

**Local Public Health Authority
Annual Plan for FY 2008/2009
for
Jackson County, Oregon**

Jackson County Department of Health and Human Services
1005 East Main Street
Medford, Oregon 97504
541.774.7801

Table of Contents

	<u>Page</u>
Executive Summary	1
Years 2 and 3	2
Evaluation of WIC Nutrition Education Plan	6
Communicable Disease and Environmental Health Program Update	10
Family Planning Program Update	10
Perinatal Health/Babies First Update	10
Adolescent Health Services Update	11
Jackson County Health & Human Services Organizational Chart	12
Budget Access Information	13
Minimum Standards	14
Signature Page	22
Listing of Contracts and Contracted Services	23
FY 2008-2009 WIC Nutrition Education Plan Form	25
Attachment B: FY 2007-2008 WIC Nutrition Education Plan	30

EXECUTIVE SUMMARY

Jackson County Public Health continues to focus on core Public Health functions including strengthening capacity to respond to a large public health emergency, increasing rates of early entry into prenatal care for pregnant women, improving pre-conceptional health of women, providing comprehensive immunization services and collaborating with community partners to improve access to needed care and services for Jackson County residents. Financing of Public Health activities remains challenging and requires continual searching for innovative sources of funding. Close collaboration with local Federally Qualified Health Centers (FQHC's) hospitals, school districts, and neighboring county health departments has brought some success in garnering federal, state and local grants. FY 2008-2009 will be marked by the layoff of an additional three full-time public health staff and increased pressure to continue to provide quality service to a growing population.

Preparedness planning and training is progressing to a higher level as essential plans are completed and staff complete required Incident Command System (ICS) training. Joint exercises with critical community partners have been completed and additional ones are planned for the coming fiscal year. ICS is utilized to manage communicable disease outbreaks providing the opportunity to practice roles and skills and to function as an expanded public health team.

The Maternal/Child Health program is entering year four of a federal Healthy Start infant mortality reduction project in collaboration with three FQHC's and Josephine and Douglas County Health departments. The project is seeking to create change within the perinatal care system to optimize pre-conceptional and pregnancy health and birth outcomes. Case management of high risk pregnant and parenting families is the other component of this successful project. The Jackson County partners in the project are also a study site for an alcohol and substance abuse screening tool developed by Dr. Ira Chasnoff. The tool will be utilized to screen pre-conceptional and pregnant women in an effort to intervene at the earliest opportunity to create behavior change.

WIC is serving the largest caseload in program history with need for their services growing due to the economic downturn. An active Peer Breastfeeding Support program is coordinated through WIC and helps contribute to high rates of breastfeeding initiation and continuation among WIC clients. Strong internal linkages exist between WIC and Maternal/Child Health and Immunization programs to maximize benefit to families served.

Jackson County Public Health management and staff are committed to fulfilling our Public Health mission in the community.

Year 2: July 2007 – March 2008 (dates changed)				
Objectives	Methods/Tasks	Outcomes Measure(s)	Outcome Measure(s) Results₃	Progress Notes₄
Increase 24 month olds covered by 4 th Dtap to 70% by March 2009	<ul style="list-style-type: none"> • If coverage rate has not increased, report may need to be generated more frequently. • Evaluate whether card is as effective as call to bring response. • Share AFIX report with staff. 	<ul style="list-style-type: none"> • Coverage rate increase to 69% 	4 th Dtap rate increased to 65%	Dtap due report from IRIS printed about every three months. ALERT was checked for any vaccines not listed in IRIS. Parents were then called if child had received three doses of Dtap. Letters alerting need for 4 th Dtap with copy of ALERT printout were sent to parent.

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

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

Year 3: July 2008– March 2009				
Objectives	Methods/Tasks	Outcomes Measure(s)	Outcome Measure(s) Results₅	Progress Notes₆
Increase 24 month olds covered by 4 th Dtap to 70% by March 2009	<ul style="list-style-type: none"> Continue requesting special report from IRIS for 21 month olds. Contact parent again after IRIS postcard if 4th Dtap not received. 	<ul style="list-style-type: none"> Coverage rate increase to 70% 	To be completed for the FY 2009 Report	To be completed for the FY 2009 Report

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

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

Year 2: July 2007 – March 2008 (dates changed)				
Objectives	Methods/Tasks	Outcomes Measure(s)	Outcome Measure(s) Results⁹	Progress Notes¹⁰
Objective changed October 2006 to school ALERT promotion	<ul style="list-style-type: none"> • Assess use of ALERT • PInform non-users of how to participate 	Two or more new ALERT users will be enrolled	In 2008 there was one new staff at a public school using the ALERT website. Four new users in preschool sites using the website. There was one new user for private schools.	The ALERT site was used to evaluate current use of the ALERT website. Facilities not accessing searches were then called and given information on how to sign-up.

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

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

Year 3: April 2008 – March 2009				
Objectives	Methods/Tasks	Outcomes Measure(s)	Outcome Measure(s) Results¹¹	Progress Notes¹²
Objective changed October 2006 to school ALERT promotion	<ul style="list-style-type: none"> Assess use of ALERT Inform non-users of how to participate 	One new user accessing ALERT website	To be completed for the FY 2009 Report	To be completed for the FY 2009 Report

¹¹**Outcome Measure(s) Results** – please report on the specific Outcome Measure(s) in this table.

¹²**Progress Notes** – please include information about the successes and challenges in completing the Methods/Tasks, any information that will help us better understand your progress, and any assistance from DHS that would have helped or will help meet these objectives in the future.

EVALUATION OF WIC NUTRITION EDUCATION PLAN FY 2007-2008

WIC Agency: Jackson County
Person completing form: Debbie Mote-Watson
Date: April 11, 2008 Phone: (541) 774-8020

Return this form, attached to email to: sara.e.sloan@state.or.us by May 1, 2008.

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

GOAL 1: OREGON WIC STAFF WILL HAVE THE KNOWLEDGE TO PROVIDE QUALITY NUTRITION EDUCATION.

Year 1 Objective: During plan period, staff will be able to correctly assess nutrition and dietary risks.

Activity 1: All certifiers will complete the Nutrition Risk Module by December 31, 2007.

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

- Did all certifiers successfully complete all the activities of the Nutrition Risk Module by December 31, 2007?
- Were the completion dates entered into TWIST and the competency achievement checklist filed for each certifier?

Response: Each certifier did complete all of the activities of the Nutrition Risk Module by December 31, 2007, and the competency achievement checklist was filed.

Activity 2: All certifiers will complete the revised Dietary Risk Module by March 31, 2008.

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

- Did all certifiers successfully complete all the activities of the Dietary Risk Module by March 31, 2008?
- Were the completion dates entered into TWIST and the competency achievement checklist filed for each certifier?

Response: All certifiers successfully completed the activities of the Dietary Risk Module by March 31, 2008, and the completion dates were entered into TWIST. The competency achievement checklists were filed for each certifier as well.

Activity 4: Identify your agency training supervisor(s) and staff in-service dates and topics for FY 2007-2008.

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

- Did your agency conduct the staff in-services you identified?

- Were the objectives for each in-service met?
- How do your staff in-services address the core areas of the CPA Competency Model?

Response:

There are 11 core areas for WIC certifiers. They include:

1. Program Integrity
2. WIC Program overview
3. Principles of life-cycle nutrition
4. Nutrition assessment process
5. Anthropometric and biochemical data collection techniques
6. Communication
7. Multicultural awareness
8. Critical thinking
9. Technology Literacy
10. Nutrition Education
11. Community Resources and Referrals

Jackson County WIC has completed two of the four in-services identified in our WIC Staff Training Plan for 07-08 so far. We made one substitution and did an in-service on Food Labeling vs. Food Allergies for our third in-service. The fourth will be completed at the Statewide WIC training in May. We also completed Civil Rights in December. The objectives were met for all in-services offered. The trainings that we have completed addressed the following core areas: #1, #3 and #4, and the Statewide WIC training in May will address #6 and #8.

GOAL 2: NUTRITION EDUCATION OFFERED BY THE LOCAL AGENCY WILL BE APPROPRIATE TO THE CLIENTS' NEEDS.

Year 1 Objective: During plan period, each agency will implement strategies to provide targeted, quality nutrition education.

Activity 1: Using state provided resources, conduct a needs assessment of your community by September 30, 2007 to determine relevant health concerns and assure that your nutrition education activity offerings meet the needs of your WIC population.

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

- Was the needs assessment of your community conducted?
- What health concerns did you determine were relevant to your community?
- What did you do with the information you collected?
- Who did you communicate the results of your needs assessment with?

Response:

A needs assessment was conducted for our WIC clients. The biggest area of concern identified was that 40.8% of our postpartum women have an inadequate folic acid intake, which may increase the incidence of heart disease, cervical and colon cancer, possibly breast cancer, as well as increasing the risk for neural tube defects for infants in any additional pregnancies that they may have. These statistics were shared with the Family Planning clinic. We are both working to provide information on the importance and

sources of Folic Acid for all women who come in for Family Planning and for every postpartum WIC certification.

Activity 2: Complete Activity 2A or 2B depending upon the type of second nutrition education activities your agency offers.

Activity 2A: By October 31, submit an Annual Group Nutrition Education schedule for 2008.

Activity 2B: If your agency does not offer group nutrition education activities, how do you determine 2nd individual nutrition education is appropriate to the client's needs?

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

- If your agency offers group nutrition education, did you submit your Annual Group Nutrition Schedule for 2008?
- How do you assure that your nutrition education activities meet the needs of your WIC population?

Response: Our agency submitted the Annual Group Nutrition Schedule for 2008 on January 8, 2008. One of the highest percentages identified with concerns for our population of women was code 111 Overweight (women). The education activities that we offer do address this issue. We are currently offering our class of the quarter titled "Healthy Eating," and "Como Controlar su Peso" for our Spanish speaking clients. These classes offer tips to achieve and/or maintain a healthy weight. The classes have been well attended so far and well received by the clients who have come.

GOAL 3: IMPROVE THE HEALTH OUTCOMES OF WIC CLIENTS AND WIC STAFF IN THE LOCAL AGENCY SERVICE DELIVERY AREA.

Year 1 Objective: During plan period, each local agency will develop at least one specific objective and activity to help facilitate healthy behavior change for WIC staff and at least one specific objective and activity to help facilitate healthy behavior change for WIC clients.

Activity 1: Local Agency Objective to facilitate healthy behavior change for WIC staff. Local Agency Staff Activity.

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

- How did your agency decide on this objective and activity?
- Did the activity help meet your objective?
- What went well and what would you do differently?

Response: Our objective was met. Jackson County Health and Human Services property is now tobacco free as of November 15th, to coincide with the Great American Smokeout. This has been a welcome change for many because clients no longer have to walk through a smoky area to enter our Public Health Department, and smoke does not enter into the building through windows or the ventilation system. Staff and clients have to smoke in their car or in an area completely off of the property.

Ideally our activity for this topic would have had a year round effort including exercise and health promotion, but that proved to be too time consuming. Instead staff had the option to participate in tobacco cessation classes at the work site, with our Health Department physician available if needed to assist with nicotine cessation medication and counseling. Educational materials were provided, including nutritional ideas to do to help replace cigarette smoking. Not many participated so it didn't go as well as we had hoped. But it did open dialogue, and many staff still talk about wanting to stop smoking. Quitting a nicotine addiction is a very difficult thing to do. Resources are still available with the quit-line and options through employee health insurance.

Activity 2: Local Agency Objective to facilitate healthy behavior change for WIC clients. Local Agency Client Activity.

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

- How did your agency decide on this objective and activity?
- Did the activity help meet your objective?
- What went well and what would you do differently?

Response: Our Community Health Educator got volunteers to put together tobacco cessation “goodie bags,” including cessation materials, gum, etc. These are made available to every adult coming in for WIC services. The materials were well received by clients. No changes would be made for this activity.

GOAL 4: IMPROVE BREASTFEEDING OUTCOMES OF CLIENTS AND STAFF IN THE LOCAL AGENCY SERVICE DELIVERY AREA.

Year 1 Objective: During plan period, each local agency will develop at least one objective and activity to help improve breastfeeding outcomes for WIC staff or WIC clients.

Activity 1: Local Agency Breastfeeding Objective. Local Agency Breastfeeding Activity.

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

- How did your agency decide on this objective and activity?
- Did the activity help meet your objective?
- What went well and what would you do differently?

Response: Our agency decided on this objective because we all feel very strongly about the important public health message supporting breastfeeding. Our Peer Counselors are well trained and assist not only our clients but our WIC staff by providing education and support one-on-one on the telephone with pregnant and postpartum breastfeeding women. This does help to meet our objective, and the number of women that we have recruited has increased substantially during this year. This has gone very well, and we hope to continue to offer this service for years to come.

Communicable Disease and Environmental Health Program Update

Priorities for the communicable disease program are to complete cross-training of all immunization, preparedness and communicable disease staff to be competent in all areas. Downsizing of staff makes it imperative that all remaining nurses have the necessary skills to respond to a larger scale public health emergency.

Reductions in staffing in the Communicable Disease programs will reduce our ability to investigate community acquired illnesses such as Salmonella, pertussis and Norovirus. Jackson County, as with most of the state of Oregon, has experienced a dramatic increase (almost 100%) in disease outbreaks, over the last two years.

Family Planning Program Update

Jackson County Public Health continues to provide family planning services at two high-school-based health centers and at the primary health department clinic site in Medford. A comprehensive array of birth control methods are available through the program in addition to advanced gynecological care provided by a bi-lingual, female Ob-Gyn physician. In partnership with the Health Care Coalition of Southern Oregon (HCCSO), the family planning program is offering free, walk-in pregnancy testing during business hours to try to encourage early identification of pregnancy to improve rates of early access to prenatal care. The clinic is an OHP outreach site which provides date-stamped OHP applications to pregnant women and prompt referral to Oregon Mothers Care services. Beginning April 2008 the program is partnering with HCCSO to implement the 4 P's Plus screening tool, developed by Dr. Ira Chasnoff, to identify drug and alcohol use in early pregnancy. Jackson County is the one site in Oregon which is a study site in Dr. Chasnoff's current federally-funded research utilizing the screening tool. Two unique elements will be implemented in the Jackson County study which are screening for prescription drug use/abuse in pregnancy and use of all drugs and alcohol during the preconception period. The current data collection cycle will continue through December 2008. Calendar Year 2007 showed a significant increase in the number of teens served by the program and also the number of women without a source of payment for services increased.

Perinatal Health/Babies First Services Update

Continuing loss of revenue from decreased third party billing options and diminishing grant funds is causing additional downsizing of maternal/child health nursing staff. FY 2008-2009 will see the reduction of a 1.0 FTE Community Health Nurse who works in perinatal health and Babies First programming. 1.8 FTE Community Health Nurses and a 1.0 FTE Family Advocate will be the staff remaining to provide these services. Oregon Mothers Care services will be provided by a .5 FTE Health Assistant. Three of the eight staff working in MCH programs are bilingual Spanish/English.

An excellent network exists within the Public Health Division to refer clients to perinatal and Babies First services. WIC, Family Planning and Oregon Mothers Care are excellent sources of screening and referral of high risk pregnant women and young children. A strong collaboration exists between the prenatal services provided by the two FQHC's in the county and the MCH nursing staff. Ongoing communication between the Community Health Nurses and the clinic Case Managers assures the most coordinated care possible for clients served. Public Health is entering the fourth and final year of a four-year federal Healthy Start project grant targeting reduction of infant mortality in high risk families through intervention with women throughout their

Jackson County: Local Public Authority Plan for FY 2008/2009

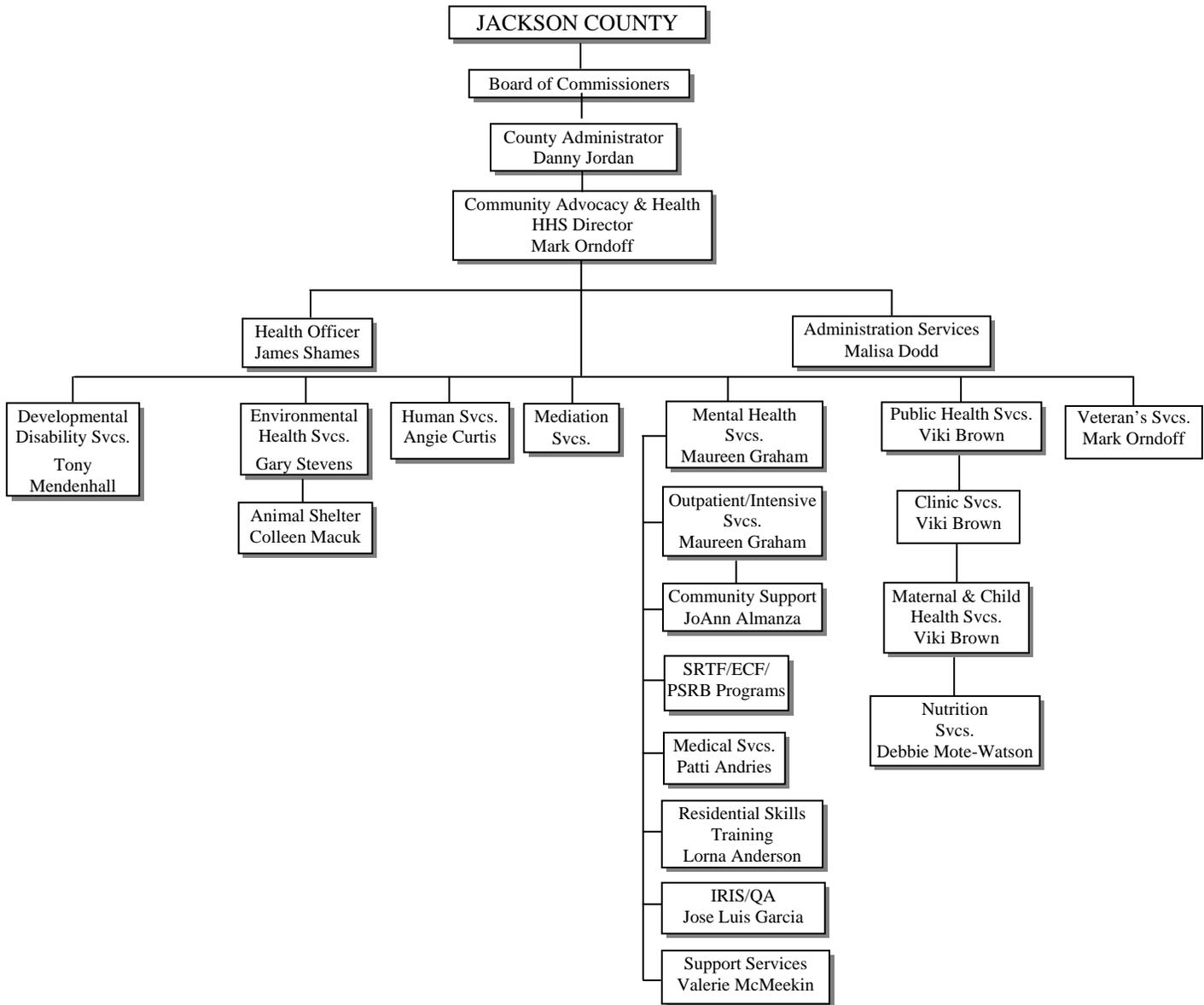
pregnancies. This project is also working closely with Dr. Ira Chasnoff, pediatrician/researcher to implement a more integrated model of screening and treatment for substance-abusing pregnant women.

A Perinatal Task Force with a broad range of stakeholders meets bi-monthly to address systems issues impacting the health and well-being of Jackson County pregnant women. Over the past year issues addressed included: home births, screening for substance abuse in the prenatal care setting, access to prenatal care, access to substance abuse treatment for pregnant women and coping with decreasing Community Health Nurse services.

Adolescent Health Services Update

Core school-based health centers are operated at Crater and Ashland High Schools. In school year 2008-2009 both will be staffed by a Family Nurse Practitioner for 32 hours each week and a health assistant 32 hour per week. Both centers provide a full range of adolescent health services and prevention activities. A partnership with a local FQHC, Community Health Center, is involved in a planning process to open school-based health centers in two rural communities: Butte Falls and Prospect. These centers will serve all grade levels of students and possibly family members of students. Another FQHC in Jackson County, La Clinica, is engaged in a collaborative planning process with Jackson County Public Health to reopen a school-based health center at Jewett Elementary School in Central Point.

JACKSON COUNTY HEALTH & HUMAN SERVICES ORGANIZATIONAL CHART



BUDGET ACCESS INFORMATION

Chief Financial Officer of the Jackson County Health and Human Services Department is Malisa Dodd. She can be reached at 541-774-7802. Her e-mail address is doddcn@jacksoncounty.org.

Minimum Standards

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

Organization

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

18. Yes No ___ There is a written policy for maintaining confidentiality of all client records which includes guidelines for release of client information.
19. Yes No ___ Filing and retrieval of health records follow written procedures.
20. Yes No ___ Retention and destruction of records follow written procedures and are consistent with State Archives rules.
21. Yes No ___ Local health department telephone numbers and facilities' addresses are publicized.
22. Yes No ___ Health information and referral services are available during regular business hours.
23. Yes No ___ Written resource information about local health and human services is available, which includes eligibility, enrollment procedures, scope and hours of service. Information is updated as needed.
24. Yes No ___ 100% of birth and death certificates submitted by local health departments are reviewed by the local Registrar for accuracy and completeness per Vital Records office procedures.
25. Yes No ___ To preserve the confidentiality and security of non-public abstracts, all vital records and all accompanying documents are maintained.
26. Yes No ___ Certified copies of registered birth and death certificates are issued within one working day of request.
27. Yes No ___ Vital statistics data, as reported by the Center for Health Statistics, are reviewed annually by local health departments to review accuracy and support ongoing community assessment activities.
28. Yes No ___ A system to obtain reports of deaths of public health significance is in place.
29. Yes ___ No Deaths of public health significance are reported to the local health department by the medical examiner and are investigated by the health department.
30. Yes ___ No Health department administration and county medical examiner review collaborative efforts at least annually. (*Only fatality review of children.*)
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, or more frequently based on epidemiological risk.
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. (*In the food handler manual.*)
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. (*Those that don't are addressed.*)
52. Yes No ___ Each drinking water system is monitored for compliance with applicable standards based on system size, type, and epidemiological risk. (*Self testing – data monitored.*)
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. (*Updated.*)
56. Yes ___ No Information for developing a safe water supply is available to people using on-site individual wells and springs. (*Handouts.*)
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. (*Through a Public Health employee.*)
63. Yes No ___ Environmental contamination potentially impacting public health or the environment is investigated.
64. Yes No ___ The health and safety of the public is being protected through hazardous incidence investigation and response.
65. Yes No ___ Emergency environmental health and sanitation are provided to include safe drinking water, sewage disposal, food preparation, solid waste disposal, sanitation at shelters, and vector control.
66. Yes No ___ All license fees collected by the Local Public Health Authority under ORS 624, 446, and 448 are set and used by the LPHA as required by ORS 624, 446, and 448.

Health Education and Health Promotion

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

Nutrition

73. Yes No ___ Local health department reviews population data to promote appropriate nutritional services.
74. The following health department programs include an assessment of nutritional status:
- a. Yes No ___ WIC
 - b. Yes No ___ Family Planning
 - c. Yes No ___ Parent and Child Health
 - d. Yes ___ No Older Adult Health
 - e. Yes No ___ Corrections Health

75. Yes No ___ Clients identified at nutritional risk are provided with or referred for appropriate interventions.
76. Yes No ___ Culturally and linguistically appropriate nutritional education and promotion materials and methods are integrated within programs.
77. Yes No ___ Local health department supports continuing education and training of staff to provide effective nutritional education.

Older Adult Health

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

Parent and Child Health

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

91. Yes No ___ Use of fluoride is promoted, either through water fluoridation or use of fluoride mouth rinse or tablets.

92. Yes No ___ Injury prevention services are provided within the community.

Primary Health Care

93. Yes No ___ The local health department identifies barriers to primary health care services.

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

95. Yes No ___ The local health department advocates for individuals who are prevented from receiving timely and adequate primary health care.

96. Yes No ___ Primary health care services are provided directly or by referral.

97. Yes No ___ The local health department promotes primary health care that is culturally and linguistically appropriate for community members.

98. Yes No ___ The local health department advocates for data collection and analysis for development of population based prevention strategies.

Cultural Competency

99. Yes No ___ The local health department develops and maintains a current demographic and cultural profile of the community to identify needs and interventions.

100. Yes ___ No The local health department develops, implements and promotes a written plan that outlines clear goals, policies and operational plans for provision of culturally and linguistically appropriate services.

101. Yes No ___ The local health department assures that advisory groups reflect the population to be served.

102. Yes No ___ The local health department assures that program activities reflect operation plans for provision of culturally and linguistically appropriate services.

Health Department Personnel Qualifications

103. Yes No ___ The local health department Health Administrator meets minimum qualifications:

A Master's degree from an accredited college or university in public health, health administration, public administration, behavioral, social or health science, or related field, plus two years of related experience.

104. 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.

105. 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.

106. 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.

Local Public Health Authority

County

Date

Listing of Contracts and Contracted Services

Public Health Contractors

Asante Health System	Chest x-rays
Ashland School District	Operating Agreement
CareOregon	Allows Jackson Co. to provide services to CareOregon
Clinica del Valle	Members
Clinica del Valle	Chronic Care Project
Clinica del Valle	Services of Dr. James Shames
Community Health Center	Plan for a new School Based Health Center
Community Health Center	Chronic Care Project
Community Health Center	Services of Dr. James Shames
Counseling & Mediation Ctrl	Develop a new School Based Health Center
Cowley, Linda	Mediation Services
Curry County	Transcription services
DHR	Cadre of Nurse Executives
DHR	Limited License to Access Confidential Client Records (RFC)
DHS	Babies First Targeted Case Management
DHS	Trading Partner Agreement
DHS	Facilitator-may provide OHP applications to eligibles
DHS	BCC
Gan, Daniel	Trading Partner Agreement
Harris, Linda	Cantonese Translation Services
HCCSO	Reproductive health services
HCCSO	Eliminating Disparities
HCCSO	Lease agreement
Jackson County School District #6	Operating Agreement
Jackson County School District #6	STARS
Josephine County	Dr. Shames Services
Josephine County	Services of Ruth Converse – MCH charts
McCarthy, Marjorie	Physical fitness classes
Medford Radiological Group	PA X-rays
Medford School District	Operating Agreement
Medford School District	STARS Grant
Mid-Rogue Independent Physicians	Public Health Services Agreement
Northwest Health Foundation	Community Grant/obesity in Ashland High School
ODS	Reimburse for public health services
OHSU	CaCoon Program
OHSU	Student nurses
Oregon Community Foundation	Walker Fund Legacy Grant
Oregon State University	Chronic Care Project
Phoenix-Talent School District #4	STARS Grant
Portland Community College	Place students in clinical training programs
PMMC	Chest X-rays
Research Corp – U of Hawaii	Telemedicine agreement
Rogue River School District	STARS Grant
Rogue Valley Medical Center	Laboratory Services Contract
SODA	Tobacco Program services

FY 2008 - 2009 WIC Nutrition Education Plan Form

County/Agency: *Jackson County*
Person Completing Form: *Debbie Mote-Watson*
Date: *4-1-08*
Phone Number: *(541) 774-8020*
Email Address: watsondd@jacksoncounty.org

Return this form electronically (attached to email) to: sara.e.sloan@state.or.us
by May 1, 2008
Sara Sloan, 971-673-0043

GOAL 1: OREGON WIC STAFF WILL HAVE THE KNOWLEDGE TO PROVIDE QUALITY NUTRITION EDUCATION.

Year 2 Objective: During plan period, through informal discussion, staff in-services and/or targeted trainings, staff will be able to describe the general content of the new WIC food packages and begin to connect how these changes may influence current nutrition education messages.

Activity 1: By October 31, 2008, staff will review the Oregon WIC Key Nutrition Messages and identify which ones they need additional training on.

Resources: American Academy of Pediatrics, MyPyramid.gov, Maternal and Child Health Oral health website – <http://www.mchoralhealth.org/Openwide/>
Information from the 2008 WIC Statewide meeting.

Implementation Plan and Timeline:

The 2008 WIC Statewide meeting will be held in May. Jackson County WIC staff will review the Oregon WIC Key Nutrition Messages during our monthly staff meeting in September 2008 and determine what additional trainings are necessary. An in-service will be provided by October 31, 2008 to cover the information needed.

Activity 2: By March 31, 2009, staff will review the proposed food packages changes and:

- Select at least three food packages modifications (for example, addition of new foods, reduction of current foods, elimination of current foods for a specific category),
- Review current nutrition education messages most closely connected to those modification, and
- Determine which messages will remain the same and which messages may need to be modified to clarify WIC's reasoning for the change and/or reduce client resistance to the change.

Resources: WIC Works Website, WIC food package materials, Information from the 2008 WIC Statewide meeting, State provided materials.

Implementation Plan and Timeline:

Jackson County WIC will utilize materials and resources from the May 2008 WIC Statewide meeting and other appropriate resources to review the items listed above. We currently have two staff members participating on the Fresh Choices workgroup and update staff as new information is available in preparation for the new food package implementation in August 2009. This is an ongoing issue and will be continuously addressed on, before, and after March 31, 2009.

Activity 3: Identify your agency training supervisor(s) and projected staff in-service training dates and topics for FY 2008-2009. Complete and return Attachment B by May 1, 2008.

Our training supervisor is Judy Harvey, R.D. See Attachment B for projected staff in-service training and topics for FY 2008-2009.

GOAL 2: NUTRITION EDUCATION OFFERED BY THE LOCAL AGENCY WILL BE APPROPRIATE TO THE CLIENTS' NEEDS

Year 2 Objective: During Plan period, each agency will assess staff knowledge and skill level to identify areas of training needed to provide participant centered services.

Activity 1: By September 30, 2008, staff will review the diet assessment steps from the Dietary Risk Module and identify which ones they need additional training on.

Implementation Plan and Timeline:

There are five steps for completing a diet assessment:

- Step 1 – Ask about feeding behaviors
- Step 2 – Probing questions
- Step 3 – Assign and document dietary risk
- Step 4 – Critical thinking and review
- Step 5 – Mandatory TWIST questions

At the September 2008 WIC monthly meeting, staff will review the five steps listed above and determine what additional training is needed to be able to accurately screen and assess the nutritional status of our WIC clients. The training area(s) identified will be addressed during the quarterly in-service training in December 2008. Certification observation will also be done prior to this training to identify areas needing additional training.

Activity 2: By November 30, 2008, staff will evaluate how they have modified their approach to individual counseling after completing the Nutrition Risk and Dietary Risk Modules.

Resources: State provided guidance and assessment tools.

Implementation Plan and Timeline:

State will provide guidance and assessment to complete this activity at the April 18, 2008 OWCA meeting. Utilizing these tools, Jackson County WIC will evaluate how we have modified our individual counseling techniques since the completion of the Nutrition Risk and dietary risk modules, and have results by November 30, 2008.

GOAL 3: IMPROVE THE HEALTH OUTCOMES OF CLIENTS AND STAFF IN THE LOCAL AGENCY SERVICE DELIVERY AREA.

Year 2 Objective: During Plan period, in order to help facilitate healthy behaviour change for WIC staff and WIC clients, each local agency will select at least one objective and implement at least one strategy from the State-wide Physical Activity and Nutrition Plan 2007-2012.

Activity 1: Identify your setting, objective and strategy to facilitate healthy behavior change for WIC staff.

Setting: Jackson County WIC office

Objective: III By 2012, by five percent the number of employees who are physically active for 30 minutes a day, at least five days a week.

Strategy: Provide and promote flexible time policies to allow for opportunities for increased physical activity.

Resource: Attachment B – A Healthy Active Oregon: Statewide Physical Activity and Nutrition Plan 2007-2012, Recommended Objectives and Strategies.

Implementation Plan and Timeline:

Include why this objective was chosen, what you hope to change, how and when you will implement the strategy, and how you will evaluate its effectiveness.

This objective was chosen because it is a philosophy that the WIC staff felt was important a few years back. We now have a much newer staff and I would like to encourage more staff to participate. Neighborhood walking is something that is promoted here and staff can modify their break time to accommodate a walk with their busy schedules. The fifteen minute break can be taken towards the end of each four hour shift to allow time for walking, and not interrupt the client schedule if the employee desires. I hope that more staff will participate on an ongoing basis to help achieve the objective of 30 minutes a day, at least five days a week. I will evaluate this by asking staff how many are meeting the objective right now at our July 2008 staff meeting, and then advise them of this component of the Nutrition Education Plan. This will be re-evaluated at our June 2009 staff meeting, and annually thereafter to determine our improvement.

Activity 2: Identify your setting, objective and strategy to facilitate healthy behavior change for WIC clients.

Setting: Jackson County WIC Program

Objective: IV By 2012, decrease television and other screen time for children. Specifically, reduce by two percent the number of children ages 2-18 who have more than two hours a day of screen time and work to ensure children 2 years and younger have no screen time.

Strategy: Families should participate in TV-Turnoff Week each year and meet the American Academy of Pediatrics screen time recommendations throughout the year. Parents should also encourage alternatives to television and screen time, such as promoting activity rooms in place of media rooms.

Resource: Attachment B – A Healthy Active Oregon: Statewide Physical Activity and Nutrition Plan 2007-2012, Recommended Objectives and Strategies.

Implementation Plan and Timeline:

Include why this objective was chosen, what you hope to change, how and when you will implement the strategy, and how you will evaluate its effectiveness.

This objective was chosen to help get the message out to WIC families how important it is to decrease screen time for children. This information will be presented in a classroom setting up to Turn off the TV week. Jackson County WIC hopes to educate families on the importance of decreasing screen time, and promote physical activity alternatives. Evaluating the effectiveness will be done with class evaluation determining what was learned in the class, and rating on a 0-10 scale how likely the client will be to incorporate this behavior into their household (0=Never and 10=Definitely). Changes can be made to the class on an annual basis to help raise the desired behavior change scores if needed.

GOAL 4: IMPROVE BREASTFEEDING OUTCOMES OF CLIENTS AND STAFF IN THE LOCAL AGENCY SERVICE DELIVERY AREA.

Year 1 Objective: During Plan period, in order to help improve breastfeeding outcomes for WIC participants, each local agency will select at least one setting, objective and implement at least one strategy from the State-wide Physical Activity and Nutrition Plan 2007-2102.

Resource: Attachment B – A Healthy Active Oregon: Statewide Physical Activity and Nutrition Plan 2007-2012, Recommended Objectives and Strategies.

Activity 1:

Setting: Jackson County WIC

Objective: I By 2012, maintain the current level of breastfeeding initiation and increase by half a percent to two percent a year the number of mothers who breastfeed exclusively for the first six months of a child's life.

Strategy: New pregnant women will be offered the opportunity to participate in our Breastfeeding Peer Counselor program.

Implementation Plan and Timeline:

Include why this objective was chosen, what you hope to change, how and when you will implement the strategy, and how you will evaluate its effectiveness.

This objective was chosen because it is an issue that we promote and believe in very strongly. We already have excellent breastfeeding statistics here in the state of Oregon because we offer support and information to our clients, but we want to make sure to keep those statistics high and even increase them. The Peer Counselor programs are hopefully helping to do that. This strategy is already in place in this county WIC program. The effectiveness will be evaluated utilizing breastfeeding reports from TWIST comparing our statistics for initializing breastfeeding and exclusive breastfeeding at six months from July 1, 2008 and annually thereafter.

Attachment B
FY 2008-2009 WIC Nutrition Education Plan
Goal 1, Activity 3
WIC Staff Training Plan – 7/1/2008 through 6/30/2009

Agency Jackson County

Training Supervisor(s) and Credentials: Judy Harvey, R.D.

Staff Development Planned

Based on planned new program initiatives (for example Oregon WIC Listens, new WIC food packages), your program goals, or identified staff needs, what quarterly in-services and or continuing education are planned for existing staff? List the in-services and an objective for quarterly in-services that you plan for July 1, 2008 – June 30, 2009. State provided in-services, trainings and meetings can be included as appropriate.

Quarter	Month	In-Service Topic	In-Service Objective
1	October 2008	Oregon WIC Messages	Staff will be able to describe the general content of the new WIC food packages and begin to connect how these changes may influence current nutrition education messages.
2	December 2008	Five steps diet assessment	Staff knowledge will be assessed regarding this topic by certification observation and staff meeting discussion.
3	March 2009	Decreasing screen time for Jackson County WIC families	Staff will be made aware of the importance of decreasing screen time for families.
4	June 2009	Civil rights training	Annual Civil Rights training