



JOSEPHINE COUNTY PUBLIC HEALTH

COMPREHENSIVE PLAN UPDATE 2010 - 2013



I. Executive Summary

Josephine County Public Health (JCPH) provides 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 28 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.

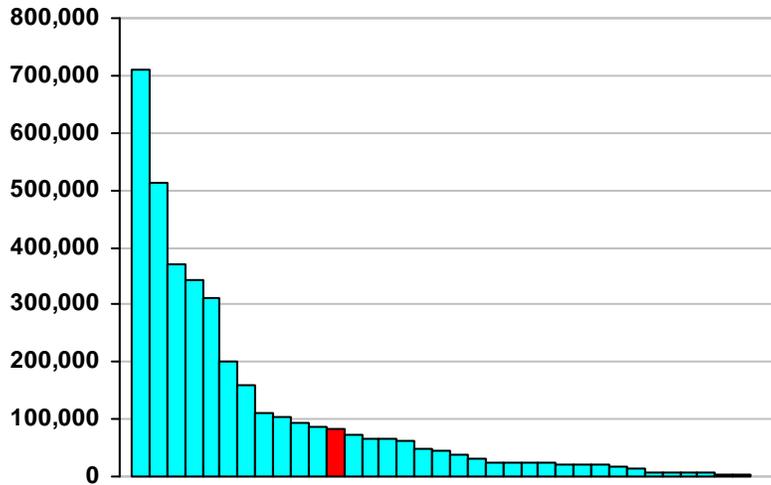
This comprehensive plan addresses issues, concerns and gaps for the three years from 2010 to 2013. Funding decreases since 2007 has resulted in staffing decreases and “single-person deep” programs. With concerted efforts around collaboration and grant writing, JCPH aspires to increase resources in all 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 eager to lead that charge.

II. ASSESSMENT

1. Josephine County Demographics:

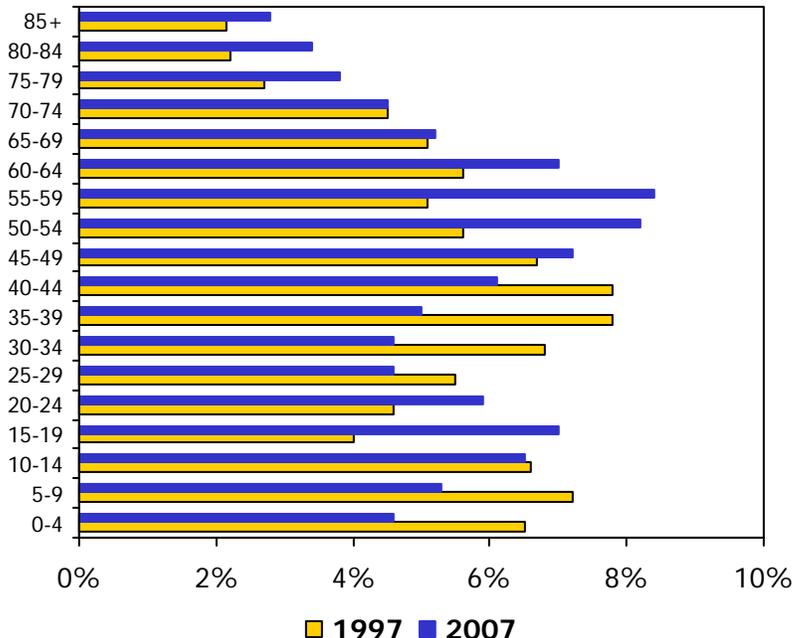
Population and Demographics:

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



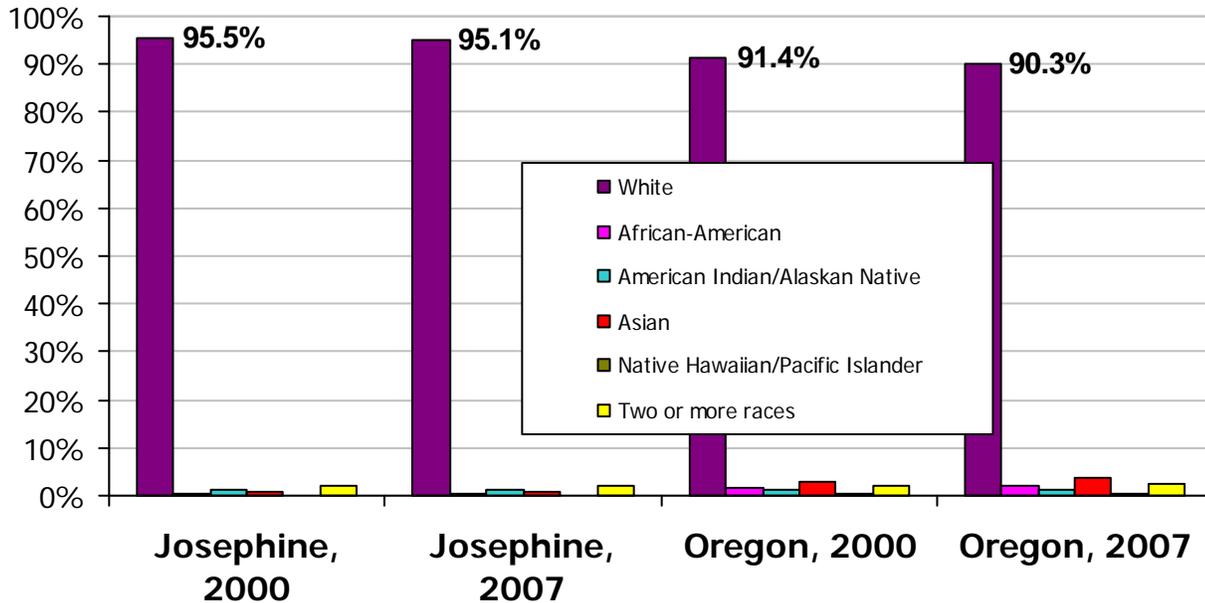
Josephine County has a population of 83,665 residents according to 2009 Portland State University reports, and is the 12th largest county in the state, with 2.2% of the population. This designates Josephine County as a “mid-size” county, with 11 counties larger in population and 24 counties smaller. 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>*)

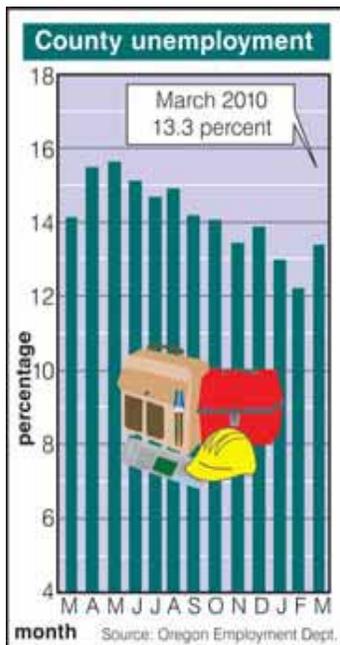
Education, Industry and Unemployment rates:

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*).

2011Update: Josephine County unemployment rate has risen in the last year to 14.2%, as has Oregon's unemployment rate which is now 11.1%. In contrast, the national unemployment rate benchmark has decreased to 5.3%. (2011 County Health Rankings Report)



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

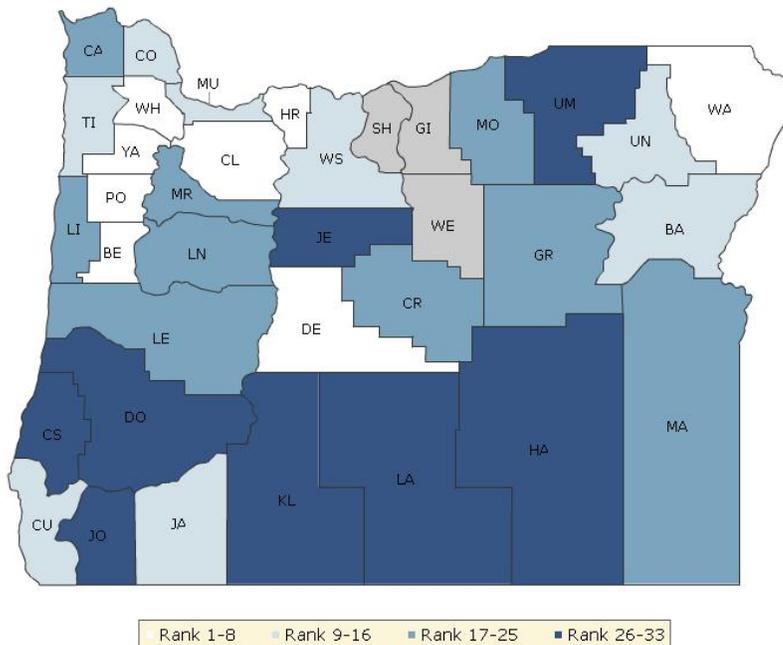
The 2010 County Health Rankings from the University of Wisconsin and Robert Wood Johnson Foundation, compared health outcomes and health factors among 33 of 36 Oregon Counties. While the report provides only a snapshot of how healthy a county's residents are, as compared to other counties in Oregon,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

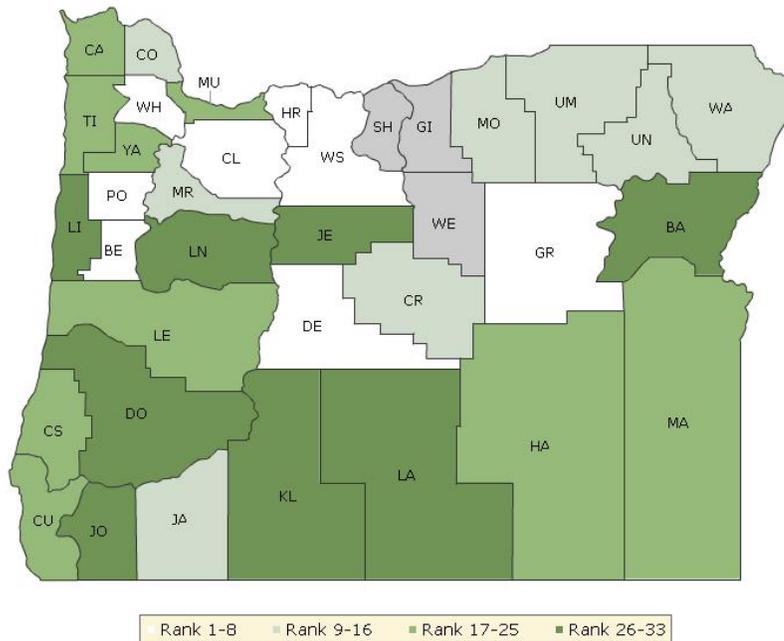


The Health Factors ranking is based on four factors:

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:



2011 Update: Josephine County 2011 overall health outcomes ranking among Oregon counties declined from 27 of 33 to 30 of 33. The mortality rate has increased and the percentage of motor vehicle crash death rates is more than twice the national benchmark. However, improvement in the three of four indicators that make up the category of “Health Factors” was noted:

	2010	2011
<i>Health Outcomes</i>	27	30
-Mortality	29	32
-Morbidity	21	23
<i>Health Factors</i>	27	27
-Health Behaviors	25	23
-Clinical Care	15	7
-Social & Economic Factors	31	32
-Physical Environment	7	5

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.

2011 Update: No change

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.

2011 Update: No Change.

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.

2011 Update: No Change.

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.

2011 Update: WIC staff turnover has provided a challenge in meeting caseload goals. A new WIC Lead has been instrumental in identifying opportunities for improvement through time studies and frequent consultation with other state & county WIC program managers.

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.

2011 Update: Healthy Communities funding will not be continued in the next fiscal year. JCPH is evaluating other ways to accomplish gathering County statistical information.

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.

2011 Update: In 2010 eight rabies cases were identified. The first case in 2010 occurred in a domestic goat followed by 3 rabid fox cases in January, February and March. Fox cases were not reported again until later in 2010 with a case in late October. Then 2 cases were reported in November, and 3 recent cases in January and February 2011. Several of these cases involved indirect human exposure requiring post-exposure prophylaxis (PEP). All non-bat rabies cases in 2010 and 2011 occurred in Josephine County with 7 of 8 foxes, a coyote, and a domestic goat testing positive near the community of Cave Junction. Cave junction is a town of approximately 1,300 people and is located in the Illinois River valley with a total area population of approximately 17,000. The town is surrounded by mountains with elevations ranging from 1236 feet to 3600 feet above sea level.

According to the 2010 Census, the percentage of Hispanic or Latino (of any race) has more than doubled in the two largest cities in Josephine County over the last decade. In response, JCPH is increasing the availability of information written in Spanish and targeting outreach efforts to inform parents who may not be legal residents, that free health insurance is available to their children. (*U.S. Census Bureau, 2010 Census, Public Law 94-171 Summary File; 2000 Census, SF1*)

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.

2011 Update: No Change.

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 is 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.

2011 Update: In April, the "Baby Smiles" program coordinators asked JCPH to increase the number of women participating in the program. JCPH anticipates achieving this new enrollment rate by July.

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.

2011 Update: No Change.

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.

2011 Update: The outbreak of rabies in terrestrial species in southwest Oregon is unique in the number of cases occurring over the previous 14 months. Prior to this period, managers could expect from 0 to 2 cases of rabies spill-over from bats to terrestrial mammals in a given year. With more than 10 cases in the past 14 months, the potential is increasing in this outbreak for rabies to become established in terrestrial wildlife such as gray fox, coyote, raccoons or skunks. The reason for the recent increase in terrestrial cases is unknown but thought to relate to a corresponding peak in the gray fox population numbers and density in southwest Oregon. To effectively respond to this increasing disease risk to humans and domestic animals, the following management actions will be considered with limitations discussed where appropriate. Management Actions are listed from current efforts including immediate, effective and attainable actions to more involved management control actions requiring significant coordination and logistical cooperation among agencies and the public.

Management Actions Considered

1. Increases Surveillance for Rabid Animals – Throughout this outbreak and as part of routine surveillance, ODFW field biologists will continue active monitoring and response to reported cases as identified in the previous section above under Rabies Surveillance and Reporting Protocol. This surveillance effort is conducted in cooperation with county health officials particularly with cases involving direct or indirect human contact.

2. Public Information and Education Program – The public education program is ongoing and involves a coordinated effort among all agencies involved. Public information and education starts and is most effective at the local level and should be directed by the County Health and District ODFW offices and personnel.

3. Pet Vaccination Program - In the recent past, local veterinarians initiated low-cost vaccine clinics that were met with varying success. The estimate for rabies vaccinated dogs in the county is unknown but is not presumed to be high. Vaccinated cats are considered rarer. To increase the number of vaccinated dogs and cats in the Cave Junction area several programs should be considered. They include:

- A free of charge pet vaccination program available to residents of Cave Junction and surrounding communities. Program funding would be provided by state or county. Vaccines would be distributed to area veterinarians for administration. As part of this program, the state and/or county would pay a nominal fee (e.g. \$15) to each veterinarian for each administered vaccine. This program would be funded and administered by The Department of Human Services, County Health, USDA (just guessing on these 3), and Oregon Veterinary Medical Association.
- Another variation on this program would be for hired or agency veterinarians to administer the vaccines during weekend clinics or to go door to door offering the free vaccinations.

Limitations: Compliance and participation in a pet vaccination program will require extensive and effective communication to the residents in the affected area. This may well involve more than 1,000 households with pets.

The program is voluntary and making it cost effective to pet owners should increase compliance.

4. Wildlife-directed Oral Rabies Vaccination (ORV) A program administering rabies vaccines via oral baits to wildlife has been implemented and used successfully in Flagstaff Arizona, along the Texas – Mexico border, and in Massachusetts. This is a USDA funded and administered program utilizing a bait containing a rabies vaccine capsule that is consumed by animals taking up the bait. Baits are generally distributed over an identified affected area via aerial application using a helicopter. Baits can also be distributed more locally and specifically via hand or land vehicle application.

Limitations: This management action requires extensive application such that baits are distributed at specific bait per unit land density in order to vaccinate all affected hosts. Several limitations are involved in this management action including the land ownership access to private property in the known affected area. Previous programs involved large tracks of land in public and private ownership. Cave junction is principally private property and would require contacting and securing signed release by all property owners involving an extensive communication effort by county, state and federal partners. For bait application to be effective, the majority of the identified effected area including an expanded buffer zone, would need to be covered by the baiting program. A partial or minor area coverage effort would be less conducive to effective wildlife vaccination. This management action will vaccinate all mammals that consume the baits including other wildlife species (coyotes, raccoons, skunks, bobcats, cougars, rodents, bears, etc.) and domestic dogs and cats.

5 Fox Population Reduction – The local fox population is considered to be at a population peak and may be a factor in the increase in observed terrestrial rabies cases. ODFW could extend the trapping season to remove foxes in the affected area.

Limitations: Furbearer Seasons are set by ODFW commission. To change the season dates and take for a specific area would require a change in the furbearer regulations or an emergency order from the commission. Furbearer seasons are set based on trapper take of various species and estimated densities of populations of furbearing animals. Extending the season in Josephine and/or Jackson counties to increase the take of gray fox will also

increase the lethal take of non-target furbearer species such as bobcat. Another consequence of extended or targeted trapping for gray fox is that fox fur prices are lower than previously recorded making trapping less profitable. To increase take, the state and/or county could offer a nominal monetary reward for fox carcasses.

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

2011 Update: Changes noted on individual attachments.

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

2011 Update: No Change.

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

2011 Update: No Change.

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.

**Action Plan
Attachment C**

ENVIRONMENTAL HEALTH

Current condition or problem:

JCPH currently has 3.25 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, but due to pit falls in the economy environmental health programs are suffering. Environmental Health staff continues to develop relationships 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.

2011-2012 Update:

Goal:

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

Evaluation:

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

2011-2012 Update: No Change.

Description of plan to accomplish program requirements:

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

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

Currently, Environmental health in Josephine County is limited to providing only mandated services due to the loss of revenue that has previously been provided from the county's general fund. This loss of general funds is in direct relation to the county's loss of federal monies. Our goal in the coming year will be to provide a level of service that is commensurate with meeting State mandates. To achieve this goal, we will focus on training and specialization so that environmental health specialists can become more proficient in the field that they are interested in. Also currently environmental health has included a volunteer to help out with administrative duties to free up valuable field time to allow all required inspections to be performed.

2011-2012 Update: Environmental Health hired and additional 1 FTE staff member in 2008-2009, this allow environmental health to become more efficient and effective to complete contractual agreements. We still remain understaffed in this program, and must place time and resource priorities on all of our requests for services and mandated inspections.

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

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

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

2011-2012 Update: Josephine County will continue to reach out to communities in outlying areas to provide food handler testing sites and offer food handler classes within the assisted living communities. Josephine County has also coordinated with Lane County to host our online food handlers training program. Josephine County utilizes every opportunity to send educational materials in the form of brochures and pamphlets during renewals for licensing.

c. Investigation of complaints and cases of foodborne illness.

Foodborne outbreak investigations are currently handled in cooperation with the State Public Health Division. As the result of staff shortages due to the loss of funding, Environmental Health has cross-trained and developed an incident command system to assist in working through outbreaks. The

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

2011-2012 Update: Josephine County has work closely with other agencies and partners to stay current with the latest information regarding recalls and outbreaks that directly effect industries in our community. We will continue to strengthen those bonds so that we can disseminate information in a quick and timely manner to our operators to prevent future outbreaks.

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

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

2011-2012 Update: No Change.

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

The reduction of safety violations and foodborne illness risk factors can closely be correlated with the increase of re-inspections or visits conducted on facilities. While Josephine County attempts to educate non-compliant operators, staffing affects our ability to be proactive in this area. We have,

however, received “standardization” of our Environmental Health supervisor by the State Food Program. This certification has not been achieved in several years in Josephine County, and should help provide more consistent review of non-compliant operators.

2010-2011 Update: The EH Supervisor will continue to train staff to become FDA Standardized to provide program consistency as resource constraints allow.

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

Air Quality: Our community is affected by multiple temperature inversions throughout the winter months. These inversions cause stagnant air to remain on the valley floor. Based off of ventilation indexes forecasted by the national weather service, we determine a burn day or no burn day for open burning. Measurements are taken in particulate matter. When particulate matter reaches appreciable levels, a red day or yellow day is called. This is a voluntary curtailment of wood stove use. In the past, a pm10 level was required for regulatory purposes. In November of 2006, the EPA passed new standards for air quality. The new measurements are pm2.5 (particulate matter 2.5 um in size). The result of this requirement is that Josephine County likely will not meet the 98th percentile requirement imposed by the EPA/DEQ in coming years without any enforcement, educational campaigns, or new open burning requirements. Open burning requirements are based off of ventilation indexes and not PM concentration. Therefore, a system that is based on PM is needed. Josephine County currently receives \$13,700 from the DEQ each year for our air quality program, an increase by \$5,000 from previous years. While this increase is useful to meet program requirements, it is not adequate to provide for proactive education and prevention to meet federal standards. JCPH will continue to monitor complaints and illegal burning activities and continue to work with partners and the community to increase awareness of issues.

2010-2011 Update: The Outdoor Air Quality Program Coordinator developed a system of response, enforcement and education with all local fire departments. While this system took significant time and effort this year, the result will be for a more efficient and effective program that involves multiple stakeholders in the County. In 09-10 EH will continue to strengthen those bonds and continue to look at other counties with the

similar programs to promote the direction that air quality needs to take in order meet current standards.

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

2012-2012 Update: In the 2011-2012 fiscal year it is still uncertain on how much drinking water dollars will be awarded to Josephine County. EH will only be able to complete inspections based on reimbursement from the State.

Solid Waste: Josephine County Environmental Health regulates the removal of solid waste on county residential properties in accordance with the Josephine County Solid Waste Ordinance (90-16). When Solid waste is not regularly removed from a site and is allowed to build up on a property it becomes a potential problem. Scattered or accumulated trash and garbage on a property is unsightly, produces unpleasant odors, and provides nesting materials, breeding places or food for disease carriers such as rats, mosquitoes and flies. These items need to be removed or screened so as not to create a nuisance for the people who live in close proximity. Environmental Health receives numerous complaints for solid waste throughout the year. With its limited staff and funding for the program the county only investigates complaints that have received 3 or more complaints living within one-half mile of the alleged solid waste site. Increased support and funding is imperative to regulate this program.

Our focus in the upcoming fiscal year is to continue to look for revenue to support a much needed program for Josephine County. Environmental Health plans to work on a more comprehensive Solid Waste management program in the County by coordinating with local stakeholders in the community, including other Josephine County departments, the Cities of Grants Pass and Cave Junction, the Solid Waste Agency and local waste haulers. The Solid Waste program will be dependent 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

2011 Update: No Changes.

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

2011 Update: No Changes.

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

2011 Update: No Changes.

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

2011 Update: The following documents are included in the Appendices:

- Appendix 1: Current Organization Chart of the Josephine County Public Health Department
- Appendix 2: WIC Nutrition Education Plan Assessment FY 10-11.
- Appendix 3: WIC Nutrition Education Plan FY 11-12

1. 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.

2. 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.

3. 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.

2011 Update: The triennial onsite agency review of the Josephine County Public Health Division was conducted between August 10 and August 20, 2010. There were several findings that remain unresolved due to turnover and gapping of the Administrator position. All outstanding findings are being worked through and should be addressed or completed by 01 July 2011.

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: Diane Hoover

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 type="checkbox"/> No <input checked="" type="checkbox"/>
Has the Administrator taken a graduate level course in environmental health?	Yes <input type="checkbox"/> No <input checked="" 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:

Diane Hoover has a BA in Health Care Administration, an MPA from Old Dominion University, and a PhD in Human Services from Capella University. She has over 27 years of Health Care Administration experience. She will take the missing courses through OHSU/Oregon State University on-line opportunities.

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.

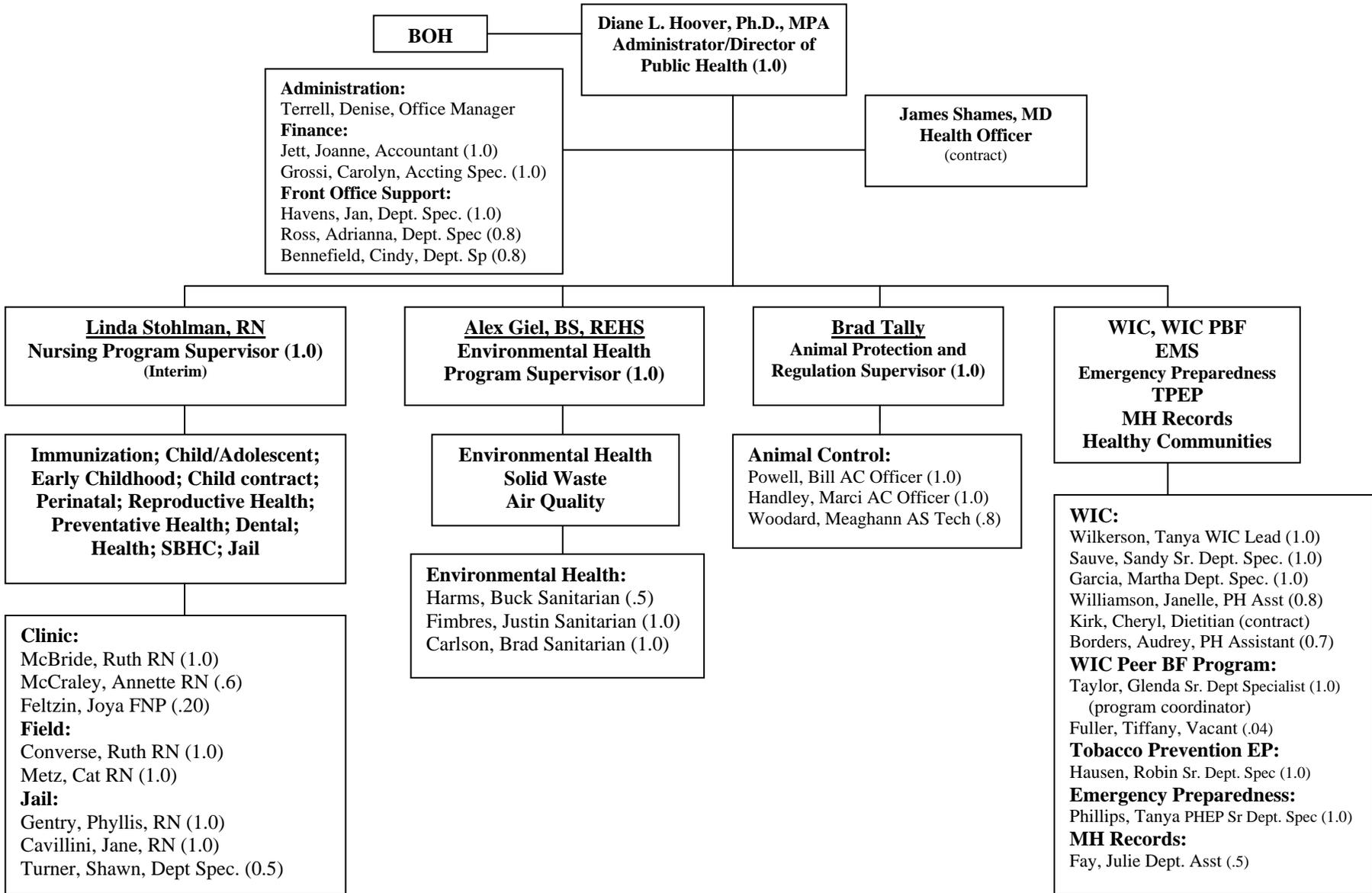
Agencies are **required** to include with the submitted Annual Plan:

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

JOSEPHINE COUNTY PUBLIC HEALTH DEPARTMENT



EVALUATION OF WIC NUTRITION EDUCATION PLAN
FY 2010-2011

WIC Agency:___Josephine County_____

Person Completing Form: Cheryl Kirk, Glenda Taylor, & Tanya Wilkerson_

Date:___April 29,2011_____ Phone:___541-474-5325 x2203_____

Return this form, attached to email to: sara.e.sloan@state.or.us by May 1, 2011

Please use the following evaluation criteria to assess the activities your agencies did for each Year One Objectives. If your agency was unable to complete an activity please indicate why.

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 online Participant Centered Education Module by July 31, 2010.

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

- Did your WIC Training Supervisor complete the module by December July 31, 2010?
- Was the completion date entered into TWIST?

Response:

The Training Supervisor, Cheryl Kirk, completed PCE training during 2008-2009. She has not completed the PCE module; however, upon completion of the PCE Posttest, a date will be entered into TWIST.

Activity 2: WIC certifiers who participated in Oregon WIC Listens training 2008-2009 will pass the posttest of the Participant Centered Education e-Learning Modules by December 31,2010.

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

- Did all certifiers who participated in Oregon WIC Listens training 2008-2009 pass the posttest of the Participant Centered Education e-Learning Modules by December 31, 2010?

Response:

All certifiers who participated in the 2008-2009 training will be required to complete the posttest; however, this activity is not yet complete. Completion dates will be entered in the computer upon review by the Training Supervisor.

Activity 3: Local agency staff will attend a regional Group Participant Centered training in the fall of 2010. The training will be especially valuable for WIC staff who lead group nutrition education activities.

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

- Which staff from your agency attended a regional Group Participant Centered Education in the fall of 2010?
- How have those staff used the information they received at the training?

Response:

Martha Garcia, Glenda Taylor, Cheryl Kirk, and Janelle Williamson attended the PCE training in the fall of 2010. Currently, the staff has implemented PCE concepts and structure in WIC classes and Big Fun WIC class as time permits. Our program is undergoing a continuous process of evaluation and revision to class structure and format to better implement the PCE model.

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.

Activity1: Each agency will continue to implement strategies identified on the checklist entitled “Supporting Breastfeeding through Oregon WIC Listens” by December 31, 2010.

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:

Josephine County program currently has a high initiation rate of breastfeeding moms; however, there is a sharp decline of breastfeeding within the first month postpartum. In order to combat this trend, a part time peer counselor was hired with the Breastfeeding Peer Counselor Grant money received. By implementing the peer counseling and increased group class options, we hope to increase the number of participants that are breastfeeding at the 6 month mark. All clerks and certifiers will continue to offer breastfeeding support in all appropriate prenatal classes and appointments.

Activity 2: Each local agency will implement components of the Prenatal Breastfeeding Class (currently in development by state staff) in their breastfeeding education activities by March 31, 2011.

No response needed. The Prenatal Breastfeeding Class is still in development.

Goal 3: Strengthen partnerships with organizations 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 strengthen partnerships with these organizations by offering opportunities for 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.

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

- Which community partners did your agency invite to attend the Group PCE training fall of 2010?
- How do you feel partnerships with those agencies were enhanced?
- What went well and what would you do differently?

Response:

Cheri Horsley, an RD from Southern Oregon Head Start, and Elizabeth Bancroft, an OHSU Dietetic Intern, were both invited to attend the Group PCE training in 2010. Elizabeth Bancroft attended. We currently have a strong partnership with Cheri at S.O. Head Start as Cheryl Kirk has worked on the S.O. Head Start Advisory Board for 10 years. The PCE Training aided in the continual process of strengthening OHSU's dietetic intern partnership, which Cheryl Kirk has been involved in for 20 years. In addition, Cheryl Kirk attended local Maternal/Child Health meetings to communicate WIC updates to pediatric and OB providers in Josephine County.

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 WIC Breastfeeding Module.

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

- Which community partners did your agency invite to attend a Breastfeeding Basics training and/or complete the online WIC Breastfeeding Module?
- How do you feel partnerships with those agencies were enhanced?

- What went well and what would you do differently?

Response:

No community partners were invited to attend Breastfeeding Basics training. A Josephine County Breastfeeding Coalition has been developed and Josephine County WIC will share the online WIC Breastfeeding Module during the 2011-2012 year.

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 June 30, 2011.

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

- Did/will the appropriate staff complete the new online Child Nutrition Module by June 30, 2011?
- Are the completion dates entered into TWIST?

Response:

All agency staff will complete the Child Nutrition Module. The dates will be entered into TWIST.

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

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 2010-2011 WIC Staff In-services

In-Service Topic and Method of Training	Core Competencies Addressed	Desired Outcome
Facilitated presentation meeting to review Civil Rights issues pertaining to WIC.	This training will address protected classes, documentation, conflict resolution, and other similar issues pertaining to WIC Civil Rights.	The desired outcome of this in-service is to increase the staffs' knowledge and sensitivity to civil rights issues falling within the protected classes.
Attended a group PCE Nutrition Education Training in Fall 2010 and March 2011.	This training addressed core competencies such as: the spirit of PCE, facilitating the session, asking open-ended questions, building group involvement, reflecting and summarizing.	To increase staff strengths in Nutrition Education methods that meet PCE Standards
Completed the online Child Nutrition Module.	This module addressed evidence based child nutrition concepts such as growth, behaviors, food safety, diet, and physical activity.	The desired outcome of this training is that staff will have a strong knowledge of nutrition's impact on children, and will therefore be more confident in certifying appointments.
Staff will attend Risk Screening in-service about Iodine.	This in-service addressed iodine's function, dietary sources, and WIC screening.	Increase knowledge about increase prenatal iodine need, and how to screen in TWIST.
Staff will attend a regional Breastfeeding Update May 13, 2011 at Rogue Valley Medical Center.	Core competencies addressed will include: decreasing use of supplementation, breastfeeding in NICU, thyroid's affect on	Increase knowledge about breastfeeding, and network with other professionals in the region.

	lactation, herbal supplementation, and high risk mothers.	

FY 2011 - 2012 WIC Nutrition Education Plan Form

County/Agency: Josephine County

Person Completing Form: Tanya Wilkerson and Cheryl Kirk

Date: April 29, 2011

Phone Number: 541-474-5325 x 2203

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

Return this form electronically (attached to email) to: sara.e.sloan@state.or.us
by May 1, 2011
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 2 Objective: During planning period, staff will incorporate participant centered education skills and strategies into group settings.

Activity 1: Local agency staff will attend a regional Group Participant Centered training focusing on content design to be held in the fall of 2011.

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

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

All staff that conduct Nutrition Education will attend a regional training, in the fall of 2011, as provided by the State. Possible staff to attend include: Martha Garcia, Audrey Borders, Glenda Taylor, Janelle Williamson, Cheryl Kirk, and Tanya Wilkerson.

Activity 2: Each agency will modify at least one nutrition education group lesson plan from each category of core classes and at least one local agency staff in-service to include PCE skills and strategies by March 31, 2012. Specific PCE skills and strategies were presented during the PCE Groups trainings held Fall 2010 and Spring 2011.

Implementation Plan and Timeline:

All subsequent class outlines will be restructured to incorporate PCE skills and strategies within the following timeline:

July 31, 2011 – Pregnancy Class – Tanya Wilkerson

September 30, 2011 - Infant Class – Cheryl Kirk

November 30, 2011 - Child Class - Janelle Williamson

January 30, 2012 - Breastfeeding Class - Glenda Taylor

March 31, 2012 - Family Class - Audrey Borders

Activity 3: Each agency will develop and implement a plan to familiarize all staff with the content and design of 2nd Nutrition Education options in order to assist participants in selecting the nutrition education experience that would best meet their needs.

Implementation Plan and Timeline:

An in-service will be held in August 2011 to familiarize the staff with 2nd Nutrition Education options as discussed in Policy 820. After the core class outlines are restructured, the assigned staff member will present the PCE Class Outline at a weekly staff meeting.

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

Year 2 Objective: During planning period, each agency will incorporate participant centered skills and strategies into their group settings to enhance their breastfeeding education, promotion and support.

Activity 1: Each agency will modify at least one prenatal breastfeeding class to include PCE skills and strategies by March 31, 2012. Specific PCE skills and strategies were presented during the PCE Groups trainings held Fall 2010 and Spring 2011.

Implementation Plan and Timeline:

The Breastfeeding Coordinator will restructure a Breastfeeding class by January 2012 to meet PCE standards.

Activity 2: Each agency's Breastfeeding Coordinator will work with the agency's Training Supervisor to provide an in-service to staff incorporating participant centered skills to support breastfeeding counseling.

Note: In-service content could include concepts from Biological Nurturing, Breastfeeding Peer Counseling Program – Group Prenatal Series Guide and/or Breastfeeding Basics – Grow and Glow Curriculum. An in-service outline and supporting resource materials developed by state WIC staff will be sent by July 1, 2011.

Implementation Plan and Timeline:

October 2011, the Breastfeeding Coordinator and Training Supervisor will collaborate to prepare a staff in-service with materials sent from state.

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

Year 2 Objective: During planning period, each agency will continue to develop strategies to enhance partnerships with organizations in their community that serve WIC participants by offering opportunities to strengthen their nutrition and/or breastfeeding education.

Activity 1: Each agency will invite at least one partner that serves WIC participants and provides nutrition education to attend a regional Group Participant Centered Education training focusing on content design to be held fall of 2011.

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 Group Participant Centered Education training available, the WIC Program Lead and/or 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 Perinatal Task Force**
- **High School Parent Educators**

Activity 2: Each agency will invite at least one community partner that provides breastfeeding education to WIC participants to attend a Breastfeeding Basics – Grow and Glow Training complete the Oregon WIC Breastfeeding Module and/or complete the new online Oregon WIC Breastfeeding Course.

Note: Specific Breastfeeding Basics - Grow and Glow training logistics and registration information will be sent out prior to the trainings. Information about accessing the online Breastfeeding Course 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 Program Lead, Breastfeeding Coordinator, and/or 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 2 Objective: During planning period, each agency will continue to increase staff understanding of the factors influencing health outcomes.

Activity 1: Each agency will conduct a Health Outcomes staff in-service by March 31, 2012.

Note: An in-service outline and supporting resource materials developed by state WIC staff will be sent by July 1, 2011.

Implementation Plan and Timeline:

Cheryl Kirk and Tanya Wilkerson will collaborate to generate a staff in-service with materials provided by the state.

Activity 2: Local agency staff will complete the new online Postpartum Nutrition Course by March 31, 2012.

Implementation Plan and Timeline:

All Josephine County WIC Staff will individually complete the Postpartum Nutrition Course by March 31, 2012.

Activity 3: Identify your agency training supervisor(s) and projected staff quarterly in-service training dates and topics for FY 2011-2012. Complete and return Attachment A by May 1, 2011.

Agency Training Supervisor(s):

Cheryl Kirk, RD LD