

**Local Public Health Authority Annual Plan
Planning Instructions
2009 - 2010**

I. Executive Summary - Both

The Malheur County Health Department provides the core public health services of epidemiology and control of preventable diseases and disorders, maternal and child health services, family planning, collection and reporting of health statistics, health information and referral services and tobacco prevention activities. These services are provided by professional, as well as non-professional staff with varying degrees of experience in public health. Environmental Health Services are provided in another department in the County with on-going collaboration between departments. Malheur County Health Department and Environmental Health are active participants in the Emergency Preparedness planning for the county. We provide information and referral for primary health care services in the community.

Malheur County is the second largest county in Oregon with a relatively small population base. We are about 370 miles southeast of Portland and share a border with Idaho and Nevada. About one third of our population is Hispanic. We are an agricultural community with a seasonal migrant population. We have the highest poverty rate in the state. Malheur County continues to have a high teen pregnancy rate. The requirement for birth certificate documentation has decreased the number of clients we see for family planning services.

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

II. Assessment – Annual

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

A. Epidemiology and control of preventable diseases and disorders
Annual

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

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

Annual

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

1. WIC: Plan update is attached.
2. Immunizations: Plan update is attached.

C. Environmental health

Annual

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

C. Health statistics

Annual

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

E. Information and referral

Annual

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

F. Public Health Emergency Preparedness
Annual

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

G. Other Issues

Annual

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

IV. Additional Requirements

Both

The Malheur County Health Department organizational chart is attached.

The LPHA consists of the County Judge and Commissioners. The Health Administrator reports to the LPHA at least quarterly for budget revisions and program updates. Malheur County does not have a separate Public Health Advisory Board.

Senate Bill 555: The LPHA is the governing body that oversees the local commission on children and families. The Malheur County Health Department works in partnership with the local commission on children and families in senate bill 555 planning.

V. Unmet needs

Both

The unmet needs in Malheur County are transportation, affordable medical and mental health care, access to early prenatal care, access to drug and alcohol treatment services, and housing. Malheur County residents are detached from news and information specific to Oregon. Public health announcements regarding flu, tobacco prevention, immunizations, and disease outbreaks are generally not available in our region. Addressing these concerns in our community is an ongoing, community partnership effort.

VI. Budget

LPHA's public health budget

Janice Belnap – County Administrator

251 B St. W

(541)473-5187

VII. Minimum Standards

Both

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: Penny Walters

- 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:**

The health administrator will take a graduate level course in epidemiology in the next 5 years.

b. Yes ___ No x 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.

The supervising nurse plans to start work on her Bachelor's degree within the next 5 years.

c. Yes x 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.

d. Yes x 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.

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

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

Local Public Health Authority

County

Date

MALHEUR COUNTY HEALTH DEPARTMENT
ORGANIZATIONAL CHART 2008-2009

Malheur County Court
County Judge
County Commissioner 2

Health Officer
0.1 FTE

Health Department
Administrator

County Jail Medical Staff
RN – Supervisor 1 FTE
RN 1 FTE

WIC Coordinator - RN
1 FTE

WIC Staff
RD – 0.6 FTE
Certifiers – 2 FTE
OAI – 3 FTE

H
OAI
FNE
RN
Hea
F

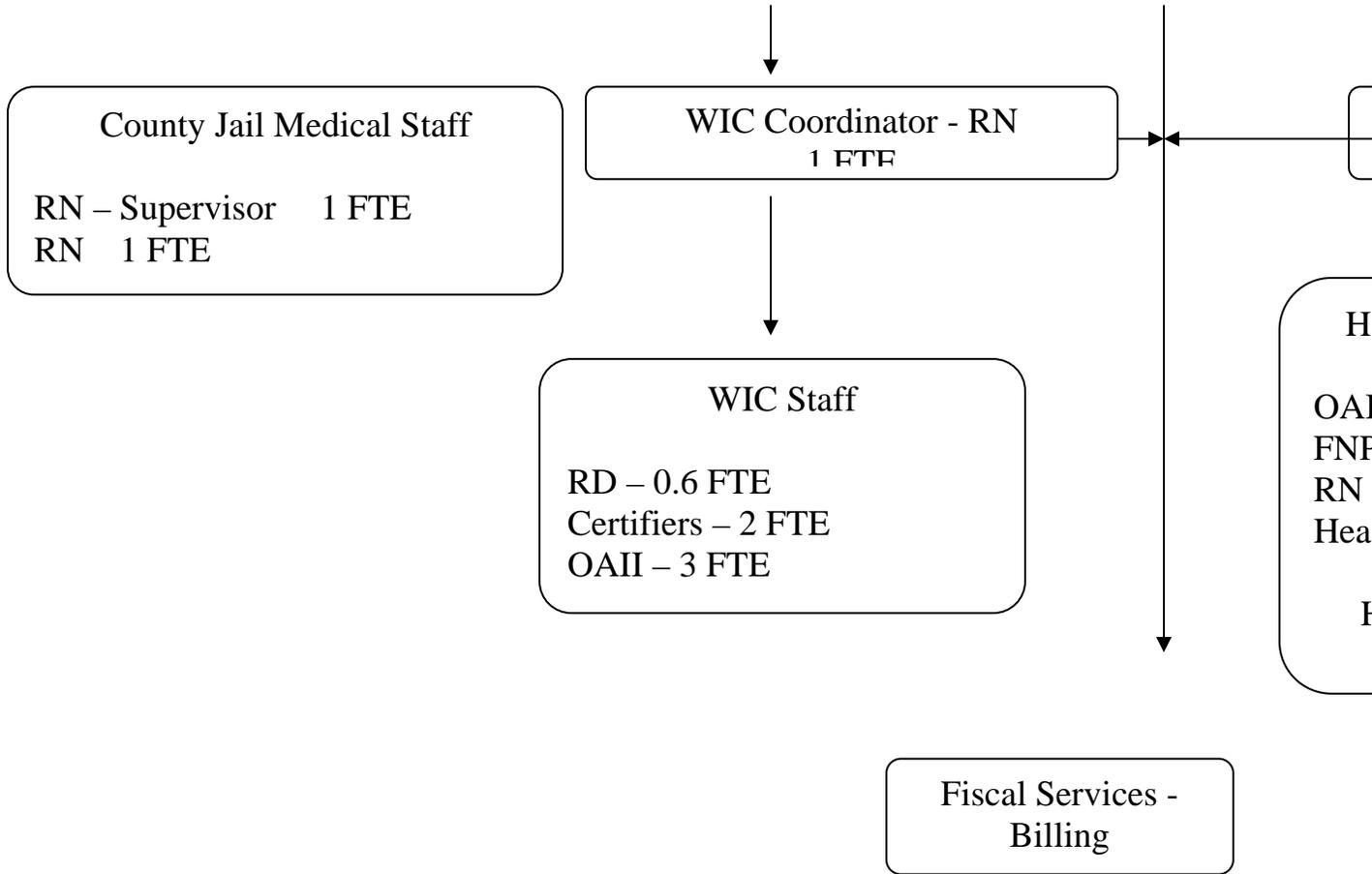
MALHEUR COUNTY HEALTH DEPARTMENT
ORGANIZATIONAL CHART 2008-2009

Fiscal Services -
Billing

Malheur County Court
County Judge
County Commissioner 2

Health Officer
0.1 FTE

Health Department
Administrator



MALHEUR COUNTY HEALTH DEPARTMENT
ORGANIZATIONAL CHART 2009-2010

Malheur County Court
County Judge
County Commissioner 2



Health Department Administrator
1 FTE

Health Officer
0.1 FTE



County Jail Medical Staff
RN – Supervisor 1 FTE
RN 1 FTE



WIC Coordinator - RN
1 FTE



WIC Staff
RD – 0.6 FTE
Certifiers – 2 FTE
OAI – 3 FTE



Fiscal Services - Billing
2 FTE



Health Services Coordinator, RN
0.8 FTE



Health Department Staff
OAI – 3 FTE
FNP – 0.1 FTE
RN – 5.4 FTE
Health Specialist – 2 FTE
Healthy Start Program
RN – 1.6 FTE



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County Judge - Nan P. Joyce
Local Public Health Authority

Malheur
County

5/6/2009
Date

EVALUATION OF WIC NUTRITION EDUCATION PLAN
FY 2008-2009

WIC Agency: Malheur County WIC

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

Date: 2-20-2009 Phone: 541-889-7897

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:

- Certifying staff were all involved in the development of Malheur County's list of key nutrition messages which were submitted to the state prior to the formation of the final key nutrition messages distributed to local agencies.

Key nutrition messages were reviewed as part of an in-service provided by the RD on April 30, 2008. In October 2008, updated key nutrition messages were passed around for certifiers to read and sign (verifying it had been read) on their own.

- At our certifier meeting in October 2008, it was determined that all staff felt comfortable with the key nutrition messages and did not feel additional training on these messages was warranted.

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:

- All staff participated by telephone or webcam in at least one Fresh Choices state-provided training. In addition, updates in Fresh Choices food package changes are reviewed and

discussed with staff at our monthly meetings. State provided in-services have and will continue to be used for specific staff training related to modifications in food packages. The following changes/modifications were chosen for discussion to date:

- Changes in type of milk allowed for women and children over age 2 years of age
 - The addition of fresh or frozen fruits and vegetables for all categories beyond 12 months
 - The addition of baby food beyond 6 months of age
 - The addition of whole grains for women and children
- Key nutrition messages related to the above food package changes may apply to more than one category or food package change. These include:

Milk changes

- Serve low-fat milk to children over age 2
- Get your calcium-rich foods

Addition of Fresh or frozen fruits and veggies

- Get enough Folic Acid from foods or supplements early in your pregnancy to help prevent birth defects
- Offer a variety of foods from all foods groups each day. Lifelong eating habits begin now.
- Keys to healthy eating: Variety, Balance, and Moderation.
- Eat a variety of nutritious foods every day-vary your veggies, focus on fruit.

Addition of baby foods

- When your baby is ready for solid foods, introduce one new food at a time with a spoon.
- Prepare, handle, and store food properly.

Whole Grains

- Make half your grains whole grains

We feel the key nutrition messages do not need to be modified, however, in order to prevent client resistance or to clarify WIC's reasoning for food package changes, it may be necessary to include or reference AAP, Dietary guidelines, USDA, health

professionals, etc. in the statement. By using these references it could also help us educate the participant about the changes and how they relate to their specific category or health concerns.

- Proposed food package changes are being shared with participants by highlighting coming changes on our bulletin board in the waiting room as well as during 1:1 discussions with clients and as part of our General Nutrition classes. In addition to this, an informational display has been developed using the key nutrition messages & Fresh Choices information provided by the state and is used monthly in our “Quick WIC” educational opportunity. With this, we are providing food samples such as low-fat milk, etc. State-provided handouts such as the “changing to low-fat milk” are provided on the display table and will be used in individual education when appropriate.

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:

- Yes, staff in-services were conducted however, in a different order than scheduled. Additional in-services are provided as pertinent subjects arise, and when state-provided in-services are received. Also, because of the many changes coming with Fresh Choices and participant centered services, future in-service topics may be changed to meet the training needs of staff and/or to meet state deadlines.
- Yes, objectives for each in-service were met as outlined in each lesson plan.
- In addition to quarterly in-services, WIC staff reviews components of CPA competencies as part of our monthly meetings to ensure best program practice. Examples of

competencies reviewed on a regular basis include: correctly screening clients for eligibility and issuing vouchers, proper measurement techniques for collecting Ht/Wt/Hgb, participant centered counseling techniques, reviewing community resources and referrals, correctly assigning risks and when to refer to RD, etc. Annual civil rights training is also completed.

When choosing in-service topics, the training supervisor picks topics that would appeal to the general population as they are provided to both CPA's and clerical staff. In-service topics are also guided by trainings required by the state.

2008 In-service Topics:

1) The Facts of Fats

Addresses the following core competency:

Understands normal nutrition issues for pregnancy, lactation, the postpartum period, infancy, and early childhood. Specifically, #1 understands basic nutrition concepts, #2 Identifies function and food sources of major macronutrients

2) Food Insecurity, Assessment for, health implications and Referral (this was an additional in-service provided):

Addresses the following core competencies:

- a. *Understands normal nutrition issues for pregnancy, lactation, the postpartum period, infancy, and early childhood. Specifically, #15 Recognizes factors that may contribute to childhood obesity, #20 Recognizes the importance of referral and follow-up of women with nutrition-related health problems.*
- b. *Understands how sociocultural issues affect nutrition and health practice and nutrition-related health problems*
- c. *Identifies community resources and refers WIC clients for appropriate services.*

3) Diet Assessment and Key Nutrition Messages

Meets the following core competency areas:

- a. *Understands the WIC nutrition assessment process including risk assignment and documentation.*
- b. *Knows how to synthesize and analyze data to draw appropriate conclusions*
- c. *Provides appropriate targeted Nutrition Education for WIC clients using principles of participant centered education in both individual and group settings.*

4) WIC Food package changes & Changing to Low-fat Milk

Addresses the following core competencies:

- a. *Understands normal nutrition issues for pregnancy, lactation, the postpartum period, infancy, and early childhood.*
- b. *Knows how to synthesize and analyze data to draw appropriate conclusions. Specifically, # 11 assigns the food package most appropriate to the client's category, risk, and personal preferences.*
- c. *Provides appropriate targeted Nutrition Education for WIC clients using principles of participant centered education in both individual and group settings.*

5) Future in-service topics include state-required training on Infant Feeding and Medical Documentation. These will address most of the same core areas mentioned above.

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

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

Activity 1: By September 30, 2008 staff will review the assessment steps from the Dietary Risk Module and identify which ones they need additional training on.

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:

- Yes, the diet assessment steps were reviewed in June 2008 with certifying staff. In addition to this, Malheur County certifying staff helped pilot this module prior to the state training.
- Staff initially identified the following steps as needing further training:
 1. Ask the participant about their feeding behaviors.
 2. Use probing questions to find out more information
 4. Use critical thinking to review all information to ensure risks are appropriately assigned and correct.
- In June 2008, certifiers reviewed interactive counseling methods from California, Massachusetts, and North Dakota provided to us through WIC Works. In September 2008, certifying staff was also trained by the state on participant centered services as part of Cohort 2. Staff continues to have weekly meetings to check progress with participant centered services and share new methods that are working for them. Through all of these trainings, staff has become much more comfortable with each step of the diet assessment process.

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:

In June 2008, evaluation of staff modifications to individual counseling revealed the following changes to our approach: Certifying staff are using more open ended and probing questions, giving the participant choices and asking permission to weigh/measure, check iron, give handouts, etc. We are also letting the participant set their own goal whether it is related to their risks or choose to NOT set a goal if they are not ready.

Beginning in December 2008, staff began observing each other and providing feedback on client/certifier interactions as well as tape recording recertification appointments to help evaluate the participant centered process. These observations have been helpful in identifying potential distractions (related to the clinic environment) as well as helped us brainstorm different ways to phrase questions or comments during appointments.

Based on the state's evaluation of our progress as of February 2009 at onsite visit # 3, staff is doing a good job with setting the agenda, asking permission, affirming, asking nice open ended questions, using eligibility statements, and reading participants so that we meet their needs. Another positive comment was made about the "nice spirit" at the front desk.

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:

- The first objective selected by the WIC staff to help facilitate healthy behavior changes was to decrease our own consumption of sweetened and carbonated beverages by 25% by the year 2012. This objective was partially accomplished by the removal of the Coke machine from the HD/WIC kitchen and by staff members making a focused effort to not bring those same drinks to work. Staff is currently drinking more water and sugar-free flavored waters in place of sweetened and carbonated beverages.
- The second objective chosen by our WIC staff was to increase by 20%, the number of employees who are physically active 30 minutes/day at least 3 days/week and this goal was to be achieved by the year 2012. The strategy to accomplish this objective was to provide space and a variety of exercise videos for staff use during the lunch hour daily Monday through Friday.
- Selection of the objectives/strategies to facilitate healthy behavior changes for the WIC staff resulted from discussions during staff meetings in March and April 2008.

Objective 1, to reduce the consumption of sweetened and carbonated beverages, was chosen by the HD/WIC staff and discussions were held on ways to change our behavior here at work related to the beverages we would drink.

Objective 2, ways to increase the physical activity levels of all WIC staff was also part of the discussion during WIC staff meetings. Each staff member selected their own personal,

healthy change goals, appropriate for themselves; goals they felt were attainable and important to improving their personal health.

- Yes, the strategy for objective 1, the removal of the Coke machine made the availability of soda during the work hours more difficult. A bottled water dispenser is now provided for both hot and cold water and is available to all staff free of charge.

Yes, the strategy for objective 2, the space and the exercise videos has been available for most lunch hours Monday through Friday and some employees have used this time for exercise.

- The first objective went well and was more easily resolved because removing the Coke machine eliminated the availability of carbonated beverages.

The second objective, exercise at least 30 minutes 3 times/week, sounded like a good healthy behavior change, however, the strategy we used to help increase physical activity focused on providing exercise opportunities at work/during the lunch hour rather than just anytime during the day. Because exercise is such a personal/individual behavior, it is difficult to influence behavior change related to this as a group goal. Choosing healthy behavior changes that are easily facilitated within our work environment, like removing the coke machine, made change a lot easier.

In the future, when selecting goals related to behavior change, we will choose a strategy that would be easier to control within the work environment and not focus on setting specific individual goals.

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:

- The objective chosen was to help facilitate healthy behavior changes for our WIC clients by educating and supporting them to decrease television and other screen time for their children ages 2-5 years of age. This goal was to be achieved by 2012. We wanted to specifically reduce by 5%, the number of children who have more than 2 hours of screen time daily. Our strategy was to promote national *TV Turn off Week* each year during April, and to include AAP screen time recommendations as part of our education for children 2 years and older.
- This objective was selected from staff meeting discussions, the evaluation of our client risk factor groupings for the category 2-5 years of age as well as the answers obtained from the 2008 survey from 25 English and 25 Spanish clients to determine their screen time activity among the same age group.
- No, our strategy did not help meet our objective, which was by 2012, decrease television and other screen time for children ages 2-5 years. Our original strategy was planned prior to WIC's introduction of the client-centered approach. We were going to include screen-time education in all of our client contacts, however, now with the client leading the focus of discussion, screen time is seldom if ever a parental concern.
- We are hoping that an additional strategy implemented in September 2008 will help meet our objective. A display board and handouts focusing on screen time and physical activity is part of our newest educational opportunity offered monthly titled "*Quick WIC.*" Clients say they enjoy this class option and are free in taking materials provided. Most clients leave with a handful of handouts they have selected from the displays for themselves and/or their friends and these are often from the board promoting exercise and activity for the

whole family. We are currently taking survey of behavior change related to screen time since September 2008 and plan to have results compiled by April 30, 2009 for evaluation.

Our office continues to participate in the promotion of “Turn off” week and does this by:

- Turning off the TV in the waiting room during this week
 - Placing a poster on the TV so clients in the waiting room will know why the TV is not being used
 - Hanging posters and providing promotional handouts related to screen time and physical activity during the months of March/April each year.
- These things went well: the survey was completed and tabulated, posters were up in the department and the TV was turned off during *TV Turn Off Week*. With the introduction of client-centered contacts, which allow the client to talk about personal topics of interest, ones they want more information on or want help with changing, screen time is not a topic that routinely comes up. Something we may plan to do differently is include “screen time” as a topic on circle charts as an option for clients to pick for discussion when providing anticipatory guidance for children ages 2-5 yrs.

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

Year 2 Objective: During plan period, in order to help improve breastfeeding outcomes for WIC participants, each local agency will select at least one objective and implement at least one strategy from the Statewide Physical Activity and Nutrition Plan 2007-2012.

Activity 1: Identify your objective and strategy to improve breastfeeding outcomes for WIC clients.

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:

- The objective chosen by our agency to help improve breastfeeding outcomes for WIC clients was to increase, by 2%, the number of infants exclusively breastfeeding in Malheur County by the year 2010. Strategies to accomplish this objective were: to continue the 6 month/12 month exclusively breastfeeding incentives and to work with the local hospital to provide IBCLC and free breastfeeding support to the community.
- These objectives/strategies were selected because of conversations with clients, discussions at WIC staff meetings, conversations with community partners and health department home visiting RNs, as well as brainstorming by the RD and IBCLC for ways to offer services and improve breastfeeding rates in Malheur County.
- Yes, we hope the strategies selected will bring an increase in the number of exclusively breastfeeding moms/babes in WIC and in our community by 2010. Comparing the *IE* category numbers using the *Participation Summary by WIC Category* from January 2008 to February 2009 we see an increase in the numbers of clients, a positive upward swing we feel is exciting! In January 2008 we had 38 *IE* infants; in February 2009 we had 60 *IE* infants, an increase of 22 infants. Most months during this same time frame have shown an increase in the numbers found in the *IE* category of the *Participant Summary by WIC Category* report. We will continue to follow this monthly report and monitor the numbers annually as we evaluate the past year's NE Plan and plan for the next year.

The incentive program in WIC continues to provide a reward to moms who are exclusively breastfeeding at 6mo and 1 year (a picture & picture frame for 6 months; a necklace of a mother and baby for 1 year). Our moms are proud to collect their prizes and see their pictures on the bulletin board!

The newest strategy to provide free breastfeeding support to all women in the community has begun; (breastfeeding assistance and support is and always has been available to any woman who calls or

comes into our WIC office). The health department/WIC combined efforts that began in September 2008, a free weekly “*Baby and Me*” support group followed by an hour of “*Breastfeeding Support*”. The structure for the group is patterned after a group by the same name meeting at and supported by St. Alphonsus Hospital Medical Center in Boise, ID. Attendance to date has been small but we are beginning to show some growth. Drop-in moms needing breastfeeding help have received that help and follow-up but not all have continued to participate in the group.

- We are pleased the funding to provide the WIC breastfeeding incentives has been available and the project has been supported by our Administrator, a definite positive note!

The *Baby and Me* and *Breastfeeding Support* groups are meeting weekly and the mothers and infants attending are all breastfeeding! Community “experts” provide free education on a variety of topics i.e. family relationships, massage for moms, feeding cues, infants and music, etc. for the group and Holy Rosary Medical Center provides a free meeting room and purchased half of our back jack chairs used during the class.

The key nutrition message “babies were born to be breastfed” was added to the new informational board prepared in February 2009, to be used for our *Quick WIC* drop-in educational opportunity. This new display joins another board promoting breastfeeding. The offering of drop-in education and message boards was begun in September 2008.

Pregnant women are given the opportunity to participate in the Healthy Start program, part of that program being maternity case management. Breastfeeding information is presented by the RN in the client’s home on a 1:1 basis and follow-up breastfeeding support is available through both Healthy Start RNs and WIC’s IBCLC.

What would we do differently? Probably nothing, but with the advent of new food package changes, we are evaluating our class offerings for pregnant women and discussing ways to include positive breastfeeding messages and discussion in all of our contacts with pregnant women, not just during a formal class.

FY 2009 - 2010 WIC Nutrition Education Plan Form

County/Agency: Malheur County WIC
Person Completing Form: Sandy Ackley RN, BS, IBCLC; Lindsay Grosvenor RD, LD
Date: March 31, 2009
Phone Number: 541-889-7897
Email Address: sackley@malheurco.org; lgrosvenor@malheurco.org

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:

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

WIC staff will attend the sessions on Infant Feeding Cues at the WIC Statewide Meeting June 22-23, 2009. Staff members who do not attend the Statewide meeting will receive this training information from the WIC Coordinator.

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:

Nutrition education class outlines and written educational materials will be reviewed by the RD and Coordinator to assure consistency with the Key Nutrition Messages and changes in the new WIC food packages by August 1, 2009.

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:

RD, training supervisor, will complete Attachment A by May 1, 2009 with projected staff inservice trainings and topics for FY 2009-2010.

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:

By October 31, 2009, the RD and Coordinator will, with input from WIC staff, identify the core components of participant centered services that are being consistently utilized by staff and which components need further developing.

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 information from goal 2, Activity 1, Malheur County will implement at least 2 strategies to promote growth of staff's ability to continue to provide participant centered services 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:

Malheur county will implement strategies for promoting positive changes with Fresh Choices with community members by October 31, 2009. The RD already has plans to provide a presentation/in-service for local health care providers caring for infants and children ages 2-5 years of age to share positive Fresh Choices changes as well as new changes in Medical Documentation requirements.

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:

By April 30, 2010, Malheur County WIC Program will collaborate with the state WIC Research Analysts for evaluation of the Fresh Choices changes.

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:

By December 31, 2009, Malheur County WIC Program will assess our breastfeeding promotion and support activities to identify strengths and weaknesses and identify possible strategies for improving support for breastfeeding exclusivity and duration.

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:

Malheur County WIC Program will implement at least one identified strategy from Goal 4, Activity 1 by April 30, 2010.

Attachment A

FY 2009-2010 WIC Nutrition Education Plan

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

Agency:

Training Supervisor(s) and Credentials:

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	Fresh Choices-Food Package Review	Review final Fresh Choices materials and food package policies so that all staff are comfortable implementing the new changes
2	October 2009	Participant Centered Services- New Strategies	After determining core areas needing further development, implement at least 2 strategies to promote growth of staff's ability to continue to provide participant centered services.
3	January 2010	Baby Led Latch	Familiarize staff with alternative approach to breastfeeding & latch-review infant feeding cues.
4	April 2010	Staff Wellness: Working Well at WIC	Assess work environment related to health, review benefits of exercise, and identify strategies to increase physical activity at work.

Local Health Department: ~~Malheur County Health Dept.~~
Plan A - Continuous Quality Improvement: 4th DTaP Project
 Fiscal Years 2008-2010

Year 1: July 2008 – June 2009				
Objectives	Methods / Tasks	Outcome Measure(s)	Outcome Measure(s) Results ¹	Progress Notes ²
A. Increase MCHD rate of 24 month olds with their 4th DTaP by 3% over 2 years	<ul style="list-style-type: none"> Continue screening children for fourth DTaP at ages 12 months both manually and by computer. Develop more strategies to improve 4th DTaP rate with staff. Provide immunization information at local events that the Health Dept and WIC are participating in. Continue reward plan for children receiving their 4th DTaP. Reassess reminder recall system. Consider generating a list of past due clients and contact via telephone as well as by postcard. 	<ul style="list-style-type: none"> Increase 24 month olds with their 4th DTaP by 1.5% by June 2009, determined by AFIX report. 	<ul style="list-style-type: none"> 24 month olds with their 4th DTaP rate decreased from 69% to 58%, an 11% decrease. 	<ul style="list-style-type: none"> We continue to screen children both manually and by computer. We use minimum spacing for 4th DTaP. The decrease in rates is alarming. We have decided to increase rates by: presenting at the hospital prenatal class and 2 area parenting classes, put immunization information in the newborn home visit letters, make colorful flyers for the OB parent discharge packets at the hospital, put a immunization board and flyers in Quick WIC, present at the Head Start Advisory Board, and make call list every month to notify parents of children needing 4th DTaP. Immunization information was presented at local events where WIC/MCHD had booths (TVCC, OMS, community fun walk). We are considering giving t-shirts to children receiving 4th DTaP if the budget allows.

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

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

Plan A - Continuous Quality Improvement: 4th DTaP Project

Year 2: July 2009 – June 2010				
Objectives	<u>Methods / Tasks</u>	Outcome Measure(s)	Outcome Measure(s) Results ¹	Progress Notes ²
A. Evaluate plan to increase MCHD rate of 24 month olds with their 4th DTaP by 3% over 2 years	<ul style="list-style-type: none"> Continue screening children for 4th DTaP. Work with WIC staff and home-visiting staff to immediately refer children who are behind in immunizations. Work with home-visiting nurses to print immunization records and review with parents at each home-visit. Extend hours that staff are available to give children immunizations. Continue reward plan to entice parents to return for 4th DTaP (possibly t-shirts). Present at parenting classes and community events. Make a call list and phone parents of children needing 4th DTaP. 	<ul style="list-style-type: none"> Increase 24 month olds with their 4th DTaP by 10% by June 2010 as determined by the AFIX report. 		

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

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

Plan B - Chosen Focus Area: Standards for Immunizations

Fiscal Years 2008-2010

Year 1: July 2008 – June 2009				
Objectives	Methods / Tasks	Outcome Measure(s)	Outcome Measure(s) Results¹	Progress Notes²
<p>A. Persons who administer vaccine and staff who manage or support vaccine administration are knowledgeable and receive ongoing education. Staff will receive one training per year.</p>	<ul style="list-style-type: none"> • Create and initiate a plan to train the entire health department and WIC staff about Tdap and rising perutssis rates. • Have a round table discussion about increasing rates in adolescence and adults. • Show Dr. Liko's presentation about fatal cases of pertussis to staff. • Offer Tdap to all staff. 	<ul style="list-style-type: none"> • 100% of immunization staff will receive training by December 2008. 	<ul style="list-style-type: none"> • 100% of staff received training on Tdap. 	<ul style="list-style-type: none"> • Tdap training in a required staff meeting was completed. • Offered the Tdap vaccine to all staff members for no cost. • Discussed ideas to increase adolescence and adult immunizations to Tdap. • Tdap information was distributed to area providers. • Tdap information is being provided to the hospital for the new parent discharge packet. • Tdap information is in the newborn home-visit information packet and being discussed by the nurse. • Tdap immunization clinics were done in the local middle schools.

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

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

Plan B - Chosen Focus Area: Standards for Immunizations

Year 2: July 2009 – June 2010				
Objectives	<u>Methods / Tasks</u>	Outcome Measure(s)	Outcome Measure(s) Results¹	Progress Notes²
A. Persons who administer vaccine and staff who manage or support vaccine administration are knowledgeable and receive ongoing education. Staff will receive one training per year.	<ul style="list-style-type: none"> • Create and initiate a plan to train all staff on parental concerns and myths about vaccines. Discuss vaccine preventable diseases. • Review with staff current immunization schedule and benefit of simultaneous vaccinations. • Provide vaccine references for staff and parents to promote continued education. 	<ul style="list-style-type: none"> • 100% of immunization staff will receive training by December 2009. 		

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 meet these objectives in the future.

Outreach Activities: July 2008 – June 2010

Activity 1:				
Objectives	Methods / Tasks	Outcome Measure(s)	Outcome Measure(s) Results¹	Progress Notes²
<p>A. To Provide educational materials regarding adult immunizations to 5 local adult medical clinics. To provide those clinics with vouchers for Tdap and Hep A and B (if they meet “at risk” criteria).</p>	<ul style="list-style-type: none"> • Arrange and complete meetings with 5 adult medical clinics. • Select and purchase educational material most appropriate for our target audience. • Design and print vouchers for Tdap and Hep A and B vaccines. These will be easy for the doctor to complete and assure patients are referred for appropriate immunizations according to risk factors. 	<ul style="list-style-type: none"> • Educational materials and vouchers will be distributed to 5 local providers by December 2008. 	<ul style="list-style-type: none"> • Educational information and vouchers were distributed to 5 area providers in July 2008. 	<ul style="list-style-type: none"> • Created vouchers that doctors could easily complete with the risk criteria on the back. We then distributed the vouchers to all area medical providers. • Provided informational flyers that we obtained from the drug reps. • Created a poster about Tdap for providers to hang in their waiting rooms. • Provided Tdap information to area Head Starts.

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

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

Activity 2:				
Objectives	Methods / Tasks	Outcome Measure(s)	Outcome Measure(s) Results¹	Progress Notes²
<p>A. Provide a voucher for parents to receive a free Tdap (using the special project vaccine) in every discharge packet for newborns. Also included will be educational material about Tdap.</p>	<ul style="list-style-type: none"> • Meet with the OB supervisor to determine if we can put our materials in their discharge packet. • Evaluate, choose and order the most appropriate educational material to be included in the hospital discharge packet. • Create a voucher for the Tdap vaccine for parents and other family members. • Distribute materials to the hospital. 	<ul style="list-style-type: none"> • The Tdap voucher and information packet will be distributed to the hospital by July 1, 2008. 	<ul style="list-style-type: none"> • Tdap information is being provided to the hospital for distribution in the new parent discharge packet. 	<ul style="list-style-type: none"> • Met with OB supervisor, she is allowing us to provide Tdap information in the discharge packets. We used a flyer from the CDC website and then created it in Spanish too. The hospital is working on a policy to vaccinate all new parents with Tdap at discharge.