

# JEFFERSON COUNTY PUBLIC HEALTH DEPARTMENT

## 2009-2012 TRIENNIAL PLAN

### I. Executive Summary

#### Executive Summary

The past three years for the Jefferson Public Health Department have been filled with multiple changes and turmoil. Prior to this fiscal year there was HealthyStart being contracted out; communicable disease testing being referred to the FQHC; plans to have some other department in the county to Vital Statistics and not finding a FNP for the SBHC resulting in WNP providing service leading to a diminish service level at the Health Department. This turmoil lead to leadership changes in June 2008.

The past year has been filled with supporting staff and building morale. It has been getting the Department focused back on its core mission and seeking a FNP for the SBHC so we can meet the standards, even though the school is 150% supportive of the Center.

Finally, seeking a qualified, full time public health director to lead the department

The good news is morale is up and staff are feeling good about getting back to the core mission of public health and are talking about public health should influence policy. A new, highly qualified director will take over department leadership. A FNP has been hired to provide services at the SBHC, which we will keep open and operate during the summer of 2009 with other funds because of the high unemployment in Jefferson County. There is a part time nursing supervisor who has worked in the department before. A retired sanitarian has come out of retirement to work part-time for the Department which was badly needed.

The Department's WIC and Immunization programs stand tall in the delivery of their services and the outcomes they achieve. Both are hitting targets above State averages. Family Planning will grow back with the efforts underway. A note that Madras High came to us and asks if we gave them condoms, they would distribute them in the school! Now that is real support of family planning and

the SBHC. Environmental Health Services are back on target and the collaboration with other agencies in the County are so much better due to this experienced sanitarian.

The Healthy Community Program is another huge success. It is a multi-organizational partnership with school district, city, hospital, private business, aquatic center, etc. It truly is representing a community wide effort to make Jefferson County a healthy community in one generation. A joint oversight committee will review and help integrate grants and projects from multiple organizations to make things efficient, effective and not overlapping.

The challenges we face are providing services to multiple ethnic groups and assuring good communications. Efforts are underway to establish a better connection to Warm Springs and some good things are happening to bring that about. When our emergency preparedness manager left we have not provided the focus on that service although we have been involved in activities within the community around emergency management. The prior manager did a great job of putting the structure in place to make implementation easier with his organization.

## **II. Assessment - Comprehensive**

1. The key issues facing Jefferson County are those of obesity, unplanned pregnancies, drinking, tobacco use, Chlamydia, and Salmonellas.

For a county of under 25,000 the demographics present some real significant challenges for public health. The county population is roughly 63.2% White, 15.2% Native American and 20% Hispanic. The challenge is not only in culture but in language and beliefs about health.

Jefferson County has over 69% of its residents, adults are considered overweight or obese. 30 % of 8<sup>th</sup> graders and 11<sup>th</sup> graders are obese or overweight. In the county 48% of the births are to unmarried women compared to 36% for the State. Only three other counties have a higher teen pregnancy rate than Jefferson which is at 11.8/1000 females 10-17. Drinking remains a serious problem and contributes to child abuse and school drop outs. 37% of 8<sup>th</sup> graders report drinking in last 30 days while 17% of 8<sup>th</sup> graders have engaged in binge drinking. The rate is higher for 11<sup>th</sup> graders regarding drinking. Smoking remains a serious concern even with the successes of our tobacco prevention program. 24% of 11<sup>th</sup> graders smoke cigarettes and 20% use smokeless tobacco. 19% smoke cigarettes and 16% use smokeless tobacco. Chlamydia remains are most prevalent notifiable disease among communicable diseases with 98 cases in 2007. Jefferson is one of two counties in Oregon with a Salmonellas rate of 13-24 per 100,000.

1. The public health services level of adequacy is a mixed bag. Our immunization rates stack up as some of the best in the State. Our “single vaccine rates” met the Healthy People 2010 Goal of 90% coverage. When you look at coverage rates of public and private sectors Jefferson is at 87% compared to 74% for our SDA Region. The challenge is to maintain that momentum and focus. The Healthy Community Program is doing very well with lots of community partnerships, grant funding and investment by key leaders in the community. This program will champion the way for the focus on eating right, physical activity and healthy living environments, like smoke free parks. Between JCHD and Mountain View Hospital we have six grants focusing on Healthy Communities, with four future grants in the works. Partnerships include the City of Madras, Warm Springs, 509J School District, Health Matters of Central Oregon, and Mountain View Hospital along with some local businesses. Our environmental health services are back on track with a highly qualified retired sanitarian on contract. This has enhanced our visibility and credibility in delivering high quality services for water and protection from food borne diseases. It is also building relationships with local building departments in the county and city. All of this improves our adequacy, but depends on keeping talented folks delivering the services. The County delivers very good WIC services to a large group of women and children with 60% of pregnant woman served. 91.4% of WIC moms are breastfeeding. Our

outreach to child abuse prevention within maternal child services and the Council on Children and Families is good, but is limited by resources to apply to preventative services.

Our outreach in maternity home visits could be improved with more resources and outreach/interpreter. Now we must include an interpreter with each home visit which is costly and labor intensive and reduces follow up options. We also need to do more outreach to increase our family planning services. These have been disrupted over the past three years with efforts to improve SBHC services which reduced health department family planning. Limited nurses also impact the responsiveness to birth control and plan B. Similarly we need to promote our communicable disease/STI program. It got shipped out to Mosaic but has been brought back to the Department. Limited staffing created a less than adequate program. Our current efforts of practicing and delivering public health emergency preparedness have been limited with the loss of our BT Coordinator. This has been further impacted by the interim administrator whose time is limited. Good plans are in place and internal systems are there, but they need practice.

2. The Department provides the five basic services but in varying degrees.

- a. Epidemiology and control of preventable diseases is a function that the Department provides. I don't think we are as good as we could be a manages the epidemiological data and mining it, but we definitely did a good job of staying on top of the data during the Spring 2009 Swine Flu concerns. We do the CD testing and investigation at the Department.
- b. Maternal and child health services are delivered by the Department. We do an outstanding job of immunizations and WIC services and respond quickly to high need infants with a visiting home nurse. Family planning services will be expanded with greater outreach to the community through media services.
- c. We collect and report health statistics through our vital stats registrar and through the other data reporting systems for MCH which include WIC, Family Planning and immunizations. We are report notifiable diseases as required.
- d. Being a small program and county we do provide health information through brochures and presentations to the community; in addition to health education we do with the clients. Key health education is during immunization time, an outbreak or a statewide concern. Referrals are always made to assist clients in getting needed services when available. Our Council on children and families also assists us in health information and referral, particularly focus on children and youth.

e. Environmental health services are delivered from our offices focused on water and food borne disease prevention. We are back on top of this service and doing well.

3. Other services that are important to our community.

a. Health promotion comes through our Healthy Communities program where we work in a broad collaborative manner to promote policies and programs that promote health. It is a strong program in the Department and will continue to grow due to the key partnerships that have been established.

b. Nutrition comes through our WIC program and through our Healthy Communities program. In partnership with Mountain View Hospital we are exploring the impact of calorie identification on middle school youth selection of lunch food. Hopefully the result of this will be youth selecting healthier food.

c. Dental services focused on pregnant moms and an infant is a partnership with the University of Washington. It is a research project, but will assist WIC staff in promoting good dental care for infants and children.

### **III. ACTION PLANS**

#### **A. Epidemiology and control of preventable diseases and disorders**

**Problem:** Getting staff hired that could do the treatment and investigation

**Goal:** To provide media information regarding health department role in disease prevention.

Improve the timeliness of 24/7 reporting

**Activities** Produce two media stories with the local paper in 09/10

Monitor 24/7 reports for timeliness on a quarterly basis

Evaluation Copies of two stories

Reports submitted to the director regarding times

Responding to outbreaks with the current staff has been fairly good, but needs improvement. The lead nurse or nurse supervisor will take the lead in the coordinating the investigation, responding and beginning control measures with communicable disease and TB work. Other staff will be involved in gathering data, helping evaluate the data and assisting in control measures. Our control measures for TB case management are very good and will continue to be. The Healthy Communities coordinator will provide the tobacco education, prevention and control. This program functions extremely well and has an organized approach. The Healthy Community program will be working on obesity with focus for the moment on school age children. This is a partnership with the school district, Mountain View Hospital and the Department. It will be looking at recess schedules and calorie

counts of school food to see what impact this has on weight and BMI. Out of this could come some changes in school policies that could, in the long run, address overweight and obese issues with children.

The Living Well program will address issues of diabetes and asthma.

### **B. Parent and child health services including family planning clinics**

**Problem:** The problem has been staff resources to effectively achieve the outreach for the nursing home visit program which requires an interpreter in addition to the nurse. This also makes follow up hard and we have thought about a lay person but would need some resources to achieve this action. Regarding family planning we have seen some decrease in service attributed to the continual nurse practitioner balancing over the past three years of the school based health center and the department. This has led to cancellations and individuals not feeling we are responsive. Our immunization and WIC programs are doing very well

- Goal:** Retool the use of staff for increasing services for nursing home visits and family planning, now that the clinic staff is up to budgeted levels.
- Activities:** Increase community awareness of services provided by outreach to community groups, speaking engagements, and seeks support for these programs outside of grant funds and fees.
- Evaluation:** At the end of the fiscal year is the number of services delivered in these two programs higher on June 30 2010 than on June 30, 2009.

The Department has a good referral relationship with Mountain View Hospital for home nursing services, but the efficiency of delivering is a problem given the demographics of the community and our clinical staff. Family planning is delivered at the SBHC and the clinic. Nurse practitioner and nurses deliver the services in both sites according to the administrative rule. Efforts are underway to increase community

awareness of family planning services through the media and other means. The Department does provide breast and cervical cancer screening to a limited number of women in the county.

### **C. Environmental Health**

**Problem:** Not had adequate staffing and focus until the last six months. We were behind in water sanitary inspections and restaurant inspections.

**Goal:** Maintain water and food inspections within the parameters established in the administrative rule.

**Activities:** Keep a qualified sanitarian on staff at all times with incentives to stay with the Department

**Evaluation:** All water and food inspections will be up to date and complete within the time frames by June 30, 2010.

Currently the Department is fortunate to have a qualified retired sanitarian working on a part time basis to complete the inspections. As of the end of 08-09 fiscal year we have got everything current. These inspections do not require a full time sanitarian which has made recruitment and retention a challenge. Credibility and responsiveness is up which helps improve the programs reception by the community. The department director is kept informed of sanitarian inspections and actions, but the program operates with limited over sight.

At this time we are not involved in other public health environmental issues in our community.

#### **D. Health Statistics**

Our registrar maintains the records for us. The numbers of birth and death certificates are small but we have efficient system now that the system is electronic. We have a good back up system with two deputy registrars which help in the absence of the registrar.

We participate in other statistic gathering systems within the state so our statistics for WIC, family planning, immunizations, BCC, EH and others. We depend on the state's summary of the data as we do not have the internal capability to summarize the data locally.

#### **E. Information and Referral**

It is described some above, but we have a significant display of brochures that are used as information for clients. Our CCF program with support from the public health department produces a referral manual on an annual basis which is available to clients. Referrals are made in person and over the phone. Our front desk staff is knowledgeable of local resources. They can convey that information in both English and Spanish which helps our diverse population.

#### **F. Public Health Emergency Preparedness**

The Department's Emergency Plan is very complete and did include a plan for our 509J School for Pandemic Emergency.

The prior emergency preparedness coordinator did an outstanding job of developing materials.

The Department has not done regular exercises; however, the administrator has participated in some county exercises and discussions. Jefferson County overall has a long way to go to be ready for an emergency. County emergency management staffing has been influx as has the Department's.

The goal for the new administrator will be to conduct an exercise to prepare staff for a real event. Practice did occur in monitoring the Swine Flu event and making sure that we were ready and prepared with supplies and contacts. Regular contacts were maintained during the event which the Department will build upon in the coming year.

**G. Other issues**

None

**IV. Additional Information**

Organization Chart is attached.

Jefferson County has not officially designated a Board of Health or a Public Health Advisory Board. Informally the Board of Commissioners would function in the Board of Health role as they set policy and are consulted and informed regarding situations and events. They are also involved and participate in the Healthy Communities Advisory Committee.

The Public Health Department oversees the CCF and they integrate and coordinate services in a joint manner with public health.

#### V. Unmet Needs

We need resources to deliver prenatal care to CAWEN women that do not require such a huge local match. These women need to get into care early so we can also educate them about other services that would benefit them and their child.

Getting sufficient resources for full nurse staff is critical for us. The challenge becomes finding nurses who are bilingual which makes our work more efficient and effective and can be generalists.

Our nursing home visit program would benefit from a paraprofessional support staff person to do follow up with the women.

This position would be bilingual to assist with a Latino mothers.

#### **VI. Budget**

Barbara Mammen, Business Manager, can provide a copy of the Jefferson County Public Health Department approved county budget.

## **VII. Minimum Standards**

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

### **Organization**

1. Yes  No  A Local Health Authority exists which has accepted the legal responsibilities for public health as defined by Oregon Law.
2. Yes  No  The Local Health Authority meets at least annually to address public health concerns.
3. Yes  No  A current organizational chart exists that defines the authority, structure and function of the local health department; and is reviewed at least annually.
4. Yes  No  Current local health department policies and procedures exist which are reviewed at least annually.
5. Yes  No  Ongoing community assessment is performed to analyze and evaluate community data.
6. Yes  No  Written plans are developed with problem statements, objectives, activities, projected services, and evaluation criteria.
7. Yes  No  Local health officials develop and manage an annual operating budget.
8. Yes  No  Generally accepted public accounting practices are used for managing funds.
9. Yes  No  All revenues generated from public health services are allocated to public health programs.

10. Yes  \_\_\_ No \_\_\_ Written personnel policies and procedures are in compliance with federal and state laws and regulations.
11. Yes  \_\_\_ No \_\_\_ Personnel policies and procedures are available for all employees.
12. Yes  \_\_\_ No \_\_\_ All positions have written job descriptions, including minimum qualifications.
13. Yes  \_\_\_ No \_\_\_ Written performance evaluations are done annually.
14. Yes  \_\_\_ No \_\_\_ Evidence of staff development activities exists.
15. Yes  \_\_\_ No \_\_\_ Personnel records for all terminated employees are retained consistently with State Archives rules.
16. Yes  \_\_\_ No \_\_\_ Records include minimum information required by each program.
17. Yes  \_\_\_ No \_\_\_ A records manual of all forms used is reviewed annually.
18. Yes  \_\_\_ No \_\_\_ There is a written policy for maintaining confidentiality of all client records which includes guidelines for release of client information.
19. Yes  \_\_\_ No \_\_\_ Filing and retrieval of health records follow written procedures.
20. Yes  \_\_\_ No \_\_\_ Retention and destruction of records follow written procedures and are consistent with State Archives rules.
21. Yes  \_\_\_ No \_\_\_ Local health department telephone numbers and facilities' addresses are publicized.
22. Yes  \_\_\_ No \_\_\_ Health information and referral services are available during regular business hours.
23. Yes  \_\_\_ No \_\_\_ Written resource information about local health and human services is available, which includes eligibility, enrollment procedures, scope and hours of service. Information is updated as needed.

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

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

### **Control of Communicable Diseases**

37. Yes  No  There is a mechanism for reporting communicable disease cases to the health department.

38. Yes  No  Investigations of reportable conditions and communicable disease cases are conducted, control measures are carried out, investigation report forms are completed and submitted in the manner and time frame specified for the particular disease in the Oregon Communicable Disease Guidelines.

39. Yes  No  Feedback regarding the outcome of the investigation is provided to the reporting health care provider for each reportable condition or communicable disease case received.

40. Yes  No  Access to prevention, diagnosis, and treatment services for reportable communicable diseases is assured when relevant to protecting the health of the public.

41. Yes  No  There is an ongoing/demonstrated effort by the local health department to maintain and/or increase timely reporting of reportable communicable diseases and conditions.

42. Yes  No  There is a mechanism for reporting and following up on zoonotic diseases to the local health department.

43. Yes  No  A system exists for the surveillance and analysis of the incidence and prevalence of communicable diseases.

44. Yes  No  Annual reviews and analysis are conducted of five year averages of incidence rates reported in the Communicable Disease Statistical Summary, and evaluation of data are used for future program planning.

45. Yes  No  Immunizations for human target populations are available within the local health department jurisdiction.

46. Yes  No  Rabies immunizations for animal target populations are available within the local health department jurisdiction.

## Environmental Health

47. Yes  No  Food service facilities are licensed and inspected as required by Chapter 333 Division 12.
48. Yes  No  Training is available for food service managers and personnel in the proper methods of storing, preparing, and serving food.
49. Yes  No  Training in first aid for choking is available for food service workers.
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

### Local health department Health Administrator minimum qualifications:

The Administrator must have a Bachelor degree plus graduate courses (or equivalents) that align with those recommended by the Council on Education for Public Health. These are: Biostatistics, Epidemiology, Environmental health sciences, Health services administration, and Social and behavioral sciences relevant to public health problems. The Administrator must demonstrate at least 3 years of increasing responsibility and experience in public health or a related field.

Answer the following questions:

Administrator name: \_Thomas Machala

Does the Administrator have a Bachelor degree? Yes  No

Does the Administrator have at least 3 years experience in public health or a related field? Yes  No

Has the Administrator taken a graduate level course in biostatistics? Yes  No

Has the Administrator taken a graduate level course in epidemiology? Yes  No

Has the Administrator taken a graduate level course in environmental health? Yes  No

Has the Administrator taken a graduate level course in health services administration? Yes  No

Has the Administrator taken a graduate level course in social and behavioral sciences relevant to public health problems? Yes  No

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

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

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

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

AND

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

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

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

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

OR

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

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

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

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

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

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.**

\_\_\_\_\_   
Local Public Health Authority

\_\_\_\_\_   
County

\_\_\_\_\_   
Date

**Immunization Comprehensive Triennial Plan**

<p><b>Due Date: May 1</b> <b>Every year</b></p>
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**Local Health Department:**  
**Plan A - Continuous Quality Improvement: Reduce Vaccine Preventable Disease**  
**Calendar Years 2009-2011**

<b>Year 1: July 2009-December 2009</b>						
<b>Objectives</b>	<b>Activities</b>	<b>Date Due / Staff Responsible</b>		<b>Outcome Measure(s)</b>	<b>Outcome Measure(s) Results</b>	<b>Progress Notes</b>
A. Increase Hep A immunizations for ages 1-2 by 5%.	Develop an education plan involving hospital and department staff			Plan and materials in place	To be completed for the CY 2009 Report	To be completed for the CY 2009 Report

<b>B. Increase MCV4 immunization rate by 5%.</b>	Develop a plan and materials for increasing rate			Plan and materials in place	To be completed for the CY 2009 Report	To be completed for the CY 2009 Report
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**Immunization Comprehensive Triennial Plan**

<p><b>Due Date: May 1</b> <b>Every year</b></p>
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**Local Health Department:**  
**Plan A - Continuous Quality Improvement: Reduce Vaccine Preventable Disease**  
**Calendar Years 2009-2011**

<b>Year 2: January 2010-December 2010</b>						
<b>Objectives</b>	<b>Activities</b>	<b>Date Due / Staff Responsible</b>		<b>Outcome Measure(s)</b>	<b>Outcome Measure(s) Results</b>	<b>Progress Notes</b>
A. Increase Hep A rate for ages 1-2 by 2%	Educate providers and clients about Hep A			2% increase in rate above 2008 baseline	To be completed for the CY 2010 Report	To be completed for the CY 2010 Report

<b>B. Increase MCV4 rate by 2%</b>	Educate providers and clients about MCV4			2% increase in rate above 2008 baseline	To be completed for the CY 2010 Report	To be completed for the CY 2010 Report
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**Immunization Comprehensive Triennial Plan**

**Local Health Department:  
Plan A - Continuous Quality Improvement: Reduce Vaccine Preventable Disease  
Calendar Years 2009-2011**

<p><b>Due Date: May 1 Every year</b></p>
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<b>Year 3: January 2011-December 2011</b>						
<b>Objectives</b>	<b>Activities</b>	<b>Date Due / Staff Responsible</b>		<b>Outcome Measure(s)</b>	<b>Outcome Measure(s) Results</b>	<b>Progress Notes</b>
A. Increase Hep A immunization rate for 1-2 year olds by 3%	Evaluate the prior year; retool and continue to educate and inform			3% above the base rate of 2009	To be completed for the CY 2011 Report	To be completed for the CY 2011 Report

<b>B. Increase MCV4 immunization rates by 3%</b>	Evaluate the prior year; retool and continue to educate and inform			3% above the base rate for 2009	To be completed for the CY 2011 Report	To be completed for the CY 2011 Report
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**Immunization Comprehensive Triennial Plan**

**Local Health Department:  
Plan B – Community Outreach and Education  
Calendar Years 2009-2011**

<p><b>Due Date: May 1 Every year</b></p>
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<b>Year 1: July 2009-December 2009</b>						
<b>Objectives</b>	<b>Activities</b>	<b>Date Due / Staff Responsible</b>		<b>Outcome Measure(s)</b>	<b>Outcome Measure(s) Results</b>	<b>Progress Notes</b>
		<b>Due</b>	<b>Staff</b>			
A. Re-establish the immunization coalition	Identify and contact potential members and hold two meetings during this period			Membership established and meetings held	To be completed for the CY 2009 Report	To be completed for the CY 2009 Report

<b>B. Develop an educational road show</b>	Develop a PowerPoint presentation and material packets			PowerPoint presentation and packets were developed	To be completed for the CY 2009 Report	To be completed for the CY 2009 Report
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**Immunization Comprehensive Triennial Plan**

**Local Health Department:  
Plan B – Community Outreach and Education  
Calendar Years 2009-2011**

<p><b>Due Date: May 1 Every year</b></p>
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<b>Year 2: January-December 2010</b>						
<b>Objectives</b>	<b>Activities</b>	<b>Date Due / Staff Responsible</b>		<b>Outcome Measure(s)</b>	<b>Outcome Measure(s) Results</b>	<b>Progress Notes</b>
		<small>Due</small>	<small>Staff</small>			
A. Immunization Coalition re-established	4 meetings held and a non-health department person was selected to chair the meetings and reviewed immunization plan			Meetings occurred and the county immunization plan was reviewed	To be completed for the CY 2010 Report	To be completed for the CY 2010 Report

<p><b>B. Develop an educational road show</b></p>	<p>4 presentations will be provided, two by the state and two by the county</p>			<p>Presentations occurred</p>	<p>To be completed for the CY 2010 Report</p>	<p>To be completed for the CY 2010 Report</p>
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**Immunization Comprehensive Triennial Plan**

**Local Health Department:  
Plan B – Community Outreach and Education  
Calendar Years 2009-2011**

<p><b>Due Date: May 1 Every year</b></p>
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<b>Year 3: January 2011-December 2011</b>						
<b>Objectives</b>	<b>Activities</b>	<b>Date Due / Staff Responsible</b>		<b>Outcome Measure(s)</b>	<b>Outcome Measure(s) Results</b>	<b>Progress Notes</b>
		<small>Due</small>	<small>Staff</small>			
A. . Immunization Coalition re-established	4 meetings scheduled and coalition help develop new immunization plan			Meetings held and input on plan given	To be completed for the CY 2011 Report	To be completed for the CY 2011 Report

<b>B. Develop an educational road show</b>	4 presentations scheduled with a coalition member, other than health department staff, attending-2 presentations by state and 2 presentations by county			Presentations occurred and another coalition member was present.	To be completed for the CY 2011 Report	To be completed for the CY 2011 Report
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**FAMILY PLANNING PROGRAM ANNUAL PLAN FOR  
COUNTY PUBLIC HEALTH DEPARTMENT**

FY '10

July 1, 2009 to June 30, 2010

**Agency: Jefferson County Health Department**

**Contact: Sue Dixon**

**Goal 1: Assure continued high quality clinical family planning and related preventive health services to improve overall individual and community health.**

<b>Problem Statement</b>	<b>Objective(s)</b>	<b>Planned Activities</b>	<b>Evaluation</b>
<b>Staff Changes and program changes over past 2 years have confused the community about family planning services</b>	<b>Increase the number of unduplicated females served by 10% over 2008 figure.</b>	<b>Two media articles in the local newspaper by June 30, 2010 in consultation with the family planning advisory committee</b>	<b>Quarterly and yearly reports on articles and billboard</b>
		<b>Billboard</b>	

Goal 2: Assure ongoing access to a broad range of effective family planning methods and related preventive health services.

<b>Problem Statement</b>	<b>Objective(s)</b>	<b>Planned Activities</b>	<b>Evaluation</b>
<b>Jefferson County has a high</b>	<b>Increase the number of</b>	<b>Increase client education and</b>	<b>Quarterly and yearly reports</b>

<b>unplanned pregnancy rate</b>	<b>persons receiving birth control method by 5%.</b>	<b>brochures distributed with consultation from family planning committee.</b>	

- Objectives checklist:
- Does the objective relate to the goal and needs assessment findings?
  - Is the objective clear in terms of what, how, when and where the situation will be changed?
  - Are the targets measurable?
  - Is the objective feasible within the stated time frame and appropriately limited in scope?

**Attachment A**  
**FY 2009-2010 WIC Nutrition Education Plan**  
**WIC Staff Training Plan – 7/1/2009 through 6/30/2010**

Agency: Jefferson

Training Supervisor(s) and Credentials: P. Barker, RN WIC Coordinator

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, 2009 – June 30, 2010. State provided in-services, trainings and meetings can be included as appropriate.

<b>Quarter</b>	<b>Month</b>	<b>In-Service Topic</b>	<b>In-Service Objective</b>
1	July 2009	Oregon WIC listens	Staff will gain cooperation and team spirit of Oregon WIC listens.
2	October 2009	Core components of participant centered services.	All staff will complete the self evaluation and identify skills that they are using and those that need further developing by October 31, 2009.
3	January 2010	Client centered services.	Staff will evaluate the success of the implementation of skills

			and evaluations from last year.
4	April 2010	Implementation of previously identified breast feeding strategies.	Staff will use at least one of the strategies in our agency by 4-30-2010.

**EVALUATION OF WIC NUTRITION EDUCATION PLAN**  
**FY 2008-2009**

WIC Agency: Jefferson\_\_\_\_\_

Person Completing Form: P. Barker\_\_\_\_\_

Date: May 21, 2009 Phone; 541-475-4456\_\_\_\_\_

Return this form, attached to email to: [sara.e.sloan@state.or.us](mailto:sara.e.sloan@state.or.us) by May 1, 2009

Please use the outcome evaluation criteria to assess the activities your agencies did for each Year Two 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 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 WIC Program's Key Nutrition Messages and identify which ones they need additional training on.*

- The WIC Program's Key Nutrition Messages were shared with staff at the regular WIC staff meeting in our agency on November 20, 2008
- The key message the staff identified as needing additional training on was for the breast feeding women.
- This training occurred in the December 18, 2008 WIC staff team meeting.

*Activity 2: By March 31, 2009, staff will review the proposed food package changes and:*

- *Select at least three food package 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, 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 change.*

Response:

- Staff reviewed the proposed food package changes in the WIC team meeting on January 29, 2009.
- The nutrition education messages that were identified as needing to be modified were addition of new foods, WIC is a supplemental food program, not meant to provide all the food your family needs, just to concentrate on the new variety of foods that will be offered to provide additional healthy choices to feeding families and reduce some less healthy ones.
- These messages were shared with participants during individual appointment and in the fresh choice group education classes.

*Activity 3: Identify your agency training supervisor(s) and staff in-service dates and topics for FY 2008-2009.*

Response:

- Our agency conducted the staff in-services identified.
- The objectives for each in-service were met.
- Our staff in-services address the core areas of the CPA Competency Model by ongoing peer/supervisor observations.

**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 assessment steps from the Dietary Risk Module and identify which ones they need additional training on.*

Response:

- Staff reviewed the assessment steps from the Dietary Risk Module.
- Staff identified step changing to high risk as needing additional training on.
- This training occurred when Beatriz and I reviewing the module together also during our review with Mary Rhode.

*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.*

Response:

- Staff modified their approach to individual counseling after completing the Nutrition Risk and Dietary Risk Modules by noting in the certification record adding detail as indicated. We also were careful to change the risk category to high as needed.

**Goal 3: Improve the health outcomes of WIC clients and WIC 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 objective and strategy to facilitate healthy behavior change for WIC staff.*

Response:

- The objective and strategy our agency selected was; by 2012, increase by 5% the number of employees who consume 5 servings of fruits and vegetables per day.
- This objective was chosen in an effort to participate with the Jefferson county heal (healthy eating active living) work plan. We hope to change the wellness policies for Jefferson County Public Health. We are planning to begin implementation of this strategy by promoting and passing local policy for fruit and vegetable consumption. We plan to implement this strategy during this year, and we will evaluate its effectiveness by observing the implementation and observance of the local policy and survey employees to see if the % of employees consuming 5 a day has increased and by what percentage. (Currently 0% of employees regularly consume 5 serving of fruits and vegetables per day.)
- The strategy helped meet the objective.
- It went well with the cooperative meetings, but we would have better success if more staff were involved, so we need to spread enthusiasm to more staff.

*Activity 2: Identify your objective and strategy to facilitate healthy behavior change for WIC clients.*

Response:

- **Objective:** By 2012, decrease television and other screen time for children. Specifically, reduce by two percent the number of children ages 2-18 who have more than two hours a day of screen time and work to ensure children 2 years and younger have no screen time.
- **Strategy:** State and local community coalitions should urge parents to be role models by encouraging them to increase their physical activity, limit their time in front of the television and provide children with resources that foster active rather than sedentary behavior.
- **Implementation Plan and Timeline:** This objective was chosen to join in collaboration with the Jefferson County HEAL work plan. We hope to change the social norms around daily physical activity by reasonably replacing sedentary activity with physical activity for family fun and recreation. We will support TV turnoff week. We will attend the HEAL meetings. Promote education re: the American Academy of Pediatrics screen time recommendations throughout the year. Encourage alternatives to television and screen time, avoid screen time for young children. We will also include these messages in the WIC nutrition education. We will evaluate its effectiveness with the tools provided.

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

Year 2 Objective: During plan period, in order to help improve breastfeeding outcomes for WIC participants, 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 objective and strategy to improve breastfeeding outcomes for WIC clients.

**Objective:** By 2012, to increase support for breastfeeding, 15 percent of Oregon birthing hospitals will achieve the World Health Organization designation of Baby-Friendly Hospital, meaning they are centers of breastfeeding support.

**Strategy:** Encourage all birthing hospitals to adopt baby-friendly policies and communicate them to staff.

**Implementation Plan and Timeline:** We chose this objective because the Mountain View is the only birthing hospital in Jefferson County and has not achieved the World Health Organization designation of Baby-Friendly Hospital. We hope to change that status. We will work with the hospital staff to know how and when we will implement the strategy, and we will know its effectiveness when the hospital receives the designation.

