



Josephine County
Public Health Division
“Partners in Prevention”

2008-2009
Annual Plan

I. Executive Summary

Josephine County continues to struggle with funding issues that impact all services in the County, including Public Health. Though the County received a one year extension of funding for the Secure Rural Schools and Community Self-Determination Act in June 2007, these dollars were used primarily to support Public Safety programs for the 07-08 and 08-09 years. Josephine County Public Health (JCPH), Animal Protection and Regulation, Public Libraries, Fairgrounds and Parks were mandated to survive on grants and fees alone without the influx of County General Fund dollars. This has been difficult for all programs involved, and affects many residents who depend on these supportive services for health, education and entertainment.

Despite these challenges, JCPH has remained open for business as usual with some increase in state support dollars, a growth in staffing due to the Tobacco Prevention and Education Program (TPEP), and consistent monitoring of revenue and expenditures. The upcoming 08-09 Fiscal year will see more of the same strict monitoring and increased referrals for clients seeking services that we no longer provide. During this upcoming Fiscal Year County residents will also be looking at options for funding including taxing districts and fee increases to support County programs with a focus on Public Safety programs. These decisions combined with increases in gas prices, food and necessities are at the center of a struggle that Josephine County residents, politicians, business owners and employees must balance. Ultimately, the right mix of services and funding methods may take years to settle on, with acceptance of risk resting on both residents and government. As these issues continue to be worked out, JCPH will continue to provide mandated, best practice programs that are necessary for the continued health of all citizens of Josephine County.

For Public Health programs to continue to survive in a rural, low-income community, such as Josephine County, we must continue to work towards stronger community partnerships and external funding sources to meet our prevention goals. One of our strongest partnerships should be with the community itself. Many public health challenges can move forward with the assistance of the public, and therefore we will continue to relay that message to our community regardless of funding issues or program changes. Josephine County has proven in the past to be resilient in its efforts to maintain a certain quality of life while faced with dire financial circumstances. It is this resiliency that we must tap into in order to bring the community towards the healthiest overall outcome.

II. Assessment

Description of the public health issues and needs in Josephine County:

Josephine County continues to be home to a large population of residents over 65 years of age (20%), people with disabilities (20%) and residents below the poverty level (16%). Josephine County has also traditionally had one of the lowest average incomes in Oregon with more than 25% of our children living in poverty. In addition, with the National and State economies seeing downturns, our increase in requests for services has grown steadily in the last six months. These requests are for WIC services, Home visiting services and low-cost Family Planning and Immunizations. Anecdotally, many clients requesting these services state that their current income is no longer adequate to support all of their family's needs, despite their income levels having grown over the last decade. In addition, education and outreach is a key to promote the availability of these services, as many residents are not aware of what is available to them.

Description of the adequacy of the local public health services:

Josephine County as the LPHA is able to provide all of the mandated services and representative program elements as described in ORS 431.416 and OAR 333-014-0050 for fiscal year 2008-2009. We are able to continue to provide these services at our central Grants Pass office and at facilities in Cave Junction and Wolf Creek on given days.

JCPH continues to work with many community agencies to provide referrals, follow-up and comprehensive care for the residents of the County. We continue to have two staff members who are bilingual in Spanish, our largest secondary language population, and are able to provide interpretation services for all of our programs.

While, Public Health services remain in Josephine County, they are merely adequate, as compared to exemplary, due to a lack of funding and staffing. Many gaps in services and delays in supportive functions remain:

- We continue to receive more referrals for high-risk pregnancies than we are able to provide home visiting care for. These referrals come from local physicians offices, WIC and as self-referrals. Because of staffing issues, we provide services to the most high-risk of our referrals, in order to prevent or curtail significant perinatal issues.
- The WIC program has seen a difficulty in providing services to our entire required case load in the last year due to a lack of staffing and thus available appointment slots. While we have been able to bring our service level up to required levels in the past few months, there remains a delay of up to 6 weeks for an appointment slot for non-pregnant women.
- Our Environmental Health program received "out of compliance" notes on several inspection areas during our Triennial review held in September 2007. These

- compliance issues primarily dealt with our inability to meet all inspections during the required time frames. This issue is due to a lack of staffing in that program.
- Our immunization program support staff has had difficulty in meeting time frames for entry into the data base as required by the State Immunization program. Delay in this type of work can result in missed or duplicated immunizations.
 - Our Animal Protection and Regulation program has been unable meet a majority of barking dog and dog running-at-large complaints, and has only been able to focus on adoptions, dog bites and humane complaints. Unaddressed dog complaints can often escalate into issues that require law enforcement.
 - Our Emergency Preparedness program requires a minimum of trainings and exercises for designated staff. While we are able to barely meet this minimum, we are not able to spare key staff to participate in additional County based trainings and exercises that provide opportunities to network and formalize emergency operations plans that are imperative for providing services during an emergency. In addition, if we were to experience a large disaster or public health emergency in Josephine County, we would have very little surge capacity available due to decreased staffing and outreach to community partners.

Description of the adequacy of other services of import to the community:

JCPH continues to provide the following non-mandated public health services to Josephine County residents:

- Animal Protection and Regulation
- Adult Jail Medical Clinic services
- Emergency Medical Services/Ambulance Service Area oversight and coordination
- Maternal Child home visiting programs
- Travel immunizations
- Emergency Preparedness
- Solid Waste complaint management
- Air Quality complaint and education

JCPH established or assumed management of the following programs in the 07-08 fiscal year, and will continue to provide these services in the 08-09 fiscal year:

- Tobacco Prevention and Education program (TPEP)
- Oversight and coordination of non-active Mental Health records

While the integration of these services provides us with additional knowledge, staffing and materials to perform our functions as experts in the community, these programs are also hindered by staffing and funding issues. Thus, in order to adequately fund our mandated services, we have had to continue to pick-up non-mandated services. Unfortunately, few staff have come with these additional services, so essentially we are providing more services with less staff. This complicates our ability to provide these services at an adequate level.

III. Action Plan

Please see the attached documents for the following program specific Action plans:

Attachment	Action Plan Name
A	Epidemiology and control of preventable diseases and disorders
B	Parent and child health services, including family planning
C	Environmental Health
D	Health Statistics
E	Information and Referral

IV. Additional Requirements

The following documents are included in the Appendix:

- WIC Nutrition Education Plan Assessment FY 07-08
- WIC Nutrition Education Plan FY 08-09
- Local Health Department Capacity Assessment
- FY 08-09 Organizational chart for Josephine County Public Health Division

SB 555 Local Children’s Plan:

The local public health authority (Josephine County Board of County Commissioner’s) is the governing body for the local Commission on Children and Families. However, the CCF program is run separately from the Local Health Department programs. As a result, a description of the plan coordination is not included with this document. Josephine County Public Health does work closely with Josephine County CCF, however, and our Nursing Program Supervisor, Lari Peterson, sits as a voting member on the CCF Council.

V. Unmet Needs

Josephine County Public Health Division lost two programs: HIV Case Management and School Nursing contract, in Fiscal year 07-08, and minimized staffing and funding to all additional programs that remained under the department.

JCPH retained the Illinois Valley School Based Health Center (SBHC) for the 07-08 fiscal year, however, we are currently negotiating with a third party to take on this program. This program will be conducted in part with two other SBHC’s for a more comprehensive program within the Three Rivers School District.

Other unmet needs will continue to surface as a lack of staffing, support services and partnerships are realized throughout the county and the region. These services have been addressed in previous Annual plans submitted to the Department of Human Services, and continue to be under funded in our community. These include:

- Outdoor Air Quality
- Vector Control
- Methadone Services
- Solid Waste control
- Health Data collection and assessment
- Access to prenatal health care
- Obesity prevention and education
- Senior care, respite and nutrition services
- House hold hazardous waste disposal

There are several additional services that are lacking in Josephine County, that given proper funding, the LPHA would be interested in providing. Those services include dental care, health education and promotion and chronic disease management. In addition there is a lack of services for our ever increasing Hispanic population. While JCPH currently employees two bi-lingual staff members, we are not able to adequately provide all services to this population.

VI. Budget

Final budget documents are to be presented after the acceptance of the 2008-2009 Intergovernmental Agreement by the Local Public Health Authority. These documents will be sent directly to the State Department of Public Health liaison, Tom Engle, upon final approval at the Local level. Appropriate forms will be used as finalized by the State in July 2008. A draft budget is attached.

VII. Minimum Standards

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

Organization

1. Yes No A Local Health Authority exists which has accepted the legal responsibilities for public health as defined by Oregon Law.
2. Yes No The Local Health Authority meets at least annually to address public health concerns.
3. Yes No A current organizational chart exists that defines the authority, structure and function of the local health department; and is reviewed at least annually.
4. Yes No Current local health department policies and procedures exist which are reviewed at least annually.
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 public health services are allocated to public health programs.
10. Yes No Written personnel policies and procedures are in compliance with federal and state laws and regulations.
11. Yes No Personnel policies and procedures are available for all employees.
12. Yes No All positions have written job descriptions, including minimum qualifications.
13. Yes No Written performance evaluations are done annually.

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

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

Control of Communicable Diseases

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

41. Yes No There is an ongoing/demonstrated effort by the local health department to maintain and/or increase timely reporting of reportable communicable diseases and conditions.
42. Yes No There is a mechanism for reporting and following up on zoonotic diseases to the local health department.
43. Yes No A system exists for the surveillance and analysis of the incidence and prevalence of communicable diseases.
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. **Through referral to American Red Cross, American Heart Association and Rogue Community College classes.**
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. **Referral to Department of Environmental Quality office in Grants Pass or Medford.**
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. **Referral to local Waste haulers. Agency representative is County liaison to Solid Waste Agency Board.**
62. Yes No Indoor clean air complaints in licensed facilities are investigated.
63. Yes No Environmental contamination potentially impacting public health or the environment is investigated.
64. Yes No The health and safety of the public is being protected through hazardous incidence investigation and response.
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. **Referral to Seniors and Disability Services**
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. **Referral to local agencies.**

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.

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.

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.

Include with the submitted LPHAP:

The local public health authority is submitting the LPHAP pursuant to ORS 431.385, and assures that the activities defined in ORS 431.375–431.385 and ORS 431.416, are performed.

Local Public Health Authority

County

Date

Public Health Administrator

County

Date

**Action Plan
Attachment A**

**EPIDEMIOLOGY AND CONTROL OF PREVENTABLE
DISEASE AND DISORDERS**

Current condition or problem:

Our communicable disease program continues to be flexible and solid. We were able to meet all reporting requirements in our Triennial review in September 2007, and all other mandated deliverables. While our CD lead nurse works extensively with our Emergency Preparedness coordinator and our Environmental Health inspectors, we continue to lack true surge capacity for large outbreaks.

Goals:

We will continue to operate our CD program as in past years; utilizing backup from Environmental Health, Emergency Preparedness, Nursing and management staff. Our goal is to continue to be active in notifying our physician and hospital partners of changes in reporting or potential risks in our community. We also plan to continue education to the public on reducing their risks to communicable diseases.

Activities:

We have established good networks with our media providers in the area and can assure that messages needing to reach the public are promoted by the newspaper, radio and television stations. In 2007 we incorporated a blast fax system into our process of notifying providers and other community partners of communicable disease issues in the community, and we will continue to utilize this method of outreach due to its effectiveness and time saving strengths. We will continue to update and test this system so that it is functional in the need of an actual emergency. By providing these updates through a consistent method, the providers, public and other regional partners will be continually informed of issues related to our response to communicable disease prevention and outbreaks.

Evaluation:

We will use the following tools for evaluation of the effectiveness of our endeavors:

- Anecdotal reports from providers
- Calls and logs from Medical Messenger – our 24/7 system provider
- Surveys conducted during annual testing of blast fax system
- Increase in timely reports from providers
- Increased cross-training of staff, as documented

**Action Plan
Attachment C**

ENVIRONMENTAL HEALTH

Current condition or problem:

Josephine County Environmental Health Program is facing many challenges. A loss of funding for the county has forced personnel to take on additional responsibilities on top of their current workload. As the city continues to grow and the county workforce continues to shrink ability to meet program standards are becoming more difficult. The current programs in our Environmental Health program are: Air Quality, Solid Waste, Drinking Water, and Foodborne illness (facility inspections). In January 2008, and continuing through the 08-09 FY, there was a 57% increase in the number of drinking water systems Josephine County Environmental Health is monitoring. This large increase is an additional burden to the already stretched staff, however funding will be available to hire additional staff in the new fiscal year.

Goal:

Our goal is to fulfill contractual agreements of the above listed programs in a timely manner.

Activities:

To accomplish this goal, we have cross trained staff and shifted program responsibilities to ensure other program standards are met. An example of this is our Emergency Preparedness Coordinator under the supervision of EH is actively taken on the Air Quality Program.

In addition, we will be hiring a new part-time person for all EH activities, primarily due to the increase in drinking water systems.

Evaluation:

To evaluate the effectiveness we will look to the benchmarks provided by the individual programs that we administer. In addition we will explore alternatives to service delivery at monthly staff meetings and as pending situations occur.

Description of plan to accomplish program requirements:

Josephine County Environmental health will provide all of the services that are mandated under ORS 624,448, and 446 in addition to OAR 333-014.

a. Licensure, inspection and enforcement of facilities under ORS 624, 448, and 446.

Currently, Environmental health in Josephine County is limited to providing only mandated services due to the loss of revenue that has previously been provided from the county's general fund. This loss of general funds is in direct relation to the county's loss of federal monies. In addition, our EH program is currently down by 1 field FTE, leaving

2.5 FTE including the program supervisor to run all programs and conduct all inspections. Our goal in the coming year will be to provide a level of service that is commensurate with meeting State mandates. To achieve this goal, we will focus on efficiency by cross training staff members at the Health Department to handle more of the administrative duties that must be performed. This will free up valuable field time to allow all required inspections to be performed.

b. Consultation to industry and the public on environmental health matters.

There are a variety of ways that Josephine County relays information to the community and industry. With the current staffing, most educational material will be in the form of brochures and pamphlets provided at the health department. In addition, when a need arises (during a field investigation of solid waste or open burning) Sanitarians provide additional education to the public. Training is always provided as part of regular inspections of pools, restaurants, water systems etc. as the inspecting sanitarian sees necessary. Also, sanitarians have been providing food safety classes for WIC classes providing valuable information for that population. Finally, educational packets are sent to all assisted living facilities on a bi-annual basis providing educational material on preventing and mitigating norovirus outbreaks. Educating our assisted living facilities has become a priority due to the high occurrence of outbreaks that overburden our already understaffed department.

Industry in the form of owner/operators, are assisted by providing information on ServSafe courses, as well as helping water system operators with operational and emergency response plans. To evaluate the effectiveness of our educational programs, we look to different measurable factors depending on the program that is in question. For instance, Air quality educational effectiveness is measured in the decreased incidence of high particulate matter days. Whereas the food program educational effectiveness can be measured by the incidence of violation recurrence.

c. Investigation of complaints and cases of foodborne illness.

Foodborne outbreak investigations are currently handled in cooperation with the State Public Health Division. As the result of staff shortages due to the loss of funding, Environmental Health has cross-trained and developed an incident command system to assist in working through outbreaks. The Communicable disease Nurse, Emergency preparedness coordinator, and EH staff will work together in cooperation with the state to ensure that investigations are conducted in a timely manner. Our goal is to integrate this cooperative relationship in all investigations. Once an outbreak occurs, our Communicable Disease Nurse becomes the liaison between the state and our Environmental health staff. The EH staff conducts the investigation at the facility or site, while the CD nurse, and Emergency preparedness coordinator as well as the Public Health Administrator will gather information via phone from the individuals affected. The involvement of staff is dictated by the size of the outbreak. Evaluation of the effectiveness of this approach is qualitative. After each outbreak, a “hot wash” or lessons

learned session will be conducted in order to critique coordination of the outbreak and apply this knowledge to future events.

d. Staff access to training and satisfaction of training requirements.

There are several annual training sessions offered by the state that staff is encouraged to attend. In light of the current budgetary constraints, the goal of our EH program is to satisfy the needs of our employee's continuing education requirements while gaining information on the most up to date methods and procedures regarding EH. The evaluation of effectiveness of training can be quantified as the fulfillment of CEUS with regards to the registration requirements. In addition, any training that is attended by staff is passed on to other staff at monthly EH meetings.

e. Reduction of the rate of health and safety violations in licensed facilities and reduction of foodborne illness risk factors in food service facilities.

The reduction of safety violations and foodborne illness risk factors can closely be correlated with the increase of re-inspections or visits conducted on facilities. While Josephine County attempts to educate non-compliant operators, staffing affects our ability to be proactive in this area. We have, however, received "standardization" of our Environmental Health supervisor by the State Food Program. This certification has not been achieved in several years in Josephine County, and should help provide more consistent review of non-compliant operators.

Description of plans for other public health issues such as air, water, and solid waste issues.

Air Quality: Our community is affected by multiple temperature inversions throughout the winter months. These inversions cause stagnant air to remain on the valley floor. Based off of ventilation indexes forecasted by the national weather service, we determine a burn day or no burn day for open burning. Measurements are taken in particulate matter. When particulate matter reaches appreciable levels, a red day or yellow day is called. This is a voluntary curtailment of wood stove use. In the past, a pm10 level was required for regulatory purposes. In November of 2006, the EPA passed new standards for air quality. The new measurements are pm2.5 (particulate matter 2.5 um in size). The result of this requirement is that Josephine County likely will not meet the 98th percentile requirement imposed by the EPA/DEQ in coming years without any enforcement, educational campaigns, or new open burning requirements. Open burning requirements are based off of ventilation indexes and not PM concentration. Therefore, a system that is based on PM is needed. Josephine County currently receives \$14,200 from the DEQ each year for our air quality program, an increase by \$6,000 from previous years. While this increase is useful to meet program requirements, it is not adequate to provide for proactive education and prevention to meet federal standards. JCPH will

continue to monitor complaints and illegal burning activities and continue to work with partners and the community to increase awareness of issues.

Water Quality: Josephine County is responsible for regulating 220 ground water systems, an increase of 70 systems from the beginning of the 07-08 fiscal year. Due to this increase in funding we plan to add a part time employee to increase the strength of our water program and to meet new State requirements. The new systems were previously monitored by the State drinking water program, and consist of systems with four or more connections. These systems have significantly more work involved in their monitoring, than other systems that we have monitored in the past.

Solid Waste: Josephine County Environmental Health regulates the removal of solid waste on county residential properties in accordance with the Josephine County Solid Waste Ordinance. When Solid waste is not regularly removed from a site and is allowed to build up on a property it becomes a potential problem. Scattered or accumulated trash and garbage on a property is unsightly, produces unpleasant odors, and provides nesting materials, breeding places or food for disease carriers such as rats, mosquitoes and flies. These items need to be removed or screened so as not to create a nuisance for the people who live in close proximity. Environmental Health receives numerous complaints for solid waste throughout the year. With its limited staff and funding for the program the county only investigates complaints that have received 3 or more complaints living within one-half mile of the alleged solid waste site. Increased support and funding is imperative to regulate this program.

**Action Plan
Attachment D**

HEALTH STATISTICS

Current conditions or problem:

Vital Records program: JCPH did not lose the two Deputy Vital Records registrars as noted in last year's comprehensive plan. Therefore, our focus this last fiscal year has been on meeting mandated program requirements, as well as training staff on new electronic methods of Birth and Death registry work. We will continue with this same focus in FY 08-09. We have also been working with Hospital and Funeral home providers to assure that the transition to the electronic format would be as smooth as possible.

Data collection and assessment: JCPH has not had a significant capacity to collect or assess data. While we utilize epidemiological methods in our CD and Foodborne illness programs, we have not had the staffing strength or knowledge to utilize existing data, or collect new data for program guidance.

Goals:

Our primary goal is to meet requirements on timeliness and reporting. Secondly, JCPH would like to increase our knowledge and strengths in data collection and assessment.

Activities:

Vital Records program: We will continue to respond to training needs for internal staff and partnering with other organizations in need of training and support.

Data collection and assessment: Utilize training opportunities as provided by the state or other partners.

Evaluation:

Vital Records program: Evaluation will be based on completion of training, and support provided to partners. In addition, timeliness is noted via the State database, and we will continue to monitor that for gaps in our services. We had no compliance issues in this program area during our triennial review in September 2007.

Data collection and assessment: Evaluation will be based on completion of training and ability of staff to utilize existing and new data for best practice program implementation.

**Action Plan
Attachment E**

INFORMATION AND REFERRAL

Current condition or problem:

JCPH continues to struggle with referrals to internal and external services due to the economic impact that has affected all social service agencies in our region. However, as previously mentioned we have had an increase of clients seeking services due to their own economic issues.

With the addition of the TPEP program and related full-time staff, we have been able to be present at more outreach activities to increase community awareness of our services. We are also working on several fronts to increase advertising and media coverage of our programs and how county residents can both utilize and assist in Public Health priorities.

Goals:

JCPH will continue to partner with health and education programs in the County to maximize awareness of programs and increase our client load – in turn, increasing our revenue and support. We are also looking at opportunities to increase marketing, and partnerships that provide information and referral services.

Activities:

- The TPEP coordinator will continue to attend community events and meetings in an effort to promote all JCPH programs.
- JCPH will utilize newly accrued funding through a Health Care Coalition for Southern Oregon (HCCSO) grant to purchase population-based materials to support healthy pregnancy outcomes.
- JCPH will assist Umqua Community Action Network (UCAN) in the update of a resource directory that is available for community partners and members. This resource has not been updated in many years.

Evaluation:

Evaluation will be based on anecdotal data, documentation and community partnerships that are continued through this process, as well as completion of the above listed resource directories.

**Action Plan
Attachment B**

PARENT AND CHILD HEALTH SERVICES

Maternal and Child Health Programs

Current Conditions:

Following the loss of County general fund support, Josephine County Public Health has attempted to continue to offer a level of service equal to previous years in the Maternity Case Management and Babies First! programs, despite the elimination of two nursing positions. The loss of this general fund support has been related to extensive budget deficits as a result of Federal funding cuts. Though we relinquished responsibility for other Public Health nursing programs, and redirected portions of time of remaining nursing staff to Maternal and Child Health programs, we have had difficulties responding to the increasing numbers of referrals to these programs and meeting the growing needs in our community.

We continue to attempt to provide the best service possible, maintaining program integrity, with minimal staffing and support. Public Health is dedicated to these Maternal and Child Health programs that nurture and support children and families in need. We are attempting to offer services to those women and children who appear to be at greatest risk, but fear that many more are in desperate need of support. Discussions related to pending changes in Targeted Case Management billing procedures suggest that the fiscal picture will not improve for us in the near future.

Goals:

In the current fiscal climate, Public Health seeks to maintain an adequate level of nursing service in Maternal and Child Health programs for FY 2008-2009. In that we are, historically, dedicated to supporting healthy pregnancies and improving birth outcomes, we choose to focus on the following goals:

- Decrease low birth weight
- Decrease prenatal tobacco use
- Decrease prenatal alcohol or drug use
- Support healthy social-emotional development

Activities:

The Maternity Case Management program has developed a curriculum, with an extensive number of inviting handouts, which addresses not only the mandatory education topics, but many of the other topics suggested by the Department of Human Services. To supplement these materials, we purchase additional brochures as necessary. Understanding the relationship between tobacco use and unhealthy birth outcomes, we utilize education materials that place a heavy focus on the risks of smoking, smoking cessation, and environmental cigarette smoke exposure.

Efforts to decrease the use of tobacco, alcohol, and drugs during pregnancy directly support our efforts to decrease the associated rates of low birth weight babies. Public Health is a participant in the Health Care Coalition of Southern Oregon (HCCSO), a tri-county consortium with goals to improve the health of women before pregnancy, reduce the number of births of very low birth weight infants, and reduce infant mortality in our counties.

In an attempt to provide mothers and fathers with concrete tools to promote healthy social-emotional growth and development, we are in the process of developing print materials that will provide parents with concrete tools to encourage a Positive Behavior Support approach to parenting. These goals correlate with and support the goals we have chosen for Maternal and Child Health programs.

Evaluation:

Vital records birth statistics will provide data related to the birth weights and gestational ages of infants born in Josephine County; similarly, death statistics will provide data related to age and cause of death. Information entered onto ORCHIDS-MDE Encounter/Data Forms, completed with each Maternity Case Management and Babies First! visit, is provided to the Department of Human Services.

APPENDIX

Local Health Department: Josephine County

Plan A – Continuous Quality Improvement: Missed Dose Outreach and Education

Fiscal Years 2007-2010

Year 1: September 2007 – August 2008

Objectives	Methods / Tasks	Outcome Measure(s)	Outcome Measure(s) Results ¹	Progress Notes ²
<p>A. Provide parents and providers with Hepatitis B birth dose information (via media and clinic outreach) in order to increase birth dose by 5%.</p>	<p>Promote media coverage of benefits of birth dose.</p> <p>Provide a letter with a reminder to providers (OB/GYN & PED/FP).</p> <p>Re-evaluate the plan to provide information to private providers and modify as necessary.</p> <p>Implement the modified plan, if needed.</p> <p>Encourage parents to advocate for the birth dose.</p>	<p>All providers will receive a letter encouraging the administration of the birth dose of Hepatitis B.</p> <p>The newspaper will publish information regarding the benefits of the birth dose.</p> <p>Pregnant clients will be provided with Hepatitis B birth dose benefit information through MCM home visits.</p> <p>The rate of newborns receiving the birth dose of Hep B will increase by an additional 5 per cent.</p>	<p>Providers have been sent a letter encouraging the administration of the Hepatitis B birth dose, and have been directed to the CDC website for additional supportive information.</p> <p>An article supporting the benefits of the birth dose of Hepatitis B has yet to be published in the newspaper.</p> <p>All pregnant women who participate in the MCM program are provided with verbal and written materials encouraging the administration of the Hepatitis B birth dose.</p> <p>The percentage of infants receiving the birth dose was 74.3% in 2006 and 82.1% in 2007.</p>	<p>We do plan to provide the newspaper with an article supportive of the birth dose of Hepatitis B.</p>

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 1: September 2007 – August 2008

Objectives	Methods / Tasks	Outcome Measure(s)	Outcome Measure(s) Results ¹	Progress Notes ²
<p>B. Reduce Missed Shot rate by one (1) percentage point each year and/or maintain the rate of ≤10%.</p>	<p>Provide training to staff to ensure that they are using IRIS forecaster prior to patient's visit.</p> <p>Give all shots forecasted at every visit and defer only for true contraindications.</p> <p>Provide training to staff to ensure they are entering shot record data appropriately and in a timely manner, so that the database can correctly forecast.</p> <p>Provide parents with a written reminder for return to clinic for next scheduled vaccinations.</p> <p>Provide immunization education, reminders, and immunization clinic schedules to parents at Babies First home visits.</p>	<p>All staff now screening/forecasting using ALERT database before every visit.</p> <p>Training provided in the areas of forecasting, timely data entry, and follow-up.</p> <p>Written reminders provided to parents at end of immunization visit.</p> <p>Babies First documentation reflects provision of immunization materials at home visits.</p> <p>Missed shot rate reduced by 1% or more via yearly AFIX assessment.</p>	<p>All personnel have been provided with training or review in the use of the ALERT database for screening/forecasting. Review is ongoing.</p> <p>All personnel are screening/forecasting using the ALERT database before every visit.</p> <p>Training has been provided in the importance of timely data entry and follow-up.</p> <p>Written reminders for follow-up visits are provided to parents at immunization visits.</p> <p>Nursing chart documentation reflects the provision of immunization materials at home visits.</p> <p>With the expanded definition of missed shots, our rates have increased from 15% in 2006 to 19% in 2007.</p>	<p>It would be helpful if the school districts would not keep a separate database of immunizations to which public health does not have access. This dual system complicated the school exclusion process for all involved.</p> <p>New calculations for defining rates of missed shots have adversely affected our data.</p>

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 1: September 2007 – August 2008				
Objectives	Methods / Tasks	Outcome Measure(s)	Outcome Measure(s) Results ¹	Progress Notes ²
C. Increase the rates of 24-35 month immunizations by 2% by August 2008.	<p>Train staff to carefully screen for required immunizations, and administer appropriate immunizations, paying particular attention to Dtap 4 and Hepatitis A.</p> <p>Provide parents with a written reminder for return to clinic for required vaccinations.</p> <p>Provide reminders and immunization clinic schedules to parents at Babies First home visits.</p>	<p>The 2008 AFIX assessment (provided in February 2009) will reflect rates of 24-35 month immunizations.</p> <p>IRIS “Forecasted shots not given” report will reflect reasons for deferred and missed shots.</p>	<p>All personnel have been trained to carefully screen for required immunizations and administer appropriate immunizations. Review is continuous for staff. Hepatitis A and Dtap 4 are a focus for children age 1 year through to school entry.</p> <p>Parents are provided with verbal and written reminders to return to clinic for next scheduled immunizations.</p> <p>We will utilize the 2008 AFIX data to assess the impact of the interventions.</p>	

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: September 2008 – August 2009				
Objectives	Methods / Tasks	Outcome Measure(s)	Outcome Measure(s) Results¹	Progress Notes²
A. Promote administration of a booster dose of Tdap to adolescents and adults.	<p>Promote media coverage of benefits of a Tdap booster.</p> <p>Provide a letter with education to providers on the benefits of pertussis component.</p> <p>Provide training to staff to assess and advocate for the Tdap booster dose.</p>	<p>Education offered to providers on the benefits of the Tdap booster dose.</p> <p>Training provided to staff to assess Tdap status and to advocate for Tdap booster dose.</p>	To be completed for the FY 2009 Report	To be completed for the FY 2009 Report

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: September 2008 – August 2009

Objectives	Methods / Tasks	Outcome Measure(s)	Outcome Measure(s) Results¹	Progress Notes²
<p>B. Reduce Missed Shot rate by one (1) percentage point each year and/or maintain the rate of ≤10%.</p>	<p>Provide training to staff to ensure that they are using IRIS forecaster prior to patient's visit.</p> <p>Give all shots forecasted at every visit and defer only for true contraindications.</p> <p>Provide training to staff to ensure they are entering shot record data appropriately and in a timely manner, so that the database can correctly forecast.</p> <p>Provide parents with a written reminder for return to clinic for next scheduled vaccinations.</p> <p>Provide immunization education, reminders, and immunization clinic schedules to parents at Babies First home visits.</p>	<p>All staff now screening/forecasting using ALERT database before every visit.</p> <p>Training provided in the areas of forecasting, timely data entry, and follow-up.</p> <p>Written reminders provided to parents at end of immunization visit.</p> <p>Babies First documentation reflects provision of immunization materials at home visits.</p> <p>Missed shot rate reduced by 1% or more via yearly AFIX assessment.</p>	<p>To be completed for the FY 2009 Report</p>	<p>To be completed for the FY 2009 Report</p>

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: September 2008 – August 2009

<p>C. Increase the rates of 24-35 month immunizations by an additional 2% by August 2009.</p>	<p>Continue to provide training to staff to carefully screen for required immunizations, and administer appropriate immunizations, paying particular attention to Dtap 4 and Hepatitis A.</p> <p>Provide parents with a written reminder for return to clinic for required vaccinations.</p> <p>Provide reminders and immunization clinic schedules to parents at Babies First home visits.</p>	<p>The 2009 AFIX assessment (provided in February 2010) will reflect rates of 24-35 month immunizations.</p> <p>IRIS "Forecasted shots not given" report will reflect reasons for deferred and missed shots.</p>	<p>To be completed for the FY 2009 Report</p>	<p>To be completed for the FY 2009 Report</p>
--	---	--	---	---

Year 3: September 2009 – August 2010				
Objectives	Methods / Tasks	Outcome Measure(s)	Outcome Measure(s) Results¹	Progress Notes²
A. Continue to promote administration of a booster dose of Tdap to adolescents and adults.	<p>Promote media coverage of benefits of a Tdap booster.</p> <p>Provide a letter with education to providers on the benefits of pertussis component.</p> <p>Provide training to staff to assess and advocate for the Tdap booster dose.</p>	<p>Education offered to providers on the benefits of the Tdap booster dose.</p> <p>Training provided to staff to assess Tdap status and to advocate for Tdap booster dose.</p>	To be completed for the FY 2010 Report	To be completed for the FY 2010 Report

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 3: September 2009 – August 2010

Objectives	Methods / Tasks	Outcome Measure(s)	Outcome Measure(s) Results ¹	Progress Notes ²
<p>B. Reduce Missed Shot rate by one (1) percentage point each year and/or maintain the rate of ≤10%.</p>	<p>Provide training to staff to ensure that they are using IRIS forecaster prior to patient's visit.</p> <p>Give all shots forecasted at every visit and defer only for true contraindications.</p> <p>Provide training to staff to ensure they are entering shot record data appropriately and in a timely manner, so that the database can correctly forecast.</p> <p>Provide parents with a written reminder for return to clinic for next scheduled vaccinations.</p> <p>Provide immunization education, reminders, and immunization clinic schedules to parents at Babies First home visits.</p>	<p>All staff now screening/forecasting using ALERT database before every visit.</p> <p>Training provided in the areas of forecasting, timely data entry, and follow-up.</p> <p>Written reminders provided to parents at end of immunization visit.</p> <p>Babies First documentation reflects provision of immunization materials at home visits.</p> <p>Missed shot rate reduced by 1% or more via yearly AFIX assessment.</p>	<p>To be completed for the FY 2010 Report</p>	<p>To be completed for the FY 2010 Report</p>

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 3: September 2009 – August 2010

<p>C. Increase the rates of 24-35 month immunizations by an additional 2% by August 2010.</p>	<p>Continue to provide training to staff to carefully screen for required immunizations, and administer appropriate immunizations, paying particular attention to Dtap 4 and Hepatitis A.</p> <p>Provide parents with a written reminder for return to clinic for required vaccinations.</p> <p>Provide reminders and immunization clinic schedules to parents at Babies First home visits.</p>	<p>The 2010 AFIX assessment (provided in February 2011) will reflect rates of 24-35 month immunizations.</p> <p>IRIS “Forecasted shots not given” report will reflect reasons for deferred and missed shots.</p>	<p>To be completed for the FY 2010 Report</p>	<p>To be completed for the FY 2010 Report</p>
--	---	--	---	---

**Action Plan
Attachment B**

PARENT AND CHILD HEALTH SERVICES

Family Planning Program

Current Condition:

Josephine County Public Health continues to be invested in offering quality Family Planning services within the guidelines of the Oregon Family Planning Program. We appreciate the value of supporting the autonomy of women and men in our community in controlling personal reproductive health. To this end, we currently offer nursing services during all business hours and the services of a Nurse Practitioner one day each week. In the 08-09 fiscal year we are planning to add a second day of clinic services in an attempt to reach additional clients with these services that do not rely upon non-existent general fund dollars. Mid-year, we found it necessary to assign a different Nurse Practitioner to the Family Planning clinic. The changes resulted in minimal disruption in services, and clients express appreciation for the current personnel and services provided in this essential program.

In the spring of 2007, we were searching for another agency interested in assuming the administration of the School Based Health Center at Illinois Valley High School in Cave Junction. We did not find other options, and rather than lose the opportunity to assess and intervene with those students, and with the help of additional grant dollars, we agreed to continue to provide those services for another year as we persevered in our search for another provider. We are currently in negotiations with an agency that has expressed strong interest, and we are very hopeful that they will accept responsibility for management of the clinic. We are certain they will provide quality service to this population.

Goals:

Public Health has the following goals for the Family Planning Clinic:

- Assure continued high quality clinical family planning and related preventive health services to improve overall individual and community health.
- Assure ongoing access to a broad range of effective family planning methods and related preventive health services.

Activities:

Public Health is committed to the provision of ongoing reproductive and contraceptive education for staff to assist in the maintenance of a command of standard of care expectations in clinic nursing practice. We intend to participate in conference activities as provided by the Department of Human Services as budget restrictions allow. We encourage participation in educational offerings provided over the internet. We subscribe to professional periodicals and purchase reference books routinely. We partner with other Family Planning providers in the community in an effort to ensure that service is available to all community residents.

It is our intention to make no changes to the array of family planning methods we currently offer to our clinic clients, and we are open to the possibility of offering other effective methods as they are introduced, and as our clinic schedule allows.

Evaluation:

Staff trainings are tracked and these records are maintained internally. Policy and Procedure Manuals are reviewed and updated as new methods and procedures are introduced, and these documents are accessible to all staff members and reviewers. Data related to our clinic activities is routinely submitted to the Department of Human Services. These statistics will reflect the number of clients seen in our clinic as well as the services provided and the variety of family planning methods provided.

EVALUATION OF WIC NUTRITION EDUCATION PLAN
FY 2007-2008

WIC Agency: Josephine County

Person Completing Form: Belle Shepherd, WIC Coordinator

Date: _____ 5-10-08__ Phone: _____ 541-474-5334 _____

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:

This activity was met successfully by all staff in June 2007 via a one day training held in the office. The training was conducted by Belle and Cheryl Kirk. All completion dates were entered into 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:

This activity was met successfully by all staff at the time, and dates were entered into TWIST as required. One staff member who was hired after the training date still needs to complete the module.

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: The training plan for 2007-2008 was:

1	July 2007	Nutrition Risk Module training	Increase staff understanding of risk codes to assure compliance with appropriate use of codes.
2	October 2007	New infant formula	Increase comfort for staff and address concerns voiced by clients surrounding new infant formulas
3	January 2008	Infant Feeding: What's New, and What Does It Mean for WIC	Increase staff comfort with new Infant feeding handouts and theories
	April 2008	Fresh Fruits and	Provide momentum to staff

4		Vegetables Matter	working to incorporate healthy nutrition for summer fruits and vegetables
---	--	-------------------	---

All of the above training sessions were essentially met, however, the planned April 2008 training was more of a discussion than a training, as most staff felt comfortable with the process of educating clients on incorporating healthy fruits and vegetables. Instead, I would suggest that in the forth quarter, we met this training by attending the Civil Rights training at the Annual WIC conference in May 2008.

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.

Activity1: 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:

Unfortunately, this objective was not met due to several reasons:

- 1. One full-time employee dropped to part time due to health reasons. This impacted our ability to meet our assigned caseload.**
- 2. A new employee was hired in late September to back-fill the vacated part time position as listed above. While, we were able to find an excellent fit for the program, it was several months until this employee was trained enough to assist in reestablishing our caseload levels.**

- 3. Josephine County Public Health under went our full triennial review process as is required by State mandates in September 2007. As the WIC coordinator/ Public Health administrator, this took more time that thought to meet and complete requirements for the review.**
- 4. Josephine County Public Health also saw a loss in staffing and funding of 25% total that began in July 2007. While the staffing and funding numbers were not decreased from WIC specifically, all other programs were impacted, and all staff had to readjust to these new levels.**

It is important to point out, however, that despite our issues as listed above, the WIC staff and all Public health staff have remained committed to providing quality services. We utilize anecdotal information from clients and other staff to determine needs and best fit of clients for our nutrition education program. The WIC coordinator has also begun attending OWCA meetings, and has been able to bring back valuable information from other agencies in regards to providing client centered education. This combined with new energy from new staff has seemed to increase the enthusiasm for new ideas as relates to our nutrition education program.

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:

We did submit a schedule for 2008 as required. Again, we were not able to formally survey participants as to their needs, but we have been fueling changes based on anecdotal information, ideas from other WIC programs and new ideas from staff to update our program and keep it flexible to meet client needs. In addition, we have discussed many times the potential for night and/or weekend classes; however, due to staffing issues in the department, this is not a possibility for the near future for our clients.

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:

WIC staff planned to participate in a County employee based wellness activity. In fact, WIC staff participated in 2 wellness activities: both were group walking activities where “steps” were logged based on daily walking or other exercise as a group. In the first activity, 4 WIC staff formed one team that walked to Yellowstone (from Grants Pass). A total of 8 health department staff participated in this walk. In the 2nd activity, 5 WIC staff (and 12 total health department staff) participated on teams that walked to Bitter Creek, Wyoming. These were very successful activities as they promoted physical activity and team

support to complete these activities. In addition, the 2nd walk encouraged more WIC staff and more overall health department staff to participate in this level of activity.

I had originally imagined that staff would be more encouraged if they were provided with incentives, like gift certificates, however, this proved not to be necessary. Staff enjoyed both the competitive nature of the events and the ability to increase their own activity with the added bonus of staff support. Both of these “walks” occurred during winter hours, and staff often spent lunches walking the halls of the health department to log extra steps. While many staff are traditionally active, these events increased activity among those who are not active and continued past their “end” dates to encourage staff activity.

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:

Through discussion at several staff meetings, staff concluded that increasing peer-to-peer education would be a desirable method to facilitate healthy behavior change for WIC clients. The original plan was to encourage clients to share stories of success they have had in healthy behavior change, beginning September 2007. Due to the staffing and funding issues mentioned above, this plan has just begun to resurface in April 2008. Therefore, while we did not meet the objective as outlined above, this is still an objective that we feel is desirable and possible in the next fiscal year, particularly with the implementation of Oregon WIC listens.

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 objective was discussed among WIC and PHN staff as a good fit to increase breastfeeding among teens as our pregnant teen population continued to rise. Unfortunately, with the funding issues as mentioned above, we had to layoff 2 or 50% of our home visiting nurses.

Additionally, our breastfeeding coordinator at the beginning of last fiscal year was reduced to a ½ time position. While we are working to continue providing services to home visiting clients, and education to clients regarding breastfeeding, this objective fell through the cracks due to funding and staffing issues.

Attachment A

FY 2008-2009 WIC Nutrition Education Plan

Goal 1, Activity 3

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

Agency: Josephine County

Training Supervisor(s) and Credentials: Belle Shepherd, MPH, Coordinator and Cheryl Kirk, 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	September	Dietary Risk Module	Review and clarification of diet assessment steps.
2	October	Key Nutrition messages	Increase training and knowledge on key nutrition messages that relate to the new WIC food packages.
3	March	New food packages	Understand new food package modifications and be able to relay these appropriately to clients.
4	May	Civil Rights Policy	Meet requirement for annual training

FY 2008 - 2009 WIC Nutrition Education Plan Form

County/Agency: Josephine County Public Health

Person Completing Form: Belle Shepherd, MPH, WIC coordinator

Date: 5-10-08

Phone Number: 541-474-5334

Email Address: bshepherd@co.josephine.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:

As a process of the training plan the state will lay out, Josephine County WIC will identify a key nutrition message to engage in additional training on. Josephine County WIC will be introduced to the new food packages at the Annual conference in May 2008. After this meeting, staff will identify key messages that they consider they will need additional training on during subsequent staff meetings. The messages will be identified and training completed prior to October 31, 2008.

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:

Josephine County WIC will identify proposed changes and identify items to review and clarify based on potential client resistance to change. Reviews will be based on state and local materials as provided, and to occur at weekly staff meetings prior to March 31, 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.

See attachment A

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:

Utilizing the State provided materials, Josephine County WIC staff will identify training needs on diet assessment and plan for additional training and practice to be achieved 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:

After attainment of state resources for assessment, Josephine County WIC will evaluate their approach to individual counseling. This assessment is evaluating a change from the completion of the Nutrition Risk and Dietary Risk modules.

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.

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.

Setting: Worksite

Objective: Increase documented physical activity among WIC staff.

Strategy: WIC staff will continue to participate in County based walking/activity wellness program. The County has continued to support 2-4 of these programs a year, implemented on a quarterly basis. This program is motivating for WIC and all staff and allows staff to document and see progress in activity modes. Effectiveness will be evaluated on staff participation and activity levels.

Activity 2:

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

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.

Setting: WIC classes/participant's homes

Objective: increase intake of fruits and vegetables by WIC clients to meet WIC and Healthy Oregon strategies.

Strategy: Host classes on planting fresh fruits and vegetables for children and families. Families will be able to take home fresh planted strawberries and other plants. This will increase recognition of how produce is grown, and how fresh fruits taste better than store bought. In addition, families learn the activity of gardening and can increase activity levels and family

communication. The goal will be to get supplies donated by local businesses. These activities will be planned twice yearly, dates to be determined based on donations and class schedules.

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

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.

Activity 1: Increase community and employer awareness of new Workplace Breastfeeding law.

Setting: Workplace/community

Objective: Increase ability to breastfeed or pump at work, by increasing employer and community awareness of new law.

Strategy: Work with local Lactation Association (SOLA) to increase awareness of State law.

SOLA and local lactation consultants are working together to increase awareness of the State law for breastfeeding and/or pumping in the Workplace. We plan to partner with this group to increase overall awareness of this law, and thereby increase access to pumping and breastfeeding for local women. This partnership may entail media releases, educational outreach and targeted letters to elicit change at the workplace directly. SOLA and other partners will be developing the strategy over the first quarter of the new year, and the Josephine County Breastfeeding coordinator will work with this group for

maximum awareness in the community. Effectiveness will be measured through local breastfeeding rates and anecdotal stories.