



JOSEPHINE COUNTY PUBLIC HEALTH

COMPREHENSIVE PLAN 2010 - 2013



I. Executive Summary

Josephine County Public Health (JCPH) continues to provide programs that meet the five essential public health services of epidemiology and control of preventable diseases, maternal and child health services, family planning, collection and reporting of health statistics, health information and referral services, per ORS 431. Other services that we provide include emergency preparedness, tobacco prevention and education, travel immunizations, Animal Protection and Regulation, Juvenile Shelter and Retention and Adult Jail Health.

JCPH employees 30 staff members with a combined total of over 350 years of experience. Personnel are committed to improving the health of the community through the promotion of positive health behaviors and the provision of resources to clients and the community at large. JCPH relies on partner and community support to increase awareness on issues of public health importance. Events that affect a portion of the community or the whole community are important to address in an efficient and effective manner in order to minimize spread of disease, fear of risk and general misinformation. Our partners encompass many organizations, and depending on the situation, may include media, schools, businesses, public and private agencies and individual community members. JCPH strives to strengthen and broaden these partnerships on an ongoing basis.

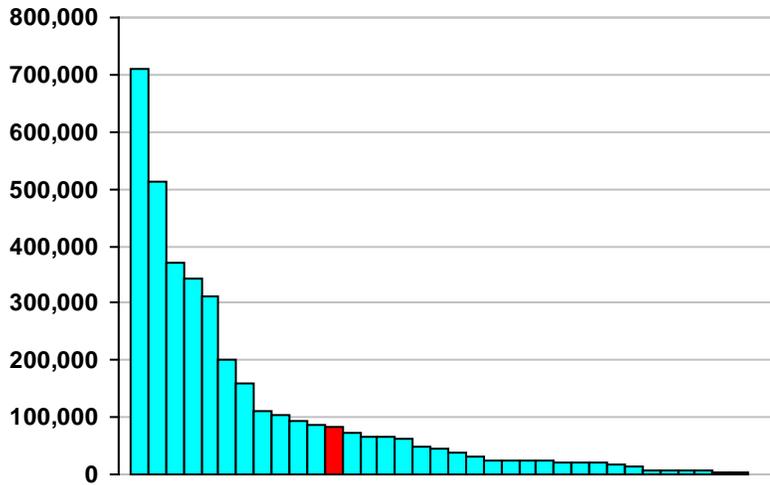
This comprehensive plan addresses issues, concerns and gaps for the three years from 2010 to 2013. The last three years, 2007-2010, have demonstrated decreases in funding, programs and staffing throughout the County. With concerted efforts around collaboration and grant writing, JCPH aspires to increase resources in all of these areas. In addition, JCPH will be working to address specific areas of concern in health for our community members: smoking, obesity and other risks of heart disease. These efforts will entail community collaboration and focus, and JCPH is ready to lead that charge.

II. ASSESSMENT

1. Josephine County Demographics:

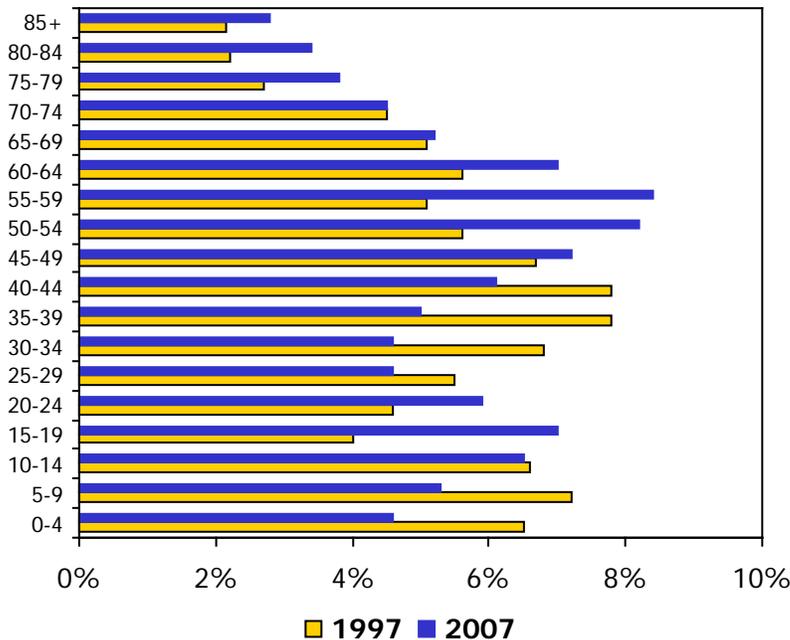
Population and Demographics:

Population by county, 2007 (Josephine County in Red):



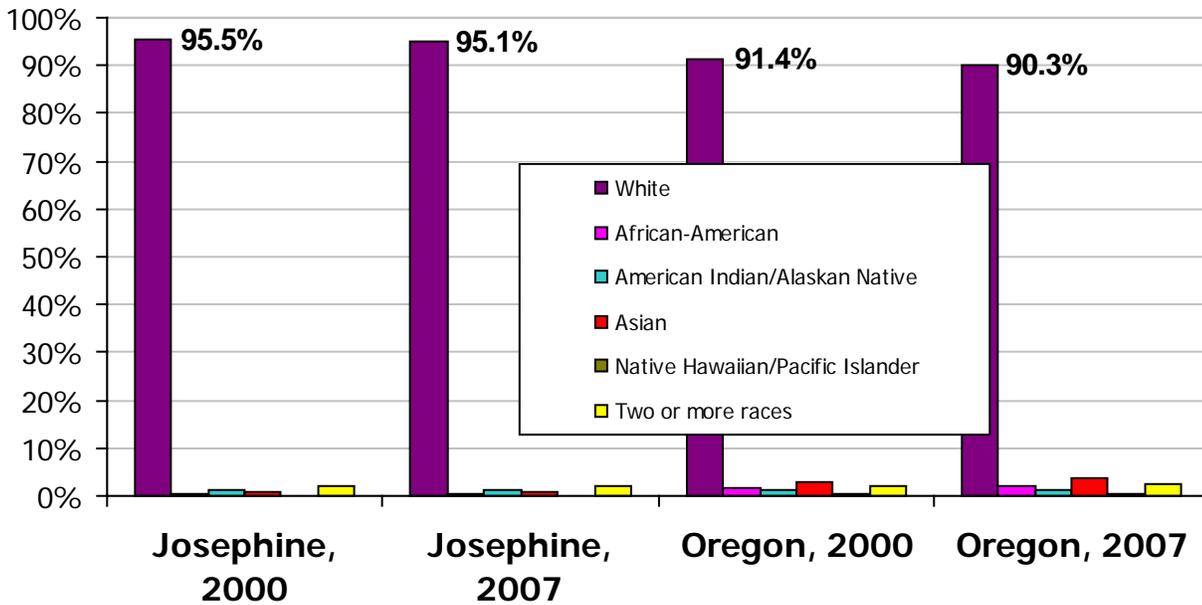
Josephine County has a population of 83,665 residents according to 2009 Portland State University reports, and is the 12th largest county in the state, with 2.2% of the population. This designates Josephine County as a “mid-size” county, with 11 counties larger in population and 24 counties smaller. While population has continued to climb in Josephine County like the rest of Oregon, it has grown at a slower rate from 2000 – 2008 (7.8% vs. 10.8%) according to 2008 Census estimates.

Percent of Population by age for Josephine County 1997 and 2007:



Population by race, 2000 and 2007

(Hispanics, an ethnic group, are represented in all racial categories):



Josephine County has a higher population of persons over 65 (20.9% in 2007) as compared to all of Oregon (13.0%). This rate has continued to climb as the US population ages and as more retirees move into Oregon and Josephine County. Josephine County’s population also has less variability than the State as a whole, with fewer races and ethnic groups represented than in the State. (*Oregon Benchmarks County Data, November 2008, Oregon Progress Board, <http://benchmarks.oregon.gov>*)

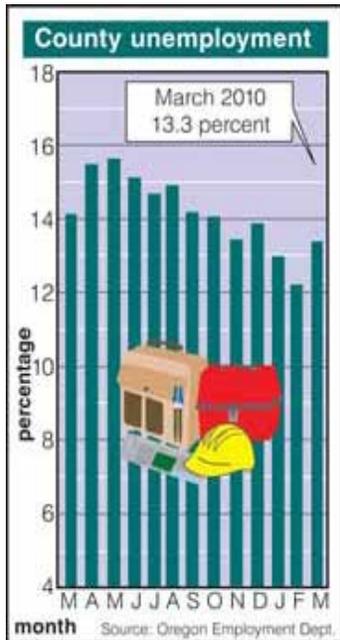
Education, Industry and Unemployment rates:

According to the U.S. Census Bureau, Josephine County’s education level differs significantly from the statewide average: High school graduates make up 81.8% of Josephine County residents over age 25 and 85.1% of Oregon residents the same age range; Bachelor’s degree or higher graduates make up 14.1% of Josephine County residents over age 25 and 25.1% of Oregon residents the same age.

Josephine County was originally founded as a gold mining settlement in 1851, and the County was officially formed in 1856. By 1883, with the

influx of the railroad, the Timber and Lumber industry began to take off. Tourism and Agriculture followed over time. By 2008, industry continued to grow and change to the following areas: 17% Education and Health, 15% Retail, 13% Manufacturing and 11% Leisure and Hospitality, (*North American Industry Classification System 2008*).

In March 2010, Josephine County had one of the highest unemployment rates in the state at 13.3%. Only four other counties in Oregon had an equal or higher rate: Deschutes, Douglas, Crook and Harney. In comparison, Oregon's unemployment rate is 10.6% and the United States rate is 9.7%. In addition, median household income rates have traditionally been lower in Josephine County than the average Oregon rates at \$37,209 vs. \$48,735 (2007 rates, *US Census*).



County Health Rankings as an indicator of health of the community:

The 2010 County Health Rankings from the University of Wisconsin and Robert Wood Johnson Foundation, compared health outcomes and health factors among 33 of 36 Oregon Counties. While the report provides only a snapshot of how healthy a county's residents are, as compared to other counties in Oregon, the data associated with the rankings gives communities a starting point to addressing factors associated with improved health

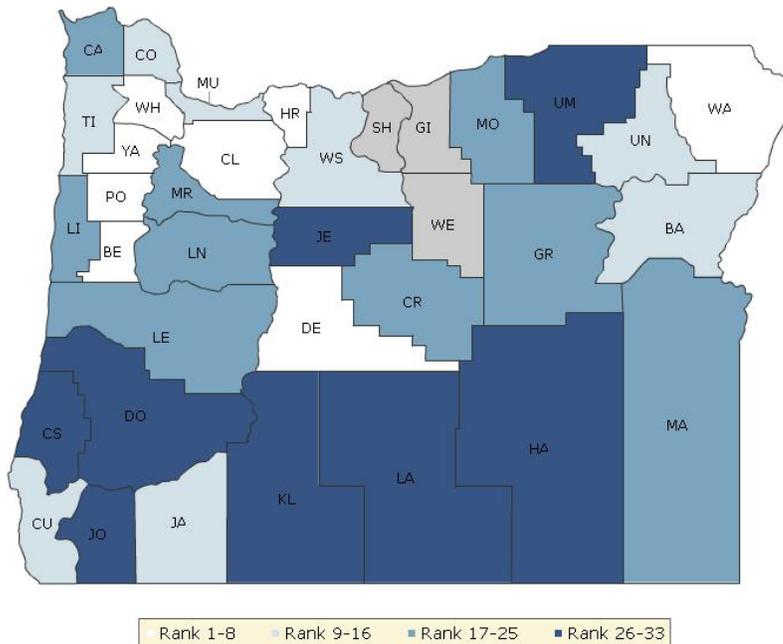
overall. Josephine County ranked 27 out of 33 Counties in both Health Outcomes and Health Factors.

The Health Outcomes ranking is based on measures of mortality and morbidity. Mortality is based on a measure of premature death: the years of potential life lost prior to age 75. The morbidity rank is based on four measures that are related to quality of life and birth outcomes:

1. Self-reported fair or poor health,
2. Self-reported poor physical health days,
3. Self-reported poor mental health days and,
4. The percent of births with low birth weight.

Josephine County ranked 29th for mortality and 21st for morbidity.

Health Outcomes by Oregon County:

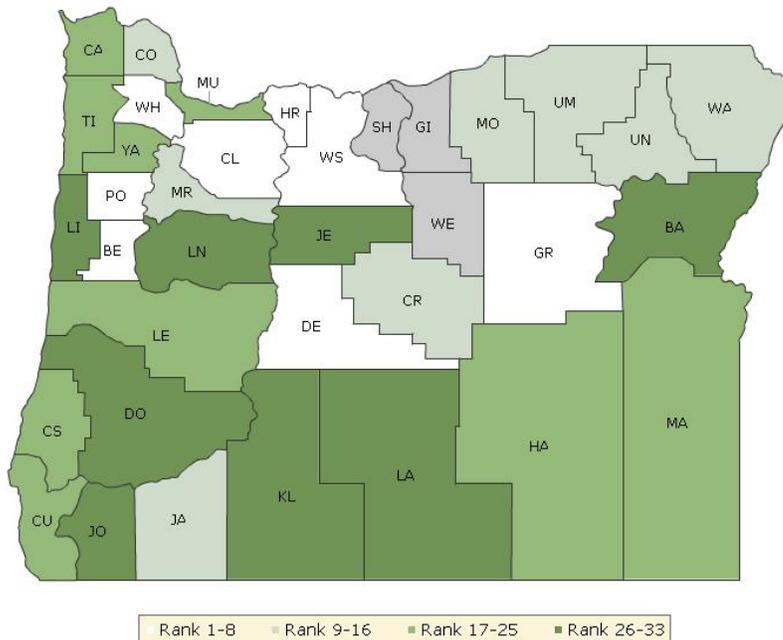


The Health Factors ranking is based on four factors:

1. Health behaviors that includes measures of smoking, diet and exercise, alcohol use, and risky sexual behavior;
2. Clinical care, which includes measures of access to care and quality of care,
3. Social and economic factors, that includes measures of education, employment, income, family and social support, and community safety,
4. Physical environment factors, which includes measures of environmental quality and the built environment.

Josephine County ranked 25th in health behaviors, 15th in clinical care, and 31st in social and economic factors and 7th in physical environment.

Health Outcomes by Oregon County:



Chronic Disease Statistics:

Outside of County Health Rankings data, other sources show statistically significant higher rates of death, chronic conditions among Adults, and modifiable chronic disease risk factors in Josephine County residents, as compared to the Oregon average.

Age adjusted Death rates due to selected causes 2000-2004

Rate (out of 100,000)	Oregon	Josephine County
Total Death Rate	834.1	892.6*
Heart Disease	191.8	227.6*
Stroke	68.8	67.2
Cancer	198.4	219.2*
Diabetes	27.7	22.1*
Tobacco-related Disease	184.8	219.9*

* Statistically significant difference from state rate

Age adjusted Prevalence of Selected Chronic Conditions among Adults 2002-2005

Rate	Oregon	Josephine County
Arthritis	27%	29%
Asthma	9%	11%
Heart Attack	4%	5%
Coronary Heart Disease	4%	5%
Stroke	2%	2%
Diabetes	6%	7%
High Blood Pressure	24%	23%
High Blood Cholesterol	31%	31%

Age adjusted rates for Prevalence of Modifiable Chronic Disease Risk Factors 2002-2005

Rate	Oregon	Josephine County
% of Adults who currently smoke cigarettes	20%	28%
% of Adults who met CDC recommendations of physical activity	55%	56%
% of Adults classified as overweight	37%	33%
% of Adults classified as obese	22%	23%
% of Adults who consumed at least 5 servings of fruits and vegetables per day	26%	23%

Keeping Oregonians Healthy: Preventing Chronic Diseases by Reducing Tobacco Use, Improving Diet, and Promoting Physical Activity and Preventive Screenings, Oregon Department of Human Services, Public Health Division Publication, July 2007

This data, combined with County Health rankings data, point to issues Josephine County can address to improve the health of its residents. Josephine County Public Health and partners intend to use these rankings to reinvigorate existing community health improvement efforts and initiate community health assessment and planning efforts where none previously existed. Improving health outcomes in a community can lead to increased productivity, increased income and education rates, and increased quality of life.

2. A description of the adequacy of the local public health services.

The Grants Pass office of Josephine County Public Health is open Monday through Friday, 8 a.m. to 12 noon and 1 p.m. to 5 p.m. All services are provided during these hours on a walk-in basis, with the exception of some appointments scheduled for Family Planning and Maternal Child Health. Maternal Child Health and WIC services are also available in Cave Junction, and WIC services are available in Wolf Creek. Field services are provided throughout the county by EH, MCH and CD staff as needed. In addition, Public Health provides outreach education and services on weekends at local events and at a JCPH supported immunization event in August. These events incorporate Health education and Promotion, WIC, immunizations, tobacco prevention and communicable disease prevention. JCPH works

closely with local media and social networking sites to provide education to the community on prevention and wellness activities.

JCPH remains the largest County in Oregon without County General Fund support. The lack of these funds minimizes the type of activities in which JCPH can participate due to designated funding requirements. Given those restrictions, however, JCPH is creative in building funding and networking opportunities to meet local health needs. JCPH works with local schools, community based organizations, service clubs, health care organizations and other County departments to maximize resources. When possible, JCPH explores grant funding opportunities that assist in addressing local health issues. Two recent grants received by JCPH address dental health in pregnant women and infants and perinatal drug and alcohol use.

Despite best efforts, JCPH remains understaffed and underfunded. These issues can affect overall adequacy of services during long-term events like H1N1, where staffing efforts were redirected to address the issue at hand, and “everyday” functions were put aside. Being consistently under staffed is further impacted during periods of illness, vacation and required training for staff members. Best efforts can be easily thwarted without adequate support and consistency for programs.

3. Provision of five basic Public Health services – (ORS 431.416)

Josephine County Public Health provides the five basic services outlined in statutes and related rules:

A. Epidemiology and Control of Preventable Diseases:

Josephine County meets the minimum standards for Communicable Disease Control. CD issues are addressed by CD nursing staff, management and in conjunction with EH, Animal Control and local providers as applicable.

JCPH has a well-tested system for receiving reports 24/7 and for responding to emergency reports in a prompt manner, and we utilize “blast fax/email” systems to push information out to local health care partners, including providers, clinics, hospital, regional partners, schools, pharmacies and veterinarians.

JCPH continues to meet CD investigations requirements on timeliness of reporting and follow-up. Chlamydia, Hepatitis C and Noro-virus like infections are consistent issues within the County and are addressed per State protocol in a timely manner. JCPH works with media partners to

promote prevention activities during times of CD outbreaks, and prior to traditional peaks for certain diseases.

JCPH continues to need additional nursing back up and back up training in all areas of CD to be prepared for outbreaks.

B. Parent and Child Health Service including Family Planning:

JCPH provides Parent and Child Health Services, including Family planning per the relevant statutes and within the scope of our ability. These services include education, screening and follow up, counseling, referral, or health services for family planning, perinatal care, infants, and children. The programs providing these services are WIC, Immunizations, Maternal Child Health and Home Visiting programs like CaCoon and Babies First!, Family Planning clinic, Breast and Cervical Cancer program, and Oregon MothersCare. All JCPH programs refer both internally and externally to meet the needs of our clients and the community and in doing so, also provide education and information on issues of public health.

While our programs work tightly together and with community partners for wrap around services to children and families, gaps still occur within programs that are underfunded and understaffed. At this time, we are unable to meet all of the requests we receive for home visiting services due to lack of staffing, and therefore have to prioritize, based on need and risk, the clients we are able to serve. In addition, we are only able to staff a Nurse Practitioner in our Family Planning/STI clinic one day a week, which minimizes the number of patients we can see. We do, however, provide walk-in Family Planning services and STI assessments five days a week for clients who meet the guidelines.

Our WIC program is continually growing to the point of accepting three caseload increases in the last two years. We have been able to staff the program to avoid a wait list, which in turn would require additional work to meet the requirements. Our WIC program is active in referring services internally and externally and providing a wide range of educational materials for clients. The program has survived the many changes (beneficial, but time consuming) in WIC in the last two years. WIC also actively works with the local Growers Market to promote WIC voucher usage at the markets when available.

C. Collection and Reporting of Health Statistics

JCPH's Vital Records program adequately addresses the statutory requirements for recording and reporting birth and death records. Five staff, including one Spanish speaking staff, are trained in the provision of these services. The program lead has developed a strong rapport with local funeral directors, hospital birth center staff and local physicians to ensure an efficiently run program.

JCPH's understaffing and underfunding specifically affects the area of statistical collection and reporting. Programs are taxed to meet minimum mandates, and with or without experience, have little time to compile reports of local statistical information. In addition, there are gaps in the data that are collected at the local level, for instance local schools have not completed Oregon Healthy Teens surveys for a number of years. This lack of time coupled with the lack of local data severely impacts our ability to have adequate statistical information on the health of our community.

To combat these issues, JCPH sought Healthy Communities funding and support through the State Tobacco Prevention and Education program. This program was initially awarded in 2009, but was pulled due to lack of funding at the State level. The program is due to be refunded in the next fiscal year, and JCPH is looking forward to the associated resources to coordinate better statistical information gathering for the County. JCPH also takes advantage of data from State and Federal resources as available; however, there is no trained epidemiologist on staff to assist us in compilation of the information. It would be useful to have a position or a shared position to assist in these areas.

D. Health Information and Referral Services

JCPH integrates information and referral into all services and at all areas of service, from front desk to clinic office. Information and referral resources are provided to staff via a variety of means: resource books from local health care partners, internal emails, HAN reports and State press releases, staff trainings from local partners and inter program sharing. A monthly staff meeting allows for sharing of information, resources, and opportunities across programs. We strive to assure that all staff members speaking with the public are updated on information that is going to the media, rumors that

are in the community and appropriate referral information for services outside of Public Health.

JCPH provides information through brochures, bulletin boards and posters in the department, phone messages, emails, media press releases and the use of social networking tools like Facebook and Twitter. In addition, when it is identified that populations need to be reached outside of the traditional methods, all efforts are made to reach those populations in a targeted manner. Two recent situations occurred where this type of process was utilized. One situation involved a confirmed TB case at a local high school that prompted PH staff to message parents in three different ways; blanket letter to all parents at the school to be taken home by students, targeted letter to parents with children identified to be at higher risk, phone calls to targeted parents and children. In another situation we saw increased rabies activity in rural areas, and staff posted notices on bulletin boards in those specific areas, including at laundry mats, post offices, schools, and grocery stores.

JCPH refers clients to services not provided by JCPH. These include, but are not limited to drinking water testing sources, OHP, SNAP program, primary care services, veterinary care services, housing, veteran services, alcohol and drug services, lead paint testing, legal aid, DEQ and other state services, County department resources, etc. In situations where more than one provider is available to perform the service, JCPH provides clients with a list of providers to avoid bias.

E. Environmental Health Services

JCPH's EH program provides the following services: licensure, consultation and complaint investigation of food services, tourist facilities, institutions, public swimming and spa pools, and regulation of water supplies, solid waste and outdoor air quality. The local DEQ program provides services for on-site septic in Josephine County. JCPH currently has 3.5 FTE inspection staff, all with REHS certification and two with FDA standardization certification. Each REHS is cross trained into all of the programs; however, recent reorganization has instituted program leads for more efficiency. The program meets basic mandates, and exceeds them when time and funding allow. Unfortunately, we continually see areas where we can improve services, however are unable to do so due to lack of funding and staff time. Two particular areas in need of more resources are Solid Waste management

and Outdoor Air Quality control. We have requested additional funds from our supporters in these areas, and those requests are still pending.

EH personnel are fully integrated into our Public Health Division programs and actively work with CD on foodborne outbreaks, with Emergency Preparedness on disasters and exercises, with management on public information, and even with WIC in informing clients about risks associated with food temperatures.

4. Adequacy of other services of importance to Josephine County:

Dental Health:

JCPH has identified that dental health services are not adequately utilized even in situations where clients have access to care through OHP services. While JCPH regularly refers clients to services through WIC, MCM and other clinic programs, several barriers exist to accessing services. Clients report that they perceive they are not welcome at certain offices, that dental staff are not always friendly, that not all services are covered, and even that they didn't know that they had services through OHP. From the other perspective, dental office staff report that clients often no-show for appointments, do not follow rules within their clinic setting or they do not feel adequately trained to provide services to certain populations, particularly pregnant women and children under five years of age. Due to these issues, JCPH was excited to participate in a new study from the University of Washington's school of Dental Health called *Baby Smiles*. The study follows 400 women in 4 counties through pregnancy and up to 3 years post partum to determine dental health outcomes based on a "heavy" or "light" motivational interviewing intervention around dental health. In addition, the program offers support to the local community to address the identified barriers to dental care utilization, as are described above. This study will officially begin May 1, 2010.

Emergency Preparedness:

JCPH has a very strong and solid Emergency Preparedness program as was tested and witnessed during the recent H1N1 situation in the Spring and Fall of 2009. The Emergency Preparedness coordinator has been in the current position 4 years and previously worked under the County Emergency Manager for 4 years. She brings with her knowledge and relationships from this past experience, and has been able to very effectively incorporate her strengths with the Public Health system of preparedness. The program

works extensively with County and City first responder departments, fire service organizations, 911, EMS, Schools, businesses, media and internal programs to assure adequate training and efficiency of planning efforts. The program is funded through State Public Health and additional resources are used, as available, through Federal Department of Justice funds, State Hospital Preparedness Program funds and private grants. The program houses the Josephine County Medical Reserve Corps that is utilized during outbreaks, flu clinics and exercises, as needed. As required, all plans are up to date, and the Emergency Preparedness coordinator assures that they link effectively with other planning efforts in the community. The coordinator sits on the Josephine County Emergency Management Board, the Hospital Emergency Preparedness Board, the Regional Special Needs committee and the Regional Hospital Preparedness Program board. Despite resource constraints, this program is strong because management prioritizes these activities and the coordinator is effective in meeting local and state objectives.

III. ACTION PLANS

A. EPIDEMIOLOGY AND CONTROL OF PREVENTABLE DISEASES AND DISORDERS

Current condition or problem:

Despite resource challenges, our communicable disease program continues to be strong and flexible. Our lead CD nurse works extensively with our Emergency Preparedness coordinator, our Environmental Health inspectors, and staff nurses to plan strategies for our response to outbreaks, and to provide those interventions when the need arises. While our planning is comprehensive, we continue to lack adequate surge capacity or monetary resources for large outbreaks. The thirty percent decrease in nursing staff that we suffered several years ago remains unchanged; as a result, we are challenged to provide adequate outreach, prevention education, or leadership in promoting community-wide prevention activities to ward off chronic disease.

Josephine County Public Health remains capable of meeting each of the Program Element mandates for epidemiological disease investigations for reporting, monitoring, controlling communicable disease; providing testing and consulting services; detection and prevention activities; immunizations to reduce incidence; and collection and analysis of health data to support appropriate interventions. We are a small agency, but it is our size that provides us with one of our strengths: personnel are cross-trained, able to pull together as a team, and are fully prepared to immediately shift focus to respond to issues as they emerge.

Goals:

We will continue to provide CD program activities at the level we have in years past, utilizing support from Environmental Health, Emergency Preparedness, Nursing and management staff. It is our goal to continue to be active in providing consultations to medical providers, notifications to our physician and hospital partners of changing expectations for reporting diseases, and alerts to emerging disease risks in our community. In partnership with Animal Control, we will continue to offer education to providers and to the community, and interventions as necessary to control zoonotic infections. We also plan to continue to provide education to the public on risk reduction efforts to avoid communicable disease infections.

Josephine County has been awarded Building Capacity funding for the Healthy Communities program through the Tobacco Prevention and Education Program for fiscal year 2010-2011. This program focus will allow increased efforts around assessment and planning needs for chronic disease issues in the County.

Activities:

We have established excellent networks of communication with our local media providers, and can assure that messages needing to reach the public in a timely manner are promoted by the newspaper, radio, and television stations and through social networking opportunities like Facebook and Twitter. We utilize a “blast fax/email” system in our process of notifying providers and other community partners of communicable disease issues in the community, a method we find effective and timely. We continue to update and test this system so that it is functional in the need of an actual emergency, as was shown during the recent H1N1 epidemic. Our medical providers have voiced appreciation of the consistency of this method of communication.

Our clinic services are available on a walk-in basis for STI testing and treatment Monday through Friday and we contract with the Harm Reduction Center in Douglas County to provide HIV outreach education and testing across Josephine County. The state-contracted Ryan White Case Manager is stationed in our offices, and the continuum of services for this population is seamless across programs.

Drawing upon our recent experience with the investigation and response to a confirmed case of Tuberculosis disease in a high school student, we anticipate continued coordinated efforts with schools, school districts, medical providers, and families in future TB case investigations. We will continue to provide TB case management services, as necessary. Though we have only 1-2 cases a year in the County, we prioritize TB training for our CD nurse to keep up to date information available for Public Health and Josephine County residents.

With appreciation for cultural challenges, we continue to advocate for tobacco-free and smoke-free environments throughout our community. We are unceasing in our attempts to discourage our youth from initiating smoking and chewing habits. We strongly encourage and support smoking cessation for pregnant women and women considering a pregnancy; we

provide counseling on the dangers of second-hand and third-hand smoke exposure to families involved in all of our program activities. Tobacco prevention and education is woven throughout the services we provide daily at Public Health.

In response to H1N1 concerns, we refreshed and mobilized our Medical Reserve Corps, and were able to utilize these volunteers in the campaign to quickly immunize as many community residents as possible. This group of medical professionals remains poised to respond to the next communicable disease issue. Additionally around H1N1, we developed deeper, stronger relationships with community medical providers, hospital personnel, emergency responders, and their staffs. In particular, we anticipate continued effective and efficient surveillance activities and coordination efforts with the school districts and the hospital, such as were demonstrated in the H1N1 response. These relationships promise to serve us well in future communicable disease investigations and control efforts.

We will continue to assess our ability to identify contacts and respond appropriately with education and treatment for reportable diseases, as outlined in the Investigative Guidelines. We strive to continue to attempt to improve case finding efforts.

Evaluation:

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

- Anecdotal reports from providers
- Calls and logs from Medical Messenger – our 24/7 telephone answering system provider
- Surveys conducted during annual testing of the blast fax system
- ORPHEUS data and tracking of timeliness of reports
- Increase in timely reports from laboratories and the Electronic Laboratory Reporting system
- Increased training of staff, as documented
- After Action Reports, as utilized

Data and other issues:

Data received from the State in regards to timeliness of attention to communicable diseases from 2007 and 2008 show that we consistently meet requirements. While one outlier exists in the reported data, this was due to inability to connect with one contact of the original case.

This situation occurs given the transient nature of at-risk populations. To mediate this issue, we work with the State Health Division and other County partners to meet requirements in contract tracing situations.

Through the *Healthy Communities* grant, JCPH will be working towards greater assessment of other health issues, particularly chronic diseases, which affect our community. The program will help support our ability to compile data, coordinate partners and strengthen expertise in reducing health risks in our community. Per our assessment outlined above, smoking, obesity and other risks for heart disease are primary issues of concern.

B. PARENT AND CHILD HEALTH SERVICES, INCLUDING FAMILY PLANNING CLINICS

Frequently, clients who seek services from one of these Josephine County Public Health (JCPH) Parent and Child Health programs are pleased to find that they are appropriate for a referral to one or more additional programs within our agency. We appreciate that we are able to provide a continuum of services matched to individual needs, especially as County residents struggle in a weak economy.

Within our agency, women and men can access free or low-cost family planning services, pregnancy testing, and testing and treatment for sexually transmitted infections. Women who have a confirmed pregnancy have the support of Oregon MothersCare (OMC) staff to ensure expedited access to OHP. Participation in OMC assures that the woman will have referrals to Maternity Case Management (MCM) and to WIC internally, and to essential health providers outside of this agency. Those clients who choose to accept MCM services will have a referral to Babies First! or CaCoon, as appropriate. Client who enter the system through WIC are invited to participate in MCM as well as OMC, if health coverage is still lacking. Clients flow into the Immunization program from other internal programs, though frequently Immunizations provides an introduction to all other agency programs.

Woven throughout all programs offered at JCPH are the common threads of health education regarding nutrition and physical activity, oral care and caries prevention, tobacco prevention and cessation, alcohol and drug risks, importance of a medical home, disaster preparedness, and intimate partner violence. While some of these topics can be addressed with verbal and print information, others require referrals to specialty providers. We are fortunate to have excellent working relationships with a large number of partner agencies in our community, and we continue to nurture and build upon those relationships to better serve our clientele.

Please find the attached individual Action Plans for programs that fall within this broad category of Parent and Child Health Services: Maternal Child Health Services, Family Planning, Immunizations, and WIC.

Maternal and Child Health Services

Current Conditions:

The loss of County general fund support several years ago required the elimination of nursing positions, and those positions remain unfilled. Josephine County Public Health has attempted to continue to offer a level of service equal to previous years in the Maternity Case Management and Babies First! programs, despite this staffing deficit. We continue to have difficulty responding to the increasing numbers of referrals to these programs and difficulty meeting the growing needs in our community as this population struggles with the current economy.

We strive to provide the best service possible, maintaining program integrity, with minimal staffing and support. Public Health is dedicated to these Maternal and Child Health programs that nurture and support children and families in need. We attempt to offer services to those women and children who appear to be at greatest risk, but fear that many more are in desperate need of support. Discussions related to pending changes in Maternity Case Management and Targeted Case Management program procedures and fiscal management leave us uncertain of the direction these programs, and Josephine County, will take in the future.

Goals:

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

- Decrease low birth weight
- Decrease prenatal tobacco use
- Decrease prenatal alcohol or drug use
- Support healthy social-emotional development
- Improve oral health for pregnant women and children

Activities:

The Maternity Case Management program developed a curriculum, with an extensive number of colorful handouts, which address not only the mandatory education topics, but many of the other topics suggested by the Department of Human Services. To supplement these materials, we purchase additional brochures as necessary. Understanding the relationship

between tobacco use and unhealthy birth outcomes, we utilize education materials that place a heavy focus on the risks of smoking, smoking cessation, and environmental cigarette smoke exposure.

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

Sharing goals identified by the Josephine County Commission for Children and Families, we have developed print materials that encourage Positive Behavior Support concepts and activities. This is an attempt to provide mothers and fathers with concrete tools to promote healthy social-emotional growth and development. These goals correlate with and support the goals we have chosen for Maternal and Child Health programs.

Josephine County Public Health, in an extension of HCCSO activities, joined with community partners to form a Perinatal Task Force (PNTF). Under the guidance of Dr. Ira Chasnoff of the Children's Research Triangle, the trained Task Force member agency personnel use an evidence-based tool to screen all pregnant women for their risks for substance abuse, assess for current use, refer those with substance abuse concerns, and promote treatment of those women identified. We are pleased with the level of interest and participation from medical providers, educators, and drug rehabilitation providers who come together regularly to address these and other concerns for this population.

When Josephine County was considered for participation in a University of Washington research project to study the effectiveness of brief motivational interviewing to increase utilization of dental care during pregnancy and for the young children of these women, the PNTF seemed to be an ideal partner in the endeavor. We were accepted as one of four study counties in Oregon; we now have a nurse trained to implement the *Baby Smiles* program, and we are poised to begin the study, with interest and full support from the PNTF.

Evaluation:

Vital records birth statistics will provide data related to the birth weights and gestational ages of infants born in Josephine County; similarly, death

statistics will provide data related to age and cause of death. Information entered onto ORCHIDS-MDE Encounter/Data Forms, completed with each Maternity Case Management and Babies First! visit, is provided to the Department of Human Services. Data from the *Baby Smiles* project will ultimately reflect upon the success of the interventions, and will suggest effective approaches as we move forward.

Family Planning Program

Current Condition:

Josephine County Public Health is assiduous in the provision of quality Family Planning services within the guidelines of the Oregon Family Planning Program. We appreciate the value of supporting the autonomy of women, and men, in our community in controlling personal reproductive health. To this end, we offer nursing services during all business hours and the services of a Nurse Practitioner one day each week.

We continue to be challenged by limited fiscal resources, and though we would like to expand the hours of availability of services provided by our Nurse Practitioner, that is not feasible without County General Fund support, of which we have none.

Goals:

Public Health has the following goals for the Family Planning Clinic:

- Assure continued high quality clinical family planning and related preventive health services to improve overall individual and community health.
- Promote awareness and access to Emergency Contraception among Oregonians at risk for unintended pregnancy.

Activities:

Public Health is committed to providing ongoing reproductive and contraceptive education for staff to assist in the maintenance of a command of standard of care expectations in clinic nursing practice. We participate in conference activities provided by the Department of Human Services, as budget restrictions allow. We encourage participation in educational offerings provided over the Internet. We subscribe to professional periodicals and purchase reference books routinely. We partner with other Family Planning providers in the community in an effort to ensure that service is available, without barriers, to all community residents .

It is our intention to make no changes to the array of family planning methods we currently offer to our clinic clients, and we are open to the possibility of offering other effective methods as they are introduced, and as our clinic schedule allows.

Evaluation:

Staff trainings are tracked and these records are maintained internally. Policy and Procedure Manuals are reviewed and updated as new methods and procedures are introduced, and these documents are shared with and are accessible to all staff members and reviewers. Data related to our clinic activities is routinely submitted to the Department of Human Services. These statistics will reflect the number of clients seen in our clinic as well as the services provided and the variety of family planning methods provided.

C. ENVIRONMENTAL HEALTH SERVICES

Current condition or problem:

Josephine County is the largest county in Oregon that does not receive any County General Fund support dollars. Well into the third fiscal year without General Fund support unforeseeable events (H1N1, Rabies, TB) have placed new and challenging responsibilities on our existing staff and programs. In 2009, Environmental Health increased some license fees in the foodborne illness prevention program and also received an increase in funding from the drinking water program due to increases in drinking water systems, which added additional resources to the program. These increases allowed Environmental Health to hire a 0.8 FTE inspector; however, Josephine County remains approximately 0.5 FTE short of staffing needs in EH. Josephine County's highly skilled Environmental Health Specialists have been diligently working towards being fully cross trained to handle unexpected events and changes in workflow. Josephine County Environmental Health will continue to strive to ensure public health and safety in our community.

Goals:

The goals for Environmental Health are to ensure compliance with all the mandated services required by the State, and analyze local environmental health issues from a public health perspective to provide services that are needed in the community.

Activities:

By routinely assessing and compiling information we can ensure that state requirements are being met and also use the data to further extrapolate and identify health issues and services that the community needs. Quarterly reports are provided for the County board of health on the following programs and activities:

- Health inspections
- Food handler cards
- Pools/Spas/ Tourist & Travelers accommodations
- Solid Waste
- Air quality
- Drinking Water

Environmental Health staff work in conjunction with other programs to assure health and safety efforts are available for our residents and visitors alike. These programs include Communicable Disease, Tobacco Prevention, and Animal Control.

Evaluation:

The effectiveness of disease control and prevention is measured by the outcomes of the quarterly reports listed below:

Program Areas	Measurable Outcome
Number of required food facilities inspected. Number of required pools and tourist facility inspections	Percent of food facility inspections completed Number of critical violations Percent of inspections completed for pools and tourist facilities Number of pool/spa closures
Number of temporary restaurant inspections/consultations	Number of critical violations
Number of food handler cards issued	
Number of “significant non-compliers” (SNC’s) investigations required	Percent of investigations for significant non-compliers completed and Water System Alerts
Number of sanitary surveys due (due every 3 years)	Percent of required sanitary surveys completed
Number of solid waste complaints received Number of air quality complaints for burning violations received	Percent of solid waste complaints investigated Percent of air quality complaints investigated

Description of plan to accomplish program requirements:

a. Josephine County Environmental Health will provide all of the services that are mandated under ORS 624,448, and 446 in addition to OAR 333-014-055(2)(e)

Environmental Health Services include the following programs: food safety inspections in restaurants, mobile units, temporary events, schools and daycares. Health and safety inspections include: hotels/motels, pools and spas, organization camps, and RV parks. In addition to inspections, Environmental Health is involved in licensure, consultation, plan review and complaint investigation, oversight in drinking water, air quality and solid waste.

Our goal in the coming year will be to provide a level of services that is commensurate with meeting State mandates. With the addition of a 0.8 FTE we have re-organized our staff to allow each individual to become more specialized in a given program. Identifying and implementing this change has allowed the program to become much more efficient in the last year. Goals and objectives will be evaluated on an ongoing basis to ensure that Josephine County licenses and inspects all facilities, as prescribed in State statutes.

b. Consultation to industry and the public on environmental health matters. Josephine County utilizes a number of methods to convey information to the community and industry professionals. A variety of educational materials in the form of brochures and pamphlets, are provided at Public Health. In addition, when a need arises such as during H1N1 or other recent events utilized Facebook, Twitter and our County website to keep the public updated with the most current and accurate information. Environmental Health has also partnered with local access TV programs and the local newspaper to provide information of importance to the community.

In the last year, we have increased our ability to offer foodhandler training through offsite classes, onsite, and on-line testing. Two of our full time staff members have completed the FDA standardization process which will strengthen our program in regards to gathering statistics, interpreting the food code, and our ability to consult with industry professionals. In the

future our goal is to also provide Serv Safe training to managers and offer certified pool operator classes.

To evaluate the effectiveness of our educational programs we look to different measurable factors, depending on the program or incident at hand. When evaluating the food program, education effectiveness can be measured by the incidence of critical violations and repeat violations.

c. Investigation of complaints and cases of foodborne illness.

Environmental Health Specialists work closely with our Communicable Disease (CD) Nurse in situations where foodborne illness is indicated. If an outbreak occurs, our CD Nurse becomes the liaison between the State and our Environmental Health staff. The EH staff conducts the investigation at the facility or site, and the CD nurse, along with other staff as necessary, gathers information via phone from the individuals affected. The involvement of staff is dictated by the size of the outbreak. Evaluation of the effectiveness of this approach is qualitative. After each outbreak, a wrap-up session is conducted in order to critique the outbreak and apply this knowledge to future outbreaks.

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

There are several annual training sessions offered by the state that staff are encouraged to attend. The goal of our EH program, in light of the current budgetary constraints, is to minimally meet the annual CEU requirements. In addition, we use other methods, such as online trainings and regional trainings to access the most current methods and procedures regarding EH. In addition, staff attending training return with information to share with other staff during monthly EH staff meetings. EH staff also participate in local agency annual training requirements, including, but not limited to: Blood borne pathogens, Safe Driving, and CPR.

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

The reduction of critical violations and foodborne illness risk factors can be closely correlated with the increase in re-inspections or visits conducted at facilities. Quarterly reports and compiled restaurant scores with critical violations provide ongoing evaluation of effectiveness of interventions. Decreases in scores overall and increases in multiple inspections at a single facility point directly to health and safety violations in local establishments. In addition, CD reports and investigations point to potential risks that need

to be addressed. Due to the size of our program and department, we are easily able to identify trends and educational needs that we can address for the system as a whole.

Description of plans for other public health issues include; air, water quality and solid waste management.

Air Quality:

Our community is affected by multiple temperature inversions throughout the winter months. These inversions cause stagnant air to remain on the valley floor. Burning during times of inversion can cause health care issues, especially among the young, elderly or those with immune-compromised systems or respiratory problems.

Upon review of ventilation indexes forecasted by the national weather service, we determine a “burn day” or “no burn day” for open burning in the established review area of Josephine County. Measurements are taken in particulate matter (PM). When particulate matter reaches appreciable levels, a red day or yellow day is called. In the past, a PM₁₀ level was required for regulatory purposes. In November of 2006, the EPA passed new standards for air quality. The new measurements are PM_{2.5} (particulate matter 2.5 um in size). The result of this requirement is that Josephine County likely will not meet the 98th percentile requirement imposed by the Environmental Protection Agency (EPA) and the Department of Environmental Quality (DEQ) in coming years without any additional enforcement, educational campaigns, or new open burning restrictions. Open burning requirements are based on ventilation indexes and not PM concentration; therefore, a system that is based on PM is needed.

Josephine County currently receives \$10,000 from DEQ each year for our Air Quality program. While this funding is useful to meet program requirements, it is not adequate to provide for proactive education and prevention to meet Federal standards. Josephine County will continue to monitor complaints and illegal burning activities and continue to work with partners and the community to increase awareness of issues.

The Outdoor Air Quality Program Coordinator developed a system of response, enforcement and education with all local fire departments in the last couple of years. While this system took significant time and effort, the

result will be for a more efficient and effective program that involves multiple stakeholders in the County. In the 2010-2011 fiscal year, EH will continue to strengthen those bonds and continue to look at other counties with similar programs to promote the direction that Air Quality needs to take in order meet current standards.

Water Quality:

Josephine County is responsible for regulating 220 ground water systems, an increase of 70 systems from the beginning of the 2007-2008 fiscal year. The new systems were previously monitored by the State drinking water program, and consist of systems with four or more connections. These systems involve significantly more work in their monitoring than other systems that we have monitored in the past. EH will continue to complete all inspections based on requirements and reimbursements from the State, and will continue to follow through on non-compliance issues.

Solid Waste:

Josephine County Environmental Health regulates the removal of solid waste on county residential properties in accordance with the Josephine County Solid Waste Ordinance. When Solid waste is not regularly removed from a site and is allowed to build up on a property, it becomes a potential problem. Scattered or accumulated trash and garbage on a property is unsightly, produces unpleasant odors, and provides nesting materials, breeding places or food for disease carriers such as rats, mosquitoes and flies. These items need to be removed or screened so as not to create a nuisance for the people who live in close proximity.

Environmental Health receives numerous complaints for solid waste throughout the year. With its limited staff and funding for the program the County only investigates properties that have received 3 or more complaints from individuals living within one-half mile of the alleged solid waste site. Increased support and funding is imperative to regulate this program. Our focus in the upcoming fiscal year is to continue to look for revenue to support a much needed program for Josephine County.

Environmental Health would like to work on a more comprehensive Solid Waste management program in the County by coordinating with

local stakeholders in the community, including other Josephine County departments, the Cities of Grants Pass and Cave Junction, the Solid Waste Agency and local waste haulers. The Solid Waste program will be dependant on additional resources from the County and Solid Waste partners in the County, as well as consistent staffing in Environmental Health. Solid Waste management is not a State mandated program, and is, therefore, of lower priority than other program areas; however, it is a big problem in Josephine County.

D. HEALTH STATISTICS

Current condition or problem:

JCPH has a strong and consistent Vital Records program. The Vital Records Registrar, Joanne Jett, has been employed by JCPH for 20 years, and has worked in vital statistics for half of that time. There are three additional Deputy Registrars who assist in carrying out day-to-day functions. Birth and Death certificates are processed on a timely basis, as has been shown in past Triennial reviews. The program has a strong relationship with local mortuary directors, the hospital birthing center staff and local providers. This allows for efficient facilitation of program changes, and necessary corrections.

JCPH lacks in additional capacity to collect and disseminate statistical data on other health issues. While JCPH personnel review State and Regional data for a variety of health issues, there is a lack of ability to compile local information for local use. In addition, local schools have not participated in Oregon Healthy Teens (OHT) surveys in many years, and many data sources quote this information as a resource. In cases where OHT information is used, Josephine County is assigned an “average” statistic for all of Oregon. The lack of local data and the lack of ability to compile data severely limit our capacity in this area.

Goals:

JCPH has identified one short term and one long term goal in this area:

Short term: JCPH has been awarded a grant for *Addressing the Prevention, Early Detection, and Management of Chronic Diseases Phase 1 – Building Public Health Capacity Based on Local Tobacco Control Efforts or Healthy Communities* through the Oregon State Tobacco Education and Prevention program for the 2010-2011 fiscal year. A main focus of this program is to address issues related to chronic disease detection and management. A first step to this effort is to build capacity to collect and utilize appropriate data, as relevant to the program and the community.

Long term: JCPH recognizes the need for more epidemiological support to continue the work of the *Healthy Communities* grant. To this end, JCPH will identify opportunities to work with an epidemiologist on an ongoing basis, either through shared regional services or student internships or other types of rotation.

Activities:

Healthy Communities program: JCPH has identified that our CD nurse will work in collaboration with our TPEP coordinator, management, and community partners to implement this grant. Community partners have been identified as local hospital staff and local managed care organizations. Both organizations have a stake in the health outcomes and have access to data and other resources. The local team, as identified through state requirements, will attend training sessions and planning meetings to address issues as relevant to the citizens of Josephine County. Again, data management, collection and compilation will be a valuable foundation to solidify future work beyond the grant.

Epidemiology support: JCPH management will work with State and Regional partners to identify opportunities for epi support for Josephine County. Partners include State Public Health, local Public Health partners, OHSU, SOU and RCC, local FQHC's and Hospitals. JCPH will identify specific requests that can be met by an epidemiologist.

Evaluation:

Evaluation will include:

- Feedback from the State, regional and internal partners
- Usefulness of resources and data that are captured
- Short and long term health outcome improvement

E. INFORMATION AND REFERRAL

Current condition or problem:

As noted in various sections, Information and Referral are intertwined into all of our program services, and are available in both English and Spanish. This integration supports clients in their need for quick and useful information on a variety of subjects, and easy access to other services either supported by Public Health or outside agencies. The only issue related to the provision of Information and Referral is the lack of resources to meet all requests. Public Health does not have the resources to provide written materials for all requested needs, or in the best manner, as will meet learning styles of various clients. In addition, resources outside of Public Health are also limited in the Josephine County service area.

Goals:

- Maintain internal knowledge of Information and Referrals
- Strengthen partnerships to meet gaps in services

Activities:

JCPH intends to continue working with internal staff to strengthen information and referral skills by providing staff with knowledge and training. JCPH will continue to work with external partners to share information and develop programs that meet the needs of the community.

Evaluation:

Evaluation methods include surveys (formal or informal) of internal staff, partners and clients to assure information and referral requests are being met. This process is ongoing to assure adequate coverage of information throughout the County.

F. PUBLIC HEALTH EMERGENCY PREPAREDNESS

Current condition or problem:

JCPH's Emergency Preparedness program is well integrated into CD and EH programs and day-to-day operations that address issues related to planning and exercising for disasters. This includes the integration of Emergency Preparedness activities during Influenza vaccination clinics, during outbreak investigations and during situations that require increased media coordination. JCPH makes all efforts to meet Emergency Preparedness program elements by integrating requirements for other programs, thus providing a more efficient system. Unfortunately, this is also necessary as Emergency Preparedness funding has continued to decrease for many years.

Goals:

- Maintain an efficient, comprehensive program despite funding reductions
- Provide opportunities for training and exercising with multiple partners

Activities:

JCPH will identify opportunities for planning and exercising with partners that have similar requirements, in order to meet both of the goals as identified above. In addition, JCPH will use "real life events," such as outbreaks, to address strengths and weaknesses and meet exercise requirements. JCPH will continue to provide support to the Josephine County Emergency Management Board and the County Emergency Management Department in order to build relationships and opportunities for positive outcomes. JCPH will encourage staff to seek free or low cost training opportunities that meet NIMS requirements per Federal funding. When free or low cost training is not available for a required training, JCPH will identify other methods of maximizing resources to meet the requirements.

Evaluation:

Evaluation occurs through event "hot washes," participant surveys and After Action Reports.

IV. ADDITIONAL REQUIREMENTS

1. Agencies are required to include an organizational chart of the local health department with the annual plan. **See attached.**
2. Use this section to briefly describe the Board of Health.

Josephine County's Board of Health (BOH) was established in 1937 to address health related issues in the newly formed Josephine County area. The local BOH currently meets 5 times a year, with emergency meetings available as necessary. The BOH is a public advisory board to the Josephine County Board of County Commissioners, and the Public Health Administrator relays requests from the BOH to the BCC, as requested. The Health Officer for Josephine County also provides written reports to the BOH at all meetings, and attends at least one meeting in person annually for updates and program discussion.

The Josephine County BOH meets and exceeds requirements as laid forth in ORS 431.412. Current membership includes two physicians, 2 school district representatives (1 from each school district), 2 nurses, 1 veterinarian, 1 dentist, 1 representative from the Josephine County Board of Commissioners, 1 representative from the Grants Pass City Council, 1 student representative and several members at large. The BOH also acts as the County's Tobacco Advisory Board and Family Planning Advisory Board.

3. Separate from a BOH, Board of Commissioners, the Local Public Health Authority or other similar elected body, is there a Public Health Advisory Board? If so, briefly describe this PHAB and its activities.

No additional Public Health Advisory Board exists in Josephine County. The Public Health Administrator facilitates the Josephine County Emergency Medical Services Board and participates in the Local Public Safety Coordinating Council (LPSCC) per statute. In addition the Administrator, Nursing Supervisor and Environmental Health Supervisor sit on many local boards that address health and safety issues in the community.

4. Under separate cover you may receive a letter about your last triennial review. If needed, use this section to describe how you will improve your compliance.

Not applicable.

5. SB 555 Local Children's Plan:

The local public health authority (Josephine County Board of County Commissioners) is the governing body for the local Commission for Children and Families (CCF). However, the CCF program is run separately from Public Health programs. As a result, a description of the plan coordination is not included with this document. Josephine County Public Health does work closely with Josephine County CCF, however, and our Nursing Program Supervisor, Lari Peterson, participates as a voting member on the CCF Council and helps to coordinate planning and implementation efforts for CCF.

V. UNMET NEEDS

As identified in several of the plans above and attached, JCPH is understaffed and underfunded. This leaves our department spread dangerously thin, particularly during long-term outbreak events, as was experienced during the H1N1 epidemic in Fall 2009. While our size enables us to be flexible and well cross-trained, it also prohibits us from addressing many issues in the community that are related to public health. Some of these areas that are not addressed by JCPH are:

- Physical Activity promotion and Obesity prevention
- Climate Change prevention and planning
- Suicide prevention
- Vector control
- Adult Drug Overdose deaths
- Built environments that encourage healthy behavior
- Chronic Disease assessment and intervention

In addition, given more resources, JCPH has identified the following opportunities to meet requests for services:

- Additional outreach clinics in outlying areas including Cave Junction and Williams
- Increased education and outreach to Solid Waste prevalent areas
- Increased ability to respond to requests for services in MCM programs, WIC, Family Planning and STI clinics
- Increased support for HIV outreach and education services
- Stronger community outreach around emergency preparedness activities

VI. BUDGET

Provide name, address, phone number, and if it exists, web address, where we can obtain a copy of the LPHA's public health budget.

Agencies are not required to submit a budget as part of the annual plan; they are **required** to submit the Projected Revenue information and the budget location information.

Contact information for LPHA budget:

Josephine County Public Health Accountant:

Joanne Jett

541-474-5325

jjett@co.josephine.or.us

www.co.josephine.or.us

VII. MINIMUM STANDARDS

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

Organization

1. Yes No A Local Health Authority exists which has accepted the legal responsibilities for public health as defined by Oregon Law.
2. Yes No The Local Health Authority meets at least annually to address public health concerns.
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.

This relationship needs to be more established, and is part of the improvement plan for the 2010-2011 fiscal year.

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. **Within service area.**
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. **By local DEQ office.**
58. Yes No Tourist facilities are licensed and inspected for health and safety risks as required by Chapter 333 Division 12.
59. Yes No School and public facilities food service operations are inspected for health and safety risks.
60. Yes No Public spas and swimming pools are constructed, licensed, and inspected for health and safety risks as required by Chapter 333 Division 12.
61. Yes No A program exists to assure protection of health and the environment for storing, collecting, transporting, and disposing solid waste.
62. Yes No Indoor clean air complaints in licensed facilities are investigated.
63. Yes No Environmental contamination potentially impacting public health or the environment is investigated.
64. Yes No The health and safety of the public is being protected through hazardous incidence investigation and response.
65. Yes No Emergency environmental health and sanitation are provided to include safe drinking water, sewage disposal, food preparation, solid waste disposal, sanitation at shelters, and vector control.
66. Yes No All license fees collected by the Local Public Health Authority under ORS 624, 446, and 448 are set and used by the LPHA as required by ORS 624, 446, and 448.

Health Education and Health Promotion

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

Nutrition

73. Yes No Local health department reviews population data to promote appropriate nutritional services.
74. The following health department programs include an assessment of nutritional status:
- a. Yes No WIC
 - b. Yes No Family Planning
 - c. Yes No Parent and Child Health
 - d. Yes No Older Adult Health
 - e. Yes No Corrections Health
75. Yes No Clients identified at nutritional risk are provided with or referred for appropriate interventions.
76. Yes No Culturally and linguistically appropriate nutritional education and promotion materials and methods are integrated within programs.
77. Yes No Local health department supports continuing education and training of staff to provide effective nutritional education.

Older Adult Health

78. Yes No Health department provides or refers to services that promote detecting chronic diseases and preventing their complications.
79. Yes No A mechanism exists for intervening where there is reported elder abuse or neglect.
80. Yes No Health department maintains a current list of resources and refers for medical care, mental health, transportation, nutritional services, financial services, rehabilitation services, social services, and substance abuse services.
81. Yes No Prevention-oriented services exist for self health care, stress management, nutrition, exercise, medication use, maintaining activities of daily living, injury prevention and safety education.

Parent and Child Health

82. Yes No Perinatal care is provided directly or by referral.
83. Yes No Immunizations are provided for infants, children, adolescents and adults either directly or by referral.
84. Yes No Comprehensive family planning services are provided directly or by referral.
85. Yes No Services for the early detection and follow up of abnormal growth, development and other health problems of infants and children are provided directly or by referral.
86. Yes No Child abuse prevention and treatment services are provided directly or by referral.
87. Yes No There is a system or mechanism in place to assure participation in multi-disciplinary teams addressing abuse and domestic violence.
88. Yes No There is a system in place for identifying and following up on high risk infants.
89. Yes No There is a system in place to follow up on all reported SIDS deaths.

90. Yes No Preventive oral health services are provided directly or by referral.
91. Yes No Use of fluoride is promoted, either through water fluoridation or use of fluoride mouth rinse or tablets.
92. Yes No Injury prevention services are provided within the community.

Primary Health Care

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

Cultural Competency

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

Health Department Personnel Qualifications

Local health department Health Administrator minimum qualifications:

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

Answer the following questions:

Administrator name: Belle Shepherd

- | | |
|---|---|
| Does the Administrator have a Bachelor degree? | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| Does the Administrator have at least 3 years experience in public health or a related field? | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| Has the Administrator taken a graduate level course in biostatistics? | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| Has the Administrator taken a graduate level course in epidemiology? | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| Has the Administrator taken a graduate level course in environmental health? | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| Has the Administrator taken a graduate level course in health services administration? | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| Has the Administrator taken a graduate level course in social and behavioral sciences relevant to public health problems? | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |

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

Belle Shepherd has a BA in Psychology, an MPH from the University of Washington, and over 15 years of Public Health experience.

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.

Lari Peterson, Nursing Program Supervisor, has an RN, and a Masters of Science in Nursing and has 12 years of Public Health experience.

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.

Alex Giel, Environmental Health supervisor has a BS in Environmental Health, and is a REHS. Alex has over 12 years of experience in Environmental and Public Health.

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.

Jim Shames, MD is full-time health officer for both Josephine and Jackson Counties. He is both AAFP and ABAM certified and has over 20 years of Public Health experience.

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.

_____	<u>Josephine</u>	_____
Local Public Health Authority	County	Date

_____	<u>Josephine</u>	_____
Public Health Administrator	County	Date

Immunization Comprehensive Triennial Plan

**Due Date: May 1
Every year**

**Local Health Department: Josephine County
Plan A - Continuous Quality Improvement: Reduce Vaccine Preventable Disease
Calendar Years 2010-2012**

Year 1: July 2010-December 2010					
Objectives	Activities	Date Due / Staff Responsible	Outcome Measure(s)	Outcome Measure(s) Results	Progress Notes
<p>A. Increase by 1% per year over 3 years the rate of 24 month old children with their 4th DTaP and or maintain a rate \geq 90%.</p>	<p>At each visit, assure forecasting of all childhood immunizations using ALERT.</p> <p>Assure assessment of immunization status and provision of clinic schedules and education to parents at WIC visits and nurse home visits.</p> <p>Utilize combination vaccines to minimize the number of injections required at any visit.</p> <p>Continue to offer immunizations, on a walk-in basis Monday-Friday.</p> <p>Promote and provide immunizations at the Healthy Kids Are Cool! event in August.</p>	<p>12-31-10 for all Activities</p> <p>LP</p>	<p>AFIX data will provide rates of immunization for the 4th DTaP dose.</p> <p>Use of combination vaccines will be reflected in the ALERT database.</p> <p>ALERT database will provide rates of immunization for the 4th DTaP dose at the Healthy Kids Are Cool! event.</p>	<p>To be completed for the CY 2010 Report</p>	<p>To be completed for the CY 2010 Report</p>

<p>B. Reduce Missed Shot rate by 1% each year and/or maintain the rate of ≤10%.</p>	<p>Provide ongoing education to staff to assure screening of every child at every visit.</p> <p>Provide ongoing education to staff to ensure timely data entry to allow for accurate forecasts.</p> <p>Give all shots forecasted at every visit and defer only for true contraindications.</p> <p>Provide education, reminders, and immunization clinic schedules to clients in WIC and nurse home visiting programs.</p> <p>Engage members of the Board of Health in promoting benefits of immunizations.</p>	<p>12-31-10 for all Activities</p>	<p>LP</p>	<p>AFIX data will provide Missed Shot rates.</p>	<p>To be completed for the CY 2010 Report</p>	<p>To be completed for the CY 2010 Report</p>
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Immunization Comprehensive Triennial Plan

Due Date: May 1
Every year

Local Health Department:

Plan A - Continuous Quality Improvement: Reduce Vaccine Preventable Disease

Calendar Years 2010-2012

Year 2: January-December 2011						
Objectives	Activities	Date Due / Staff Responsible		Outcome Measure(s)	Outcome Measure(s) Results	Progress Notes
A. Increase by 1% per year over 3 years the rate of 24 month old children with their 4 th DTaP and or maintain a rate $\geq 90\%$.	At each visit, assure forecasting of all childhood immunizations using ALERT.	12-31-11 for all Activities	LP	AFIX data will provide rates of immunization for the 4 th DTaP dose.	To be completed for the CY 2011 Report	To be completed for the CY 2011 Report
	Assure assessment of immunization status and provision of clinic schedules and education to parents at WIC visits and nurse home visits.			Use of combination vaccines will be reflected in the ALERT database.		
	Utilize combination vaccines to minimize the number of injections required at any visit.			ALERT database will provide rates of immunization for the 4 th DTaP dose at the Healthy Kids Are Cool! event.		
	Continue to offer immunizations, on a walk-in basis Monday-Friday.					
Promote and provide immunizations at the Healthy Kids Are Cool! event in August.						

<p>B. Reduce Missed Shot rate by 1% each year and/or maintain the rate of $\leq 10\%$.</p>	<p>Provide ongoing education to staff to assure screening of every child at every visit.</p> <p>Provide ongoing education to staff to ensure timely data entry to allow for accurate forecasts.</p> <p>Give all shots forecasted at every visit and defer only for true contraindications.</p> <p>Provide education, reminders, and immunization clinic schedules to clients in WIC and nurse home visiting programs.</p> <p>Continue to encourage members of the Board of Health in promoting benefits of immunizations.</p>	<p>12-31-11 for all Activities</p>	<p>LP</p>	<p>AFIX data will provide Missed Shot rates.</p>	<p>To be completed for the CY 2011 Report</p>	<p>To be completed for the CY 2011 Report</p>
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Immunization Comprehensive Triennial Plan

**Due Date: May 1
Every year**

Local Health Department:

Plan A - Continuous Quality Improvement: Reduce Vaccine Preventable Disease

Calendar Years 2010-2012

Year 3: January-December 2012						
Objectives	Activities	Date Due / Staff Responsible		Outcome Measure(s)	Outcome Measure(s) Results	Progress Notes
<p>A. Increase by 1% per year over 3 years the rate of 24 month old children with their 4th DTaP and or maintain a rate $\geq 90\%$.</p>	<p>At each visit, assure forecasting of all childhood immunizations using ALERT.</p> <p>Assure assessment of immunization status and provision of clinic schedules and education to parents at WIC visits and nurse home visits.</p> <p>Utilize combination vaccines to minimize the number of injections required at any visit.</p> <p>Continue to offer immunizations, on a walk-in basis Monday-Friday.</p> <p>Promote and provide immunizations at the Healthy Kids Are Cool! event in August.</p>	12-31-12 for all Activities	LP	<p>AFIX data will provide rates of immunization for the 4th DTaP dose.</p> <p>Use of combination vaccines will be reflected in the ALERT database.</p> <p>ALERT database will provide rates of immunization for the 4th DTaP dose at the Healthy Kids Are Cool! event.</p>	To be completed for the CY 2012 Report	To be completed for the CY 2012 Report

<p>B. Reduce Missed Shot rate by 1% each year and/or maintain the rate of ≤10%.</p>	<p>Provide ongoing education to staff to assure screening of every child at every visit.</p> <p>Provide ongoing education to staff to ensure timely data entry to allow for accurate forecasts.</p> <p>Give all shots forecasted at every visit and defer only for true contraindications.</p> <p>Provide education, reminders, and immunization clinic schedules to clients in WIC and nurse home visiting programs.</p> <p>Continue to encourage engagement of members of the Board of Health in promoting benefits of immunizations.</p>	<p>12-31-12 for all Activities</p>	<p>LP</p>	<p>AFIX data will provide Missed Shot rates.</p>	<p>To be completed for the CY 2012 Report</p>	<p>To be completed for the CY 2012 Report</p>
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Immunization Comprehensive Triennial Plan

Local Health Department: Plan B – Community Outreach and Education Calendar Years 2010-2012

Due Date: May 1
Every year

Year 1: July 2010-December 2010					
Objectives	Activities	Date Due / Staff Responsible	Outcome Measure(s)	Outcome Measure(s) Results	Progress Notes
<p>A. Work with State ALERT staff in efforts to increase ALERT participation by local providers by 2% per year over 3 years.</p>	<p>Assess level of use of ALERT in private practices in Josephine County.</p> <p>Determine which practices to contact and on which to focus efforts.</p> <p>Collect promotion materials to utilize when working with providers.</p>	<p>Due 12-31-10</p>	<p>Staff LP</p>	<p>ALERT report will reflect rates of access to vaccination database by local providers.</p>	<p>To be completed for the CY 2010 Report</p>
<p>B. Increase Tdap immunization rates for adolescents and adults by 2% per year over three years.</p>	<p>Provide education, through the media, on immunization recommendations for adults.</p> <p>Educate staff to assess for need for immunizations for the adults accompanying children to the immunization clinic.</p>	<p>12-31-10</p>	<p>LP</p>	<p>ALERT database will reflect rates of Tdap vaccination.</p>	<p>To be completed for the CY 2010 Report</p>

Immunization Comprehensive Triennial Plan

Local Health Department: Plan B – Community Outreach and Education Calendar Years 2010-2012

Due Date: May 1
Every year

Year 2: January-December 2011						
Objectives	Activities	Date Due / Staff Responsible		Outcome Measure(s)	Outcome Measure(s) Results	Progress Notes
A. Work with State ALERT staff in efforts to increase ALERT participation by local providers by 2% per year over 3 years.	Continue to assess level of use of ALERT in private practices. Recruit those identified practice sites not accessing or reporting. Meet with individual practices to promote, train, and register them for ALERT participation.	Due 12-31-11	Staff LP	ALERT report will reflect rates of access to vaccination database by local providers.	To be completed for the CY 2011 Report	To be completed for the CY 2011 Report
B. Increase Tdap immunization rates for adolescents and adults by 2% per year over three years.	Continue to provide education, through the media, on immunization recommendations for adults. Continue to educate staff to assess for need for immunizations for the adults accompanying children to the immunization clinic.	12-31-11	LP	ALERT database will reflect rates of Tdap vaccination.	To be completed for the CY 2011 Report	To be completed for the CY 2011 Report

Immunization Comprehensive Triennial Plan

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

Due Date: May 1
Every year

Year 3: January-December 2012						
Objectives	Activities	Date Due / Staff Responsible		Outcome Measure(s)	Outcome Measure(s) Results	Progress Notes
A. Work with State ALERT staff in efforts to increase ALERT participation by local providers by 2% per year over 3 years.	Continue to assess level of use of ALERT in private practices. Continue to recruit any practice sites not searching or reporting. Continue to meet with individual practices to promote, train, and register them for ALERT participation.	Due 12-31-12	Staff LP	ALERT report will reflect rates of access to vaccination database by local providers.	To be completed for the CY 2012 Report	To be completed for the CY 2012 Report
B. Increase Tdap immunization rates for adolescents and adults by 2% per year over three years.	Continue to provide education, through the media, on immunization recommendations for adults. Continue to educate staff to assess for need for immunizations for the adults accompanying children to the immunization clinic.	12-31-12	LP	ALERT database will reflect rates of Tdap vaccination.	To be completed for the CY 2012 Report	To be completed for the CY 2012 Report

APPENDIX

Local Health Department: Josephine County

Plan A – Continuous Quality Improvement: Missed Doses

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

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

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

Fiscal Years 2007-2010

Year 2: September 2008 – August 2009				
Objectives	Methods / Tasks	Outcome Measure(s)	Outcome Measure(s) Results ¹	Progress Notes ²
<p>B. Increase the rates of 12-24 month immunizations by 3% by June 2008.</p>	<p>Request that IRIS provide recall reminder postcards to families of children who are not up-to-date at 15 months of age and at 18 months of age.</p> <p>Provide training to staff to ensure that they are carefully screening records for the 4th DTaP and the second Hepatitis A vaccination status.</p> <p>Provide parents with a written reminder for return to clinic for vaccinations required between 12 and 24 months.</p> <p>Provide reminders and immunization clinic schedules to parents at Babies First home visits.</p>	<p>ALERT database will reflect rates of 12-24 month immunizations.</p>	<p>The AFIX report indicates that our up-to-date immunization rates for children at 24 months of age has not improved, but has fallen 1% from 2007 to 2008. The rate was 58% in 2007, and 57% in 2008. However, children up-to-date, but not by 24 months did increase from 5% in 2007 to 7% in 2008.</p>	<p>We are providing ongoing training to ensure that staff are assessing for need for the 4th DTaP and the second Hepatitis A vaccination.</p> <p>We are providing parents with written reminders for a return to clinic, and we are providing education and immunization clinic schedules during Babies First and MCM home visits.</p> <p>An article in the Daily Courier addressed misinformation about vaccine safety, and discussed the risks versus benefits of childhood immunizations.</p>

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

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

Year 3: September 2009 – August 2010				
Objectives	Methods / Tasks	Outcome Measure(s)	Outcome Measure(s) Results¹	Progress Notes²
A. Continue to promote administration of a booster dose of Tdap to adolescents and adults.	<p>Promote media coverage of benefits of a Tdap booster.</p> <p>Provide a letter with education to providers on the benefits of pertussis component.</p> <p>Provide training to staff to assess and advocate for the Tdap booster dose.</p>	<p>Education offered to providers on the benefits of the Tdap booster dose.</p> <p>Training provided to staff to assess Tdap status and to advocate for Tdap booster dose.</p>	<p>AFIX data is not yet available from OIP and updated plans and progress reports will be forwarded after data is available.</p>	<p>Staff members have been trained to assess Tdap status for all clients ages 10 and older who present for immunizations.</p> <p>Education was provided to the community following an upswing in Pertussis cases.</p> <p>Education was provided to pharmacies to encourage administration of Tdap rather than Td when Tdap is appropriate.</p> <p>Education continues to be provided to WIC, Family Planning, and Home Visiting Clients to encourage Tdap immunization.</p>

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

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

Year 3: September 2009 – August 2010

Objectives	Methods / Tasks	Outcome Measure(s)	Outcome Measure(s) Results ⁷	Progress Notes ⁸
<p>B. Reduce Missed Shot rate by one (1) percentage point each year and/or maintain the rate of ≤10%.</p>	<p>Provide training to staff to ensure that they are using IRIS forecaster prior to patient's visit.</p> <p>Give all shots forecasted at every visit and defer only for true contraindications.</p> <p>Provide training to staff to ensure they are entering shot record data appropriately and in a timely manner, so that the database can correctly forecast.</p> <p>Provide parents with a written reminder for return to clinic for next scheduled vaccinations.</p> <p>Provide immunization education, reminders, and immunization clinic schedules to parents at Babies First home visits.</p>	<p>All staff now screening/forecasting using ALERT database before every visit.</p> <p>Training provided in the areas of forecasting, timely data entry, and follow-up.</p> <p>Written reminders provided to parents at end of immunization visit.</p> <p>Babies First documentation reflects provision of immunization materials at home visits.</p> <p>Missed shot rate reduced by 1% or more via yearly AFIX assessment.</p>	<p>AFIX data is not yet available from OIP and updated plans and progress reports will be forwarded after data is available.</p>	<p>Despite limited staffing, personnel are taking the time to access the ALERT database to get an accurate forecast with every immunization client.</p> <p>At each immunization contact, parents are advised of the date for the next scheduled immunization(s).</p> <p>WIC staff and home visiting nurses continue to assess immunization status and provide education to clients with every contact.</p>

⁷ **Outcome Measure(s) Results** – please report on the specific Outcome Measure(s) in this table.

⁸ **Progress Notes** – please include information about the successes and challenges in completing the Methods/Tasks, any information that will help us better understand your progress, and any assistance from DHS that would have helped or will help met these objectives in the future.

Year 3: September 2009 – August 2010

Objectives	Methods / Tasks	Outcome Measure(s)	Outcome Measure(s) Results ⁹	Progress Notes ¹⁰
<p>C. Increase the rates of 24-35 month immunizations by an additional 2% by August 2010.</p>	<p>Continue to provide training to staff to carefully screen for required immunizations, and administer appropriate immunizations, paying particular attention to Dtap 4 and Hepatitis A.</p> <p>Provide parents with a written reminder for return to clinic for required vaccinations.</p> <p>Provide reminders and immunization clinic schedules to parents at Babies First home visits.</p>	<p>The 2010 AFIX assessment (provided in February 2011) will reflect rates of 24-35 month immunizations.</p> <p>IRIS “Forecasted shots not given” report will reflect reasons for deferred and missed shots.</p>	<p>AFIX data is not yet available from OIP and updated plans and progress reports will be forwarded after data is available.</p>	<p>At each immunization contact, parents are advised of the date for the next scheduled immunization(s).</p> <p>WIC staff and home visiting nurses continue to assess immunization status and provide education to clients with every contact.</p> <p>We continue to have difficulties with families that are philosophically opposed to immunizations, despite our efforts to provide education.</p>

⁹ **Outcome Measure(s) Results** – please report on the specific Outcome Measure(s) in this table.

¹⁰ **Progress Notes** – please include information about the successes and challenges in completing the Methods/Tasks, any information that will help us better understand your progress, and any assistance from DHS that would have helped or will help met these objectives in the future.

Local Health Department: Josephine County

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

Fiscal Years 2008-2010

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

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

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

Year 2: September 2008 – August 2009

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

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

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

Year 3: September 2009 – August 2010				
Objectives	Methods / Tasks	Outcome Measure(s)	Outcome Measure(s) Results⁵	Progress Notes⁶
<p>A. Increase the number of schools regularly accessing ALERT by 2% per year over three years.</p>	<p>Re-evaluate the frequency school staff accesses ALERT.</p> <p>Identify staff in the schools who would be the primary users of ALERT and target education to those individuals.</p> <p>Identify barriers to accessing ALERT.</p> <p>Assess efforts and modify as necessary.</p>	<p>ALERT report will reflect rates of access to vaccination database by school staff.</p>	<p>Of the 33 schools in Josephine County in the ALERT database, 25 schools accessed data in calendar year 2008, and 26 schools accessed data in calendar year 2009. (Wolf Creek Elementary was closed and the students relocated, so there were only 32 schools in the 2009 count.) This amounts to a 4% increase. One school accessed ALERT for the first time in 2009, and another school returned to the database after a year's absence.</p>	<p>We continue to provide education to staff in schools in both school districts, and encourage them to call with questions. We feel we have developed good relationships with personnel in the schools and at the district office.</p> <p>We had hoped to provide an additional School Exclusion Day in November, as we did last year. However, H1N1 activities precluded those plans.</p>

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

⁶ **Progress Notes** – please include information about the successes and challenges in completing the Methods/Tasks, any information that will help us better understand your progress, and any assistance from DHS that would have helped or will help met these objectives in the future.

Year 3: September 2009 – August 2010

Objectives	Methods / Tasks	Outcome Measure(s)	Outcome Measure(s) Results ⁷	Progress Notes ⁸
<p>B. Increase immunization rates for adults by 2% per year over three years.</p>	<p>Provide education on immunization recommendations for adults through the media.</p> <p>Educate staff to assess for need for immunizations for the adults accompanying children to the immunization clinic.</p> <p>Promote Pneumovax, Zostavax, and Tdap or Td to walk-in clients.</p> <p>Provide Twinrix to high-risk jail population.</p>	<p>IRIS database will reflect adult vaccinations.</p>	<p>Utilizing current IRIS data, we find that in FY 2007-2008, we administered 1382 doses of vaccine to adults age 19 years and older. In FY 2008-2009, we administered 1,793 doses to adults in the same age range. This amounts to a 30% increase in immunizations from FY 2007-2008 to FY 2008-2009. From July 1, 2009 until April 14, 2010, we have administered 1195 doses of vaccine to this population.</p>	<p>We continue to encourage parents to take advantage of the opportunity to access their own booster doses when they are in the clinic getting children immunized.</p> <p>We have made field visits to immunize school district personnel with Hepatitis B vaccine.</p> <p>We saw a decline in the number of adults who utilized the services of our Travel program as the economy slumped. However, we are once again seeing an increase in numbers.</p> <p>We dedicated many hours to immunizing our community against H1N1, both in the facility and in the field. While those numbers are not included in these computations, they did impact our abilities to provide other vaccines.</p>

⁷ **Outcome Measure(s) Results** – please report on the specific Outcome Measure(s) in this table.

⁸ **Progress Notes** – please include information about the successes and challenges in completing the Methods/Tasks, any information that will help us better understand your progress, and any assistance from DHS that would have helped or will help met these objectives in the future.

FY 2010 - 2011 WIC Nutrition Education Plan Form

County/Agency: Josephine County

Person Completing Form: Belle Shepherd, Coordinator

Date: 5-1-2010

Phone Number: 541-474-5334

Email Address: bshepherd@co.josephine.or.us

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

WIC training supervisor, Cheryl Kirk, and WIC coordinator, Belle Shepherd, will complete the e-learning modules by July 31, 2010 in order to adequately assess training needs and process for training of local WIC staff.

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 coordinator and training supervisor will make a plan for all staff to pass the posttest of the e-Learning modules by December 31, 2010. Due to the triennial review coming in August 2010, staff will review some modules that relate to review issues as a group prior to the review in August. Any additional areas that need to be completed will be completed individually or as a group by December 31, 2010. New staff members will review the entire e-learning modules by themselves, and complete the posttest by December 31st.

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 staff that conduct Nutrition education will attend a regional training as provided by the State. Prior to attendance, staff will pass the posttest of the e-Learning modules by August 31, 2010. Staff to attend, include:

- Cheryl Kirk, RD
- Glenda Taylor, CPA
- Jamica Marten, CPA
- Martha Garcia, CPA
- Joyce Mitchell, CPA
- Janelle Williamson, CPA (in training)
- Belle Shepherd, Coordinator

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:

See attached plan. **Note:** Josephine County has been awarded Breastfeeding Peer Support funding for the 2010-2011 fiscal year. This new focus and resources will further strengthen the local program.

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:

All staff who participate in breastfeeding education will attend the state developed training for Prenatal and Breastfeeding Class 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 organizations 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:

Upon knowledge of timing, cost and other specifics for Group Participant Centered Education trainings available, the WIC coordinator will invite partners identified below to participate in these training opportunities. Josephine County WIC does not currently have funding to support training attendance, so we will work within these restrictions to meet this goal.

Partners currently identified include:

- **Southern Oregon Early Head Start**
- **Josephine County Early Intervention**
- **Three Rivers Hospital Lactation and Health education staff**

- **Josephine County Perinatal Task Force members (a broad representative group incorporating some of the above and several other agencies with focus on women and children’s health)**

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:

Upon knowledge of timing, cost and other specifics for Breastfeeding trainings available, the WIC coordinator will invite partners identified above to participate in these training opportunities. Josephine County WIC does not currently have funding to support training attendance, so we will work within these restrictions to meet this goal.

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 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.

See attachment A

Agency Training Supervisor(s):

Cheryl Kirk, RD

Belle Shepherd, MPH

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 2010	Civil Rights	Meet federal requirements to address civil rights issues for service delivery
2	August 2010	PCE Nutrition Education training	Increase strengths in Nutrition Education methods that meet PCE standards
3	March 2011	Child Nutrition Module	Increase knowledge around child nutrition
4	May 2011	Breastfeeding Update (annual training hosted by Rogue Valley Medical Center)	Increase knowledge around breastfeeding, networking with other professionals in the region

Supporting Breastfeeding through Oregon WIC Listens

A local agency checklist to assess strengths and plan for future efforts

Assessment Area	Using the key below check the response that describes your agency's readiness level					Current Status	Ideas for Future Efforts
	1	2	3	4	5		
A. Breastfeeding Policies and Procedures							
1. Our WIC agency breastfeeding policy affirms the value of breastfeeding and influences all aspects of clinic operations.				xx			
2. Our WIC agency/county health department has applied for and received the state designation as a <i>breastfeeding mother friendly employer</i> and displays the certificate on site.	xx					Have BF space and allow for breaks, need to assess other efforts	Need to apply for and gain official certification
3. Breastfeeding promotion knowledge, skills and attitudes are part of position descriptions and the employee evaluation process.			xx			Not part of job descriptions, not addressed during local evaluations. CPA's do training at local and state level annually.	Revise job descriptions to address breastfeeding promotion. Upon this revision, evaluations will need to address this issue.
B. Staff roles, skills and training							
1. All WIC staff use Oregon WIC Listens skills when talking with pregnant women and mothers about breastfeeding.				xx			Assure all job areas address positive BF support.
2. All WIC staff have completed the breastfeeding module level appropriate for their position.					xx	All staff are up to date on this level of training. Several staff have attended additional State level training.	
3. Our WIC agency has a sufficient number of staff who have completed a 5 or 6 day advanced breastfeeding training such as the Portland Community College				xx		2 out of 6 staff have attended this level of training.	

1. Not doing and not ready to start; 2. Want to start; 3. Started and may want to do more; 4. Already doing quite a bit with room for improvement; 5. We're superstars!

Supporting Breastfeeding through Oregon WIC Listens

A local agency checklist to assess strengths and plan for future efforts

Assessment Area	Using the key below check the response that describes your agency's readiness level					Current Status	Ideas for Future Efforts
	1	2	3	4	5		
Lactation Management course. (Note: A sufficient number based on your agency's caseload and the need for breastfeeding services.)							
4. Our WIC agency has an IBCLC on staff.	xx					None on staff	One staff member is working towards completing this training in the next year.
C. Prenatal Breastfeeding Education and Support							
1. WIC staff use Oregon WIC Listens skills to encourage pregnant women to share their hopes and beliefs about breastfeeding and respond accordingly.				xx		CPA's use skills to encourage BF in both one-on-one sessions and group education sessions, including: Pregnancy class, Breastfeeding class, and the Big Fun WIC class.	Continue supporting staff to increase their knowledge and skills around breastfeeding support
2. WIC staff help women to recognize their own unique strengths which will help them breastfeed successfully.				xx		CPA's use skills to encourage BF in both one-on-one sessions and group education sessions. Support is also available through the BF hotline and one-on-one meetings with the BF coordinator	Continue supporting staff to increase their knowledge and skills around breastfeeding support. Increase efforts via BF support group, and BF Peer Counseling.
3. WIC staff prepare women to advocate for themselves and their infants during the hospital or home birth experience.			xx			Need to address these issues in all service areas.	Train staff in all service areas to encourage BF and highlight the benefits towards doing so.
4. WIC staff encourage women to fully breastfeed, unless contraindicated.			xx			Need to address these issues in all service areas.	Train staff in all service areas to encourage BF and highlight the

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Supporting Breastfeeding through Oregon WIC Listens
 A local agency checklist to assess strengths and plan for future efforts

Assessment Area	Using the key below check the response that describes your agency's readiness level					Current Status	Ideas for Future Efforts
	1	2	3	4	5		
							benefits towards doing so.
5. Women planning to combine breastfeeding and formula feeding are informed of the impact on breastfeeding and potential health risks.			xx			Need to address these issues in all service areas.	Train staff in all service areas to encourage BF and highlight the benefits towards doing so.
6. WIC staff teach women infant behavioral cues and how these relate to breastfeeding success.			xx			Staff are trained at different levels regarding cues	Increase training for all staff
7. WIC staff help women prepare for breastfeeding after returning to work or school.				xx		Women actively breastfeeding are given positive reinforcement, and BF pumps to support efforts.	Continue to support all staff knowledge around encouraging BF efforts
D. Postpartum Education and Support							
1. Our WIC agency offers breastfeeding support throughout the postpartum period.				xx		BF hotline, BF coordinator calls and support	Continue to support all staff knowledge to encouraging BF efforts
2. Staff members contact each breastfeeding mother within 1-2 weeks of expected delivery to assess any concerns or problems and to provide assistance.		xx				Time management for staff is difficult due to high caseload requirements	Readjust caseload to allow for more staff time Utilize new Peer Counselor in contact efforts
3. WIC staff with advanced breastfeeding training are available to assess, assist and/or refer all mothers requesting breastfeeding help within 1 business day of her contacting the WIC office.				xx		All requests are responded to within 1 business day.	Backup support can be trained to assist in responding to requests.

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Supporting Breastfeeding through Oregon WIC Listens

A local agency checklist to assess strengths and plan for future efforts

Assessment Area	Using the key below check the response that describes your agency's readiness level					Current Status	Ideas for Future Efforts
	1	2	3	4	5		
4. WIC staff encourage and support mothers to fully breastfeed throughout the postpartum period, unless contraindicated.				xx		Staff trained in PCE skills to support efforts	Continue to support all staff knowledge to encouraging BF efforts Use incentives for BF moms
5. Breastfeeding mothers wanting to combine breastfeeding and formula feeding are informed of the impact on breastfeeding and potential health risks			xx			Need to address these issues in all service areas.	Train staff in all service areas to encourage BF and highlight the benefits towards doing so.
6. WIC staff teach women about infant behavioral cues and how these relate to breastfeeding success.			xx			Staff are trained at different levels regarding cues	Increase training for all staff
7. Our agency provides breast pumps when needed.				xx		On Demand	Continue to support all staff knowledge towards use of pumps, availability of pumps and pumps as a resource
E. Breastfeeding Food Packages							
1. WIC staff assess each pregnant woman's breastfeeding intentions and provide information about how WIC supports breastfeeding including no formula issuance in the first month postpartum.				xx		Staff trained in PCE skills to support efforts	Continue to support all staff knowledge to encouraging BF efforts

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Supporting Breastfeeding through Oregon WIC Listens
 A local agency checklist to assess strengths and plan for future efforts

Assessment Area	Using the key below check the response that describes your agency's readiness level					Current Status	Ideas for Future Efforts
	1	2	3	4	5		
2. A WIC CPA completes an assessment when a breastfeeding mother requests formula and tailors the amount of formula provided. Breastfeeding assistance is also provided to help the mother protect her milk supply.				xx		Staff trained in PCE skills to support efforts	Continue to support all staff knowledge to encouraging BF efforts
F. Creating a community that supports breastfeeding.							
1. Our agency participates in a local breastfeeding coalition, task force, and/or the statewide Breastfeeding Coalition of Oregon (BCO).				xx		BF coordinator attends SOLA and BCO when available.	Need to increase attendance at both meetings
2. Our agency staff collaborate with nurses, lactation staff and physicians at area hospitals to support breastfeeding in the community.				xx		Three Rivers Community Hospital is a baby friendly hospital, and efforts are coordinated to assure BF success. Coordination with RVMC, Medford and Sacred Heart, Eugene	Increase efforts on coordination including attending local coalition meetings, and reserving pumps for Eugene NICU
3. Our agency staff communicate with local			xx			Communication via hospital	Continue efforts to develop

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Supporting Breastfeeding through Oregon WIC Listens

A local agency checklist to assess strengths and plan for future efforts

Assessment Area	Using the key below check the response that describes your agency's readiness level					Current Status	Ideas for Future Efforts
	1	2	3	4	5		
medical providers on a regular basis to promote breastfeeding and WIC services.						and WIC's shared Nutritionist, communication at local Perinatal task force meetings	newsletter, work more with local providers via task force meetings
4. Our agency works with breastfeeding peer support organizations in the community such as La Leche. If no organizations are available, write in N/A						n/a	
5. Our agency promotes breastfeeding through local media.	xx						Need to increase efforts locally to support BF through local media and social marketing mediums

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EVALUATION OF WIC NUTRITION EDUCATION PLAN
FY 2009-2010

WIC Agency: __Josephine County

Person Completing Form: Belle Shepherd, WIC coordinator

Date: 5/1/10 Phone: 541-474-5334

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: Yes, all current staff during the fiscal year completed the modules in time and this information was entered into TWIST. All new staff will also be oriented to the new Food Package module in a timely manner after hire.

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:

Staff not attending the statewide meeting were informed of information from the meeting by the Breastfeeding coordinator, Glenda Taylor. Only one staff met these criteria. Staff are continuing to increase their use of information on infant cues as shared at the statewide meeting. A new breastfeeding support group was formed in August 2009, and all CPA staff members have had at minimum, basic breastfeeding training from the State WIC office. New staff will be trained in a timely manner after hire.

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: Education and lesson plans were reviewed by the coordinator and training supervisor in July 2009, and were discussed with all staff during July staff meetings. Lesson plans were consistent with Key Nutrition Messages; in that messages were specific, but delivery of methods was open to the educator. Handouts and process of handing out materials and training were reviewed to assure that staff felt comfortable with new messages and methods of discussing methods. All staff have continued to incorporate new messages and participant centered messages in Nutrition Education classes.

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>TWIST updates for Fresh Choices materials from Oregon WIC Listens.</p> <p>Changes discussed at July Staff meeting</p>	<p>Review and understand TWIST changes as related to new food packages Nutrition Education</p>	<p>Assure consistent use and understanding of new TWIST changes.</p> <p>Staff worked through sample TWIST sessions, and other local examples to assure understanding and consistent use.</p>
<p>H1N1 update and training for all staff, WIC included.</p> <p>Conducted in September 2009 as part of all Public Health response to H1N1 epidemic.</p>	<p>Assure all staff know basic epidemiology of H1N1, core information to provide to clients and WIC families, and issues to assure the reduction of spread locally and within our clinic setting</p>	<p>Reduction of spread of H1N1 for local staff and clients.</p> <p>Assurance of consistent information throughout all Public Health programs.</p> <p>Support vaccination efforts for all clients.</p>
<p>Food Package Assignment Module</p> <p>Conducted during November staff meeting.</p>	<p>Review of new food package</p>	<p>Assure consistent understanding of food package assignments.</p>
<p>Breastfeeding updates- May 2010</p>	<p>Annual BF training by medical professionals and leaders in the field. Presented at Rogue Valley Medical Center</p>	<p>Increased knowledge of breastfeeding issues.</p>

Spending Fruit and Veggie Vouchers at Authorized Farmers April 2010	Understanding use of FVV and Farm Direct at local stores and stands	Staff can adequately explain to clients how, when and what benefits to using FVV at Farmers Stands
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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:

Due to the H1N1 epidemic, Josephine County WIC was unable to do the mid-year review as required, and as planned to address this issue. WIC minimized services from October to December 2009 due to the increased incidence of H1N1 in Josephine County, and this resulted in a lack of classes, clients and coordinator time to conduct the review.

However, Josephine County WIC has continued to increase its “Big Fun WIC” class or health fair style class for WIC participants. The focus of this class is to allow clients time and freedom to explore different health related issues as are deemed important to them. When it first began, the class was held once monthly and last 2 hours and there was some resistance by staff as to how this class would best fill time and meet needs. At this point, the class has expanded to twice monthly, at 4 hours each, due to high demand. In addition, in July, the class will be extended to the Cave Junction clinic. This class truly allows the

participant to seek information at their own pace, their own need, and with visual, verbal and one-on-one learning experiences as fits their needs. In addition, staff have begun to feel that their time is better utilized through this format by allowing clients to actively seek information vs. educators pushing out information. In addition to WIC information, classes also host information from outside sources like the Tobacco Prevention program, Family Planning program, Dental health resources, community college resources and others as available or by request.

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: Staff were unable to address these issues in the time available due to the change in service delivery, change in staffing and change in focus during the H1N1 epidemic in Josephine County from October to December 2009. Since January 2010, however, there has been an increase in conversation at WIC staff meetings around PCE methods and use of motivational interviewing techniques. Staff have embraced open ended questions and reflection. Staff and the agency need to continue to work on providing resource information in a PCE method and improving the environment of our clinics to be more PCE.

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: The Nutritionist and WIC coordinator did a presentation at a Pediatrics Section meeting at Three Rivers Community Hospital on the new Medical Documentation form. This presentation promoted the positive changes in food packages due to the new Fresh Choices program, and provided guidance on using the Medical Documentation form. The presentation will occurred on August 4th, 2009 there were 6 pediatricians in attendance, and the discussion was positive towards the food package changes. In addition, there was significant discussion regarding H1N1 risks to clients and the community.

The WIC coordinator also promoted the new changes at the Josephine County Perinatal Task Force team meetings in June and August 2009. This team consists of physicians, hospital representatives, schools, Head Start and Early Head Start representatives as well as many other community members. Feedback was positive on new changes, particularly relating to an increase in fruits and vegetable dollars.

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: Josephine County WIC provided information as requested to the State research team. We are unsure at this point as to the finality of this information and its usefulness.

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: Local Coordinator and Breastfeeding coordinator completed the “Supporting Breastfeeding through Oregon WIC Listens, A local agency checklist to assess strengths and plan for future efforts” in April of 2010. Some needs have been identified to increase future efforts: See attached checklist. Also, see strategies below that have been implemented during this fiscal year.

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.

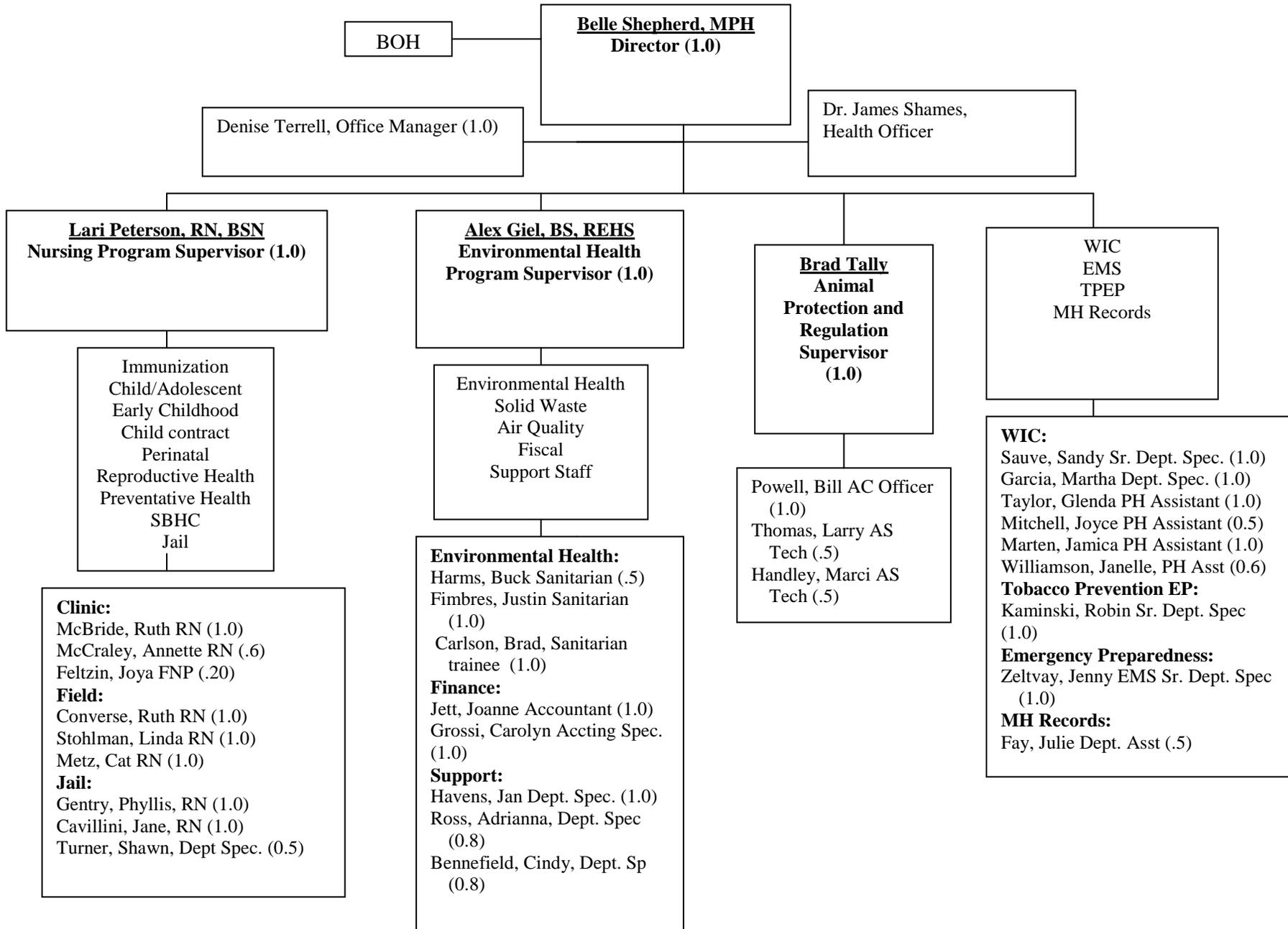
- Which strategy or strategies did your agency implement to improve breastfeeding exclusivity and duration?
- Based on what you saw, what might be a next step to further the progress?

Response:

- 1. In March 2009, 2 CPA staff, attended the Basic Breastfeeding Training provided by the State WIC office to improve knowledge and competency in engaging breastfeeding efforts.**

- 2. In August 2009, a Breastfeeding Support group, “Mommie and Me” was instituted. The support group is not a class with voucher eligibility; instead the group offers time to talk with knowledgeable WIC staff and fellow breastfeeding moms. The format is open to address concerns and support needs. Program staff are continuing to work on increasing attendance via promotion in the local clinic and through other community groups.**
- 3. Josephine County applied for Breastfeeding Peer Counseling funding through the State WIC program for the 2010-2011 fiscal year. The program has been awarded these funds based on positive promotion of Breastfeeding and the advanced training of the Breastfeeding coordinator. We are looking forward to this opportunity to expand our program.**

JOSEPHINE COUNTY PUBLIC HEALTH DEPARTMENT



Received

MAY 12 2010

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 Josephine County 5/5/10 Date


Public Health Administrator Josephine County 4/28/10 Date