BOARD OF COMMISSIONERS

Agenda Review

Approved at Board Session
Date: 5/7/08
Chairman

DATE: 4/30/08

TO: Board Session Coordinator
Board of Commissioners' Office

FROM: Roderick Calkins, Administrator, Health Department

RE: Department of Human Services
Local Public Health Authority Annual Plan FY 2008-2009 annual update of Triennial Plan approved 2004-2005.

Department Contact Person: Rose Clark Phone: 503-585-4903

Thursday Agenda Planning Date: 5/1/08

Presenter(s) at board session: Pam Heilman

Visual Aids for presentation:

Copies of completed paperwork to: Roderick P. Calkins, Health

Estimated time for presentation: 10 minutes

ISSUE: Marion County Board of Commissioner approval is needed to submit the FY 2008 Annual update of Local Public Health Authority Plan.

BACKGROUND: The local public health authority shall submit an annual plan to the Department of Human Services for performing services pursuant to ORS 431.375 to 431.385 and 431.416. The annual plan shall be submitted no later than May 1 of each year or on a date mutually agreeable to the department and the local public health authority.

FISCAL IMPACT (Current Year *and* Yearly Projected for Following Fiscal Year):
Submission of annual plan to DHS to continue to obtain funding under the Financial Assistance contract for all public health services. The anticipated annual budget for public health for FY 2008-2009 is approximately $9,787,788 million. (DHS contract is about 2.8 million)
Cost Center: Account Number: 33223

IMPACTS TO COUNTY DEPARTMENTS AND/OR EXTERNAL ENTITIES:
Department anticipates no impact on other departments.

OPTIONS FOR CONSIDERATION: Not approving the Annual Plan would significantly reduce public health and environmental health services in Marion County.

RECOMMENDATION: I recommend approval of the 2008 update to the Local Public Health Authority Plan.

DEPARTMENT HEAD SIGNATURE _____

List Attachments:

Marion County

Local Public Health Authority Plan

May 2005

(Annual update April 2008)

I. Executive Summary

This document is an update of the 2005 Local Public Health Authority Plan for Marion County. Per State instructions, only significant changes are noted in this update.

A review of Section III, "Action Plan," provides a picture of some Marion County Health Department (MCHD) activities from the past year. Action plans for Women, Infants and Children nutrition program (WIC), Family Planning, Human Immunodeficiency Virus (HIV) Prevention and Immunizations, which have already been submitted to the state, are attached for the convenience of creating one document.

Over the past year, MCHD Public Health Division has focused on health education and public information. The Environmental Health page for restaurant scores receives the highest number of "hits" of all Marion County WebPages. Significant progress has been made in development of a more comprehensive, user-friendly public and professional website for all Public Health Programs; a display and materials suitable for use at health fairs was developed and multiple presentations were provided by a variety of programs. Work to complete development of the Spanish language materials and portions of the website continues.

The prenatal project managed by MCHD, a successful partnership with two local hospitals, four medical offices and the Mid Valley Independent Physicians Association (MVIPA) is in jeopardy as Salem Hospital has withdrawn financial support for the program. The Salem Hospital Foundation has agreed to provide temporary funding through August 2008, while the project partners seek other funding. Unfortunately most funders will not support the on-going operational costs of a program. Numbers of women served by the program continue to increase, with a projected 1048 women expected to have been served in fiscal year 07-08 as compared with 947 in 06-07.

Marion County continues to respond to multiple outbreaks of communicable diseases annually, including 17 (2007) gastroenteritis outbreaks in senior living facilities. Marion County residents have been involved in several nationwide outbreaks over the years. Most recently, an investigation conducted by MCHD identified the "smoking gun" connecting a multi-state Salmonella outbreak to Banquet brand chicken potpies.

New funding for a Tobacco Prevention and Education Program (TPEP) was received for the period January 2008 – June 2009. The major emphasis of program activities is on policy change. Staff is at work promoting smoke free schools, colleges, hospitals and multi-unit housing. In addition, MCHD has received a small planning grant for chronic disease services that should put us in a good position to apply for chronic disease prevention funds, should they become available. The planning grant will support an assessment to determine the needs of Marion County in the area of chronic disease prevention.

A County general fund decision package approved by the Board of Commissioners made possible the hire of an additional Early Childhood Nurse (ECN) and a health educator. With the additional nurse, the ECN program has been able to expand maternity case management services, a service that cannot be adequately supported by insurance billing. The Health Educator has

been collecting data on fetal-infant mortality and the associated causes or contributing factors and will soon report the data to partners in maternal-child health.

II. Assessment – Annual

This section is optional as a complete assessment was included with the 2004-2005 plan. Objective-specific updates for 2007-2008 are included under Section III Action Plan. MCHD is currently conducting a comprehensive assessment of the community's health status in collaboration with several community partners. A final report of the assessment will be released in Fall 2008.

III. Action Plan

1. Communicable Disease:

Current Condition or Problem: There is a lack of awareness among general public about Communicable Disease and how to prevent it.

UPDATE April 2008: The communicable disease programs continue to develop and refine materials based on community need and disease incidence. Activities have included posting a packet of information on NoroVirus on the web for use by long term care facilities; developing a guideline for cleaning and disinfection of toys used by churches and childcare providers in response to a meningococcal outbreak; developing and posting web documents about Methicillin Resistant Staph Aureus (MRSA) for the public and childcare providers; and developing and posting a pertussis information packet for clinicians online. In addition, the Marion County Public Health Officer continues to publish a quarterly newsletter directed at the medical community and other healthcare providers. Topics in 2007 included: 1st Quarter: Lizards and Turtles and Chicks, Oh My!, The Risk for Salmonella, 2nd Qtr: Hepatitis C in Marion County: An Update; 3rd Qtr: What's New with Flu; 4th Qtr: 2007 – The Year in Review.

Time Period: 2005-2008 **GOAL:** Develop a community approach to education about and prevention of communicable diseases		
Plan for Methods/ Activities/Practice	**Outcome Measure(s)**	**Outcome Measure(s) Results**
A. Maintain adequate staffing to allow same-day callbacks to concerned callers	Adequate staffing.	Administration and clinic reception and Epidemiology (Epid) are primary recipients of calls. Each reception area has continuous staffing assigned. 2007-2008 budget assures that Epid nurses are no longer partially funded by grants. Our funding priority is to fully support this program with general fund dollars.
B. Develop and maintain current informational pamphlets (6th grade reading level) on each reportable communicable disease or condition.	Number/type of pamphlets at appropriate reading level by 7/1/07	Have developed 10 pamphlets at 6th grade, or lower, reading level for ten of the most common reportable diseases in English and Spanish. (Campylobacter, E. coli, Giardia, hepatitis A, meningococcal, pertussis, salmonella, Shigella, viral meningitis and WNV)
C. Publish informational articles on preventable diseases in existing newsletters such as the one mailed quarterly to day care providers	Number/type of articles published by 7/1/07	The Health Officer published 4 quarterly reports on communicable disease topics. Target audience: medical providers and other community partners. Immunizations program published 3 articles on school exclusion and 1 on Tdap. Target audience: childcare providers. Epid published 1 article on risk of Salmonella in reptiles. Target audience: child care providers TB program published 1 article about World TB day. Target audience: general public

D. Participate in community health fairs.	Number of fairs by 7/1/07	Participated in thirteen health fairs targeted to variety of populations, including school aged children, migrant workers, incarcerated women, as well as a health and safety fair in Jefferson.

III. Action Plan cont'd

Time Period: 2007-2009 **GOAL:** Develop a community approach to education about and prevention of communicable diseases		
A. Have Webmaster post English and Spanish pamphlets on MCHD Website	Number/type of reports posted by 12/1/08	In progress. Have updated links and posted English pamphlets and other information on website. Currently several pamphlets are in revision prior to being translated into Spanish.
B. Epidemiology supervisor to have most commonly used pamphlets translated into Russian and posted on Web site by 6/30/09.	Develop/post translations for ten diseases as noted above.	In progress. Have updated links and other information on website. Currently several pamphlets are in revision prior to being translated into Russian.

2. **Health Statistics:**

Current Condition or Problem: Gathering of data about non-communicable diseases (NCD) (both resulting conditions as well as the health indicators) is not being done at the local level but at the state level. As a result, there is a significant delay before we can access the data for trend analysis and program analysis.

Time Period: 2005-2009 **GOAL:** Coordinate with the State to collect the data locally before or concurrent to submission to the State so as to expedite access to information. Use the data for program development in terms of health promotion and prevention of chronic disease. **Revised Goal:** Identify the health data and data sources needed, to provide an overall picture of the health of Marion County.		
Plan for Methods/ Activities/Practice	**Outcome Measure(s)**	**Outcome Measure(s) Results**
A. Work with the State to identify how they are currently gathering the data	Identify how state collects data by 7/1/07	Complete: We have learned that the need for the State to certify data as accurate prevents us from receiving data that is less than two years old in most instances.

B. Form a local committee with representation from consumers and other agencies, to plan what information should be gathered and how this should be done. Consider both health conditions as well as health indicators	Bring findings to Health Advisory Board by 10/07	In Progress: This has been included in our community health status assessment process. A broad-based group of community partners and Marion County residents has been formed to identify needed data; gather data; review and analyze data. The information will be used for community-based collaboration on health system improvement as well as to inform the next MCHD triennial plan due 5/09.

3. Information and Referral:

Current Condition or Problem: There is currently no one identified at the local level to accept inquiries from the public and other organizations about public health issues. Note that inquiries can come from a variety of areas, including the health department website.

UPDATE: June 2007: Requests from the public for information and referral services regarding local health and human services as defined under 333-014-0050 may come to any health department phone. Key points of contact for the public are the numbers for health administration and health clinic. Persons at those numbers have reference materials and training so they can field calls or direct them to the appropriate staff.

UPDATE April 2008: MCHD continues to provide this service at all points of entry to the Health Department. The e-mail link on the MCHD website receives approximately 10 requests for information specific to public health monthly. A page showing current contact information is also located at the DHS website

http://oregon.gov/DHS/ph/lhd/county_directories/Marion.pdf

Time Period: 2005-2007 **GOAL:** Consumers will report satisfaction with access to health information through MCHD.		
Plan for Methods/ Activities/Practice	**Outcome Measure(s)**	**Outcome Measure(s) Results**
A. Let the State Health Promotion office know whom we have identified as the contact person.	Provide information to state liaison	State Maintains a contact page for MCHD on State website. Updated contact information for MCHD is provided to OR State Public Health Division, periodically at their request and/or when MCHD contact persons change.
B. Have the contact person bring any request for resources to Public Health Management Team (PHMT) and/or Division Director	System in place for handling requests	Program supervisors handle most requests for information. Larger issues requiring broader input are discussed at the bi-weekly meeting of public health supervisors.
C. Develop a consumer satisfaction survey that addresses access to information.	Develop survey	Complete: Surveyed partners regarding new epidemiology/ communicable disease Website. Made changes to improve Website based on feedback received.
D. As part of a CDC grant-funded disease prevention effort targeting North County and the migrant camps found there, hire and train outreach bilingual/bicultural outreach worker to teach new immigrants of resources available through the community and the Health Department. This will be done as part of a grant from CDC.	Worker to be in the field by summer 2007	Update 2007: Worker is hired and trained. Will begin project once school year ends. Update April 2008: Project is complete. Migrant clients were reached through a partnership with Farmworker Housing Association. Services included immunizations and dental services in addition to information and referral.

Time Period: 2007-2008 GOAL: Consumers will report satisfaction with access to health information through MCHD.		
Plan for Methods/ Activities/Practice	**Outcome Measure(s)**	**Outcome Measure(s) Results**
A. Update MCHD website to make it more user-friendly.	Complete initial update by 10/07.	Completed re-design of website. Continue to add new materials.
B. Develop consumer survey to use as part of assessment in preparation for Triennial Plan of 2009.	Develop by 2/08	Consumer survey 7/07. 566 consumers at Salem, Woodburn and Stayton sites. 93% of respondents got the information they needed; 90% said they knew whom to contact if they needed more information.

4. **Maternal Child Health:**

Current Condition or Problem: Increasing access to early and adequate prenatal care. The DHS data suggests that a significant number of migrant women are not accessing prenatal services until late into their pregnancy or as they enter the hospital.

Update April 2008: Salem Hospital, a partner in the project since its inception, has informed the other partners that it can no longer help to fund the project. Salem Hospital continues to support the project through its birth center services and by providing medical oversight to the MCHD Prenatal Program. The Salem Hospital Foundation has agreed to fund the portion previously funded by the Salem Hospital until September 01, 2008, while other funding is sought.

See also Attachments for Family Planning, WIC and Immunizations found at the end of this document.

Time Period: 2005-2008 **GOAL:** Increase by 20% the number of pregnant migrant women, who are indigent and uninsured, to have access to prenatal care during their first trimester.		
Plan for Methods/ Activities/Practice	**Outcome Measure(s)**	**Outcome Measure(s) Results**
A. Maintain the existing Prenatal Taskforce; MCHD has become the administrator of the Marion Polk Community Prenatal Project. This project provides pregnancy assessments for up to 70 women per month. MCHD ensures that women are enrolled and have an appointment for prenatal care.	Collect prenatal data on enrolled women. Report data to Prenatal Task Force and funders. On-going.	Continue the process to collect and report on Outcomes Measures for Entry Weeks Gestation, Delivery Weeks Gestation, Birthweight and # of visits made for Prenatal Care for each Project client quarterly and annually at the General Prenatal Task Force Meetings. Update April 2008: Information shared for 2005 and 2006 . 2007 data to be shared at May 2008 Prenatatal Task Force Meeting. Total # women served CY 2006 – 598 Total # women served CY 2007 – 666
B. Seek funding to replace the funding lost from Healthy Start, the Northwest Health Foundation, and Children & Families Commission, for the Madre Y Bebe program. Modify the program as needed to meet current needs and demands of North Co.	On-going	Silverton Hospital joined the project as partner and co-funder in January 2007. This will increase access to prenatal care for uninsured and under insured women in north Marion County. Update April 2008: Silverton Hospital has partnered with MVIPA again to fund the Prenatal Project in year 2008. # women served by Silverton Hosp providers CY 2006 – 53 # women served by Silverton Hosp providers CY 2007 - 71
C. Approach Silverton Hospital and other possible funding sources to pay for prenatal care for uninsured women in Marion County.	New partners join project	Silverton Hospital joined the project as partner and co-funder in January 2007.
D. Continue to look for ways to provide services in a more cost effective manner and will consider utilizing more Public Health Aides/Health Advocates to work with providers and nursing staff.	On-going	Have restructured clinic flow and staffing to allow more client appointments per day. Update April 2008: In year 2007-2008 MCHD has utilized a volunteer and 2 Medical Office Assistant students to assist with Prenatal Intakes.

Time Period: 2007-2009 **GOAL:** Continue work to increase early access to prenatal care for women of Marion County.		
Plan for Methods/ Activities/Practice	**Outcome Measure(s)**	**Outcome Measure(s) Results**
E. Maintain relationships and funding from MVIPA, Salem Hospital and Silverton Hospital for the Marion Polk Community Prenatal Project.	Number served will be equal to or greater than number served 06-07	FY 2006-2007 947 women served and 632 assigned to the project. Data update April 2008: Thus far FY 2007-2008 699 women have been served with 448 assigned to the project and 85 women on OHP assigned to other providers. Projected numbers for 2007-2008 are 1048 women served; 672 assigned to the project; and 127 OHP prenatal clients assigned to providers.
F. Approach Santiam Memorial Hospital to learn if they are interested in joining the project.	Talk with hospital by 9/1/07	Complete: Santiam Hospital has been contacted two times and has not responded. Conclusion: they will not be joining the Prenatal Project at this time.
G. Maintain funding for Salem Hospital portion of funding to match MVIPA funding or develop another creative strategy to support the project to maintain MVIPA funding.	Salem Hospital/MVIPA will continue to support the project and match funds for prenatal care.	

5. Environmental Health:

Current Condition or Problem: In the Salem Keizer area there are multiple long term care facilities and retirement centers that provide group meals to seniors that are not required to be inspected. This is a potentially risky situation because food borne illnesses may occur and seniors may be more negatively impacted than younger people.

UPDATE April 2008: Norovirus has been determined to be a common cause of outbreaks in long-term care (LTC) and residential care facilities. Investigations have shown that the outbreaks tend to be spread person-to-person, rather than from a single source such as a contaminated food item. These facilities are often short-staffed and may allow staff to return to work sooner than is recommended by the Health Department, potentially prolonging the outbreak. From 7/1/08-3/32/08 none of the outbreaks were identified as being "point source".

Time Period: 2005-2007 **GOAL:** LTC facilities and retirement centers will be required to submit to inspection of their food handling areas by 2006.		
Plan for Methods/ Activities/Practice	**Outcome Measure(s)**	**Outcome Measure(s) Results**
A. Put together a coalition of concerned community members to convince Senior Services Division of the need for inspections by properly trained and certified environmental health specialists, especially in food service and infection control. This would then require LTC facilities to receive proper training and facility inspections in cleaning and sanitizing the facility to prevent the spread of diseases such as norovirus.	Establish milestones to be achieved with the goal of beginning inspections in a year's time. The accomplishment of these milestones would be part of the evaluation	Environmental Health supervisor took this issue to the Council of Local Environmental Health Supervisors (CLEHS) and CLEHS made a recommendation to CLHO. However, while local health departments may support requiring inspection of the facility food services by local licensed sanitarians, this function is legally assigned to Department of Human Services, Seniors and People With Disabilities Division.
B. In concert with above, work with the Conference of Local Environmental Health Supervisors (CLEHS) to recommend that the Conference of Local Health Offices (CHLO) support this movement and recommend to the Department of Human Services (DHS) that this be given priority on the State's agenda.		

III. Action Plan cont'd

Time Period: 2005-2008 **GOAL:** Prevent and mitigate gastroenteritis outbreaks in long-term care, residential and assisted living facilities.		
Plan for Methods/ Activities/Practice	**Outcome Measure(s)**	**Outcome Measure(s) Results**
C. Distribute updated norovirus information packets to each facility in Marion County. Packet to include basic infection control guidelines, MCHD contact information, and reporting requirements that facilities should follow when an outbreak occurs.	Epidemiology staff to assure each facility has current packet by 12/07	Completed: Norovirus packets were distributed via broadcast fax. The materials were also posted on the MCHD Website.
D. Environmental Health staff will make site visit, when feasible, within one working day of report of outbreak.	90% of outbreaks will receive visit within one working day	Since 7/1/07 EH responded within 1 working day for (12/13) 92% of the reports. The one that was not visited had previously been visited so consultation was provided via phone. This LTC facility had already implemented the appropriate control measures and promptly gained control of the outbreak.

III. Action Plan cont'd

6. **Tobacco:**

Current condition or problem: Tobacco use remains the leading cause of prevented illness in the US. Although evidence-based practice states that Tobacco Prevention program are the most cost effective prevention programs in existence, the funding for this program was eliminated in 2004.

UPDATE March 2008:
MCHD received funding from the State Tobacco Prevention Education Program (TPEP) for the period January 2008 – June 2009. The TPEP program activities involve providing technical assistance for the development, implementation, and promotion of smoke-free policies in K-12 schools, community colleges, hospitals, and multi-housing units. Two health educators have been hired to work on this project. A Community Health Development Manager was also hired in December 2007 to oversee MCHD prevention efforts.

Time Period: 2005-2008

GOAL: Find funds to restore components of this program including the funding of the Tobacco Coalition, restoration of the Quitline and restoration of the number of youth programs happening throughout the community to discourage youth from tobacco use. Also, consider expanding the program to adults who are longstanding smokers and who are now facing chronic disease.

Plan for Methods/ Activities/Practice	Outcome Measure(s)	Outcome Measure(s) Results
A. Search for grants that will provide the necessary funding and apply for them.	Number of grants identified, applied for, and funded	DHS TPEP funding was identified and secured for January 2008 – June 2009. The State contract requires that staff focus on policy development and implementation as these impact the community as a whole. Youth activities are not a part of program.
B. Continue to participate on the Tobacco Coalition (now a subcommittee of the Health Advisory Board).	On-going	The TPEP health educators are working with members of the Tobacco Coalition. The coalition – now referred to as a task force – is helping to implement smoke-free policies at Chemeketa Community College and at multi-housing units.

C. Continue to work with other MCHD services areas to see how they can integrate smoking cessation goals into their areas and their work with the clients.	Number of service areas providing assessments	The following six service areas conduct tobacco use assessments at client visits: Maternal Child Health, Family Planning, Prenatal, TB, WIC, and Children's Behavioral Health. One effective means to smoking cessation is to assess tobacco use at every client visit and to have cessation materials readily available. Therefore, we are exploring options for training MCHD clinical staff in assessing readiness to quit and responding appropriately. In addition to these staff trainings, Oregon Tobacco Quit Line promotional materials will be available to clients in MCHD clinics (ordered through Oregon Tobacco Education Clearinghouse).
D. Approach local health plan (MVIPA) to see if they would be willing to sponsor a Tobacco Cessation training program or other tobacco prevention related services.	Review periodically. Adjust the plan as needed.	Oregon Health Plan covers tobacco cessation classes, so we believe it is not necessary to find sponsors for these classes at this time. This may be re-examined after completion and evaluation of staff training and usage of 5A and 5R system.
E. Clean Air Act provides a way for the public to complain when a site or employer doesn't comply with the smoke-free building requirements of the Act. Response to complaints is progressive: 1st complaint – phone call; 2nd – site visit; 3rd – forward to state.	Number of complaints	2006----5 complaints 2007----5 complaints, 2 required field investigations as they were repeat complaints 2008-----1 complaint as of March 21, 2008

7. **Diabetes:**

Current condition or problem: County currently does not receive any funds to provide services related to diabetes but as identified in the Needs Assessment section of this document, this and other chronic diseases is a significant health problem in this community. Following is an action plan to begin to address the Chronic Disease issue:

UPDATE March 2008: Marion County Health Department received funds from Oregon Department of Human Services to develop local public health capacity in the prevention, early detection, and management of chronic disease. These funds will be used to work with community partners to conduct a community needs assessment and develop a work plan that addresses chronic disease prevention in our communities.

Time Period: 2005-2008 **GOAL:** Establish a community led coalition of consumers, advocates, and providers who would be interested in developing a community response to this issue. Use this group as a springboard to initiate some community programs that help individuals in the public to better manage their chronic disease.		
Plan for Methods/ Activities/Practice	**Outcome Measure(s)**	**Outcome Measure(s) Results**
A. Send out a letter to all interested individuals and organizations inviting them to attend a meeting on reducing chronic disease in the community. B. Call the meeting. C. Establish a core group of interested people and work with the group to establish goals and objectives of the group related to the issue of chronic disease management. D. Provide consultation to the group in order to educate them on the size of the problem, what can be done, and what the options are for addressing the issues. E. Establish a plan to implement the selected activities.	Review periodically to insure progress with the action plan. Adjust the plan as needed.	2007: DHS funds have been secured to begin the assessment and planning process for chronic disease prevention, early detection, and management. With the use of these funds, we will work with our community partner (Salud Medical Center) to conduct a needs assessment and develop a work plan. The work plan will be based on the community data, but since there's a high prevalence of diabetes in Marion County it is likely that the work plan will include diabetes prevention and management. Complete

Time Period: 2007-2008 **GOAL:** Increase community capacity for adult wellness services through participation in project with Marion County Housing Authority.		
A. Complete a needs assessment of residents at a housing site as agreed upon with MCHA by July 2007.	**Needs assessment completed**	The needs assessment was completed in July 2007. The data showed that all of the residents had access to health care. Many residents stated that they would like to participate in community outings as well as some health education activities, including information on heart health, diabetes, and healthy cooking.
B. Based on needs assessment, develop plan for services by December 2007.	**Plan developed**	Marion County Health Department has developed a calendar of events for the residents at Hazelwood. Events include offering the "Living Well" series in both English and Spanish, outings to the Tulip Festival and Oregon Gardens, and Healthy Eating classes. The goal is to have the housing authority take over these tasks by the summer of 2008.
C. Implement Plan and evaluate outcome	**Complete evaluation by 9/08**	

III. Action Plan cont'd

8. **HIV:**

UPDATE 2008:

As of the latest available data (3/31/07) Marion County continues to have the second highest prevalence rate, among Oregon counties, of HIV/AIDS, cases with 104.1 cases per 100,000 populations (based on 2006 census estimates). This is a slight increase over the final 2006 rate of 102.5/100,000. Oregon's prevalence rate is 127.7/100,000 (2006).

In 2007, 20 new cases of HIV/AIDS were diagnosed in Marion County. Eleven of the newly diagnosed males were identified as men who have sex with men (MSM). For nine of those men, having sex with men was their only identified risk factor for HIV infection. Because MSM continues to be a significant risk factor for new HIV infection in Marion County, the MCHD Prevention program has focused outreach efforts to the MSM community - encouraging safer behaviors and HIV testing.

Time Period: 2005-2008

GOAL: the overall goal of the Marion County Local prevention plan is to reduce the incidence of HIV infection through innovative and proven best practice strategies targeted at high risk populations. The program aims to coordinate services and to raise the awareness of the availability of HIV services.

NOTE: see Appendix D- HIV Prevention Plan for other goals, objectives and activities.

Plan for Methods/ Activities/Practice	Outcome Measure(s)	Outcome Measure(s) Results
A. Develop HIV Prevention Strategies with community members in order to motivate people at high risk for HIV to get tested.	On-going	Update 2007: MCHD hosts the bi-monthly Local Planning Committee (LPC) for Marion County. Staff has recently completed training on social network strategy, a strategy for engaging at risk persons in prevention activities. Update April 2008: Male clients are offered the opportunity to become involved with MARS (Male Advocates for Sexual Responsibility). MARS is a comprehensive program that promotes individual responsibility in pregnancy prevention as well as prevention of sexually transmitted infections and HIV
B. Increase networking and partnerships with other groups and agencies and consumer groups to consider needle exchange in Marion County. **Update 2007**: Willamette intern is completing project about effectiveness of needle exchange programs. Will evaluate that information and determine appropriate course of action.	Review report and decide on course of action by 12/07 complete	Update April 2008: Needle Exchange is no longer funded by DHS. Marion County has opted not to fund this activity, as the new HIV case risks in Marion County appear to be MSM and partners of HIV positive persons. Complete

C. Implement secondary prevention measures (adherence measures) of known HIV+ individuals to prevent the further spread of the disease.	Integrate into protocols On-going	All case-management clients and all prevention clients receive information on preventing transmission of HIV. Update April 2008 Marion County has added 2.5 hours per week to 2 paraprofessionals in HIV Case Management to provide Prevention Education to clients.
D. Develop a yearly HIV Prevention Plan with the state and have it reviewed and approved by the HIV Local Planning Committee	Submit plan as required. On-going	Plan is developed with LPC in-put and approved by the state as meeting federal and state requirements. Update April 2008: 2008-2009 Prevention Plan approved.

III. Action Plan cont'd

9. TB – Prevention:

Current Condition or Problem: Tuberculosis screening in the community. We have identified that some local clinics, which provide this service are not always, administering and/or reading TB tests correctly. These clinics are our partners as they provide services to clients that do not meet our program priorities.

Time Period: 2005-2008 **GOAL:** Build local resources for competent TB test administration and interpretation.		
Plan for Methods/ Activities/Practice	**Outcome Measure(s)**	**Outcome Measure(s) Results**
A. Identify and provide education to local providers about how to properly administer and read a TB test using the Mantoux PPD method.	Number of trainings provided On-going	TB has marketed these services to all of the larger medical clinics in Marion County. Presentations provided: 05-06 – 9 medical office and community presentations 06-07 - 6 medical office and community presentations 07-08 – 6 medical office and community presentations.
B. Evaluate the effectiveness of the training/educational materials provided.	Post-training evaluation process	On-going: Attendees self-identify has having further questions.
C. Offer training and/or written materials to local Occupational Health providers identified.	Number of trainings provided On-going	TB has marketed these services to all of the occupational health clinics. Presentations provided: 05-06 – 0 to Occupational Health provider group 06-07 – 1 to Occupational Health provider group 07-08 – 0 Occupational Health provider group – Will continue to offer as new need is identified
Time Period: 2007-2008 **GOAL:** Prioritize tuberculosis screening to ensure best use of resources through targeted testing.		
A. Provide targeted TB testing to homeless population by holding clinic at local shelter approximately every two months.	Number of shelter visits and tests provided. Number of positives identified and started on treatment	Calendar Year 2007 6 shelter visits 201 Tuberculosis skin tests provided 10 positive PPD's identified and 4 started on treatment.

III. Action Plan cont'd

10. Teen Pregnancy:

Current Condition or Problem: The rate of teen pregnancy in Marion County is the second highest in the state. The rate has increased from 12.8 per 1,000 teen pregnancies in 2003 to 14.6 pregnancies per 1,000 in 2005.

UPDATE 2006: The Health Department currently has .8FTE mental health specialist working at Gervais, North Marion, Kennedy, Douglas Ave, Success, and Woodburn High Schools to provide support and counseling to teens that are pregnant and/or parenting. The program's objective is to build the resiliency of the teenage moms so that they can complete their high school education and graduate with their peers.

Time Period: 2005-2008 **GOAL:** Restore or establish some form of Teen Parent program for the students of the high school either through the Mid-Valley Partnership Early Childhood Program or the Youth Services Team.		
Plan for Methods/ Activities/Practice	**Outcome Measure(s)**	**Outcome Measure(s) Results**
A. Oversight and coordination of STARS contract and services in Marion County	**Complete**	Update April 2008: MCHD no longer oversees the STARS program. It is being implemented through Youth Impact and Woodburn School District. Youth Impact implements/oversees the STARS programs that are delivered during the school day in Jefferson, Mt Angel, Gervais, Cascade School Districts and as an after school program in Salem-Keizer School District. Youth Impact is working to offer additional STARS programs in North Marion, Stayton, and Silverton School Districts in the 2008 / 2009 school year. Woodburn School District oversees the implementation of the STARS program in its district. MCHD continues to have a 0.8FTE counselor working with the teen parents in north county
B. Seek Grant Funding for a Teenage Pregnancy Prevention program to expand to other targeted schools throughout Marion County.	**On-going**	2008: Funding has not yet been identified for teen pregnancy prevention. We have purchased four teen pregnancy prevention curricula, which we can facilitate and/or loan to schools. We are looking for a parenting curriculum that aims to prevent teen pregnancy.

III. Action Plan cont'd

C. Work with the High School Counselor to insure the teens are referred to or in some form of prenatal care ▪ Work with the HS to develop a program geared towards pregnancy prevention ▪ Enroll teens in the Mid Valley Partnership Early Childhood Program if appropriate		Update April 2008: With the help of our teen pregnancy / parent mental health specialist and a MCHD health educator, Woodburn High School has recently established a School Health Advisory Council. One of their main goals will be to address teen pregnancy prevention. The MCHD teen pregnancy counselor and health educator will continue to serve on this council. April 2008: Mid-Valley Partnership Early Childhood Program will be losing their funding, so pursuing teen pregnancy prevention efforts with them does not seem feasible. The Youth Services Teams are also struggling, so they are not currently able to help with teen pregnancy efforts.

III. Action Plan cont'd

11. Public Water Systems

Current Condition or Problem: Marion County Health Department's Environmental Health program is responsible for monitoring, inspecting, providing technical assistance to and enforcing the safe drinking water requirements for community water systems.

Evaluation of the drinking water program is accomplished via a triennial review that DHS does. Other evaluations that can be used include the decrease of significant non-compliers each year and if alerts are responded to and documented in the required time.

Update April 2008: New funding for monitoring and inspection of water systems became available in March 2008. MCHD will hire one sanitarian with these funds, providing capacity to meet the new requirements to inspect community water systems at least every three years, an increase from every five years, beginning in July 2008.

Time Period: 2005-2008 **GOAL:** Ensure safe public drinking water for the residents and visitors of Marion County.		
Plan for Methods/ Activities/Practice	**Outcome Measure(s)**	**Outcome Measure(s) Results**
Inspect transient, non-community and non-transient non-community water systems as is feasible. These inspections are not required on a scheduled basis.	Number of inspections	05-06 – 12/92 -14% inspected 06-07 – 16/92 - 16% as of May 1, 2007 07-08 – 19/92 – 21% as of March 28, 2008
Inspect community water systems Update 2008: Required frequency of inspections will increase from every five to every three years 7/08.	≥ 33% of all community water systems in Marion County	05-06 – 31/59 - 53% inspected 06-07 – 9/59 - 15% as of May 1, 2007 07-08 – 15/59 – 38% as of March 28, 2008
Investigate/respond to alerts and significant non-compliers as they occur.	100%	05-06 – 45 06-07 – 117 07-08 – 83 as of March 28, 2008

III. Action Plan cont'd

12. West Nile Virus

Current Condition or Problem: Since 1999 when the first cases of West Nile Virus (WNV) were discovered in New York, the disease has spread westward across the US. It reached Oregon in the summer of 2004. Mosquitoes transmit West Nile Virus, but the virus is tracked by testing of local birds, animals and humans. History has shown that the second or third year after discovery of WNV in a state is when the most illnesses and deaths of humans occur. The most susceptible population for becoming ill and/or dying are persons older than 55 years who spend significant time outdoors near areas infested with mosquitoes.

OR (2005) 23 birds, 32 horses and 5 humans tested positive for WNV. No human deaths
OR (2006) 25 birds, 35 horses and 73 humans tested positive for WNV. Two human deaths.

UPDATE April 2008: Last year (2007) in Oregon, 52 birds, 17 horses and 27 humans were identified as positive for having WNV. No human deaths were associated with the outbreak. The one human case that occurred in Marion County was acquired elsewhere. Nine corvids were tested in Marion County in 2007 – all were negative.

Time Period: 2007-2009 **GOAL:** Maintain readiness for WNV response. Implement targeted control measures on request.		
Plan for Methods/ Activities/Practice	**Outcome Measure(s)**	**Outcome Measure(s) Results**
A. Monitor standing water for presence of mosquito larvae. 5 or more larvae per dip results in treatment, unless problem can be solved via mechanical means such as increasing water circulation.	Monitor mosquitoes per dip in standing water	2005: # of complaints not available Applied 57 grams biological larvicide (13 BTI & 54 Altosid XR) 2006: # of complaints not available. Applied 949 grams of biological larvicide (48.6 grams of Altosid XR and 949 grams BTI) 2007 – responded to 4 mosquito complaints Applied 52 grams of biological larvicide (BTI)
Provide appropriate larvacide in standing water in areas. We may/will provide to cities and private and private owners in Marion County	Number of larvicide application sites requiring repeat application	2007 – no repeat complaints. Larvicide lasts 30-45 days.
B. Provide public education to help prevent mosquito infestation. Provide pubic education via web, newspaper articles, and community meetings.	Check how many hits to our website on mosquito control and the number of community meetings attended.	Education efforts included maintaining a webpage specific to WNV and answering calls from the public and some city public works officials.

III. Action Plan cont'd

13. Oral Health:

Current condition or problem: Uninsured adults and children do not have access to dental care. There is a need for emergency dental services for persons without insurance or financial means. Education for parents and students promotes better oral hygiene.

UPDATE April 2008: MCHD contracted with Medical Teams International for dental van services. The vans come on site to treat urgent dental needs. Medical Teams International had staffing problems and has not been able to provide us with as many visits as requested. MCHD also contracts with local providers willing to take clients at OHP rates. A particular need has been for pediatric dentistry as very young children with multiple needs may not do well without anesthesia and need to be seen in the pediatric dentist office or in the dental van setting.

Time Period: 2007-2008

GOALS: To increase the number of adults we can help get access to emergency dental care. To provide emergency dental care, education and prevention services to children.

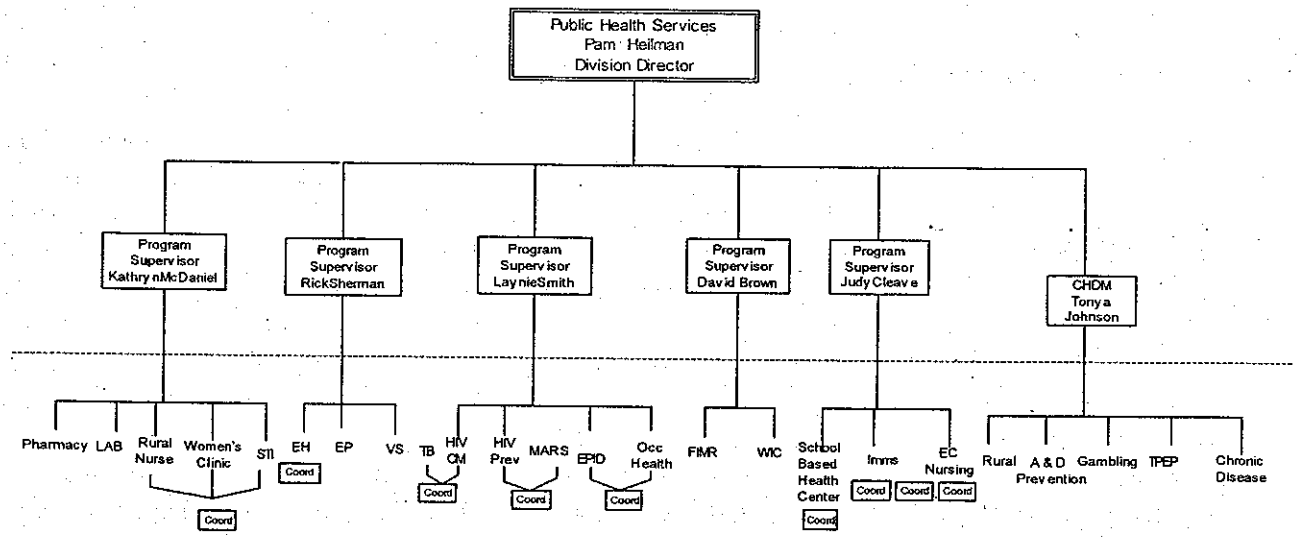
Plan for Methods/ Activities/Practice	Outcome Measure(s)	Outcome Measure(s) Results
A. Increase dental van visits from four to ten times per year to serve approximately 130 adults	Number of clients served -	2 dental vans. 26 adults served 7/1/07-4/1/08.
B. Purchase dental assistant and hygienist hours to provide dental varnish, dental classes and one-on-one education with families	Number of clients served	Students educated – 2431 Parents educated – 260 Students screened – 4473 Students varnished – 150
C. Provide dental van visits three times per year to serve approximately 40 children	Number of clients served	38 children served 7/10/07-4/1/08 Children received services on the dental van. We had three vans providing services and relieving children of pain.
D. Reinstate emergency dental voucher program for approximately 16 adults and 16 children in partnership with NW Human Services	Number of clients served	71 adults and 3 children served 7/1/07-4/1/08 We were able to provide more service than originally anticipated. This service relieved children and adults from dental pain.
E. Formed partnership with Dr. Ajaya in Woodburn. Through this partnership we were able to use emergency dental vouchers for clients in the Woodburn area.	Number of clients served	38 adults and 10 children served 7/10/07-4/1/08 Funding for this came from one-time unspent monies received through a CDC health promotion/disease prevention grant. At this time, no on-going source of funding is available for these services.

III. Action Plan cont'd

14. Community Health Status Assessment:

Current condition or problem: Assessment is a core function of public health. The comprehensive community health assessment needed to inform planning by local health departments and other community partners is very labor-intensive. In addition, it is important that an assessment be conducted with input and participation from community partners and the public to provide a broad picture of the community's health status.

Time Period: 2008-2009 **GOAL:** Develop and implement a collaborative community approach to community health assessment.		
Plan for Methods/ Activities/Practice	**Outcome Measure(s)**	**Outcome Measure(s) Results**
A. Convene a group of community partners to participate in the assessment process	Diverse group formed	Complete: group includes representatives from Public and Behavioral health, education, hospitals, medical and dental care providers, Health Advisory Board, Children and Families Commission, DHS Child Welfare & Family Self Sufficiency, Seniors and Persons with Disabilities, Corrections, and local Medicaid Insurer
B. Conduct assessment and report data for 11 categories including demographics, socioeconomic, health resource availability, quality of life, behavioral risk factors, environmental, social and mental health, maternal and child health, death-illness-injury, communicable disease and sentinel events	Report complete. Data posted on MCHD Website	


Public Health Services
Pam Heilman
Division Director
Program Supervisor KathrynMcDaniel
Program Supervisor RickSherman
Program Supervisor LaynieSmith
Program Supervisor David Brown
Program Supervisor Judy Cleave
CHDM Tonya Johnson
Pharmacy
LAB
Rural Nurse
Women's Clinic
STI
Coord
EH
Coord
EP
VS
TB
Coord
HIV CM
HIV Prev
MARS
Coord
EPID
Occ Health
Coord
FMR
WIC
School Based Health Center
Coord
Imms
Coord
EC Nursing
Coord
Rural
A & D Prevention
Gambling
TPEP
Chronic Disease

IV. Additional Requirements

1. **Organizational Chart: See Previous Page**

2. **Senate Bill 555:** The Marion County Children and Families Commission (CFC) and MCHD are active partners. The MCHD Health Administrator is a member of the Children and Families Commission Executive Committee and MCHD management contribute to a variety of CFC subcommittees. The Health Department participated actively in the development of the "Six Year Plan for Improving Outcomes for Marion County Children and Families, Jan 2008". The Plan's executive summary states that the "plan began with the Marion County Children and Families Commission's existing strategic plan and build upon it by drawing on the plans and priorities of other partners." The planning process included a review of issues, gaps, barriers and focus areas brought to the table by a variety of stakeholders and community groups. Twenty key community issues were identified, seven of which are specifically related to health or mental health care. The final document includes five focus areas with outcomes to measure for the next six years. Access to and availability of health care services is the health-related focus area.

The Acting Administrator of the CFC is a part of the Community Health Status Assessment Committee and the Maternal and Child Health data workgroup that have been convened by MCHD.

The Six Year Plan for Improving Outcomes for Marion County Children and Families, Jan 2008 may be found at: http://www.co.marion.or.us/CFC/

V. Unmet needs

Staffing for core functions continues to be a concern. With the recent increase in per cap funding we were able to hire a part time float nurse to help provide surge capacity for communicable disease during crisis as well as vacation and sick leave relief. There is concern that this funding will not continue past the biennium. Funding to support adequate staffing of Family Planning services, another core function of local health departments, is needed to ensure service to the uninsured, undocumented clients that don't qualify for the Federal Family Planning Expansion Program (FPEP). In addition, many of these clients are monolingual Spanish speakers and nurses who speak Spanish are difficult to find. Another staffing concern is the aging public health nurse workforce. The last two nurses we hired were aged 40-something. Public Health can't compete with hospital wages and the Public Employee Retirement System, previously attractive to potential employees no longer provides the draw that it once did to attract younger nurses.

Preliminary data from our current assessment process shows that early access to prenatal care continued to be a gap in our community as of 2005. This is significant because early prenatal care positively influences health outcomes for both mother and infant, and may mitigate adverse outcomes of high-risk pregnancies. Our prenatal project enrollment increases each year, and it is hoped that this is increasing the proportion of women entering care in the first trimester.

However, there continues to be a gap in funding to meet this need and the project's future is in jeopardy.

A teen pregnancy prevention curriculum for parents and associated funding is needed as is funding to support development and implementation of a coordinated community plan to increase access to preventive and emergency dental care for uninsured children, adults and seniors.

VI. Budget

Budget Contact for Marion County Health Department:

Name: Gerri Ball, Financial Supervisor

Phone: (503)585-4901

VII. Minimum Standards - Both

*Agencies are **required** to complete this section.*

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.

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.

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.

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

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.

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

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.

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

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.

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

Marion County Local Public Health Annual Plan April 2008

CHIEF ADMINISTRATIVE OFFICER:

John Lattimer, CAO Date

MARION COUNTY BOARD OF COMMISSIONERS

Chair

Commissioner

Commissioner

5/7/08

Date

MC Tax ID# 93-6002307

FAMILY PLANNING PROGRAM ANNUAL PLAN FOR
COUNTY PUBLIC HEALTH DEPARTMENT
FY'09
July 1, 2008 to June 30, 2009

Agency: Marion County Health Dept.

Contact: Laynie Smith
lysmith@co.marion.or.us

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
Majority of Family Planning clients continue to be monolingual Spanish. Unable to increase caseload and services offered due to limited staffing.	Provide a broad range of clinically and culturally appropriate services.	Recruit, hire, train and orient a 100% bilingual RN.	Monitor the range of services on the Ahlers data.
	Increase the caseload and the number of visits completed by 10%.	Recruit, hire, train and orient a 60% bilingual RN.	Compare the # of clients and # of visits to prior fiscal year based on Ahlers data.

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
Current Preconception/Interconception Health Education is inadequate- 30% level for Family Planning Clients at MCHD and inadequate in the community.	1. Improve integration of Preconception/Interconception Health education into women's health visits.	1. Provide Preconception/Interconception health education at Family Planning Clinic visits. 2. Provide Client education packets to Family Planning clients.	Enhance the content of 40% of Family Planning visits to include preconception health education and counseling as measured by Ahlers data.
	2.Improve Interconception/Preconception health knowledge of MCHD staff that provide service to women of childbearing age IE WIC, MCH and STI. 3. Improve Interconception/Preconception knowledge of community providers. 4. Improve Interconception/Preconception health knowledge of MCHD and community clients.	2. Provide education for internal Marion County Health Dept staff in WIC, MCH and STI. 3. Provide education to community providers IE Prenatal Task Force, West Salem Clinic, Family Birth Center, Lancaster Family Health and Salud and Planned Parenthood. 4. Distribute 2000 patient education pamphlets to MCHD and community providers to provide to their clients.	

Progress on Goals / Activities for FY 08
(Currently in Progress)

Goal / Objective	Progress on Activities
Increase revenue from donations by 10% for the period ending June 30, 2008.	Total FY 06-07 (12 months) $60,485 Total 07-08 (6 months thus far) $31,062 Thus far about a 3% increase in donations.
NP to offer IUD insertion/removal by June 30, 2008.	# of IUD's inserted /removed since June 30, 2007. 34 IUD's inserted 20 IUD's removed
Integrate Preconception/Integration Health education into Women's Health visits.	Goal 30% of FP visits. Actual 30.6 % of visits. Based on October, November, December 2008. 390 visits noted Preconception. education. 1271 total visits.
Apply for and obtain grant funding to promote Preconception/Interconception health education.	Received $20,000 March of Dimes Grant for Preconception/Interconception education. Shared packets with 7 community providers thus far.
Changes in Title X revenue has decreased the ability of MCHD to maintain the current level of service.	Revenues are monitored monthly. Customer Survey completed 07/07 appeared very satisfactory. Staff appear happy and the overall work environment is positive.

Year 1: July 2005 – June 2006				
Objectives	Methods / Tasks	Outcome Measure(s)	Outcome Measure(s) Results1	Progress Notes2
I. Increase percentage of 24 month olds with 4th DTaP to 70%	Assessment: -IA Assess AFIX data -1B- Assess missed opportunity rate by nurse	1A Determine baseline rates for 24 month olds w/ 4th DTaP 2003: 66.2% 2002: 62.8% 2001: 65.3% -1BDetermine baseline missed opportunity rate per nurse by September 2005	1A -2004 – 71.6% 1B see progress notes. Able to identify raw data only. #missed / total # shots per period.	1A – data for 2005 has not been released 1B- We were unable to get an accurate rate as there is no way to run a report that gives a denominator for the number of shots given to clients within the forecastable age ranges.
	Plan: 1A -Use IRIS to forecast for every child 0-6yrs at every visit to clinic Provide training to staff to promote immunization and reduce missed opportunities Provide training to WIC staff on assessing records by counting DTaPs - Share AFIX report and nurse baseline with staff	- Develop and implement by 7/1/05 procedure for running IRIS report at least monthly, March –August, to identify and recall by phone children 24 months or younger needing the 4th dose of DTaP Set new measurable objective for 06-07 after AFIX report for 2004 is published	1A – provide training to staff, ongoing to clerical and nursing staff at monthly Team meetings. Met with each nurse individually to discuss his or her missed opportunity report. WIC training 3/05. Nathan Crawford attended Nov. 05 AMIC and presented 2004 data	Had DHS run postcard report. Found it includes more than our clients. 15 page report, called clients, only made 4 appts. Identified second problem – WIC data was entered as MCHD - changed entry of WIC client records to identify as WIC only. 8/22 Requested 4th DtaP report. Tried running 4th DtaP report here, required much sorting and editing of spreadsheet. Got limited results from calling clients

1 **Outcome Measure(s) Results** – please report on the specific Outcome Measure(s) in this table.
2 **Progress Notes** – please include information about the successes and challenges in completing the Methods/Tasks, any information that will help us better understand your progress, and any assistance from DHS that would have helped or will help met these objectives in the future.

Year 2: July 2006 – June 2007				
Objectives	Methods / Tasks	Outcome Measure(s)	Outcome Measure(s) Results3	Progress Notes4
II. Increase percentage of 24 month olds with 4th DTaP to 75%	Assessment: - Reassess AFIX data - Reassess missed opportunity rate per nurse - Assess whether further training is needed.	- Review data by 8/1/06 - Decide efficacy of continuing/modifying plan in the next year by 9/1/06 - Provide further training as needed at Sept.06 Team meeting	1) Reviewed AFIX data in 2/07 when received from state 4th DTaP rate was 69% 2) Reviewed missed opportunities data and AFIX data with nurses at April 07 team meeting 3) Use IRIS for every child that comes in ages 0-14 4) Discontinue WIC DTaP counting due to new Family Net Computer system	1) AFIX data is now determined with Co-Casa which is a stricter way to look at data, this is why our 4th DTaP rates went down. When data was calculated the same way as last year we did meet our 75% 4th DTaP rate. 2) We will be adjusting our next years goal from 80% to 75% to accommodate the new calculation method 3) The state has also developed a new 4th DTaP recall list and in April of 2007 we sent out 230 reminder letters to parents for the 4th DTaP
	Plan: Continue to use IRIS to forecast for every child 0-7yrs at every visit to clinic Provide training to WIC staff on assessing records by counting DTaPs - Share data: (AFIX report and nurse data) with staff to promote 4th DTap and minimize missed opportunities	- Set new measurable objective for 07-08 after AFIX report for 2005 is published		

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

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

Year 3: July 2007 – June 2008 - February 2008 Update				
Objectives	Methods / Tasks	Outcome Measure(s)	Outcome Measure(s) Results1	Progress Notes[2]
III. Increase percentage of 24 month olds with 4th DTaP to 75%	Assessment: - Reassess AFIX data - Reassess missed opportunity rate per nurse - Assess whether further training is needed. Plan: Continue to use IRIS to forecast for every child 0-6yrs at every visit to clinic -4th DTaP recall- run 4th DTaP recall list and mail reminder cards to parents - Share data – (AFIX report and nurse data) with staff to promote 4th DTap and minimize missed opportunities	- Review data by 2/08 - Decide efficacy of continuing/modifying plan in the next year by 2/08 - Provide further training as needed at March 08 Team meeting - Do one 4th DTaP recall	1) Reviewed missed opportunity data at Oct. 2007 Imm. team meeting 2) Continue to forecast for every client 0-14 3) Review 4th DTaP rates with team when received from the state. 4) 4th DTaP recall scheduled to be completed in the spring of 2008- will consider other options.	1) Data from missed opportunity rate shows that majority of shots forecasted are being given. Most common reason for not being given is parents refusing because of # of shots due. 2) We will review 4th DTaP rates with team when rec'd from state. 3) ALERT is already sending out reminder postcards. Unsure if duplicating efforts by sending another recall is efficient use of time. Past 4th recalls have not been effective.

Local Health Department: Marion County Health Department
Plan B - Chosen Focus Area: ALERT / AFIX Promotion
Fiscal Years 2006-2008 revised 02-2008

Year 1: July 2005 – June 2006				
Objectives	Methods / Tasks	Outcome Measure(s)	Outcome Measure(s) Results5	Progress Notes6
A. Promote Alert usage in private provider offices	Office Visit -assess current level of usage (use Alert to check history, % of records sent to Alert) -Share info about forecasting feature and other benefits of Alert -Deliver incentive to office contact	Visit at least three private provider offices in Marion County	Called 25 VFC providers. Visited 12 private providers.	Findings: 1. A frequent comment from providers interested in electronic reporting to ALERT was that they needed technical assistance from the ALERT program 2. local IPA (MVIPA) is purchasing an electronic medical record system for all members. Facilitated connection between MVIPA and ALERT staff. Objective on hold until computer system implemented.
B. Promote ALERT usage in childcare setting	-Survey childcare providers to learn which have computers with internet and which would be interested in hearing about ALERT -Visit to interested providers to demonstrate ALERT -deliver ALERT incentive -provide information about certified immunization database	Identify largest daycares and survey by 9/1/05 Make 10 onsite visits to provide ALERT trainings and promote certified immunization database	Identified 50 Centers having enrollments of at least 40 children. Contacted 28 including 12 that were signed-up for Alert at a visit or via phone call. Most Daycare providers say cost is a barrier to implementing certified immunization database.	Determined that phone contacts are the most efficient way to recruit for ALERT participation. Visits can be provided on request, but aren't always needed. Most of those contacted didn't feel a visit was necessary.

5 **Outcome Measure(s) Results** – please report on the specific Outcome Measure(s) in this table.
6 **Progress Notes** – please include information about the successes and challenges in completing the Methods/Tasks, any information that will help us better understand your progress, and any assistance from DHS that would have helped or will help met these objectives in the future.

Year 2: July 2006 – Dec 2007				
Objectives	Methods / Tasks	Outcome Measure(s)	Outcome Measure(s) Results7	Progress Notes8
A. Promote AFIX in private provider offices	Yearly community meeting to promote AFIX Add AFIX participation into annual contract with delegate agencies	Hold one community meeting for AFIX exchange	- Community AFIX will be held in the fall of 2007 -Having a yearly AFIX will be added to the contract with our delegates in 7-07	Working with the state to plan a community AFIX in the fall of 2007. Provider awards will also be given at this time
B. Promote ALERT usage in childcare setting	-Visit to interested providers to demonstrate ALERT -deliver ALERT incentive -provide information about certified immunization database	Contact remaining 22 providers to promote ALERT. Assess last year's efforts: Request report from State to show which providers contacted in 05-06 are actually using ALERT.	-The 22 daycares were contacted by July 07 -Comparing the number of daycares signed up for ALERT in 8/05 before the survey there were 21 more daycares signed up as of 4/07	- From the survey 10 were already on ALERT - 5 one on one trainings -18 said they would sign up on their own. - It seems personally contacting daycares about ALERT worked well. The number of childcare facilities with no exclusion orders also increased by 10% this year.

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

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

Year 3: January 2008 – December 2008 **February 2008 Update**				
Objectives	Methods / Tasks	Outcome Measure(s)	Outcome Measure(s) Results9	Progress Notes10
A. Promote AFIX usage in Delegate Agencies	Identify which offices already participate in AFIX. Contact providers to promote AFIX	Identify which offices already participate in AFIX – obtain information from State by 12/31/07 Visit all Delegate Agencies of Marion County to promote AFIX	1) 13 of 22 clinics in Marion County have participated in AFIX 2) Contacted all 5 delegates and invited to community AFIX 3 of the 5 Clinics attended	1) 8 Clinics participated in the Community AFIX held 11/08 2) Illness prevented the 2 other delegates from attending the AFIX. There reports were sent to them. 3) All the delegate agencies have a yearly AFIX requirement written into their contact.
Continue to promote ALERT usage in childcare setting	-Visit to interested providers to demonstrate ALERT -deliver ALERT incentive -provide information about certified immunization database	Make 10 contacts to provide ALERT trainings and promote certified immunization database	1) Have contacted 3 additional childcare facilities. 2) In 2007 and 2008 19 addition daycares have signed up for ALERT	1) Will continue to contact facilities and promote ALERT. Plan to contact majority of facilities in the spring/summer of 2008 to promote ALERT and immunization data bases as well as the new Hepatitis A requirement.

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 met these objectives in the future.

EVALUATION OF WIC NUTRITION EDUCATION PLAN
FY 2007-2008

WIC Agency: Marion County

Person Completing Form: David Brown

Date: March 24, 2008 Phone: (503) 585-4947

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 Objectives. 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:
All certifiers completed the Nutrition Risk Module by December 31, 2007, completion dates are entered into TWIST and a competency achievement checklist is on file for each certifier.

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 all the activities of the Dietary Risk Module by March 31, 2008, the completion dates were entered in TWIST and a competency achievement checklist is on file for each certifier.

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:
Training supervisors are Dale Erickson and Carole Boliou.

Quarterly in-service staff training included:

Infant Feeding – What's New (January 8, 2008): Introduces staff to new recommended guidelines for introducing solids to infants.
Dietary Risk Assessment Training (November 1, 2007): State sponsored training on dietary risk assessment.
Counseling Breastfeeding Women (January 17, 2008): In-service was titled 'Recognizing Periods of Growth in BF Infants.' Course designed and taught by an IBCLC for the purpose of counseling WIC BF women with the goal of increasing BF duration.
Emergency Preparedness (October 31,2007): Sponsored and taught by Marion County Health Dept. with the goal of not necessarily addressing the core areas of CPA Competency Model but with the aim of designing a system where WIC would be 'up and functional' in the case of an area wide emergency to provide essential services and food instruments.

All objectives for in-services were met.

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.

Activity1: 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:
The needs assessment conducted was using the 'Nutrition Risk Criteria Incidence.' We found that the predominant risk factor in pregnant, breastfeeding or postpartum women was being

overweight and/or high maternal weight gain. Among pregnant women we also found a large amount of low weight gain clients. Overweight or being at risk of overweight was also found to predominate in children along with poor vegetable intake.

The results of the needs assessment was used as a basis for developing an Activity class to teach parents in children how easy it is to become more active. We, therefore, communicated the results of our assessment with staff and clients.

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 clients' 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:
Yes, an Annual Group Nutrition Schedule for 2008 was submitted.

We insure that nutrition education activities meet the needs of our WIC population by 1) having classes address core needs: infant, child, pregnant and breastfeeding education, 2) developing activities that address goals of the State Nutrition Education Plan, that is, improve health outcomes of clients (an activities class was developed for parents & children) and improve breastfeeding outcomes; in-service training was conducted to help increase breastfeeding duration and continued emphasis was placed on the Peer Counseling Program and the Salem Hospital Breast Pump Station.

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:
We decided by popular vote based on a need for increasing physical activity & to increase consumption of fruits & vegetables.

The original project was titled 'Battle of the Bulge' and was to be developed and implemented by Marion County. This did not come to fruition so Marion County WIC did our own version. Every member of our approximately 30-member team volunteered to bring a fruit or a vegetable, cooked or raw to taste test by the rest of the employees. A different employee brought a different fruit or vegetable each day. Since we have a wide variety of ethnic origins working in our clinic, employees tried bringing more ethnic foods for us to sample. During the same month, we had 4 team leaders, one per week, who led lunchtime walks with employees to show how easy and enjoyable it is for increasing daily activity. A great response to the many different vegetables that many had not tried before and many employees are still walking at lunch.

A second effort was to increase water consumption by employees and decrease sugared liquids. Employees joined together to rent a water cooler and donate $2 each month for an unlimited water supply. This has gone over exceptionally well with no more sugared liquids' being present in the employee's refrigerator and all employees stating water consumption has doubled.

The only thing we could do differently is to print a nutritional analysis of each fruit or vegetable so employees would start to understand the nutritional significance of each food.

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:
The activity was to teach clients how to do simple activities with common household items that do not have to be specially purchased. The activity was chosen to address the documented increase in childhood obesity.

The activity was offered during the WIC Really Big Fun Class. Not so surprisingly, this event was usually the 'crowd pleaser' of all the informational booths offered at this event. Both parents and kids enjoyed playing in games using simple household items and were able to see how easy it is to be active.

We are going to continue this activity based on the positive response of the clients. Wouldn't do anything different.

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:
The activity chosen was recognizing periods of growth in breastfed infants.
This activity was chosen to help educate certifier staff counsel breast feeding mothers during infant's growth spurt. The objective is to increase breast-feeding duration.

Our IBCLC gave an in-service with handouts on recognizing your baby's changing needs while breast-feeding. This included: recognizing growth spurts, when growth spurts normally occur, how long they normally last, how moms should prepare for growth spurts, and recognizing feeding cues.

The activity was a great time for certifiers to ask common questions and concerns given by clients and to help understand counseling these clients during infant growth spurts.

The only thing we would do differently is to have this training more often.

FY 2008 - 2009 WIC Nutrition Education Plan Form

County/Agency: Marion County WIC
Person Completing Form: David Brown
Date: April 10, 2008
Phone Number: 503 585-4947
Email Address:+ dbrown@co.marion.or.us

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 discussions, 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 one's 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:

By October 31, 2008 WIC staff will review the Oregon WIC Key Nutrition Messages and identify which ones staff needs additional training on. The decision on which messages staff needs additional training on will be decided at the October 2, 2008 staff meeting. Training will be conducted at subsequent staff meetings to be scheduled on January 8, 2009.

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 modifications, 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:

By March 31, 2009 staff will have selected three food package modifications, reviewed current nutrition education messages most closely connected to those modifications, and will have determined 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.

Four of Marion County's WIC Program staff are participating in the monthly State sponsored meetings to incorporate the new food package changes. This information will be brought to a certifier's staff meeting on November 6, 2008 to select three food package modifications; will review current nutrition messages most closely connected to those modifications by the December 4, 2008 certifier's staff meeting; and will determine which messages may need to be modified by the January 8, 2009 certifier's staff meeting.

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 A by May 1, 2008.

Training Supervisor: Dale Erickson
Projected Staff In-Service Training Dates: See Attachment A

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:

By September 30, 2008, Marion County WIC staff will review the diet assessment steps from the Dietary Risk Module and identify which ones we need additional training on. This will be finalized at the August 7, 2008 WIC certifiers staff meeting.

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 include: State provided guidance and assessment tools.

Implementation Plan and Timeline:

By November 30, 2008 Marion County WIC staff will evaluate how we have modified our approach to individual counseling since completing the Nutrition Risk and Dietary Risk Modules. We will meet to review counseling techniques and decide on further training on September 4, 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 behavior change for WIC staff and WIC clients, each local agency will select at least one objective and implement at least one strategy from the Statewide Physical Activity and Nutrition Plan 2007-2012.

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

Setting: Worksite

Objective: By 2012, increase by five percent the number of employees who consume five servings of fruits and vegetables per day.

Strategy: Provide nutrition education opportunities for all employees.

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.

At each of our monthly staff meetings during the fiscal year '08 – '09, the dietitians will develop a 5-minute 'Nutrition Message for the Month' series. These short but to the point presentations will highlight various aspects of good nutrition to help all staff understand nutrition and how it affects their health and to also emphasize dietitians as the food and nutrition experts.
Topics will include: (but not limited to)

Water – how much is enough?
Fiber – what is it good for?
Frequent Meals – why these help energy and weight control.
Carbohydrates – what's all the fuss?
Reading Food Labels
Simple ideas for increasing F&V daily intake
Ideas for decreasing simple sugars in your diet
Eating and exercise – timing is everything
Fast Food at home
How to balance a meal
Tips for reducing the fat content of a meal
Eating out – ideas for healthy eating from a menu

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

Setting: Home/Household

Objective: 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: Parents should adopt the following practices in the home:

1) No television in the bedrooms
2) No eating while watching television
3) Not using television or screen time as a reward or punishment.

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.

Achieving a Healthy Active Oregon requires changes and education on many fronts. One aspect is increased activity. Marion County WIC has developed a class for clients demonstrating simple, low-cost and fun ways to be active with their 2-5 year olds. Another issue is increasing the consumption of fruits and vegetables; again, Marion County WIC has developed a class to promote this healthy lifestyle behavior.

One aspect we want to work on is decreasing barriers to activity such a television. We plan on developing a pamphlet supporting the 3 strategies of no television in the bedrooms, no eating while watching TV and no screen time as a reward or punishment along with reasons why these are healthy lifestyle changes and potential side benefits – such as getting to know your family

while eating at the table. The pamphlet will be available to all clients by August 1, 2008 in all classes. All WIC certifiers will support these same strategies during individual counseling.

To evaluate the effectiveness of this approach, Marion County WIC plans on surveying clients for one week in July of 2008 and again, using the same questionnaire, in June of 2009 to measure the percent of respondents who have TV in the bedroom, eat while watching TV and use TV as a reward or punishment and compare the results of the two surveys.

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 Statewide Physical Activity and Nutrition Plan 2007-2012.

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

Activity 1:
Setting: Home/Household

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

Strategy: The Marion County WIC Program will support access to breastfeeding education classes both pre and post-natal.

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.

Marion County WIC Program client participation is increasing each month. Marion County WIC has designed classes such that every pregnant participant has the opportunity to take a Breastfeeding class. To maintain the current level of breastfeeding initiation we will offer 1 more class/month to account for the increasing numbers. This will begin by October 1, 2008.

To increase the number of women exclusively breastfeeding for the first six months of life we will attempt to improve opportunities for this objective to occur. This includes offering a class 'Breastfeeding and Returning to Work' and/or an Advanced Breastfeeding Issues class discussing potential barriers to continued breastfeeding throughout the infant's first year of life. This will be offered by December 31, 2008.

This objective was chosen because returning to work or school was one of the most common reasons why many breastfeeding mothers begin offering formula. By the end of each class

participants will be able to identify at least two signs that indicate they have a good milk supply and they will have information about how to maintain a milk supply in the absence of their baby to return to work or school.

Attachment A

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

Agency:
Training Supervisor(s) and Credentials:

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	July 2008	Proper technique for measuring height/length and weight	To standardize accuracy in taking anthropometric measurements amongst WIC Staff.
2	October 2008	Evaluating formula intolerance: Questions to ask to determine if a formula change is necessary.	To give certifiers guidelines when determining if formula change is necessary and when to seek advice of an RD.
3	January 2009	Oregon WIC Key Nutrition Messages	Staff will be able to describe general content of new WIC food packages and relate how changes will influence current nutrition education messages.
4	June 2009	Participant Centered Services Training Offered by Oregon State WIC.	See State WIC Participant Centered Services Training Objectives.