

Local Public Health Authority
Comprehensive Plan for FY 2010- 2013
Washington County

Update December 2012
12/18/12

Washington County Health and Human Services
155 N. First Ave.
Hillsboro, OR 97124

Washington County Comprehensive Plan 2010-2013
Update December 2012
Table of Contents

Executive Summary	3
Assessment	4
Action Plans	14
Epidemiology: CD/TB; HIV/STD; Chronic Disease	
CD/TB	14
HIV/STD	16
Chronic Disease	18
Maternal Child Health	20
Home Visiting Program	20
Clinic Services	22
Immunization	24
WIC	25
Environmental Health	29
Food borne Illness Reduction	29
Waste Water	32
Second Hand Tobacco Smoke	33
Animal Bites	34
Accreditation	35
Health Statistics	37
Information and Referral	37
Public Health Emergency Preparedness	38
Additional Requirements	41
Unmet Needs	42
Budget	45
Minimum Standards	46
Appendix A	Family Planning Program Plans
Appendix B	HIV Program Plans
Appendix C	Immunization Program Plans
Appendix D	Public Health Preparedness Program Plans
Appendix E	Tobacco Education and Prevention Program Plans
Appendix F	Women, Infants and Children Program Plans

I. Executive Summary:

Washington County Health and Human Services is submitting this update to the comprehensive Annual Plan for FY 2012-2017 as required by ORS 431.375–431.385 and ORS 431.416 and rule OAR Chapter 333, Division 14. The required activities necessary for the preservation of health or prevention of disease that includes epidemiology and control of preventable diseases; parent and child health services including family planning; environmental health services; collection and reporting of health statistics; and health information and referral are provided.

This plan includes assessment data and updates to program specific actions plans with goals, activities, and outcome measures. Areas of particular emphasis continue progress toward national public health accreditation. Specifically, complete the community health needs assessment work currently in process, complete a health improvement plan, and implement the drafted quality improvement plan. The environmental health program has made significant progress toward meeting the voluntary program standards for a uniform inspection program.

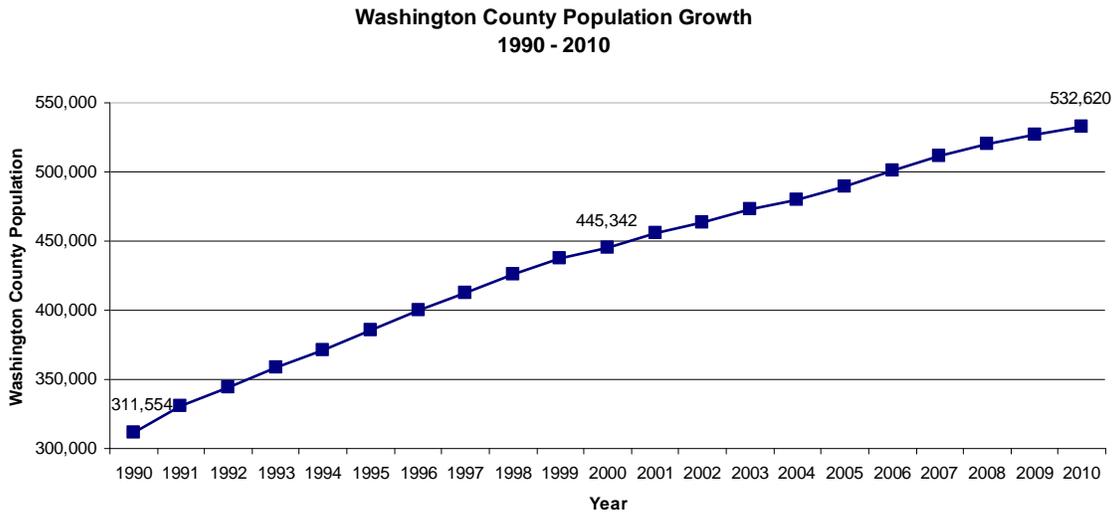
Responding to federal and state health care reform, public health leadership is actively engaged with the two Coordinated Care Organizations that serve the three metro counties. In addition, public health is co-leading a four county, fourteen hospitals and two CCO workgroup to plan and conduct a shared community health needs assessment. This assessment will be the foundation for a shared health improvement plan. Once completed, the assessment and improvement plan along with our recently Board approved strategic plan will finish the pre-requisites for public health accreditation.

The direction from county leaders is to foster collaboration and active engagement with our communities to solve problems and provide services. This results in a lean workforce and a diverse range of community partners working together. This is both an asset and a challenge as we approach improving the public's health.

Washington County 2012-2013 Annual Plan Assessment Data:

Washington County is one of three counties making up the Portland metropolitan area, located west of Portland. The county spans 727 square miles and is the second largest county by population in Oregon. The population has grown by approximately 70% since 1990, reaching nearly 533,000 in 2010 (Figure 1)¹. The majority of this growth is from births though there is also considerable migration into the county. Washington County is home to the fifth and sixth largest cities in the state (Hillsboro and Beaverton), with Hillsboro recently surpassing Beaverton in size. The county also encompasses large amounts of rural space.

Figure 1. Washington County Population Growth, 1990-2010



The county's population is the most diverse in Oregon and continues to experience more growth in the Hispanic/Latino and Asian communities. In 2010, 8.9% of the county identified as Asian/Pacific Islander (Figure 2) and 14.7% identified as Hispanic/Latino (Figure 3).

Figure 2. Race in Washington County, 2010

¹ Portland State University Population Research Center (PSU PRC). Accessed at <http://www.pdx.edu/prc/>

Race, Washington County 2010

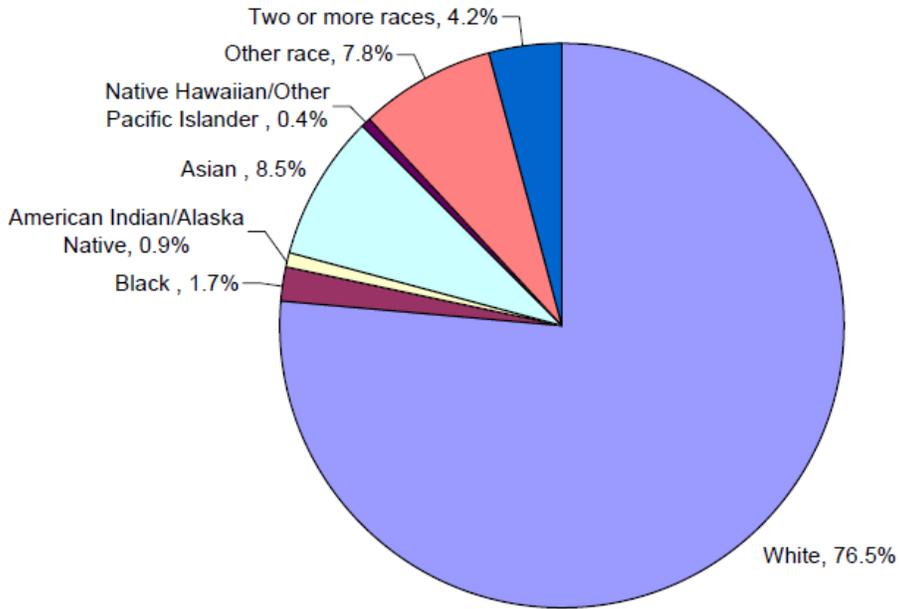
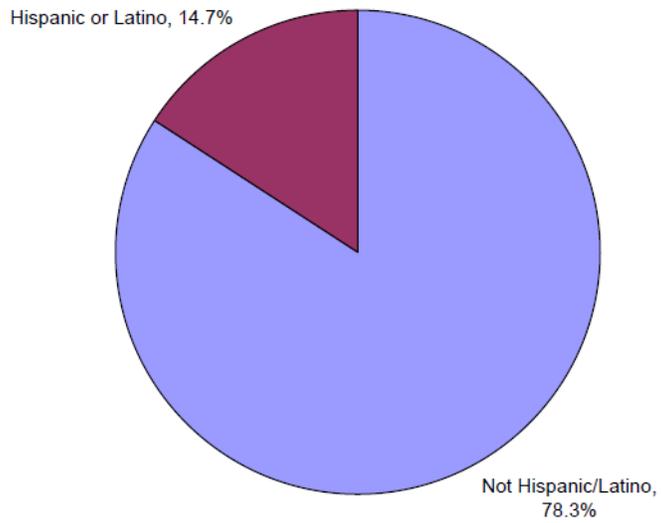


Figure 3. Ethnicity in Washington County, 2010

Ethnicity, Washington County 2010



Washington County has a relatively young population compared to the state's average, with considerably more individuals in the 0-14 and 30-44 age groups (Figure 4)². Though Washington County has a comparatively young population overall, there were over 50,000 individuals (10% of the population) aged 65 years and older in 2010. Given the longer life expectancy at birth (Figure 5)³, overall population growth in the county, and an aging population nationwide, we can expect the number of individuals in that age group to grow.

Figure 4. Population by Age Group, Washington County vs. Oregon, 2010

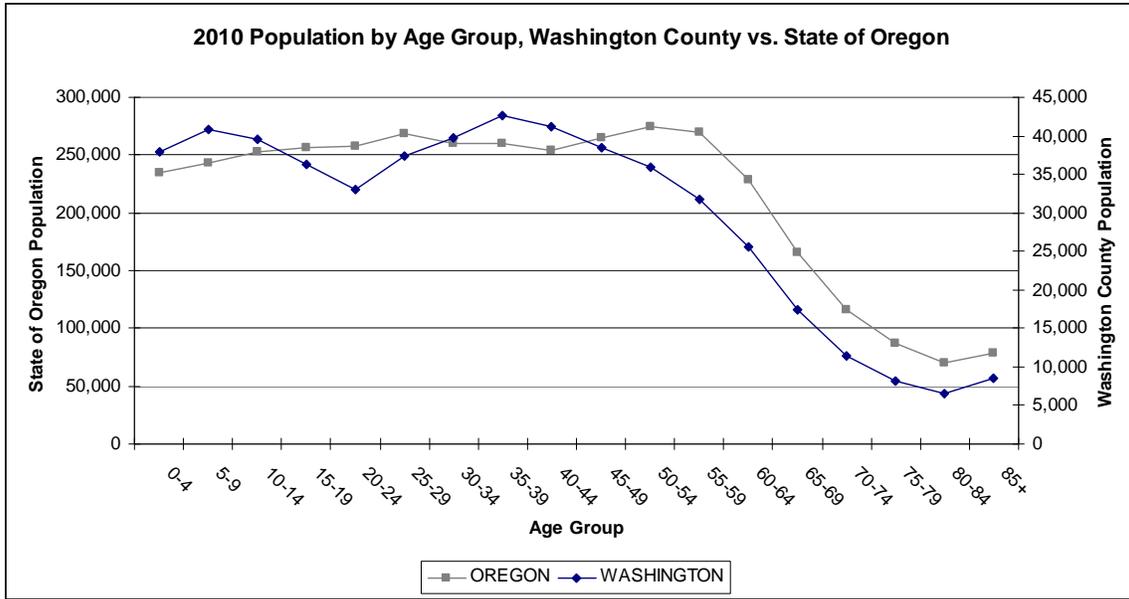
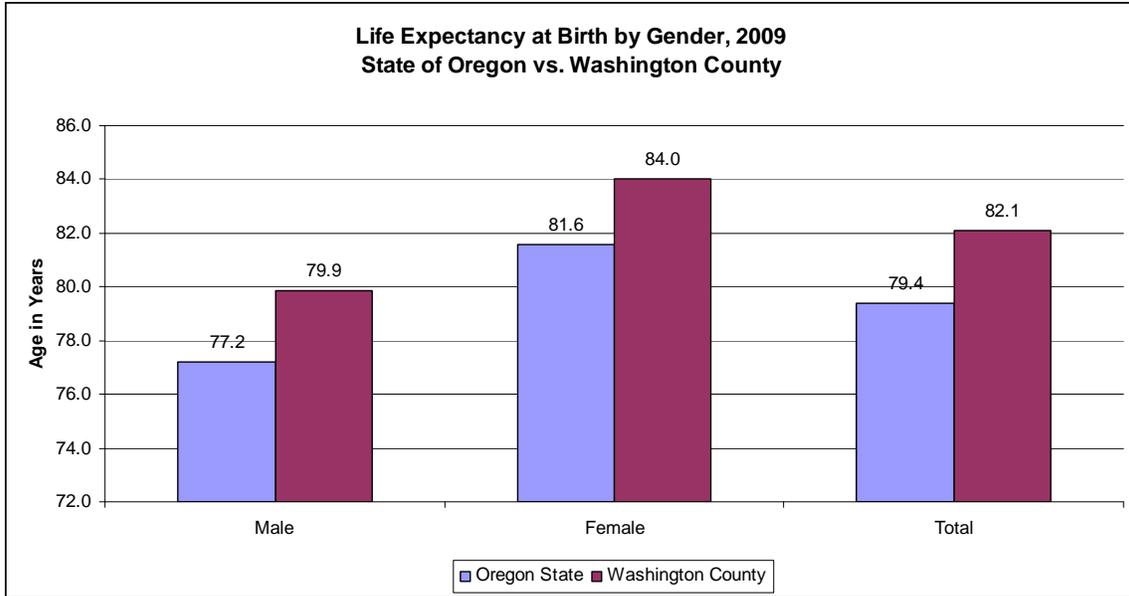


Figure 5. Life Expectancy at Birth by Gender, 2009

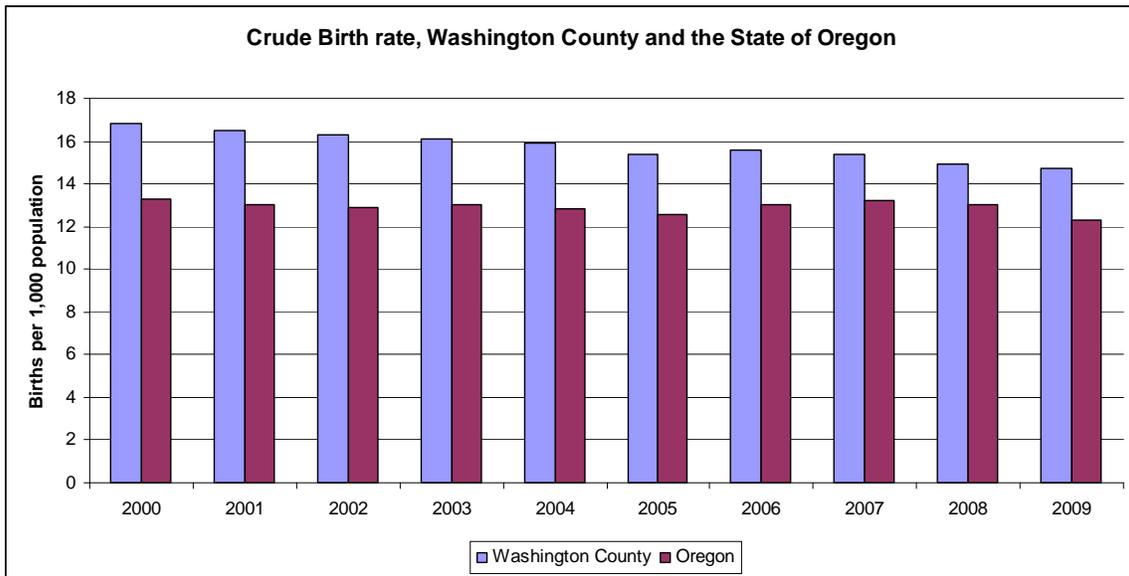
² Oregon Center for Health Statistics (OR CHS). Data accessed through VistaPHw. <http://www.oregon.gov/DHS/ph/hsp/vistaphw/index.shtml>

³ OR CHS VistaPHw.



Our young and diverse (racially, ethnically, socioeconomically) population contributes to making the county's birth rate the highest in the state, with nearly 8,000 births a year (Table 1)⁴. The teen pregnancy rate has been similar to the state's average since 1998 (Figure 6)⁵. In 2006 there was an increase in pregnancies in the 10-14 year old age group⁶, but this has steadily decreased through 2009.

Table 1. Births by Year, Washington County and Birth Rates by Year, Washington County vs. Oregon

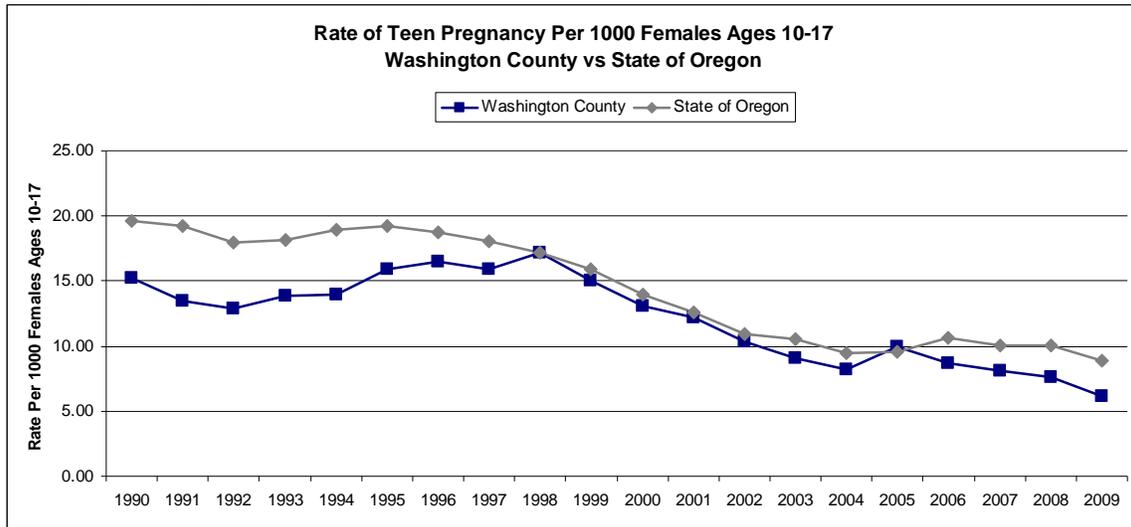


⁴ OR CHS VistaPHw.

⁵ OR CHS VistaPHw.

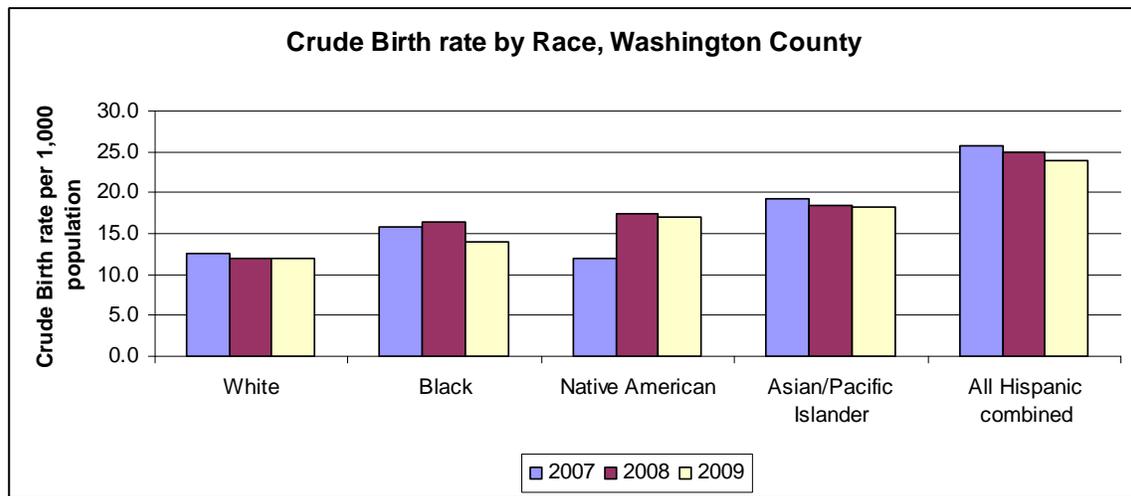
⁶ OR CHS VistaPHw.

Figure 6. Rate of Teen Pregnancy per 1,000 Females Aged 10-17 by Year, Washington County vs. Oregon



The two groups that have the highest birth rates in the county are the Asian/Pacific Islander and Latina populations (Figure 7)⁷.

Figure 7. Crude Birth Rate by Race/Ethnicity, Washington County



Considering the high birth rates, prenatal care and pregnancy outcomes are of particular interest to Washington County public health. Prenatal care starts during the first trimester for over 75% of births in Washington County, consistently higher than the state average (Figure 8)⁸. The county has a similar number of low birth weight babies as compared to the state average (Figure 9)⁹.

⁷ OR CHS VistaPHw.

⁸ OR CHS VistaPHw.

⁹ OR CHS VistaPHw.

Figure 8. First Trimester Prenatal Care by Year, Washington County vs. Oregon

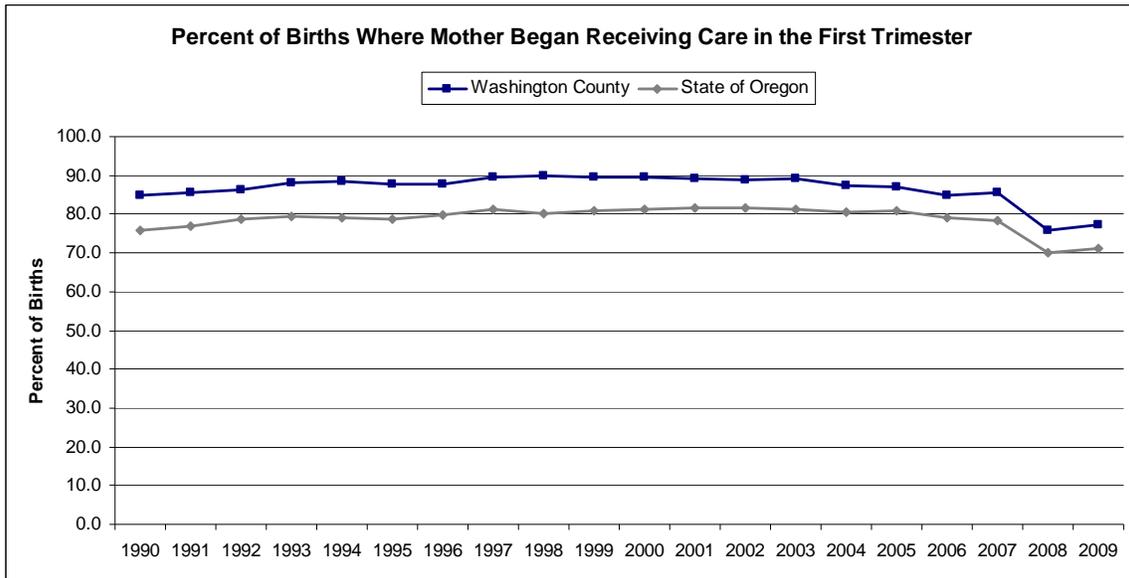
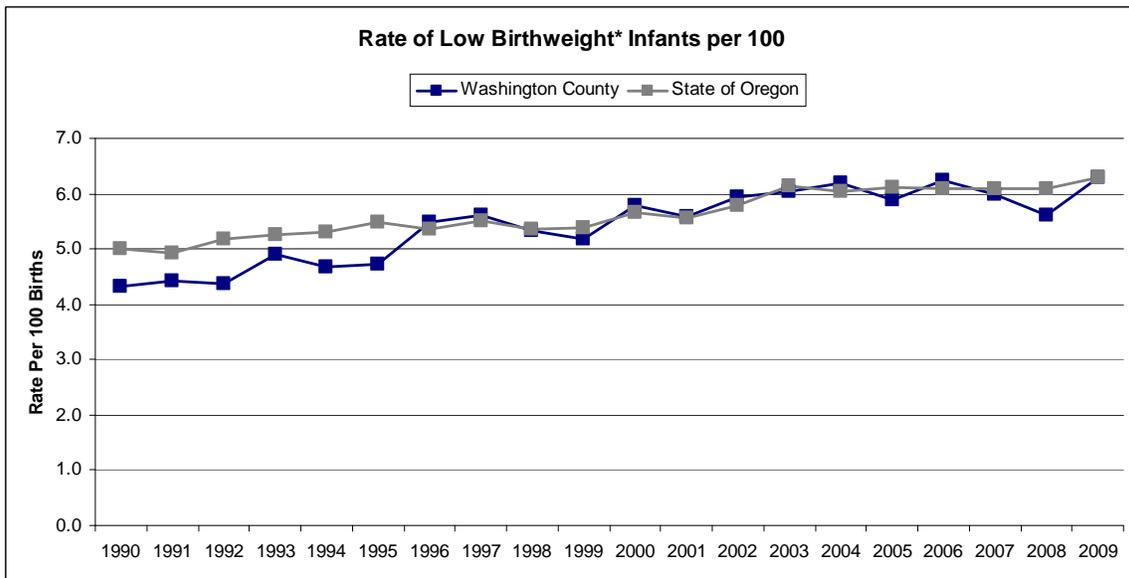


Figure 9. Low Birth weight Infants by Year, Washington County vs. Oregon



Washington County is diverse in measures beyond race and ethnicity. These measures include education, employment, poverty status, and access to care. Jobs in the county range from the high-tech corridor to migrant farm work. Approximately 19% of those 18-24 years of age have less than a high school education (compared to 16% statewide). While 26% of the county’s 25 years and older population have bachelor degrees (18% statewide), 9% of did not have a high school diploma (7% statewide). Approximately 91% of Washington County residents had a high school diploma or higher education

level (89% state average) and 39% had a bachelors degree or higher (29% state average) indicating a well-educated population relative to the State of Oregon. There are however, striking differences by race and ethnicity (Table 2)¹⁰.

Population	Total	Asian	White	Hispanic
Less than high school	9%	9%	6%	42%
High school graduate/some college/ Associate's degree	52%	30%	46%	32%
Bachelor's degree	26%	31%	27%	7%
Graduate or Professional degree	13%	30%	12%	4%

As job availability increases, annual unemployment rates have decreased from 9.0% to 7.8% in September 2010 to 2011¹¹. The median household income in 2010 was \$60,489 (a decrease from 2009), with 14% of the population still living below 125% of the poverty level and 28% of the population living below 200% of the poverty level. This includes 12% of the county's children, aged 17 and under living below the poverty level¹². Approximately 39% of the county's children were eligible for free or reduced lunch during the 2010-2011 school year. This varies greatly from district to district (range of 18% - 61%) and even more so school to school (range of 18% - 88%)¹³. During the 2010 homeless count, 935 adults and 448 children were identified as homeless in Washington County¹⁴.

According to the 2010 American Community Survey, 15% of Washington County residents do not have health insurance (compared to 17% of residents statewide). Another 20% have public insurance (compared to 29% of residents statewide)¹⁵.

Access to primary care has been a long identified priority within the county. In 2008, about 13% of adults report not having a primary care provider, 8% report not being able to go to the doctor when they needed to during the last year because of cost, and 15% have not been to the doctor for a routine checkup in the last 2 years¹⁶. The rate of primary care providers per 100,000 population was 105.8 in 2008 (down from 123.5 per 100,000 population in 2006)¹⁷.

¹⁰ US Census, 2010 ACS.

¹¹ Oregon Employment Department Local Area Employment Statistics.

<http://www.qualityinfo.org/olmisj/labforce?key=startregion&areacode=4101000000>

¹² US Census, 2010 ACS. (Poverty Status past 12 months 2010 ACS 1-year estimate)

¹³ Oregon Department of Education. Accessed at <http://www.ode.state.or.us/sfda/reports/r0061Select.asp>

¹⁴ 2010 Point-in-Time Homeless Count. Accessed at <http://www.co.washington.or.us/Housing/10-year-plan-to-end-homelessness.cfm>

¹⁵ US Census, 2010 ACS.

¹⁶ US Centers for Disease Control and Prevention (CDC). Behavioral Risk Factor Surveillance System (BRFSS). Accessed at www.cdc.gov/brfss

¹⁷ Healthindicators.gov

The local WIC program serves a caseload of 20,727 people with an active caseload of over 13,000 clients with daily requests for new appointments. Washington County’s public health nurse home visiting service continually balances caseloads based on high risk versus higher risk, providing service to over 1205 families through more than 6657 home visits (7854 provider visits) in 2010. The Healthy Start program focuses on the needs of new parents, providing services to 360 families in 2010. During the fiscal year 2009-2010 the Healthy Start program provided these services though they had to cut one of the service providers. They are working at capacity and have managed to increase their annual retention.

Clinical services including family planning, sexually transmitted disease screening, HIV testing and counseling, immunization, and teen health services are offered in Hillsboro, Beaverton, and Tigard. In 2009, 81% (80% statewide) of 24-35 month olds were up to date on their immunizations¹⁸. Reporting from public as well as private providers tells us that Washington County typically has the second or third highest number of HIV, Chlamydia, gonorrhea, and early syphilis cases in the state. In 2010 there were 527 HIV cases; 1,388 Chlamydia cases; 96 gonorrhea cases; and 17 early syphilis cases¹⁹. Outreach to high risk populations is prioritized.

The communicable disease program is responsible for investigating reportable enteric disease, respiratory disease, and Hepatitis B and C. Other reportable diseases (see Table 3), includes suspected reportable diseases (i.e. meningitis and tuberculosis), and food borne disease outbreak investigations that are conducted collaboratively with environmental health specialists. Washington County typically has the second or third highest number of active tuberculosis (TB) cases in the state. In addition to managing active TB cases and worksite investigations, the team also provides preventive latent tuberculosis treatment and services.

Table 3. Reported communicable diseases, Washington County, 2010.

AIDS/HIV	527	Legionellosis	4
Campylobacteriosis	111	Listeriosis	4
Chlamydiosis	1388	Lyme disease	3
Cryptosporidiosis	38	Malaria	5
STEC (<i>E. coli</i> O157)	22	Meningococcal disease	1
Giardiasis	56	Pertussis	11
Gonorrhea	96	Rabies, animal	2
<i>Haemophilus influenzae</i>	8	Salmonellosis	57
Hepatitis A	3	Shigellosis	6
Hepatitis B (acute)	5	Early Syphilis	17
Hepatitis B (chronic)	89	Tuberculosis	15
Hepatitis C (acute)	0	West Nile	0

¹⁸ Oregon Immunization Program. ALERT registry. <http://www.oregon.gov/DHS/ph/imm/alert/index.shtml>

¹⁹ Oregon Public Health. Acute and Communicable Diseases (ACD). Accessed at <http://www.oregon.gov/DHS/ph/acd/stats.shtml>

According to the 2006- age-adjusted Behavioral Risk Factor Surveillance System, the majority of Washington County adults think of themselves in good health overall, with 89% reporting good, very good or excellent health. Approximately 19% indicated that they are limited in some way by physical, mental, or emotional problems²⁰. The 2010 American Community Survey reports approximately 90% of residents being free from disability. Approximately 4% of the county's population report having a physical disability, 4% a mental disability, 1% having self-care difficulty and 3% having independent living difficulty²¹.

There were a total of 2,792 deaths in Washington County in 2009. The leading cause of death in 2009 was cancer (25%), followed by heart disease (19%), and cerebrovascular disease (7%) Unintentional injury, suicide, and homicide accounted for approximately 7% of deaths²². During 2004-2006 an average annual rate of 346 per 100,000 hospitalizations were injury related²³.

Physical inactivity is of major concern for Washington County. Unfortunately, only a quarter of 8th graders and one fifth of 11th graders are getting the recommended level of physical activity in Washington County. Likely contributing to a lack of exercise, the county is home to three of the least walkable cities in Oregon: Tigard, Tualatin and Sherwood²⁴. In a recent survey of sidewalk availability more than half of the county had "average" or "low" sidewalk availability on one side of the street (Washington County Opportunity Maps)

With low physical activity usually comes a high prevalence of overweight/obesity which is the case in Washington County. Recently, 24% of 8th graders and 22.2% of 11th graders surveyed were overweight or obese. This is compounded by the fact that 10.9% of 8th graders and 64.0% of 11th graders do not have physical education during any days at school²⁵.

With the lack of walkability, low physical activity and high prevalence of obesity, it is not surprising to find that there are two major food deserts in urbanized census tracts in Washington County, representing 4,682 people with low access to healthy food²⁶ However, even those with excellent access to healthy food are not consuming the recommended daily amount of fruits and vegetables (Figure 5). In fact, 78% of 8th graders and 82% of 11th graders are not eating proper fruits and vegetables

²⁰ CDC. BRFSS.

²¹ US Census, ACS.

²² OR CHS VistaPHw.

²³ Oregon Injury and Violence Prevention Program. Accessed at <http://www.oregon.gov/DHS/ph/ipe/index.shtml>

²⁴ <http://www.walkscore.com/OR>

²⁵ OR CHS 2005-2006 Oregon Healthy Teens survey

²⁶ <http://www.ers.usda.gov/data/fooddesert/fooddesert.html>

18.9% of deaths in Washington County are linked to tobacco²⁷. Last year in the county, fifty thousand adults regularly smoked cigarettes, just under ten thousand people suffered from a serious illness caused by tobacco use and \$91 million dollars were spent on medical care for tobacco-related illnesses²⁸. Approximately 47% of Washington County smokers attempted to quit last year.

It is crucial to identify comprehensive strategies that will positively impact the community. By creating a supportive environment and increasing opportunities for people to live healthy and active lives in Washington County, the social and economic burdens of chronic disease will be reduced

²⁷ Oregon Vital Statistics County Data 2008

²⁸

<http://public.health.oregon.gov/PreventionWellness/TobaccoPrevention/Documents/countyfacts/washfac.pdf>

III. Action Plans:

Program specific action plans, based on locally identified needs are in this section. The required state program annual plans can be found as appendices.

A. Epidemiology: CD/TB, HIV/STD, Chronic Disease

1. CD/TB

Current Conditions:

The communicable disease (CD) and tuberculosis (TB) programs protect the public's health by:

- Investigating and controlling reportable, communicable diseases
- Coordinating care and providing consultation to area providers for cases of communicable diseases
- Conducting surveillance for disease within the community
- Providing and coordinating treatment and case management of active TB cases and latent TB infection (LTBI)

Washington County Department of Health and Human Services (WCDHHS) is able to receive and respond to disease reports 24/7/365. During business hours, communicable disease staffs are trained and able to respond to disease reports, and implement control measures. After business hours, WCDHHS contracts with an answering service to reach a supervisor within the public health division of WCDHHS that can respond appropriately to emergency calls. In the event a larger response is needed, a phone tree call system is in place for all staff within public health. This phone tree is tested quarterly and contact information of staff is updated quarterly as well. In addition, satellite phones are housed in each of the three Washington County clinics and the Public Services Building (PSB) as staff are directed to report to the nearest clinic or the PSB during non-business hours in the event of a public health emergency).

In addition to having the ability to receive and respond to disease reports 24/7/365 and a phone tree call system within WCDHHS, the following programs and individuals know and respond to the health alert network (HAN): CD/TB Program, community health supervisors and the environmental health team.

In January 2011, the Environmental Health (EH) program moved under the umbrella of the Public Health Division in HHS. This restructuring of EH within public health has strengthened the collaborative relationship between the CD and EH programs. The CD and EH program staff and supervisors work collaboratively and effectively on disease outbreaks that involve EH inspected facilities or events. The CD program also provides consultation to the EH program on animal bites.

The WCDHHS epidemiologist works closely with the CD and EH program by analyzing data, monitoring disease trends, developing survey tools and investigative guidelines. In addition, the epidemiologist works with the county's information technology services (ITS) department on database development, maintenance, and technical guidance during outbreaks.

Incidence of TB disease in Oregon generally has been declining over the past decade. In 2011, 74 cases of TB were verified in Oregon, for a rate of 1.9 cases per 100,000 residents. This is a decrease from 2010 when 87 TB cases were reported. However, in Washington County, the number of individuals diagnosed with active TB has generally held steady at 15 cases (2010) and 14 cases (2011).

The TB Program has seen increasingly medically complex TB patients. These TB patients require more intensive nursing case management including: coordinating care with the medical provider; close monitoring for drug interactions; establishing a provider “home” (if the patient doesn’t have a provider); connecting the patient with other social service agencies; and coordinating diagnostic tests with providers. All cases of active TB receive directly observed therapy (DOT). DOT provides assurance that the individual is taking their medications daily, decreases the likelihood that untoward outcomes (i.e. side effects, drug resistant) will result. Trust and a patient-centered treatment plan are developed to help the patient through their lengthy treatment of at least six months and help the community health nurse identify and assess contacts that may have been exposed.

WCDHHS has a highly skilled, competent and knowledgeable TB team to manage these medically complex patients and investigations. Staffs have attended nationally recognized TB trainings. The TB program has established solid working relationships with area providers who manage the primary care for these patients.

In addition to the case management component of the TB program, TB investigations are the cornerstone of preventing future active TB patients who may then transmit the TB bacteria to others.

CD staffs regularly collaborate with Infection Control Practitioners (ICP) at two local hospitals to promote both effective working relationships as well as accurate CD reporting

Both the CD and TB program staff consult frequently with the Tri-County Health Officer Program (HO) on a variety of issues such as food borne outbreaks, TB case management and investigations, CD investigations and prophylaxis. In addition, both programs consult and work regularly with the state’s TB and Acute and Communicable Disease Program staff.

Goal: Provide effective communicable disease services that include investigation, surveillance, case management and prevention activities as well as providing a safe work environment for staff and clients.

Objectives	Methods	Outcome measures	December 2012
Expand & improve the employee health program	1. Ensure that procedures are in place and consistently	1. By July 2010, the program will be fully operational.	Completed

provided to WCDHHS Public Health Division employees.	followed. 2. Ensure employee records are stored in a secure location.	2. Documentation that 100% of new employees have completed required vaccines, tests and BBP training within specified time frames.	
Maintain current resources and references for TB case management and CD investigations	Ensure that CD & TB standing orders are reviewed annually and signed by Health Officer.	Standing orders will consistently be current and available to staff.	The CD and TB standing orders are currently being updated. Updated TB orders are a collaborative effort with the tri-county health officers and TB programs.
Implement transition to ORPHEUS, the new CD database	Sign ORPHEUS Security Policies and Procedures	All required documents are in place.	Completed
Review communicable disease data to insure completeness	Communicable disease staff attend training on ORPHEUS At least quarterly, review communicable disease data used in required data fields for completeness	All staff trained and effectively using the new system Quarterly reviews of communicable disease data to assure CQI.	Using ORPHEUS, the CD program supervisor shares monthly QA reports with staff to ensure state program assurances are met.
Increase cross-cultural effectiveness within the communicable disease program	CD staff will participate in all available cross-cultural effectiveness training	Complete data rates meet benchmarks. Documentation of trainings and staff attendance. Staff will demonstrate increased cross-cultural understanding and effectiveness.	Ongoing; staff has attended a number of trainings and workshops throughout the year.

2. HIV and Sexually Transmitted Infections (STI)

Current Conditions: STI

Clinic staff and the state Disease Intervention Specialist (DIS) assigned to Washington County work to provide investigation, testing and treatment to individuals in Washington County. Priority is given to those cases involving Syphilis, HIV and Gonorrhea. Public Health staff has been trained and is using the state database, ORPHEUS, to document and track STI and HIV case information. In addition, the HIV Prevention Team works to consult with clinic staff on HIV positive cases to ensure appropriate treatment and case management referrals.

Current Conditions: HIV Prevention

Locally, 55%-60% of tri-county MSM reported meeting anonymous sex partners through the internet or other public sex environments (PSE), such as bathhouses or adult video stores. There is a strong likelihood that MSM in Washington County who access the internet to meet sexual partners may be unaware of HIV prevention services available to them. These factors suggest that targeting those highest-risk populations with prevention messages via the internet could be an important component in reducing the spread of HIV in Washington County. In addition, the number of MSM who have accessed high risk testing services in Washington County has decreased over 40% from 2008 to 2009. In response, Washington County HIV prevention team conducted a community-wide program planning process in 2010 -11 to evaluate HIV prevention efforts in the county.

Goal: Reduce the transmission of HIV in Washington County.			
Objectives	Methods	Outcome Measures	December 2012
Increase the number of MSM in Washington County who access high-risk HIV counseling and testing services	<ol style="list-style-type: none"> 1. Post HIV prevention information, including information promoting walk-in HIV testing and counseling services, on CraigList. 2. Post HIV prevention information, including information promoting walk-in HIV testing and counseling services in PSE in Washington County 	<p>HIV prevention posting is published on CraigsList and updated weekly</p> <p>Increased numbers of individuals at highest risk are accessing testing.</p> <p>Testing and Counseling information is posted at local PSE and updated bi-monthly</p> <p>MSM self-report on survey preceding Counseling and Testing Referral Services</p>	Washington County continues to contract with Cascade AIDS Project (CAP) to provide high-risk testing, counseling and referral services to those at highest risk for HIV transmission. CAP will continue to provide these services through June 2016 based on the availability of funding and program performance.
Washington County HIV prevention program will facilitate a comprehensive community program planning process to re-evaluate HIV prevention efforts in Washington County.	<ol style="list-style-type: none"> 1. Develop and facilitate a Washington County HIV team planning retreat by 5/2010. 2. Develop work plan for community planning process by 9/2010. 3. Implement planning process 	A comprehensive HIV program plan for FY 2011-15 is developed and being implemented.	<p>In FY 2010-11, Washington County contracted with Cascade AIDS Project and an outside consultant to conduct a community assessment related to HIV prevention needs. Assessment was completed on 3/31/11.</p> <p>On 3/31/11, Washington County submitted an HIV program plan to the state HIV program based on findings of community needs assessment.</p> <p>In May 2011, Washington County and</p>

	4. By 3/2011, based on community feedback and input, develop a 3 year HIV prevention plan to be implemented by 7/2011.		Clackamas County will submit an RFP for HIV CTRS and outreach to CTRS for FY 2011-12. HIV contract awarded to CAP in 7/2011 through 6/2016
Increase cross-cultural effectiveness within the HIV prevention team	HIV prevention team will participate in all available cross-cultural trainings	Documentation of trainings and staff attendance. Staff will demonstrate increased cross-cultural understanding and effectiveness.	Ongoing: staff has attended a number of trainings and workshops throughout the year.

3. Chronic Disease

Current Conditions: Chronic disease prevention

The efforts to develop and implement a comprehensive chronic disease prevention program are in part a response to a need identified by a cross-section of community leaders and healthcare partners who participated in a strategic planning process with the department in 2008 and 2009. Current capacity building efforts are small in scope, but with the development of an advisory council as well as the current trend in public health funding, Washington County may be well positioned to reduce the burden of chronic disease in local communities.

Goal: Reduce the burden of chronic disease in Washington County through the development of a chronic disease prevention program.

Objectives

Identify and develop additional resources to ensure competency and

Methods

Develop trained and competent staff to serve as a resource for programs and

Outcome Measures

Chronic disease prevention messages and information are incorporated into all public health processes and

December 2012

An AmeriCorps/VISTA position was added to the team. Staff has attended a number of chronic disease trainings

consistency in chronic disease prevention approach.

staff working towards a chronic disease prevention program goal..

programs.

and workshops to improve best practice efforts; some public health programs have incorporated chronic disease prevention objectives in planning.

Provide countywide visibility as a leader in chronic disease prevention through policy implementation

Collaborate with county departments outside of public health (HR, Facilities, EH) to address chronic disease prevention elements such a smoke free county campus

All Washington County owned or occupied properties are smoke free by 2015 through intra-county collaborations and partnerships

Staff currently attending Benefits Committee meetings. Employee Wellness Committee has been created as well as a two year strategic plan. The Employee Wellness Committee is staffed by the AmeriCorps/VISTA member.

Promote equitable approaches to chronic disease prevention throughout the county.

a. Develop a county-wide chronic disease self-management steering committee to coordinate promotion efforts.

Coordinated communication plan for all self-management programs in the county.

A charter has been created and participating agencies are working to collect signatures.

b. Develop a cross-collaborative early childhood obesity prevention task force.

Identify locally appropriate recommendations from OHA task force suggested list.

The first meeting was held in February 2012 and interest was expressed for collaboration with WIC to increase breastfeeding rates among hard to reach populations. A successful grant was received and two breastfeeding training videos were developed for non-custodial caregivers and women unable to parent. The training videos focus on pumping breast milk, storing breast milk and providing pumped breast milk to infants.

c. Host community forums to identify

Collect input from community partners and members through a community

Planning in process.

opportunities for improvements to the current food system.

FEAST event.

Develop local farm to school action plan in collaboration with school districts.

Early conversations and participation in the OR Farm to School and School Garden Network steering committee have been initiated. Washington County Public Health hosted ORF2SSG annual meeting and a meet and greet between school district nutrition services and agriculture producers is scheduled for January 2013 to determine feasibility and logistics for increasing availability of local food within the school districts.

B. MATERNAL/CHILD HEALTH

1. Home Visiting Programs

Current Conditions: Nurse Home Visiting

The public health Maternal and Child Health (MCH) Home Visit Program is based on an epidemiology model—identifying priority MCH problems, identifying target populations based on risk for these problems, and providing interventions to prevent or ameliorate the problem based on “best practices.” Successful epidemiology models must have a comprehensive quality assurance system.

Goal: Improve the quality assurance practices with the Maternal and Child Health Field Team

Objectives

1. Establish performance measures

Methods

- a. Identify program goals for both perinatal and child health home visit programs
- b. Identify individual and program performance measures
- c. Train CHN staff to standardize service delivery

Outcome Measures

After March 1, 2010 and ongoing (Note: Orchids reports contained design flaws that prevented accurate retrieval of data. As soon as these reports are replaced by Crystal reports the following measure will be implemented): Reports will be run every six months by performance measure and CHN

December 2012

Consistently running Orchids reports. Ran report cards for staff. Working to improve data entry and data collection.

around key performance measures
 d. Document delivery of key activities in Orchids

2. Incorporate performance measures into the competency based performance appraisal

- a. Compare baseline data to six month data
- b. Meet with CHN every six months to discuss ability to meet performance measures
- c. Write annual competency based performance appraisal which includes information on CHN's ability to meet performance measures

After March 1, 2010 and ongoing: (Once the Crystal reports are available):
 a. Reports are reviewed every six months
 b. Meetings with CHN's are held and documented
 c. Performance appraisals are completed annually and are on file

Consistently running Crystal reports for Orchids data. Compared against chart reviews. Incorporated strengths and weaknesses during employee performance appraisals.

3. Increase number of Field Team clients receiving and completing Satisfaction Surveys

- a. Update Client Satisfaction Surveys
- b. Encourage staff to distribute Satisfaction Surveys
- c. Plan random mailings of Satisfaction Surveys to families closed to service

Increase annual number of surveys returned to 10% of clients served or 100 clients annually

In order to increase the number of satisfaction surveys, we have implemented a new protocol, developed new forms, updated old forms, and began mailing out surveys to all clients. However, the goal of reaching 100 completed forms has not been met. We will continue working toward that goal.

4. Implement an electronic medical record system.

- a. Host a demonstration of the Omaha Model.
- b. Participate as a member of the Public Health EMR committee
- c. Assure that Field Team goals, objectives and performance measures are incorporated into the EMR work plans

Ongoing after March 1, 2010:
 a. Field Team reps are present at each meeting
 b. Field Team "homework" is submitted on time
 c. Final EMR product reflects the collection and documentation of information needed to support FT goals, objectives, and performance measures.

Despite having completed all activities and measures, an EMR has not been implemented for the Field Team primarily due to budgetary issues.

5. Explore the implementation of Nurse Family Partnership—an evidence based “best practice” model of MCH home visiting	<ul style="list-style-type: none"> a. Explore funding options b. Explore innovative partnerships c. Monitor the NFP website and other NFP related links 	March 1, 2010 and ongoing: Field Team nursing supervisor makes NFP implementation a major work plan priority	Met with Kristin Rogers from NFP in November 2010. Plans on hold due to program future and potential budget constraints.
Increase the cross-cultural effectiveness of the maternal and child health field team.	MCH staff will attend all available cross-cultural trainings.	Documentation of trainings and staff attendance. Staff will demonstrate increased cross-cultural understanding and effectiveness.	Ongoing; staff have attended a number of trainings and workshops throughout the year.

3. Clinic Services
Current Conditions:

The Washington County Family Planning Program provides contraceptive services and supplies, reproductive health exams, and screening tests and/or treatment for sexually transmitted diseases. These services are available 40 hours a week in two clinic sites (Hillsboro and Beaverton) and 24 hours a week in the Tigard Clinic. Services are available by appointment. A teen-friendly clinic is available 4 hours a week in Hillsboro and Tigard and is a walk-in, evening clinic. Evening appointments are available one day a week in Beaverton. Culturally appropriate services are provided by Spanish-speaking staff; interpreters for other languages are also available

Goal: Assure continued high quality clinical family planning and related preventative health services to improve overall individual and community health.

Objectives

Increase the percentage of women in need who access family planning services in Washington County.

Methods

Meet with program supervisors from Planned Parenthood, Virginia Garcia Memorial Health Centers and the state family planning staff to plan activities that would increase the provision of family planning services.

Outcome Measures - December 2012

Increase the percentage of women in need who receive family planning services in Washington County from 16.9% in 2010 to 25% in 2012-13.

In collaboration with the health promotions team, expand education and outreach to women in need of family planning services in Washington County.

Goal: Assure ongoing access to a broad range of effective family planning methods and related preventative health services.

Increase the number of teens who access family planning services

Continue to ensure health education opportunities in each weekly teen clinic; work with Health Promotions team to promote awareness of teen clinic services with local high schools, drug and alcohol treatment centers and alternative high schools.

In 2011-2012, Washington County served 669 teens in our Hillsboro Clinic location and 351 teens in our Tigard location.

In 2012-13, Washington County will see an increase of teens in the Hillsboro Clinic location to 700 and 400 teens in the Tigard Clinic location.

Increase the number of females leaving their family planning visit with the Plan B Method to 95%.

Train nurses, NPs, support staff and health educators to ensure that all female clients leave the clinic with the Plan B method.

95 % of females leaving their family planning appointment will have the Plan B Method.

Improve family planning data collection to ensure that 95% of all family planning clients leave their family planning visit with a birth control method that is equally or more effective than their current one.

Revise Washington County's CVR training plan. Train nurses, NPs and support staff to ensure that correct information is being entered.

Implement electronic health record program that will improve methods of data collection for both the family planning and STD programs.

Currently 85% of all family planning clients leave their family planning visit with a birth control method that is equally or more effective than their current one.

1. Immunizations

Current Conditions: Immunization

Currently new nurses are given an orientation to the vaccine administration record (VAR) form by a mentoring nurse. The VAR form includes questions to screen children for contraindications before immunizations are given. In some cases, new nurses have little experience in childhood immunizations which may make the VAR screening questions difficult to assess. All four registered nurses have been trained in the VAR form. The new community health supervisor trained and mentored in July 2011

As of December 2012, there are 301 certified childcare facilities in Washington County. Certified childcare facilities have the most difficulty when it comes to immunization requirements. In order to improve the efficiency of certified child care facilities in the Primary Review process, additional visits are necessary. Three visits were made to certified childcare facilities in Washington County long with three validation surveys with the Oregon Immunization Program.

Our current coverage rates for 2011 in Washington County are 62.4% for 24-35 month olds.

Goal: Increase immunization law compliance with childcare facilities; increase Tdap vaccination rates in adults 19 years and older with special project vaccine.

Objectives	Methods	Outcome Measures	December 2012
Conduct random compliance visits to certified childcare facilities to review immunization records.	Review immunization records, Primary Review procedures, ALERT status and CIS supply with childcare facility staff Visit at least two (2) childcare facilities per quarter throughout the year.	90% of childcare facilities visited will have up to date immunization records on file in their facility.	Conduct at least three validation surveys with Oregon Immunization Program upon program recommendation. One-third of records are randomly pulled for review and follow-up corrections. Visit at least two childcare facilities in Washington County. Continue future reviews based on size, primary review issues and due date.

2. Women, Infants, and Children

Current Conditions:

Between October 2010 and October 2011 Washington County WIC saw 8624 children between the ages of two and five years. Of those children, 1864 (21.6%) had BMI's between the 85th % and the 95th% and 1365 (15.8%) had BMI's at or above the 95th percentile. Between October 2011 and October 2012, Washington County WIC saw 8800 children between the ages of two and five years. Of those children, 1807 (20.5%) had BMI's between the 85th and the 95th percentile and 1395 (15.8%) had BMI's at or above the 95th percentile.

Breastfeeding Rates:

2010 Pediatric Nutrition Surveillance Survey:

Initiation rate	95.3%
94.9%	
Any Breastfeeding at 6 months	51.0%
50.4%	
Any Breastfeeding at 12 months	34.9%
34.8%	
Exclusively Breastfeeding at 3 months	46.3%
46.2%	
Exclusively Breastfeeding at 6 months	40.2%
	39.2%

2011 Pediatric Nutrition Surveillance Survey

Initiation rate
Any Breastfeeding at 6 months
Any Breastfeeding at 12 months
Exclusively Breastfeeding at 3 months
Exclusively Breastfeeding at 6 months

Although relatively steady, these numbers show a slight decline in Washington County's breastfeeding rates. Between 2010 and 2011 data, breastfeeding initiation decreased by 0.4%. Any breastfeeding decreased by 0.6% at 6 months and 0.1% at 12 months. Exclusive breastfeeding decreased by 0.1% at 3 months and by 1% at 6 months.

Although the percentages are lower for 2011 compared to 2010 data, the percentage decrease has declined from recent trends. Between 2007 and 2009, any breastfeeding decreased by 2.3% at 6 months and 2.7% at 12 months. Between 2007 and 2009, exclusive breastfeeding decreased by 9.2% at 3 months and 8.5% at 6 months.

Goal: Provide nutrition assessment and education to WIC participants; provide vouchers to support healthy food choices for WIC families; refer participants to other partner agencies as needed.

Objectives

Reduce the number of children on the WIC program whose BMI falls above the 85th%.

Methods

1. At each individual WIC visit, counselors assess the growth and diet of WIC participants. Using participant centered education, WIC counselors work with caregivers to provide education and support to help parents make diet and behavioral changes to help improve the overall health of their family.
2. WIC offers monthly health fair classes titled “Just 4 Fun” where caregivers and children review four different stations with educational materials and activities. Topics covered include exercise and physical activity, MyPlate and smart snacking, drinking more water, and calculating BMI. These classes, along with staff guidance, will hopefully give WIC participants the tools they need to make positive behavioral changes that will help them to maintain or reach an ideal body weight and consume a healthy diet.
3. WIC continues to implement Fresh Choices food package changes, such as offering only low-fat milk after 2 years of age, introduction of whole grains, and the addition of fresh fruit and vegetable cash vouchers. The WIC food package helps to support WIC key nutrition messages related to decreasing obesity and related chronic health issues.
4. The registered dietitians on staff will continue to closely monitor the growth charts of children on the WIC program whose BMI falls above the 85th% and are trending upward. They will continue to assess changes in feeding behavior and physical activity that will improve the child’s BMI and decrease health risks associated with high

Outcome Measures

Reduce the number of children on the WIC program whose BMI falls above the 85th% by 1.5%.

body weight and rapid weight gain.

Increase breastfeeding exclusivity and duration among WIC participants.

1. Newborn characteristics (stomach size, sleep cycle, weight loss/gain) and behaviors are incorporated into breastfeeding classes offered at the WIC program. In addition, all WIC staff has been educated on and receives ongoing training related to these topics so that they are able to effectively provide information to mothers during individual counseling sessions.
2. Education provided to pregnant women participating in WIC focuses on providing anticipatory guidance to mothers to help them understand normal newborn behavior and physiology, which in turn, helps to promote breastfeeding success.
3. Peer Counseling prenatal groups (“Birth Clubs”) continue to be incorporated into services provided to WIC participants. The breastfeeding peer counselor program provides intensive prenatal education related to pregnancy, parenting and breastfeeding to 17% of pregnant women on the Washington County WIC program. The goal of these prenatal groups is to provide anticipatory guidance to mothers in an effort to increase breastfeeding exclusivity and duration. WIC staff will continue to promote these groups, with an emphasis on working to increase group sign up and participation.
4. Washington County WIC continues to hold post-partum breastfeeding support groups to provide support, encouragement and information to new mothers in an effort to increase both breastfeeding exclusivity and duration rates in the WIC

Duration of breast feeding for at least 6 months among WIC participants increases to 52%.

Duration of breast feeding for at least 12 months among WIC participants increase to 36%.

population. WIC staff will continue to work to increase the number of participants utilizing these support groups.

5. WIC staff receives ongoing trainings in the basics of interpreting infant feeding cues. These skills help enable staff to more effectively help moms interpret their infants' cues and therefore, enable them to be more successful and confident in their breastfeeding experience.
6. The Public Health Lactation Consultant provides in-services and mentoring to WIC staff to improve their skills and confidence in working with WIC mothers, especially during the early post-partum period when breastfeeding issues are most common.

Increase cross-cultural effectiveness within the WIC team

All WIC and WIC support staff will attend all available cross-cultural trainings.

Documentation of trainings and staff attendance. Staff will demonstrate increased cross-cultural understanding and effectiveness.

| **5. Other issues**

C. Environmental Health

Services provided by Environmental Health include health inspections, licensing, and plan review of restaurants, public swimming pools, and tourist facilities; inspections and plan review of school, and child care facilities; food-borne disease investigations; certification of food handlers and training of food service managers; inspection and permitting of on-site sewage disposal systems; oversight of community drinking water systems; investigation of complaints related to the Indoor Clean Air Act; West Nile Virus surveillance, mosquito control and education; environmental health education; and animal bite investigations.

Staff to provide these services include 1 Public Health Program, 1 Environmental Health Supervisor, 2 Senior Environmental Specialists, 8 Environmental Specialists, 1 Health Educator, 1 Mosquito Control Coordinator and Seasonal Help, 1 Support Unit Supervisor, and 3 Administrative Specialists.

1. Food borne Illness Reduction

Current Conditions: Food borne illness reduction

Environmental health specialists currently inspect licensed food service facilities applying and enforcing the Oregon Administrative Rules related to food sanitation. The incidence of food borne illness is grossly underreported making the incidence of food borne illness an unreliable program measurement. As an alternative to the incidence of food borne illness, the occurrence of food borne illness risk factors serve to measure the effectiveness of food safety programs.

The FDA Voluntary National Retail Food Regulatory Standards serve as a guide to design and manage food safety programs. The standards include a survey designed to measure food borne illness risk factor compliance. The survey is designed to collect information on the five CDC major food borne illness risk factors including food from unsafe sources, improper holding/time and temperature, inadequate cooking, poor personal hygiene, and contaminated food and equipment.

The Environmental Health Program completed a baseline using the FDA survey process to measure food borne illness risk factor compliance between March 2008 and June 2009. The information in this initial collection of data will be used to measure compliance trends and to identify areas for program improvement. Personal hygiene, employee illness policies, and time and temperature controls were identified as the risk factors with the highest out of compliance percentages in the county. Interventions for program improvement will be used and/or developed based on baseline findings for program improvement.

Goal: To reduce food borne illness risk factors identified in the FDA Voluntary Program Standard's Baseline Survey conducted by the county found to have the highest percentage of observation out of compliance in the county.

Objectives

To improve industry awareness of the importance of controlling food borne illness risk factors.

Methods

Baseline findings will be shared with industry through newsletter publications. The newsletter will include information on the importance of reducing food borne illness risk factors and interventions to reduce risk.

Outcome Measures

The FDA risk factor survey will be performed again in 2014. The findings in 2014 will be compared with the 2008-09 baseline findings to measure risk factor incidence.

December 2012

The self audit report submitted to the FDA Voluntary Program Standards for an inspection program based on HACCP principles has been approved by the FDA.

To improve personal hygiene compliance in restaurants.

Inspection staff is working to improve evaluating personal hygiene compliance during inspections -- including using inspection time to observe hygiene practices, providing good documentation of all personal hygiene issue(s) identified during inspections on inspection reports, improving personal hygiene education during inspections, and conducting appropriate enforcement when necessary.

The FDA risk factor survey will be performed again in 2014. The findings in 2014 will be compared with the 2008-09 baseline findings to measure risk factor incidence.

Personal hygiene violations were cited at 19% of semi-annual inspections in 2010 and 20% of semi-annual inspections in 2011 indicating more focus on observing employee hygiene during inspections.

To increase the number of restaurants that have written employee illness policies related to restricting ill food service workers.

The EHS Net project in Oregon has developed a brochure and poster related to the importance not allowing food workers to work when ill. Staff is distributing brochures and

The FDA risk factor survey will be performed again in 2014. The findings in 2014 will be compared with the 2008-09 baseline findings to measure risk factor incidence.

Ongoing

To improve time/temperature compliance in restaurants.

posters during inspections and brochures were mailed to restaurants with license renewal information. Inspection staff is working to improve evaluating time/temperature compliance during inspections -- including using inspection time to observe hygiene practices, providing good documentation of all time/temperature issue(s) identified during inspections on inspection reports, improving time/temperature education during inspections, and conducting appropriate enforcement when necessary.

To assure consistent compliance and enforcement activities result in appropriate follow-up action for out of control risk factors in a timely manner.

Maintain current state standardization certification of supervisory staff. Conduct file reviews to assure proper violation documentation and follow up activities. Supervisory field observational evaluation of staff field inspections at selected facilities.

The FDA risk factor survey will be performed again in 2014. The findings in 2014 will be compared with the 2008-09 baseline findings to measure risk factor incidence.

Measure outcomes using tools in the FDA voluntary program standards to measure --appropriate violation citing, documentation of on-site corrections, appropriate follow-up actions including any necessary enforcement actions, and oral communication skills.

Time/temperature violations were cited at 42% of semi-annual inspections in 2008 and at 47% of all semi-annual inspections in 2011 indicating more focus on observing food time/temperature relationships during inspections. Percentages do not factor in if a time/temperature activity was not part of a facility's operation or the practice was not observed during the inspection.

Four staff members have the FDA Standardization Credential.

A quality assurance policy has been adopted and the program is preparing to submit an application to the FDA to show that the program meets the voluntary program standards for a uniform inspection program.

2. Waste Water

Current Conditions:

The on-site waste water (septic tank) program files are currently hard copy paper files. The program needs to preserve the integrity of current files that are not replicated elsewhere. Automated services to provide uniformity in administrative office procedures and to improve customer service are also needed. The automated permitting system will use software currently used by the Land Use and Transportation Department. Shared software will help office users and the public to coordinate program services that have interdependencies. Work has been initiated to image all on-site waste water files (approximately 40,000 files). This work is expected to be completed by December 2012. This was a goal in the 2009/2010 plan. Technical support and privacy issues have resulted in the need to complete activities not included in the 2009/2010 plan. The addition of activities will require time to complete. The goal will be to complete activities by the end of 2012. The ability to meet this target date is dependent on support from Information Technical Services

Goal: Complete imaging of existing records to assure preservation of records and to improve customer service. Completion target date is at the end of 2011

Objectives	Methods	Outcome Measures	December 2012
Preserve existing records	Complete imaging of existing files (over 40,000 records) with Laserfische software.	Measurement is not easily quantifiable—the goal is reduce office administrative time and improving customer satisfaction.	Ongoing; objective completion is dependent on staff time to complete work.
Assure HIPPA and Privacy Information is identified and either blocked or redacted from information available to the public.	Remove medical information associated with hardship connections from paper files. Block all files required by ORS 192 to have owner names suppress.	Measurement is not easily quantifiable—the goal is the assurance of maintaining appropriate levels of confidentiality.	Ongoing
Provide web access to information.	Redact all telephone and e-mail information from files. Implement a coordinated access to program historic documents and current permitting services. Time line is dependent on support from Information Services.	Measurement is not easily quantifiable—the goal is reduce office administrative time and improving customer satisfaction.	Ongoing

Automate new applications

Implement Permits Plus automated permitting system. Time line is dependent on Information Services implementation.

Measurement is not easily quantifiable—the goal is reduce office administrative time and improving customer satisfaction.

Implemented.

5. Second Hand Tobacco Smoke

Current Conditions

Oregon Smoke free Workplace Law was expanded to include protection of employees working in bars, bowling alleys, and bingo halls in 2009. Environmental Health staff makes observations for Oregon Smoke free Workplace regulation compliance and provides education for all facilities licensed by the county environmental health program as well as performing investigation in all workplace complaints.

On January 1, 2010 all residential rental properties in the state were required to disclose smoking policy information in new lease agreements. Environmental health staff is working with TPEP staff to compile an inventory of the availability of smoke-free rental housing in the county.

Goal: To eliminate second hand tobacco smoke exposure in the work place

Objectives

Assure staff receives adequate training related to the smoke free workplace law and training on complaint intake and investigation

Assure that enforcement work is coordinated with tobacco prevention activities

Assure that complaint follow-up is effective

Methods

Attended required TPEP training, continue to train new staff in protocols and procedures when necessary

Regularly meet with county tobacco coordinator regarding issues of overlap and continued coordination

Complaints investigation and follow up activity as required by ORTPEP in addition to specific County documentation and tracking

Outcome Measures

Document training

Continued collaboration

Incidence of complaints and remediation over time (desired out come reduction in complaints and need for remediation plans)

December 2012

Ongoing

Ongoing; program supervisors meet regularly for continued collaboration

Ongoing; There were 161 complaints received in 2009 and 78 complaints received in 2010, and 51 complaints received in 2011.

Goal: To eliminate exposure secondhand smoke.

Objectives

To provide property owners with information and technical assistance on the implementation of smoke free property policies.

Methods

Utilize assessment data in strategic planning for outreach and education with county tobacco coordinator.

Outcome Measures

Participate in development and distribution of Washington County Smoke free Housing Fact Sheet

Completed

6. Animal Bite Investigations

Current Conditions: Animal bites are investigated by both Washington County Public Health and Washington County Animal Services. Prior to September 28, 2011, dog bites were reported to Animal Services and all other animal bites to Environmental Health. The system was confusing and cumbersome to reporters and frequent complaints were received related to the confusion on how to report. To simplify reporting, the county created one dedicated 24 hour phone line within the environmental health program available for animal bite reporting. Animal Services continues to investigate dog bite and environmental health investigates all other bites, however, the implementation of a single reporting line eliminates confusion for reporters.

Goal: To simplify animal bite reporting.**Objectives**

Create a 24/7 single dedicated telephone line for reporting animal bites.

Methods

Collaboration between public health and animal services to create a single reporting number.

Outcome Measures

Records of reports received before and after changes implemented.

Assure sharing of information for investigation and required follow-up.

A procedure for sharing information between programs was developed to assure good communication for proper investigation.

Good communication and track any communication breakdowns.

Improve sharing of information within the Public Health Division.

Provide staff with access to ORPHEUS to maintain and access information.

Good communication and track any communication breakdowns.

Assure that urgent care providers and veterinarians

Correspondence sent to urgent care providers and

Quality service and monitoring complaints from providers.

have use single line reporting telephone number.

veterinarians on 9/28/2011. (World Rabies Day)

Assure that the public know how to report animal bites.

Environmental health and Animal services web pages were updated to reflect new information.

Quality complaints and monitoring complaints from the public.

7. Accreditation

Goal: Washington County will apply for national public health accreditation by 12/2013.

Objectives

Methods

Outcome Measures – Updates- December 2012

By June 2012, Washington County Public Health Division will have a three year strategic plan.

- Refine mission, values and guiding principles
- Identify division’s priorities
- Identify critical issues by the assessment of strengths, weaknesses, opportunities and threats (SWOT)
- Develop long-range goals, short-term goals and action plans
- Develop strategies to communicate the plan with staff and integral community partners
- Develop an evaluation plan
- Develop and implement

A 3 year strategic plan for the public health division in Washington County is complete.

All staffs in the division are familiar with the strategic plan, mission, values and guiding principles and understand how their work fits within the plan.

By October 2012, Washington County will have implemented a community health needs assessment.

- communication plan to engage all staff in the public health division.
- The Oregon Association of Hospitals and Health Systems along with 18 Portland metro health organizations, including Washington County Public Health have established a collaborative to develop a regional community health needs assessment system.

Washington County is participating in the four county community health needs assessment within the Metro region. The 4CCHNA will be completed by 5/2013.

By December 2012, Washington County Public Health and stakeholders will have developed a health improvement plan.

- Review assessment findings
- Identify and prioritize needs
- Develop goals and objectives
- Finalize plan
- Research Quality Improvement
- Collect Information on Current accountability
- Write guidebook future QI
- Form Study Group choosing pilot processes on a more programmatic level.
- Run three pilot

Washington County is participating in the 4CCHNA and will have developed a health improvement plan with the region. In addition, Washington County will take the regional health improvement plan out to community partners and key stakeholders in a Washington County community engagement process by September 2013.

By June 2012, Washington County will have developed a comprehensive continuous quality improvement plan.

A draft continuous quality improvement plan has been drafted and is currently being reviewed by public health leadership.

processes within
program.

- Inform Study Group of process, lessons learned, etc.
- Gather NACCHO assessment results and address gaps organization wide
- Institutionalize improvement with division wide study groups, plans, and policies

4. Depending on the assessment of your community, include a description of plans for other environmental public health issues such as air and water quality, exposure to chemicals, climate change, etc.

These types of activities are currently not funded. Environmental Health program activities in this area will include:

1. To research possible funding sources for assessment activities
2. To participate on DEQ's Portland Air Toxics Solutions Committee. This committee is doing work for the greater Portland area air shed that includes Washington County.

D. Health Statistics

The Vital Records Department records birth certificates, death certificates, paternity affidavits, notary services for vital records, and medical examiner records. All non-public records are held to strict security and confidentiality standards. All birth and death certificates are reviewed for completeness and accuracy and certified copies are issued within state time frames.

E. Information and Referral

Information and referral services are provided throughout all public health programs on a daily basis.

F Public Health Emergency Preparedness (PHEP)

Current Conditions: Emergency Preparedness

Washington County Department of Health and Human Services (DHHS) has undertaken a variety of preparedness activities beginning with writing of preparedness plans for different emergency situations, developing general guidance, coordinating with external partners, and working across programs to increase awareness and capacity to respond to emergencies.

Goal: Department of Health and Human Services staff has the knowledge and resources to respond to an emergency or major event.

Objectives

Plans and procedures are in place for emergency event responses.

Activities

- Pandemic Flu, Mass Prophylaxis, and Mass Vaccination plans revised and approved
- Develop procedures for severe winter weather; evacuation; green emergency containers and sat phones; and other preparedness equipment
- Obtain Project Public Health Ready (PPHR) Recognition
- Facilitate and support the “POD Squad” workgroup
- Exercise “POD Squad” products
- Develop RSS Plan
- Continue work on Push Partner Registry, including application to First Responder Prophylaxis

Measures

- 100% of plans and procedures are in place.
- PPHR Recognition obtained by June 2011.
- Recommendations from workgroup have been incorporated into POD planning by June 2010.
- Successful implementation of POD stand up completed by June 2011.

December 2012

100% of plans and procedures have been developed, reviewed and in place. .

Washington County Public Health was officially recognized by NACCHO in February, 2012 at the National Public Health Preparedness Summit in Atlanta, GA.

Further review and revision to plans and procedures are planned for 2013.

Have the capability to safely, smoothly, and efficiently stand up as many Points of Dispensing (PODs) as necessary to respond to an event on short notice.

The POD Plan, developed by the “POD Squad,” will be exercised by the city of Tigard in the regional May 2013 “PACE Setter” exercise. Revisions will be made to this plan, based on the results of the exercise.

The Washington County Push Partner Registry continues to expand, and is currently able to provide prophylaxis to

DHHS has a highly trained and skilled workforce that is able to respond effectively to an emergency or major event.

- Complete development of a comprehensive Public Health Preparedness Training and Exercise Plan
- Identify and facilitate staff participation in departmental trainings
- Just in Time trainings completed for all staff positions.

100% of DHHS staff knows that they have a role in emergency response.

100% of CHS staff have received emergency training on each of four different scenarios by June, 20112

A series of three PHEP trainings have been held with all PH staff.

Individual Preparedness training for all county staff has been developed, and those training sessions have begun. Goal is to complete these by June 2013.

Just in Time trainings in Epi, Communications and ICS have been developed

Training plan has been adjusted, due to change in Johns Hopkins Research plan.

DHHS staff is integrated into County Emergency Operations Center (EOC) functions.

- Develop plan for DHHS staff roles integration into EOC staffing patterns
- Identify DHHS staff to fill roles and have those staff trained and exercised

100% of identified staff trained for participation in EOC by June 2012.

DHHS staff is integrated into the county EOC as members of the Community Services Branch of the Operations Section—along with other agencies that serve the community (such as Housing, Red Cross and hospitals). PHEP has initiated quarterly meetings with identified CSB staff to facilitate smooth and effective responses to an EOC activation. These meetings are ongoing. “Preparing Together” Discussion Guide and Toolkit has been developed.

Individual Preparedness Training program to be developed to increase the preparedness and resilience of the community at large.

- Develop an accessible training plan toolkit that individuals can use to conduct preparedness discussions on their own.
- Have the toolkit available in the public libraries for individuals to check out and use.

Toolkit to be completed by September 2012.

Completed toolkits to be available in the Washington County public libraries by December 2012.

Toolkit currently available in eight of the county libraries.

Communications plan to advertise the toolkit has been developed and implemented.

Sustainable and workable plan for integration of Medical Reserve Corps (MRC) volunteers into Public Health Emergency Preparedness and County responses.

- Identify roles for MRC volunteers during exercises and events
- Identify sustainability model for Washington County MRC
- Determine appropriate composition and qualifications for MRC membership

Role and sustainability plans for MRC volunteers in place by July 2011.

By the end of 2013, the MRC Leadership group will be responsible for most of the ongoing activities of the Washington County MRC (under the direction and guidance of the Washington County Health Officer and Washington County liaison).

Leadership roles and positions have been developed and defined, and MRC volunteers have been recruited to fill each of those positions.

MRC roles, composition and qualifications and credentialing for Washington County have been standardized across the region.

IV. Additional Requirements

SB555:

Washington County's Commission on Children and Families is under the governance of Washington County Department of Health and Human Services, the Local Public Health Authority

431.410 Boards of Health for counties:

The governing body of each county shall constitute a board of health ex officio for each county of the state and may appoint a public health advisory board as provided in ORS 431.412 (5) to advise the governing body on matters of public health. The Washington County Board of Commissioners serves as the Board of Health..

V. Unmet needs

Ten Essential Public Health Services provides the framework for the identification of unmet needs in Washington County with the acknowledgement that these services are core components of a successful and credentialed Local Public Health Authority.

Washington County Public Health continues to plan for national public health accreditation. In August 2012 welcomed our 3rd AmeriCorps VISTA member who works closely with public health leadership in accreditation planning efforts. Specifically those efforts have included: engaging and assisting public health leadership in working toward accreditation; the development of documentation workgroups across the division as well as the development of a document repository. Washington County's commitment to accreditation continues with monthly accreditation planning with public health leadership as well as the renewal of an AmeriCorps VISTA member to assist in accreditation efforts over the next two years.

Monitor health status to identify community health problems:

Health Impact Assessment: In collaboration with the Department of Land Use and Transportation, a comprehensive health impact assessment (HIA) in Washington County would provide public health and its partners with information that focuses on health outcomes such as obesity, physical inactivity, asthma, active transportation and social equity. This information can be used to evaluate the potential health effects of a project or policy before it is implemented. One important benefit of the HIA process is the collaborative work that is done between public health and others outside of the traditional public health arena. In December 2011, Washington County Public Health in collaboration with the county's Department of Land Use and Transportation have submitted an HIA grant application to Oregon Environmental Public Health for the implementation of an HIA within the Major Street Improvement Program (MSTIP) and Transportation System Plan (TSP) updates. This HIA was funded, and informed the MSTIP and TSP with local active transportation suggestions and improvements in July 2012. Public Health will continue to pursue planning opportunities with Land Use and Transportation that support active transportation.

Inform, educate and empower people about health issues:

Underrepresented communities and special populations: Washington County's refugee and immigrant population continues to grow in size and complexity. In an effort to address the needs of these communities, Washington County Public Health has renewed relationships with organizations such as the Immigrant and Refugee Community Organization (IRCO) as well as the Parish Health Outreach Program with Providence Health systems. Additionally, the Oregon Health Authority and the Oregon

Office of Equity and Inclusion (OEI) recently awarded a grant to the HOPE Coalition—a regional partnership of communities of color, health advocates and policy-makers—to develop a five-year policy and action plan to increase health equity in Clackamas, Marion, Multnomah and Washington County. Washington County is an active member of the coalition and is participating in the planning and implementation of health equity strategies that address community accessibility, access to health care, healthy, active living and civic engagement in culturally effective ways.

Mobilize community partnerships to identify and solve health issues:

Chronic Disease Prevention Program Planning: Washington County continues to expand the newly created chronic disease prevention program and in April 2012 an AmeriCorps VISTA position was added to the team. This position will provide a more comprehensive focus on the promotion of equitable approaches to chronic disease prevention throughout the county by beginning to address worksite wellness efforts. Chronic Disease prevention work continues to include: the development a county-wide chronic disease self-management steering committee to coordinate promotion efforts; development of a cross-collaborative early childhood obesity prevention task force; and hosting community forums to identify opportunities for improvements to the current food system.

Public Health Program Strategic Planning: Public Health program strategic planning is dedicated to engaging public health and its partners in an ongoing and strategic, community driven process to identify, prioritize, and solve local public health problems is an unmet need in the county. Through a grant funded by the Northwest Health Foundation, Washington County contracted with a consultant to lead the public health leadership team through a strategic planning process. The final product included the development of a three year strategic plan for the division to be completed by June 2012.

Assure a competent public health and personal healthcare workforce

Implementing cross-cultural effectiveness: Providing culturally appropriate services and operating effectively across cultural differences requires an organizational development approach that integrates principals and philosophies throughout the organization. Washington County Public Health leadership is committed to creating an organization that values and adapts to diversity and works to continually expand cultural knowledge and resources. Washington County continues to work with community based

organization that have expertise in cultural effectiveness and has provided training opportunities for public health staff throughout the year.

Facilitated leadership opportunities: Washington County Public Health is dedicated to building skilled and sustainable leadership capacity within the organization. Many public health managers and supervisors have participated in facilitated leadership workshops taught by Multnomah County Health Department staff. The public health leadership team has adopted facilitated leadership practices and is applying those principles in our work throughout the public health division.

Evaluate effectiveness, accessibility, and quality of personal and population based health services

Program evaluation and monitoring outcomes: Program evaluation activities are essential in determining program improvements and resource allocation. Program evaluation offers the opportunity to gain insight, improve program practice, assess effects and build capacity within public health programs. There is a need to improve program evaluation skills among the public health program supervisors.

Electronic Health Records System:

Program evaluation: Electronic health records and the data available from those records will increase our ability to assess our public health clinic and field programs and maintain those with proven effectiveness and good quality. Supervisors and staff will be able to participate in on-going program evaluation that includes: assessing how and where our programs are being accessed, who is accessing our programs, client outcomes, referrals, changes needed to improve quality and safety of care, and program effectiveness.

Accountability and business systems: Public health resources are limited and we need to be accountable by using those resources in the most effective ways possible. We need an effective billing system that is consistent with the industry standards. Good program data will allow us to evaluate and improve our programs, eliminate ineffective strategies, and assess billing results and opportunities. Good data are also needed in order to leverage funding from other sources such as grantors. Electronic medical records are evidence-based tools that both decrease errors and improve quality of care.

Washington County Public Health is in the first stages of the implementation of an electronic health records system within the clinics and communicable disease program.

VI. Budget

Washington County's Public Health budget information may be obtained from:

Linden Chin, Administrative Services Manager
Washington County Department of
Health and Human Services
Administrative Services Division
155 N. First Ave. MS-4
Hillsboro, OR 97124

mailto:linden_chin@co.washington.or.us

VII. Minimum Standards

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

I. Organization

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

13. Yes No Written performance evaluations are done annually.
14. Yes No Evidence of staff development activities exists.
15. Yes No Personnel records for all terminated employees are retained consistently with State Archives rules.
16. Yes No Records include minimum information required by each program.
17. Yes No A records manual of all forms used is reviewed annually.
18. Yes No There is a written policy for maintaining confidentiality of all client records which includes guidelines for release of client information.
19. Yes No Filing and retrieval of health records follow written procedures.
20. Yes No Retention and destruction of records follow written procedures and are consistent with State Archives rules.
21. Yes No Local health department telephone numbers and facilities' addresses are publicized.
22. Yes No Health information and referral services are available during regular business hours.
23. Yes No Written resource information about local health and human services is available, which includes eligibility, enrollment procedures, scope and hours of service. Information is updated as needed.
24. Yes No 100% of birth and death certificates submitted by local health departments are reviewed by the local Registrar for accuracy and completeness per Vital Records office procedures.
25. Yes No To preserve the confidentiality and security of non-public abstracts, all vital records and all accompanying documents are maintained.
26. Yes No Certified copies of registered birth and death certificates are issued within one working day of request.
27. Yes No Vital statistics data, as reported by the Center for Health Statistics, are reviewed annually by local health departments to review accuracy and support ongoing community assessment activities.
28. Yes No A system to obtain reports of deaths of public health significance is in place.

29. Yes No Deaths of public health significance are reported to the local health department by the medical examiner and are investigated by the health department.
30. Yes No Health department administration and county medical examiner review collaborative efforts at least annually.
31. Yes No Staff is knowledgeable of and has participated in the development of the county's emergency plan.
32. Yes No Written policies and procedures exist to guide staff in responding to an emergency.
33. Yes No Staff participate periodically in emergency preparedness exercises and upgrade response plans accordingly.
34. Yes No Written policies and procedures exist to guide staff and volunteers in maintaining appropriate confidentiality standards.
35. Yes No Confidentiality training is included in new employee orientation. Staff includes: employees, both permanent and temporary, volunteers, translators, and any other party in contact with clients, services or information. Staff sign confidentiality statements when hired and at least annually thereafter.
36. Yes No A Client Grievance Procedure is in place with resultant staff training and input to assure that there is a mechanism to address client and staff concerns.

Control of Communicable Diseases

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

41. Yes No There is an ongoing/demonstrated effort by the local health department to maintain and/or increase timely reporting of reportable communicable diseases and conditions.
42. Yes No There is a mechanism for reporting and following up on zoonotic diseases to the local health department.
43. Yes No A system exists for the surveillance and analysis of the incidence and prevalence of communicable diseases.
44. Yes No Annual reviews and analysis are conducted of five year averages of incidence rates reported in the Communicable Disease Statistical Summary, and evaluation of data are used for future program planning.
45. Yes No Immunizations for human target populations are available within the local health department jurisdiction.
46. Yes No Rabies immunizations for animal target populations are available within the local health department jurisdiction.

Environmental Health

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

55. Yes No A written plan exists for responding to emergencies involving public water systems.
56. Yes No Information for developing a safe water supply is available to people using on-site individual wells and springs.
57. Yes No A program exists to monitor, issue permits, and inspect on-site sewage disposal systems.
58. Yes No Tourist facilities are licensed and inspected for health and safety risks as required by Chapter 333 Division 12.
59. Yes No School and public facilities food service operations are inspected for health and safety risks.
60. Yes No Public spas and swimming pools are constructed, licensed, and inspected for health and safety risks as required by Chapter 333 Division 12.
61. Yes No A program exists to assure protection of health and the environment for storing, collecting, transporting, and disposing solid waste.
62. Yes No Indoor clean air complaints in licensed facilities are investigated.
63. Yes No Environmental contamination potentially impacting public health or the environment is investigated.
64. Yes No The health and safety of the public is being protected through hazardous incidence investigation and response.
65. Yes No Emergency environmental health and sanitation are provided to include safe drinking water, sewage disposal, food preparation, solid waste disposal, sanitation at shelters, and vector control.
66. Yes No All license fees collected by the Local Public Health Authority under ORS 624, 446, and 448 are set and used by the LPHA as required by ORS 624, 446, and 448.

Health Education and Health Promotion

67. Yes No Culturally and linguistically appropriate health education components with appropriate materials and methods will be integrated within programs.
68. Yes No The health department provides and/or refers to community resources for health education/health promotion.

69. Yes No The health department provides leadership in developing community partnerships to provide health education and health promotion resources for the community.
70. Yes No Local health department supports healthy behaviors among employees.
71. Yes No Local health department supports continued education and training of staff to provide effective health education.
72. Yes No All health department facilities are smoke free.

Nutrition

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

Older Adult Health

78. Yes No Health department provides or refers to services that promote detecting chronic diseases and preventing their complications.
79. Yes No A mechanism exists for intervening where there is reported elder abuse or neglect.
80. Yes No Health department maintains a current list of resources and refers for medical care, mental health, transportation, nutritional services, financial services, rehabilitation services, social services, and substance abuse services.

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

Parent and Child Health

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

Primary Health Care

93. Yes No The local health department identifies barriers to primary health care services.
94. Yes No The local health department participates and provides leadership in community efforts to secure or establish and maintain adequate primary health care.

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

Cultural Competency

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

II. Health Department Personnel Qualifications

Local health department Health Administrator minimum qualifications:

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

Answer the following questions:

Administrator name: Kathleen O’Leary, RN, MPH

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

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

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

- b. Yes No The local health department Supervising Public Health Nurse meets minimum qualifications:

Licensure as a registered nurse in the State of Oregon, progressively responsible experience in a public health agency;

AND

Baccalaureate degree in nursing, with preference for a Master's degree in nursing, public health or public administration or related field, with progressively responsible experience in a public health agency.

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

- c. Yes No The local health department Environmental Health Supervisor meets minimum qualifications:

Registration as a sanitarian in the State of Oregon, pursuant to ORS 700.030, with progressively responsible experience in a public health agency

OR

a Master's degree in an environmental science, public health, public administration or related field with two years progressively responsible experience in a public health agency.

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

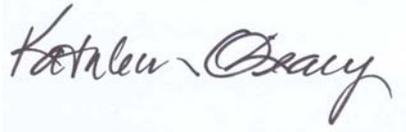
- d. Yes No The local health department Health Officer meets minimum qualifications:

Licensed in the State of Oregon as M.D. or D.O. Two years of practice as licensed physician (two years after internship and/or residency). Training and/or experience in epidemiology and public health.

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

Agencies are required to include with the submitted Annual Plan:

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

A handwritten signature in black ink that reads "Kathleen Gray". The signature is written in a cursive style and is centered within a light blue rectangular background.

Local Public Health Authority

Washington County 12/18/2012
County Date

**FAMILY PLANNING PROGRAM ANNUAL PLAN
FOR FY 2012**

July 1, 2011 to June 30, 2012

As a condition of Title X, funding agencies are required to have a plan for their Family Planning Program, which includes objectives that meet SMART requirements (**S**pecific, **M**easurable, **A**chievable, **R**ealistic, and **T**ime-Bound) In order to address state goals in the Title X grant application, we are asking each agency to **choose two** of the following four goals and identify how they will be addressed in the coming fiscal year:

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

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

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

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

**FAMILY PLANNING PROGRAM ANNUAL PLAN FOR
COUNTY PUBLIC HEALTH DEPARTMENT
FY 2012**

July 1, 2011 to June 30, 2012

Agency: Washington County HHS Public Health

Contact: Michele Karaffa, RN

Goal #1 Assure continued high quality clinical family planning and related preventive health services to improve overall individual and community health.

Problem Statement	Objective(s)	Planned Activities	Evaluation
While Washington County Public Health only saw 20.7% of women in need in 2009 there are two other providers in Washington County whose data is not included in this number.	Work with other providers and the State to ascertain what the true percent of women in need who are served in Washington County.	Meet with program supervisors from Planned Parenthood, the 3 Virginia Garcia Memorial Health Clinics and the State Family Planning staff to ascertain the total percent of women in need served in Washington County so as to plan activities that would increase services delivered	Percentage of women in need in Washington County is known and accurate.
	Increase the percent of women in need served in Washington County.	Expand outreach activities after discussion with Washington County Health Educator Staff.	The Family Planning Program FY10 data review will show an increase in the percentage of women in need served in Washington County

Goal #2 Assure ongoing access to a broad range of effective family planning methods and related preventive health services

Problem Statement	Objective(s)	Planned Activities	Evaluation
While Washington County currently offers a broad range of contraceptive methods, according to the Family Planning Program –FY 10 Data Review, we have 14% of the Family Planning clients who do not leave the visit with a birth control method that is equally or more effective	Improve Family Planning data collection	Revise Washington County’s CVR and train nurses, NPs and support staff to include only Family Planning Clients.	Fewer STD inaccurately reported as Family Planning clients.
		Implement electronic health record program that will provide a better method of data collection for the Family Planning and STD programs.	Accurate data on Family Planning and STD programs.

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

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

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

Goal / Objective	Progress on Activities
Goal 1: Assure continued high quality clinical family planning and related preventive health services to improve overall individual and community health	The Washington County family planning program has two part-time health educators as well as two full time AmeriCorps members that primarily focus on reproductive health outreach and education. In addition to the Smart Start program that takes place at the Coffee Creek Correctional Facility at least two times per month, our health educators meet with community based organizations include drug and alcohol treatments centers, domestic violence centers, residential treatment centers, parole and probation, girls groups, high school and middle school health classes, and mental health agencies with the intent of reproductive health education as well as referral to Washington County for reproductive health services. Throughout the year, the health education team participates in a

	<p>number of community-based events to promote clinic services as well as provide health education. We reach approximately 500 individuals per month in our outreach and education efforts.</p>
<p>Goal 2: Increase family planning services to teens in need of reproductive health services</p>	<p>In FY 08-09 Washington County Public Health clinics saw 719 teens in Hillsboro and 432 in Tigard.</p> <p>We did not get teens surveyed regarding whether they were referred from a SBHC.</p> <p>Both the health educators and the AmeriCorps members spend time visiting with high school counseling offices, SBHCs and health classes ensuring that students, staff and teachers have the most up to date information about clinic services as well as reproductive health. We promote the walk-in teen clinics as well as clinic services offered by appointment. In addition, we spend time at alternative high schools and private high schools sharing the same health education messages and clinic referrals.</p>

Contractor Information	
Agency Name	Washington County
Agency Type	Local Health Department
Directly-Funded Agency: Agency receives HIV prevention funding directly from CDC through an HIV prevention cooperative agreement for a specified reporting period.	No
County Public Health Website	www.co.washington.or.us/hhs
County HIV Webpage	www.co.washington.or.us/hhs
Would you like assistance with your HIV webpage? Y/N	no
Contact Information #1	
As of (date):	7/12/2012
First Name	Kelly
Last Name	Jurman
Title	Health Promotions Supervisor
Phone	503-846-4965
Fax	503-846-4540
Email	kelly_jurman@co.washington.or.us
Contact Address Information	
Street Address 1	155 N. First Ave.
Street Address 2	MS-4
City	Hillsboro
County	Washington County
State	OR
Zip Code	97124
Contact Information #2	
As of (date):	
First Name	
Last Name	
Title	
Phone	
Fax	
Email	
Administrator Information	
As of (date):	7/12/2012
First Name	Kathleen
Last Name	O'Leary
Title	Public Health Division Manager
Phone	503-846-4745
Fax	503-846-4490
Email	kathleen_oleary@co.washington.or.us

Subcontractor(s) Information	
Subcontractor Name	
Agency Type	Community Based Organization
Subcontractor Website(s)	www.cascadeaids.org
Subcontractor Activities	Provision of HIV Prevention Services
Contact Information	
As of (date):	1-Jul-12
First Name	Michael
Last Name	Anderson-Nathe
Title	Director of Prevention and Education
Phone	503.278.3860
Fax	503.223.6437
Email	manderson-nathe@cascadeaids.org
Contract Address Information	
Street Address 1	208 SW Fifth Avenue
Street Address 2	Suite 800
City	Portland
County	Multnomah
State	Oregon
Zip Code	97204
Executive/ Manager Information	
As of (date):	12-Jul-12
First Name	Mary
Last Name	Marshall
Title	Director of Finance and Operations
Phone	503.278.3880
Fax	503.223.6437
Email	mmarshall@cascadeaids.org
Subcontractor Contract Information	
Contract Start Date (month and year)	1-Jul-12
Contract End Date (month and year)	30-Jun-16
Total Contract Award Amount \$	\$140,000/annual
CDC HIV Prevention Program Announcement Number	
CDC HIV Prevention Program Announcement Budget Period Start Date	1-Jul-12
CDC HIV Prevention Program Announcement Budget Period End Date	30-Jun-13
Description of program activities subcontractor(s) will conduct	
HIV testing, outreach into HIV testing, referrals of newly diagnosed individuals into prevention and care services.	

Fiscal Spending Plan for FY13 07/01/12 - 06/30/13 for Washington County

Please contact Barbara Keepes - BARBARA.J.KEEPES@dhsosha.state.or.us - if you have any fiscal questions.

Total OHA HIV Prevention Award Amount for 07/01/12 - 6/30/13:	\$ 195,336.00
Total OHA HIV Prevention Award Amount for Required Components:	\$ 146,752.00
Total OHA HIV Prevention Award Amount for Recommended Components:	\$ 48,584.00

Date Completed: 6/5/12

Fiscal Contact	Job Title		Phone	Email
	Column A	Column B	Column C	Column D
Program Components	Budget with OHA HIV Prevention Award (Federal & General)	Budget with Other Funds from sources other than OHA	Total Budget for Program Component (Add Column A + B)	Program Component Start & End Date

Required Components: Total funding of all Required Components must account for ≥75% of your OHA HIV Prevention award.

HIV Testing	\$ 142,251.50	\$ 56,663.00	\$ 198,914.50	07/01/2012-06/30/2013
Comprehensive Prevention for Positives	\$ 48,584.00	\$ -	\$ 48,584.00	07/01/2012-06/30/2013
Total	\$ 190,835.50	\$ 56,663.00	\$ 247,498.50	

Recommended Components: Total funding amount of all Recommended Components may not exceed 25% of your OHA HIV Prevention award.

Condom Distribution	\$ -	\$ -	\$ -	MM/DD/YY - MM/DD/YY
Policy/Structural Initiatives	\$ -	\$ -	\$ -	MM/DD/YY - MM/DD/YY
Evidence-Based Interventions for HIV negative Populations (Non-Syringe Services)	\$ -	\$ -	\$ -	MM/DD/YY - MM/DD/YY
- Syringe Services	\$ -	\$ -	\$ -	MM/DD/YY - MM/DD/YY
Social Marketing	\$ -	\$ -	\$ -	MM/DD/YY - MM/DD/YY
Community Mobilization	\$ -	\$ -	\$ -	MM/DD/YY - MM/DD/YY
PrEP & nPEP	\$ -	\$ -	\$ -	MM/DD/YY - MM/DD/YY
Total	\$ -	\$ -	\$ -	

Total Direct Budget	\$ 190,835.50	\$ 56,663.00	\$ 247,498.50	
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Indirect Costs / Administrative costs rate is capped at 10% of direct expenses. (This includes any & all indirect costs.)

Total Indirect Budget	\$ 4,500.50	N/A	N/A	
Total of Direct and Indirect Budget	\$ 195,336.00	N/A	N/A	

Line Item Budget for FY13 07/01/12 -06/30/13 for Washington County

Date Completed: 6/5/12							
Budget Categories	Description						Total
(A) Personnel	Position #	Title of Position	% of time (FTE)	Rate/ hr or Monthly Salary*	Hrs/ mo	# of mo. budgeted	Total Cost
	1	11219.Health Promotion Supervisor - Kelly Jurman	40%	\$ 39.44	69.33	12.00	\$ 32,812.50
	2		0%				\$ -
	3		0%				\$ -
(B) Fringe Benefits	Personnel Costs		Fringe Benefit Rate %			Total Cost	
	\$ -		48%			\$ 15,750.00	
(C) Consultant	Include all consultant costs.						\$ -
(D) Equipment	Item	Equipment is defined as an item with a useful life of >1 year AND a single unit cost of \$5000+ and is generally not allowed under this award. Furniture is considered equipment.				Total Cost	
	1	NA				\$ -	
	2					\$ -	
	3					\$ -	
(E) Supplies	Item	List supply categories including office and medical supplies				Total Cost	
	1	supplies - office, based on historical usage				\$ 50.00	
	2					\$ -	
	3					\$ -	
(F) Travel	Include methodology used to calculate travel costs (e.g. # miles traveled, cost per mile, lodging, food, parking, flight, etc.): 60 miles/month X 12 months X \$.55/mile						
	Item	Justification				Total Cost	
	1	Travel Expense - \$400 per budgeted FTE for seminars, conferences, lodging, meals,				\$ 160.00	
	2	Mileage Expense - 15 miles/month X 12 months X \$.55/mile				\$ 100.00	
(G) Other	List costs for any staff training or trainings that you will be providing, marketing/advertising costs for all replication and distribution of materials, telephone, and other direct costs not already indicated.						
	Item	Justification				Total Cost	
	1	Telephone, Communications Services				\$ 300.00	
	2	Training & Education				\$ 160.00	
	3	Public Information				\$ 50.00	
	4	Postage, mail messenger services				\$ 82.00	
	5	Printing, Copy expense				\$ 15.00	
	6	Office Space - based on square feet occupied by FTE				\$ 1,341.00	
	7	Books, subscriptions and publications				\$ 15.00	
	8					\$ -	
	9					\$ -	
10					\$ -		
List all sub-contracts and all contractual costs. Note: Line Item Budgets must be submitted for each Subcontractor							
Subcontracted Agency						Total Cost	

(H) Contractual	Cascade AIDS Project	\$ 140,000.00	\$ 140,000.00
		\$ -	
		\$ -	
(I) Total Direct Charges	Sum of A through H		\$ 190,835.50
(J) Indirect Charges	Limited to 10% of direct costs. Indirect costs are those costs that are incurred for common or joint purposes.		\$ 4,500.50
(K) TOTALS	Sum of I & J. Should add up to OHA HIV Prevention Award.		\$ 195,336.00
* (A) Personnel - Use Rate/hr with Hrs/mo columns or Monthly Salary with Hrs/mo.			

Line Item Budget for FY13 07/01/12 - 06/30/13 for Cascade AIDS Project

Date Completed: June 13, 2012

Budget Categories	Description							Total
(A) Personnel	Position #	Title of Position	% of time (FTE)	Rate/ hr or Monthly Salary*	Hrs/ mo	# of mo. budgeted	Total Cost	\$ 71,652.00
	1	Bilingual Community Health Worker	24%	\$ 16.02	\$ 42.41	\$ 12.00	\$ 8,153.00	
	2	HIV Prevention Specialist	38%	\$ 15.38	\$ 65.97	\$ 12.00	\$ 12,175.00	
	3	HIV Prevention Specialist	52%	\$ 16.80	\$ 89.54	\$ 12.00	\$ 18,051.00	
	4	HIV Prevention Specialist	5%	\$ 17.29	\$ 9.42	\$ 12.00	\$ 1,954.00	
	5	HIV Testing Coordinator	5%	\$ 16.71	\$ 9.42	\$ 12.00	\$ 1,889.00	
	6	Manager of Prevention Services	44%	\$ 21.76	\$ 75.40	\$ 12.00	\$ 19,688.00	
	7	Director of Prevention & Education Services	13%	\$ 33.79	\$ 21.68	\$ 12.00	\$ 8,791.00	
	8	Executive Director	0.01%	\$ 59.61	\$ 1.33	\$ 12.00	\$ 951.00	
(B) Fringe Benefits	Personnel Costs		Fringe Benefit Rate %			Total Cost		\$ 20,450.66
	\$	71,652.00	29%			\$	20,450.66	
* Note: FTE salaries are based on percentages and are rounded.								
(C) Consultant	Include all consultant costs.							\$ -
(D) Equipment	Item	Equipment is defined as an item with a useful life of >1 year AND a single unit cost					Total Cost	\$ -
	1							
	2							
	3							
(E) Supplies	Item	List supply categories including office and medical supplies					Total Cost	\$ 2,117.00
	1	Central supplies - allocated by FTE					\$ 552.00	
	2	HIV testing supplies (gloves, lancets, etc.)					\$ 82.00	
	3	HIV testing kits					\$ 1,347.00	
	4	Safer sex supplies and other special order supplies					\$ 136.00	
(F) Travel	Include methodology used to calculate travel costs							
	Item	Justification					Total Cost	\$ 3,120.00
	1	Mileage for travel to/from testing clinics (330 miles/month x 12/months x 0.55/mile = \$2178)					\$ 2,178.00	
	2	Parking for staff (10 trips/month x 12/months x \$7.85/trip = \$942)					\$ 942.00	
	3							
4								
	List costs for any staff training or trainings that you will be providing, marketing/advertising costs for all replication and							
	Item	Justification					Total Cost	
	1	Office phone for CAP staff (\$540), cell phone for outreach staff (\$457), telephone and internet for new HIV CTRS site (\$326), data plan for iPad for outreach (\$196)					\$ 1,519.00	
	2	Agency and program related printing (fliers, business cards, etc.)					\$ 580.00	
	3	Office rent for CAP staff - allocated by FTE					\$ 8,802.00	
4	Staff training (\$405)& volunteer training and appreciation (\$88)					\$ 493.00		

(G) Other	5	Agency and program related postage and shipping	\$ 65.00	\$ 29,933.00
	6	Program food and beverage for new HIV CTRS site and for volunteer trainings.	\$ 460.00	
	7	Magazine dues and subscriptions for HIV CTRS sites	\$ 65.00	
	8	Agency outreach and advertising (\$380), program advertising in Just Out (\$1088), Facebook (\$82)	\$ 1,550.00	
	9	Facility rentals and related costs. Covers costs of rent, utilities, alarms, and other facility rental costs for testing sites serving Clackamas & Washington county residents (Pivot at \$3562, new HIV CTRS site at \$4078)	\$ 7,640.00	
	10	Operations support. Program allocated costs of operations including general operations and finance department support. Allocated by FTE.	\$ 7,677.00	
	11	Central furniture & equipment purchases - allocated by FTE	\$ 266.00	
	12	Furniture for new HIV CTRS site	\$ 816.00	
(H) Contractual	List all sub-contracts and all contractual costs. Note: Line Item Budgets must be submitted for each Subcontractor			\$ -
	Subcontracted Agency		Total Cost	
			\$ -	
			\$ -	
(I) Total Direct Charges	Sum of A through H			\$ 127,272.66
(J) Indirect Charges	Limited to 10% of direct costs. Indirect costs are those costs that are incurred for common or joint purposes.			\$ 12,727.27
(K) TOTALS	Sum of I & J. Should add up to OHA HIV Prevention Award.			\$ 140,000
* (A) Personnel - Use Rate/hr with Hrs/mo columns or Monthly Salary with Hrs/mo.				

County			
Program Quarterly Fiscal Report - Q1: 07/01/12 - 09/30/12			
Date Completed:			
Fiscal Contact:			
Phone:		Email:	
	Column A	Column B	Column C
Program Components	Expenses this Quarter (include only those funds from the OHA HIV Prevention award)	Expenses this Quarter (from sources OTHER than the OHA HIV Prevention award)	Total Expenses for each Program Component
Required Components: Total funding of all Required Components must account for ≥75% of your CDC Prevention Grant budget.			
HIV Testing	\$ -	\$ -	\$ -
Comprehensive Prevention for Positives	\$ -	\$ -	\$ -
Total	\$ -	\$ -	\$ -
Recommended Components: Total funding amount of all Recommended Components may not account for more than 25% of your CDC Prevention Grant budget.			
Condom Distribution	\$ -	\$ -	\$ -
Policy/Structural Initiatives	\$ -	\$ -	\$ -
Evidence-Based Interventions for HIV negative Populations	\$ -	\$ -	\$ -
Social Marketing	\$ -	\$ -	\$ -
Community Mobilization	\$ -	\$ -	\$ -
PrEP & nPEP	\$ -	\$ -	\$ -
Total	\$ -	\$ -	\$ -
Total Direct Expenditures	\$ -	\$ -	\$ -
Indirect Costs: Administrative costs rate is capped at 10% of direct expenses. (This includes any & all indirect costs.)			
Total Indirect Expenditures	\$ -	\$ -	\$ -
Total of Direct and Indirect Expenditures	\$ -	\$ -	\$ -
This reports must include quarterly reports from subcontractors.			

County			
Program Quarterly Fiscal Report - Q2: 10/01/12 - 12/31/12			
Date Completed:			
Fiscal Contact:			
Phone:		Email:	
	Column A	Column B	Column C
Program Components	Expenses this Quarter (include only those funds from the OHA HIV Prevention award)	Expenses this Quarter (from sources OTHER than the OHA HIV Prevention award)	Total Expenses for each Program Component
Required Components: Total funding of all Required Components must account for ≥75% of your CDC Prevention Grant budget.			
HIV Testing	\$ -	\$ -	\$ -
Comprehensive Prevention for Positives	\$ -	\$ -	\$ -
Total	\$ -	\$ -	\$ -
Recommended Components: Total funding amount of all Recommended Components may not account for more than 25% of your CDC Prevention Grant budget.			
Condom Distribution	\$ -	\$ -	\$ -
Policy/Structural Initiatives	\$ -	\$ -	\$ -
Evidence-Based Interventions for HIV negative Populations	\$ -	\$ -	\$ -
Social Marketing	\$ -	\$ -	\$ -
Community Mobilization	\$ -	\$ -	\$ -
PrEP & nPEP	\$ -	\$ -	\$ -
Total	\$ -	\$ -	\$ -
Total Direct Expenditures	\$ -	\$ -	\$ -
Indirect Costs: Administrative costs rate is capped at 10% of direct expenses. (This includes any & all indirect costs.)			
Total Indirect Expenditures	\$ -	\$ -	\$ -
Total of Direct and Indirect Expenditures	\$ -	\$ -	\$ -
This reports must include quarterly reports from subcontractors.			

County			
Program Quarterly Fiscal Report - Q2: 01/01/13 - 03/31/13			
Date Completed:			
Fiscal Contact:			
Phone:		Email:	
	Column A	Column B	Column C
Program Components	Expenses this Quarter (include only those funds from the OHA HIV Prevention award)	Expenses this Quarter (from sources OTHER than the OHA HIV Prevention award)	Total Expenses for each Program Component
Required Components: Total funding of all Required Components must account for ≥75% of your CDC Prevention Grant budget.			
HIV Testing	\$ -	\$ -	\$ -
Comprehensive Prevention for Positives	\$ -	\$ -	\$ -
Total	\$ -	\$ -	\$ -
Recommended Components: Total funding amount of all Recommended Components may not account for more than 25% of your CDC Prevention Grant budget.			
Condom Distribution	\$ -	\$ -	\$ -
Policy/Structural Initiatives	\$ -	\$ -	\$ -
Evidence-Based Interventions for HIV negative Populations	\$ -	\$ -	\$ -
Social Marketing	\$ -	\$ -	\$ -
Community Mobilization	\$ -	\$ -	\$ -
PrEP & nPEP	\$ -	\$ -	\$ -
Total	\$ -	\$ -	\$ -
Total Direct Expenditures	\$ -	\$ -	\$ -
Indirect Costs: Administrative costs rate is capped at 10% of direct expenses. (This includes any & all indirect costs.)			
Total Indirect Expenditures	\$ -	\$ -	\$ -
Total of Direct and Indirect Expenditures	\$ -	\$ -	\$ -
This reports must include quarterly reports from subcontractors.			

County			
Program Quarterly Fiscal Report - Q4: 04/01/13 - 06/30/13			
Date Completed:			
Fiscal Contact:			
Phone:		Email:	
	Column A	Column B	Column C
Program Components	Expenses this Quarter (include only those funds from the OHA HIV Prevention award)	Expenses this Quarter (from sources OTHER than the OHA HIV Prevention award)	Total Expenses for each Program Component
Required Components: Total funding of all Required Components must account for ≥75% of your CDC Prevention Grant budget.			
HIV Testing	\$ -	\$ -	\$ -
Comprehensive Prevention for Positives	\$ -	\$ -	\$ -
Total	\$ -	\$ -	\$ -
Recommended Components: Total funding amount of all Recommended Components may not account for more than 25% of your CDC Prevention Grant budget.			
Condom Distribution	\$ -	\$ -	\$ -
Policy/Structural Initiatives	\$ -	\$ -	\$ -
Evidence-Based Interventions for HIV negative Populations	\$ -	\$ -	\$ -
Social Marketing	\$ -	\$ -	\$ -
Community Mobilization	\$ -	\$ -	\$ -
PrEP & nPEP	\$ -	\$ -	\$ -
Total	\$ -	\$ -	\$ -
Total Direct Expenditures	\$ -	\$ -	\$ -
Indirect Costs: Administrative costs rate is capped at 10% of direct expenses. (This includes any & all indirect costs.)			
Total Indirect Expenditures	\$ -	\$ -	\$ -
Total of Direct and Indirect Expenditures	\$ -	\$ -	\$ -
This reports must include quarterly reports from subcontractors.			

HIV Testing - Required Component for 07/01/12 - 06/30/13

If you choose to provide data for activities related to this component which are funded by a source other than the OHA HIV Prevention Award, use the "Unhide" feature to complete Tab 7a.

1) Which services do you plan to offer?	Yes	No	Comments
Confidential HIV testing	x		
Anonymous HIV testing	x		
HIV testing during non-traditional hours (e.g., after 5pm)	x		
Delivery of HIV positive test results to clients via phone		x	
Delivery of HIV negative test results to clients via phone		x	
Walk-in hours where clients may receive their test results without an appointment		x	
Both Hepatitis C and HIV testing combined for persons who inject drugs		x	
Both STD and HIV testing combined --> if yes, which STD tests will be offered?	x		Depending on site and access to other medical providers, CT, GC, Syphilis.
Couples Testing Program	x		Subcontracted staff will be attending training on providing couples testing in July 2012 and may begin offering later in the year.

2) How will you ensure that at least 95% of newly identified HIV-positive clients receive their test result within 30 days of their test?
 Prior to collection of a HIV confirmatory testing sample, it is standard procedure for staff to schedule a follow-up appointment with the client and develop a plan for follow-up communication

3) At targeted HIV sites, how will you work towards at least 70% of HIV tests conducted among priority populations (partners of HIV+, MSM, IDUs)?
 All clients presenting for testing at the high-risk walk-in HIV testing clinic in Beaverton complete an initial pre-screener to determine their eligibility for high-risk testing (i.e. MSM, IDU, partner)

4) HIV testing sites: Update your list.

	Site name	HC or Non-HC facility	Positivity %	Mark "1" in the columns which testing sites target.			
				Partners of HIV+	MSM	IDUs	Other
1	WA County Health and Human Services - Beaverton	HC	0	1	1	1	
2	Off site - Outreach testing	Non HC Facility	0	1	1	1	
3							
Total				2	2	2	0

5) How will you ensure for targeted HIV testing in non-healthcare settings or venues, they achieve at least a 1.0% rate of newly identified HIV-positive tests annually?
 Recruitment into testing will be conducted among those at highest risk for HIV based on current epi data for Washington County. Additionally, individuals presenting for testing at HIV CTR

6) CDC Required Indicators	Goal	Q1	Q2	Q3	Q4	Total
# HIV tests among partners of HIV+	1					0
# HIV tests among MSM	148					0
# HIV tests among IDUs	1					0
# HIV tests among other populations (specify in notes)	0					0

7) Are you planning on billing insured clients for HIV testing? If yes, please attach a copy of your billing procedure. Y/N N

8) How will you ensure a 95% accuracy rate in staff completion of the HIV test form variables?
 Files are audited for quality assurance purposes quarterly by subcontracted agency staff. Additionally, frequent refresher trainings are provided to staff around HIV testing quality assurance

9) Setting goals: What goals would you like to initiate?
 Objectives: Describe any screening criteria or recruitment strategies you plan to use for testing (e.g., Social Network Strategy, online outreach, mobile or dental van outreach), including frequency/timeline/target dates.

Objective 1: Recruit and test 150 high risk individuals for HIV CTRS and ensure 95% of newly identified confirmed positives are referred to care, DIS, and Care link services.

Action Steps	Measurable Outcome	Staff Responsible	Timeline
Engage in online outreach using social media (i.e. Facebook, Twitter) and mobile applications (i.e. Grindr) to increase awareness of testing availability in Washington County and number of individuals accessing testing services.	15% Increase in individuals accessing testing in Washington County who report hearing about HIV testing at local sites from online outreach.	CAP Staff	By June 30, 2013

Open new site for HIV CTRS in Washington County.	New site open which better meets and provides services in an environment more accessible to MSM in Washington County.	CAP staff	By June 30, 2013
Provide 150 high risk individuals with HIV CTRS.	150 high risk individuals will receive HIV CTRS.	CAP staff	By June 30, 2013
Refer 95% of newly identified confirmed positives to care, DIS, and/or Care Link services as appropriate	95% of newly identified confirmed positives are referred to care, DIS, and/or Care Link services.	CAP staff	By June 30, 2013
10) Capacity Building and Technical Assistance: List activities related to HIV testing that would be helpful to your staff.			
a) sHIVer training already scheduled for sub-contracted staff in June 2012.			
b)			
11) Staff: Optional Section			
	Position Title	% FTE dedicated	Summary of responsibilities and activities they will conduct related to HIV testing
1			
2			
Notes:			

HIV Testing - Required Component

This worksheet is to report HIV prevention activities not funded by the OHA HIV Prevention Award. This is optional; however, if you choose not to include this information your contributions may not be reflected in the whole overview of prevention efforts reported for our state.

1) Which services do you plan to offer?	Yes	No	Comments
Confidential HIV testing			
Anonymous HIV testing			
HIV testing during non-traditional hours (e.g., after 5pm)			
Delivery of HIV positive test results to clients via phone			
Delivery of HIV negative test results to clients via phone			
Walk-in hours where clients may receive their test results without an appointment			
Both Hepatitis C and HIV testing combined for persons who inject drugs			
Both STD and HIV testing combined --> if yes, which STD tests will be offered?			
Couples Testing Program			

2) How will you ensure that at least 95% of newly identified HIV-positive clients receive their test result within 30 days of their test?

3) How will you work towards at least 70% of HIV tests are conducted among priority populations (partners of HIV+, MSM, IDUs)?

4) HIV testing sites: Update your list.

Site name	HC or Non-HC facility	Positivity %	Mark "1" in the columns which testing sites target.			
			Partners of HIV+	MSM	IDUs	Other
1						
2						
3						
Total			0	0	0	0

5) CDC Indicators	Goal	Q1	Q2	Q3	Q4	Total
# HIV tests among partners of HIV+						0
# HIV tests among MSM						0
# HIV tests among IDUs						0
# HIV tests among other populations (specify in notes)						0

6) Are you planning on billing insured clients for HIV testing? If yes, please attach a copy of your billing procedure. Y/N

7) How will you ensure a 95% accuracy rate in staff completion of the HIV test form variables?

8) Setting goals: What goals would you like to initiate?

Objectives: Describe any screening criteria or recruitment strategies you plan to use for testing (e.g., Social Network Strategy, online outreach, mobile or dental van outreach), including frequency/timeline/target dates.

Objective 1:

Action Steps	Measurable Outcome	Staff Responsible	Timeline

9) Capacity Building and Technical Assistance: List activities related to HIV testing that would be helpful to your staff.

-
-

10) Staff: Optional Section

Position Title	% FTE dedicated	Summary of responsibilities and activities they will conduct related to HIV testing
1		
2		

Notes:

Comprehensive Prevention for Positives - Required Component for 07/01/12 - 06/30/13

If you choose to provide data for activities related to this component which are funded by a source other than the OHA HIV Prevention Award, use the "Unhide" feature to complete Tab 8a.

1) How do you plan to link PLWH to HIV care (see options below)?	Mark "X" for those that apply
Provide information and referrals to care services	In collaboration with the State HIV DIS staff
Assist clients with making appointments	
Remind clients of upcoming appointments	
Follow up with clients to assess whether they made their appointment and address any barriers.	x In collaboration with the State HIV DIS staff
Provide transportation assistance (e.g., bus vouchers) for appointments	
Escort clients to their appointments	
Utilize volunteers (e.g., to help clients navigate the care system, remembering appointments, etc.)	
Implement Positive Self-Management Program	
Other: specify in space directly below	

2) How do you plan to link PLWH to HIV prevention or other medical and social services (e.g., housing, social support)?
Please provide the procedures/ policy that describe your client linkage to care process, including how you will collect the related CDC required indicators listed below.

Referrals to CAP Care Link program, Partnership Project medical case management, DIS staff, and medical providers as appropriate. All individuals who receive a confirmed positive result are provided with information about next steps to access medical care. Individuals are provided with a list of medical providers in the area where they can receive initial viral load and CD4 tests as well as other appropriate tests. For individuals without insurance or who present with barriers to care, referrals are made to CAP and Partnership Project case management and Care Link (early intervention services).

3) How do you plan to identify PLWH who have either fallen out of care or never accessed care and help them access care services?

We will focus on identifying new positives via our HIV CTR. CAP recently also instituted a one month "check-in" with individuals who are newly confirmed positive where a test counselor calls to see if they have accessed medical care in the past month and offers assistance in addressing any barriers around access to care through referrals to CAP or Partnership Project case management, Care Link, etc.

4) Once clients have been linked to care, how do you plan to help them remain in care?
Please provide the procedures/ policy that describe your client retention/ re-engagement to care process, including how you will collect the related CDC required indicators listed below.

This will be the focus of care services programs which we will refer to. During the one month check-in call (described above), test counselors will also encourage clients who have already accessed care to stay in care and help them problem-solve any potential barriers they see to staying in care in the future.

5) Once clients have been linked to treatment, how do you plan to help them maintain or improve treatment adherence?
Please provide the procedures/ policy that describe your client treatment adherence support process, including how you will collect the related CDC required indicators listed below.

This will be the focus of care services and case management programs which we will refer to. Additionally, CAP has culturally specific African American and Latino medical case management programs that will work with members of these populations to help them stay engaged in care as appropriate.

6) Do you plan to implement an individual or group level risk reduction intervention for PLWH? If yes, which intervention(s) do you plan to implement? How many clients do you plan to enroll in 2012?

No

7) How will you ensure at least 80% of persons who receive their HIV positive test results are linked to medical care and attend their first appointment?

All individuals receiving an HIV positive test result receive a list of locations where they may receive HIV care including initial viral load, CD4, and comprehensive STD testing. Individuals who may be uninsured or underinsured are linked to intake services through Cascade AIDS Project and Partnership Project. Individuals with higher needs or barriers to accessing care are referred to Early Intervention Services and when appropriate, culturally specific medical case management services (such as Latino medical case management) through Cascade AIDS Project.

8) How will you ensure at least 70% of persons who receive their HIV positive test results are referred and linked to Partner Services?

Upon receiving a confirmed HIV+ diagnosis, individuals receive information on accessing partner services and are informed that they will be contacted by a DIS who can assist with notifying partners. Individuals are also provided with other resources that can assist with partner notification and HIV disclosure such as inSpot.org or the Healthy Relationships behavioral intervention. During the one-month follow-up phone call, test counselors will also check-in with clients to see if they have accessed Partner Services and if not, how to overcome any barriers that may exist to accessing Partner Services.

9) Setting goals: What goals would you like to initiate?

Objective 1: In collaboration with state HIV DIS staff, ensure that 95% of newly identified confirmed positives via our HIV CTRS are referred to care and /or Care Link programs as appropriate.

Action Steps	Measurable Outcome	Staff	Timeline
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1. Develop referral packets for newly identified HIV positives that includes referral information to state HIV DIS staff, Care Link, and Care services	Preliminary positive packet created.	CAP	By June 30, 2013						
2. Make referrals into Care, Care Link, and/or State HIV DIS as appropriate for 95% of newly identified confirmed positives.	95% of newly identified confirmed positives will be referred (tracked on testing paperwork).	CAP	By June 30, 2013						
3. Attempt follow up contact with 95% of newly identified confirmed positives to see if they accessed referrals.	95% of newly identified confirmed positives will receive a follow- up contact attempt from CAP staff.	CAP	By June 30, 2013						
10) CDC Required Indicators									
a) Linkage to HIV Medical Care - # HIV diagnosed clients who participated in a program or activity designed to link them to HIV medical care									
Risk Groups	Goals			Q1			Q2		
	African American (AA)	Hispanic (Hisp.)	Other/Unknown (O/U)	AA	Hisp	O/U	AA	Hisp	O/U
MSM									
IDU									
HET									
Other/Unknown									
Total	0	0	0	0	0	0	0	0	0
1) As noted above, newly diagnosed HIV+ individuals receive information on accessing medical care and other support services from test counselors following their diagnosis. Test counselors also work closely with clients to address any barriers to care that may be present. 2) Testing staff also work directly with medical clinic staff at Washington County HHS to support linkage to care efforts and will work to help ensure a system is in place to provide care to individuals who may have fallen out of care. 3) Washington & Clackamas counties along with CAP and Partnership Project are currently in process of developing an enhanced referral process around linkage into medical care for newly diagnosed HIV+ individuals.	Risk Groups			Q3			Q4		
	AA	Hisp	O/U	AA	Hisp	O/U	AA	Hisp	O/U
	MSM								
	IDU								
	HET								
	Other/Unknown								
Total	0	0	0	0	0	0	0	0	

c) Retention & Re-engagement - # HIV diagnosed clients who participated in a program or activity designed to retain or re-engage them in HIV medical

Risk Groups	Goals			Q1			Q2		
	African American (AA)	Hispanic (Hisp.)	Other/Unknown (O/U)	AA	Hisp	O/U	AA	Hisp	O/U
MSM									
IDU									
HET									
Other/Unknown									
Total	0	0	0	0	0	0	0	0	0
Washington and Clackamas counties along with Cascade AIDS Project and Partnership Project are currently in the process of developing an enhanced referral process around linkage into medical care for newly diagnosed HIV+ individuals which will also address how to fully retain newly diagnosed individuals into care.	Risk Groups			Q3			Q4		
	AA	Hisp	O/U	AA	Hisp	O/U	AA	Hisp	O/U
	MSM								
	IDU								
	HET								
	Other/Unknown								
Total	0	0	0	0	0	0	0	0	

11) Capacity Building and Technical Assistance: List activities related to comprehensive prevention for positives that would be helpful to your staff.
a) _____
b) _____
c) _____

12) Staff: Optional Section

	Position Title	% FTE dedicated	Summary of responsibilities and activities they will conduct related
1			
2			
3			

13) Resource Inventory

	Service Category	Organization Name	Contact	Street Address	City	State	Zip	Phone	Website
1	drop down menu								
2	drop down menu								
3	drop down menu								

Notes: _____

Comprehensive Prevention for Positives - Required Component for 07/01/12 - 06/30/13

This worksheet is to report HIV prevention activities not funded by the OHA HIV Prevention Award. This is optional; however, if you choose not to include this information your contributions may not be reflected in the whole overview of prevention efforts reported for our state.

1) How do you plan to link PLWH to HIV care (see options below)?	Mark "X" for those that apply
Provide information and referrals to care services	
Assist clients with making appointments	
Remind clients of upcoming appointments	
Follow up with clients to assess whether they made their appointment and address any barriers.	
Provide transportation assistance (e.g., bus vouchers) for appointments	
Escort clients to their appointments	
Utilize volunteers (e.g., to help clients navigate the care system, remembering appointments, etc.)	
Implement Positive Self-Management Program	
Other: specify in space directly below	

2) How do you plan to link PLWH to HIV prevention or other medical and social services (e.g., housing, social support)?
 Please provide the procedures/ policy that describe your client linkage to care process, including how you will collect the related CDC required indicators listed below.

3) How do you plan to identify PLWH who have either fallen out of care or never accessed care and help them access care services?

4) Once clients have been linked to care, how do you plan to help them remain in care?
 Please provide the procedures/ policy that describe your client retention/ re-engagement to care process, including how you will collect the related CDC required indicators listed below.

5) Once clients have been linked to treatment, how do you plan to help them maintain or improve treatment adherence?
 Please provide the procedures/ policy that describe your client treatment adherence support process, including how you will collect the related CDC required indicators listed below.

6) Do you plan to implement an individual or group level risk reduction intervention for PLWH? If yes, which intervention(s) do you plan to implement? How many clients do you plan to enroll in 2012?

7) How will you ensure at least 80% of persons who receive their HIV positive test results are linked to medical care and attend their first appointment?

8) How will you ensure at least 70% of persons who receive their HIV positive test results are referred and linked to Partner Services?

9) Setting goals: What goals would you like to initiate?

Objective 1:

Action Steps	Measurable Outcome	Staff	Timeline

10) CDC Required Indicators

a) Linkage to HIV Medical Care - # HIV diagnosed clients who participated in a program or activity designed to link them to HIV medical care

Risk Groups	Goals			Q1			Q2		
	African American (AA)	Hispanic (Hisp.)	Other/ Unknown (O/U)	AA	Hisp	O/U	AA	Hisp	O/U
MSM									
IDU									
HET									
Other/ Unknown									
Total	0	0	0	0	0	0	0	0	0

Qualitative description of the programmatic structure and activities of the linkage to care services:	Risk Groups	Q3			Q4		
		AA	Hisp	O/U	AA	Hisp	O/U

	MSM						
	IDU						
	HET						
	Other/ Unknown						
	Total	0	0	0	0	0	0

b) Treatment Adherence Support - # HIV diagnosed clients who participated in a program or activity designed to increase adherence to ART.

Risk Groups	Goals			Q1			Q2		
	African American (AA)	Hispanic (Hisp.)	Other/ Unknown (O/U)	AA	Hisp	O/U	AA	Hisp	O/U
MSM									
IDU									
HET									
Other/ Unknown									
Total	0	0	0	0	0	0	0	0	0

Qualitative description of the programmatic structure and activities of adherence support services:	Risk Groups	Q3			Q4		
		AA	Hisp	O/U	AA	Hisp	O/U
	MSM						
	IDU						
	HET						
	Other/ Unknown						
Total	0	0	0	0	0	0	

c) Retention & Re-engagement - # HIV diagnosed clients who participated in a program or activity designed to retain or re-engage them in HIV medical care

Risk Groups	Goals			Q1			Q2		
	African American (AA)	Hispanic (Hisp.)	Other/ Unknown (O/U)	AA	Hisp	O/U	AA	Hisp	O/U
MSM									
IDU									
HET									
Other/ Unknown									
Total	0	0	0	0	0	0	0	0	0

Qualitative description of the programmatic structure and activities of the retention/re-engagement service:	Risk Groups	Q3			Q4		
		AA	Hisp	O/U	AA	Hisp	O/U
	MSM						
	IDU						
	HET						
	Other/ Unknown						
Total	0	0	0	0	0	0	

11) Capacity Building and Technical Assistance: List activities related to comprehensive prevention for positives that would be helpful to your staff.

- a)
- b)
- c)

12) Staff: Optional Section

	Position Title	% FTE dedicated	Summary of responsibilities and activities they will conduct related to
1			
2			
3			

13) Resource Inventory

	Service Category	Organization Name	Contact	Street Address	City	State	Zip	Phone	Website
1	drop down menu								
2	drop down menu								
3	drop down menu								

Notes:

Policy/Structural Initiatives - Recommended Component for 07/01/12 - 06/30/13

If you choose to provide data for activities related to this component which are funded by a source other than the OHA HIV Prevention Award, use the "Unhide" feature to complete Tab 9a.

Policy/structural initiatives are efforts to change structures or policies to support HIV prevention. Examples include passing local policies that support HIV prevention efforts in schools, public sex environments, or jails and/or changing internal policies to make condoms, hepatitis C testing, and HIV testing available at all local syringe exchange sites.

Do you plan to support policy/structural initiatives? If yes, please complete this section.

Note: The total funding amount of all Recommended Components may not account for more than 25% of your CDC Prevention Grant budget.

1) Setting goals for 2012: What goals would you like to initiate?

Objective 1:

Action Steps	Measurable Outcome	Staff Responsible	Timeline

2) CDC Required - Provide qualitative descriptions of proposed activities that were conducted each quarter to support the policy/ structural goals listed above and include quantitative data from Policy Office's analyses.

Q1
Q2
Q3
Q4

3) Capacity Building and Technical Assistance: List activities related to policy/ structural initiatives that would be helpful to your staff.

a)
b)
c)

4) Staff: Optional Section

Position Title	% FTE dedicated to policy/ structural initiatives	Summary of responsibilities and activities they will conduct related to policy/ structural initiatives
1		
2		
3		

Notes:

Policy/Structural Initiatives - Recommended Component

This worksheet is to report HIV prevention activities not funded by the OHA HIV Prevention Award. This is optional; however, if you choose not to include this information your contributions may not be reflected in the whole overview of prevention efforts reported for our state.

1) Setting goals for 2012: What goals would you like to initiate?

Objective 1:

Action Steps	Measurable Outcome	Staff Responsible	Timeline

2) CDC Indicators - Provide qualitative descriptions of proposed activities that were conducted each quarter to support the policy/ structural goals listed above.

Q1
Q2
Q3
Q4

3) Capacity Building and Technical Assistance: List activities related to policy/ structural initiatives that would be helpful to your staff.

1)
2)
3)

4) Staff: Optional Section

	Position Title	% FTE dedicated to policy/ structural initiatives	Summary of responsibilities and activities they will conduct related to policy/ structural initiatives
1			
2			
3			

Notes:

Condom Distribution to High-Risk Populations (CD) - Recommended Component for 07/01/12 - 06/30/13

If you choose to provide data for activities related to this component which are funded by a source other than the OHA HIV Prevention Award, use the "Unhide" feature to complete Tab 10a.

Do you plan to support CD? If yes, please complete this section.

Note: The total funding amount of all Recommended Components may not account for more than 25% of your CDC Prevention Grant budget.

1) CD Sites	Select drop down menu		Mark "1" in the columns which CD sites target.			Address: street, city, state, zip (confirmed sites only) for deduplication and for iCondom application
	Healthcare or Non-Healthcare Agency	Type of venue	HIV+ persons	MSM (e.g., gyms, student organizations, bars, adult book/video stores)	IDUs (e.g., substance abuse treatment agencies, homeless shelters)	
1	Beaverton Clinic	HC	HIV/AIDS service providers	1	1	12550 SW 2nd Avenue, Beaverton OR 97005
2	Portland Community College Rock Creek Queer Resource Center	NHC	school/ student org	1	1	17705 NW Springville Road, Bldg. 3, Room 128B, Portland OR 97229
3	Outreach Events (Locations vary)	NHC	other: specify in notes below	1	1	Locations vary
4		drop down menu	drop down menu			
5		drop down menu	drop down menu			
6		drop down menu	drop down menu			
7		drop down menu	drop down menu			
8		drop down menu	drop down menu			
9		drop down menu	drop down menu			
10		drop down menu	drop down menu			
11		drop down menu	drop down menu			
12		drop down menu	drop down menu			
13		drop down menu	drop down menu			
14		drop down menu	drop down menu			
15		drop down menu	drop down menu			
Total		0	0	2	3	2

2) CDC Required Indicators	Goal	Q1	Q2	Q3	Q4	Total
# Distribution locations (non CDC)	5					0
# Condoms distributed overall	5000					0
# Condoms distributed to HIV positive persons	1000					0
# Condoms distributed to high-risk HIV negative persons/ unknown populations (MSM, IDUs, partners of HIV+ persons)	2500					0
# Condoms distributed to general population (should not exceed 30% of condoms)	1500					0
# Lubricant packets distributed (non CDC)	2000					0

3) Setting goals for 2012: What goals would you like to initiate?
Ensure that condoms and other safer sex supplies are available to high-risk populations to prevent new HIV infections and STDs.

Objectives: Describe any screening criteria or recruitment strategies you plan to use (e.g., In-house CD (at your agency), Partnerships (providing condoms to external venues), Outreach (staff/volunteers distribute condoms in-person at external venues), CD to HIV+ clients in care settings, CD to HIV test clients, CD to syringe services program clients, etc.)

Objective 1: Ensure that staff always provide condoms to venues frequented by high-risk populations and make them available during HIV testing and outreach encounters.

Action Steps	Measurable Outcome	Staff Responsible	Timeline
Condoms and lubricant made available to individuals accessing HIV CTR services at Beaverton Clinic and new HIV CTR clinic for MSM to be opened in Washington County in 2013.	2500 condoms total as well as lubricant distributed to high risk individuals during HIV CTR sessions.	Subcontracted CAP staff	All condoms distributed by June 30, 2013.
Condoms and lubricants made available to Portland Community College Queer Resource Center for distribution to students/staff who identify as MSM or PLWHA.	1500 condoms total as well as lubricant distributed to high risk individuals during HIV CTR sessions.	Subcontracted CAP staff	All condoms distributed by June 30, 2013.
Condoms and lubricants made available to individuals during outreach into testing and health and wellness events (i.e. Virginia Garcia Health & Resource Fair, Washington County Project Homeless Connect).	1000 condoms total as well as lubricant distributed to individuals reached during outreach events.	Subcontracted CAP staff	All condoms distributed by June 30, 2013.

4) Capacity Building and Technical Assistance: List activities related to CD that would be helpful to your staff.
a)

b)

c)

5) Storage requirements: Condoms must be stored in a cool, dry place to prevent damage. Please ensure that staff and partnering businesses/agencies are aware of this requirement and have an appropriate storage place. Additionally, staff should ensure that the expiration dates of condoms are checked at least once annually. Do you agree to these requirements (Yes/No)?

Yes

6) Distribution requirements: Supplies may only be distributed free of charge. Money or donations may not be requested. Do you agree to this requirement (Yes/No)?

Yes

7) Contact person & information: Please provide contact information for the person who will coordinate condom distribution activities. Include a name, job title, email address and phone number.

Josh Ferrer, Manager of Prevention Services, Cascade AIDS Project, 503-278-3864, jferrer@cascadeaids.org.

8) Mailing address: Please provide a complete mailing address where you would like supplies to be shipped, including multiple addresses for direct shipments to subcontractors or other partners and the % of supplies that should go each address.

Cascade AIDS Project, 208 SW Fifth Avenue, Suite 800, Portland OR 97204. Attn: Josh Ferrer, Manager of Prevention Services

9) Staff: Optional Section

	Position Title	% FTE dedicated to CD	Summary of responsibilities and activities they will conduct related to CD
a)			
b)			
c)			

Notes: Outreach locations/events for condom distribution include Virginia Garcia Health & Resource Fair, Washington County Project Homeless Connect, etc.

Condom Distribution to High-Risk Populations (CD) - Recommended Component

This worksheet is to report HIV prevention activities not funded by the OHA HIV Prevention Award. This is optional; however, if you choose not to include this information your contributions may not be reflected in the whole overview of prevention efforts reported for our state.

1) Potential CD Sites	Select drop down menu		Mark "1" in the columns which CD sites target.				Address: street, city, state, zip (confirmed sites only) for deduplication and for iCondom application
	Healthcare or Non-Healthcare Agency	Type of venue	HIV+ persons	MSM (e.g., gyms, student organizations, bars, adult book/video stores)	IDUs (e.g., substance abuse treatment agencies, homeless shelters)	Confirmed Site	
1	drop down menu	drop down menu					
2	drop down menu	drop down menu					
3	drop down menu	drop down menu					
4	drop down menu	drop down menu					
5	drop down menu	drop down menu					
6	drop down menu	drop down menu					
7	drop down menu	drop down menu					
8	drop down menu	drop down menu					
9	drop down menu	drop down menu					
10	drop down menu	drop down menu					
11	drop down menu	drop down menu					
12	drop down menu	drop down menu					
13	drop down menu	drop down menu					
14	drop down menu	drop down menu					
15	drop down menu	drop down menu					
Total	0	0	0	0	0	0	

2) CDC Indicators	Goal	Q1	Q2	Q3	Q4	Total
# Distribution locations						0
# Condoms distributed overall						0
# Condoms distributed to HIV positive persons						0
# Condoms distributed to high-risk HIV negative persons/ unknown populations (MSM, IDUs, partners of HIV+ persons)						0
# Condoms distributed to general population (should not exceed 30% of condoms)						0
# Lubricant packets distributed						0

3) Setting goals for 2012: What goals would you like to initiate?
 Objectives: Describe any screening criteria or recruitment strategies you plan to use (e.g., In-house CD (at your agency), Partnerships (providing condoms to external venues), Outreach (staff/volunteers distribute condoms in-person at external venues), CD to HIV+ clients in care settings, CD to HIV test clients, CD to syringe services program clients, etc.)

Objective 1:

Action Steps	Measurable Outcome	Staff Responsible	Timeline

4) Capacity Building and Technical Assistance: List activities related to CD that would be helpful to your staff.
 1)
 2)
 3)

5) Staff: Optional Section

Position Title	% FTE dedicated to CD	Summary of responsibilities and activities they will conduct related to CD
1		
2		
3		

Notes:

Evidence-based Interventions for HIV Negative Populations at Highest Risk - Recommended Component for 07/01/12 - 06/30/13

If you choose to provide data for activities related to this component which are funded by a source other than the OHA HIV Prevention Award, use the "Unhide" feature to complete Tab 11a.

Do you plan to support evidence-based interventions for HIV negative populations at highest risk (includes both behavioral interventions and syringe services programs)? If yes, please complete this section.

Note: The total funding amount of all Recommended Components may not account for more than 25% of your CDC Prevention Grant budget.

1) Please provide a qualitative description of each community evidence-based intervention(s) for HIV negative populations at highest risk do you plan to implement and why? (CDC required)
 Learn more about interventions available at <http://effectiveinterventions.org/en/home.aspx>.

2) Which strategies do you plan to use to identify and recruit high risk HIV negative persons, including persons in HIV-discordant relationships (with HIV positive partner). Add any strategies not listed.	Utilize? (Y/N)
Referrals from other agencies/programs	
Risk screening	
Staff outreach/recruitment at targeted physical venues	
Staff outreach/recruitment in targeted online venues	
Volunteer outreach/recruitment	

Other (please specify):

3) If you plan to implement a syringe services program, select each program element you plan to use.	Yes	No	Comments
Fixed exchange site (in a location that does not change such as a building)			
Mobile site (e.g., van)			
Delivery of syringes			
Drop boxes for syringe disposal in public venues			

How will you encourage individuals to bring back used syringes within the syringe exchange program?

4) Setting goals for 2012: What goals would you like to initiate?

Objective 1:

Action Steps	Measurable Outcome	Staff Responsible	Timeline

5) CDC Required Indicators	Goal	Q1	Q2	Q3	Q4	Total
# Interventions to be conducted						0
# People (contacts) reached						0
# Visits who will received syringe services (non CDC)						0
# Sterile syringes to be distributed (non CDC)						0

6) Capacity Building and Technical Assistance: List activities related to evidence-based interventions for high risk negatives that would be helpful to your staff.

- a)
- b)
- c)

7) Staff: Optional Section

Position Title	% FTE dedicated to evidence-based interventions for high risk negative populations	Summary of responsibilities and activities they will conduct related to evidence-based interventions for high negative populations
1		
2		
3		

Notes:

Evidence-based Interventions for HIV Negative Populations at Highest Risk - Recommended Component

This worksheet is to report HIV prevention activities not funded by the OHA HIV Prevention Award. This is optional; however, if you choose not to include this information your contributions may not be reflected in the whole overview of prevention efforts reported for our state.

1) Which evidence-based intervention(s) for HIV negative populations at highest risk do you plan to implement and why?
 Learn more about interventions available at <http://effectiveinterventions.org/en/home.aspx>.

2) Which strategies do you plan to use to identify and recruit high risk HIV negative persons, including persons in HIV-discordant relationships (with HIV positive partner). Add any strategies not listed.	Utilize? (Y/N)
Referrals from other agencies/programs	
Risk screening	
Staff outreach/recruitment at targeted physical venues	
Staff outreach/recruitment in targeted online venues	
Volunteer outreach/recruitment	

Other (please specify):

3) If you plan to implement a syringe services program (not OHA funded), select each program element you plan to use.	Yes	No	Comments
Fixed exchange site (in a location that does not change such as a building)			
Mobile site (e.g., van)			
Delivery of syringes			
Drop boxes for syringe disposal in public venues			

How will you encourage individuals to bring back used syringes within the syringe exchange program?

4) Setting goals for 2012: What goals would you like to initiate?

Objective 1:

Action Steps	Measurable Outcome	Staff Responsible	Timeline

5) CDC Indicators	Goal	Q1	Q2	Q3	Q4	Total
# Interventions to be conducted						0
# People who will participate in an evidence-based individual or group level behavioral risk reduction intervention						0
# People who will be reached through an evidence-based community level intervention						0
# Contacts who will received syringe services						0
# Sterile syringes to be distributed						0

6) Capacity Building and Technical Assistance: List activities related to evidence-based interventions for high risk negatives that would be helpful to your staff.
 a)
 b)
 c)

7) Staff: Optional Section

Position Title	% FTE dedicated to evidence-based interventions for high risk negative populations	Summary of responsibilities and activities they will conduct related to evidence-based interventions for high negative populations
1		
2		
3		

Notes:

Social Marketing - Recommended Component for 07/01/12 - 6/30/13

If you choose to provide data for activities related to this component which are funded by a source other than the OHA HIV Prevention Award, use the "Unhide" feature to complete Tab 12a.

Do you plan to support social marketing activities? If yes, please complete this section.

Note: The total funding amount of all Recommended Components may not account for more than 25% of your CDC Prevention Grant budget.

1) Setting goals for 2012: What goals would you like to initiate?

Objectives: Describe specific campaigns you plan to implement, the HIV prevention messages that will be promoted, the target population for each campaign and related timeline/ target dates. If this information is unknown at this time, please describe the activities to be conducted to determine this information. (CDC required)

Objective 1:

Action Steps	Measurable Outcome	Staff Responsible	Timeline

2) Mark "X" next to the marketing tools you plan to use to share social marketing campaign materials.

Billboards		Pamphlets, flyers, or palm cards	
Online banner ads		Quick response (QR) codes for scanning on smart phones	
Online profiles on dating/sex-seeking websites (e.g., Adam4Adam.com) or mobile apps (e.g., Grindr)		Social networking sites (e.g., Facebook, Twitter)	
Online video sharing (e.g., YouTube)		Text messages	
Posters		Websites	

Other (please specify):

3) CDC Required Indicators	Goal	Q1	Q2	Q3	Q4	Total
# SM/PI conducted						
# Exposures (# people reached)						0
# Media placements for marketing campaigns						0

4) Capacity Building and Technical Assistance: List activities related to social marketing that would be helpful to your staff.

- a)
- b)
- c)

5) Staff: Optional Section

Position Title	% FTE dedicated to social marketing	Summary of responsibilities and activities they will conduct related to social marketing
1		
2		
3		

Notes:

Social Marketing - Recommended Component

This worksheet is to report HIV prevention activities not funded by the OHA HIV Prevention Award.
 This is optional; however, if you choose not to include this information your contributions may not be reflected in the whole overview of prevention efforts reported for our state.

1) Setting goals for 2012: What goals would you like to initiate?

Objectives: Describe specific campaigns you plan to implement, the HIV prevention messages that will be promoted, the target population for each campaign and related timeline/ target dates. If this information is unknown at this time, please describe the activities to be conducted to determine this information.

Objective 1:

Action Steps	Measurable Outcome	Staff Responsible	Timeline

2) Mark "X" next to the marketing tools you plan to use to share social marketing campaign materials.

Billboards	<input type="checkbox"/>	Pamphlets, flyers, or palm cards	<input type="checkbox"/>
Online banner ads	<input type="checkbox"/>	Quick response (QR) codes for scanning on smart phones	<input type="checkbox"/>
Online profiles on dating/sex-seeking websites (e.g., Adam4Adam.com) or mobile apps (e.g., Grindr)	<input type="checkbox"/>	Social networking sites (e.g., Facebook, Twitter)	<input type="checkbox"/>
Online video sharing (e.g., YouTube)	<input type="checkbox"/>	Text messages	<input type="checkbox"/>
Posters	<input type="checkbox"/>	Websites	<input type="checkbox"/>

Other (please specify):

3) CDC Required Indicators	Goal	Q1	Q2	Q3	Q4	Total
# Marketing campaigns to be supported in 2012						0
# People to be reached by marketing campaigns conducted in 2012						0
# Media placements for marketing campaigns in 2012						0

4) Capacity Building and Technical Assistance: List activities related to social marketing that would be helpful to your staff.

- 1) _____
- 2) _____
- 3) _____

5) Staff: Optional Section

Position Title	% FTE dedicated to social marketing	Summary of responsibilities and activities they will conduct related to social marketing
1		
2		
3		

Notes:

Community Mobilization - Recommended Component for 07/01/12 - 6/30/13

If you choose to provide data for activities related to this component which are funded by a source other than the OHA HIV Prevention Award, use the "Unhide" feature to complete Tab 13a.

Do you plan to support community mobilization activities? If yes, please complete this section.
 Note: The total funding amount of all Recommended Components may not account for more than 25% of your CDC Prevention Grant budget.

1) Setting goals for 2012: What goals would you like to initiate?

Objectives: Describe the planned activities for mobilizing community members (e.g., volunteer trainings, volunteer led outreach events), the target populations to be mobilized/reached, and corresponding frequency or target date of the activities. If this information is unknown at this time, please describe the activities to be conducted to determine this information.

Objective 1:

Action Steps	Measurable Outcome	Staff Responsible	Timeline

2) Required Indicators	Goal	Q1	Q2	Q3	Q4	Total
Proposed # of activities						0

Provide qualitative descriptions for each of your proposed community mobilization activities (CDC required):

Q1
Q2
Q3
Q4

3) Mark "X" next to the primary strategies community members (i.e., volunteers or businesses; not agency staff) will use to promote HIV prevention? Add any strategies not listed.

Distributing condoms		Linking HIV+ persons to care and treatment services
Displaying or disseminating marketing materials		Recruiting/referring others to HIV testing or other prevention services
Discussing risk reduction or sexual health with others		Identifying trends, venues, and events where
Identifying key stakeholders from prioritized populations		prioritized populations often convene
Other (please specify):		

4) Capacity Building and Technical Assistance: List activities related to community mobilization that would be helpful to your staff.

a)	
b)	
c)	

5) Staff: Optional Section

Position Title	% FTE dedicated to community mobilization	Summary of responsibilities and activities they will conduct related to community mobilization
1		
2		
3		

Notes:

Community Mobilization - Recommended Component

This worksheet is to report HIV prevention activities not funded by the OHA HIV Prevention Award. This is optional; however, if you choose not to include this information your contributions may not be reflected in the whole overview of prevention efforts reported for our state.

1) Setting goals for 2012: What goals would you like to initiate?

Objectives: Describe the planned activities for mobilizing community members (e.g., volunteer trainings, volunteer led outreach events), the target populations to be mobilized/reached, and corresponding frequency or target date of the activities. If this information is unknown at this time, please describe the activities to be conducted to determine this information.

Objective 1:

Action Steps	Measurable Outcome	Staff Responsible	Timeline

2) CDC Required Indicators	Goal	Q1	Q2	Q3	Q4	Total
Proposed # of activities						0

Provide qualitative descriptions for each of your proposed community mobilization activities:

Q1	
Q2	
Q3	
Q4	

3) Mark "X" next to the primary strategies community members (i.e., volunteers or businesses; not agency staff) will use to promote HIV prevention? Add any strategies not listed.

Distributing condoms		Linking HIV+ persons to care and treatment services	
Displaying or disseminating marketing materials		Recruiting/referring others to HIV testing or other prevention services	
Discussing risk reduction or sexual health with others		Identifying trends, venues, and events where prioritized populations often convene	
Identifying key stakeholders from prioritized populations			
Other (please specify):			

4) Capacity Building and Technical Assistance: List activities related to community mobilization that would be helpful to your staff.

1)	
2)	
3)	

5) Staff: Optional Section

Position Title	% FTE dedicated to community mobilization	Summary of responsibilities and activities they will conduct related to community mobilization
1		
2		
3		

Notes:

--

Pre-Exposure Prophylaxis (PrEP) & Non-occupational Post-Exposure Prophylaxis (nPEP) - Recommended Component for 07/1/12 - 6/30/13

If you choose to provide data for activities related to this component which are funded by a source other than the OHA HIV Prevention Award, use the "Unhide" feature to complete Tab 14a.

Do you plan to support PrEP and/or nPEP? If yes, please complete this section.

Note: The total funding amount of all Recommended Components may not account for more than 25% of your CDC Prevention Grant budget.

1) Do you plan on referring persons potentially exposed to HIV through sex or injection drug use to nPEP? If yes, describe your process

2) If yes to #1, how will you track referrals or develop a tracking process? See CDC required indicators below.

3) Do you plan on referring HIV negative persons at highest risk to PrEP? If yes, please describe your process.

4) If yes to #3, how will you track these referrals or develop a tracking process? See CDC required indicators below.

5) Setting goals for 2012: What goals would you like to initiate?

Objective 1:

Action Steps	Measurable Outcome	Staff Responsible	Timeline

6) CDC Required Indicators

a) PEP - # Clients who were referred to PEP therapy

Risk Groups	Goals			Q1			Q2		
	African American (AA)	Hispanic (Hisp)	Other/Unknown (O/U)	AA	Hisp	O/U	AA	Hisp	O/U
MSM									
IDU									
HR-HET									
Other/Unknown									
Total	0	0	0	0	0	0	0	0	0

Qualitative description of the programmatic structure and activities of PEP support services:

Risk Groups	Q3			Q4		
	AA	Hisp	O/U	AA	Hisp	O/U
MSM						
IDU						
HET						
Other/Unknown						
Total	0	0	0	0	0	0

b) PEP - # Clients who initiated PEP therapy

Risk Groups	Goals			Q1			Q2		
	African American (AA)	Hispanic (Hisp)	Other/Unknown (O/U)	AA	Hisp	O/U	AA	Hisp	O/U
MSM									
IDU									
HET									
Other/Unknown									
Total	0	0	0	0	0	0	0	0	0

Qualitative description of the programmatic structure and activities of PEP support services:

Risk Groups	Q3			Q4		
	AA	Hisp	O/U	AA	Hisp	O/U
MSM						
IDU						
HET						
Other/Unknown						
Total	0	0	0	0	0	0

c) PrEP - # High-Risk MSM who were referred to PrEP therapy									
Risk Groups	Goals			Q1			Q2		
	African American (AA)	Hispanic (Hisp.)	Other/Unknown (O/U)	AA	Hisp	O/U	AA	Hisp	O/U
MSM									
IDU									
HET									
Other/Unknown									
Total	0	0	0	0	0	0	0	0	0

Qualitative description of the programmatic structure and activities of tPrEP support services:	Risk Groups	Q3			Q4		
		AA	Hisp	O/U	AA	Hisp	O/U
	MSM						
	IDU						
	HET						
	Other/Unknown						
Total	0	0	0	0	0	0	

d) PrEP - # High MSM who initiated PrEP therapy									
Risk Groups	Goals			Q1			Q2		
	African American (AA)	Hispanic (Hisp.)	Other/Unknown (O/U)	AA	Hisp	O/U	AA	Hisp	O/U
MSM									
IDU									
HET									
Other/Unknown									
Total	0	0	0	0	0	0	0	0	0

Qualitative description of the programmatic structure and activities of tPrEP support services:	Risk Groups	Q3			Q4		
		AA	Hisp	O/U	AA	Hisp	O/U
	MSM						
	IDU						
	HET						
	Other/Unknown						
Total	0	0	0	0	0	0	

7) Capacity Building (CB) and Technical Assistance (TA): List activities related to PrEP & nPEP that would be helpful to your staff.

a) _____

b) _____

c) _____

8) Staff: Optional Section		
	Position Title	% FTE dedicated to PrEP/nPEP
1		
2		
3		

Notes: _____

Pre-Exposure Prophylaxis (PrEP) & Non-occupational Post-Exposure Prophylaxis (nPEP) - Recommended Component

This worksheet is to report HIV prevention activities not funded by the OHA HIV Prevention Award. This is optional; however, if you choose not to include this information your contributions may not be reflected in the whole overview of prevention efforts reported for our state.

1) Do you plan on referring persons potentially exposed to HIV through sex or injection drug use to nPEP? If yes, describe your process.

2) If yes to #1, how will you track referrals or develop a tracking process? See CDC required indicators below.

3) Do you plan on referring HIV negative persons at highest risk to PrEP? If yes, please describe your process.

4) If yes to #3, how will you track these referrals or develop a tracking process? See CDC required indicators below.

5) Setting goals for 2012: What goals would you like to initiate?

Objective 1:

Action Steps	Measurable Outcome		Staff Responsible				Timeline
	Goal	Q1	Q2	Q3	Q4	Total	

6) CDC Required Indicators

PrEP

# Who were referred to PrEP therapy						0
-------------------------------------	--	--	--	--	--	---

# Who initiated PrEP therapy						0
------------------------------	--	--	--	--	--	---

nPEP

Do you offer support services for PEP Therapy? Mark "1" in yellow box that applies >>>

	Yes	No
--	-----	----

# Who were referred to PEP therapy					0
------------------------------------	--	--	--	--	---

# Who initiated PEP therapy					0
-----------------------------	--	--	--	--	---

# Who completed PEP therapy					0
-----------------------------	--	--	--	--	---

7) Capacity Building (CB) and Technical Assistance (TA): List activities related to PrEP & nPEP that would be helpful to your staff.

1)

2)

3)

8) Staff: Optional Section

	Position Title	% FTE dedicated to PrEP/nPEP	Summary of responsibilities and activities they will conduct related to PrEP & nPEP
1			
2			
3			

Notes:

Cultural Competency & Anti-Stigma - Required Component for 07/1/12 - 6/30/13

1) Describe how your HIV prevention services are provided to clients in a manner that considers ones' diverse values, ethnicities, sexual orientation, and beliefs and behaviors that include, as necessary, the tailoring of delivery methods to meet client's social, cultural and linguistic needs.

All staff are trained in providing culturally effective and client centered counseling and services. We have access to interpreter services as needed and CAP staff and volunteers are regularly recruited from the target populations that we serve to further ensure cultural awareness, knowledge, and

2) Describe how you ensure that your HIV counseling, testing and referral services are provided in a culturally appropriate manner.

All staff are trained in providing culturally effective and client centered counseling and services. We have access to interpreter services as needed and CAP staff and volunteers are regularly recruited from the target populations that we serve to further ensure cultural awareness, knowledge, and

3) What systems, procedures, and/or policies are in place to identify and address cultural competency?

CAP has a policies on cultural competency and an internal committee dedicated to further CAP's cultural proficiency in our programs and services.

4) What systems, procedures, and/or policies are in place to identify and address stigma associated with HIV/AIDS?

CAP has a program, called Positive Force Northwest, which is a program for HIV positive individuals that provides individual support via social events and has an element of addressing HIV/AIDS stigma in the community through positive engagement

5) What systems, procedures, and/or policies are in place to identify and address stigma associated with injection drug use?

CAP provides brochures, trainings, and referrals into needle exchange and includes this information in our general agency outreach and education.

Capacity Building and Technical Assistance: List activities related to cultural competency and anti-stigma that would be helpful to your staff.

1)

2)

3)

Narrative Report - Optional for 07/01/12 - 06/30/13

The following questions are to be addressed for each quarter.

Q1 - Accomplishment and Challenges

1) Please describe the program's successes and accomplishments this quarter.
Include improvements in service delivery and client health outcomes.
If appropriate and available, please share a story about an event or experience this quarter that illustrates the positive impact of services.

2) Please describe any significant challenges in providing services for the priority populations or reaching projected service goals.
If the program is not reaching its projected service goals, please provide an explanation and describe plans for reaching them by the end of the year.

3) What has helped overcome challenges or barriers?

4) What additional assistance is needed for these efforts?

5) Any other information we should know?

Q2 - Accomplishment and Challenges

1) Please describe the program's successes and accomplishments this quarter.
Include improvements in service delivery and client health outcomes.
If appropriate and available, please share a story about an event or experience this quarter that illustrates the positive impact of services.

2) Please describe any significant challenges in providing services for the priority populations or reaching projected service goals.
If the program is not reaching its projected service goals, please provide an explanation and describe plans for reaching them by the end of the year.

3) What has helped overcome challenges or barriers?

4) What additional assistance is needed for these efforts?

5) Any other information we should know?

Q3 - Accomplishment and Challenges

1) Please describe the program's successes and accomplishments this quarter.
Include improvements in service delivery and client health outcomes.
If appropriate and available, please share a story about an event or experience this quarter that illustrates the positive impact of services.

2) Please describe any significant challenges in providing services for the priority populations or reaching projected service goals.
If the program is not reaching its projected service goals, please provide an explanation and describe plans for reaching them by the end of the year.

3) What has helped overcome challenges or barriers?

4) What additional assistance is needed for these efforts?

5) Any other information we should know?

Q4 - Accomplishment and Challenges

1) Please describe the program's successes and accomplishments this quarter.
Include improvements in service delivery and client health outcomes.
If appropriate and available, please share a story about an event or experience this quarter that illustrates the positive impact of services.

2) Please describe any significant challenges in providing services for the priority populations or reaching projected service goals.
If the program is not reaching its projected service goals, please provide an explanation and describe plans for reaching them by the end of the year.

3) What has helped overcome challenges or barriers?

4) What additional assistance is needed for these efforts?

5) Any other information we should know?

Staff Development - Required for 07/01/12 - 06/30/13

	Training/ Activity Name	Date	Staff member who attended	Staff Job Title	Expiration Date of Certification	Notes
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						

Immunization Comprehensive Triennial Plan

Due Date: May 1
Every year

Local Health Department:

Plan A - Continuous Quality Improvement: Reduce Vaccine Preventable Disease

Calendar Years 2010-2012

Year 1: June, 2010 – May, 2011						
Objectives	Activities	Date Due / Staff Responsible		Outcome Measure(s)	Outcome Measure(s) Results	Progress Notes
A. Partner with OPIC, Pacific University in organizing IM Roundtable Workshop	Workshop agenda will focus on IM information for MD's , RN's & MA's in Washington Co.	10/10	GR	Hold all day workshop for at least 100 attendees	Successful 120 attendance from private clinics (50), public clinics (14) & schools (11) etc. Held at PCC-Rock Creek	Other Roundtable held in Pendleton, OR Evaluation showed 93% rated roundtable either a 4 or 5. Full agenda covered VFC, ALERT, school law, IM updates and clinical competence
B. Coordinate HPV Special Project for women 19-26 years old	Partnership with PCC-Rock Creek & Pacific Univ. in FG to promote HPV vaccine. Work in conjunction with VGMHC to promote HPV.	12/10	GR Intern & EC, RN	Dispense 1500 doses by December 31, 2010	Developed two flyers in English & Spanish to promote HPV Special Project. Distributed in clinics, PCC-Rock Creek and via VGMHC Ordered 280 additional doses to complete 2 nd & 3 rd doses for women who started the program prior to 12/31/10	Pacific University Student Health Center ended up with a separate state contract for HPV so they are pursuing this independently PCC-Rock Creek, Women's Resource Center trained staff to promote HPV special project State relaxed eligibility requirements so client did not have to have FP services at time of vaccination

Immunization Comprehensive Triennial Plan

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

Due Date: May 1 Every year

Year 1: June 2010-May, 2011						
Objectives	Activities	Date Due / Staff Responsible		Outcome Measure(s)	Outcome Measure(s) Results	Progress Notes
A. Conduct random visits to certified childcare facilities	Review immunizations records, Primary Review Procedures, state requirements and CIS supplies	Due 8/2010	Staff GR	Visit at least two certified childcare facilities	Visited three certified childcare facilities in Hillsboro area. Reviewed IM guidelines, state requirements and answered questions	Continue to set aside time to visit childcare facilities to assist them with Primary Review. Response has been positive. Topics such as ALERT, CIS forms and exemptions were discussed.
B. Conduct & promote outreach immunization activities	Promotional activities may include Elliot the Elephant in parades, special events, back-to-school, booth vender, kindergarten round-ups and school presentations	12/10	GR intern	Participate in at least six outreach activities involving IM education and promotion	Hillsboro Farmer's Market (3), PSU presentations, Hillsboro Roundtable, Washington Co. Fair, Kindergarten Roundups, Hines Nursery Health Fair, Veterans Fair Stand Down, Homeless Connect Shelter (Sonrise Church)	Participated in 15-20 outreach activities involving many community events. These will be ongoing activities to promote immunizations

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

LHD staff completing this checklist: Gregg Russell, Michele Karaffa

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:**

Conducts multiple Kindergarten Round-ups presentations for parents in elementary schools in April and May. (Activity 1)

Conducts six Primary Review Workshops for childcare facilities, public and private schools. (Activity 2)

Sends out yearly packet to all Washington County pediatricians and family practice on immunization updates, cold storage, immunization practices. (Activity 3)

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. 44 4th DtaP rate went down to 70% from 72% in 2009. There has been a substantial increase in the number of children in Washington County who now qualify for the Oregon Health Plan. These children will now be able to receive their vaccines at a primary care provider instead of coming to the Washington County Health Clinics. Also, there may be increased parental refusal if the child has to receive up to six vaccines at one time.

Q. 44 The number decreased significantly from 87% in 2009 to 59% in 2010. This period was during the transition from the old IRIS system to the ALERTIIS. Washington County was used as a pilot test site for the new program. During this testing, we were able to find and troubleshoot many problems. Although this was helpful to the State, it messed with our statistics! Also, the system was both slow and down for a two week period and we had to wait for IRIS to be back online and running before entering the data. There were also problems with vaccine inventory being transferred from the state during the transition. Additionally, the responsibility for entering the data was transferred from clerical to nursing staff. Data is now entered into IIS at the time the vaccine is given in order for the inventory to be accurate and "real time." This change alone should improve this performance measure beyond the required 80%.

Q.

Q.

Q.

Q.

Q.

Q.

Q.

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

<p>engagement with community partners who may be able to provide services to mitigate identified public health threats or incidents.</p> <p>Function 3: Engage with community organizations to foster public health, medical and mental/behavioral health social networks</p> <p>Task 3. Create jurisdictional networks for public health information dissemination before, during and after an incident</p> <p>Function 4: Coordinate training or guidance to ensure community engagement in preparedness efforts</p> <p>Task 1. Coordinate with emergency management, community organizations, businesses, and other partners to provide public health preparedness and response training or guidance to community partners for the specific risks identified in the jurisdictional risk assessment.</p> <p>Task 2. Promote training to community partners that may have a supporting role to public health, medical, and mental/</p>	<p>gather community feedback for continuous quality improvement of jurisdictional emergency operations plans and procedures. <i>(Use CQI Process for plan development and revision)</i></p> <p>PM 1.4: Push Partner Registry membership will show an increase in number of community partners enrolled over the June 2011 numbers. <i>Host “Build A Plan” workshops?</i></p> <p>PM 1.5: Provide a list of community partner agencies through which public health messages can be disseminated to populations identified in the HRA. This can include identified Push Partners.</p> <p>PM 1.6: At least twice annually, disseminate public health preparedness messages to the partners identified in PM 1.4. Additionally, use this dissemination to update the list.</p> <p>PM 1.7: Develop a community preparedness discussion guide kit that can be checked out and used by community members, MRC volunteers, CERT team</p>	<p>6/29/12</p> <p>1/30/12</p> <p>3/30/12 and 6/29/12</p> <p>4/12</p>	<p>Cynthia, Cristin</p> <p>Cynthia, Cristin</p> <p>Sue, Cynthia, Wendy</p> <p>Sue, Cynthia, regional</p>
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<p>behavioral health sectors.</p> <p>Task 3: Advocate for the inclusion of resilience in all aspects of emergency management/response when working with internal and external partners.</p> <p>Task 4: Advocate for the resilience of our communities as part of public health’s efforts to improve the social determinants of health. Working with public health leadership, develop action plans to leverage all public health resources towards greater community resilience.</p>	<p>members, and public health staff to train and promote public health and all hazard emergency preparedness (PE 12 PM 1.6).</p> <p>PM 1.8: Develop outreach materials and campaign to increase awareness of discussion guide kit availability in the community.</p> <p>PM 1.9: Continue to develop MRC capacity on local, regional, and/or state-wide level, and continue to foster collaboration with local CERT teams.</p> <p>PM 1.10: Work with all divisions in DHHS to coordinate emergency response efforts across programs to ensure there are no gaps or duplications in addressing needs of vulnerable populations.</p> <p>PM 1.11: Work with all divisions in DHHS to empower and enable DHHS staff to provide emergency preparedness education to their vulnerable clients.</p>	<p>6/29/12</p> <p>6/29/12</p> <p>6/29/12</p> <p>6/29/12</p>	<p>group</p> <p>Cynthia</p> <p>Cynthia</p> <p>Sue, Cynthia</p> <p>Sue, Cynthia</p>
<p><u>Capability 2: Community Recovery</u></p> <p><i>Function 1: Identify and monitor public health, medical and mental/behavioral health system recovery needs</i></p> <p>Task 1: Continue with department-wide Continuity of Operations planning (COOP).</p>	<p>PM 2.1: DHHS COOP plans will be updated and put on a regular update schedule.</p> <p>PM 2.2: Each program will identify critical mission and capabilities during an emergency.</p>	<p>6/29/12</p> <p>6/29/12</p>	<p>Sue, Program Supervisors</p> <p>Sue, Program Supervisors</p>

<p><u>Capability 3: Emergency Operations Coordination</u></p> <p><i>Function 4: Manage and sustain the public health response</i></p> <p>Task 1: Staff identified to participate in a response should be trained on health department plans and procedures, and understand their roles during a public health response.</p> <p>Task 2: Further development of Community Services Branch of the Operations Section of the county EOC.</p>	<p>PM 3.1: Department-wide training will be held for all staffs to ensure awareness of roles and responsibilities during an emergency, and capability to respond.</p> <p>PM 3.2: Quarterly meetings of the CSB staff will be held to further define roles, needed job aids, resources and procedures.</p>	<p>TTX done 11/30/11 ; JPHIRST training TBD</p> <p>6/29/12</p>	<p>Cynthia, identified educators</p> <p>Sue, EM</p>
<p><u>Capability 4: Emergency Public Information and Warning</u></p> <p><i>Function 5: Issue public information, alerts, warnings, and notifications</i></p> <p>Task 1. Maintain the capability to issue health related alerts, warnings, and notifications to the public; and to respond to questions and concerns from the public and community partner organizations.</p>	<p>PM 4.1: Revise and approve draft Communications Plan that include the process for issuing health-related alerts, warnings and notifications will be approved. These plans to include:</p> <ul style="list-style-type: none"> • Use of HAN • Clearance/approval process • Time requirements for development of messages (60 minutes) • Translation (where able) • Low literacy materials • Materials for visually or hearing impaired • Methods for reaching rural/isolated populations 	<p>6/29/12</p>	<p>Sue, Wendy</p>
<p><u>Capability 8: Medical Countermeasure (MCM) Dispensing</u></p>	<p>PM 8.1: Support further development of Push Partner Registry agencies.</p>	<p>6/29/12</p>	<p>Cynthia and CRI team</p>

<p><i>Function 1: Identify and initiate medical countermeasure dispensing strategies</i></p> <p>Task 2. Prior to an incident, and if applicable during an incident, engage private sector, local, state, regional, and federal partners, as appropriate to the incident, to identify and fill required response roles.</p> <p><i>Function 2: Receive medical countermeasures: Identify dispensing sites and/or intermediary distribution sites and prepare these modalities to receive medical countermeasures in a time frame applicable to the agent or exposure.</i></p> <p>Task 3. Identify and notify any intermediary distribution sites based on the needs of the incident.</p> <p><i>Function 3: Activate dispensing modalities</i></p> <p>Task 1. Activate dispensing strategies, dispensing sites, dispensing modalities and other approaches, as necessary, to achieve dispensing goals commensurate with the targeted population.</p> <p>Task 5. Inform public of dispensing operations including locations, time period of availability, and method of delivery.</p> <p><i>Function 4: Dispense medical countermeasures to identified population</i></p>	<p>PM 8.2: Work with CRI to coordinate regional and local PPR MCM plan development workshop content and events.</p> <p>PM 8.3: Disseminate and support city-based POD plans and Push Partner Registries to appropriate jurisdictions, in collaboration with public health leadership and partnering agencies.</p>	<p>6/29/12</p> <p>6/29/12</p>	<p>Cynthia and CRI team</p> <p>Sue</p>
<p><u>Capability 9: Medical Materiel Management and Distribution</u></p> <p><i>Function 1: Direct and activate medical materiel</i></p>	<p>PM 9.1: Work in collaboration with Central Services and Emergency Management to finalize the Receipt, Staging and Storage Plan.</p>	<p>6/29/12</p>	<p>Sue, Mike</p>

<p><i>management and distribution</i></p> <p><i>Function 2: Acquire medical materiel</i></p>	<p>PM 9.2: Work with Emergency Management to develop:</p> <ul style="list-style-type: none"> • Procedures for emergency rapid purchase of materiel; • Procedure for requesting medical materiel from mutual aid partners • Procedure for requesting supplementary medical materiel from OHA. 	9/12	Sue, Steve
<p><i>Function 4: Establish and maintain security</i></p> <p>Task 1: Review and update plans and procedures to describe how the PHD will secure personnel and medical materiel during all phases of materiel management and dispensation.</p> <p><i>Function 5: Distribute medical materiel</i></p>	<p>PM 9.3: Update procedures for medical materiel management that describes security measures, processes and protocols for all applicable locations and for materiel en route with the jurisdiction. Security protocols will include, at a minimum:</p> <ul style="list-style-type: none"> • Specific security requirements for controlled substances • Staff and materiel protection • Site security • Traffic control • Staff identification • Crowd control <p>PM 9.4: Plans and procedures will detail</p>	Updated, in Mass Prophy Plan	Sue

<p>Task 1: Review and update plans for dispensing and distribution of medical materiel.</p> <p>Function 6: Recover medical materiel and demobilize distribution operations</p> <p>Task 1: Review and update procedures for dispensation of unused medical materiel.</p>	<p>how supplementary medical materials will be distributed to local partner organizations, as needed.</p> <p>PM 9.5: Plans and procedures will detail medical assets that will be returned to providing agency, and how they will be stored until their return.</p> <p>PM 9.6: Plans and procedures will detail medical materials that will be disposed of during demobilization, and how that will occur.</p>	<p>6/29/12</p> <p>6/29/12</p>	<p>Sue</p> <p>Sue</p>
<p><u>Capability 13: Public Health Surveillance and Epidemiological Investigation</u></p> <p>Function 1: Conduct public health surveillance and detection</p> <p>Task 1: Review and update, as necessary, plans and procedures to include:</p> <ul style="list-style-type: none"> • Receiving reports from laboratories and providers • Active disease surveillance • Receiving reports of and responding to public health emergencies (including food and water) 24 hours per day, seven days a week. <p>Function 2: Conduct public health and epidemiological investigations</p> <p>Task 1: Conduct outreach and education on reportable diseases with healthcare providers and other community</p>	<p>PM 13.1: Documentation of agency’s ability to respond to calls from providers or the public within the appropriate timeframe.</p> <p>PM 13.2: Disease investigation procedures detail how investigation capability can be expanded using reassigned staff and/or volunteers.</p>	<p>6/29/12</p> <p>Complete d, in Epi Plan</p>	<p>Trevor, Sue</p> <p>Trevor, Kim, Sue</p>

<p>partners such as schools, childcare, skilled nursing care, etc.</p> <p>Function 3: Recommend, monitor, and analyze mitigation actions</p> <p>Task 1: Determine public health actions recommended for the mitigation of the threat.</p> <p>Task 2: Monitor and analyze mitigation actions throughout the duration of the public health threat or incident.</p> <p>Function 4: Improve public health surveillance and epidemiological investigation systems</p> <p>Task 1: AAR/Improvement Plan will be completed following epidemiological investigations that involve the activation of the emergency operations plan or ICS.</p> <p>Task 2: Progress will be demonstrated in completing actions identified in the improvement plans noted above.</p>	<p>PM 13.3: Just in Time Training for surge disease investigation is available, and sufficient staff and/or volunteers are identified to double disease investigation capacity when necessary.</p> <p>PM 13.4: Documentation of public health control measures initiated for reportable diseases will be provided to OHA, along with timeline for initiation of measures.</p> <p>PM 13.5: Completed AAR/IPs will be submitted to OHA for review.</p> <p>PM 13.6: Documentation of completed actions listed in AAR/IP listed above will be provided to OHA for review.</p>	<p>Completed</p> <p>6/29/12</p> <p>TTX AAR submitted , posted on HAN</p> <p>TTX AAR submitted , posted on HAN</p>	<p>Trevor, Kim, Sue</p> <p>Trevor, Kim, Sue</p> <p>Sue</p> <p>Sue</p>
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Local Health Department TPEP Grant
Local Program Plan Form 2012-13

Appendix E

Local Health Department: Washington County Public Health Division
Program component: M Monitor tobacco use and prevention policies
For each of the policy types listed below, please note the policy or policies that have been adopted. Where applicable, links are provided to statewide lists or maps of policies; these may not be completely up-to-date.

Policy type	Policies adopted – Include current policy description (e.g. “All properties 100% tobacco-free”, or “Smoking allowed in designated areas only.”) Enter “N/A” if a specified institution type (e.g. community college) does not exist in your county.
Tobacco-free campuses	
County public health department	Department of Health and Human Services (DHHS), Public Services building: Extended distance of no smoking policy beyond 10’ for some entranceways
Other city or county properties	Smoking allowed 10’ from entranceways
Community college	<u>Pacific University – Health Professions Campus: 100% tobacco free campus:</u> http://www.pacificu.edu/hr/policies/CampusSmokingPolicy.cfm <u>Portland Community College – Rock Creek Campus: 100% tobacco free campus</u> <u>Pacific University – Forest Grove Campus: prohibits smoking within 25 feet of residence halls and 10 feet of all building entrances</u> <u>George Fox University – 100% tobacco-free campus policy:</u> http://www.georgefox.edu/offices/security/tobacco-free%20campus.html <u>OHSU's OGI School of Science and Engineering: 100% tobacco free campus</u> <u>OHSU's Doernbecher Pediatrics Westside: 100% tobacco free campus</u>

Policy type	Policies adopted – Include current policy description (e.g. “All properties 100% tobacco-free”, or “Smoking allowed in designated areas only.”) Enter “N/A” if a specified institution type (e.g. community college) does not exist in your county.
Hospitals	<u>Legacy Meridian Park Hospital</u> – see Clackamas County <u>Providence</u> – 100% tobacco free campus <u>Tuality hospital</u> – 100% smokefree campus
Other tobacco-free campus policies (e.g. other health care setting or post-secondary education campus.)	<u>Mental Health and Substance Abuse residential treatment centers</u> -- tobacco-free as of July 1, 2012. <u>Kaiser Permanente</u> campuses – 100% Smokefree
Tobacco-free workplaces/ public places	
Community-wide smokefree worksites (e.g. city or county local smokefree workplaces ordinance)	<u>Nike</u> —smokefree policy in place <u>Maxim</u> —smokefree policy in place
Outdoor venues (e.g. parks or fair board tobacco-free policies)	<u>City of Hillsboro parks</u> - 100% tobacco free 11/2009 <u>City of Sherwood parks</u> - 100% tobacco free
Other community-wide smokefree workplaces/public places policy	<u>City of North Plains Jessie Mays Community Hall Park</u> – Tobacco Free
Smokefree multi-unit housing (MUH)	
Public housing authority	<u>Washington County Housing Department/Housing Authority</u> – 100% smokefree multi-unit housing
Other low-income and affordable MUH policies (e.g. Community development corporation)	<u>Bienestar multi-unit affordable housing</u> – 100% smokefree policy indoor and outdoors Benchmark Properties – no smoking outdoors Cascade Management

Policy type	Policies adopted – Include current policy description (e.g. “All properties 100% tobacco-free”, or “Smoking allowed in designated areas only.”) Enter “N/A” if a specified institution type (e.g. community college) does not exist in your county.
	Community Services, Inc. – All indoor and outdoor areas adjacent to buildings Guardian Affordable Housing – All indoor and outdoor areas adjacent to buildings NW Real Estate Capitol Corporation – All indoor areas Logos Association – All indoor and outdoor areas adjacent to buildings
Tobacco retail environment, advertising and promotions	
Tobacco retail licensing ordinance	None
Tobacco sampling ban	None
Other community-wide tobacco advertising and promotions policies:	None

Local Health Department TPEP Grant
Local Program Plan Form 2012-13

Local Health Department: Washington County Public Health Division	
Program component: P Protect people from exposure to secondhand smoke.	
What we want to achieve this funding period: P1	
<ul style="list-style-type: none"> • Protect citizens of Washington County from exposure to secondhand smoke through enforcing the Oregon Indoor Clean Air Act (OICAA) 	
Milestones	
<ul style="list-style-type: none"> • Collaborate with and assist Washington County Environmental Health (WCEH) with implementation and enforcement of the OICAA 	
Who will we engage and work with to accomplish this	
<ul style="list-style-type: none"> • We will collaborate with WCEH and the Oregon Health Authority (OHA) 	
What strategies and activities will be completed this year (list below)	
Strategy	Activities
Assessment	<ul style="list-style-type: none"> • Monitor WEMS and assess complaints
Education, Outreach & Partnerships	<ul style="list-style-type: none"> • Partner with WCEH to enforce the OICAA • Train Coordinator on WEMS
Media Advocacy	<ul style="list-style-type: none"> • n/a
Policy development and analysis	<ul style="list-style-type: none"> • n/a

Policy implementation and enforcement	<ul style="list-style-type: none">• Assist WCEHD to enforce the OICAA• WCEH will conduct unannounced site visits and reporting as needed• Conduct at least 1 unannounced site visit per year to each of the 6 smoke shops in Washington County
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Local Health Department TPEP Grant
Local Program Plan Form 2012-13

Local Health Department: Washington County Public Health Division

Program component: P Protect people from exposure to secondhand smoke

What we want to achieve (plan objective): P2

- Policies that prohibit smoking in public outdoor areas such as parks and recreation areas within Washington County (WC)
- Policies that prohibit smoking outdoors on property grounds for at least 2 local cities or communities within WC

Milestones to be completed this funding period

Park and recreation policy:

- Contact and assess the readiness of local Parks and Recreation departments (Forest Grove, Cornelius, North Plains, Tigard, Tualatin Hills Parks and Recreation District (THPRD) and Tualatin) in moving toward smokefree parks policies
- Provide education, policy implementation and technical assistance
- Provide THPRD with an educational presentation highlighting support, data and current park policies

Local city and community policy:

- Inventory cities and communities within WC for current tobacco-free policies
- Contact and determine the readiness of 8 local governments in creating tobacco-free environments and campus policies
- Continue to assess the political readiness of WC adopting a tobacco-free campus policy, specifically WC DHHS
- Continue to assess the political readiness of a tobacco-free Washington County fair

Who will we engage and work with to accomplish this?

- City Managers of Forest Grove, Cornelius, North Plains, and Tigard
- THPRD superintendents and Parks Advisory Board
- Tualatin City Mayor, who is already identified as a champion for chronic disease prevention and tobacco-free outdoor policies
- The Washington County Fair Board Manager
- Local governments' human resources departments and benefits committees as needed for policy development
- Met Group and Oregon Health Authority to create tool kit and signage as-needed specific to policy and organizational needs
- Local coalitions, partnerships and employee wellness groups
- WC and local cities' facilities departments
- WC Health and Human Services (HHS) Communications Coordinator

What strategies and activities will be completed this year (list below)

Strategy	Activity
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Assessment	<ul style="list-style-type: none"> • Identify local parks and recreation departments • Identify cities and communities in WC • Assess the culture of each city structure, environment and organization • Assess community and organizational support, political will, and identify strengths and weaknesses about policy changes • Identify key stakeholders, leaders, champions and point-of-contact members • Contact and assess the willingness and capacity of adopting tobacco-free outdoor policies beyond the OICAA • Continue to assess the current readiness of WC in adopting tobacco-free policies • Assess the need to assist in surveying employees, parks users, the public and local governments for policy support • Assess the needs and challenges predicted during implementation and enforcement stages of policy adoption • Research and compile current information regarding cities and organizations who have implemented tobacco-free and smokefree policies
Education, Outreach & Partnerships	<ul style="list-style-type: none"> • Participate in the tobacco-free outdoor venues workgroup and educate as needed • Organize meetings with key individuals and stakeholders as needed • Promote the relationship between “eco-friendly” and tobacco-free outdoor areas • Promote the Quit Line to supplement tobacco-free policy implementation • Washington County Employee Wellness committee
Media Advocacy	<ul style="list-style-type: none"> • Collaborate with WC HHS Communications Coordinator to use media releases and media outlets to advocate as cities and organizations adopt policies • Highlight successes through earned media
Policy development and analysis	<ul style="list-style-type: none"> • Use current policy resources compiled on the HPCDP website, policy examples from other cities, and tools developed from Met Group

Policy implementation and enforcement	<ul style="list-style-type: none">• Provide technical assistance to city and organization staff in developing an implementation plan• Provide technical assistance to city and organization staff in developing an enforcement plan• Partner with MetGroup to develop a template for signage, as well as messages promoting the eco-friendly and tobacco-free relationship• Work with Facilities and Human Resource groups as-needed to implement, enforce and communicate adopted policies
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Local Health Department TPEP Grant
Local Program Plan Form 2012-13

Local Health Department: Washington County Public Health Division

Program component: P Protect people from exposure to secondhand smoke.

What we want to achieve (plan objective): P3 EMPLOYERS

- At least four Washington County (WC) mid-size employers will adopt smokefree and tobacco-free policies for their business grounds and properties

Milestones to be completed this funding period

- Identify, contact and assist at least 8 employers in WC who are interested in adopting tobacco-free and smokefree policies
- Hire and train 1 FTE to provide technical assistance and education to employers and adjacent tenants
- Create messaging and toolkit resources (fact sheet, talking points, etc.) to engage employers and other tenants who are interested in adopting tobacco-free policies
- Educate and promote Quit Line services to employees as an alternative to smoking

Who will we engage and work with to accomplish this?

- WC employers who have expressed interest in tobacco-free environments and properties
- Businesses, agencies and organizations highlighted in the news and media for green activities
- HHS Communications Coordinator
- Adjacent tenants to businesses sharing workspaces and property grounds
- Business owners and property managers
- Human Resources and benefits departments, labor unions, employees and employee wellness committees
- Met Group, HPCDP and Wellness at Work
- WC Chronic Disease Prevention Program Coordinator

What strategies and activities will be completed this year (list below)

Strategy	Activity
Assessment	<ul style="list-style-type: none"> • A policy assessment of mid-size employers begun by WCTPEP in FY11Q3-4—continue assessment as-needed • Assess organizational readiness to adopt policies • Assess need to assist employers in surveying employees • Assess current media and news for businesses, agencies and organizations who may be interested in adopting policies • Identify current resources and tools available to WCTPEP through sources such as OHA, Met Group, Wellness at Work, etc.
Education, Outreach & Partnerships	<ul style="list-style-type: none"> • Identify employers who are interested in further information and provide technical assistance to them • Hire and train new employee to assist in education, outreach and partnership-development • Identify current resources and tools available to WCTPEP through sources such as OHA, MetGroup, Tri-County Worksite Wellness Collaborative, etc. • Educate employers, tenants, property managers, owners on the dangers of secondhand smoke exposure • Connect with businesses promoting green activities and offer assistance in adopting tobacco-free property policies
Media Advocacy	<ul style="list-style-type: none"> • Develop and distribute media releases • Assist employers with writing articles and letters to the editor to educate and promote smokefree
Policy development and analysis	<ul style="list-style-type: none"> • Provide technical assistance in developing and analyzing policies • Offer the Quit Line as an alternative to smoking
Policy implementation and enforcement	<ul style="list-style-type: none"> • Provide technical assistance for successful policy implementation and enforcement

Local Health Department TPEP Grant
Local Program Plan Form 2012-13

Local Health Department: Washington County Public Health Division

Program component: P Protect people from exposure to secondhand smoke.

What we want to achieve (plan objective): P4

- At least 4 multi-unit housing property owners in Washington County (WC) will adopt tobacco-free and smokefree policies for their properties and facilities

Milestones to be completed this funding period

- Identify multi-unit housing owners in WC who are interested in adopting property and resident policies
- Educate and provide technical assistance to owners in moving forward with developing tobacco-free policies
- Hire and train 0.5 FTE to provide education and technical assistance
- Create a current list and level of tobacco-free policies for all multi-unit housing properties in WC
- Educate and promote Quit Line as cessation option and alternative to smoking

Who will we engage and work with to accomplish this?

- WC multi-unit housing owners
- Property managers, tenants, neighbors and maintenance staff
- Property development companies projecting to build multi-unit housing complexes
- Smokefree Housing Project, Health In Sight, LLC., MetGroup
- Tualatin Valley Fire and Rescue
- Forest Grove Fire and Rescue

What strategies and activities will be completed this year (list below)

Strategy	Activity

Assessment	<ul style="list-style-type: none"> • An assessment was conducted by WCTPEP in FY11Q3-4 for all multi-unit housing owners in WC—continue assessment as-needed • Assess organizational readiness to adopt policies • Assess need to assist owners in surveying tenants
Education, Outreach & Partnerships	<ul style="list-style-type: none"> • Provide education and outreach to multi-unit housing properties who have requested technical assistance • Hire and train 0.5 FTE to provide education, outreach and partnership-development to all interested parties and peoples
Media Advocacy	<ul style="list-style-type: none"> • Assist owners in writing announcements for policy changes
Policy development and analysis	<ul style="list-style-type: none"> • Provide technical assistance for policy development and analysis
Policy implementation and enforcement	<ul style="list-style-type: none"> • Provide technical assistance for policy implementation and enforcement

Local Health Department TPEP Grant
Local Program Plan Form 2012-13

Local Health Department: Washington County Public Health Division

Program component: P Protect people from exposure to secondhand smoke.

What we want to achieve (plan objective): P5

- At least one post-secondary, training and technical institutions in Washington County (WC) will adopt a tobacco-free campus policy

Milestones to be completed this funding period

- Create a list of current tobacco-free policies for all training institutions in WC
- Identify post-secondary, technical and training institutions in WC who are interested in adopting campus policies
- Identify current educational and policy resources available
- Develop messaging, resources toolkit and presentation for institution boards
- Educate all institutions on the dangers of secondhand smoke exposure
- Educate adjacent institutions and tenants and provide technical assistance in adopting property policies

Who will we engage and work with to accomplish this?

- WC post-secondary, technical and training institutions
- HHS Communications Coordinator
- Property owners, property managers, and institution leadership boards and directors
- Met Group
- OHA HPCPD
- Chronic disease prevention and employee and student wellness programs
- Human Resources, benefits committees, and student advisory boards
- Adjacent tenants and shared property-owners
- Students and employees

What strategies and activities will be completed this year (list below)

Strategy	Activity
Assessment	<ul style="list-style-type: none">• An assessment begun by WCTPEP in FY11Q3-4—continue assessment as-needed• Assess organizational readiness to adopt policies• Assess need to assist institutions in surveying employees and students
Education, Outreach & Partnerships	<ul style="list-style-type: none">• Identify current resources, partnerships and tools available to WCTPEP• Educate institution leadership, employees, students, tenants, property managers and owners on the dangers of secondhand smoke exposure• Educate on smoking cessation and the Quit Line as an alternative to smoking
Media Advocacy	<ul style="list-style-type: none">• Collaborate with institutions in writing media releases and articles announcing policies
Policy development and analysis	<ul style="list-style-type: none">• Provide technical assistance and assist with developing policies• Analyze current and drafted policies as needed
Policy implementation and enforcement	<ul style="list-style-type: none">• Provide examples of successful policy implementation and enforcement

Local Health Department TPEP Grant
Local Program Plan Form 2012-13

Local Health Department: Washington County Public Health Division

Program component: Offer help to quit tobacco use.

Describe any other cessation related activities (e.g. improving cessation benefits, etc).

In addition to promoting the Oregon Tobacco Quit Line (QL) as part of all policy work and earned media opportunities described in “P”, we will

- Offer QL information through all possible outlets and health promotion events
- All FTE will be trained to promote the Quit Line through all activities
- Collaborate with Tuality Hospital on improving their cessation benefits and services

Describe any activities connecting state and local tobacco-related chronic disease initiatives, including the colorectal cancer screening campaign, Living Well, and approved Arthritis Foundation exercise programs.

- Washington County will participate in the Metro Living Well advisory committee
- Washington County will facilitate Washington County Tomando partnership meetings
- Washington County will participate in Worksite Wellness and Employee Wellness workgroups
- Washington County will continue to support the colorectal cancer screening campaign and communicate approved Arthritis Foundation exercise programs

Milestones

- Promote the QL in tobacco-free and smoke-free materials, messages and initiatives
- Write at least one news article educating on the dangers of tobacco use and the benefits of tobacco-free environments and the QL as a cessation option
- Collaborate with at least 3 programs at WC and promote Quit Line services to visitors, staff and residents
- Engage community members and organizations to offer QL to staff, community members and participants, specifically when discussing tobacco-free policies
- Offer QL services as needed to Mental Health and Substance Abuse Residential Treatment Centers as they

transition to tobacco-free campus policies

Who will we engage and work with to accomplish this

- HHS Communications Coordinator
- Various community partners, coalitions, wellness groups and identified champions
- WC Employers, business owners, property managers, training institutions, and local government entities
- Tualatin Hills Parks and Recreation District employees
- WC Jail
- WIC, Mental Health, Environmental Health
- Health Promotions program
- Public Health Week committee and staff
- WC Chronic Disease Prevention Coordinator

Local Health Department TPEP Grant
Local Program Plan Form 2012-13

Local Health Department: Washington County Public Health Division

Program component: W Warn about the dangers of tobacco

How we use media to support our policy objectives

WC uses earned media to warn the community about the dangers of tobacco use and exposure, the benefits of quitting tobacco and adopting smokefree policies. Media is used to highlight businesses, institutions, governments and organizations who adopt policies and encourage others to do so. WC will:

- Submit at least one media release highlighting the benefits of avoiding tobacco use and secondhand exposure
- Washington County Tobacco Prevention and Education (WCTPEP) website:
<http://www.co.washington.or.us/HHS/HealthPromotion/tobacco-prevention-and-education-program.cfm>
- WC Public Health Week events will warn about the dangers of tobacco use and secondhand smoke exposure

Describe any additional earned media activities (e.g. participating in a statewide media effort; operating a county social media account such as Facebook).

- WCTPEP webpage address listed above, includes education and links to resources such as the QL
- WC Employee intranet webpage titled Horizons, available to approximately 1800 WC employees
- Warn about the dangers of tobacco use during Public Health Week
- Tobacco prevention and education has already been incorporated into the WC Strategic Plan

Milestones

- Identify and collaborate with at least two county and metro partnership groups and coalitions
- Incorporate tobacco prevention into the Community Health Action Response Team (CHART) objectives
- Collaborate with at least three programs within WC
- Educate at least four mid-sized employers in WC, one post-secondary technical and training institute, and four multi-unit housing owners on the dangers of tobacco use and secondhand smoke exposure

Who will we engage and work with to accomplish this

- HHS Communications Coordinator
- City of North Plains, Cornelius, Tualatin, and THPRD
- Community partnership groups, wellness groups, health coalitions, cities and organizations in WC
- Employers, multi-unit housing owners and post-secondary and technical training institutions; we will hire and train 1.5 FTE to better assist these numerous entities
- CHART/Healthy Communities, Beaverton Together and Commission on Youth and Family, Community Action Coalition
- Multnomah and Clackamas Counties
- MetGroup
- WC Public Health Week committee
- WC Chronic Disease Prevention Coordinator, Living Well and Tomando
- Tri-County Worksite Wellness Collaborative (Wellness @ Work)
- Woman, Infant and Child program (WIC)
- Tualatin Valley Fire and Rescue

Local Health Department TPEP Grant
Local Program Plan Form 2012-13

Local Health Department: Washington County Public Health Division

Program component: E Enforce bans on tobacco advertising, promotion, and sponsorship

What we want to achieve this funding period (use new sheet for each policy objective)

- Identify leaders and community action champions in Washington County about the impact of tobacco advertising, promotion and sponsorship
- Inform leaders and community partners in the Metro Region about the dangers of tobacco advertising
- Target hookah lounge education and the impacts on teen and young adult smoking rates in WC
- Inventory the political readiness of WC leaders and local government leaders (city officials)

Milestones

- Educate about the importance of reducing exposure to tobacco advertising and promotion on the WCTPEP website
- Highlight the correlation between hookah lounges and the increase in teen smoking rates in WC on the WCTPEP website
- Educate on tobacco advertising and hookah lounges in conversations with at least five community partners when discussing tobacco-free and smokefree policies
- Inform Beaverton Together leaders about the importance of reducing exposure to tobacco advertising and the correlation of hookah lounges and teen smoking rates

Who will we engage and work with to accomplish this

- Internal and external community-based partners, emphasizing those that interact with youth and young adults
- Community Health Action Response Team (CHART)
- Beaverton Together
- Tobacco Retail Licensing workgroup
- Community partnership groups and coalitions
- Multnomah and Clackamas Counties
- Post-secondary training institutions
- WC local governments and entities
- HHS Communications Coordinator

What strategies we will use this year

Strategy	Activity
Assessment	<ul style="list-style-type: none">• None
Education, Outreach & Partnerships	<ul style="list-style-type: none">• Participate in the tobacco retail licensing workgroup• Partner with Beaverton Together and provide information around the dangers of tobacco advertising to youth• Partner with and educate at least two metro-region wellness groups or coalitions that target tobacco use and marketing• Continue to facilitate partnerships and outreach to organizations that serve youth• Educate at least five community partners and leaders on hookah lounges and increased youth smoking rates
Media Advocacy	<ul style="list-style-type: none">• Use the WCTPEP website to educate and advocate for reducing exposure to tobacco advertising
Policy development and analysis	<ul style="list-style-type: none">• None

Policy implementation and enforcement	• None
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- None

Local Health Department TPEP Grant
Local Program Plan Form 2012-13

Local Health Department: Washington County Public Health Division

Program component: R Raise the price of tobacco

What steps will we take to gain the support of policymakers around the importance of raising the price of tobacco through a tax

- Meet 1:1 with a broad range of community champions to educate on effective, comprehensive tobacco prevention best practices
- Identify and educate at least five community leaders, organizations, champions and groups on the benefits of raising the price of tobacco and promote the value of the tobacco prevention and education program
- Identify and/or develop talking points regarding the evidenced-based impacts of tobacco pricing strategies

What steps we will take to engage community champions for the Tobacco Prevention and Education Program

- We will continue to educate and share best practice strategies with community partners, internally and externally
- Outreach to engage champions, new partners, organizations and cities in Washington County
- Keep up-to-date and current with tobacco-related issues and education
- Identify business-owner champions

Milestones

- Educate and provide technical assistance to community champions interested in tobacco-free policies and environments
- Educate, warn and offer services to at least 2 community partners and the public on tobacco's harmful effects and the benefits of tobacco-free environments and policies
- Encourage community champions and partnership groups to inform their decision makers and leadership to take action
- Educate community members and share best practice strategies and highlight tobacco's financial burden

- Inventory at least ten community and local government's political readiness and provide tobacco education while doing so
- Monitor the media for education opportunities as businesses, community activists and local authorities highlight steps being made toward a healthier and green Washington County
- Inventory and partner with at least two metro-region partnership groups and coalitions, including Beaverton Together
- Work with WC CHART to encourage tobacco-free environments and community involvement to raise tobacco tax

Who will we engage and work with to accomplish this

- HHS Communications Coordinator
- Community Health Action Response Team
- Community partners and organizations, specifically those that serve youth and young adult populations
- Tualatin Hills Parks and Recreation Superintendents and other leadership
- Beaverton Together leadership group
- Community action groups and coalitions
- Multnomah and Clackamas counties
- Local governments, communities and entities, including city Managers and Recorders
- Environmental Health Specialists
- TOFCO, American heart Association and American Lung Association

Local Health Department TPEP Grant
Local Program Plan Form 2012-13

Local Health Department: Washington County Public Health Division

Program Component: Training, development and skills maintenance

Who will attend all required trainings

- Tobacco Program Coordinator, Health Promotions Supervisor and Tobacco Program Educator will attend all required trainings

Who will attend all required TA and training calls

- Tobacco Program Coordinator will attend required TA and training calls

Who will attend all required webinars

- Tobacco Program Coordinator will attend required webinars

Who will attend all required RSN meetings and trainings

- Tobacco Program Coordinator, Health Promotions Supervisor and Tobacco Program Educator will attend all required trainings

Are there any leadership activities we will be participating in (e.g. RSN Network facilitation, GCAG participation, special interest group facilitation), list them below.

- Washington County will continue to participate in the Statewide Outdoor Venues workgroup
- Washington County Environmental Health Specialist will continue participating in OICAA workgroup meetings as needed
- Washington County will participate in Tobacco Retail Licensure and OICAA workgroup
- Washington County will participate in the Metro Living Well advisory committee
- Washington County will facilitate Washington County Tomando partnership meetings
- Washington County will participate in Worksite Wellness and Employee Wellness workgroups
- Washington County will facilitate at least 1 RSN Network Meeting

Local Health Department TPEP Grant
Local Program Plan Form 2012-13

Local Health Department: Washington County Public Health Division

Program Component: Reporting and evaluation plan

Interviews - three reporting interviews are required during the grant year

- Will be conducted by WCTPEP Coordinator

Submit copies of established policies adopted within the reporting period; review policy summaries for accuracy

Training/disseminating presentation at conferences and meetings

- Participate as needed

FY 2013 - 2014 Oregon WIC Nutrition Education Plan Form

County/Agency: Washington County WIC
Person Completing Form: Tiare T. Sanna MS, RD
Date: November 26th, 2012
Phone Number: 503-846-4319
Email Address: tiare_sanna@co.washington.or.us

Return this form electronically (attached to email) to: sara.e.sloan@state.or.us
by December 1, 2012
Sara Sloan, 971-673-0043

Goal : **Oregon WIC staff will continue to provide quality participant centered services as the state transitions to eWIC.**

Objective 1: **During planning period, WIC agencies will assure participants are offered and receive the appropriate nutrition education contacts with issuing eWIC benefits.**

Activity 1: By December 1, 2013, each agency will develop and implement a procedure for offering and documenting nutrition education contacts for each participant based on category and risk level while issuing benefits in an eWIC environment.

Note: Information and guidance will be provided by the state office as local agencies prepare for the transition to eWIC.

Implementation Plan and Timeline:

In preparation for implementation of EBT, Washington County WIC supervisors will meet in April or May of 2013 to discuss and troubleshoot issues related to scheduling and documentation of nutrition education contacts for each participant once paper vouchers are discontinued and participants begin to receive their benefits via EBT. This topic will also be added to the August or September 2013 WIC staff meeting as a troubleshooting and discussion topic (as, at this point, the pilot program will hopefully be underway). In October, Washington County WIC supervisors will meet again to finalize the procedures for offering and documenting nutrition education contacts once EBT is implemented.

This finalized procedure will then be shared with staff at the November 2013 staff meeting.

Objective 2: **During planning period, Oregon WIC Staff will increase their knowledge in the areas of breastfeeding, baby behavior and the interpretation of infant cues, in order to assist new mothers with infant feeding and breastfeeding support.**

Activity 1: By March 31, 2014, all WIC certifiers will complete the new Baby Behavior eLearning online course.

Note: Information about accessing the Baby Behavior eLearning Course will be shared once it becomes available on the DHS Learning Center.

Implementation Plan and Timeline:

At the Washington County WIC staff meeting in January 2014, staff will complete the Baby Behavior eLearning course as a group. Those not present at the meeting will be given time to work on the new eLearning module in order to complete it by March 31, 2014. Jan Apland, Training Supervisor, will keep track of staff completion of the module.

Activity 2: By March 31, 2014, all new WIC Staff will complete the Breastfeeding Level 1 eLearning Course.

Note: Information about accessing the Breastfeeding Level 1 eLearning Course will be shared once it becomes available on the DHS Learning Center.

Implementation Plan and Timeline:

At the Washington County WIC staff meeting in February 2014, staff will complete the Breastfeeding Level 1 eLearning course as a group. Those not present at the meeting will be given time to work on the new eLearning module in order to complete it by March 31, 2014. Jan Apland, Training Supervisor, will keep track of staff completion of the module.

Objective 3: During planning period, each agency will assure staff continue to receive appropriate training to provide quality nutrition and breastfeeding education.

Activity 1: Identify your agency training supervisor(s) and projected staff in-services dates and topics for FY 2013-2014. Complete and return Attachment A by December 1, 2012.

Implementation Plan and Timeline:

Training Supervisor: Jan Apland MS, RD, IBCLC, Senior Public Health Nutritionist.

Attachment A
FY 2013-2014 WIC Nutrition Education Plan
WIC Staff Training Plan – 7/1/2013 through 6/30/2014

Agency:

Training Supervisor(s) and Credentials:

Staff Development Planned

Based on planned program initiatives, your program goals, or identified staff needs, what quarterly in-services and or continuing education are planned for existing staff? List the in-service topic and an objective for quarterly in-services that you plan for July 1, 2013 – June 30, 2014. State provided in-services, trainings and meetings can be included as appropriate.

Quarter	Month	In-Service Topic	In-Service Objective
1	July 2013	Obesity	Review and discussion of behaviors leading to obesity and evidence-based practices proven to help decrease obesity in the WIC population.
2	October 2013	Adult Learners	Review of best practices for educating and presenting to adult learners.
3	January 2014	Baby Behavior	Completion of the new eLearning course for Baby Behavior and facilitated group discussion on basic infant cues and behaviors so staff is better equipped to assist new parents in decoding their infant's true needs.
4	April 2014	Diabetes	Review of current information around diabetes and gestational diabetes.

WASHINGTON COUNTY

Department of Health and Human Services

