



# **Public Health Annual Plan 2011-2012**

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## **I. Executive Summary**

Lake County is an area that sees little change from year to year. However in 2010 the projected Ruby Pipeline did come to town. This added approximately 600-700 workers to the Town of Lakeview's population. They arrived in the fall of 2010, but due to the time of year the number of workers did not reach as high as anticipated. The workers, who were mostly Southern, braved our local weather in RV parks, man camps, hotel rooms and any available rental in town. One has to wonder if their presence during the census is responsible for our growth. At the time of this writing the workers are being sent to other areas and their number is slowly diminishing. Businesses that were opened to help support the influx of workers are starting to close. This is particularly true for food service. The annual plan for 2011-2012 incorporates the latest data from the U.S. Census Bureau, 1990, 2000, and 2010 found at the Portland State University Population Research Center, [www.pdx.edu/prc](http://www.pdx.edu/prc).

As always, funding remains a challenge. The current staff have shown their commitment to public health by taking on additional duties when a position was lost in 2009. The Lake County Commissioners have shown their support by approving public health funding every year, but with expected revenue for the county increasing by 1.5% and wages increasing 11%, it remains to be seen how long this can be sustained.

## II. ASSESSMENT

### **Population:**

Lake County incorporates an area of 8,359 miles and is located in South Eastern Oregon. This beautiful but somewhat secluded region is home to an estimated 7,895 people. A growth of 6.4% in population was reported from the year 2000 to 2010. (US Census Bureau, 1990, 2000, 2010 PSU Population Research Center) Lake County usually has small fluctuations but the population seems to remain fairly steady. The age group data for 2010 is only available for those under age 18 (1,525) and those over age 18 (6,370) <sup>1</sup> This is a decrease in the younger age group by 17.4% and an increase in the older age group by 14.3%. Although we cannot tell what age range the older population is it confirms our belief that we are an aging community. The sexes continue to remain even with 50.1% being female. The population by race from the 2010 Census Bureau show that 93.4% are white, .6% Black, 4.4% are American Indian/Alaskan Native, 1.2% Asian, .4% Native Hawaiian or Other Pacific Islander, and Hispanic or Latino 6.9%. The largest growth came in the Black and Native Hawaiian communities with an 88% and 218% increase respectively. <sup>1</sup> There are approximately 1,500 disabled persons in the county.

Geographically the population is spread out over the 8,000 plus miles in four areas. Lakeview, the county seat, is located in the southern end of the county 14 miles north of the California border. Lakeview has a population of approximately 2,400. To the east of Lakeview are the small communities of Plush and Adel with about 190 residents. The Township of Paisley is found in the middle of the county with an approximate population of 390. Christmas Valley is the largest community found in the north section of Lake County. It has around 975 residents and has the smaller communities of Fort Rock, with 129 residents, to the northwest, Silver Lake with 432 residents, to the west, and Summer Lake with 501 residents to the south. These populations are based on zip codes. <sup>2</sup> The smaller communities are ranching and farming areas so the population is dispersed over several miles. The minimum distance between the areas is 40 miles.

### **Economics:**

The economy in Lake County is reliant on lumber, agriculture, natural resource extraction, health care, a prison, and government. The area is also trying to promote itself for the many outdoor recreational and sightseeing opportunities

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<sup>1</sup> US Census Bureau, 1990, 2000, 2010 PSU Population Research Center

<sup>2</sup> [www.city-data.com](http://www.city-data.com)

offered. Once a booming lumber town, now only one lumber mill remains. Lake County includes numerous cattle ranches where irrigation has also permitted some agriculture based upon the growing of hay and grain despite the low rainfall and a short growing season. A perlite mine located near Lakeview provides employment in the mine as well as on the railroad used to ship the finished product.

Government employees from the United States Forest Service and Bureau of Land management provide many of the higher paying salary jobs. Over 78% of the land in Lake County is owned and managed by the federal and state government. Lake County is home to the Lakeview Hospital, and three primary care health offices. It's also the location for The Warner Creek Correctional Facility opened in 2005. This is a 400-bed minimum security state prison. The prison employs an average of 110 correctional professionals.<sup>3</sup> Geothermal heat, currently used at Warner Creek Correctional Facility, is being promoted for economic development. Christmas Valley is the site for solar “sun farms” with four other sites designated throughout the county.

The median income for families in 2009 was \$35,303, a decrease of approximately \$1,000.00 from 2008. In 2009 18.5% of the population lived below poverty level. 27.6% of children under the age of 18 live below the Federal Poverty level. This is an increase of 4% for the children<sup>4</sup> The *Oregon Labor Market Information System* reports that in February 2011 Lake County’s unemployment rate was 12.7%. This is 3.8% higher than the nation and 2.5% higher than the state. Preliminary data from the Department of Medical Assistance for February 2011 show 16% of the total population was eligible for the Oregon Health Plan Programs. This is an increase of 1% from 2008. The *County Health Rankings* compiled by the University of Wisconsin show that the rate of uninsured adults have improved from 23% in 2010 to 19% in 2011.

### **Births:**

The number of births, by vital registry review, to Lake County residents increases from 59 in 2009 to 80 in 2010. According to the 2011 Oregon County Health Rankings, the number of teen births in 2010 was 37. In 2009 96.6% of the women had adequate prenatal care, but only 65.5% had prenatal care in the first trimester.<sup>5</sup> Maternal risk factors are not available for 2009. In 2007 maternal risk factors, in order of highest rate are; Unmarried, Tobacco Use, <12 years of education, Inadequate prenatal care, age greater than 35, and 4+ live births, minority, and age <18.<sup>6</sup>

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<sup>3</sup> Lake County Economic Development Newsletter 2009

<sup>4</sup> US Census Bureau Small Area Income and Poverty Estimates 2009

<sup>5</sup> Oregon Department Of Human Services, Oregon Vital Statistics County Data 2008

<sup>6</sup> Oregon Department of Human Services, Center for Health Statistics, 2009 YTD Preliminary Data; December

## **Death:**

The University of Wisconsin Public Health Institute and the Robert Wood's Foundation County Health Rankings show that Lake County ranks higher than the state of Oregon in the area of premature death. This is also true for years 2010 and 2011. Review of the county vital statistics registry show there were more deaths than births. In 2010 107 residents of Lake County died. This has been a trend for several years. The main causes of death were cancer, heart disease, and unintentional injuries (motor vehicle accidents and poisoning/drug). According to the Oregon Public Health Division Tobacco Prevention and Education Program fact sheet for 2011, 27 of the deaths in Lake County were from tobacco use. The unintentional injuries were related to motor vehicle (Lake County has a very high rate of 41 to the state's 14)<sup>5</sup> alcohol, firearms, and drugs. Other causes of death, in order of rate of occurrence, include; organic dementia, diseases of the digestive system, chronic lower respiratory disease, Alzheimer's, diseases of the genitourinary system, diabetes, flu & pneumonia, suicide, and Parkinson's.

## **Chronic Disease:**

Lake County has the highest percentage of high blood pressure and arthritis of all Oregon Counties. The rates were also higher than the state.<sup>7</sup> These were comparisons by age adjusted rates of selected chronic conditions among adults in Oregon counties 2004-2007. Incidence of diabetes, high blood cholesterol, and asthma were lower than that of the state. Asthma was the second most prevalent chronic disease in 2005.<sup>7</sup>

## **Tobacco/Alcohol/Drugs**

Tobacco takes its toll on Lake County. 1, 208 adults regularly smoke cigarettes, this number has decreased from the previous year. 528 people suffer from a serious illness caused by tobacco smoke, this is an increase. 27 people or 28% of all deaths in Lake County are related to tobacco. Tobacco use among Lake County youth exceeds the state rate in all but one category; however it is stated on the fact sheet that this data may be statistically unreliable.<sup>8</sup> Lake County is in its third year of the Tobacco Prevention and Education Program and good works have come of the efforts of the two coordinators. The school resource office position has not been retained for the year 2010. This loss of the police officer on campus to educate the students about tobacco and drugs is significant. Alcohol and Methamphetamines is the drug of choice for those incarcerated in the Lake County Jail. According to Chief of Police Jeff Kamp, the ability to purchase methamphetamines is becoming much more difficult in Lake County, however he has seen an increase in marijuana

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<sup>7</sup> Department of Human Services, Health Promotion and Chronic Disease Prevention 2004-2007

<sup>8</sup> Department of Human Services, Tobacco and Prevention Education Program, Lake County Tobacco Fact Sheet 2011

use in persons of all ages. Lake County Mental Health has developed an under age drinking task force to address the issue that has been an ongoing problem.

### **Communicable Disease**

39 Communicable disease reports were received in 2010.<sup>9</sup> Chlamydia outnumbered Chronic Hepatitis C for the year. Other diseases reported were E. coli, Giardia, HIV, and Salmonella. Perhaps the most interesting were two cases of Yersinia Pestis (Bubonic Plague). The cases may have been caused by a ground squirrel flea coming into the home on one of the family pets. The two cases in Lake County were the only Plague cases in the nation for 2010. There were no outbreaks investigated.

### **Environmental Hazards**

Lake County does have “Superfund” clean up sites west of Lakeview for Uranium tailings and a mass chemical dump around the Christmas Valley area. While closely monitored and regularly inspected by the federal government, the potential for the release of hazardous amounts of radioactivity materials does exist. Lake County has also experienced several earthquakes, wild fires, floods, and severe winter storms. All of these may present a significant impact to the infrastructure of the health care system and public health. The building of the “Ruby Pipeline” through the county will add the potential for natural gas hazards.

## **2. Adequacy of the Local Public Health Service**

Lake County Public Health is only able to provide the six basic services required in ORS 431.416 and Preparedness. Funding limits the scope of services that may need to be addressed. Staffing is adequate for the current day to day work load but could not provide all services in the event of a major disruption such as a large outbreak. Staffing was decreased in 2009 by .85 FTE and this position has not been replaced. The county general fund increased its support of public health for the year 2009-2010. The commissioners allowed the same funding amount for 2010-2011. Hopefully they will continue to do so for 2011-2012. If funding is lost from the county, state or federal sources it will certainly compromise the ability for Lake County Public Health to meet mandated requirements.

## **3. Lake County Provides Services by Statute in the following manner;**

### **A. Control and epidemiology of preventable disease and conditions**

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<sup>9</sup> ORPHEUS State Data Base 1/1/10-12/31/10

## Communicable Disease

- Health data is analyzed annually to determine a base line for incidence of disease.
- Written plans, policies, and procedures are in place for surveillance of communicable disease as well as receiving, reporting, investigation, control and treatment.
- Utilization of the Electronic Laboratory Reporting and the new ORPHEUS system to receive reports from numerous laboratories.
- Written policy and procedure for 24/7 ability to receive reports.
- All staff has access to the Health Alert Network for notification and to obtain information.
- Written plans and procedures are in place for community notification of disease.
- Utilization of ORPHEUS to send reports electronically to the State Acute and Communicable Disease Program.
- All nursing staff has had basic training in responding to communicable disease reports.
- Specimen collection for communicable diseases is available on site. Testing is done by private laboratories or the Oregon State Public Health Laboratory.
- Collaboration with county agencies, hospital infection control, schools, mental health, and service clubs to provide information regarding communicable diseases.
- All childhood and adult immunizations for the county are given at Lake County Public Health.
- Public vaccinations clinics are available and school based vaccination clinics have been held.
- Utilization of the IRIS and Alert Data Bases. Now using Alert IIS for immunization history and data input.
- Forms are available in English and Spanish.
- Collaboration with local Veterinarians regarding animal inoculations.

## Tuberculosis Case Management

- Lake County is not funded for tuberculosis case management.
- Lake County Public Health provides ppd testing for high risk individuals and for those whom need it for work requirement.
- Public health has and will provide DOT for clients with Latent TB upon recommendation from the state.

## Tobacco Prevention and Education (TPEP)

- 2009 was the first year Lake County received tobacco funds.

- The Lake County Tobacco Prevention Plan is on file at the state.
- Collaboration with government, education and community partners has been strong.
- Participation in health fairs and radio messages have increased the knowledge of the community regarding tobacco and policy.

## **B. Parent and Child Health Services, Including Family Planning**

### Immunizations

- Lake County Public Health provides all childhood immunizations for the county. Many adult vaccines as well.
- Participates in the school exclusion process every year.
- Provides vaccines at the school during registration for elementary and middle schools.
- Utilization of Alert and Iris Data Bases Now utilizes Alert IIS system.
- Collaborates with WIC to provide immunizations at the time of WIC visits.
- Collaborates with Family Planning to provide immunizations at the time of Family Planning visits.
- Bilingual services in English and Spanish

### Maternal child health services

- Collaboration with Lake District Hospital to provide childbirth education classes.
- Collaboration with Lake District Hospital to provide OB discharge booklets.
- Home visiting programs that include Babies First, Maternity Case Management, and CaCoon. These include developmental screening, parent education, and referral.
- Utilization of Orchids data base
- Collaboration with Educational Services District and Physicians for referral.
- Receive referrals from Lake District Hospital, Rogue Valley Medical Center and St. Charles Medical Center
- Hearing screening is offered with immunizations.
- Collaboration with Head Start to provide group parent education on childhood concerns.
- Bilingual services in English and Spanish

### Family Planning

- Provide family planning services according to Title X and FPEP guidelines.
- Utilization of Ahlers and ORCHIDS Data Base.
- Bilingual services in English and Spanish.

Women, infants, and children nutrition services (WIC)

- WIC is provided both in North Lake and in Lakeview. With outreach to areas such as Paisley, Silver Lake, Adel. Plush and New Pine Creek.

**C. Environmental Health Services**

- Two new Environmental Health Specialist were hired to perform food pool and lodging inspections, plan review and technical support for those in the industry.
- The 2010 year will focus on improvement through communication and accountability. Data shows that 97% of the inspections that were required were done.
- Public Health monitors water only in tourist facilities and organized camps.
- Public water is monitored by the water systems of Lakeview, Paisley and Christmas Valley. Private wells are numerous throughout the county and are not monitored unless the owner requests testing.
- Department of Forestry monitors federal campgrounds and results are sent to public health.
- Water collection kits are available at public health.
- Solid Waste is regulated by the County.
- Sewage is monitored by the Town of Lakeview for the town and DEQ for the county.

**D. Public Health Preparedness**

- Public Health Emergency Plans are in place for ESF 8, Strategic National Stock pile, Mass Vaccination Clinic, Communications, Chemical, Radiation and Earthquake.
- Lake County Public Health participates in two exercises a year
- For more information please see the Lake County Emergency Preparedness Annual Review material.

**E. Vital Records**

- One Registrar and two Deputy Registrar provide birth and death reporting, recording and registration in a timely manner.
- Utilization of the Electronic Birth and Death Registry.

- Collaboration with Lake District Hospital to provide information in the discharge packet regarding birth certificates.
- Annual analysis of mortality reports.

#### **F. Information and Referral Services**

- The list of pamphlets available include, but are not limited to, information on primary care providers, crisis intervention, mental health agencies, communicable disease, immunizations, lead, asbestos, pesticides, nutrition, heart disease, diabetes, prescription drug assistance, and emergency planning.
- If there is no information on the subject in the office, staff will search for information for the client.
- Oregon Health Plan applications are available.
- Referrals have been made to Child Welfare, Adult and Family Services, TANF, Oregon Health Plan, Primary Care, Education Services District, Mental Health, Department of Environmental Quality, Department of Fish and Wildlife, Ministerial Society, Dornbecker Children's Hospital, Shriner's Children Hospital, Building, Planning, and Town of Lakeview. This list is not all inclusive, but shows that Lake County Public Health endeavors to help clients find the information they seek.
- Lake County Public health has provided presentations to local agencies on communicable disease, disease reporting, emergency planning, childhood safety, and childbirth.

#### **4. Other Services of Import**

##### Laboratory Services

- The Oregon State Public Health Laboratory provides services for diagnostic and screening tests to support public health services. These include, but are not limited to; virology, bacteriology and parasitology.
- Lake County Public health also sends specimens to other laboratories ( InterPath, Blue Mountain, MedTox, Kansas State University, and Oregon State University) for screening and diagnostic testing.

##### Dental Health

- Lake County Public Health has incorporated a dental varnish program for children 9 months to 3 years of age. This is collaboration between Maternal and Child Health Programs and WIC. The cost of the varnish is on a sliding scale basis. The varnish is furnished at home visits, WIC visits, or by appointment.

- Individual education by home visiting and WIC on proper oral hygiene is provided at visits.
- Referral to a dental home and/or the dental van are provided.

Medical Examiner Services, Older Adult Health, Primary Care and Shellfish Sanitation are not provided by Lake County Public Health.

### III. Action Plan

#### A. Epidemiology and control of preventable disease and disorders

<b>Time Period: Ongoing</b>				
<b>GOAL: Comply with OAR 333-014-0050(2) and ORS 431.416(2)(a)</b>				
<b>Objectives</b>	<b>Plan for Methods/Activities/Practice</b>	<b>Outcome Measure(s)</b>	<b>Outcome Measure(s) Results</b>	<b>Progress Notes</b>
A. Preservation of health and prevention of disease	Follow written plans, polices and procedures for surveillance of communicable disease	No significant spread of disease. Diseases will be reported in compliance with timelines	Annual analysis of rates of communicable disease.  Review of county case reporting and investigation summary	1 Review of Orpheus data show that Chllamydia and Hep C are the most prevalent all other types 1-2 cases which is normal for our county. 2. Case reporting timeliness was not available at the time of this report. It will be included in the triennial review.
<b>Time Period: Ongoing</b>				
<b>GOAL: Increase Immunizations for Influenza</b>				
<b>Objectives</b>	<b>Plan for Methods/Activities/Practice</b>	<b>Outcome Measure(s)</b>	<b>Outcome Measure(s) Results</b>	<b>Progress Notes</b>
A. Provide infants children and adults with immunizations for preventable disease and influenza	1 Hold a special clinic for children's flu shots for those who cannot afford it. 2. Offer influenza vaccine to all children when receiving other vaccines.	1. A 10% increase of adults receiving state vaccine  2. A 10% increase in the number of children 6 months to 5 who receive influenza vaccine.	1/2. Records of vaccine given will be reviewed and compared to the previous year	A POD was held- the turn out was extremely poor. Free vaccine was given throughout the year. In 2009 IRIS reports show that Lake County gave a total of 1068 flu vaccinations. In 2010 the total was 928. Adult (19+) vaccinations increased in 2010 by 9%. Children <18 vaccinations decreased by 50%

**B. Parent and Child Health as described in ORS 435.205**

**1. Immunizations: Lake County**

Plan A - Continuous Quality Improvement: Increase 4<sup>th</sup> Dtap of children 24 months of age at LHD

<i>Year 2: July 2009 – June 2010</i>				
<b>Objectives</b>	<b>Methods / Tasks</b>	<b>Outcome Measure(s)</b>	<b>Outcome Measure(s) Results<sup>1</sup></b>	<b>Progress Notes<sup>2</sup></b>
<b>A. Evaluate the percentage of children 24 months of age who received the 4<sup>th</sup> Dtap by June 2010.</b>	Review number of children that were screened for immunizations at WIC. Evaluate the review of child immunization records and reminder system.	<ul style="list-style-type: none"> <li>Utilize Immunization Practices Data sent from the state for comparison. 4<sup>th</sup> Dtap at 24 months should be improved by 5%</li> </ul>	The 2009 AFIX report shows that rates for the fourth dose of dtap decreased by 10%.	Reminder cards are being sent by the state. Local cards are not being sent at this time. Review of IRIS shots not given does not show that Dtap is being refused. The AFIX report does show that we had fewer children start on time. This may affect the dtap rate at 24months. Perhaps we should target the 2 month olds?

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

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

<p><b>B. Evaluate the partnership of private providers to increase 4<sup>th</sup> Dtap in children 24 months of age at LHD by June 2010.</b></p>	<ul style="list-style-type: none"> <li>• Encourage private physicians to screen children for immunizations and refer for vaccination.</li> </ul>	<ul style="list-style-type: none"> <li>• Discuss with provider staff once a year to remind them to screen for immunizations.</li> <li>• Provided state Immunization practice report to providers.</li> </ul>	<p>Met with Lake County Medical Clinic and Dr. Graham office on May 21, 2009. Alert information given and encouraged them to utilize it for forecasting vaccines and referral.</p>	<p>2008 Annual Assessment given in May of 2009. The 2009 assessment will be given as soon as it arrives in 2010. 2009 assessment was give 10/2010. Alert IIS is the new system. This fall after the health department gets to know the program we will share it with providers.</p>
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Lake County

Plan A - Continuous Quality Improvement: Increase 4<sup>th</sup> Dtap of children 24 months of age at LHD

<p><i>Year 3: July 2010 – June 2011</i></p>				
<p><b>Objectives</b></p>	<p><b>Methods / Tasks</b></p>	<p><b>Outcome Measure(s)</b></p>	<p><b>Outcome Measure(s) Results<sup>1</sup></b></p>	<p><b>Progress Notes<sup>2</sup></b></p>
<p><b>A. Reevaluate rates of children 24 months of age who have received a 4<sup>th</sup> Dtap to increase the percentage of children 24 months of age who recieved a 4<sup>th</sup> Dtap by 5% by June 2011.</b></p>	<ul style="list-style-type: none"> <li>• Reassess target population access to LHD in addition to WIC</li> <li>• Implement changes to recall system as determined by 2006-2007 evaluation.</li> <li>• If no increase develop a plan to address issues from evaluation.</li> </ul>	<ul style="list-style-type: none"> <li>• Rates of children 24 months of age receiving 4<sup>th</sup> Dtap will increase by 5%.</li> </ul>	<p>The 2009 AFIX report shows that rates for the fourth dose of dtap decreased by 10%.</p>	<p>Staff turnover resulted in less than optimal screening of WIC clients for immunization. An in-service was held to improve this rate. Review of AFix data show late starts are increased which may add to decreased 4<sup>th</sup> dtap rate. Alert IIS has ability to provide reminders. The staff needs to become familiar with this component of the system.</p>

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

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

## 2. Family Planning

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

FY 2012

July 1, 2011 to June 30, 2012

Agency: Lake County Public Health

Contact: Beth Hadley, R.N.

#### Goal #\_1\_\_

Problem Statement	Objective(s)	Planned Activities	Evaluation
Our current provider of many years has resigned. Being in a remote area with a limited number of health professionals, there is a concern about our ability to find another qualified health professional to provide clinical services.	Obtain a temporary provider ASAP, with a commitment to provide services at least once monthly for 4-5 months.	Consult with previous providers to see if any are available on a temporary basis. Have temporary provider sign and agreement to provide services for at least 4 months, until a permanent provider can be found.	Complete objective and review signed agreement by 3/11.
	Recruit a resident physician from the Cascades East Program in Klamath Falls Rural Medicine Program.	Communicate need for provider to residents in the Cascades East Rural Medicine Program through written and verbal communication. Have qualified applicant be willing to sign an agreement to provide at least one year of services to assure women of Lake County have access to quality health services through public health.	Contact made and info provided to cascades east program by 3/1/11.  Applicants reviewed and agreement signed by 7/1/11.

**Goal #   3**

<b>Problem Statement</b>	<b>Objective(s)</b>	<b>Planned Activities</b>	<b>Evaluation</b>
Currently our one and only pharmacy in Lake County does not carry Plan B either OTC or by RX. Women in this county have very limited access to Plan B other than through public health.	Assess the need for women in Lake County to have access to Plan B from sources other than public health.	Consult with local physicians to determine if they or their clients report and unmet need for Plan B.  Determine how women in this area obtain Plan B if not through public health.	Receive information from doctors on how often they prescribe Plan B by 12/1/11. Interview 10-20 women who are patients of private providers and agree to share how they obtain Plan B by 3/1/12.
	Research options for increasing access to Plan B including physician's dispensing.	Determine barriers (if any) to physicians dispensing Plan B.	Consult with local physicians to determine barriers and brainstorm resolutions, by 3/30/12.

Objectives checklist:  
findings?

- Does the objective relate to the goal and needs assessment
- Is the objective clear in terms of what, how, when and where the situation will be changed?
- Are the targets measurable?
- Is the objective feasible within the stated time frame and appropriately limited in scope?

**Progress on Goals / Activities for FY 2011**  
(Currently in Progress)

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

Goal / Objective	Progress on Activities
<p>1. Staff will become proficient in obtaining required documentation from FPEP client sat check-in.</p> <p>Staff will be trained to provide timely, friendly customer service.</p> <p><b>Progress:</b> Group training was completed by March 2010. Clients surveyed during the two months following all reported that they were seen within three days or less of request and felt they were treated with respect. 5/30/2010.</p>	<p>Group training was completed in March 2010. Chart reviews on were conducted on each client for April and May of 2010. Problems with documentation for FPEP were addressed immediately, and each person received continued support as needed to increase proof of citizenship.</p>
<p>Confusion between Plan B and RU486 will be addressed; Plan B promoted.</p>	<p>Information on Plan B was provided to key H.S. and middle school staff in Lakeview including, health teachers, P.E. teachers, coaches and counseling staff. The school in North Lake was approached but declined the information. Completed by 6/1/10.</p> <p>Plan B promoted at "DR. Daly Days" health fair with separate colorful display showing what Plan B is and what is and is not.6/25/10.</p> <p>Youth summit was cancelled but youth is provided info on Plan B in 9<sup>th</sup> and 11<sup>th</sup> grade health. By 6/1/10.</p>

**3. WIC – Do to formatting issues The 2011-2012 WIC plan will be sent as a separate document.**

## C. Environmental health

<b>Time Period:</b> July 2010 –June 2011				
<b>GOAL: Improve Rate of Food Pool and Lodging inspections</b>				
<b>Objectives</b>	<b>Plan for Methods/Activities/Practice</b>	<b>Outcome Measure(s)</b>	<b>Outcome Measure(s) Results</b>	<b>Progress Notes</b>
A. Food, Pool and Lodging inspections will meet the number required in OAR 333-012-0055	Require Sanitarian to travel at specific times to complete inspections and avoid bad weather.	The number of required inspections will be at least 90%. Facility inspection reports from the state will be reviewed. And compared.	Review of the Phoenix data base show that the inspection rate did reach 90%.	Two new EHS have been hired. They provide service to lake county one week every other month.
<b>Time Period:</b> July 2010 –June 2011				
<b>GOAL: Food Handler Training will be done by local staff</b>				
<b>Objectives</b>	<b>Plan for Methods/Activities/Practice</b>	<b>Outcome Measure(s)</b>	<b>Outcome Measure(s) Results</b>	<b>Progress Notes</b>
A. Increase in the number of Food Handlers Classes available to the public	Train staff to provide the food handler class and monitor testing.	Food Handlers classes will be held quarterly. Documentation of classes held will be reviewed.	Food Handle Classes provided by the EHS were held twice in 2010. Four groups of high school students took the self study class and eight inmates.	Food Handler tests are now offered at both Lake County Public Health sites on demand. Also they are offered by the EHS , by a Serv Safe Instructor at Warner Creek Correctional Facility and self study classes at the Lakeview High School Culinary Arts Class.
<b>Time Period:</b> July 2010-June 2011				
<b>GOAL: Improve Environmental Health Services</b>				
<b>Objectives</b>	<b>Plan for Methods/Activities/Practice</b>	<b>Outcome Measure(s)</b>	<b>Outcome Measure(s) Results</b>	<b>Progress Notes</b>
A. Increase staff available for environmental health.	Register a RN BSN with the state to shadow the RS and take the Sanitarian Boards.	Ability to monitor temporary restaurants and respond on site to complaints.	Lack of funding for a trainee. Also the RN has had a change of heart about training for 2 years.	With the new hires we are not pursuing this item at this time.
B. Investigate complaints and cases of food born illness in a timely manner.	See Active Surveillance Protocol in the Epidemiology plan..	100% of food born complaints will elicit a response. Investigation will document if and when a complaint was referred to the sanitarian.	6 food born complaints were received in 2010. The Sanitarian was notified on all six complaints.	Sanitarian has responded to every complaint – The response may be a phone call or on site visit.

<b>Time Period:</b> July 2010 –June 2011				
<b>GOAL: Improve Rate of Food Pool and Lodging inspections</b>				
C. Reduce the rate of health and safety violations.	Inspections will be done in a timelier manner.	Food, Pool and Lodging inspections will meet the number required in OAR 333-012-0055	Phoenic data show that the number of inspections have increased and are being done in a timely manner,	The inspectors have inspected every facility There were some facilities that were closed at the time of inspection. All facilities except for mobile units exceeded the 90% rate. In addition the inspectors contact every temp rest applicant for details on their operation. This is a tremendous improvement.

## D. Health Statistics

<b>Time Period:</b> July 2010 –June 2011				
<b>GOAL: Death Certificates will be reported to the Court House within one week</b>				
Objectives	Plan for Methods/ Activities/Practice	Outcome Measure(s)	Outcome Measure(s) Results	Progress Notes
A. Death Certificates will be reported to the courthouse within one week.	The Deputy Clerk will hand delivery the death certificates every Thursday to the Clerks Office.	100% of the Death certificates will be delivered within the accepted time frame. Documentation of when the records were delivered will be maintained and reviewed.	100% of records delivered. Documentation was poor	The documentation was fragmented do to position changes and schedules. In-service was held and now a copy of the report will be dated with day of delivery. (every Friday)

<b>Time Period:</b> July 2009-June 2010				
<b>GOAL: Electronic Birth and Death Certificates will be issued in a timely manner</b>				
Objectives	Plan for Methods/ Activities/Practice	Outcome Measure(s)	Outcome Measure(s) Results	Progress Notes
A. Birth and Death Certificates will be obtained electronically and issued as soon as they are requested –if available	Collaboration with the Funeral Homes to notify Public Health when the records are available. Once a request is made the clerk will attempt to retrieve the certificate, If unavailable will document time and date of attempt.	100% of death and birth certificates will be issued within 24 hours after it is requested and available on the data base.	Birth and Death certificates have been issued within 24 hours of request and they are available.	The funeral homes request death cert. when they know the certificate is ready. Birth certificates are issued the day of the request when the certs are ready. If they have not been signed they ask the person to return in a few days.

**E. Information and referral**

There are no changes to the current plan located at

<http://public.health.oregon.gov/ProviderPartnerResources/LocalHealthDepartmentResources/Pages/lhd-annual-plan.aspx>

**F. Public Health Emergency Preparedness**

There are no changes to the current plan located at

<http://public.health.oregon.gov/ProviderPartnerResources/LocalHealthDepartmentResources/Pages/lhd-annual-plan.aspx>

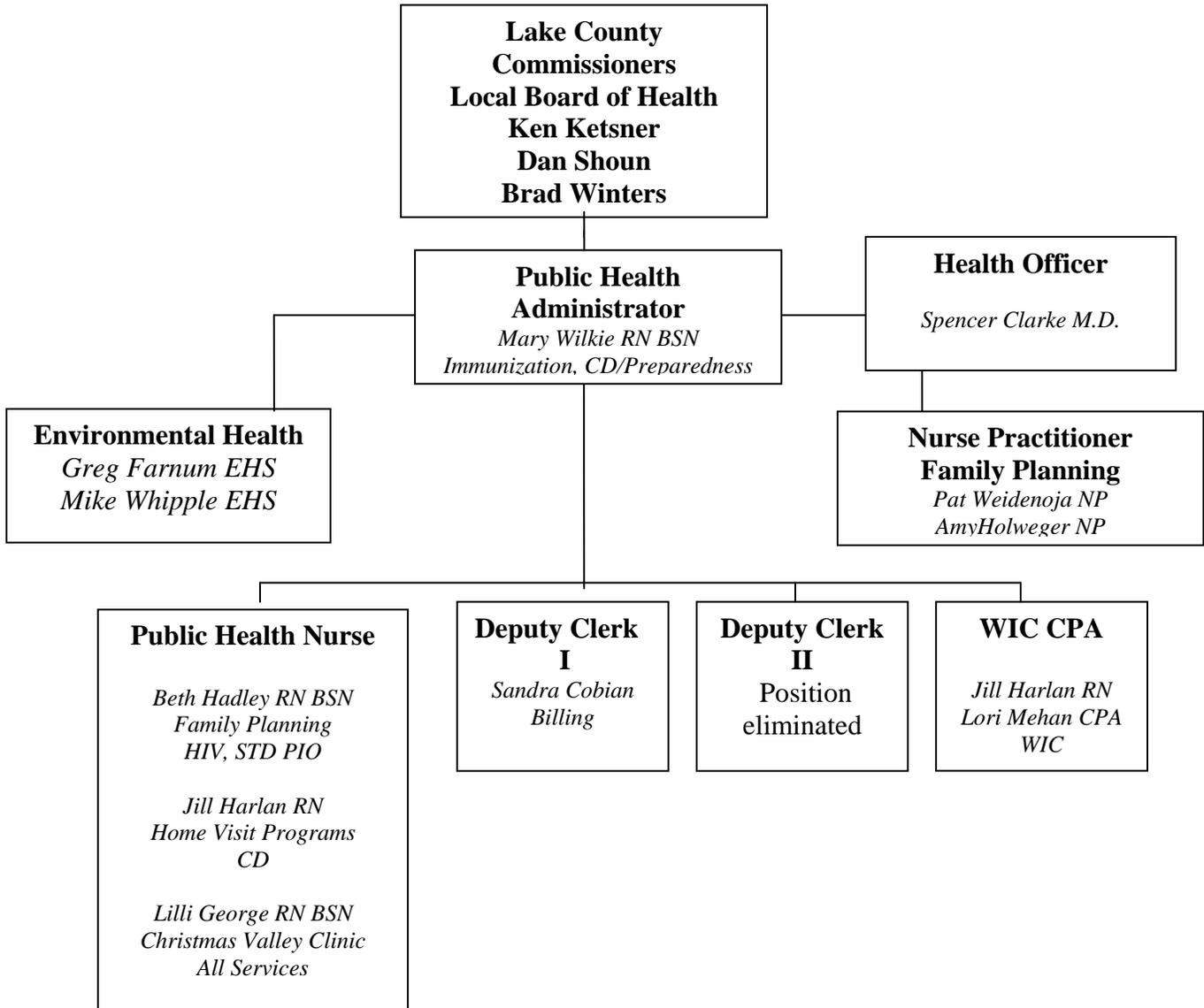
**G. Other Issues**

There are no changes to the current plan located at

<http://public.health.oregon.gov/ProviderPartnerResources/LocalHealthDepartmentResources/Pages/lhd-annual-plan.aspx>

## IV. Additional Requirements

### Lake County Public Health Organizational Chart



The Local Board of Health for Lake County is made up of the three Lake County Commissioners. The Commissioners have an informal work session every Tuesday. Formal meetings are held the first and third Wednesday of the month. Lake County does not have a separate public health advisory board. The public health administrator reports to the county commissioners on a quarterly basis, or more frequently as needed. The commissioners (Local Board of Health) oversee the Commission on Children and Families.

## **V. Unmet Needs**

Lake County Public Health does not meet the Minimum Standard Requirements for a Public Health Administrator. The current administrator is a Registered Nurse with a Bachelor of Science Degree in Nursing and 10 years of experience in Public Health, eight of those as the administrator. The current administrator has been cross trained in all the programs and has the ability see clients when the program nurse is unavailable. Funding for graduate level continuing education is not budgeted at this time. Although scholarships may be available to help with the tuition there is not funding available for the time involvement required of the Administrator. The Commissioners are discussing the rationale for the requirement and seeking information from other counties before coming to a decision on this matter.

All of the public health duties noted in the Oregon Revised Statutes and Administrative Rules are issues that should be addressed in Lake County. However funding mandates that Lake County Public Health prioritize the deployment of staff in an effort to meet the minimum standards set forth by the Oregon Revised Statutes, Oregon Administrative Rules, and Coalition of Local Health Officials (CLHO).

## **VI. Budget**

Budget information may be obtained from;

Ann Crumrine  
Lake County Treasurer  
513 Center Street  
Lakeview, Oregon 97630  
541-947-6030  
[acrumrine@co.lake.or.us](mailto:acrumrine@co.lake.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?

### *I. Organization*

1. Yes  A Local Health Authority exists which has accepted the legal responsibilities for public health as defined by Oregon Law.
2. Yes  The Local Health Authority meets at least annually to address public health concerns.
3. Yes  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  Current local health department policies and procedures exist which are reviewed at least annually.
5. Yes  Ongoing community assessment is performed to analyze and evaluate community data.
6. Yes  Written plans are developed with problem statements, objectives, activities, projected services, and evaluation criteria.
7. Yes  Local health officials develop and manage an annual operating budget.
8. Yes  Generally accepted public accounting practices are used for managing funds.
9. Yes  All revenues generated from public health services are allocated to public health programs.
10. Yes  Written personnel policies and procedures are in compliance with federal and state laws and regulations.
11. Yes  Personnel policies and procedures are available for all employees.
12. Yes  All positions have written job descriptions, including minimum qualifications.
13. Yes  Written performance evaluations are done annually.
14. Yes  Evidence of staff development activities exists.
15. Yes  Personnel records for all terminated employees are retained consistently with State Archives rules.

16. Yes  Records include minimum information required by each program.
17. Yes  A records manual of all forms used is reviewed annually.
18. Yes  There is a written policy for maintaining confidentiality of all client records which includes guidelines for release of client information.
19. Yes  Filing and retrieval of health records follow written procedures.
20. Yes  Retention and destruction of records follow written procedures and are consistent with State Archives rules.
21. Yes  Local health department telephone numbers and facilities' addresses are publicized.
22. Yes  Health information and referral services are available during regular business hours.
23. Yes  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. N/A CERTIFICATES ARE SUBMITTED BY FUNERAL HOME 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  To preserve the confidentiality and security of non-public abstracts, all vital records and all accompanying documents are maintained.
26. Yes  Certified copies of registered birth and death certificates are issued within one working day of request.
27. Yes  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  A system to obtain reports of deaths of public health significance is in place.
29. 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. No  Health department administration and county medical examiner review collaborative efforts at least annually.
31. Yes  Staff is knowledgeable of and has participated in the development of the county's emergency plan.

- 32. Yes  Written policies and procedures exist to guide staff in responding to an emergency.
- 33. Yes  Staff participate periodically in emergency preparedness exercises and upgrade response plans accordingly.
- 34. Yes  Written policies and procedures exist to guide staff and volunteers in maintaining appropriate confidentiality standards.
- 35. Yes  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  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  There is a mechanism for reporting communicable disease cases to the health department.
- 38. Yes  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  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  Access to prevention, diagnosis, and treatment services for reportable communicable diseases is assured when relevant to protecting the health of the public.
- 41. Yes  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  There is a mechanism for reporting and following up on zoonotic diseases to the local health department.
- 43. Yes  A system exists for the surveillance and analysis of the incidence and prevalence of communicable diseases.

44. Yes  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  Immunizations for human target populations are available within the local health department jurisdiction.
46. Yes  Rabies immunizations for animal target populations are available within the local health department jurisdiction.

*Environmental Health*

47. Yes  Food service facilities are licensed and inspected as required by Chapter 333 Division 12.
48. Yes  Training is available for food service managers and personnel in the proper methods of storing, preparing, and serving food.
49. Yes  Training in first aid for choking is available for food service workers.
50. Yes  Public education regarding food borne illness and the importance of reporting suspected food borne illness is provided.
51. Yes  Each drinking water system conducts water quality monitoring and maintains testing frequencies based on the size and classification of system.
52. Yes  Each drinking water system is monitored for compliance with applicable standards based on system size, type, and epidemiological risk.
53. Yes  Compliance assistance is provided to public water systems that violate requirements. By State
54. Yes  All drinking water systems that violate maximum contaminant levels are investigated and appropriate actions taken. By State
55. Yes  A written plan exists for responding to emergencies involving public water systems.
56. Yes  Information for developing a safe water supply is available to people using on-site individual wells and springs.
57. Yes  A program exists to monitor, issue permits, and inspect on-site sewage disposal systems.
58. Yes  Tourist facilities are licensed and inspected for health and safety risks as required by Chapter 333 Division 12.

59. Yes  School and public facilities food service operations are inspected for health and safety risks.
60. Yes  Public spas and swimming pools are constructed, licensed, and inspected for health and safety risks as required by Chapter 333 Division 12.
61. Yes  A program exists to assure protection of health and the environment for storing, collecting, transporting, and disposing solid waste.
62. Yes  Indoor clean air complaints in licensed facilities are investigated.
63. Yes  Environmental contamination potentially impacting public health or the environment is investigated. BY DEQ
64. Yes  The health and safety of the public is being protected through hazardous incidence investigation and response. TEAM OUT OF KLAMATH FALLS
65. Yes  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  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  Culturally and linguistically appropriate health education components with appropriate materials and methods will be integrated within programs.
68. Yes  The health department provides and/or refers to community resources for health education/health promotion.
69. Yes  The health department provides leadership in developing community partnerships to provide health education and health promotion resources for the community.
70. Yes  Local health department supports healthy behaviors among employees.
71. Yes  Local health department supports continued education and training of staff to provide effective health education.
72. Yes  All health department facilities are smoke free.

#### *Nutrition*

73. Yes  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  WIC
  - b. No  Family Planning
  - c. No  Parent and Child Health
  - d. No  Older Adult Health
  - e. No  Corrections Health
75. Yes  Clients identified at nutritional risk are provided with or referred for appropriate interventions.
76. Yes  Culturally and linguistically appropriate nutritional education and promotion materials and methods are integrated within programs.
77. Yes  Local health department supports continuing education and training of staff to provide effective nutritional education.

#### *Older Adult Health*

78. Yes  Health department provides or refers to services that promote detecting chronic diseases and preventing their complications.
79. Yes  A mechanism exists for intervening where there is reported elder abuse or neglect.
80. Yes  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  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  Perinatal care is provided directly or by referral.
83. Yes  Immunizations are provided for infants, children, adolescents and adults either directly or by referral.
84. Yes  Comprehensive family planning services are provided directly or by referral.

85. Yes  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  Child abuse prevention and treatment services are provided directly or by referral.
87. Yes  There is a system or mechanism in place to assure participation in multi-disciplinary teams addressing abuse and domestic violence.
88. Yes  There is a system in place for identifying and following up on high risk infants.
89. Yes  There is a system in place to follow up on all reported SIDS deaths.
90. Yes  Preventive oral health services are provided directly or by referral.
91. No  Use of fluoride is promoted, either through water fluoridation or use of fluoride mouth rinse or tablets. NATURAL FLUORIDE IN WATER – PROMOTE USE OF FLUORIDE TOOTHPASTE, VARNISH
92. No  Injury prevention services are provided within the community.

#### **Primary Health Care**

93. Yes  The local health department identifies barriers to primary health care services.
94. Yes  The local health department participates and provides leadership in community efforts to secure or establish and maintain adequate primary health care.
95. Yes  The local health department advocates for individuals who are prevented from receiving timely and adequate primary health care.
96. Yes  Primary health care services are provided directly or by referral.
97. Yes  The local health department promotes primary health care that is culturally and linguistically appropriate for community members.
98. Yes  The local health department advocates for data collection and analysis for development of population based prevention strategies.

#### *Cultural Competency*

99. Yes  The local health department develops and maintains a current demographic and cultural profile of the community to identify needs and interventions.

100. Yes  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  The local health department assures that advisory groups reflect the population to be served.
102. Yes  The local health department assures that program activities reflect operation plans for provision of culturally and linguistically appropriate services.

## II. 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:   Mary Wilkie  

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

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

**If the answer is “No”, submit an attachment that describes your plan to meet the minimum qualifications.**

**Please see Unmet Needs , Section V. of the annual plan.**

The signature below signifies that the Lake County Commissioners approve the Lake County Public Health Annual Plan for the years 2011-2012.

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Signature Lake County Commissioner, Chair

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Date

## FY 2011 - 2012 WIC Nutrition Education Plan Form

*County/Agency:* Lake County Public Health Department

*Person Completing Form:* Jill Harlan

*Date:* 04/15/2011

*Phone Number:* 541-947-6045

*Email Address:* jilllcph@yahoo.com

Return this form electronically (attached to email) to: [sara.e.sloan@state.or.us](mailto: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:**

Jill Harlan and Lilli George will attend training in the fall 2011. Jill and Lilli will also attend the National Convention in May 2011.

**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:**

New WIC employees will have an inservice to practice PCE skills with each other by July 31 2011.

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

**Implementation Plan and Timeline:**

All of our Nutritional Education options at this time are Individually based and this allows us to constantly practice our PCE Skills to help meet our clients needs.

**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:**

We don't have group classes at this time. We do all Individual education.

We would like to start a plan of contacting pregnant women 2 weeks before delivery and after to review their feeding options and offer assistance with breastfeeding. We could refer to our home visiting programs if the client needed further support. We would like to start this by July 2011.

**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:**

Jill Harlan and Lilli George will take the Biological Nurturing class at NWA Conference in May 2010- Then will do an In-service in May 2010 regarding Breast feeding Counseling using skills from Biological Nurturing and PCE.

**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:**

**Lake County will invite local Doctors offices and Lake District Hospital staff to State provided trainings offered in fall of 2011.**

**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:**

Lake County will provide information on how to access online the Breastfeeding Course as soon as it is available to local Doctors offices and Lake District Hospital staff .

**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:**

**In-service on Health Outcomes will be planned for Oct. 2011.**

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

**Implementation Plan and Timeline:**

**Local WIC staff will complete the new online 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): Jill Harlan RN and Lilli George RN**

**EVALUATION OF WIC NUTRITION EDUCATION PLAN**  
**FY 2010-2011**

WIC Agency: \_\_Lake County Public Health

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Person Completing Form: \_\_\_Jill Harlan RN WIC Coord.

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Date: \_\_4-15-2011\_\_\_\_\_ Phone: \_541-947-6045

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Return this form, attached to email to: [sara.e.sloan@state.or.us](mailto: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:

New WIC personel – Jill Harlan RN WIC Coordniator and Lori Mehan CPA. Jill Harlan started in Oct. has watched the WIC Listens PCE DVD but has not yet completed the PCE Module. Module to be completed by May 31,2011.

*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:

Lili George passed the posttest by December 31 ,2010.

*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:

We were changing our staff at that time – so no one attended that training. Both Jill Harlan and Lori Mehan have watched PCE DVD and will complete that modules by May 31, 2011.

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

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

*Activity 1: Each agency will continue to implement strategies identified on the checklist entitled "Supporting Breastfeeding through Oregon WIC Listens" by 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:

Lilli George went to a training last May on breast feeding and recently did an online webinar on breastfeeding. Jill Harlan is currently working on the breastfeeding module to have completed by May 31 , 2011. Our previous coordinator had wanted to start contacting our mothers who are due a few weeks prior to delivery to assess needs and provide encouragement to breast feed . I will implement that procedure by the end of July 2011.

*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:

Unable to do the fall training because of change in staff at that time.

*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 only if you invited community partners to attend a Breastfeeding Basics training. The online WIC Breastfeeding Course is still in development.

**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:

Local agency staff will take the new online Child nutrition Module by June 30 , 2011.

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
<p><b>Example:</b> Providing Advice</p> <p>Facilitated discussion during October 2009 staff meeting using the Continuing Education materials from Oregon WIC Listens.</p>	<p><b>Example:</b> This in-service addressed several competencies in the core areas of Communication, Critical Thinking and Nutrition Education</p>	<p><b>Example:</b> One desired outcome of this in-service is for staff to feel more comfortable asking permission before giving advice. Another desired outcome is for staff to use the Explore/Offer/Explore technique more consistently.</p>
<p>1) Biannual Review Intro to PCE online Modules Plan Kids day at fair and discuss Rock and Relax booth</p>	<p>This in-service addressed several competencies in the area of analyzing data and promoting Nutritional Education.</p>	<p>Desired outcome was to keep office staff updated on WIC Review. How we can improve and how we can promote breastfeeding during our Fair and – exercise and fun for our kids.</p>
<p>2) No In-service</p>		<p>No In-service due to</p>

		change in staff

## Attachment A

### FY 2011-2012 WIC Nutrition Education Plan

#### WIC Staff Training Plan – 7/1/2011 through 6/30/2012

Agency: Lake County Public Health Department

Training Supervisor(s) and Credentials:  
Jill Harlan RN WIC Coordinator  
Lilli George RN

#### Staff Development Planned

Based on planned program initiatives, your program goals, or identified staff needs, what quarterly in-services and or continuing education are planned for existing staff? List the in-services and an objective for quarterly in-services that you plan for July 1, 2011 – June 30, 2012. State provided in-services, trainings and meetings can be included as appropriate.

Quarter	Month	In-Service Topic	In-Service Objective
1	May 2011	Breastfeeding Education – Biological Nurturing from class taken at NWA Conf.	Share with WIC and Non WIC staff what we learned at the conference about Biological Nurturing/Breast feeding
2	July 2011	Discuss oral health and how we can improve our services Civil Rights	Review our Fluoride Varnish program Civil rights training all staff.
3	October 2011	Health outcomes in-service.	Health out come in-service using resources provide by WIC in July 2011.
4	January 2012	Follow-up breastfeeding	Review / follow up on breastfeeding strategies with

		strategies	WIC and our community partners.
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