



JOSEPHINE COUNTY PUBLIC HEALTH

ANNUAL PLAN
2012 – 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. 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.

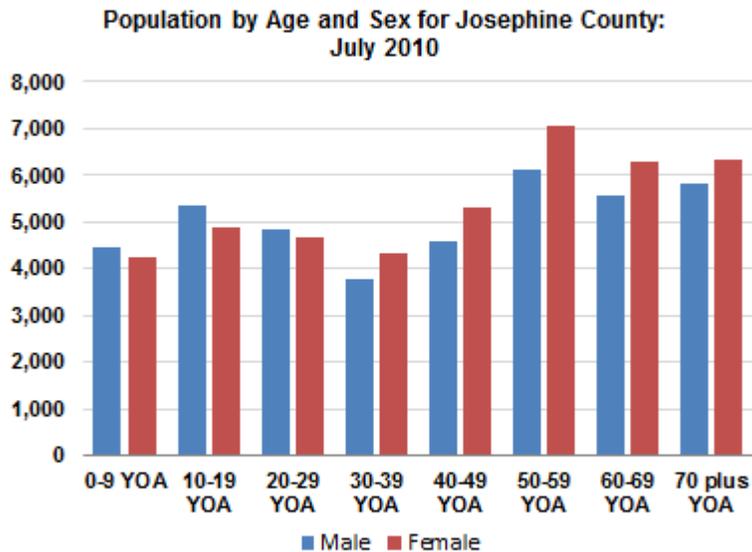
This comprehensive plan addresses issues, concerns and gaps for 2012 to 2013. Funding decreases since 2007 resulted in staffing decreases and “single-person deep” programs. Current county health department number of personnel is about what it was in 1967 when the county population was a third of its current size. With concerted efforts around collaboration, JCPH aspires to continue to provide services to a large under-served population. In addition, JCPH will be working to address specific areas of concern in health for our community members: smoking, marijuana and opioid abuse, and immunization rates. These efforts will entail community collaboration and focus, and JCPH is eager to lead that charge.

II. ASSESSMENT

Josephine County Health Issues and Needs:

Population and Demographics:

Josephine County has a population of 83,600 residents according to a report prepared by the Portland State University Population Research Center in March 2011. It is the 11th 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. The population has continued to climb in Josephine County 2000 – 2010 but at a slower rate than the rest of the state (10.4% vs. 12.4%). Grants Pass is the County seat and is one of two incorporated cities in the county. The other city is Cave Junction, a town of approximately 1,300 people that 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.



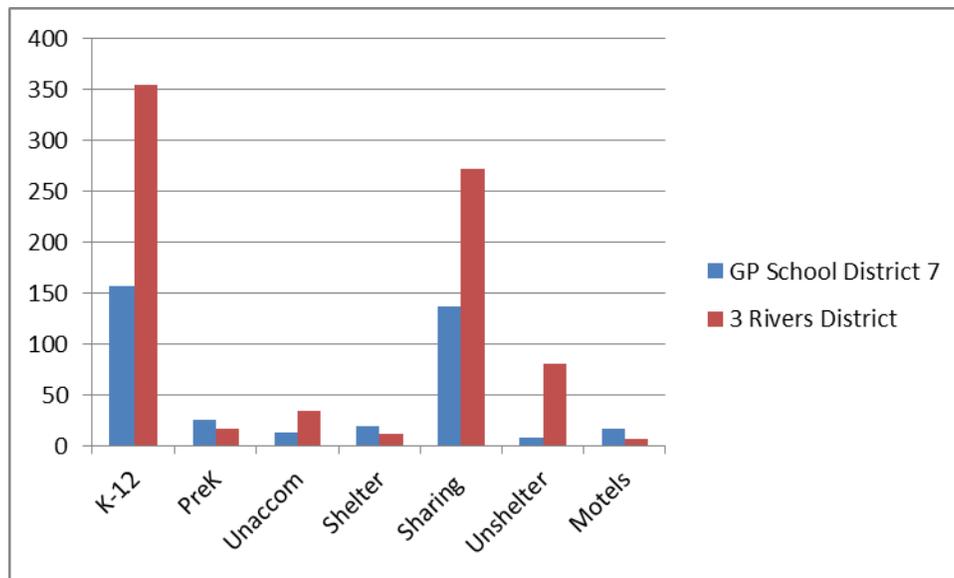
Josephine County has a higher population of persons over 65 Years of Age (YOA) (20.9% in 2010) as compared to all of Oregon (13.2%). This rate has continued to climb as the US population ages and as more retirees move into Oregon and Josephine County. Josephine County’s population has less diversity than the State as a whole, with fewer races and ethnic groups represented than in the State. Hispanics comprise the largest ethnic minority group. 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)

According to the 2011 County Health Rankings, Josephine County fails to meet several important social and economic factor benchmarks;

	National Benchmark	Oregon	Josephine County
High School Graduation	92%	74%	70%
Some College	68%	64%	52%
Unemployment	5%	11%	14%
Percent of Children in Poverty	11%	18%	30%
Inadequate Social Support	14%	16%	20%
Single-Parent Households	20%	29%	30%

In the school year 2010- 2011 there were 551 homeless students enrolled in County public schools. This last year was the first time data was widely available on the number of homeless preschoolers in Oregon. With the assistance of Head Start and Oregon Pre-Kindergarten Programs, a total of 1,087 homeless preschoolers (age 3-5) were identified in the State. This number is not included in the K-12 total.

Homeless Student Count: School Year 2010-2011- Josephine County



<http://www.ode.state.or.us/news/announcements/announcements.aspx?ID=7674&TypeID=5>

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

The 2011 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 30 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 32nd for mortality and 23rd for morbidity.

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 23rd in health behaviors, 7th in clinical care, and 32nd in social and economic factors previously discussed and 5th in physical environment.

Josephine County Health Rankings

	National Benchmark	Oregon	Josephine County
Premature Death before 75 yrs. (per 100,000)	5,564	6,478	9,419
Poor/Fair Health	10%	14%	18%
Poor Mental Health Days	2.3	3.3	4.3
Low Birth Weight	6%	6%	5.1%
Adult Smoking	15%	18%	26%
Adult Obesity	25%	25%	25%
Excessive Drinking	8%	16%	15%
Motor Vehicle Crash Death Rate (per 100,000)	12	14	26
Sexually Transmitted Infections (Chlamydia rate per 100,000 pop.)	83	287	188
Teen Birth Rate (per 1,000 females 15-19 yrs.)	22	36	41
Uninsured Adults	13%	21%	18%
Primary Care Provider Ratio-to-Patients	631-to-1	739-to-1	933-to-1
Preventable Hospital Stays for Medicare patients	52	46	9
Medicare Diabetic Screening	89%	85%	85%
Medicare Mammography Screening	74%	65%	69%
Violent Crime Rate (per 100,000 pop.)	100	275	101
Annual # of Unhealthy Air Quality Days due to Particulate Matter	0	12	4
Annual # of Unhealthy Air Quality Days due to Ozone	0	1	0
Access to Healthy Foods	92%	62%	67%
Access to Recreational Facilities (rate of facilities per 100,000 pop.)	17	12	14

Chronic Disease Statistics:

Outside of County Health Rankings data, other sources do not show statistically significant higher rates of chronic conditions among adults, and modifiable chronic disease risk factors in Josephine County residents, with one exception, as compared to the Oregon average.

Age adjusted Prevalence of Selected Chronic Conditions among Adults 2006-2009

Rate	Oregon	Josephine County
Arthritis	26%	26%
Asthma	10%	12%
Heart Attack	3%	3%
Coronary Heart Disease	3%	4%
Stroke	2%	3%
Diabetes	7%	6%
High Blood Pressure	26%	34%
High Blood Cholesterol	33%	43%

Source: <http://public.health.oregon.gov/DiseaseConditions/ChronicDisease/Pages/pubs.aspx>

Note: Numbers have been rounded

Age adjusted rates for Prevalence of Modifiable Chronic Disease Risk Factors 2006-2009

Rate	Oregon	Josephine County
% of Adults who currently smoke cigarettes	17%	25%*
% of Adults who met CDC recommendations of physical activity	56%	59%
% of Adults classified as overweight	36%	36%
% of Adults classified as obese	24%	22%
% of Adults who consumed at least 5 servings of fruits and vegetables per day	27%	23%

Source: <http://public.health.oregon.gov/DiseasesConditions/ChronicDisease/Pages/pubs.aspx>

Note: Numbers have been rounded

*Statistically significant difference compared to Oregon

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.

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 11:30 and 1 p.m. to 4:00 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 for its clinical, preventive and environmental activities. 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.

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:

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.

Tuberculosis Case Management:

The Josephine County Tuberculosis Program, including its case management element, has endured heavy labor-intensive components this year due to a complicated ill and compromised case. Demands on staff have increased relating to state requirements of this program, which include directly-observed therapy. County staff actively outreaches and works with other counties and law enforcement when necessary to ensure effective investigation and treatment of TB patients who cross county lines and are behaving in a manner contrary to medical protocols.

Tobacco Prevention Education Program & the Local Drug Epidemic:

Smoking is the number one preventable cause of disease and death in this county. Most adult smokers start smoking before the age of 18. According to the Josephine County Tobacco Fact Sheet 2011, 26% of all deaths in Josephine County are related to tobacco use. 16,670 adults regularly smoke cigarettes and 59% of smokers attempted to quit last year.

Marijuana is the country's most widely used illicit drug. Nationally, nearly half of all high school seniors report some use of marijuana in their lifetime. Recent studies by the Substance Abuse and Mental Health Services Administration show weekly or more frequent use of marijuana doubles a teen's risk of depression and anxiety and can cause other mental illness.

Percentage of Students that indicated they “never have” done the following:

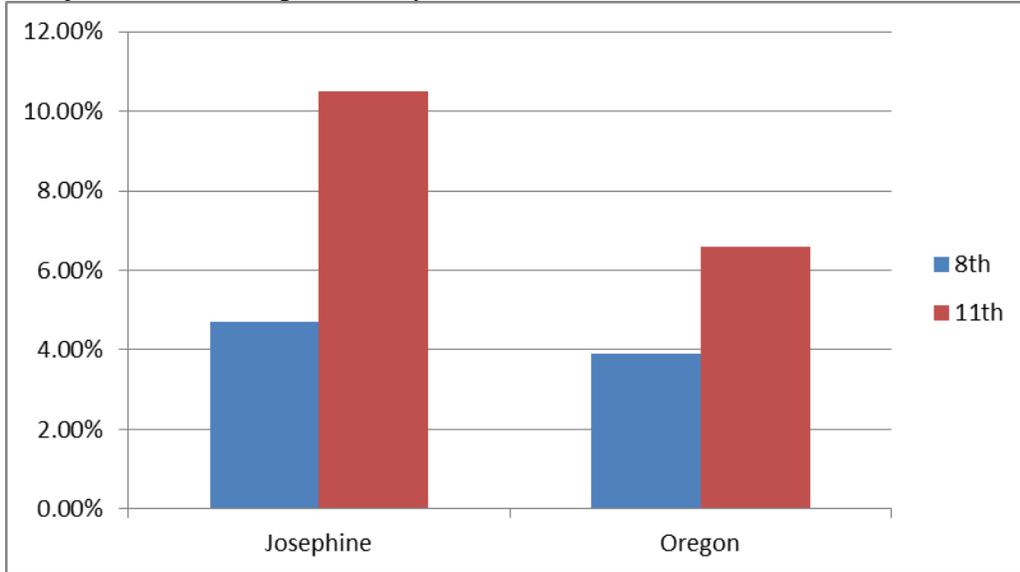
	Grade 8		Grade 11	
	County	State	County	State
Smoked a whole cigarette	78.9	84.6	67.8	72.1
Used tobacco products other than cigarettes	87.4	90.6	69.8	77.8
Had more than a sip or two of alcohol	60.6	62.6	31.1	39.0
Tried marijuana	73.3	80.3	49.7	58.3

Student Wellness Survey 2010

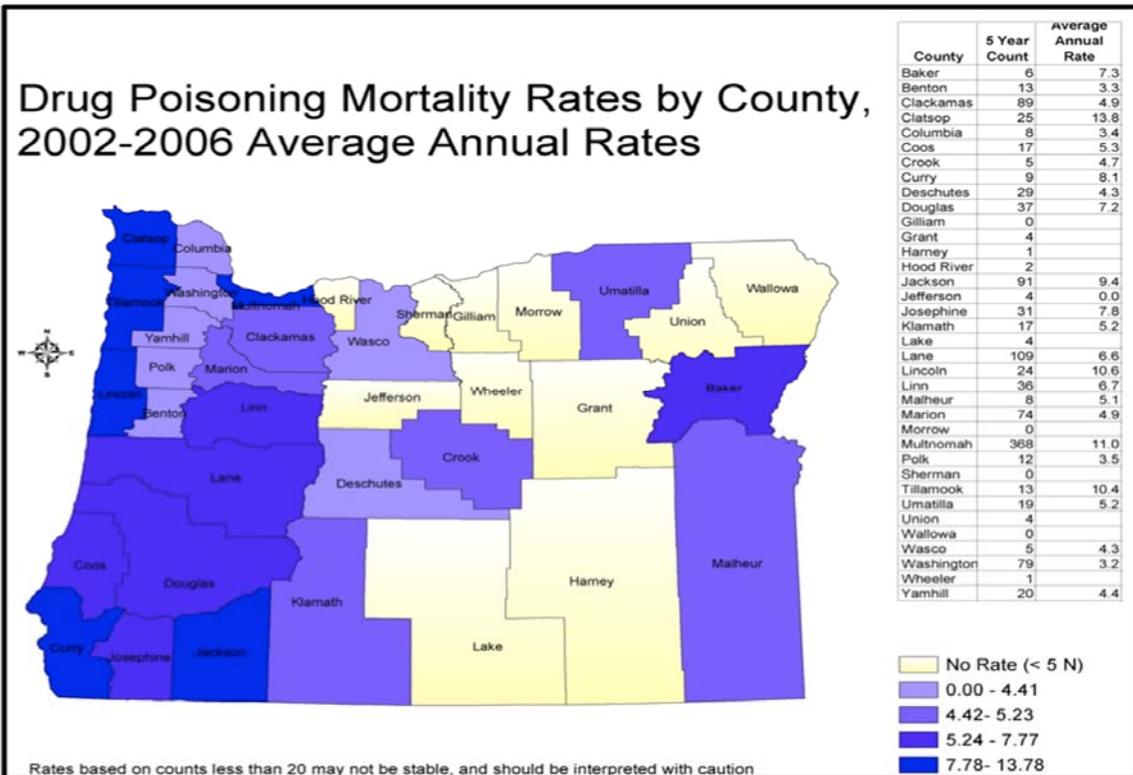
During the elementary school years, most children express anti-drug, anti-crime and pro-social attitudes and have difficulty imagining why people use drugs. However, in middle school, as more youth are exposed to others who use cigarettes, alcohol or other drugs, their attitudes often shift toward greater acceptance of these behaviors. That shift in accepting marijuana and drug

use in Josephine County far outpaces Oregon and national averages and is a significant public health concern. Josephine County is also at the lead in opioid drug-related deaths.

Marijuana Use in the past 30-days-2010



Student Wellness Survey 2010



From Dr. Katrina Hedberg, MD, MPH, State Epidemiologist

Parent and Child Health Services, including Family Planning Clinics:

Our county residents continue to struggle in a very weak economy. The Josephine County Public Health Parent and Child Health programs provided support and education to families in our communities. Our clients who seek services from one of these programs are often eligible for others. For instance, a woman who has positive pregnancy test will be assisted by our Oregon MothersCare (OMC) staff to apply for the OHP to ensure expedited access. 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 immunization 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.

The PNTPF continues to support the Josephine County Public Health participation of the University of Washington's 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 program is called Baby Smiles and we are pleased to be participating in our second year.

Evaluation:

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

Family Planning Program

Current Condition:

Josephine County Public Health is diligent about preserving the quality of our Family Planning services within the guidelines of the Oregon Family Planning Program. We continue to 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 have limited fiscal resources and would like to increase the hours of services provided by our Nurse Practitioner but without County General Fund support we cannot.

Goals:

Move forward with adapting family planning and reproductive health services to the requirements of state and national health care reform, including the use of electronic records, partnering with Coordinated Care Organizations (CCOs), investigating participation in health insurance exchanges, etc.

Assure ongoing access to a broad range of effective family planning methods and related preventive health services, including access to EC for current and future use.

Investigate the opportunities to expand practitioner availability to increase client base and associated revenues

Increase the number of women who receive education on EC and leave the agency with EC in hand for the period ending June 30, 2012.

Activities:

Meet with counter parts at our local health care organizations and managed care agencies by December of 2012.

Continue to encourage staff to gently suggest contributions to all clients, advising the client of the actual value of the visit above the cost, if any, they are paying.

Design a handout indicating the FP services, including EC we provide. Distribute to all our WIC and appropriate immunization clients. Encourage current FP clients to share by word of mouth with others

Evaluation:

June 30, 2013 plans and processes will be in place to ease our Family Planning Program requirements into the County CCO model.

Without receiving any additional funding streams to support more hours for the Nurse Practitioner our provider hours have remained in place for one day a week. We are committed to providing to our community the best family planning service that we can.

Our new Family Planning Coordinator started April of 2011. She is continuing to learn about the program requirements and continues to follow up on the planned activities submitted by the former Family Planning Coordinator.

We are making every effort to increase this number by providing EC education to all family planning clients and by providing EC to those who want it. Data will be reviewed at the end of

this reporting period to access the percentage of visits which female clients received EC for future use.

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, is 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. 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.

JCPH has collaborated with the local Sheriff's Department and the County Medical Examiner to begin receipt of statistical information related to deaths in the County in 2012. 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.

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 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.

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.

Adequacy of other services of importance to Josephine County:

Dental Health:

JCPH is participating in a 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. In April 2011, the "Baby Smiles" program coordinators asked JCPH to increase the number of women participating in the program. JCPH anticipates that this new rate of participation will remain consistent in 2012-2013.

Emergency Preparedness:

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

III. ACTION PLANS

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.

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. This was most recently utilized for an outbreak of Pertussis in November 2011. 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. It is anticipated that all HIV services will be largely discontinued in July 2012 due to state-wide budget re-prioritizations.

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.

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.

Management Actions Considered:

- Increased Surveillance for Rabid Animals – 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.
- 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.
- Pet Vaccination Program – In 2011 JCPH collaborated with the State Veterinarian, Jackson County and the Oregon State Extension Service Office to conduct low cost rabies clinics in Cave Junction and Applegate, OR. Over 3,000 animals were vaccinated during the “Don’t Let Rabies Get Your Goat” campaign. The program was so successful that JCPH hopes to hold another series of clinics in the summer of 2012, 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.

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:

To mitigate issues related to the transient high risk populations, we work with the State Health Division and other County partners to meet requirements in contact 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, marijuana and opiate abuse and low immunization rates are primary issues of concern.

Parent and Child Health Services, including Family Planning Clinics:

Our county residents continue to struggle in a very weak economy. The Josephine County Public Health Parent and Child Health programs provided support and education to families in our communities. Our clients who seek services from one of these programs are often happy eligible for others. For instance, a woman who has positive pregnancy test will be assisted by our Oregon MothersCare (OMC) staff to apply for the OHP to ensure expedited access. 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 immunization provides an introduction to all other agency programs.

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

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

Maternal and Child Health Services

Current Condition or problems:

The loss of County general fund support several years ago required the elimination of nursing positions, and those positions remain unfilled. In addition we have lost another full time nurse due to fiscal restraints. 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 this Maternal and Child Health program 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 of 2013, Public Health will seek 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 Intimate Personal Violence (IPV)
- 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:

We are pleased to be one of 13 counties in Oregon to have received a grant through the Department of Justice to provide an outreach worker to our office. She provides not only to our clients but to our staff, education about intimate partner violence. She is a friendly and a recognizable face to women or men who might be seeking help and are afraid to ask. She can facilitate easy access to the Women's Crisis Team when necessary. She is available to go on home visits with the nurses; she attends WIC's classes, and provides education to our staff about the subject matter.

We will continue to use the curriculum developed in our Maternity Case Management program. This curriculum uses colorful handouts to address the mandatory education topics as well as many other topics suggested by the Department of Human Services. To supplement these materials, we continue to 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. Josephine County Public Health continues to be 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 and continue to use 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, is an active member of the Perinatal Task Force (PNTF). We continue to be pleased with the level of interest and participation from this group of community partners which include medical providers for women's health and family practice, pediatricians, drug and alcohol rehabilitation providers, educators, managed care, the hospital, women's crisis, mental health and more. 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 treatment of those women identified.

The PNTF continues to support the Josephine County Public Health participation of the University of Washington's 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 program is called Baby Smiles and we are pleased to be participating in our second year.

Evaluation:

Vital records birth statistics will provide data related to the birth weights and gestational ages of infants born in Josephine County; similarly, death statistics will provide data related to age and cause of death. Information entered onto ORCHIDS-MDE Encounter/Data Forms, completed with each Maternity Case Management and Babies First! visit, is provided to the Department of Human Services. Data from the Baby Smiles project will ultimately reflect upon the success of the interventions, and will suggest effective approaches as we move forward.

Family Planning Program

Current Condition or problems:

Josephine County Public Health is diligent about preserving the quality of our Family Planning services within the guidelines of the Oregon Family Planning Program. We continue to 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 have limited fiscal resources and would like to increase the hours of services provided by our Nurse Practitioner but without County General Fund support we cannot.

At the time of writing this Annual Plan the CCO model for our region has not been fully developed.

Problems securing stable funding support for Family Planning program activities continue to plague the agency and challenge the budget.

Goals:

- Move forward with adapting family planning and reproductive health services to the requirements of state and national health care reform, including the use of electronic records, partnering with Coordinated Care Organizations (CCOs), investigating participation in health insurance exchanges, etc.
- Assure ongoing access to a broad range of effective family planning methods and related preventive health services, including access to EC for current and future use.

Activities:

- Meet with counter parts at our local health care organizations and managed care agencies by December of 2012.
- Increase the number of clients who receive education on EC and leave the agency with EC in hand. Continue to encourage staff to gently suggest contributions to all clients, advising the client of the actual value of the visit above the cost, if any, they are paying.

Evaluation:

- By June 30, 2013 plans and processes will be in place to ease our Family Planning Program requirements into the County CCO model.
- Design a handout indicating the FP services, including EC we provide. Distribute to all our WIC and appropriate immunization clients. Encourage current FP clients to share by word of mouth with others. Other data sources include quarterly and year end fiscal reports, feedback from clients, feedback from staff and Title X agency data

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.

Goals:

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

Activities:

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

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

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.

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.

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.

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.

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.

Staff access to training and satisfaction of training requirement:

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.

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.

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.

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.

Water Quality:

Josephine County is responsible for regulating 220 ground water systems. 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. Increased support and funding is imperative to regulate this program. A revised local ordinance has been written and will be submitted to the Board of County Commissioners in 2012.

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.

Health Statistics:

Current condition or problem:

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

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

Goals:

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

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

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

Activities:

Healthy Communities program:

JCPH has identified that our CD nurse will work in collaboration with our TPEP coordinator, management, and community partners to implement this grant. Community partners have been identified as local hospital staff and local managed care organizations. Both organizations have

a stake in the health outcomes and have access to data and other resources. The local team, as identified through state requirements, will attend training sessions and planning meetings to address issues as relevant to the citizens of Josephine County. Again, data management, collection and compilation will be a valuable foundation to solidify future work beyond the grant.

Epidemiology support:

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

Evaluation:

Evaluation will include:

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

Information and Referral:

Current condition or problem:

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

Goals:

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

Activities:

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

Evaluation:

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

Public Health Emergency Preparedness:

Current condition or problem:

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

Goals:

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

Activities:

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

Evaluation:

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

Additional Requirements:

The following documents are included in the Appendix:

- Current Organization Chart of the Josephine County Public Health Department
- WIC Nutrition Education Plan Assessment FY 12
- WIC Nutrition Education Plan FY 12
- Immunization Report

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.

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.

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, Linda Stohlman participates as a voting member on the CCF Council and anticipates working in that capacity to dissolve the CCF in response to Oregon legislature activities in February 2012.

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

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

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 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. Yes 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. Yes 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.
This relationship needs to be more established, and is part of the improvement plan for the FY2010-2011.
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 participates 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.
Within service area.
- 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.
- 54. Yes All drinking water systems that violate maximum contaminant levels are investigated and appropriate actions taken.

- 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. **By local DEQ office.**
- 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.
- 64. Yes The health and safety of the public is being protected through hazardous incidence investigation and response.
- 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. Yes Family Planning
 - c. Yes Parent and Child Health
 - d. Yes Older Adult Health
 - e. Yes 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, and 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. Yes Use of fluoride is promoted, either through water fluoridation or use of fluoride mouth rinse or tablets.
- 92. Yes 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.

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.

Administrator: Diane Hoover

Does the Administrator have a Bachelor degree? **Yes**

Does the Administrator have at least 3 years' experience in public health or a related field? Yes

Has the Administrator taken a graduate level course in biostatistics? Yes

Has the Administrator taken a graduate level course in Epidemiology? No

Has the Administrator taken a graduate level course in environmental health? No

Has the Administrator taken a graduate level course in health services administration? Yes

Has the Administrator taken a graduate level course in social and behavioral sciences relevant to public health problems? Yes

The local health department Health Administrator meets minimum qualifications: No

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.

The local health department Supervising Public Health Nurse meets minimum qualifications: Yes

Linda Stohlman, Nursing Program Supervisor, has an RN, and has 17 years of Public Health experience.

The local health department Environmental Health Supervisor meets minimum qualifications: Yes

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.

The local health department Health Officer meets minimum qualifications: Yes

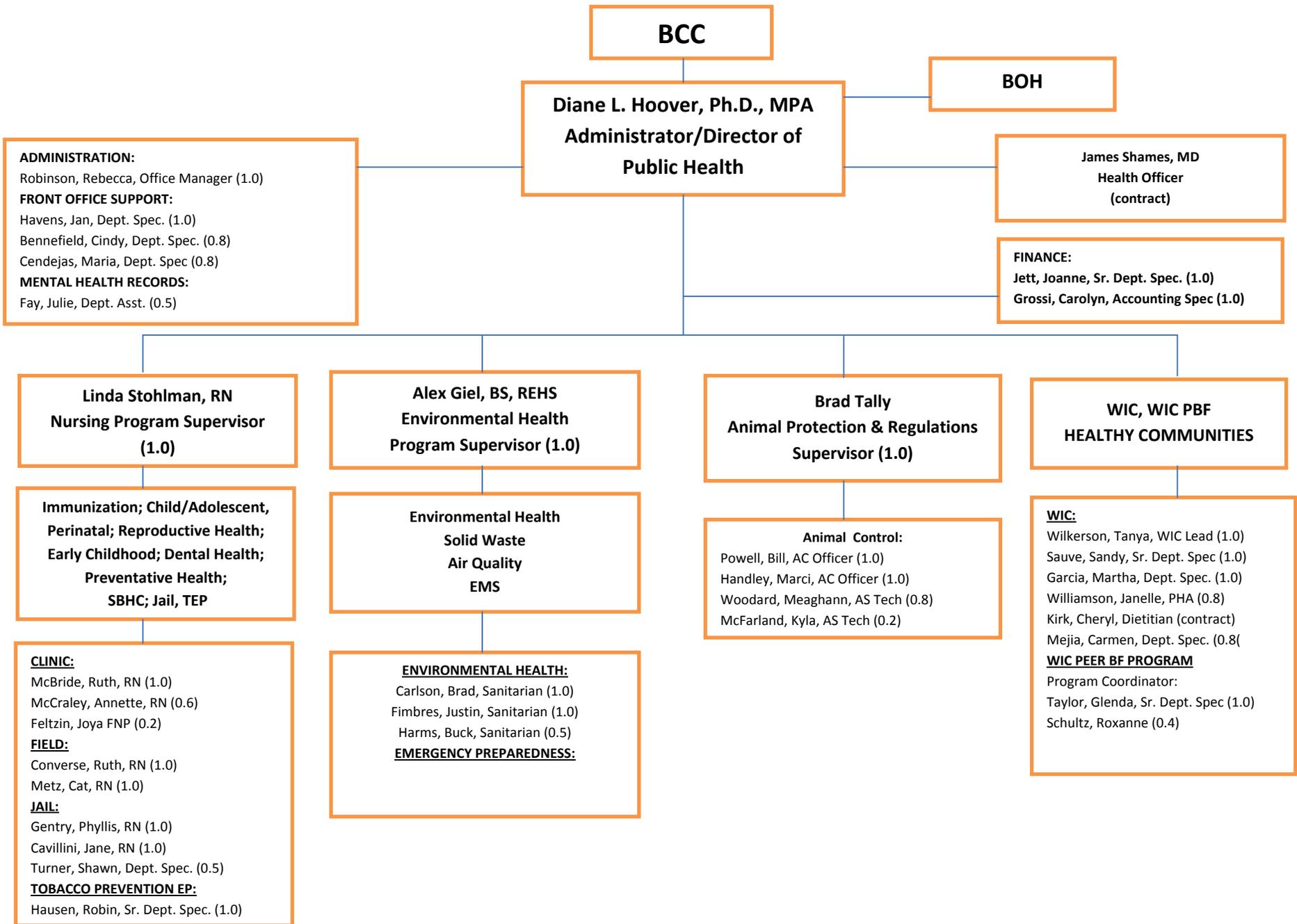
Jim Shames, MD is full-time health officer for both Josephine and Jackson Counties. He is both AAFP and ABAM certified and has over 20 years of Public Health experience.

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

Local Public Health Authority

County

Date



Local Public Health Authority Immunization Annual Plan Checklist
July 2012-June 2013
Josephine County Health Department

LHD staff completing this checklist: Linda Stohlman RN, BSN Nursing Program
Supervisor

State-Supplied Vaccine/IG

- 1. Uses the Oregon Immunization Program (OIP) Vaccine Administration Record (VAR), or a county VAR given prior approval by OIP
- 2. Accurately codes all immunizations according to OIP Vaccine Eligibility Charts
- 3. Pays quarterly Billable Project invoices in timely manner

Vaccine Management & Accountability

- 4. Has an assigned immunization program coordinator
- 5. Uses OIP-approved Standard Operating Procedures for Vaccine Management
- 6. Uses and maintains OIP-acceptable refrigeration equipment
- 7. Uses and maintains OIP-acceptable temperature tracking, calibrated and certified thermometers in every vaccine containing refrigerator & freezer
- 8. Has an OIP-approved vaccine emergency plan
- 9. Complies with OIP vaccine expiration & wastage requirements

Delegate Agencies

- 10. Has one or more delegate agencies: LHD has up-to-date addendum agreements for each site N/A
- 11. Has one or more delegate agencies: LHD has reviewed each site biennially, following OIP guidelines N/A

Vaccine Administration

- 12. Has submitted annual Public Provider Agreement & Provider Profile
- 13. Provides all patients, their parents or guardians with documentation of immunizations received
- 14. Complies with state & federal immunization-related document retention schedules
- 15. Does not impose a charge for the cost of state-supplied vaccines or IG, except for Billable Project or Locally Owned doses
- 16. Does not impose a charge of more than \$15.19 per dose for VFC/317 vaccine
- 17. Does not deny vaccine administration to any VFC or 317-eligible patient due to inability to pay the cost of administration fee, and waives this fee if client is unable to pay

Immunization Rates & Assessments

18. Participates in the annual AFIX quality improvement immunization assessment and uses rate data to direct immunization activities

Perinatal Hepatitis B Prevention & Hepatitis B Screening and Documentation

19. Provides case management services to all confirmed or suspect HBsAg-positive mother-infant pairs
20. Has a process for two-way notification between LHD and community hospital infection control or birthing center staff of pending deliveries by identified HBsAg-positive pregnant women
21. Enrolls newborns into case management program & refers mother plus susceptible household & sexual contacts for follow-up care
22. [Multnomah County only] provides centralized case management work over the tri-county area of Washington, Clackamas & Multnomah N/A
23. Documents & submits to OIP the infant's completion or status of 3-dose Hepatitis B vaccine series by 15 months of age (excluding Washington & Clackamas counties) N/A
24. Works with area hospitals to promote the Hepatitis B birth dose vaccine to all infants and Hepatitis B vaccine and IG to affected infants whose mothers are HBsAg positive or whose status is unknown
25. Screens all pregnant women receiving prenatal care from public programs for HBsAg status or refers them to other health care providers for the screening
26. Works with area hospitals to strengthen hospital-based screening & documentation of all delivering women's hepatitis B serostatus
27. If necessary, has an action plan to work with area hospitals to improve HBsAg screening for pregnant women
28. Requires and monitors area laboratories & health care providers to promptly report HBsAg-positive pregnant women

Tracking & Recall

29. Forecasts shots due for children eligible for immunization services using ALERT IIS
30. Cooperates with OIP to recall any patients who were administered sub-potent (mishandled or misadministered) vaccines

WIC/Immunization Integration

31. Assists and supports the Oregon Health Authority (OHA) to provide WIC services in compliance with *USDA policy memorandum 2001-7: Immunization Screening and Referral in WIC*

Vaccine Information

32. Provides to patients or patient's parent/legal representative a current VIS for each vaccine offered
33. Confirms that patients or patient's parent/legal representatives has read or had the VIS explained to them, and answers questions prior to vaccine administration
34. Makes VIS available in other languages

Outreach & education

35. Designs & implements a minimum of two educational or outreach activities in each fiscal year (July 2012 through June 2013). [Can be designed for parents or private providers and intended to reduce barriers to immunization. This can not include special immunization clinics to school children or for flu prevention.] **Report activity details here:**

Healthy Kids Are Cool! is being held on Saturday, August 25, 2012. Holding this on a Saturday reduces barriers to our families. This event offers vaccines to all ages in addition to health care screenings by various organizations in our community, such as, dental, vision, hearing, and WIC Program Promotion. Child ID's are available. Various public safety agencies participate, such as fire, police and ambulance to promote adult and child education.

We have procured the nurse's office in the Cave Junction County Building for the purpose of providing immunizations to all the residents in this rural area. Providing immunizations through the Josephine County Public Health Department (JCPH) has been absent in the Illinois Valley for many years. We feel this is an important and necessary service because of the data that indicates the immunization rate was low in that area. The town of Cave Junction is not only 30 miles from the JCPH in Grants Pass, it has minimal vaccine administration opportunities. The community is challenged economically which directly relates to profound transportation barriers.

Surveillance of Vaccine-Preventable Diseases

36. Conducts disease surveillance in accordance with *Communicable Disease Administrative Rules*, the *Investigation Guidelines for Modifiable Disease*, the *Public Health Laboratory Users Manual*, and OIP's *Model Standing Orders for Vaccine*

Adverse Events Following Immunizations

37. Completes & returns all reportable LHD patient adverse event VAERS report forms to OIP
38. Completes the 60-day and/or 1-year follow up report on prior reported adverse events if requested by OIP
39. Completes & returns VAERS reports on other adverse events causing death or the need for related medical care, suspected to be directly or indirectly related to vaccine, either from doses administered by the LHD or other providers

School/Facility Immunization Law

40. Complies with Oregon School Immunization Law (ORS 433.235-433-284)
- a. Conducts secondary review of school & children's facility immunization records
 - b. Issues exclusion orders as necessary
 - c. Makes immunizations available in convenient areas and at convenient times
41. Completes & submits the required annual Immunization Status Report to OHA by the scheduled deadline
42. Covers the cost of mailing/shipping: school exclusion orders to parents, and packets to schools & other facilities

American Recovery & Reinvestment Act (ARRA) Stimulus Funds

43. Completes and meets all ARRA (state and federal) reporting requirements **including the ARRA Final Summary Report by November 30, 2011.**

Report submitted? Yes No

Performance Measures

44. Meets the following performance measures: [Refer to your 2011 Performance Measure spreadsheet]
- Yes No: 4th DTaP rate of $\geq 90\%$, or improves the prior year's rate by 1% or more
 - Yes No: Missed Shot rate of $\leq 10\%$, or reduces the prior year's rate by 1% or more
 - Yes No: Correctly codes $\geq 95\%$ of state-supplied vaccines per guidelines in ALERT IIS
 - Yes No: Completes the 3-dose hepatitis B series to $\geq 80\%$ of HBsAg-exposed infants by 15 months of age
 - Yes No: Enters $\geq 80\%$ of vaccine administration data into ALERT IIS within 14 days of administration

Terms & Conditions Particular to LPHA Performance of Immunization Services

- 45. Reimburses OHA for the cost of wasted state-supplied vaccines/IG when required
- 46. Returns at LHD's expense all styrofoam containers shipped from Oregon Immunization Program (and not by McKesson)
- 47. Participates in state-sponsored annual immunization conferences, and uses dedicated OIP-provided funds for at least one person to attend

Reporting Obligations & Periodic Reporting

48. Submits, in timely fashion, the following reports (along with others required & noted elsewhere in this survey):
- Monthly Vaccine Reports (with every vaccine order)
 - Vaccine Orders (according to Enhanced Ordering Cycle [EOC] assignment)
 - Vaccine inventory via ALERT IIS
 - Immunization Status Report
 - Annual Progress Report
 - Corrective Action Plans for any unsatisfactory responses during triennial review site visits N/A

Non-Compliance Explanation Detail Sheet

Use these table rows to document any checklist statements you were unable to check off or answer with a "Yes". Be sure to insert the corresponding statement number for each response.

Q.

To Submit:

1. Save and print this document for your records
2. Include a copy with Agency Annual Plan
3. Submit as an attachment via e-mail to: Oregon.VFC@state.or.us

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: Diane Hoover, Coordinator

Date: 5-1-2011

Phone Number: 541-474-5334

Email Address: dhoover@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 learn and utilize participant centered education skills and strategies in 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.

Implementation Plan and Timeline:

All staff conducting 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 McCracken, 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:

The WIC Lead and Training Supervisor will assign appropriate staff to modify at least one nutrition education group lesson plan from each category of core classes. The following timeline will be followed in class restructuring: July 31, 2011 – Pregnancy Class

September 30, 2011 – Infant Class
November 30, 2011 – Child Class
January 30, 2012 – Breastfeeding Class
March 31, 2012 – Family Class

Following the class outline changes, staff will present the new outline to the group for evaluation.

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 nutritional education experience that would best meet their needs.

Implementation Plan and Timeline:

WIC Lead, Tanya Wilkerson, 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 nutritional education experience that would best meet their needs. This will be accomplished in July 2011, to guide the class restructuring process. Staff to attend, include:

- **Cheryl Kirk, RD**
- **Glenda Taylor, CPA**
- **Martha Garcia, CPA**
- **Audrey McCracken, CPA**
- **Janelle Williamson, CPA**
- **Sandy Sauve, Clerk**
- **Diane Hoover, Coordinator**

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:

WIC Lead, Tanya Wilkerson, will collaborate with the Breastfeeding Coordinator, Glenda Taylor, to modify at least one prenatal breastfeeding class to include PCE skills and strategies by January 31, 2012.

Activity 2: Local 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:

Upon receipt of resource materials in July 2011, JCPH Breastfeeding Coordinator will work with the JCPH Training Supervisor to provide an in-service to staff incorporating participant-centered skills to support breastfeeding counseling.

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 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 in the Fall of 2011.

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

Implementation Plan and Timeline:

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

Partners currently identified include:

- **Southern Oregon Early Head Start**
- **Josephine County Early Intervention**
- **Three Rivers Hospital Lactation and Health education staff**
- **Josephine County Perinatal Task Force members (a broad representative group incorporating some of the above and several other agencies with focus on women and children’s health)**

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

The WIC Lead will invite a partner from the list identified above to complete the new on-line Oregon WIC Breastfeeding Course.

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: Local agency staff 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:

All staff will attend a Health Outcomes staff in-service by March 31, 2012.

Activity 2: Local agency staff will complete the new online Postpartum Nutrition course by March 31, 2010.

Implementation Plan and Timeline:

All staff will complete the new online Postpartum Nutrition course by March 31, 2010.

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

Diane Hoover, PhD, MPA

Attachment A

FY 2011-2012 WIC Nutrition Education Plan

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

Agency: Josephine County

Training Supervisor(s) and Credentials: Cheryl Kirk, RD LD

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	July 2011	Civil Rights	Meet federal requirements to address civil rights issues for service delivery
1	August 2011	2 nd Nutrition Education	Familiarize Staff with policy requirements for 2 nd Nutrition Education.
2	October 2011	PCE Group Nutrition Education Training	Increase Strengths in Nutrition Education methods that meet PCE standards.
2	November 2011	Incorporating PCE to Breastfeeding Promotion	Build staff confidence and knowledge for using PCE concepts with Breastfeeding promotion.
3	March 2012	Postpartum Nutrition Module	Increase knowledge about postpartum nutrition.

4	May 2012	Breastfeeding Update (annual training hosted by Rogue Valley Medical Center)	To increase breastfeeding evidence-based knowledge, and network with community health professionals.
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