



MALHEUR COUNTY HEALTH DEPARTMENT

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Tuesday, April 22, 2008

Tom Engle
Department of Human Services
800 N.E. Oregon Street, Suite 930
Portland, OR 97232

Dear Mr. Engle,

Attached please find Malheur County's Public Health Annual Plan for 2008-2009 which is being submitted pursuant to ORS 431.385. This plan has been prepared according to your instructions and assures that the activities defined in ORS 431.375 - 431.385 and ORS 431.416 are performed. If you have any questions or need further information, please contact me at (541)889-7279.

Sincerely,

Penny Walters, Director

Annual 08-09
Malheur County Health Department

I. Executive Summary - Both

II. Assessment – Annual

The Malheur County Health Department provides the core public health services of epidemiology and control of preventable diseases and disorders, maternal and child health services, family planning, collection and reporting of health statistics and health information and referral services. These services are provided by professional, as well as non-professional staff with varying degrees of experience in public health. Environmental Health Services are provided in another department in the County with on-going collaboration between departments. Malheur County Health Department and Environmental Health are active participants in the Emergency Preparedness planning for the county. We do not provide primary health care services.

Malheur County is the second largest county in Oregon with a relatively small population base. We are about 370 miles southeast of Portland and share a border with Idaho and Nevada. About one third of our population is Hispanic. We are an agricultural community with a seasonal migrant population. We have the highest poverty rate in the state. There is a significant increase in teen pregnancies as there have been new restrictions to accessing affordable family planning services.

Public Health in Malheur County continues to struggle with funding that is inadequate to provide comprehensive public health services to all citizens. Many of our clients are undocumented and are not eligible for services such as OHP, medication coverage, transportation, pre-natal care, food assistance, dental care, etc. Many of these families have multiple health and social problems because they have not had access to proper preventive care. Additionally, Malheur County has a very high number of people living below the poverty level. Public health should be the safety-net for these families but funding continues to be targeted and restricted and does not allow for sufficient flexibility or capacity at the local level. Funding needs to support expanded, flexible services. Increased capacity would allow for outreach to at-risk youth and families, increased case management opportunities, case consultation and basic services for low income families.

III. Action Plan

A. Epidemiology and control of preventable diseases and disorders - Annual

There are no updates or changes from the current comprehensive annual plan.

B. Parent and child health services, including family planning clinics as described in ORS 435.205 – Annual

There are no updates or changes from the current comprehensive annual plan.

1. WIC: See Appendix C
2. Immunizations: See Appendix B
Immunization plan was submitted to the immunization program on April 2, 2008.

C. Environmental health - Annual

There are no updates or changes from the current comprehensive annual plan.

D. Health statistics – Annual

There are no updates or changes from the current comprehensive annual plan.

E. Information and referral - Annual

There are no updates or changes from the current comprehensive annual plan.

F. Other Issues - Annual

There are no updates or changes from the current comprehensive annual plan.

IV. Additional Requirements - Both

Current organizational chart, see Attachment A.

Senate Bill 555: The LPHA is the governing body that oversees the local commission on children and families.

V. Unmet needs - Both

Adequate Prenatal Care – Malheur County has a high rate of women who do not receive adequate prenatal care by not being seen in their first trimester. With changes taking place in the OHP it is getting more difficult for our undocumented clients to receive early care or any care at all. We continue to need access to affordable prenatal care to prevent high risk outcomes.

Transportation – Malheur County is the second largest county in the State and services are difficult for every one to access. Malheur County has very limited transportation services and they are very costly. Many clients who seek specialized services in our community or in Idaho are not able to get to them. Affordable transportation is an unmet need and affects many of our programs such as immunization and family planning.

Laboratory Services – We face many of the same challenges as other border counties with reporting of communicable diseases. Most providers and our local hospital access laboratory services in Idaho which is a much quicker turn-around time. The laboratories make a great effort to report to the right State with information but sometimes the process is too long. An example of this is the West Nile Virus testing in which all tests are sent to a laboratory in Idaho. The laboratory samples must then be sent to the OPHL for confirmation. This process can take in excess of 3 to 4 weeks for a confirmation.

Interstate agreements - Emergency Management, police and fire have had interstate agreements in place for many years to aid in emergencies and share resources. Our neighboring State has many resources to offer including nursing staff, medications and supplies if needed. Public Health in border counties need to work with partners who have common goals and are able to assist quickly. This is a need that is not met

VI. Budget - Both

The Malheur County Health Department budget is approved in Mid May and can be accessed by contacting:

Malheur County
Attn. Janice Belnap
251 B Street West
Vale, OR 97918

VII. Minimum Standards - Both

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 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.
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 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.
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 X The local health department Health Administrator meets minimum qualifications:

The Health Department Administrator has a Bachelor's Degree in Nursing and has served three years in the United States Air Force. This Administrator has 15 years experience in Public Health, 10 years in administration. This administrator will consider continuing toward Master's degree in the next 5 years.

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

The Nursing Supervisor has a Associates degree in nursing and has worked in Public Health for 10 years. She has 5 years of administrative experience. At this time the nursing supervisor is considering work toward her Bachelor's degree in the next 5 years.

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

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

Agencies are **required** to include with the submitted Annual Plan:

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

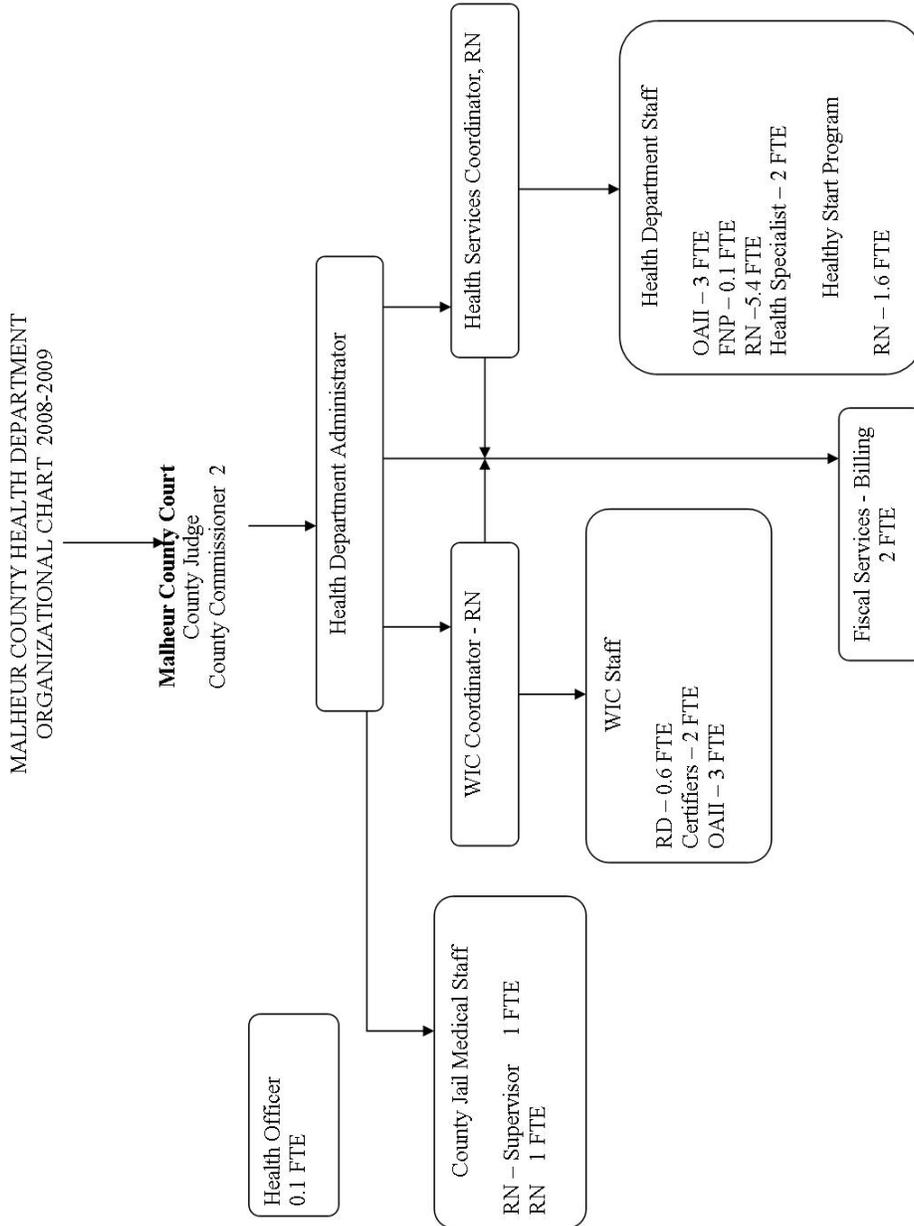
Don P. Joyce
Local Public Health Authority

Malheur
County

4-23-2008
Date

Appendix A

Organizational Chart



Appendix B
Immunization Plan
OFFICE OF FAMILY HEALTH
COUNTY ANNUAL PLANS FY 2006

IMMUNIZATION PROGRAM

Information and Instructions

The following pages are instructions for completing your FY 2003-05 Report and your FY 2006-08 Plan. A completed Annual Plan and Report will include:

- A. Summary of FY 2003-05 Objectives, Activities, and Outcomes; and*
- B. FY 2006-08 Plan.*

A. Completing your Summary FY 2003-05

June 2005 is the end of Fiscal Year 2005. This marks the end of this 3-year plan for ALERT Promotion and Vaccine Accountability.

For the years FY's 2003-05, funds were awarded to:

1. Develop and implement your Vaccine Accountability Plan;
2. Develop and implement your ALERT Promotion Plan;
3. Conduct 2 outreach/educational activities; and
4. Support immunization screening at WIC sites.

Each objective required local health departments to identify activities and measurable outcomes. We would like to hear about the progress you've made in FY's 2003-05

Vaccine Accountability

Please review your plan for Vaccine Accountability. We can provide you a copy of your plan if you do not have one. Report on the progress of the plan for FY 2003-05 including the Objectives, Activities and Measurable Outcomes.

ALERT Promotion

Please review your plans for ALERT Promotion. We can provide you a copy of your plan if you do not have one. Report on the progress of the plan for FY 2003-05 including the Objectives, Activities and Measurable Outcomes.

For those who chose to take on a new Core Public Health function challenge in place of the continuation of ALERT Promotion, it is only necessary to report on the Objectives, Activities and Measurable Outcomes for the Core Public Health Function chosen in FY 2005.

Educational Outreach Activities

Please review your plan for your educational outreach activities. It is only necessary to report on the Objectives, Activities and Measurable Outcomes for these activities in FY 2005.

WIC/Immunization Integration

Please review your plan to support immunization screening by your local WIC agency. Please report on your activities in FY 2005.

B. Annual Plan Objectives FY 2006

The purpose of this year's Annual Plan funds is to fund programs and activities that increase Core Public Health capacity. We are again asking LHDs to target these Annual Plan funds on Core Public Health functions. Below you will find a matrix that provides a core public health framework, which includes additional options for the upcoming FY2006-08.

Counties are asked to write two different 3-year core function plans, see table in appendix for format. Each plan includes Objectives, Methods/Tasks and Outcome Measures for years 1-3. (FY 2006-08)

1. Core Public Health Function FY 2006-08
 - Plan A: Continuous Quality Improvement Focus Area
 - Plan B: Choice Core Public Health Function Focus Area

2. Conduct 2 outreach/educational activities

Completing your FY 2006 Plan

1. Plan A: Core Public Health Function FY 2006-08 ~ Continuous Quality Improvement

Create a 3-year plan to apply a Continuous Quality Improvement (CQI) Process to improve one or more of your AFIX measures. You have a choice of the measure to work on for example a single antigen like Hepatitis B or adult PPV23, a series like 4:3:1, late starts, or missed shots. Plus you may choose your target population such as your health dept, delegate, or a private partner. At this year's Immunization Coordinators Conference in April, you will be receiving your AFIX assessment for the past year. This assessment is a good guide and may help you decide what aspect of your immunization practice to target for the CQI process. This is a new process for many and will be thoroughly discussed at the conference. Many private providers have benefited from the AFIX assessments as well and you may find that these providers may be a good choice to partner with. Examples below may be for either private or public providers.

Focus Area	Potential Activities by Core Public Health Function			State Resources
	Assessment	Assurance	Policy Development	
Using a CQI process, improve at least one AFIX measurement, (e.g.; single antigen rate, series rate, late start rate, missed shots rate, etc...) in one target population (eg. LHD, delegate, or private partner practice; hospital)	<ul style="list-style-type: none"> • Assess baseline for chosen measure. (eg. 4th DTaP rate, missed shots rate, birth dose hep B rate, PPV23 for adults) • Identify current public and private efforts to target this population • Determine current clinic or hospital process that influences rate (eg. Recall for 4th DTaP, doctor order required for birth dose) • Identify key factor to focus on (eg. Assess reminder / recall system, promote standing orders, review missed shots data from IRIS) • Define reasonable improvement goal 	<ul style="list-style-type: none"> • Educate providers and staff on key issues (e.g., correct spacing for HepB) • Implement change in immunization practice (e.g. routine screening at each visit) • Provide annual feedback to clinic or hospital staff 	<ul style="list-style-type: none"> • Participate in AFIX Certificate of Commitment • Partner with hospital or clinic to develop and implement standing orders • Develop and implement new appointment protocol (e.g., all 12 month well baby visits scheduled only after 1st birthday) • Develop and implement reminder/recall protocol for private practice. 	<ul style="list-style-type: none"> • Consultation with AFIX staff to review measurements and strategies to focus improvements • Annual AFIX Assessment for LHD • AFIX Assessment for selected private practices upon request • Best Practices "TIPS" sheet • DHS Birth Dose standing order pilot project • DHS adult flu/pneumococcal standing order hospital project • OPIC 4th DTaP promotion

Plan B: Choice Core Public Health Function Focus Area

Choose an area of focus from the Core Public Health Function matrix below. Some counties may continue to focus on ALERT Promotion or Vaccine Accountability as you have momentum in those areas and may not have completed your work there. Or you may choose a new focus area like those suggested below. Do not feel constrained by this list of focus areas; they are suggestions to get the discussion going in your health department. If you would like any help with understanding any of these focus areas, please contact your Health Educator.

Core Public Health Functions Matrix

Focus Area	Potential Activities by Core Public Health Function			State Resources
	Assessment	Assurance	Policy Development	
ALERT Promotion	<ul style="list-style-type: none"> Assess level of awareness and use of ALERT in your community: do they understand the benefits? Assess how well ALERT is integrated with private clinic practice to limit missed shots and avoid over-immunization 	<ul style="list-style-type: none"> Provider/School ALERT promotion Help providers expand range of data reported Reward ALERT users Assist with e-transfer Develop a demonstration project to show increase in rates for clinics that use ALERT consistently 	<ul style="list-style-type: none"> Assist providers with development of procedures and training for staff use of ALERT Assist school systems with development of procedures for school use of ALERT 	<ul style="list-style-type: none"> List of providers and their level of participation in ALERT List of schools accessing ALERT through the web ALERT Video for clinics ALERT Clinic Training Manual Speakers for community meetings On-site web demos TA for e-transfer
Vaccine Accountability with Private Partners	<ul style="list-style-type: none"> Assess vaccine unaccountability rates as possible Assess current vaccine handling and management processes 	<ul style="list-style-type: none"> Educate providers on accountability issues Conduct provider storage and handling checks and trainings 	<ul style="list-style-type: none"> Create/modify Standard Operating Procedures (SOPs) for vaccine management Work with providers to develop SOPs 	<ul style="list-style-type: none"> List of current VFC providers, including mailing labels Model SOPs Speakers
Community-wide AFIX Project	<ul style="list-style-type: none"> Determine current provider ALERT participation as prerequisite for AFIX Identify providers who may benefit from AFIX 	<ul style="list-style-type: none"> Recruit providers to participate in AFIX assessments Participate in feedback sessions Host an AFIX Exchange 	<ul style="list-style-type: none"> Assist providers in development of policies based on AFIX results 	<ul style="list-style-type: none"> AFIX assessments of identified private providers Feedback for providers at LHD-DHS co-hosted feedback session

Focus Area	Potential Activities by Core Public Health Function			State Resources
	Assessment	Assurance	Policy Development	
Developing and Maintaining Coalitions	<ul style="list-style-type: none"> Identify agencies interested in partnering on immunization to develop or expand your coalition Assess local issues 	<ul style="list-style-type: none"> Host or assist with a coalition meeting Develop immunization resource list and distribute to new partners 	<ul style="list-style-type: none"> Develop by-laws for coalition Develop local immunization standards with coalition partners 	<ul style="list-style-type: none"> Co-host coalition meeting Speakers
Standards for Pediatric, Adolescent and/or Adult Immunizations	<ul style="list-style-type: none"> Assess LHD's ability to meet immunization standards Identify 1-2 standards to target (e.g, simultaneous vax, screening at each appt) 	<ul style="list-style-type: none"> Implement imm practice changes in LHD Create tip sheet for private providers to improve ability to meet standards 	<ul style="list-style-type: none"> Develop LHD plan to address targeted standard(s) 	<ul style="list-style-type: none"> Copies of the Standards OPIC Health Disparities Resource guide – available Spring 2005 for use in providers' offices

2. Conduct 2 outreach/educational activities

Plan and implement two (2) educational outreach activities (either singly or in collaboration with partners) for parents and/or private providers, designed to raise childhood, adolescent and/or adult immunization rates and reduce barriers to immunization.

APPENDIX

Local Health Department: Malheur County Health Dept.

Plan A - Continuous Quality Improvement: 4th DTaP Project

Fiscal Years 2006-2008

Year 1: July 2005 – June 2006				
Objectives	Methods / Tasks	Outcome Measure(s)	Outcome Measure(s) Results ¹	Progress Notes ²
<p>A. Increase MCHD rate of 24 month olds with their 4th DTaP by 8% over 3 years</p>	<ul style="list-style-type: none"> • Review policy and consistency of screening children for fourth DTaP at ages 12 months and older with staff. • Share strategies to improve 4th DTaP rate with staff. • Review with all clinical staff: immunization forecasting. • Develop reward plan to entice parents to return for 4th DTaP (ex: free t-shirt “up to date at 2”). • Assess reminder recall system. 	<ul style="list-style-type: none"> • Determine baseline measure of children missing their 4th DTaP at 24 months old by using AFIX reports. • Develop a plan to increase rate by 3% June 2006. • Document all clinical staff trained in immunization forecasting. 	<ul style="list-style-type: none"> • Baseline of children missing their 4th DtaP according to the AFIX report is 39.8%. • Plan to increase rate by 3% completed and will be implemented by June 2006. (see attached) • All Health Dept. staff and WIC staff completed in-house forecasting training on 01/31/06. 	<ul style="list-style-type: none"> • We do not have our AFIX report for this fiscal year. Justin Weisser, research analyst from the AFIX Dept. provided us with this statistic via e-mail. • We had funds to purchase items needed to complete our plan for this year but might not have the funds to complete the tasks in the future. • We have a staff training day annually with one of the topics being immunizations in addition to regular staff meeting updates monthly.

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.

Plan A - Continuous Quality Improvement: 4th DTaP Project

Year 2: July 2006 – June 2007				
Objectives	<u>Methods / Tasks</u>	Outcome Measure(s)	Outcome Measure(s) Results ¹	Progress Notes ²
A. Evaluate plan to increase MCHD rate of 24 month olds with their 4th DTaP by 8% over 3 years	<ul style="list-style-type: none"> • Reassess the consistency of screening children for 4th DTaP. • Evaluate strategies to improve 4th DTaP rate. • Evaluate clinical staff's ability to forecast immunizations. • Continue reward plan to entice parents to return for 4th DTaP. 	<ul style="list-style-type: none"> • Increase 24 month olds with their 4th DTaP by 3% by June 2007. • Determine efficacy of continuing plan in the next year. 	<ul style="list-style-type: none"> • According to the AFIX report we increased 24 month olds with their 4th DTaP rate by 5%. • The current plan appears to be working so we will continue with this plan (see new plan). • Staff has shown the ability to forecast immunizations. 	<ul style="list-style-type: none"> * Staff assessed re: computer forecasting shots for all children. It was determined there is room for improvement. Will implement plan to ensure every child is forecasted via computer. * Current recall system and rewards plan appears to be working, will continue with this plan if funds allow.
B.			To be completed for the FY 2007 Report	To be completed for the FY 2007 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.

Plan A - Continuous Quality Improvement: 4th DTaP Project

Year 3: July 2007 – June 2008				
Objectives	<u>Methods / Tasks</u>	Outcome Measure(s)	Outcome Measure(s) Results ¹	Progress Notes ²
A. . Reevaluate plan to increase MCHD rate of 24 month olds with their 4th DTaP by 8% over 3 years	<ul style="list-style-type: none"> Review with home-visit nurses and WIC: forecasting and referrals for immunizations. Discuss with local hospital possibility of immunization information in discharge packet. 	<ul style="list-style-type: none"> Increase rate of 24 month-olds with their 4th DTaP by 2% by June 2008. 	AFIX reports show that there was a 9% increase of 24 month-olds with their 4 th DTaP from 2006 to 2007.	<ul style="list-style-type: none"> Forecasting was reviewed with all staff during a mandatory staff meeting. An immunization nurse is available 5 days a week for immunization referrals. MCHD info is included in the newborn d/c packet @ HRMC.
B.			To be completed for the FY 2008 Report	To be completed for the FY 2008 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.

Local Health Department:
Plan B - Chosen Focus Area:
 Fiscal Years 2006-2008

Malheur County Health Department
Standards for Immunizations

Year 1: July 2005 – June 2006				
Objectives	Methods / Tasks	Outcome Measure(s)	Outcome Measure(s) Results ¹	Progress Notes ²
A. Persons who administer vaccine and staff who manage or support vaccine administration are knowledgeable and receive ongoing education. Staff will receive one training per year.	<ul style="list-style-type: none"> • Create and initiate a plan to train the immunization staff on simultaneous vaccination. • Assess policy and consistency of screening children for needed shots. • Educate staff about simultaneous vaccination using handouts and video. • Provide handouts to parents about the safety of simultaneous vaccine administration. 	<ul style="list-style-type: none"> • 100% of immunization staff will receive training. 	<ul style="list-style-type: none"> • 100% of immunization staff received training on simultaneous vaccination. Completed 01/31/06 via presentation and handouts. 	<ul style="list-style-type: none"> • It was added to the immunization policy that everyone must be forecasted by IRIS, ALERT, and/or KIPHS when receiving shots. Staff must sign on vaccine administration sheet that forecasting was completed or attempted but not available. • Staff offers all recommended shots to be administered. A nurse will provide education to patients/parents about the safety of simultaneous vaccination if needed. • An annual in-house training will include immunizations, in addition to webcasts, the immunization conference and other educational opportunities.
B.			To be completed for the FY 2006 Report	To be completed for the FY 2006 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.

Plan B - Chosen Focus Area: Standards for Immunizations

Year 2: July 2006 – June 2007				
Objectives	<u>Methods / Tasks</u>	Outcome Measure(s)	Outcome Measure(s) Results¹	Progress Notes²
A. Persons who administer vaccine and staff who manage or support vaccine administration are knowledgeable and receive ongoing education. Staff will receive one training per year.	<ul style="list-style-type: none"> • Create and initiate a plan to train the immunization staff on Hepatitis A and B. • Review with staff high risk groups that need vaccinated. • Review correct spacing for Hepatitis A, B and Twinrix vaccines. 	<ul style="list-style-type: none"> • 100% of immunization staff will receive training. 	100% of staff was trained at annual training on 02/22/07. Documented on training sign-in sheet.	<ul style="list-style-type: none"> • Training plan created and implemented on overhead projection for required annual training for all staff. Training reviewed: Hepatitis A and B, high risk behaviors and groups, and the correct spacing for Hep A, B, and Twinrix. Flyer posted in exam rooms and lab with correct spacing for Hepatitis immunizations, adult and child.
B.	•	•	To be completed for the FY 2007 Report	To be completed for the FY 2007 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.

Plan B - Chosen Focus Area: Standards for Immunizations

Year 3: July 2007 – June 2008				
Objectives	<u>Methods / Tasks</u>	Outcome Measure(s)	Outcome Measure(s) Results ¹	Progress Notes ²
A. . Persons who administer vaccine and staff who manage or support vaccine administration are knowledgeable and receive ongoing education. Staff will receive one training per year.	<ul style="list-style-type: none"> • Create and initiate a plan to train the immunization staff on adult pneumococcal vaccine. • Review with staff who should receive vaccine and when. • Offer PCV23 with flu shots and at flu clinics. • Have PCV23 available at all times. 	<ul style="list-style-type: none"> • 100% of the remainder of staff will receive training. 	<ul style="list-style-type: none"> • 100% of staff was trained about pneumococcal disease, risks, and the vaccine. • PCV-23 info was added to the Flu VAR that reminds patients of PCV-23. It is offered with flu shots. • PCV-23 is available at all times. 	<p>Training was completed at a required all staff meeting. Verbal and written information was provided re: pneumococcal disease, high risk groups, vaccine side effects, and vaccine timing/dosing. A question and answer session was conducted.</p>
B.	<ul style="list-style-type: none"> • 	<ul style="list-style-type: none"> • 	<p>To be completed for the FY 2008 Report</p>	<p>To be completed for the FY 2008 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.

Local Health Department: Malheur County Health Department
Outreach Activities: July 2005 – June 2006

Activity 1:				
Objectives	Methods / Tasks	Outcome Measure(s)	Outcome Measure(s) Results ¹	Progress Notes ²
<p>A. Provide Immunization Update 2005 (presented by CDC) via satellite broadcast to all public and private providers who wish to attend.</p>	<ul style="list-style-type: none"> • Arrange for the broadcast to be viewed at Holy Rosary Medical Center. • Send out invitations to all local public and private providers. 	<ul style="list-style-type: none"> • Immunization UpDate 2005 will be available for all public and private providers by the end of this year. 	<ul style="list-style-type: none"> • Offered <i>Immunization Update</i> satellite broadcast from the CDC on 07/28/05 at Holy Rosary Medical Center. • Provided information to register and view the series of CDC webcasts <i>Epidemiology and Prevention of Vaccine-Preventable Diseases</i>. 	<ul style="list-style-type: none"> • Training was free for anyone to attend. • Refreshments provided. • Sent letters 3 months and 6 weeks before event to all immunization providers. Then sent reminder postcard 2 weeks before event.

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.

Activity 2:				
Objectives	Methods / Tasks	Outcome Measure(s)	Outcome Measure(s) Results¹	Progress Notes²
A. Provide all local registered daycares with an immunization information packet that can be duplicated for parents.	<ul style="list-style-type: none"> • Create an information packet including: <ul style="list-style-type: none"> ⇒ Immunization schedule. ⇒ Information about childhood vaccine preventable diseases. ⇒ Information on vaccine safety and myths. ⇒ Local area vaccine providers. ⇒ Provide posters for the Daycare. • Distribute packet to registered daycares. 	<ul style="list-style-type: none"> • An immunization information packet will be distributed by December 2006 to all local registered daycare providers. 	<ul style="list-style-type: none"> • Information packets were created and distributed to local registered daycares. 	<ul style="list-style-type: none"> • Originally planned to make hand-outs for daycare providers to give to parents but due to budget restraints we were only able to make master copies for the daycares to copy and distribute to parents.

EXAMPLE

Local Health Department: *County X*

Continuous Quality Improvement: Missed Opportunities rate with private partner

Fiscal Years 2006-2008

Year 1: July 2005 – June 2006				
Objectives	Methods / Tasks	Outcome Measure(s)	Outcome Measure(s) Results ¹	Progress Notes ²
I. Partner with 1 private provider to create and implement a plan to reduce missed opportunity rate in their practice by 5% over 3yrs	Objectives: <ul style="list-style-type: none"> Assess policy and consistency of screening children for needed shots Share strategies to improve missed opportunity rate 	<ul style="list-style-type: none"> Determine baseline measure of percent of children routinely screened. Determine baseline measure of missed opportunity rate by September 2005 	To be completed for the FY06 Report	To be completed for the FY06 Report
	Plan <ul style="list-style-type: none"> Develop protocol to screen every child at every visit to clinic Provide training to staff on TRUE contraindications Display Contraindication & Precautions poster in exam rooms 	<ul style="list-style-type: none"> Develop a plan by Nov. 2005 Document 80% of clinical staff trained in TRUE contraindications 	To be completed for the FY06 Report	To be completed for the FY06 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: July 2006 – June 2007				
Objectives	Methods / Tasks	Outcome Measure(s)	Outcome Measure(s) Results¹	Progress Notes²
II. Evaluate partnership with private provider to improve plan to reduce missed opportunity rate in their practice by 5% over 3yrs	<ul style="list-style-type: none"> • Reassess consistency of screening children for needed shots • Evaluate clinical staff's understanding of TRUE contraindications • Identify new intervention to start 	<ul style="list-style-type: none"> • Measure 10% improvement in percent of children routinely screened • Missed opportunity rate decreased by 3% • Decide efficacy of continuing plan in the next year 	To be completed for the FY07 Report	To be completed for the FY07 Report
Year 3: July 2007 – June 2008				
Objectives	Methods / Tasks	Outcome Measure(s)	Outcome Measure(s) Results¹	Progress Notes²
III. Reevaluate Partnership with 1 private provider to improve plan to reduce missed opportunity rate in their practice by 5% over 3yrs.	<ul style="list-style-type: none"> • Educate staff on best approaches to work with nervous parents • Conduct 2 workshops on true contraindications & precautions 	<ul style="list-style-type: none"> • Complete workshops by October 1, 2007 and April 1, 2008 • Missed opportunity rate decreased by 5% 	To be completed for the FY08 Report	To be completed for the FY08 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.

Appendix C

WOMEN, INFANTS AND CHILDREN PROGRAM (WIC)

FY 2008 - 2009 WIC Nutrition Education Plan Form

County/Agency: Malheur County WIC

Person Completing Form: Lindsay Grosvenor RD, Sandy Ackley Coordinator

Date: March 13, 2008

Phone Number: 541-889-7897

Email Address: lgrosvenor@malheurco.org; sackley@malheurco.org

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:

Oregon WIC Key Nutrition Messages materials are being reviewed by staff now and a meeting will be held on April 30, 2007 to select specific messages for training, if necessary.

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:

Prior to March 31, 2009 WIC staff will, as part of the end of the month staff meeting, review proposed food package changes and will select at least 3 food package modifications that will effect current nutrition education messages and discuss.

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 provided

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:

Using critical thinking, staff will review the diet assessment steps of the Dietary Risk Module by September 30, 2008 to determine which steps may require further training.

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:

- By November 30, 2008 staff will evaluate how they have modified their approach to individual counseling using State provided guidance and assessment tools.

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: Worksite: WIC Office

Objective:

1. Decrease consumption of sweetened and carbonated beverages of WIC Staff by 25 % by 2012.
2. By 2012 increase by 20% the number of employees who are physically active 30 minutes/day at least 3 days per week.

Strategy:

1. Removed Coke machine from HD/WIC kitchen as of March 1, 2008
2. Provide space and a variety of exercise videos during staff lunch hour daily Monday through Friday.
3. In addition to the above, beginning in 2008, WIC staff will participate in community sponsored physical activity events when they occur.

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.

- Both of these objectives have been part of our staff healthy behavior change goals over the past year and implementing these strategies will help in reaching and maintaining these personal goals.
- See above strategies
- Evaluate weight and body fat percentages quarterly.

Activity 2:

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

Setting: Home/Community

Objective:

1. By 2012, decrease television and other screen time for children ages 2-5 years.
2. Specifically, reduce by 5% the number of children who have more than 2 hours of screen time per day.

Strategy:

1. Every year, during the month of April, we will promote national TV Turn off Week. We will include AAP screen time recommendations as part of our client education when possible and appropriate.
2. We will investigate the initiation of Quick-WIC as an educational opportunity to include the topics of screen time and physical activity.
3. Local medical providers will be encouraged to share this information as part of their well-child exam.

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.

- We chose the screen time objective because overweight is one of our biggest health disparities among all age groups as seen in our local WIC population.
- We hope to decrease the percentage of our WIC children watching excessive television, and ultimately, increase active play time.
- We are going to obtain a baseline survey of 25 English and 25 Spanish clients in April 2008 to determine current screen time activity among children ages 2-5 years. We will offer the same survey annually, in April, to monitor changes in screen time behavior.

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: Community/Health Care

Objective: By 2012 increase by 2 % a year, the number of infants exclusively breastfeeding (local WIC program only).

Strategy:

- Continue incentives for exclusive breastfeeding moms of 6 months and one year, no formula.
- Work with the local hospital (HRMC) to provide facilities for WIC IBCLC to offer a free breastfeeding support group for all community women, both WIC and non-WIC alike.

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.

- We chose this objective because of the obvious long-term health benefits for both the breastfeeding mother and infant. In addition, Malheur County does not have a Le Leche League or similar support group for breastfeeding women.
- We are already providing the breastfeeding incentives and will continue to do so. As for the breastfeeding support group, the IBCLC will meet with other area hospitals (Boise) by June 30, 2008 to observe their groups to use as a model. We hope to start the support group by September 2008.
- In January 2009, the monthly rates for exclusive breastfeeding infants will be evaluated using monthly *Participation Summary by WIC Category* report. This process will be repeated annually until 2012 to monitor changes in our breastfeeding rates.

EVALUATION OF WIC NUTRITION EDUCATION PLAN
FY 2007-2008

WIC Agency: Malheur County WIC Program

Person Completing Form: Sandy Ackley WIC Coordinator;
Lindsay Grosvener RD

Date: April 1, 2008 Phone: 541-889-7897

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:

- Yes, all Certifiers completed the Nutrition Risk Module by December 13, 2007.
- Yes, the module competency achievement checklist for each Certifier was finished and the completion dates were entered into TWIST. Staff module evaluations were completed and mailed to the State; achievement checklists are on file in the Training Supervisor's office.

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:

- Yes, all certifiers successfully completed the posttest activities of the Dietary Risk Module by February 13, 2008.
- Yes, the module competency achievement checklists and evaluations were finished and the completion dates were entered into TWIST. Staff evaluations of the module were mailed to the State and achievement checklists are on file in the Training Supervisor's office.

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:

- Yes, 4 quarterly staff in-services were provided during the year 2007-2008 as described in our NE Plan. Attendance sign-in sheets for in-services presented by the WIC Training Supervisor are on file in her office. Sign in sheets include the title of each in-service, signature of staff participating and presentation dates.

Other short in-services were included in monthly staff meetings. Topics for these meetings was related to new policies/procedures updates, a review of old policies, charting with SO/AP notes, findings from chart audits, changes in food packages, formula bid, Thrush, etc.

- Yes, the planned objectives specific for each quarterly in-service topic were met as written.
- All planned quarterly staff in-services provided by the Training Supervisor/RD address some area of the *Competent Professional Authority Requirements*.

Provided topics are related to the *Principles of Life-Cycle Nutrition* for women, infants and children served by the WIC Program. However, in monthly staff meetings we do address topics like critical thinking, charting, proper anthropometric and biochemical techniques, food package assignments, referrals, etc.

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:

- Yes, two different needs assessments were completed in our county prior to September 30, 2007.
 1. One assessment focused on the prevalence of nutrition risks in our WIC client populations using state provided resources as well as TWIST generated information.
 2. The second needs assessment was part of the Malheur County Child Neglect Summit held July 13, 2007 in Ontario, Oregon and attended by WIC staff.
- Health concerns:

1. After reviewing the data collected from TWIST we determined that the most prevalent health concern among our WIC community was overweight which effects age groups 2 years and older.
 2. Concerns generated from the Summit were focused on reducing child neglect/abuse and creating a healthy place for children to grow and become “normal” adults.
- With collected information:
 1. We established the biggest area of need, one that had not been addressed in our WIC population, was our overweight postpartum women. A new class called *Mommy and Me* was developed and began in December 2007 offering healthy eating, weight loss tips, and exercise recommendations for women who are 4 months postpartum. We schedule all overweight first-time moms into the class and offer this fun and informative time to moms who have had other children, too.

In addition to the above, the RD developed a quarterly newsletter that is distributed to clients every 3 months and includes physical activity ideas along with recipes, breastfeeding information, etc.

2. One follow-up meeting was held for updating progress on goals formed by the focus groups at the Summit. Only 2 groups have continued to meet regularly and are working toward their goal timeline and that is the group working on the *Boys and Girls Club* and the *Children of Incarcerated Parents*.
- Communication of findings:
 1. Our WIC findings were discussed among local staff and with our NE Consultant. Our concerns related to the overweight status of our clients were discussed with local Migrant and Community Head Start Program staff as part of Health Advisory Meetings. As groups we talked about what we were going to do to help change the behaviors of our families.
 2. The Commission for Children and Families received the committee information from the Summit and organized response plans and goals for future reference.

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:

- Yes, our 2008 Group Nutrition Schedule was submitted with the 2007-2008 NE Plan in May 2007. Annual class lists (2008) are displayed on the bulletin board in the reception area and are available to clients when they are making a class selection.
- Our classes cover general nutrition topics that would appeal to the majority of our audiences. Class topics are updated or changed every three months to provide variety. We try to include physical activity, healthy eating and other health concerns prevalent among our participants in each class regardless of the topic. Short surveys are being given to class participants about what they liked/ didn't like about the class and suggestions for future class topics. We try to incorporate these suggestions in class planning.

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:

- During the preparation of the NE Plan for 2007-2008 times were allotted during monthly staff meetings to brainstorm a list of measurable behavior changes. A list of simple behavior changes was created and each staff member was allowed to choose their own personal healthy behavior change from the list of selections (see 2007-2008 NE Plan).
- Yes, the ability of the staff members to select their own way to facilitate healthy behavior change was more effective than choosing one specific activity or goal and trying to get total participation for everyone. 100% participation was our goal; we wanted all 7 WIC staff members to select some kind of goal and work toward accomplishing that goal during the year.

Since April of last year 4 out of the 7 staff members have lost weight and decreased body fat percentage by at least 1% which means the goals set have helped to meet our personal objectives.

- What went well was the group support for initiation of change. Allowing each person to select their own healthy behavior change was important to our success. Having coworkers knowing others' personal goals have helped to encourage one another to stay on track. Lunch hour activities have helped staff bond and meet personal exercise goals. As expected, personal circumstances have resulted in changing or modifying originally set goals.

What we might have done differently? Shorter evaluation times, more frequent monitoring.

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:

- A list of 5 activities was compiled by Coordinator and RD as a result of brainstorming during the development of the NE Plan for 2007-2008. Simple ideas such as bulletin board displays or adding new fruit and vegetable information to Farmer's Market Class were discussed. Increasing personal exercise in the home i.e. dancing or marching to music, has been suggested to clients during recertification appointments.
- Posters of fruits and vegetables in the waiting room have promoted interest.
- We did not get the RD "Walk & Talk Group" organized. Lunchtime exercise videos have been a part of each day beginning in January 2008. Clients have been invited to join. We offered free yoga classes for staff and clients last spring. Client interest and participation has been nil. Due to disinterest we felt the "Walk and Talk" group would not be well attended. We decided to incorporate weight loss and exercise tips into our newly formed *Mommy and Me Class* which has been widely and enthusiastically accepted by our postpartum women.

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:

- Frequently during recent years our agency staff has talked about offering client incentives to increase breastfeeding rates. One of our breastfeeding objectives for NE Plan 2007-2008 was to increase the number of exclusively breast fed infants at 6 months and 1 year

and initiate an incentive or “nice gift” for moms who continue to exclusively breastfeed and offer at breastfeeding milestones i.e. 6 months and one year. With the advent of extra monies from 2007end-of-the-year funds we were finally able to “kick-off” our project earlier than March 2008 as planned.

- We are thrilled and excited! Since July 2007(8 months) we have given out 20 photo settings with picture frame from Wal-Mart to moms exclusively breastfeeding for 6 months and 17 sterling silver necklaces for moms exclusively breastfeeding for one year. The pictures of these successful moms have brought encouragement to staff and clients as well. Did the activity help meet our objective of increasing our exclusivity in breastfeeding? No. Our rates remain fairly stable at ~35-40 exclusively breastfeeding moms and babes both before and after our initiation of our recognition program. Discouraged? No—we now are able to see the faces of our champions which is encouraging to staff and of interest to our clients.
- Responses from moms have been enthusiastic. In future we’d like to be able to order a bigger supply so we’d have to reorder less frequently. Obviously we’d like to see our exclusively breastfeeding numbers increase.
- We continue to supply a breastfeeding room, offer breast pumps for qualifying moms, maintain the lactation log and update our BF Wall. Lactation needs are addressed at the time the client comes to the office and referrals are made as necessary to the LC for follow-up. Whether these breast feeding services have contributed or raised our overall breastfeeding rates is unsure but we feel these are important.