

WASHINGTON COUNTY
DEPARTMENT OF HEALTH AND HUMAN SERVICES

ANNUAL PLAN
Updated FY 2008/09

I. Executive Summary

Washington County is a vibrant, fast-growing county in transition. Population growth and changing demographics are presenting both opportunities and challenges that are being felt across the full range of government and community services and programs. The direction from county leaders is toward assurance and collaboration with the community and its partners to solve problems and provide services. This has resulted in a lean county government and an active cadre of community partners working together.

The Department of Health and Human Services (HHS) has experienced significant leadership transitions this past year. New appointments include the Director for the department as well as the Public Health Manager. A formal strategic planning process is in the initial planning stages and is scheduled to be completed by late fall.

Access to primary care has been a long identified priority within the county. Numerous initiatives are underway to address this including on-going support for the Essential Health Clinic that provides free, acute care services to the uninsured three evenings per week, the launching of Project Access to increase and coordinate referral specialty care, and a school-based health center initiative to plan for and open clinics in every school district within the county.

Public health services are stretched in every way. There are significant unmet needs in every program area. Only the very highest priorities are addressed and most of those activities are related to individual or family services rather than population-based planning and initiatives. Capacity to engage the community in assessment, gather and assess data, and develop proactive public health initiatives are all lacking.

II. ASSESSMENT

Washington County has experienced significant population growth. The population has grown by over 60% since 1990. Washington County is home to the fifth and sixth largest cities in the state (Hillsboro and Beaverton), with Hillsboro recently surpassing Beaverton in size.

The diversity of Washington County spans the high tech corridor to makeshift migrant camps. The U.S. Census data from 2004 shows that 13.5% of the county population is Hispanic and nearly 8% is Asian. That represents a growth of over 450% in the Latina community and over 300% in the Asian community. With a reputation of being home to the youngest, most highly educated and most affluent residents in the state, the health and social service needs in Washington County have too frequently been overlooked or dismissed.

A strengthening economy in Washington County is building on lower wage jobs, part-time and temporary employment, and few benefits. The number of individuals and families living in poverty, and the number of residents without health care insurance, continue to increase in the county. Poverty rates for Washington County grew from 6.5% in 1990 to 9% in 2004. Those most disproportionately affected continue to be children where poverty rates grew from 7.9% in 1990 to 12% in 2004. Minority children and the children of single parent households are particularly vulnerable to poverty. These factors have resulted in an increase in requests for HHS services and greater demands upon the network of non-profit and for profit health and social service providers.

A study conducted by the Office of Oregon Health Policy and Research, released in Fall 2002 but based on year 2000 data, estimated the percent of uninsured in Washington County at 8.8%. In the "Oregon's Uninsured: Summary of Findings from the 2002 Oregon Population Survey," the Office of Oregon Health Policy and Research states the percentage of uninsured in Washington County as 12.8%, a 40% increase over the rate in 2000, which was 8.8%. A 12.8% rate represents nearly 57,000 people. In January 2005 a report released by the Office of Oregon Health Policy and Research, the uninsured rate in Washington County was 16.5% which represents close to 80,000 individuals. This is almost double the rate in 2000. With continued double-digit increases in healthcare premiums and additional reductions in the number Oregonians eligible for Oregon Health Plan services, the number of uninsured will continue to rise.

Washington County has partnered with local providers to improve access to healthcare. Virginia Garcia Memorial Health Center is the Federally Qualified Health Center in our county and has clinics in Cornelius, Hillsboro, and Beaverton. The Essential Health Clinic (EHC) is a free primary care clinic operated by volunteers and is now open three nights per week in our Hillsboro and Tigard clinic sites. The EHC uses county health department space and serves acutely ill low-income and uninsured individuals.

Washington County is home to the second highest number of births in the state, now close to 8,000 per year. Once again we see the span of high tech/high income to low-income as the use of sophisticated fertility techniques has resulted in a significant and rapid increase in public health nurse referrals for low birth weight, often premature, twins and triplets.

In the minority population, 24% of births in Washington County are now to Latina women who often have fewer resources and greater need for HHS services. During the 1990's, the rate of low birth weights was lower in Washington County than in the state. However, since 1996 the rates have been similar. For the last 10 years public and private health care providers have worked together to assure that adequate prenatal care exists for women in Washington County. The rates of first trimester care in Washington County are higher than state averages and the rates of inadequate care are lower than state averages.

HHS heads a prenatal effort that has in recent years convened both community summits and work sessions to address this issue. We have addressed the issues of finding reimbursement for prenatal care for uninsured CAWEM women and increasing OB provider participation in OHP.

In 2007 Washington County had the second highest number of tuberculosis cases in the state. As each active case requires Directly Observed Therapy, this is an extremely labor intensive program. At the end of March 2007, and continuing through the present, the Communicable

Disease (CD) staff was involved in a very large worksite investigation of an active TB case. This active case resulted in over 1,600 people at risk of exposure to TB, over 90 people who were diagnosed with latent TB, and 3 people who were diagnosed with active TB.

The teen pregnancy rate in 2006 for Washington County was at 8 per 1,000 teens ages 10 to 17, statistically lower than the state average. HHS participates in numerous community projects including direct delivery of contraceptive services, education and outreach, and support for STARS in local school districts in an effort to reduce teen pregnancies.

According to Keeping Oregon Healthy, nearly 60% percent of Washington County adults are classified as overweight and/or obese. This represents a significant number of county residents who are at risk for heart attack, coronary heart disease, stroke, and diabetes.

Washington County immunization rates were 74% in 2007 compared to 71% statewide average.

III. ACTION PLANS

A. Epidemiology and Control of Preventable Diseases and Disorders

Communicable Disease Prevention and Control:

Current Condition or Problem:

The Communicable Disease (CD) Team is not always in full compliance with time lines for the reporting, surveillance, investigation, treatment, control, and follow-up of reportable communicable diseases. Washington County is a county that is experiencing consistent growth over the years, and along with that growth in population, we are experiencing an increase in the numbers of communicable diseases that are being reported and require investigation.

Goal:

The CD team will improve completeness and timeliness of CD investigations.

Activity:

1. The CD program managers will assess the CD team capacity to meet our guidelines and requirements.
2. The CD supervisors will develop, implement, and monitor a continuous quality improvement process to increase the completeness and timeliness rates.
3. Upgrade the current CD database to include the most current version.

Evaluation:

1. Completeness and timeliness rates will show continuous improvement and will be maintained to meet or exceed the standard.

Current Condition or Problem:

Data monitoring needs to improve in order to meet standards set in Communicable Disease Program Elements and to guide policy and program development. Data are needed to perform surveillance, analyze trends, and to educate our partners and the public.

Goal:

To effectively and efficiently collect appropriate data; analyze and utilize this data to guide program policy and development as well as to inform our partners and the public.

Activity:

1. Hire an epidemiologist.
2. Assess current data and the data collection systems.
3. Teach staff how to use, collect, and interpret data.

Evaluation:

Plans, presentations, and program development proposals will include relevant data.

B. Tobacco Plans (OBJECTIVE #'s 4 - 7)

OBJECTIVE #4: SmokeFree Multi-Unit Housing

By June 2009 two of Washington County's multi-unit housing properties will have passed smokefree housing policies.

1. Goal Areas for this Objective:

- | | |
|---|---|
| <input checked="" type="checkbox"/> Eliminate/reduce exposure to secondhand smoke: | <input type="checkbox"/> Counter pro-tobacco influences: |
| <input checked="" type="checkbox"/> Primary | <input type="checkbox"/> Primary |
| <input type="checkbox"/> Secondary | <input type="checkbox"/> Secondary |
| <input type="checkbox"/> Reduce youth access to tobacco: | <input checked="" type="checkbox"/> Promote quitting: |
| <input type="checkbox"/> Primary | <input type="checkbox"/> Primary |
| <input type="checkbox"/> Secondary | <input checked="" type="checkbox"/> Secondary |

2. Plan of Action:

Plan of Action Subcategories:

*Washington County recognizes the American Lung Association of Oregon as an important partner and all Activities in the smokefree multi-unit housing plan will take place with the assistance and collaboration of the ALAO staff.

a. Coordination and Collaboration:

- Contact and meet with Washington County Housing staff (Asset Supervisor and Housing Director) to discuss development of and support for smokefree policies. **Completed.**
- Form Washington County Smokefree Housing Coalition with partners identified through Washington County Housing staff to include: Washington County Housing staff; tenants; Tualatin Valley Fire and Rescue; Hillsboro Fire Department; ALAO staff; and representatives from rental associations and landlord groups. **Start: March 2008 though April 2008.**

- At least quarterly, meet with entire Smokefree Housing Coalition to share, develop, and process smokefree multi-unit housing plans.
Start: May 2008. End: April 2009.
 - Coordinate and collaborate with ALAO staff assigned to multi-unit smokefree housing project in meetings at least quarterly with Washington County tobacco prevention staff.
Start: March 2008. End: Ongoing
 - Coordinate and collaborate with Washington County Smokefree Housing Coalition in promotion of the Oregon Quit Line to residents in multi-unit housing.
Start: March 2008. End: Ongoing.
- b. Assessment and Research:
- Work with Washington County Housing to develop inventory of local multi-unit housing and housing and landlord associations.
Start: March 2008. End: July 2008.
 - Utilize research and assessment completed by ALAO on smokefree multi-unit housing and request technical assistance as needed.
Start: March 2008. End: Ongoing.
- c. Community Education, Outreach, and Media:
- Work with Washington County Housing to print tobacco-free messages, promote the Oregon Quit Line, and smokefree housing information in their monthly newsletters to Washington County tenants and current housing applicants.
Start: June 2008. End: Ongoing.
 - Work with Washington County HHS PIO to develop media messages for the adoption of smokefree multi-unit housing policies highlighting the health advantages as well as the business advantages of smokefree housing focusing messages on property owners and landlords. **Start: April 2009. End: June 2009**
 - Work with Washington County HHS PIO to develop MAC Plan for this objective.
Start: January 2009. End: March 2009.
- d. Policy Development:
- Along with plans and policy development from the Smokefree Housing Coalition, meet monthly with Oregon TPEP, the ALAO, and Washington County Housing in the design and development of smokefree housing policies.
Start: July 2008. End: December 2008.
 - At least monthly, meet with Washington County Housing Authority staff to develop plans for promotion and acceptance of smokefree policies.
Start: July 2008. End: Ongoing.
- e. Policy Implementation
- Ensure the promotion of the Oregon Quit Line and other supporting information and materials are available to Washington County housing residents and current applicants. **Start: June 2008. End: Ongoing.**

3. Critical Questions:

- a. What sectors of the community will this objective reach?
- This objective will reach residents of Washington County managed multi-unit housing which includes low-income elderly, families with young children, as well as a large portion of the Latino community.
- b. Are there segments of the population who will *not* receive benefit from this objective?
- Everyone who lives, works, or volunteers in a multi-unit housing that adopts smokefree policies will benefit.
- c. What types of technical and/or data assistance do you anticipate needing from?:
- 1) TPEP staff?
 - Oregon TPEP will need to assist in the development of smokefree housing policies.
 - 2) Statewide capacity building programs for eliminating disparities?
 - Local capacity for the development of culturally appropriate smokefree housing information.

OBJECTIVE #5: IGA for Enforcement of the SmokeFree Workplace Law

By March 1, 2008 Washington County will have signed an Intergovernmental Agreement with the State of Oregon DHS/Public Health Division for the enforcement of the Indoor Clean Air Act.

1. Goal Areas for this Objective:

- | | |
|--|---|
| <input checked="" type="checkbox"/> Eliminate/reduce exposure to secondhand smoke: <ul style="list-style-type: none"><input checked="" type="checkbox"/> Primary<input type="checkbox"/> Secondary | <input type="checkbox"/> Counter pro-tobacco influences: <ul style="list-style-type: none"><input type="checkbox"/> Primary<input type="checkbox"/> Secondary |
| <input type="checkbox"/> Reduce youth access to tobacco: <ul style="list-style-type: none"><input type="checkbox"/> Primary<input type="checkbox"/> Secondary | <input checked="" type="checkbox"/> Promote quitting: <ul style="list-style-type: none"><input type="checkbox"/> Primary<input checked="" type="checkbox"/> Secondary |

2. Plan of Action:

Plan of Action Subcategories:

- a. Coordination and Collaboration:
- Acting HHS Department Director submits a briefing paper on history of tobacco prevention efforts in Washington County including the announcement of RFA for newly state funded tobacco prevention funds to Washington County Administrators Office (CAO). **Completed.**
 - Washington County CAO shares briefing paper with Washington County Board of Commissioners. **Completed.**

- Acting HHS Director requests the IGA and Tobacco Prevention Program grant discussion to be added to the Board’s agenda.
Start: January 2008. End: January 2008.
- b. Assessment and Research:
- Work with HHS Director and CAO to assess questions/concerns that County Commissioners may have about IGA and tobacco prevention program implementation. **Start: January 2008. End: February 2008.**
- c. Community Education, Outreach, and Media:
- In collaboration with HHS Director, conduct and present one question and answer session with County Commissioners. **Start: January 2007. End: February 2008.**
 - Meet with HHS Department Public Information Officer to formulate a media release announcing the IGA as well as the acceptance of the tobacco grant award monies and program priorities. **Start and End: March 2008.**
 - Work with Washington County DHHS PIO to develop MAC Plan for this objective. **Start: January 2008. End: March 2008.**
- d. Policy Development:
- IGA for Enforcement of Smokefree Workplace Law developed by Oregon State TPEP staff made available to LPHAs. **Start and End: October 2007.**
- e. Policy Implementation:
- Washington County Board of Commissioners signs Intergovernmental Agreement with Oregon DHS/Public Health for the enforcement of the Clean Indoor Act. **Start: Mid-February 2008. End: End of February 2008.**
3. Critical Questions:
- a. What sectors of the community will this objective reach?
- All sectors and citizens of Washington County will be impacted by this IGA. Most importantly, it will allow for a discussion to develop in regards to the new smokefree law that will go into effect in January 2009 with owners of bars, restaurants, bowling alleys, and other impacted businesses in the county.
- b. Are there segments of the population who will *not* receive benefit from this objective?
- No. All segments will receive benefit.
- c. What types of technical and/or data assistance do you anticipate needing from:
- 1) TPEP staff?
 - None needed.
 - 2) Statewide capacity building programs for eliminating disparities?
 - None needed.

OBJECTIVE #6: Implement the SmokeFree Workplace Law

By January 2009 Washington County will develop and implement a system of internal protocols and procedures for handling complaints and violations to the Oregon Clean Indoor Air Act.

1. Goal Areas for this Objective:

- | | |
|--|---|
| <input checked="" type="checkbox"/> Eliminate/reduce exposure to secondhand smoke:
<input checked="" type="checkbox"/> Primary
<input type="checkbox"/> Secondary | <input checked="" type="checkbox"/> Counter pro-tobacco influences:
<input type="checkbox"/> Primary
<input checked="" type="checkbox"/> Secondary |
| <input type="checkbox"/> Reduce youth access to tobacco:
<input type="checkbox"/> Primary
<input type="checkbox"/> Secondary | <input type="checkbox"/> Promote quitting:
<input type="checkbox"/> Primary
<input type="checkbox"/> Secondary |

2. Plan of Action:

Plan of Action Subcategories:

a. Coordination and Collaboration:

- Health Promotions Supervisor to meet with Environmental Health (EH) Public Health Program Supervisor to explore staffing options to implement current and future Smokefree Workplace Law objective.
Start: October 2007. End: January 2009.
- Program Coordinator to meet at least monthly with EH staff to develop a system of internal protocols and procedures for response to violation complaints to the current and future Smokefree Workplace Law.
Start: March 2008. End: October 2008.
- In cooperation with the EH program and utilizing existing TPEP Indoor Clean Air Act materials, work with staff to implement an informational campaign about the changes in the Smokefree Workplace Law to assist local business owners in understanding and complying with the new standards.
Start: July 2008. End: January 2009.
- Staff will ensure the provision of Oregon Quit Line information within any Smokefree Workplace Law materials that are distributed.
Start: July 2008. End: January 2009.

b. Assessment and Research:

- Working with EH staff, review inventory of local businesses affected by the current and new Smokefree Workplace Law requirements.
Start: March 2008. End: June 2008.
- With the cooperation of similar counties in Oregon with current Indoor Clean Air Act agreements, research existing protocols and procedures for reference in the development of Washington County's internal procedures.
Start: March 2008. End: June 2008.

c. Community Education, Outreach, and Media:

- Using materials developed by Oregon TPEP and the Metropolitan Group, implement an informational campaign to coincide with re-licensure and new licensure of local businesses impacted by the Smokefree Workplace Law. **Start: July 2008. End: January 2009.**
- Work with Washington County HHS PIO to develop MAC Plan for this objective. **Start May 2008. End: July 2008.**
- Work with Washington County HHS PIO to develop media releases to inform both the public and local businesses of new changes to the Smokefree Workplace Law effective January 2009. **Start: November 2008. End: January 2009.**

d. Policy Development:

- In collaboration with Oregon TPEP Policy Manager and EH staff, write internal protocols and procedures for responding to complaint violations to the Oregon Clean Indoor Act. **Start : March 2008 End: October 2008**

e. Policy Implementation:

- With coordination and collaboration of the EH staff, provide training and instructions in new protocols and procedures. Ensure that new staff orientation includes training on internal system of response. **Start: October 2008. End: Ongoing.**
- With coordination and collaboration of Oregon TPEP staff and EH staff, annually review system of protocols and procedures for response to complaints. **Start: January 2009. End: Ongoing.**

3. Critical Questions:

a. What sectors of the community will this objective reach?

- The sectors most affected by this objective will be local businesses, their employees and patrons, who are not currently covered under the Oregon Clean Indoor Air Act. This will also impact those individuals who do not currently patronize businesses because of smoke.

b. Are there segments of the population who will *not* receive benefit from this objective?

- All segments of the population will benefit from this objective. Even those business owners who claim a loss in revenue will most likely see an increase in profits and patrons as a result of the changes in the law.

c. What types of technical and/or data assistance do you anticipate needing from:

1) TPEP staff?

- Technical assistance will be needed in the development and review of internal protocols and procedures.
- TPEP staff may also need to assist in the information requests for materials from current counties with protocols and procedures.

- 2) Statewide capacity building programs for eliminating disparities?
 - o Technical assistance will be needed to work with Latino and other ethnic minority owned businesses to ensure that information, materials, and outreach is culturally competent.

OBJECTIVE #7: Build Capacity for Tobacco Related Chronic Disease

By June 2009 Washington County will have developed a complete tobacco-related chronic disease profile to include prevalence of all tobacco-related chronic disease within Washington County.

1. Goal Areas for this Objective:

- | | |
|--|---|
| <input checked="" type="checkbox"/> Eliminate/reduce exposure to secondhand smoke:
<input checked="" type="checkbox"/> Primary
<input type="checkbox"/> Secondary | <input type="checkbox"/> Counter pro-tobacco influences:
<input type="checkbox"/> Primary
<input type="checkbox"/> Secondary |
| <input type="checkbox"/> Reduce youth access to tobacco:
<input type="checkbox"/> Primary
<input type="checkbox"/> Secondary | <input checked="" type="checkbox"/> Promote quitting:
<input type="checkbox"/> Primary
<input checked="" type="checkbox"/> Secondary |

2. Plan of Action:

Plan of Action Subcategories:

a. Coordination and Collaboration:

- Contact and meet with chronic disease management staff at Tuality Hospital as well as Providence St. Vincent Hospital to explore opportunities to complete profile in a collaborative manner. **Start: September 2008. End: December 2009.**
- Create coalition of chronic disease partners in the Washington County community to author and promote county profile. Coalition should include: Tuality Healthcare Diabetes Management Program, Cancer Program, Tobacco Cessation Program, Asthma Program, Oregon Cancer Prevention Program staff, and an Epidemiologist from Washington County. **Start: October 2008. End: June 2009.**
- Coordinate with Washington County HHS administration to identify the burden of tobacco and tobacco-related disease in Washington County and strategize on potential opportunities to address it within Washington County Public Health. **Start: September 2008. End: June 2009.**

b. Assessment and Research:

- Develop community inventory of tobacco-related chronic disease treatment programs within Washington County. **Start: June 2008. End: August 2008.**
- Work with staff from Oregon State Public Health Division to access and compile county level disease reports for tobacco-related disease. **Start: June 2008. End: October 2008.**

c. Community Education, Outreach, and Media:

- Work with Washington County HHS PIO to develop MAC Plan for this objective. **Start: October 2008. End: December 2008.**
- Develop “community profile” for publication to be used in education and outreach of tobacco-related chronic diseases. **Start: January 2009. End: June 2009.**
- Work with Washington County HHS PIO to develop media messages about tobacco-related chronic disease and the utility of the county profile. **Start: April 2009. End: June 2009.**
- Ensure promotion of Oregon Quit Line in all messages and materials developed. **Start: October 2008. End: June 2009.**

d. Policy Development:

- Strategize with Washington County HHS Administration to develop public policy statements in response to tobacco-related chronic disease in Washington County. **Start: November 2008. End: March 2009.**

e. Policy Implementation:

- Work with Washington County HHS to explore possible “program/grant” opportunities in the community within tobacco-related chronic disease. **Start: October 2008. End: June 2009.**
- Work with Washington County HHS to determine specific objectives to increase the public’s understanding of the burden of tobacco on public health. **Start: October 2008. End: June 2009.**

3. Critical Questions:

a. What sectors of the community will this objective reach?

- The sectors of the community most impacted will be those who suffer or will suffer from tobacco-related chronic diseases. In addition, Washington County Public Health will potentially have the capacity to collaborate with those community partners who have long worked in tobacco-related chronic disease treatment programs.

b. Are there segments of the population who will *not* receive benefit from this objective?

- All segments of the population will benefit as tobacco-related chronic diseases affect nearly everyone in the community in some way.

c. What types of technical and/or data assistance do you anticipate needing from:

1) TPEP staff?

- Technical assistance would be needed from the TPEP staff in the form of assistance in gathering the data, interpretation of the data, as well as assisting the coalition in the compilation of the profile.

2) Statewide capacity building programs for eliminating disparities?

- Technical assistance would be needed to determine and address the disparities found in the data gathered for the profile.

C. Parent and Child Health Services

Family Planning Program

July 1, 2008 to June 30, 2009

GOAL 1: Assure continued high quality clinical Family Planning (FP) and related preventive health services to improve overall individual and community health.

Problem Statement	Objective(s)	Planned Activities	Evaluation
Washington County consists of 727 square miles with an estimated population of 514,269 in 2006 for 707 people per square mile.	Provide geographically accessible services.	Continue to offer Family Planning services in Beaverton, Tigard, and Hillsboro locations Monday through Friday.	Continue to monitor the number of clients seen in each clinic. Monitor the length of time from request for to available appointment.
9.9/1000 pregnancy in 10 to 17 year olds and 26.9/1000 in 15 to 17 year olds.	Decrease teen pregnancy.	Continue our Teen Clinics on Tuesday 3 to 7 pm at the Hillsboro and Tigard clinic locations. Continue to support Merlo School-Based Health Center.	Continue to monitor number of teens seen for Family Planning.
Washington County does not have a Family Planning Advisory Committee.	Develop a County Public Health Advisory Committee to serve as the Family Planning Advisory Committee.	Develop a Washington County Family Planning Advisory Committee.	Develop a rooster of Family Planning Advisory Committee members.
With new FPEP criteria numbers of eligible clients has decreased.	Increase the number of FPEP clients.	Seek additional sources of FPEP clients such as the Tigard/Tualatin School-Based Health Clinic.	Monitor Tigard FPEP client numbers.

GOAL 2: Assure continued high quality clinical Family Planning and related preventive health services to improve overall individual and community health.

Problem Statement	Objective(s)	Planned Activities	Evaluation
The State women's correctional institution (Coffee Creek) is located in Washington County.	Assure women being released have access to a broad range of effective family planning methods.	Continue services at Coffee Creek Correctional Facility one Tuesday a month and one Saturday a month for Nurse Practitioner services.	Monitor number of clients seen for Family Planning.
The price of Mirenas are high and there is a limited number of approvals we get from the ARCH Foundation for free Mirena's.	Decrease the number of Mirenas that are discontinued prematurely.	Continue to counsel women in pre-IUD session about the side effects and costs of Mirenas to ensure correct insertion of IUD type.	Track the number of Mirenas removed prematurely.

Progress on Goals / Activities for FY 2008

(Currently in Progress)

Goal / Objective	Progress on Activities
Get Family Planning Coordinator fully oriented. Orient new nurses.	Attending State FPEP meetings. Reading all FPEP materials sent from the State. Orientating new nurses to FPEP & Title X, answering questions, and forward all FPEP newsletters and resource materials. Collecting Title X certificates.
Annual revision and updating of Family Planning Protocols.	Continue review and utilization of our updated Family Planning Policies.

Maternal Child Health, Field Team

There is no update to the current plan.

Current Condition or Problem:

56% of Oregon's children have dental decay compared to a national average of 52%. One of every 5 low-income children in Oregon has 7 or more cavities. The Washington County Field Team serves over 600 low-income infants and toddlers each year.

Goal:

Increase prevention of early childhood cavities by implementing a Fluoride Varnish Program.

Activities:

1. Community Health Nurses will apply fluoride varnish to the teeth of 9 to 24 month old infants following a Fluoride Varnish protocol.
2. Community Health Nurses will provide health education regarding good oral hygiene practices to all clients receiving home visiting services.
3. Community Health Nurses will provide case management services to assure that clients are able to access and utilize dental care services.
4. Washington County Field Team will coordinate fluoride varnish services with other cavities prevention activities and programs throughout the county.

Evaluation:

1. Document number of infants and toddlers receiving fluoride varnish.
2. Document number of treatments received.
3. Document number of referrals for dental care; prevention and treatment.

APPENDIX

Local Health Department: Washington County

Plan A - Continuous Quality Improvement: Hepatitis B

Fiscal Years 2006-2008

Year 1: July 2005 – June 2006				
Objectives	Methods / Tasks	Outcome Measure(s)	Outcome Measure(s) Results ¹	Progress Notes ²
A. Increase Hepatitis B 3rd dose at 24 months to 83%.	<ul style="list-style-type: none"> • Encourage county hospitals to implement a Hep. B birth dose policy before discharge. • Educate providers and staff on correct spacing for Hep. B. • Add Hep. B information to MD packet mailed out in August. • Give Hepatitis B reminder cards to clients needing Hep. B #'s 2 & 3. 	<ul style="list-style-type: none"> • Annual AFIX Hepatitis B report. 	<p>AFIX annual report not available until June 2006.</p> <p>Co-sponsored with DHS Private Provider Breakfast on 04-26-06. Hepatitis B birth dose is on agenda. Speaker is Paul Cieslak, MD.</p> <p>Mailing to over 125 private providers in Washington County about Hep. B in August.</p> <p>Reminder cards were not used for clients.</p>	<p>Provide updated information for staff at monthly clinic meeting.</p> <p>RSVP at 50 attending the workshop at St. Vincent Hospital. Working with VFC representative Matt Gilman.</p> <p>Handout is on Hepatitis B including birth dose.</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.

<p>B. Increase DTaP #4 to 72%.</p>	<ul style="list-style-type: none"> • Set up more extensive check and balance system for reviewing WIC/IMM DtaP counts by age. • Run off ALERT data on WIC clients prior to appointment and strive for shot or shot appt after WIC counseling session. • Develop improvements in identifying clients 3 to 24 months in WIC needing DTaP's. 	<ul style="list-style-type: none"> • Annual AFIX report on DTaP #4. 	<p>Reviewed all WIC clients (3 to 24 months) starting 11/14/05 to 3/20/06 each Friday for 19 weeks.</p> <p>Conducted extensive WIC survey of 267 clients March 20-31 in Tigard, Beaverton, and Hillsboro.</p>	<p>UTD, needs DtaP, and not in ALERT names sent to WIC counselors for 19 weeks to enhance immunization levels.</p> <p>Review of final WIC survey April 19, 2006.</p> <p>Results: Focus on increasing IM rates in Hillsboro for those clients with no MD or insurance.</p> <p>Follow-up with WIC counselors and annual DTaP in-service for WIC staff.</p>
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Plan A - Continuous Quality Improvement: Hepatitis B

Year 2: July 2006 – June 2007				
Objectives	Methods / Tasks	Outcome Measure(s)	Outcome Measure(s) Results¹	Progress Notes²
A. Increase Hepatitis B 3rd dose at 24 months to 84%.	<ul style="list-style-type: none"> • See above 	<ul style="list-style-type: none"> • See above 	AFIX report shows Hepatitis B 3rd dose increased to 87%.	More focus on CHN's and support staff for timely immunizations during clinical operations meetings.
B.	<ul style="list-style-type: none"> • 	<ul style="list-style-type: none"> • 	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: MMR 1

Year 3: July 2007 – June 2008				
Objectives	Methods / Tasks	Outcome Measure(s)	Outcome Measure(s) Results¹	Progress Notes²
A. Increase MMR 1 dose of 24 month olds to 78%.	<ul style="list-style-type: none"> Educate staff on reviewing MMR status. 	<ul style="list-style-type: none"> Annual AFIX annual report. 	2007 AFIX report lists MMR # at 24 months at 86%.	Promotions to Washington County CHN's, support staff, simplified Elliot immunization schedule, and community outreach events.
B.	<ul style="list-style-type: none"> 	<ul style="list-style-type: none"> 	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: Washington County

Plan B - Chosen Focus Area: ALERT Promotion

Fiscal Years 2006-2008

Year 1: July 2005 – June 2006				
Objectives	Methods / Tasks	Outcome Measure(s)	Outcome Measure(s) Results ¹	Progress Notes ²
A. Promote ALERT at every opportunity.	<ul style="list-style-type: none"> • Provide ALERT pamphlet to each Ped and FCP in resource packet. • Offer in-service to any school district for new staff. Use ALERT video. • Offer in-service to certified child care facilities. Use ALERT video. 	<ul style="list-style-type: none"> • Visit 2 public/private schools. • Visit 2 certified child care facilities. 	<p>Provided in-service to 3 childcare facilities on ALERT and one private school.</p> <p>No offers from public schools through school nurses.</p> <p>ALERT pamphlet to be mailed this August for back-to-school.</p>	<p>Use of ALERT handouts and provider agreements for public provider breakfast on April 26, 2006.</p>
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: Maintain School RN Coalition

Year 2: July 2006 – June 2007				
Objectives	Methods / Tasks	Outcome Measure(s)	Outcome Measure(s) Results¹	Progress Notes²
A. Maintain quarterly school district nurses meetings.	<ul style="list-style-type: none"> Coordinate and organize agenda and speakers via e-mail to all school districts. 	<ul style="list-style-type: none"> Provide 3 sessions per year in October, January, and April of each year. 	<p>Washington County completed 3 sessions.</p> <p>Hours: 8:00 am – 11:00 am</p>	<p>Epidemiology staff well represented at meeting.</p> <p>We also have instant communication with all school district RN's via e-mail</p> <p>Hillsboro, TTSD, FG, Sherwood, Beaverton, NW Reg. ESD, and OR Dept. of Ed.</p>
B.	<ul style="list-style-type: none"> 	<ul style="list-style-type: none"> 	<p>To be completed for the FY 2007 Report.</p>	<p>To be completed for the FY 2007 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.

Plan B - Chosen Focus Area: Maintain School RN Coalition

Year 3: July 2007 – June 2008				
Objectives	Methods / Tasks	Outcome Measure(s)	Outcome Measure(s) Results¹	Progress Notes²
A. Maintain quarterly school district nurses meetings.	<ul style="list-style-type: none"> • Coordinate and organize agenda and speakers via e-mail to all school districts. 	<ul style="list-style-type: none"> • Provide 3 sessions per year in October, January, and April of each year. 	Washington County is on target for 2007-08.	<p>Also have invited RN's at private schools to attend quarterly meetings and we have instant communication via e-mail to school RN's.</p> <p>Attendance is 30-35.</p> <p>Topics include TB reports, epidemiology, flu updates, school law, guest speakers, school-based health centers, flu pandemic planning, CDC reports, ALERT, etc.</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.

B.	•	•	To be completed for the FY 2008 Report.	To be completed for the FY 2008 Report.
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Local Health Department: Washington County

Outreach Activities: July 2005 – June 2006

Activity 1:				
Objectives	Methods / Tasks	Outcome Measure(s)	Outcome Measure(s) Results¹	Progress Notes²
A. Plan and implement 2 outreach activities either singly or in collaboration with partners.	<ul style="list-style-type: none"> • Focus on Elliot the Elephant for most outreach activities. 	<ul style="list-style-type: none"> • Beaverton Summerfest Parade • Junior Rose Parade • Hillsboro Farmer's Market Booth • Hillsboro Swap Meet with the Chamber of Commerce • Hillsboro County Fair • Migrant Head Start Program • Beav Resource Ctr. Heath & Safety Fair • Kinder Round-Ups (10) • Metzger School Fair • Packy's B-Day at the Oregon Zoo 	<p>We have participated in all of these events or will through June 2006.</p> <p>The Beaverton parade is in conjunction with the Beaverton Rotary.</p>	<p>We continue to offer the Elliot the Elephant costume to all Oregon Health Departments.</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.

Activity 2:				
Objectives	Methods / Tasks	Outcome Measure(s)	Outcome Measure(s) Results¹	Progress Notes²
A.	•	•	To be completed for the FY 2006 Report.	To be completed for the FY 2006 Report.

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 3 years.	Assess Practices: <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.
	Develop 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 3 years.	<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 3 years.	<ul style="list-style-type: none"> • Educate staff on best approaches to work with nervous parents. • Conduct 2 workshops on true contraindications and precautions. 	<ul style="list-style-type: none"> • Complete workshops by October 1, 2007 and April 1, 2008. • Missed opportunity rate decreased by 5%. 		

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.

D. WIC

FY 2008 - 2009 WIC Nutrition Education Plan Form

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 ones 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: During our July 2008 staff in-service meeting we will review the Oregon WIC Nutrition Messages and identify areas that additional training is required. For those messages that need additional clarification, our training supervisor will conduct a follow-up in-service in October 2008.

Activity 2:

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

- Select at least 3 food packages modifications (for example, addition of new foods, reduction of current foods, and elimination of current foods for a specific category).
- Review current nutrition education messages most closely connected to those modifications.
- 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: Staff meeting scheduled for January 2009 to review WIC food package resource information. In-service materials will be developed from the WIC Works Website and state provided materials. March 2009 staff meeting will focus on food package modifications compared to our current nutrition education messages with review of education materials currently used.

Activity 3:

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

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

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

Activity 1:

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

Implementation Plan and Timeline: September 2008 staff in-service will focus on state WIC provided guidance and assessment tool to identify which steps from the Dietary Risk Module staff need additional training or practice with.

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: State provided guidance and assessment tools.

Implementation Plan and Timeline: November 2008 staff meeting will focus on assessment of Nutrition Risk and Dietary Risk module and modification of individual counseling as it relates to client centered education. Time will be provided for peer to peer staff observations.

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

Year 2 Objective: During the 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.

Objective III: By 2012, increase by 5% the number of employees who are physically active for 30 minutes a day, at least 5 days a week.

Strategy: Provide and promote flexible time policies to allow for opportunities for increased physical activity.

Resources: 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 this objective because our staff has been working on increasing physical activity for several years. Flexible break scheduling would allow 30 minutes of physical activity 5 days a week to be achieved. What we hope to achieve is a designated time allowed to achieve physical activity goal.

Activity 2:

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

Setting: Home/Household.

Objective IV: By 2012, decrease television and other screen time for children. Specifically, reduce by 2 percent the number of children ages 2 to 18 who have more than 2 hours a day of screen time and work to ensure children 2 years and younger have no screen time.

Strategy: Pediatricians and other health professionals shall teach parents that children 2 years and younger should have no television or other screen time.

Parents should adopt the following practices in the home:

1. No television in the bedrooms.
2. No eating while watching television.
3. Not using television or screen time as a reward or punishment.

Resources: 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.

Our goal is to encourage family physical activity. We have identified excessive screen time and inactivity in our WIC families. What we hope to achieve is increased family physical activity and decrease screen time through messaging in each of our classes from 5 months to 5 years. We plan to continue providing and updating community resources for free or low cost family activities.

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

Year 1 Objective: During the 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.

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

Activity 1:

Setting: Home/Household.

Objective I: By 2012 maintain the current level of breastfeeding initiation and increase by 2% a year the number of mothers who breastfeed exclusively for the first 6 months of a child's life.

Strategy: Health plans, health systems, hospitals and others shall promote breastfeeding campaigns targeting the entire family.

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.

Washington County WIC has a breastfeeding initiation rate of 93% but falls off significantly by 6 months. Our goal this year is to increase client exposure to peer counselors targeting increasing longevity of breastfeeding. Continue to offer multiple with the focus of longevity. Peer counselors will be present sessions of breastfeeding classes for first time moms and refresher breastfeeding classes at each breastfeeding class promoting resources.

Continue to meet with area hospital lactation consultants on a quarterly basis to coordinate efforts for exclusive breastfeeding both inpatient and outpatient.

Evaluate longevity through WIC client data base.

GOAL 1, Activity 3

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

Agency: Washington County

Training Supervisor(s) and Credentials: Tiare Sanna MS, RD, LD

Staff Development Planned:

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

Quarter	Month	In-Service Topic	In-Service Objective
1	July 2008	New WIC food packages.	Identify changes and targeted education.
2	Sept/Oct 2008	Review of the Nutrition and Risk module.	Identify changes implemented in individual counseling.
3	January 2009	Proposed food package changes.	Review of WIC food package resource information.
4	March 2009	Food package changes.	Identify food package modifications and nutrition education messaging.

EVALUATION OF WIC NUTRITION EDUCATION PLAN FY 2007-2008

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: Nutrition Risk Module completed in August 2007 by all nutrition certifiers. Completion dates were entered in TWIST and competency achievement checklist are filed for each certifier.

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

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

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

Response: Dietary Risk Module was completed by all certifier staff in October 2007. Completion dates were entered in TWIST and all staff have completed and filed a copy of the competency achievement checklist.

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: In-services completed for 2007-2008 with exception of trainings offered May 2008 at the State WIC conference. In-services were concentrated around nutrition module competencies and follow-up chart and staff observation evaluation. This was an intensive year for training targeting nutrition assessment process including risk and diet documentation.

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: Survey completed July - August 2007 post second nutrition education contacts to assess nutrition relevant topics to the community served. Nutrition risk data identified increasing trend in childhood obesity. Incorporated physical activity, screen time, sweetened beverage reduction/elimination and fruits and vegetables are themed in nutrition messages in class content materials. Staff were informed of nutrition education class focus for 2008.

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 second 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: Submitted Group Nutrition Education plan and dedicated a nutritionist January - February 2008 to evaluate all class offerings for content, accuracy, and post client assessment.

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: Staff combined break time to 30 minutes and formed a daily walking group in the Beaverton clinic. Staff initiated this goal and have maintained and supported each other through the year.

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: Encourage daily physical activity and offer fruits and vegetables for meals and snacks. Bulletin boards with simple messaging were displayed in each clinic. Second nutrition education classes encouraged both goals daily.

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?

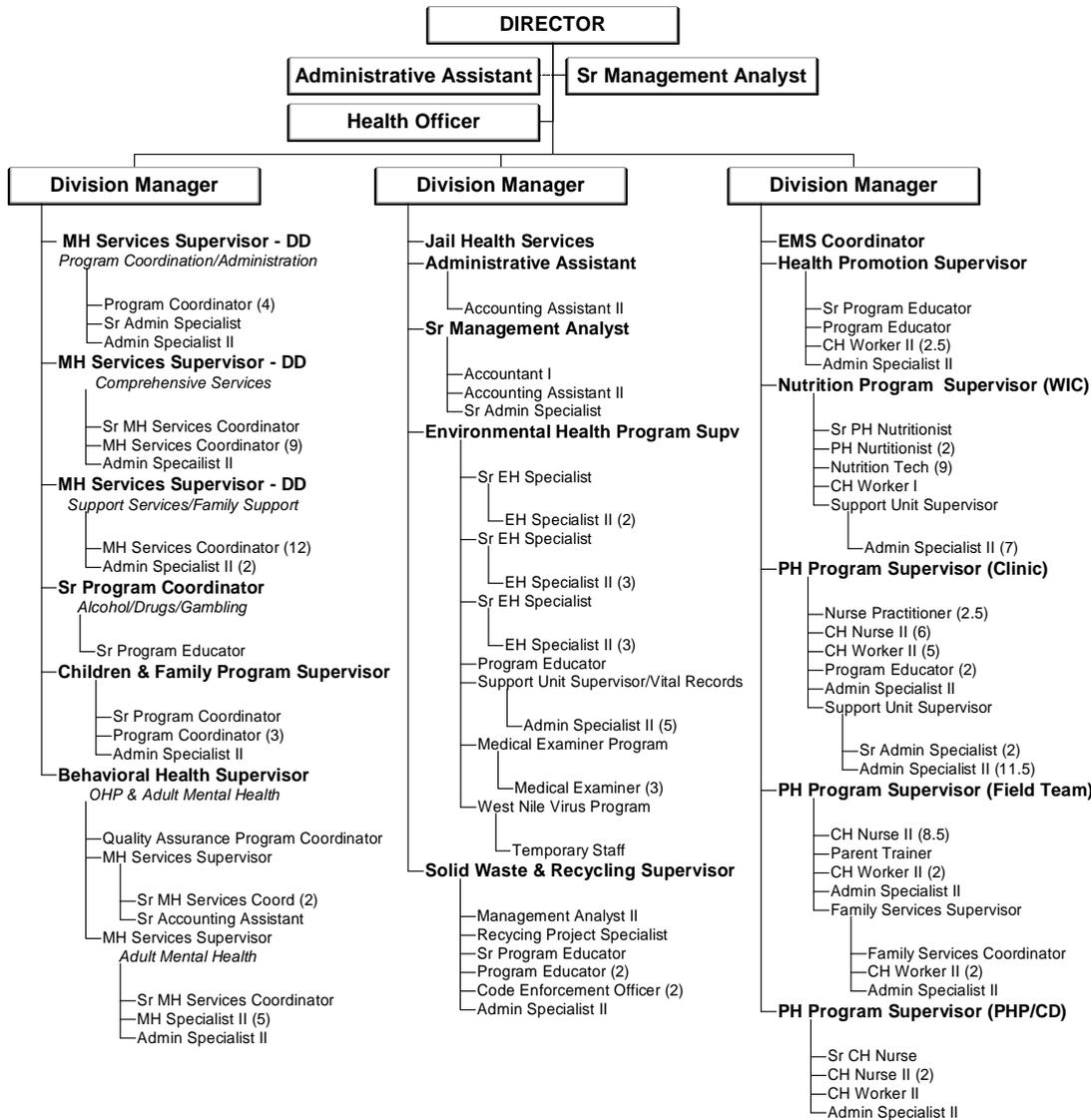
Response: Beginning October 1, 2007 peer counselors were present at prenatal and breastfeeding classes offering first time moms the opportunity to meet and sign-up for a peer counselor. Our overall initiation rate for breastfeed was 93% for 2007. Continue for 2008 to incorporate peer breastfeeding counselors in both activities.

IV. ADDITIONAL REQUIREMENTS

Washington County

Department of Health and Human Services

2006 Organizational Chart



Rev. April 2006

Washington County's Commission on Children and Families is under the governance of the Washington County Department of Health and Human Services, the Local Public Health Authority.

V. UNMET NEEDS

The unmet needs that have been identified in Washington County are based upon the Ten Essential Services that are the core components in a successful local public health authority.

Monitor health status to identify community health problems:

Epidemiology: Washington County does not have an Epidemiologist dedicated to monitoring community health problems. Expertise is needed to conduct periodic community health assessments and integrate the data collected with private health systems in the county to enhance strategies and improve public health outcomes. This position will be recruited soon.

Inform, educate, and empower people about health issues:

Increases in childhood obesity: Oregon has one of the highest childhood obesity rates in the nation; it is estimated that more than 20% of Oregon children are overweight. According to the *Oregon Title V Needs Assessment of 2005*, the rate of childhood obesity has more than doubled for preschool children aged 2 to 5 years and it has more than tripled for children aged 6 to 11 years. In addition, a 2003 survey estimated that 26% of Oregon children aged 6 to 9 years are considered overweight. Although no data are available locally, we can safely assume that these obesity rates are typical for Washington County children as well. These are children who will likely grow up to be overweight/obese adults with higher risk of chronic diseases that will encumber our previously burdened healthcare and public health systems. As stated in the 2006 draft of the *Oregon's Childhood Obesity Report*, a comprehensive approach to physical activity and healthy eating is needed in addressing all significant environments for children including home, school, and community so that behaviors are reinforced in multiple ways each day.

Aging Adults: Washington County HHS currently has no formal health education/outreach programs for the older adults in our community. In the past year, Washington County Department of Disability, Aging and Veteran's Services (DAVS) became part of the Department of Health and Human Services and there is an interest and impetus to integrate senior health education information and services to the community of older adults with the Senior Centers and other DAVS programs in the county. The challenge is to find a way to increase capacity and expand services to respond to the need without any funding to do so.

Mobilize community partnerships to identify and solve health issues:

School-Based Health Center (SBHC): Nearly 13% of Washington County residents are uninsured and those uninsured families are less likely to use preventative services and are forced to use expensive emergency services for primary healthcare needs. *According to the 2005 Status on Oregon's Children*, 53% of Washington County 8th graders did not have a medical or physical exam in the previous year and 1 in 4 adolescents are at risk for adverse health outcomes such as teen pregnancy, suicide, and substance abuse. There are 2 SBHCs in Washington County. One serves the students at Merlo Station High School in Beaverton and a new SBHC was recently opened at the Tigard High School. Washington County HHS, along with Northwest Regional Education Service District and local healthcare systems, is actively engaged in a process to open additional SBHCs in Washington County.

Public health program coordination: Public Health program coordination dedicated to engaging public health and its partners in an ongoing and strategic, community driven process to identify, prioritize, and solve local public health problems is an unmet need in the county. Program priorities include establishing the department's public health goals and re-establishing a Public Health Advisory Board. Additionally, promotion of the community's comprehension of and support for policies and activities that will improve the public's health would be addressed.

Link people to needed personal health services and assure provision of healthcare when otherwise unavailable:

Lack of dental services/insurance barriers to receiving care: 56% of Oregon children have dental decay compared to a national average of 52%. One in 5 low-income child in Oregon has 7 or more dental caries. According to the *Oregon Title V Needs Assessment of 2005*, in 2003, an estimated 15% of children aged 0 to 3 did not visit a dentist in the past 12 months for any routine preventative dental care. In 2002, 42% of Oregon's 8 year-olds had dental sealants on their permanent molars. The Healthy People 2010 goal for dental sealants for this population is 50%. In addition, a 2003 survey found that 29% of Oregon children aged 0 to 5 did not have insurance that helped pay for any routine dental care. Again, local data is not available, but we can presume that lack of dental care affects as many children in Washington County as well.

Primary/Specialty Healthcare: In our reproductive health program where we provide direct service, we find the need far outpacing our capacity to respond. The population growth since 1990, and the increased number of medically uninsured in the county, has placed stress on the public and private healthcare systems. Many of the 7,000 women making 12,000 visits to our Family Planning clinics in FY 2006 see us as their primary care provider and only access to healthcare. Many of these women have primary care needs that cannot be met within the Family Planning appointment and need referral out to primary and specialty care providers. Specialty services such as diabetes management, mental health issues, colposcopy, along with radiological imaging are costly and most of the women served in our clinics have no insurance and are unable to cover the costs of these diagnostic services. However, the inability to access these procedures can greatly impact the overall health of a woman and can lead to infertility, reproductive and breast cancers, and further burden our healthcare system. Developing a referral network that is low cost and/or on a sliding fee scale has been a challenge and will continue to be as the uninsured population in the county continues to grow.

Hepatitis C (HCV): Washington County currently does not offer Hepatitis C either testing or walk-in services for our STI clinic. There is a high demand for HCV screening, especially in our Corrections and Jail populations. We have been performing HIV screens in our Correctional facilities for over 6 years and nearly 98% of those that present for the voluntary testing indicate injection drug use (IDU) as their main risk for HIV. We know nationally that the HCV rate in IDUs is anywhere from 20% to 60% and we know locally from a short-term pilot project conducted in Washington County Community Corrections that 30% of local inmates tested reactive for HCV. The need for HCV screening, as well as a need for walk-in STI testing, has led Washington County HHS to consider STI/HIV/HCV walk-in clinic hours to be made available within the next fiscal year.

Evaluate effectiveness, accessibility, and quality of personal and population based health services:

Program evaluation and monitoring outcomes: Washington County does not have dedicated FTE to provide for program and process evaluation. Program evaluation activities are essential in determining program improvements and resource allocation. Program evaluation offers the opportunity to gain insight, improve program practice, assess effects and build capacity within public health programs.

VI. BUDGET

Washington County's Public Health budget information may be obtained from the following:

Linden Chin, Senior Management Analyst
Washington County
Department of Health and Human Services
155 North First Avenue, MS-4
Hillsboro, OR 97124
E-mail to: linden_chin@co.washington.or.us

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. (The Board of County Commissioners do meet in formal session to address public health issues, they have not been convened formally as the Board of Health, however).
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. (not annually reviewed)
5. Yes No Ongoing community assessment is performed to analyze and evaluate community data. (This has been done informally. A formal strategic planning process is being organized currently).
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, or more frequently based on epidemiological risk.
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.

Health Education and Health Promotion

66. Yes No Culturally and linguistically appropriate health education components with appropriate materials and methods will be integrated within programs.
67. Yes No The health department provides and/or refers to community resources for health education/health promotion.
68. Yes No The health department provides leadership in developing community partnerships to provide health education and health promotion resources for the community.
69. Yes No Local health department supports healthy behaviors among employees.

70. Yes No Local health department supports continued education and training of staff to provide effective health education.

71. Yes No All health department facilities are smoke free.

Nutrition

72. Yes No Local health department reviews population data to promote appropriate nutritional services.

73. 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

74. Yes No Clients identified at nutritional risk are provided with or referred for appropriate interventions.

75. Yes No Culturally and linguistically appropriate nutritional education and promotion materials and methods are integrated within programs.

76. Yes No Local health department supports continuing education and training of staff to provide effective nutritional education.

Older Adult Health

77. Yes No Health department provides or refers to services that promote detecting chronic diseases and preventing their complications.

78. Yes No A mechanism exists for intervening where there is reported elder abuse or neglect.

79. 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.

80. 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

81. Yes No Perinatal care is provided directly or by referral.

82. Yes No Immunizations are provided for infants, children, adolescents and adults either directly or by referral.
83. Yes No Comprehensive family planning services are provided directly or by referral.
84. 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.
85. Yes No Child abuse prevention and treatment services are provided directly or by referral.
86. Yes No There is a system or mechanism in place to assure participation in multi-disciplinary teams addressing abuse and domestic violence.
87. Yes No There is a system in place for identifying and following up on high risk infants.
88. Yes No There is a system in place to follow up on all reported SIDS deaths.
89. Yes No Preventive oral health services are provided directly or by referral.
90. Yes No Use of fluoride is promoted, either through water fluoridation or use of fluoride mouth rinse or tablets.
91. Yes No Injury prevention services are provided within the community.

Primary Health Care

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

Cultural Competency

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

99. 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.

100. Yes No The local health department assures that advisory groups reflect the population to be served.

101. 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

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

A Public Health Administrator has not yet been appointed by the LPHA.

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.

103. 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.

104. 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.

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

Licensed in the State of Oregon as MD 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.

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.

Rod Branyan, Director	Washington County	May 30, 2008
Local Public Health Authority	County	Date