



Josephine County
Public Health Division
“Partners in Prevention”

2009-2010
Annual Plan

I. Executive Summary 2009-2010

Upon entering the 2007-2008 Fiscal Year, Josephine County Public Health was directed to operate without the support of County General Funds and the related revenue streams. This resulted in an almost \$900,000 and 9.5 FTE loss to local Public Health programs. The following two years were full of challenges to reassess Public Health priorities as had existed for many years. Josephine County Public Health ended several contracts, including those with the local School Districts and the local Department of Human Services Self-Sufficiency office for nursing services. Public Health also turned HIV case management back to the State Public Health Division, and began negotiating for a new provider for School Based Health Center services at County schools. Public Health also had to look at new staffing paradigms to meet mandated services.

As Josephine County Public Health prepares to enter into a new fiscal year, we stand stronger due to the challenges that we have endured over the last few years. These challenges have brought forth opportunities as well: opportunities to collaborate, as we have with Siskiyou Community Health Center to coordinate the School Based Health Center program; opportunities to create new partnerships as we have through the formation of a Josephine County Perinatal Task Force to address drug and alcohol use during pregnancy and to assure healthy birth outcomes; and opportunities to promote Public Health services through new programs like the *Healthy Kids are Cool* day event that provides immunizations and health screenings for children in the community. These “opportunities” have their own sets of challenges, particularly due to resource constraints within the department; however, Public Health continues to be committed to creative methods to address health issues in Josephine County.

In 2009-2010 and beyond, Josephine County Public Health anticipates strengthening our community partnerships to meet the needs of Josephine County. These partnerships include implementing a Dental Health Study with the University of Washington and other Oregon Counties to improve dental health care for pregnant women. Other partnerships are being formed around Chronic Disease prevention and management and the assessment of our community’s conditions that support health. And we will continue our successful partnerships that address Solid Waste and Air Quality issues within the County. It is these types of partnerships and collaborative efforts that will support not only the work that Josephine County Public Health does, but will also support the health of Josephine County residents, regardless of economic challenges.

II. Assessment

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

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

2009-2010 Update: Josephine County unemployment has continued to rise over the last year, and is currently at 16.8% (March 2009). This increase in unemployment combined with other demographic factors as listed above direct more clientele to Josephine County Public Health. In addition to WIC and nursing services, we are seeing additional mobile unit restaurants and non-traditional food and service facilities requesting information and site review for their new businesses. The Animal Protection and Regulation program has also seen an increase in owner surrender animals and an increase in humane complaints. These issues are also associated with the economic issues in Josephine County and the nation. While these requests for services can provide additional dollars to the programs, they also require additional work from our already stretched staff and resources.

Description of the adequacy of the local public health services:

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

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

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

- We continue to receive more referrals for high-risk pregnancies than we are able to provide home visiting care for. These referrals come from local physicians offices, WIC and as self-referrals. Because of staffing issues, we provide services to the most high-risk of our referrals, in order to prevent or curtail significant perinatal issues.
- The WIC program has seen a difficulty in providing services to our entire required case load in the last year due to a lack of staffing and thus available appointment slots. While we have been able to bring our service level up to required levels in the past few months, there remains a delay of up to 6 weeks for an appointment slot for non-pregnant women.
- Our Environmental Health program received “out of compliance” notes on several inspection areas during our Triennial review held in September 2007. These compliance issues primarily dealt with our inability to meet all inspections during the required time frames. This issue is due to a lack of staffing in that program.
- Our immunization program support staff has had difficulty in meeting time frames for entry into the data base as required by the State Immunization program. Delay in this type of work can result in missed or duplicated immunizations.
- Our Animal Protection and Regulation program has been unable meet a majority of barking dog and dog running-at-large complaints, and has only been able to focus on adoptions, dog bites and humane complaints. Unaddressed dog complaints can often escalate into issues that require law enforcement.
- Our Emergency Preparedness program requires a minimum of trainings and exercises for designated staff. While we are able to barely meet this minimum, we are not able to spare key staff to participate in additional County based trainings and exercises that provide opportunities to network and formalize emergency operations plans that are imperative for providing services during an emergency. In addition, if we were to experience a large disaster or public health emergency in Josephine County, we would have very little surge capacity available due to decreased staffing and outreach to community partners.

2009-2010 Update: No Change.

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

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

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

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

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

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

2009-2010 Update: The above listed programs are still provided by Josephine County Public Health, and still continue to have issues related to adequate staffing, resources and surge capacity. The programs as listed are considered to be the bare minimum for a fully functional Health Department. Other programs that are considered as standard Public Health issues yet are not addressed by Josephine County are listed in the Unmet Needs (Section V.)

III. Action Plan

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

2009-2010 Update: Changes noted on individual attachments.

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

IV. Additional Requirements

The following documents are included in the Appendix:

- WIC Nutrition Education Plan Assessment FY 08-09
- WIC Nutrition Education Plan FY 09-10
- FY 09-10 Organizational chart for Josephine County Public Health Division

SB 555 Local Children's Plan:

The local public health authority (Josephine County Board of County Commissioner's) is the governing body for the local Commission on Children and Families (CCF).

However, the CCF program is run separately from the Local Health Department programs. As a result, a description of the plan coordination is not included with this document. Josephine County Public Health does work closely with Josephine County CCF, however, and our Nursing Program Supervisor, Lari Peterson, sits as a voting member on the CCF Council.

2009-2010 Update: No Change.

V. Unmet Needs

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

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

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

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

There are several additional services that are lacking in Josephine County, that given proper funding, the LPHA would be interested in providing. Those services include dental care, health education and promotion and chronic disease management. In addition there is a lack of services for our ever increasing Hispanic population. While

JCPH currently employees two bi-lingual staff members, we are not able to adequately provide all services to this population.

2009-2010 Update:

- The School Based Health Center at Illinois Valley High School was successfully transferred to Siskiyou Community Health Center and Josephine County Public Health continues to provide oversight and coordination as requested. Siskiyou Community Health Center also opened a third Health Center at Evergreen Elementary, thus providing Elementary through High School health coverage at Cave Junction area schools.
- The Outdoor Air Quality Program Coordinator developed a more comprehensive system of response, enforcement and education with all local fire departments this fiscal year. The new system has been more efficient and has provided for more effective educational opportunities.
- Other unmet needs that have been identified include:
 - Physical Activity promotion
 - Climate Change prevention and planning
 - Additional outreach clinics in outlying areas including Cave Junction and Williams
 - Suicide prevention

VI. Budget

Final budget documents are to be presented after the acceptance of the 2009-2010 Intergovernmental Agreement by the Local Public Health Authority. These documents will be sent directly to the State Department of Public Health liaison, Tom Engle, upon final approval at the Local level. Appropriate forms will be used as finalized by the State in July 2009.

VII. Minimum Standards

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

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

Organization

1. Yes No A Local Health Authority exists which has accepted the legal responsibilities for 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: Belle Shepherd, MPH

- 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.

Include with the submitted LPHAP:

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

Local Public Health Authority

County

Date

Public Health Administrator

County

Date

**Action Plan
Attachment A**

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

Current condition or problem:

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

2009-2010 Update: Josephine County Public Health remains capable of meeting every day mandates for disease reporting, tracking and testing, as well as, support to local providers. At the same time, we have not had a significant outbreak or public health disaster in over two years, and have reduced our nursing staff by 4.5 FTE. This is over a thirty percent decrease in nursing staff that would provide surge capacity for a major event. This level of staffing also continues to be inadequate to provide preventive education and leadership in physical activity and obesity prevention, chronic disease prevention and emerging infections awareness.

Goals:

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

2009-2010 Update: Josephine County Public Health continues to pull all internal resources together to meet the goals as listed above.

Activities:

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

2009-2010 Update: Josephine County Public Health continues to use media partners to relay messages of preventable disease risks to the public, providers and other regional partners. Josephine County works well with neighboring County health departments to assure consistency in messaging and focus. We continue to support educational opportunities for Communicable Disease and related programs to assure up to date methodologies are being used in tracking, reporting and informing the public around communicable and other preventable diseases.

Evaluation:

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

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

2009-2010 Update: No Change

**Action Plan
Attachment B**

PARENT AND CHILD HEALTH SERVICES

Maternal and Child Health Programs

Current Conditions:

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

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

2009-2010 Update: We have maintained minimal staffing in these two programs this past year, and have not lost additional staff. However, Josephine County continues to have difficulties responding to the volume of referrals into the Babies First! program, and those referrals only increase in number as families face additional stresses in this economic climate. We have felt the impact of the lack of County General Fund support as we have struggled to supply the required Targeted Case Management local contribution prior to submitting bills for services provided.

Goals:

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

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

2009-2010 Update: These goals continue to be our focus.

Activities:

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

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

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

2009-2010 Update: Josephine County Public Health, in an extension of HCCSO activities, has joined with community partners to form a Perinatal Task Force. Under the guidance of Dr. Ira Chasnoff of the Children's Research Triangle, the

Task Force member agency staffs have been trained in the use of an evidence-based tool to screen all pregnant women for their risks for substance abuse, assess for current use, refer those with substance abuse concerns, and promote treatment of those women identified. We are excited about the level of interest and participation from medical providers, educators, and drug rehabilitation providers.

Evaluation:

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

2009-2010 Update: There are no changes in evaluation methods.

**Action Plan
Attachment C**

ENVIRONMENTAL HEALTH

Current condition or problem:

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

2009-2010 Update: Josephine County Environmental Health program was able to hire an additional 0.8 FTE employee in the 2008-2009 Fiscal Year, to support the additional Drinking Water systems to be monitored at the local level. With this extra staffing, all systems were monitored as required within the contract period.

Goal:

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

2009-2010 Update: Environmental Health plans to work on a more comprehensive Solid Waste management program in the County. Environmental Health staff will coordinate with local stakeholders in the community, including other Josephine County departments, the Cities of Grants Pass and Cave Junction, the Solid Waste Agency and local waste haulers.

Activities:

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

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

2009-2010 Update: We will continue to cross train staff for maximum flexibility. The EH program also works consistently with our CD nurse, our Emergency Preparedness Coordinator, Animal Control and our Tobacco Prevention Coordinator on issues that relate to these other programs.

Evaluation:

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

2009-2010 Update: No Change.

Description of plan to accomplish program requirements:

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

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

Currently, Environmental health in Josephine County is limited to providing only mandated services due to the loss of revenue that has previously been provided from the county's general fund. This loss of general funds is in direct relation to the county's loss of federal monies. In addition, our EH program is currently down by 1 field FTE, leaving 2.5 FTE including the program supervisor to run all programs and conduct all inspections. Our goal in the coming year will be to provide a level of service that is commensurate with meeting State mandates. To achieve this goal, we will focus on efficiency by cross training staff members at the Health Department to handle more of the administrative duties that must be performed. This will free up valuable field time to allow all required inspections to be performed.

2009-2010 Update: While Environmental Health did hire an additional 0.8 FTE staff member, this extra staffing barely covered the additional 71 drinking water systems we were given to monitor. We still remain understaffed in this program, and must place time and resource priorities on all of our requests for services and mandated inspections.

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

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

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

2009-2010 Update: Josephine County will continue to reach out to communities in outlying areas to provide food handler testing sites and offer food handler classes within the assisted living communities. Josephine County has also coordinated with Lane County to host our online food handlers training program. Josephine County utilizes every opportunity to send educational materials in the form of brochures and pamphlets during renewals for licensing.

c. Investigation of complaints and cases of foodborne illness.

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

2009-2010 Update: Josephine County has work closely with other agencies and partners to stay current with the latest information regarding recalls and outbreaks that directly effect industries in our community. We will continue to strengthen those bonds so that we can disseminate information in a quick and timely manner to our operators to prevent future outbreaks.

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

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

the registration requirements. In addition, any training that is attended by staff is passed on to other staff at monthly EH meetings.

2009-2010 Update: No Change.

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

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

2009-2010 Update: The EH Supervisor will continue to train staff to become FDA Standardized to provide program consistency as resource constraints allow.

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

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

2009-2010 Update: The Outdoor Air Quality Program Coordinator developed a system of response, enforcement and education with all local fire departments. While this system took significant time and effort this year, the result will be for a more efficient

and effective program that involves multiple stakeholders in the County. In 09-10 EH will continue to strengthen those bonds and continue to look at other counties with the similar programs to promote the direction that air quality needs to take in order meet current standards.

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

2009-2010 Update: In the 2009-2010 fiscal year it is still uncertain on how much drinking water dollars will be awarded to Josephine County. EH will only be able to complete inspections based on reimbursement from the State.

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

2009-2010 Update: Our focus in the upcoming fiscal year is to continue to look for revenue to support a much needed program for Josephine County. Environmental Health plans to work on a more comprehensive Solid Waste management program in the County by coordinating with local stakeholders in the community, including other Josephine County departments, the Cities of Grants Pass and Cave Junction, the Solid Waste Agency and local waste haulers. The Solid Waste program will be dependant on additional resources from the County and Solid Waste partners in the County, as well as, consistent staffing in Environmental Health. Solid Waste management is not a State mandated program, and is therefore of lower priority than other program areas, however, it is a big problem in Josephine County.

**Action Plan
Attachment D**

HEALTH STATISTICS

Current conditions or problem:

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

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

2009-2010 Update: Josephine County Public Health continues to work with partners in the Community to provide support and meet mandated time frames on Birth and Death records. We continue to have flexible Vital Records employees that are able to work within short time frames and provide good customer service to our partners and private citizens. Basic data collection is done on a quarterly basis for a report out to the local Board of Health and Board of County Commissioners. The data reported, however, is not utilized for further assessment as to community needs and priorities due to a lack of resources. While management and nursing employees work with multiple partners in the community to address health issues, Josephine County Public Health does not have the resources, staffing or strengths to pull together health statistics for a comprehensive look at health trends in the County.

Goals:

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

2009-2010 Update: In 2008, the Josephine County Public Health Administrator and Health Officer both attended a Community Health Assessment Network (CHAN) Training provided by the State. The information was provided was useful and the understanding and access to data sources, however, time to produce local data based documents and provide educational opportunities to partners remains limited. In February 2009, Josephine County Public Health and several community stakeholders initiated a process to begin collecting data on Alcohol, Tobacco and other Drug use in

pregnant women. This data will continue to be collected throughout the 2009-2010 Fiscal year, and will be available to local providers upon collection, and can be compared to data in neighboring Jackson and Douglas counties. This data can then be used to help decrease drug and alcohol affected babies in Josephine County, and thereby decrease health care costs associated with negative health outcomes. This program has been made available through a Federal Grant awarded to the Children's Research Triangle in Chicago, Illinois. Josephine County Public Health is providing minimal staffing time and some program coordination.

Activities:

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

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

2009-2010 Update: Josephine County Public Health will continue to work with local partners with our Vital Records program. In addition, Health Department staff will be encouraged to attend data collection and assessment trainings as provided by the State at no cost.

Evaluation:

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

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

2009-2010 Update: No Change.

**Action Plan
Attachment E**

INFORMATION AND REFERRAL

Current condition or problem:

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

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

2009-2010 Update: No Change.

Goals:

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

2009-2010 Update: No Change.

Activities:

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

2009-2010 Update: Josephine County Public Health remains committed to a strong information and referral system. To this end, we will continue to bring community partner organizations to Public Health staff meetings to provide up to date information on their program offerings. Public Health will also host this year again an Immunization outreach day at the Health Department: *Healthy Kids are Cool Day*. This day, which

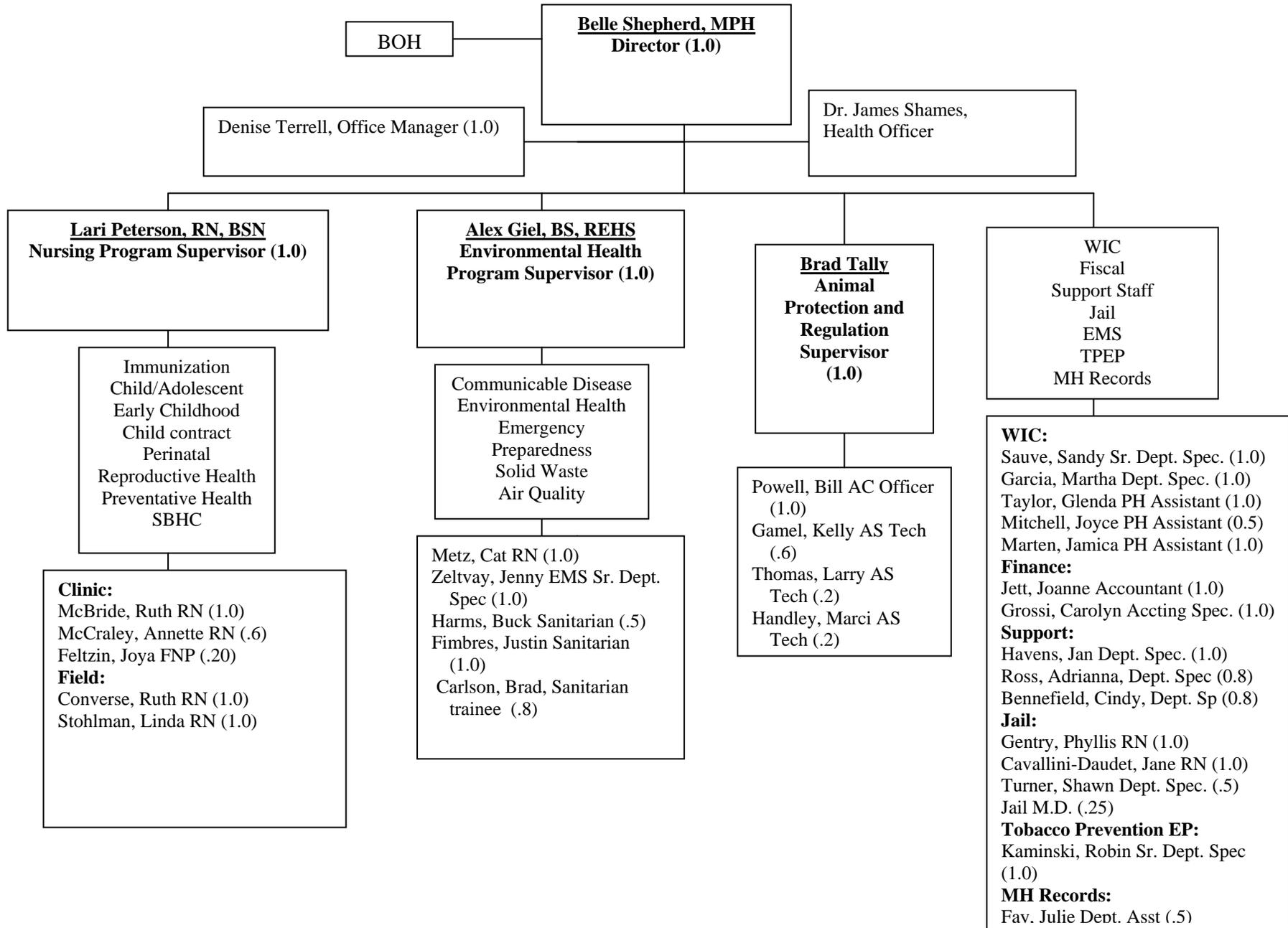
began in August 2008, is a day for health and fun related activities for youth of all ages. Activities include: Immunizations, Weights and Heights, Hearing and Vision screening, Dental Checkups, Fire truck and ambulance tours, paper making, face painting, and healthy snacks. This day is not only good for community members to receive free services, but it also connects many community partners who have not had the opportunity to work together in other such events.

Evaluation:

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

2009-2010 Update: Evaluation of day to day operations will continue as listed above. *Healthy Kids are Cool* Day activities will be evaluated based on participant and provider attendance, immunizations given and anecdotal feedback on the event.

JOSEPHINE COUNTY PUBLIC HEALTH DEPARTMENT



Attachment A

FY 2009-2010 WIC Nutrition Education Plan

WIC Staff Training Plan – 7/1/2009 through 6/30/2010

Agency: Josephine County

Training Supervisor(s) and Credentials: Cheryl Kirk, RD; Belle Shepherd, MPH

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.

Quarter	Month	In-Service Topic	In-Service Objective
1	July 2009	TWIST updates for Fresh Choices	Review and understand TWIST changes as related to new food packages
2	November 2009	Food Package Assignment Module	Review of new food package
3	May 2010	Breastfeeding updates	Annual BF training by medical professionals and leaders in the field. Presented at Rogue Valley Medical Center
4	June 2010	Civil Rights	Annual Civil Rights training

EVALUATION OF WIC NUTRITION EDUCATION PLAN
FY 2008-2009

WIC Agency: __Josephine County _____

Person Completing Form: __Belle Shepherd, WIC coordinator _

Date: __4-20-09_____ Phone: _541-474-5334_____

Return this form, attached to email to: 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.

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

- How were the WIC Program's Key Nutrition Messages shared with staff in your agency?
- Which messages did staff identify as needing additional training on?
- How did this training occur?

Response:

Staff reviewed all of the Key nutrition messages during several staff meetings throughout Fall 2008, and discussed ways to promote the changes to clients. Most staff felt very comfortable relaying the messages and developed their own educational wording to do so. In addition, education material sent from the State was reviewed and utilized to create several "education Boards" for classes and for handouts to clients to alert them to these changes.

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, 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.*

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

- How did staff review the proposed food package changes?
- Which nutrition education messages were identified that need to be modified?
- How will these messages be shared with participants?

Response:

Josephine County WIC staff reviewed materials as sent down by the State to determine what modifications to do to nutrition education messages. Several messages stood out, were discussed and changes in educational materials were implemented:

- 1) Switch from whole milk to 2% milk for most clients. The in-service material as sent from the State was reviewed at a staff meeting in December 2008. It was discussed that this probably wouldn't be a major change for all clients, but would affect some. The group decided as part of certification visits the new change would be mentioned to clients who state that they currently use only whole milk. Clients would be informed that the change is coming soon, and that they should consider either switching now, or using some whole and some 2% milk to begin the transition. Additionally, a Nutritionist intern student spent time in the WIC clinic and as part of her time was able to build a presentation board promoting 2%, skim and non-fat milk products. This board has been set up in several classes for clients to view and comment on, and it has been received favorably by clients and staff.**
- 2) Switch to whole grain products, brown rice and tortillas. Staff reviewed materials as sent by the State, and have begun discussing these changes with clients. Staff are considering needs for additional educational methods based on client feedback.**
- 3) Increased promotion of Breastfeeding exclusivity. Staff have attended several breastfeeding trainings available by the State, i.e. 2 staff attended the basic Breastfeeding class, and 1 staff attended the advanced Breastfeeding class. These additional training opportunities have provided stronger foundations of learning to promote Breastfeeding exclusivity. In addition, most staff meetings involve some conversation about the promotion of Breastfeeding particularly as it relates to the new food package changes.**

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

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:
2008-2009 WIC Staff Training Plan

Quarter	Month	In-Service Topic	In-Service Objective
1	September	Dietary Risk Module	Review and clarification of diet assessment steps.
2	October	Key Nutrition messages	Increase training and knowledge on key nutrition messages that relate to the new WIC food packages.
3	March	New food packages	Understand new food package modifications and be able to relay these appropriately to clients.
4	May	Civil Rights Policy	Meet requirement for annual training

Response: The first three training goals were met and the 4th (Civil Rights Policy) will occur at the June 2009 All State meeting. For the new food package training we completed the Infant Feeding Training in 2 sessions in March and April and will complete the Medical Documentation training in early May.

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.

Activity1: By September 30, 2008 staff will review the assessment steps from the Dietary Risk Module and identify which ones they need additional training on.

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

- Did staff review the assessment steps from the Dietary Risk Module?
- Which steps did staff identify as needing additional training on?
- How did this training occur?

Response: Staff reviewed the Dietary Risk Module in September 2008 at weekly staff meetings. Due to the fact that Josephine County was also going through the Oregon WIC Listens cohort 1, these questions and changes were adapted into the new participant centered learning process. A majority of conversations were related to a the new process in which to address nutrition issues with clients through open ended questions vs. previous closed ended conversations. Staff did not identify any specific items of training, but this conversation continued throughout the several meetings with our Oregon WIC Listens trainers and cohort.

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.

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

- How have staff modified their approach to individual counseling after completing the Nutrition Risk and Dietary Risk Modules?

Response:

With training on the Dietary Risk Modules and training associated with Oregon WIC Listens, staff have had many opportunities to modify approaches to counseling. As these two new trainings came to Josephine County around the same time, they allowed staff to recreate conversations using tools like “circle charts” and open-ended questions. Staff have also noted an ease to not having to discuss all risks with all clients, but primarily focusing on the issues of greatest importance to the client.

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.

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

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

Response:

Josephine County WIC staff have continued to participate in the County Wellness walking program. Four out of Seven staff participated in all 3 employee wellness walking programs during the fiscal year, as well as several other Health Department employees. This continues to be a motivating program. In addition, Josephine County Public Health will be hosting a walking team for the Relay for Life day in June 2009. Most WIC staff will be participating in this event, as well as several other Health Department employees.

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

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

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

Response:

WIC was not able to do a healthy planting class this year, however we did incorporate healthy activities into a new class this year that we hosted two times. This was called a “WIC Carnival” class, held in August 2008 and February 2009. This class promotes physical activity through the use of “carnival” style activities and prizes. The activities were based on materials from the State WIC program that take everyday low cost objects to create fun and active games. Games include hopscotch, bowling, bean bag toss, etc. Two carnivals were held to show that physical activity can occur in the summer and winter months equally. These events have been hugely successful.

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 on 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.

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

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

Response:

Our goal this year was to Increase community and employer awareness of the new Workplace Breastfeeding Law. Our strategy was to work with the local Lactation Association (SOLA) to increase awareness of the State Law.

Our Breastfeeding coordinator, Glenda Taylor, attends the local SOLA meeting quarterly and the SOLA group is also focused on increasing the awareness of this law. Glenda attended training on the new law as part of the Advanced

Breastfeeding training sponsored by Portland Community College in September. From that training, Glenda developed a “Breastfeeding Tip Sheet” that defines Josephine County’s level of BF, constraints to BF and what we can do better to promote and encourage BF. This tip sheet was shared with the local SOLA group, the local Perinatal Task Force group, and other community partners. In February 2009, the WIC coordinator attended training on the new Breastfeeding law. Since that time, conversation has continued around working with the “low hanging fruit” in Josephine County to assure compliance with the law. Low hanging organizations include Josephine County Public Health, Josephine County, Three Rivers Community Hospital and the local school district. This work is ongoing, but steps have been made in the right direction to increase the promotion of the law and of Breastfeeding in general.

**FAMILY PLANNING PROGRAM ANNUAL PLAN FOR
COUNTY PUBLIC HEALTH DEPARTMENT
FY '10**

July 1, 2009 to June 30, 2010

Agency: Josephine County Public Health

Contact: Lari Peterson, RN, MSN

Goal 1: 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
Lack of County General Fund support and uncertainty of Federal funding continue to threaten the viability of the program.	Increase revenue from contributions by 10% for the period ending June 30, 2010.	<ul style="list-style-type: none"> ✓ Develop a document advising clients of the actual costs of the services they have received at little or no cost, and provide them with an opportunity to make a contribution. ✓ Encourage staff to gently suggest contributions to all clients. ✓ Install an easily accessible Donations drop-box in the Clinic lobby. 	<ul style="list-style-type: none"> ✓ Quarterly and year end fiscal revenue reports ✓ Feedback from clients ✓ Feedback from staff

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

Problem Statement	Objective(s)	Planned Activities	Evaluation
Utilization of Public Health Clinic services continues to be less than we can accommodate.	Increase the number of client visits by 10% for the period ending June 30, 2010.	<ul style="list-style-type: none"> ✓ Develop a Public Health website to provide FP education and promote access to the Clinic. ✓ Investigate additional promotional opportunities, as time and funding allow. 	<ul style="list-style-type: none"> ✓ Quarterly and year end reports ✓ Feedback from clients ✓ Feedback from staff

- 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?

Progress on Goals / Activities for FY 09
(Currently in Progress)

Goal / Objective	Progress on Activities
At a minimum, Clinic hours will be maintained at current level.	<ul style="list-style-type: none"> ✓ Though we were able to increase our Clinic hours for a brief period over the months of July and August of 2008, our NP accepted other part time employment that did not leave her time available to continue with an extended schedule with Public Health. However, we have not reduced our Clinic hours to less than the hours we provided in June, and we have maintained staffing at the level it was before our attempted expansion.
Increase community awareness of availability of Clinic services.	<ul style="list-style-type: none"> ✓ We provided partner agencies with FP flyers with a list of our services and our hours of operation. ✓ At a later date, we provided partner agencies with the “One Style Doesn’t Fit All” campaign promotional materials provided by the state program. ✓ Through the Health Care Coalition of Southern Oregon (HCCSO), we were allotted funding to provide free pregnancy testing. Additionally, HCCSO purchased a banner, a sandwich board, and nine months of movie theater advertising for these Clinic services.

APPENDIX

Local Health Department: Josephine County

Plan A – Continuous Quality Improvement: Missed Doses

Fiscal Years 2007-2010

Year 2: September 2008 – August 2009				
Objectives	Methods / Tasks	Outcome Measure(s)	Outcome Measure(s) Results ¹	Progress Notes ²
A. Reduce Missed Shot rate by one (1) percentage point each year and/or maintain the rate of ≤ 10%.	<p>Provide training to staff to ensure that they are carefully screening records for any missed shots.</p> <p>Provide training to staff to ensure they are entering shot record data appropriately and in a timely manner, so that the database can correctly forecast.</p> <p>Provide parents with a written reminder for return to clinic for next scheduled vaccinations.</p> <p>Provide immunization education, reminders and immunization clinic schedules to parents at Babies First home visits.</p>	ALERT database will reflect rates of missed opportunities for immunizations.	The AFIX report dated March 2009 reveals that our Missed Shot rate was 25% in 2007 and 21% in 2008. We have reduced the rate by 4% in the past year.	<p>We are making an effort to assess the client's immunization status on <i>both</i> ALERT and IRIS databases each time the client comes into the clinic.</p> <p>Nurses are attempting to educate all parents who have indicated they are delaying one or more immunizations at a particular visit.</p> <p>Despite minimal staffing, we are attempting to enter immunization history at each visit to ensure an accurate forecast. For the same reason, as soon as possible following the visit, we are attempting to enter shots administered.</p>

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

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

Year 2: September 2008 – August 2009

Objectives	Methods / Tasks	Outcome Measure(s)	Outcome Measure(s) Results ³	Progress Notes ⁴
<p>B. Increase the rates of 12-24 month immunizations by 3% by June 2008.</p>	<p>Request that IRIS provide recall reminder postcards to families of children who are not up-to-date at 15 months of age and at 18 months of age.</p> <p>Provide training to staff to ensure that they are carefully screening records for the 4th DTaP and the second Hepatitis A vaccination status.</p> <p>Provide parents with a written reminder for return to clinic for vaccinations required between 12 and 24 months.</p> <p>Provide reminders and immunization clinic schedules to parents at Babies First home visits.</p>	<p>ALERT database will reflect rates of 12-24 month immunizations.</p>	<p>The AFIX report indicates that our up-to-date immunization rates for children at 24 months of age has not improved, but has fallen 1% from 2007 to 2008. The rate was 58% in 2007, and 57% in 2008. However, children up-to-date, but not by 24 months did increase from 5% in 2007 to 7% in 2008.</p>	<p>We are providing ongoing training to ensure that staff are assessing for need for the 4th DTaP and the second Hepatitis A vaccination.</p> <p>We are providing parents with written reminders for a return to clinic, and we are providing education and immunization clinic schedules during Babies First and MCM home visits.</p>

³ **Outcome Measure(s) Results** – please report on the specific Outcome Measure(s) in this table.

⁴ **Progress Notes** – please include information about the successes and challenges in completing the Methods/Tasks, any information that will help us better understand your progress, and any assistance from DHS that would have helped or will help met these objectives in the future.

Year 2: September 2008 – August 2009				
Objectives	Methods / Tasks	Outcome Measure(s)	Outcome Measure(s) Results⁵	Progress Notes⁶
C. Promote administration of a booster dose of Tdap to adolescents.	<p>Promote media coverage of benefits of a Tdap booster.</p> <p>Provide a letter with education to providers on the benefits of pertussis component.</p> <p>Educate staff to assess and advocate for the Tdap booster.</p>	IRIS database will reflect rates of immunization with Tdap.	Utilizing IRIS data, we find that in FY 2007-2008, we administered 173 doses of Tdap to clients between the ages of 11 and 18. From July 1, 2008 until April 20, 2009, we have administered 488 doses of Tdap to clients in the same age range. This is a significant increase in doses provided (in a shorter time frame) to adolescents.	<p>Public Health promoted, through the schools and media, an early School Exclusion Day on November 19 in an attempt to ensure Tdap and Hepatitis A vaccinations as early in the school year as possible. The response was excellent, and those November activities reduced the impact to clinic staff on the traditional Exclusion Day in February.</p> <p>Front office and nursing staff are promoting a Tdap booster to appropriate adults and adolescents alike.</p>

⁵ **Outcome Measure(s) Results** – please report on the specific Outcome Measure(s) in this table.

⁶ **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: Josephine County

Plan B - Chosen Focus Area: ALERT Promotion & Adult Immunizations

Fiscal Years 2008-2010

Year 2: September 2008 – August 2009				
Objectives	Methods / Tasks	Outcome Measure(s)	Outcome Measure(s) Results ¹	Progress Notes ²
<p>A. Increase the number of schools regularly accessing ALERT by 2% per year over three years.</p>	<p>Re-evaluate the frequency school staff accesses ALERT.</p> <p>Identify staff in the schools who would be the primary users of ALERT and target education to those individuals.</p> <p>Identify barriers to accessing ALERT.</p> <p>Assess efforts and modify as necessary.</p>	<p>ALERT report will reflect rates of access to vaccination database by school staff.</p>	<p>Of the 33 schools in Josephine County in the ALERT database, 19 schools accessed data in calendar year 2007, and 25 schools accessed data in calendar year 2008. This amounts to a 32% increase. Interestingly, there were 5 schools that accessed ALERT for the first time in 2008.</p>	<p>We provided education to staff in schools in both school districts and encouraged them to call with questions.</p> <p>We promoted an early School Exclusion Day on November 19, in addition to the traditional Exclusion Day in February, and we were very pleased with the number of children we immunized in November.</p>

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

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

Year 2: September 2008 – August 2009

Objectives	Methods / Tasks	Outcome Measure(s)	Outcome Measure(s) Results ³	Progress Notes ⁴
<p>B. Increase immunization rates for adults by 2% per year over three years.</p>	<p>Provide education on immunization recommendations for adults through the media.</p> <p>Educate staff to assess for need for immunizations for the adults accompanying children to the immunization clinic.</p> <p>Promote Pneumovax, Zostavax, and Tdap or Td to walk-in clients.</p> <p>Provide Twinrix to high-risk jail population.</p>	<p>IRIS database will reflect adult vaccinations.</p>	<p>Utilizing IRIS data, we find that in FY 2007-2008, we administered 1,423 doses of vaccine to adults age 19 years and older. From July 1, 2008 until April 20, 2009, we have administered 1,654 doses of vaccine to clients in this same age range. This amounts to a 16% increase in immunizations over less than a year.</p>	<p>We have been encouraging parents to take advantage of the opportunity to access their own booster doses when they are in the clinic getting children immunized.</p> <p>We kept a waiting list for those adults who expressed an interest in Zostavax, and once it was available again, we called and scheduled those clients for vaccinations.</p> <p>In addition, we have seen an increase in the number of adults who utilize the services of our Travel program.</p>

³ **Outcome Measure(s) Results** – please report on the specific Outcome Measure(s) in this table.

⁴ **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.

FY 2009 - 2010 WIC Nutrition Education Plan Form

County/Agency: Josephine County
Person Completing Form: Belle Shepherd, Coordinator
Date: 4-20-09
Phone Number: 541-474-5334
Email Address: bshepherd@co.josephine.or.us

Return this form electronically (attached to email) to: sara.e.sloan@state.or.us
by May 1, 2009
Sara Sloan, 971-673-0043

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

Year 3 Objective: During planning period, staff will be able to work with participants to select the food package that is the most appropriate for their individual needs.

Activity 1: Staff will complete the appropriate sections of the new Food Package Assignment Module by December 31, 2009.

Resources: Food Package Assignment Module to be released summer 2009.

Implementation Plan and Timeline:

All Josephine County WIC staff will complete module based education by December 31, 2009. Staff will begin reviewing information as soon as it is released to the local WIC program, to assure understanding prior to the implementation date of August 1, 2009.

Activity 2: Staff will receive training in the basics of interpreting infant feeding cues in order to better support participants with infant feeding, breastfeeding education and to provide anticipatory guidance when implementing the new WIC food packages by December 31, 2009.

Resources: Sessions on Infant Feeding Cues at the WIC Statewide Meeting June 22-23, 2009.

Implementation Plan and Timeline:

All staff attending the State Wide meeting in June 2009, will attend a session on infant feeding cues to better support WIC clients. Staff that are unable to attend the State wide meeting will be given an inservice on materials as presented, prior to the implementation date of August 1, 2009. Information will also be incorporated into Nutrition Education classes, including but not limited to: Breast feeding and Infant feeding classes.

Activity 3: Each local agency will review and revise as necessary their nutrition education lesson plans and written education materials to assure consistency with the Key Nutrition Messages and changes with the new WIC food packages by August 1, 2009.

Example: Pregnant women will no longer be able to routinely purchase whole milk with their WIC FIs. If the nutrition education materials your agency uses indicates all pregnant women should drink whole milk, those materials would need to be revised.

Implementation Plan and Timeline:

- 1) All lesson plans for Nutrition Education classes will be reviewed by July 20th, 2009 to assure that information and materials are consistent with the Fresh Choices key nutrition messages.
- 2) All handouts for clients will will be reviewed by July 20th, 2009 to assure that information and materials are consistent with the Fresh Choices key nutrition messages.

Activity 4: Identify your agency training supervisor(s) and projected staff in-service training dates and topics for FY 2009-2010. Complete and return Attachment A by May 1, 2009.

Implementation Plan and Timeline:

See attachment A

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

Year 3 Objective: During planning, each agency will develop a plan for incorporating participant centered services in their daily clinic activities.

Activity 1: Each agency will identify the core components of participant centered services that are being consistently utilized by staff and which components need further developing by October 31, 2009.

Examples: Use state provided resources such as the Counseling Observation Guide to identify participant centered skills staff are using on a regular basis. Use state provided resources such as self evaluation activities done during Oregon WIC Listens onsite visits to identify skills staff are working on and want to improve on.

Implementation Plan and Timeline:

During 2009 program self-evaluation (September or October 2009), the WIC coordinator will utilize the Counseling Observation Guide for staff skills. The COG will be discussed with individual staff as well as a summary of observations given to all staff by October 31, 2009.

Activity 2: Each agency will implement at least two strategies to promote growth of staff's ability to continue to provide participant centered services by December 31, 2009.

Examples: Using the information from Goal 2, Activity 1, schedule quarterly staff meeting time to review Oregon WIC Listens Continuing Education activities related to participant centered skills staff identified they want to improve on. Schedule time for peer to peer observations to focus on enhancing participant centered services.

Implementation Plan and Timeline:

Using Goal 2, Activity 1, staff will brainstorm important skills and ways to improve skills. The strategies will be determined based on staff brainstorm ideas, and will be implemented by December 31, 2009.

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

Year 3 Objective: During planning period, each agency will develop a plan to consistently promote the Key Nutrition Messages related to Fresh Choices thereby supporting the foundation for health and nutrition of all WIC families.

- *Breastfeeding is a gift of love.*
- *Focus on fruit.*
- *Vary your veggies.*
- *Make half your grains whole.*
- *Serve low-fat milk to adults and children over the age of 2.*

Activity 1: Each agency will implement strategies for promoting the positive changes with Fresh Choices with community partners by October 31, 2009.

Example: Determine which partners in your community are the highest priority to contact such as medical providers, food pantries, breastfeeding coalitions, and/or Head Start programs. Provide a staff in-service, written materials or presentation to those partners regarding Fresh Choices.

Implementation Plan and Timeline:

The Nutritionist and WIC coordinator will do a presentation at a Pediatrics Section meeting at Three Rivers Community Hospital on the new Medical Documentation form. This presentation will promote the positive changes in food packages due to the new Fresh Choices program, and will provide guidance on using the Medical Documentation form. The presentation will occur in July or August of 2009.

The WIC coordinator will also promote the new changes at the Josephine County Perinatal Task Force team meetings, that occur every other month. This team consists of physicians, hospital representatives, school, Head Start and Early Head Start representatives as well as many other community members. A first "heads-

up" mention occurred at the April 22nd meeting. A more in depth presentation will occur at meetings in July or August 2009.

Activity 2: Each agency will collaborate with the state WIC Research Analysts for Fresh Choices evaluation by April 30, 2010.

Example: Your agency is a cooperative partner in a state led evaluation of Fresh Choices such as hosting focus groups or administering questionnaires with participants.

Implementation Plan and Timeline:

Josephine County WIC program will work with the State WIC Research Analysts on evaluation of the Fresh Choices food package changes as time and staffing constraints allow. This participation will be complete by April 30, 2010.

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

Year 3 Objective: During planning period, each agency will develop a plan to promote breastfeeding exclusivity and duration thereby supporting the foundation for health and nutrition of all WIC families.

Activity 1: Using state provided resources, each agency will assess their breastfeeding promotion and support activities to identify strengths and weaknesses and identify possible strategies for improving their support for breastfeeding exclusivity and duration by December 31, 2009.

Resources: State provided Oregon WIC Breastfeeding Study data, the breastfeeding promotion assessment tool and technical assistance for using the tool. Technical assistance will be provided as needed from the agency's assigned nutrition consultant and/or the state breastfeeding coordinator.

Implementation Plan and Timeline:

Josephine County WIC will assess current breastfeeding promotion and support activities and will identify strengths and weaknesses and will brainstorm ideas to increase breastfeeding exclusivity. At the April OWCA meeting it was noted that State provided resources would be available in July 2009 to help implement this goal.

Activity 2: Each agency will implement at least one identified strategy from Goal 4, Activity 1 in their agency by April 30, 2010.

Implementation Plan and Timeline:

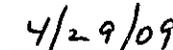
Josephine County WIC will brainstorm opportunities to improve support for breastfeeding exclusivity and will implement ideas for improvement by December 31, 2009. Current ideas include forming a breastfeeding support group and reformulating conversations around breastfeeding.

Include with the submitted LPHAP:

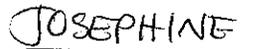
The local public health authority is submitting the LPHAP pursuant to ORS 431.385, and assures that the activities defined in ORS 431.375–431.385 and ORS 431.416, are performed.

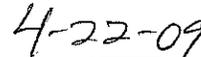

Local Public Health Authority


County


Date


Public Health Administrator


County


Date