy: To develop policies and programs, employees should use a worksite wellness kit, the states Breastfeeding Mother Friendly Employer toolkit or similar publications that provide examples of the benefits of physical activity and healthy eating.

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

This activity is current, based on the new Oregon law. We can work with our Department of Employee Services to help develop and promote breastfeeding support activities in the workplace. When a policy is in place we will know we have been successful.

Local Health Department: Clackamas County
 Plan A - Continuous Quality Improvement: Decrease Missed Opportunity Rates
 January 2008-December 2010

Year 1: January-December 2008				
Objectives	Methods / Tasks	Outcome Measure(s)	Outcome Measure(s) Results ¹	Progress Notes ²
A. Decrease missed opportunity rates from 21% to 18% by December 2008.	<p>Develop plan for reminder/recall system</p> <p>Utilize IRIS and ALERT for forecasting at each well child and immunization appointment</p> <p>Educate staff on catch up schedule and correct coding of immunizations on VAR</p> <p>Begin development of the Community Health Advisory Committee to provide input on Immunization Program goals and activities</p>	<ul style="list-style-type: none"> • Reminder/recall plan developed by December 2008 • Annual AFIX report • Quarterly audit tool results of 100% compliance for use of IRIS/ALERT for forecasting in county clinics and delegate agencies • IRIS print-out of “Forecast: Shots Not Given” to be printed with each quarterly audit • All staff educated on 2008 CDC catch up schedule and correct coding on VAR’s by June 2008 • Community Health Advisory Committee developed by December 2008 		

¹ **Outcome Measure(s) Results** – please report on the specific Outcome Measure(s) in this table.

² **Progress Notes** – please include information about the successes and challenges in completing the Methods/Tasks, any information that will help us better understand your progress, and any assistance from DHS that would have helped or will help met these objectives in the future.

Year 2: January-December 2009				
Objectives	Methods / Tasks	Outcome Measure(s)	Outcome Measure(s) Results ¹	Progress Notes ²
A. Decrease missed opportunity rates from 18% to 15% by December 2009.	<ul style="list-style-type: none"> • Implement reminder/recall system • Utilize IRIS and ALERT for forecasting at each well child and immunization appointment • Staff education on methods to decrease missed opportunities • <i>Public Health Education Team to begin meetings</i> 	<ul style="list-style-type: none"> • Reminder/recall system implemented in all Clackamas County Clinics by December 2009 • Quarterly audit tool results of 100% compliance for use of IRIS/ALERT for forecasting in county clinics and delegate agencies • Education on methods to decrease missed opportunities provided by June 2008 • <i>Two Public Health Education Team meetings held by December 2009</i> 		

¹ **Outcome Measure(s) Results** – please report on the specific Outcome Measure(s) in this table.

² **Progress Notes** – please include information about the successes and challenges in completing the Methods/Tasks, any information that will help us better understand your progress, and any assistance from DHS that would have helped or will help met these objectives in the future.

<i>Year 3: January-December 2010</i>				
Objectives	Methods / Tasks	Outcome Measure(s)	Outcome Measure(s) Results¹	Progress Notes²
A. Decrease missed opportunity rates from 15% to 12% by December 2010.	<ul style="list-style-type: none"> • Evaluate Clackamas County reminder/recall system • Utilize IRIS and ALERT for forecasting at each well child and immunization appointment • Staff education on methods to decrease missed opportunities • <i>Public Health Education Team to continue meetings</i> 	<ul style="list-style-type: none"> • Random review of county clients who were contacted by reminder/recall system. To be completed by June 2010 • Quarterly audit tool results of 100% compliance for integrating methods and practices for decreasing missed opportunity rates • Education on methods to decrease missed opportunities provided by June 2009 • <i>Five Public Health Education Team meetings held by December 2010</i> 		

¹ **Outcome Measure(s) Results** – please report on the specific Outcome Measure(s) in this table.

² **Progress Notes** – please include information about the successes and challenges in completing the Methods/Tasks, any information that will help us better understand your progress, and any assistance from DHS that would have helped or will help met these objectives in the future.

**CLACKAMAS COUNTY COMMUNITY HEALTH DIVISION
PUBLIC HEALTH SERVICES
TRIENNIAL PLAN
2008-2009 ANNUAL UPDATE**

The local public health authority is submitting this 2008-2009 Annual Plan Update to the 2008-2010 Triennial Plan pursuant to ORS 431.385, and assures that the activities defined in ORS 431.375-431.385 and ORS 431.416, are performed.



Lynn Peterson, Chair
Board of County Commissioners
Local Public Health Authority

Clackamas County
County

5-8-05
Date A-5



Melinda A. Mowery
Community Health Director

Clackamas County
County

4-30-08
Date