



Health Services Division
Public Health Services
Triennial Plan
2010-2011 Annual Update

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CLACKAMAS COUNTY HEALTH SERVICES DIVISION
PUBLIC HEALTH SERVICES
TRIENNIAL PLAN
2010-2011 ANNUAL UPDATE

Executive Summary

Clackamas County Public Health Services are transitioning to a new Division structure. The Community Health Division has divided into a Behavioral Health Division and a Health Services Division, which will encompass Public Health and Primary Care services. Business Services will be housed with Behavioral Health organizationally, but will continue to serve all parts of the former Community Health Division. The restructure will not affect Public Health service delivery in the community. The Divisions are part of the Department of Health, Housing and Human Services (H3S), formerly Clackamas County Department of Human Services. The name change helps to avoid confusion with state DHS and better describes the broad array of programs and services within this Department.

For much of the last year, H1N1 pandemic planning and response required the focused attention of Public Health managers, Health Officer Team, and many of the staff. The fall and winter response necessitated unprecedented hiring of temporary staff, coming together of several county departments to develop an H1N1 clinic and ability to handle vaccine, partnerships with school districts to administer vaccine throughout the county, and a regional Multi Area Command system. We learned a great deal from which we will develop plans to improve processes for the next large event.

We continued to implement the Mobilizing for Action through Planning and Partnerships (MAPP) tool throughout the county, even during the H1N1 event, by using a consultant to complete much of the information-gathering from communities. We will provide a more complete report on outcomes of this project, called the Roadmap to Healthy Communities, in our next update. We expect community health improvement projects to be implemented as a result of the Roadmap project.

Over the last year, Public Health has been involved in the development of a community group, Community Health Access Initiative (CHAI), whose mission is to assure primary care access for all residents of Clackamas County. The group, which recently obtained nonprofit status, evolved from community response to the closing of two county primary care clinics. The focus is now on developing short and long term strategies to address the difficult health care access issue. Another initiative in which Public Health is playing a leadership role is the development of a Dental collaborative to increase access to dental health prevention, screening, and treatment. Public Health is exploring its role in increasing prevention and wellness education for behavioral health clients. We opened a SBHC in Canby High School last year, have begun to work with OHSU School of Nursing to provide community health experiences for RN to BSN students and look forward to more mutually beneficial collaboration with academia. We are studying topics related to social determinants of health, such as the built environment and global warming

Assessment Unchanged from the current 2008-2010 Triennial Plan.

Action Plan Unless otherwise noted within, there is no change from the current plan.

Communicable Disease

The three Communicable Disease Nurses now have the support of a bilingual Community Health Worker who can provide DOT home visits as needed. The team responded to the H1N1 pandemic by providing case investigation, school surveillance and general surveillance. Staff are currently working with State DHS investigators on three research projects:

- Norovirus study in long-term care facilities
- Varicella study
- Pertussis study

Human Immunodeficiency Virus (HIV)

- Clackamas County's HIV Program will continue to collaborate with Multnomah and Washington County on the new MPowerment program, implemented by Cascade AIDS Project, and targeting MSM in the Portland metro area.
- Clackamas County's HIV Program will analyze data gathered through an online survey of MSM in the county regarding accessing sexual health services, including HIV prevention information and HIV counseling and testing.
- Clackamas County's HIV Program will utilize this data to develop a plan to address the needs identified regarding HIV prevention intervention.

Maternal and Child Health Home Visiting

The team continues to consist of four Public Health nurses who have been joined by a bilingual Community Support Worker. One of the nurses has become a lead worker for the team and is coordinating much of the day-to-day activity. Plans have not changed.

Family Planning

See attachment.

WIC

See attachments.

Immunization

See attachment.

School-Based Health Centers

We will continue to provide NP and BH services at the Oregon City SBHC through the 10-11 school year as well as NP services at Canby High School during the 10-11 school year. We intend to increase the

NP's hours at both sites due to student demand. We continue to support the planning process at Milwaukie High School

1. Increase NP time at Oregon City and Canby High Schools from 10 hours per week to 40 hours per week. Continue to provide BH personnel at Oregon City High School 10 hours per week.
2. Collaborate with Oregon City High School to create an advisory council for the clinic as well as a youth advisory body.
3. Collaborate with Canby High School to support their Youth Advisory Board and increase community support and awareness of the SBHC.
4. Continue involvement with the Milwaukie High School planning group, with a goal of opening a SBHC in 2010.
5. Create and implement a plan for gathering student health insurance information at Canby and Oregon City High Schools and increase billing by the county for all billable services provided.

Tobacco Prevention and Education Program

- The Clackamas County TPEP program will continue to support the county's Roadmap project, focused on community health needs assessment, to support the objective of chronic disease prevention.
- The Clackamas County TPEP program will continue to provide technical assistance to the Clackamas County Fair Board on improving their tobacco policies.

Environmental Health

1. All Environmental Health Specialists have completed the State Food Program Standardization requirement and are maintaining their accreditation. Staff assist Health Specialists from other counties to maintain their accreditation.
2. The Permits Plus software has been installed and maintained. Staff routinely uses the software in the field to track building permits.
3. Continue to work closely with communities and operators to oversee repair and replacement of unapproved wading pools so they are compliant with the new wading pool requirements.
4. Continue to work with organization camp operators and help them implement the new camp rules.
5. Annual pool operator seminars.
6. Operate the Hand Washing Demonstration Mobile Unit at the County Fair..
7. Help our small, public water systems implement the new, EPA Ground Water Rules.
8. Provide tobacco use surveillance in restaurant facilities..

Public Health Emergency Preparedness

Clackamas County Community Health develops and maintains all-hazard response plans in collaboration with emergency management. The Pandemic Influenza Plan was revised in preparation for 2009 H1N1 flu vaccination campaign.

An Incident Response Team, composed of supervisory staff, provides 24/7 coverage for reports of communicable disease and public health emergencies, and functions as an initial Incident Management Team when necessary. Members of this team participate in monthly training which includes:

- Responding after business hours
- Collaborating with emergency management in planning and responding to emergencies
- Communications, including crisis response
- Initial incident assessment, notification and response during public health emergencies
- Requesting and managing health resources including the Strategic National Stockpile

Training is ongoing for community health staff in strategic positions to respond during a public health emergency including incident command structure, communications and Health Alert Network and outbreak investigation.

Recruitment and training continues for Clackamas County Medical Reserve Corps for medically licensed volunteers to help in emergencies and preparedness exercises. Their skills and leadership will contribute to the success of any emergency response.

The 2009 H1N1 flu response was an actual event which tested Clackamas County in emergency public information, management and distribution of medical supplies, mass vaccination and incident management.

Additional Requirements

Organizational chart – attached

Board of Health - The Board of County Commissioners is the Board of Health for Clackamas County. The Board does not meet in separate session as the Board of Health, but regularly conducts study sessions to learn about Public Health issues and regularly addresses policy decisions in Board meetings. The County Administrator reports to the BoCC; H3S Director reports to the County administrator and Public Health Administrator reports to H3S Director. There is not a separate Public Health Advisory Board.

Senate Bill 555 – The LPHA is the governing body for both Public Health and the Commission on Children and Families. We coordinate on assessing and planning for community health needs.

Unmet Needs

- Funding for community-based dental education and treatment
- Increased capacity and training for environmental health promotion, including focus on the health effects of the built environment and climate change
- Funding that is less program specific and available to community-based efforts to improve health conditions

Budget

Karen Slothower, Business Services Manager, is the Budget Officer for the Health Services Division and can be reached at:

Clackamas County Behavioral Health Division
Business Services
Public Services Building
2051 Kaen Rd., Suite 367
Oregon City, OR 97045

Telephone: 503-742-5300

Email: KarenS@co.clackamas.or.us

Minimum Standards

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

Organization

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

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

23. Yes No Written resource information about local health and human services is available, which includes eligibility, enrollment procedures, scope and hours of service. Information is updated as needed.
24. Yes No 100% of birth and death certificates submitted by local health departments are reviewed by the local Registrar for accuracy and completeness per Vital Records office procedures.
25. Yes No To preserve the confidentiality and security of non-public abstracts, all vital records and all accompanying documents are maintained.
26. Yes No Certified copies of registered birth and death certificates are issued within one working day of request.
27. Yes No Vital statistics data, as reported by the Center for Health Statistics, are reviewed annually by local health departments to review accuracy and support ongoing community assessment activities.
28. Yes No A system to obtain reports of deaths of public health significance is in place.
29. Yes No Deaths of public health significance are reported to the local health department by the medical examiner and are investigated by the health department.
30. Yes No Health department administration and county medical examiner review collaborative efforts at least annually.
31. Yes No Staff is knowledgeable of and has participated in the development of the county's emergency plan.
32. Yes No Written policies and procedures exist to guide staff in responding to an emergency.
33. Yes No Staff participate periodically in emergency preparedness exercises and upgrade response plans accordingly.

34. Yes No Written policies and procedures exist to guide staff and volunteers in maintaining appropriate confidentiality standards.
35. Yes No Confidentiality training is included in new employee orientation. Staff includes: employees, both permanent and temporary, volunteers, translators, and any other party in contact with clients, services or information. Staff sign confidentiality statements when hired and at least annually thereafter.
36. Yes No A Client Grievance Procedure is in place with resultant staff training and input to assure that there is a mechanism to address client and staff concerns.

Control of Communicable Diseases

37. Yes No There is a mechanism for reporting communicable disease cases to the health department.
38. Yes No Investigations of reportable conditions and communicable disease cases are conducted, control measures are carried out, investigation report forms are completed and submitted in the manner and time frame specified for the particular disease in the Oregon Communicable Disease Guidelines.
39. Yes No Feedback regarding the outcome of the investigation is provided to the reporting health care provider for each reportable condition or communicable disease case received.
40. Yes No Access to prevention, diagnosis, and treatment services for reportable communicable diseases is assured when relevant to protecting the health of the public.
41. Yes No There is an ongoing/demonstrated effort by the local health department to maintain and/or increase timely reporting of reportable communicable diseases and conditions.
42. Yes No There is a mechanism for reporting and following up on zoonotic diseases to the local health department.

43. Yes No A system exists for the surveillance and analysis of the incidence and prevalence of communicable diseases.
44. Yes No Annual reviews and analysis are conducted of five year averages of incidence rates reported in the Communicable Disease Statistical Summary, and evaluation of data are used for future program planning.
45. Yes No Immunizations for human target populations are available within the local health department jurisdiction.
46. Yes No Rabies immunizations for animal target populations are available within the local health department jurisdiction.

Environmental Health

47. Yes No Food service facilities are licensed and inspected as required by Chapter 333 Division 12.
48. Yes No Training is available for food service managers and personnel in the proper methods of storing, preparing, and serving food.
49. Yes No Training in first aid for choking is available for food service workers.
50. Yes No Public education regarding food borne illness and the importance of reporting suspected food borne illness is provided.
51. Yes No Each drinking water system conducts water quality monitoring and maintains testing frequencies based on the size and classification of system.
52. Yes No Each drinking water system is monitored for compliance with applicable standards based on system size, type, and epidemiological risk.
53. Yes No Compliance assistance is provided to public water systems that violate requirements.

54. Yes No All drinking water systems that violate maximum contaminant levels are investigated and appropriate actions taken.
55. Yes No A written plan exists for responding to emergencies involving public water systems.
56. Yes No Information for developing a safe water supply is available to people using on-site individual wells and springs.
57. Yes No A program exists to monitor, issue permits, and inspect on-site sewage disposal systems.
58. Yes No Tourist facilities are licensed and inspected for health and safety risks as required by Chapter 333 Division 12.
59. Yes No School and public facilities food service operations are inspected for health and safety risks.
60. Yes No Public spas and swimming pools are constructed, licensed, and inspected for health and safety risks as required by Chapter 333 Division 12.
61. Yes No A program exists to assure protection of health and the environment for storing, collecting, transporting, and disposing solid waste.
62. Yes No Indoor clean air complaints in licensed facilities are investigated.
63. Yes No Environmental contamination potentially impacting public health or the environment is investigated.
64. Yes No The health and safety of the public is being protected through hazardous incidence investigation and response.
65. Yes No Emergency environmental health and sanitation are provided to include safe drinking water, sewage disposal, food preparation, solid waste disposal, sanitation at shelters, and vector control.

66. Yes No All license fees collected by the Local Public Health Authority under ORS 624, 446, and 448 are set and used by the LPHA as required by ORS 624, 446, and 448.

Health Education and Health Promotion

67. Yes No Culturally and linguistically appropriate health education components with appropriate materials and methods will be integrated within programs.
68. Yes No The health department provides and/or refers to community resources for health education/health promotion.
69. Yes No The health department provides leadership in developing community partnerships to provide health education and health promotion resources for the community.
70. Yes No Local health department supports healthy behaviors among employees.
71. Yes No Local health department supports continued education and training of staff to provide effective health education.
72. Yes No All health department facilities are smoke free.

Nutrition

73. Yes No Local health department reviews population data to promote appropriate nutritional services.
74. The following health department programs include an assessment of nutritional status:
- a. Yes No WIC
 - b. Yes No Family Planning

- c. Yes No Parent and Child Health
- d. Yes No Older Adult Health
- e. Yes No Corrections Health

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

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

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

Older Adult Health

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

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

80. Yes No Health department maintains a current list of resources and refers for medical care, mental health, transportation, nutritional services, financial services, rehabilitation services, social services, and substance abuse services.

81. Yes No Prevention-oriented services exist for self health care, stress management, nutrition, exercise, medication use, maintaining activities of daily living, injury prevention and safety education.

Parent and Child Health

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

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

Primary Health Care

93. Yes No The local health department identifies barriers to primary health care services.

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

Cultural Competency

99. Yes No The local health department develops and maintains a current demographic and cultural profile of the community to identify needs and interventions.
100. Yes No The local health department develops, implements and promotes a written plan that outlines clear goals, policies and operational plans for provision of culturally and linguistically appropriate services.
101. Yes No The local health department assures that advisory groups reflect the population to be served.
102. Yes No The local health department assures that program activities reflect operation plans for provision of culturally and linguistically appropriate services.

Health Department Personnel Qualifications

Local health department Health Administrator minimum qualifications:

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

Answer the following questions:

Administrator name: Marti Franc

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? *Fall, 2009 OHSU* Yes No

Has the Administrator taken a graduate level course in epidemiology? *Fall, 2009 OHSU* Yes No

Has the Administrator taken a graduate level course in environmental health? *Winter, 2010 OHSU* 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 X

- a. Yes ___ No X **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. *Working on Graduate Certificate in Public Health at OHSU. Completion expected Spring, 2011*

- 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.

Attachment A

FY 2010-2011 WIC Nutrition Education Plan

WIC Staff Training Plan – 7/1/2010 through 6/30/2011

Agency:

Training Supervisor(s) and Credentials:

Staff Development Planned

Based on planned program initiatives, 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, 2010 – June 30, 2011. State provided in-services, trainings and meetings can be included as appropriate.

Quarter	Month	In-Service Topic	In-Service Objective
1	July	PCE e-learning Modules Post test State provided Online	To assure that all CPA staff has completed and passed the Post test and are ready for Group Education Training at a regional training.
1	September	PCE Group Education training State Regional Training	All staff will be able to provide Participant Centered, evidence based principles to groups of WIC participants by December 31, 2010
2	October	Annual Nutrition Education Retreat- Numerous Topics Training Supervisors	Staff will plan nutrition education group activities and assignments for 2011, using new strategies and PCE concepts.
3	March	Child Nutrition Module Post test	After completing the module, staff will be able to identify factors that influence health outcomes and use them to

		State provided Online	provide quality nutrition education.
4	April	Peer Breastfeeding Report	Staff will provide input to the Breastfeeding Coordinator and Training Supervisor by evaluating the first year program and will develop at least three potential goals during the monthly staff meeting.

EVALUATION OF WIC NUTRITION EDUCATION PLAN
FY 2009-2010

WIC Agency: Clackamas County Public Community Health

Person Completing Form: Dana Lord, Programs Manager

Date: April 12, 2010

Phone: 503-655-8405

Return this form, attached to email to: sara.e.sloan@state.or.us by May 1, 2010

Please use the following evaluation criteria to assess the activities your agencies did for each Year Three 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 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 module by December 31, 2009.

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

- Did staff complete the module by December 31, 2009?
- Were completion dates entered into TWIST?

Response: The staff completed the module as a group on December 18, 2010. The completion dates are entered in TWIST.

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.

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

- How were staff who did not attend the 2009 WIC Statewide Meeting trained on the topic of infant feeding cues?
- How has your agency incorporated the infant cues information into 'front desk', one-on-one, and/or group interactions with participants?

Response:

All of our staff attended the 2009 WIC Statewide Meeting.

The CPA's are incorporating it in their counseling sessions with new moms. It may also be mentioned in our Breastfeeding Classes. Local follow up has been shallow due to implementation of Food Package Changes and H1N1 Activities. Additional resources need to be committed to this important area to enhance participatory guidance opportunities.

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.

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

- Were nutrition education lesson plans and written materials reviewed and revised?
- What changes, if any, were made?

Response:

The Nutrition Fair topics are updated each month as we present new topics or renew old ones. We provided updated information pertaining to the WIC food package changes and key messages at our Nutrition Fair from June through September. Our Infant Feeding Module also addressed the big changes in infant food packages.

Activity 4: Identify your agency training supervisor(s) and staff in-service dates and topics for FY 2009-2010.

Evaluation criteria: Please use the table below to address the following question in your response.

- How did your staff in-services address the core areas of the CPA Competency Model (Policy 660, Appendix A)?
- What was the desired outcome of each in-service?

FY 2009-2010 WIC Staff In-services

In-Service Topic and Method of Training	Core Competencies Addressed	Desired Outcome
<p>Example: Providing Advice</p> <p>Facilitated discussion during October 2009 staff meeting using the Continuing Education materials from Oregon WIC Listens.</p>	<p>Example: This in-service addressed several competencies in the core areas of Communication, Critical Thinking and Nutrition Education</p>	<p>Example: One desired outcome of this in-service is for staff to feel more comfortable asking permission before giving advice. Another desired outcome is for staff to use the Explore/Offer/Explore technique more consistently.</p>
<p>Infant Feeding Cues</p> <p>Training provided at Statewide meeting June 2009</p>	<p>Core competencies addressed were, Life-cycle nutrition, nutrition assessment, and nutrition education</p>	<p>The desired outcome is that the staff are able to assist participants to assess their babies sleep cues and distinguish them from hunger cues.</p>

<p>Food Package Assessment Module</p> <p>The module was completed on December 18, 2009 in a group setting. The components of the module were trained from August through October 2009 at staff meetings and by the Training Supervisor.</p>	<p>Core competencies addressed were program integrity, communication, critical thinking, and technology literacy.</p>	<p>The desired outcome was that all staff was able to correctly assign food packages, communicate changes to participants and assist them to recognize how those changes might impact them.</p>
<p>Civil Rights Training</p> <p>January 27, 2010 in a group setting.</p>	<p>Core competencies addressed were program integrity, multicultural awareness</p>	<p>The desired outcome is that staff respect and integrate understanding of participants' culture, race and ethnicity.</p>
<p>Dental/Fluoride In service</p> <p>On January 27, 2010 Dr. Empey and Shanie Mason from the Oral Health Program at the Oregon Health Division addressed the WIC staff in a group setting. Children's oral health and fluoride use was presented and open discussion followed.</p>	<p>Core competencies addressed were life-cycle nutrition, nutrition education and Community Resources and referrals</p>	<p>The desired outcome is that staff is able to answer some questions participants have regarding oral health and fluoride and refer to appropriate provider for additional information and care.</p>
<p>FFV at Farmers market Inservice</p> <p>April 7, 2010 the entire staff was given a presentation by the training supervisor. The open discussion that</p>	<p>Core competencies addressed were communication, nutrition education and program integrity</p>	<p>The desired outcome is that all staff will be able to correctly explain how to use FFV coupons at Farmers Markets and how to recognize which vendors accept them.</p>

followed also included planning for Farm Direct distribution.		
Technology and WIC Scheduled for April 2010 -Postponed	This subject will be addressed in 2011.	

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

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

Activity1: 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.

Evaluation criteria: Please address the following questions in your response:

- Which core components of participant centered services are used most consistently with your staff? What has made those the most easiest to adopt?
- Which core components have the least buy-in? What are the factors that make these components difficult to adopt?

Response:

The core component of Building Rapport is used consistently except for the area of setting the agenda. Complete the Assessment is good but needs attention in the area of consistently using open ended questions and using reflections. Provides Nutrition Education continues to be a struggle to leave old habits of "telling them everything". Supports Health Outcomes is good but the relating eligibility to health outcome in a statement to participants is a challenge.

The general components are the easiest to recognize and complete because they have been addressing them in some form for years. It is meeting all the level one standards that staff struggle with, although different ones for different staff.

Generally buy in to the process and to improvement is good, resistance is more to the words and perceived meaning than to the concepts.

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.

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

- What strategy has been implemented to maintain the core components of participant centered services during a time of change?
- What strategy has been implemented to advance staff skills with participant centered services?

Response:

This last fall was particularly difficult for the manager and staff of our local agency due to the amount of time the manager spent working on the H1N1 pandemic. We utilized state staff to complete our training and assessment through the fall of 2009. We continued to evaluate at our Annual Nutrition Education Retreat and observations and evaluation continues at the annual staff Performance Evaluations taking place this spring and that will be completed by June 30, 2010.

Goal 3: Improve the health outcomes of WIC clients and WIC 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.

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

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

- Which community partners did your agency select?
- Which strategies did you use to promote the positive changes with Fresh Choices?
- What went well and what would you do differently?

Response:

We serve on the Health Advisory Group for Headstart Programs of Clackamas County. Information was shared with them at their Fall Meeting. The Fall was a busy time, it continues to be difficult for local staff to take on community outreach and do an adequate job of preparing and implementing change for the participants.

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

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

- How did your agency collaborate with the state WIC Research Analysts in evaluating Fresh Choices?
- How were you able to utilize, if appropriate, information collected from your agency?

Response:

N/A this has not occurred yet.

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

Year 3 Objective: During plan 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.

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

- What strengths and weaknesses were identified from your assessment?
- What strategies were identified to improve the support for breastfeeding exclusivity and duration in your agency?

Response:

Our assessment shows we need to continue to work on PCE at Prenatal and Postpartum visits. We need to be able to contact participants within a week of delivery to assess and assist. We need to develop a plan to improve community support for Breastfeeding.

It has become very clear this year that with increased caseload and expanding sites we need additional resources to maintain and improve our Breastfeeding support and activities. Having a State supported Peer Breastfeeding Program Grant allows us the additional resources we need.

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

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

- Which strategy or strategies did your agency implement to improve breastfeeding exclusivity and duration?
- Based on what you saw, what might be a next step to further the progress?

Response:

FY 2010 - 2011 WIC Nutrition Education Plan Form

County/Agency: Clackamas County Community Health WIC Program

Person Completing Form: Dana R. Lord, Program Manager

Date: April 12, 2010

Phone Number: 503-655-8405

Email Address: danalor@co.clackamas.or.us

Return this form electronically (attached to email) to: sara.e.sloan@state.or.us
by May 1, 2010
Sara Sloan, 971-673-0043

Goal 1: Oregon WIC Staff will continue to develop their knowledge, skills and abilities for providing quality participant centered services.

Year 1 Objective: During planning period, staff will learn and utilize participant centered education skills and strategies in group settings.

Activity 1: WIC Training Supervisors will complete the Participant Centered Education e-Learning Modules by July 31, 2010.

Implementation Plan and Timeline:

Julie Aalbers, RD Training Supervisor along with the PCE champions and Coordinator will complete the PCE e-learning modules between May 1, 2010 and June 31, 2010. We will decide during our planning process whether to complete the post tests individually or in a group.

Activity 2: WIC Certifiers who participated in Oregon WIC Listens training 2007-2009 will pass the posttest of the Participant Centered Education e-Learning Modules by December 31, 2010.

Implementation Plan and Timeline:

The remainder of the WIC Certifiers will complete the PCE e-learning modules and pass the post test by August 31, 2010 assisted by the coordinator, training supervisor and champions.

Activity 3: Local agency staff will attend a regional Group Participant Centered Education training in the fall of 2010.

Note: The training will be especially valuable for WIC staff who lead group nutrition education activities and staff in-service presentations. Each local agency will send at least one staff person to one regional training. Staff attending this training must pass the posttest of the Participant Centered Education e-Learning Modules by August 31, 2010.

Implementation Plan and Timeline including possible staff who will attend a regional training:

All CPA staff will attend regional training as all of them lead group education. All of the WIC Certifiers will complete the PCE e-learning modules and pass the post test by August 31, 2010 assisted by the coordinator, training supervisor and champions.

Goal 2: Oregon WIC staff will improve breastfeeding support for women in the prenatal and post partum time period.

Year 1 Objective: During planning period, each agency will identify strategies to enhance their breastfeeding education, promotion and support.

Activity 1: Each agency will continue to implement strategies identified on the checklist entitled “Supporting Breastfeeding through Oregon WIC Listens” by March 31, 2011.

Note: This checklist was sent as a part of the FY 2009-2010 WIC NE Plan and is attached.

Implementation Plan and Timeline:

Our agency has done very limited Breastfeeding promotion to our internal organization partners and practically none to community partners. Several opportunities will arise this year that will assist us in expanding our activities in these areas. We are excited to be able to participate in the Peer Breastfeeding Grant Program from the Oregon WIC Program. This program will add resources to our local agency to enhance Breastfeeding Promotion Activities.

We have another opportunity to work with the brand new Early Headstart Program and improve work with Healthy Start of Clackamas County to assist them with breastfeeding promotion and trainings. This work will be intense from July 1, 2010 to December 31, 2010. Additional strategies will be implemented from Jan to June 2011, as yet to be determined.

Activity 2: Local agency breastfeeding education will include evidence-based concepts from the state developed Prenatal and Breastfeeding Class by March 31, 2011.

Note: The Prenatal and Breastfeeding Class is currently in development by state staff. This class and supporting resources will be shared at the regional Group Participant Centered Education training in the fall of 2010.

Implementation Plan and Timeline:

Breastfeeding support focused staff, RDs, Breastfeeding Coordinator(s) and others who lead Breastfeeding Classes will participate in the training in the fall of 2010. Our Breastfeeding Class will incorporate additional evidence-based concepts by March 31, 2011.

Goal 3: Strengthen partnerships with organization that serve WIC populations and provide nutrition and/or breastfeeding education.

Year 1 Objective: During planning period, each agency will identify organizations in their community that serve WIC participants and develop strategies to enhance partnerships with these organization by offering opportunities to strengthen their nutrition and/or breastfeeding education.

Activity 1: Each agency will invite partners that serve WIC participants and provide nutrition education to attend a regional Group Participant Centered Education training fall 2010.

Note: Specific training logistics and registration information will be sent out prior to the trainings.

Implementation Plan and Timeline:

We will work in our planning processes to identify partners internally and externally to invite to attend a regional Group Participant Centered Education Training in the fall of 2010.

Activity 2: Each agency will invite community partners that provide breastfeeding education to WIC participants to attend a Breastfeeding

Basics training and/or complete the online Oregon WIC Breastfeeding Module.

Note: Specific Breastfeeding Basics training logistics and registration information will be sent out prior to the trainings. Information about accessing the online Breastfeeding Module will be sent out as soon as it is available.

Implementation Plan and Timeline:

We will invite Early Headstart Staff and Healthy Start staff and others we identify as appropriate to Oregon WIC Breastfeeding training throughout the years 2010 and 2011.

Goal 4: Oregon WIC staff will increase their understanding of the factors influencing health outcomes in order to provide quality nutrition education.

Year 1 Objective: During planning period, each agency will increase staff understanding of the factors influencing health outcomes.

Activity 1: Local agency staff will complete the new online Child Nutrition Module by March 31, 2011.

Implementation Plan and Timeline:

All CPA staff will complete the online Child Nutrition Module by March 31, 2011.

Activity 2: Identify your agency training supervisor(s) and projected staff quarterly in-service training dates and topics for FY 2010-2011. Complete and return Attachment A by May 1, 2010.

Agency Training Supervisor(s):

Julie Aalbers, RD and Dana Lord, Program Manager

Local Health Department: Clackamas County Public Health Division
Plan B - Chosen Focus Area: Improving Vaccine Management Practices in
County Clinics and Satellite/Delegate Agencies
January 2008-December 2010

Year 1: January-December 2008				
Objectives	Methods / Tasks	Outcome Measure(s)	Outcome Measure(s) Results ¹	Progress Notes ²

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

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

<p>A. Improve vaccine management practices in Clackamas County Clinic(s), satellites and delegate agencies.</p>	<ul style="list-style-type: none"> • Provide education/training to current clinic staff on vaccine management protocols. • Provide education/training to new clinic staff. 	<ul style="list-style-type: none"> • Education/training provided to clinic staff by December 2008. • Education/training provided to new clinic staff within one month of start date. 	<ul style="list-style-type: none"> • Vaccine management update based on quarterly audit provided to clinic staff March 2009. • Training provided to new School-Based Health Center (SBHC) staff April 2009. 	<ul style="list-style-type: none"> • Due to competing projects, our Immunization Program Nurse was not able to provide the training until March 2009. This meeting was driven by the results of the February 2009 quarterly audit.
<ul style="list-style-type: none"> • Review Vaccine Accountability Plan for each county clinic and delegate agency. • Conduct quarterly audits in each county clinic, satellite and delegate agency to assess vaccine management practices. 	<ul style="list-style-type: none"> • Review Vaccine Accountability Plan twice yearly and update staff as needed. • Four audits conducted for each county clinic, satellite and delegate agency, with the exception of the Oregon City SBHC. 	<ul style="list-style-type: none"> • Staff updated four times each year via quarterly audits. • Clinics, Jail and Timberlake: Three quarterly audits completed for dates July 1, 2008-April 30, 2009. • Oregon City SBHC: one quarterly audit completed for dates July 1, 2008-April 30, 2009. 	<ul style="list-style-type: none"> • The fourth quarterly audit will be completed at each site by June 30, 2009. 	
<ul style="list-style-type: none"> • Recognize/award one private and one county clinic for excellent or most improved vaccine management practices 	<ul style="list-style-type: none"> • One private and one county clinic to be recognized /awarded at Annual Provider Meeting 	<ul style="list-style-type: none"> • No meeting will be held in 2009, and we will therefore not be awarding a provider. 	<p>Typically, our Annual Provider Meeting does not occur until May or June. At this time, we are not planning to host a meeting in 2009 due to lack of attendance at the 2008 event. We will focus our efforts elsewhere.</p>	

Improving Vaccine Management Practices in County Clinics and Delegate Agencies

Year 2: January-December 2009

Objectives	Methods / Tasks	Outcome Measure(s)	Outcome Measure(s) Results ¹	Progress Notes ²

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.

<p>B. Improve vaccine management practices in Clackamas County Clinics and Delegate Agencies</p>	<ul style="list-style-type: none"> • Provide education/training to current clinic staff on vaccine management protocols • Provide education/training to new clinic staff • Review Vaccine Accountability Plan for each county clinic and delegate agency • Conduct quarterly audits in each county clinic and delegate agency to assess vaccine management practices 	<p>-Education/training provided to clinic staff by December 2009</p> <ul style="list-style-type: none"> • Education/training provided to new clinic staff within one month of start date • Review Vaccine Accountability Plan twice yearly and update staff as needed • Quarterly audits conducted for each county clinic and delegate agency 	<ul style="list-style-type: none"> • Vaccine management practices reviewed with Timberlake Job Corps staff during each quarterly site visit in 2009. • Vaccine management practices reviewed with Canby SBHC staff, April and October, 2009. • Vaccine Accountability Plan only partially reviewed for each clinic site. • Quarterly audits were conducted for the primary care clinic, delegate and satellite agencies from January-December 2009. 	<ul style="list-style-type: none"> • Vaccine Accountability Plan determined to need revisions. Program staff will be revising the plan and designating appropriate staff to various responsibilities.
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Year 3: January-December 2010

Objectives	Methods / Tasks	Outcome Measure(s)	Outcome Measure(s) Results ¹	Progress Notes ²
<p>C. Improve vaccine management practices in Clackamas County Clinics and Delegate Agencies</p> <p style="text-align: center;">Clackamas County Health Services Division Public Health Services - 2010-2011 Annual Update Page 43</p>	<ul style="list-style-type: none"> • Provide education/training to current clinic staff on vaccine management protocols • Provide education/training to new clinic staff • Review Vaccine Accountability Plan for each county clinic and delegate agency. -Conduct quarterly audits in each county clinic and delegate agency to assess vaccine management practices 	<ul style="list-style-type: none"> • Education/training provided to clinic staff by December 2010 • Education/training provided to new clinic staff within one month of start date • Revise Vaccine Accountability Plan by August 2010 and review/update twice yearly. • Four audits conducted during 2010 for each county clinic and satellite/delegate agency 		

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.

**FAMILY PLANNING PROGRAM ANNUAL PLAN
FOR FY '11**

July 1, 2010 to June 30, 2011

As a condition of Title X, funding agencies are required to have a plan for their Family Planning Program, which includes objectives that meet SMART requirements (Specific, Measurable, Achievable, Realistic, and Time-Bound) In order to address state goals in the Title X grant application, we are asking each agency to **choose two** of the following four goals and identify how they will be addressed in the coming fiscal year:

- Goal 1:** Assure continued high quality clinical family planning and related preventive health services to improve overall individual and community health.
- Goal 2:** Assure ongoing access to a broad range of effective family planning methods and related preventive health services.
- Goal 3:** To promote awareness and access to Emergency Contraception among Oregonians at risk for unintended pregnancy.
- Goal 4:** To direct services to address disparities among Oregon's high priority and underserved populations, including Hispanics, limited English proficient (LEP), Native Americans, African Americans, Asian Americans, rural communities, men, uninsured and persons with disabilities.

The format to use for submitting the annual plan is provided below. Please include the following four components in addressing these goals:

- 1. Problem Statement** – For each of two chosen goals, briefly describe the current situation in your county that will be addressed by that particular goal. The data provided may be helpful with this.
- 2. Objective(s)** – Write one or more objectives for each goal. The objective(s) should be realistic for the resources you have available and measurable in some way. An objective checklist has been provided for your reference.
- 3. Planned Activities** – Briefly describe one or more activities you plan to conduct in order to achieve your objective(s).
- 4. Evaluation** – Briefly describe how you will evaluate the success of your activities and objectives, including data collection and sources.

This document is being forwarded electronically to each Family Planning Coordinator so that it can be completed and returned via file attachment. Specific agency data will also be included to help with local agency planning. If you have any questions, please contact Carol Elliot (971 673-0362) or Cheryl Connell (541 265-2248 x443).

**FAMILY PLANNING PROGRAM ANNUAL PLAN FOR
COUNTY PUBLIC HEALTH DEPARTMENT**

FY '11

July 1, 2010 to June 30, 2011

Agency: Clackamas County Health Dept.

Contact: Mary Horman, CHN

Goal #1

Problem Statement	Objective(s)	Planned Activities	Evaluation
Continued Low Emergency dispensing rate.	Increase dispensing and documentation of the Emergency Contraceptive at Family Planning visits.	Do a sample audit to determine accuracy of statistics from the encounter forms to chart dispensing records. Create a standard of training for the nurses and providers.	Measure with the Bi-annual chart audits and compare to the encounter documentation.

Goal #2

Problem Statement	Objective(s)	Planned Activities	Evaluation
A Policy and Procedure for Annual Family Planning exams has not been developed.	To develop a Policy and Procedure that adheres to the Title X guidelines.	The Medical Director and Family Planning Coordinator will meet and develop.	Have the State Nurse Consultant for Clackamas County review. Have the document posted on the County website.

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 10
(Currently in Progress)

The annual plan that was submitted for your agency last year is included in this mailing. Please review it and report on progress meeting your objectives so far this FY.

Goal / Objective	Progress on Activities
To integrate the Family Planning QA with the clinic QI process by August 2009.	The chart audit findings have been reported to the QI committee. At the QI meeting a plan is formulated to address the findings.
To increase the consistency of dispensing EC at Family Planning visits.	There has been a substantial increase of EC's being dispensed, but not at the rate we expected. Goal #1 was updated to evaluate and continue the improvement.

Progress on Title X Expansion Funds:

Also, a reminder that supplemental "expansion funds" were awarded as part of your agency's regular Title X grant again this year. These funds were awarded for the purpose of increasing the number of new, low-income clients by expanding the availability of clinical family planning services. Please report any progress on the use of these funds for the following purposes:

- Increase the range of contraceptive methods on your formulary and/or the available number of high-end methods (IUDs and Implanon) **Implanon use is being explored.**

- Increase the hours of your clinic(s), the number of staff available to see clients, the number of days services are available or offer walk-in appointments **Expanded hours were initiated on July of 2009. Walk in appointments have continued to be offered.**

- Add other related preventive health services, such as diagnosis and treatment of STIs _____
STI's and Colposcopy services are currently be offered to clients.

- Other objective you identified specifically for your agency _____

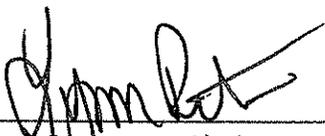
CLACKAMAS COUNTY HEALTH SERVICES DIVISION

PUBLIC HEALTH SERVICES

TRIENNIAL PLAN

2010 - 2011 ANNUAL UPDATE

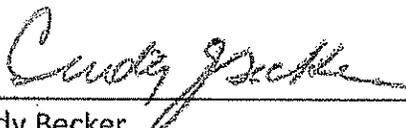
The local public health authority is submitting this 2008 – 2010 Triennial Plan pursuant to ORS 431.385, and assures that the activities defined in ORS 431.375-431.385 and ORS 431.416, are performed.



Lynn Peterson, Chair
Board of County Commissioners
Local Public Health Authority

Clackamas
County

5-6-10
Date A.2.



Cindy Becker
Health Services Division, Director

Clackamas
County

5/6/10
Date