

**Local Public Health Authority
Annual Plan for FY 1009/2010
For
Washington County**

Washington County Health and Human Services
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Hillsboro, OR 97124

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I. Executive Summary:

Like many other counties in Oregon, Washington County's changing demographics and the economic recession are presenting both opportunities and challenges that are being felt across the full range of government and community services and programs. The direction from county leaders continues towards assurance and collaboration with the community and our partners to solve problems and provide services. The result: a lean county government and an active and increasingly diverse collection of community partners working together.

The capacity to engage the community in assessment, gather and assess data, and develop proactive public health initiatives are developing in Washington County with the recent hire of an epidemiologist who will take the lead on a community wide health assessment due later this fall. In addition, the Department of Health and Human Services (HHS) engaged in a formal strategic planning process late last year which culminated in a public health summit in September 2008. The message from our community partners and key stakeholders was clear; Washington County Public Health should lead the way in the development and implementation of a comprehensive chronic disease prevention program to address the need for increased physical activity and better nutrition.

Public health services remain stretched and there are unmet needs in every program area. Nonetheless, Washington County Public Health is striving to collaborate across program areas to tackle important work such as:

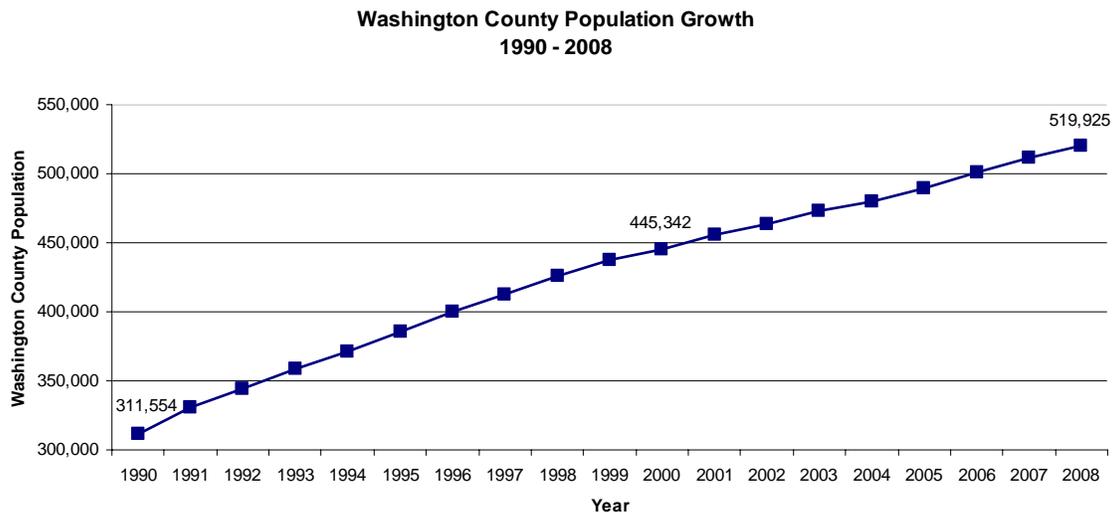
- Improving quality assurance practices within the maternal/child health team
- Exploring the Nurse Family Partnership model
- Assessing and referring post-partum women for perinatal mood disorders
- Reducing the number of children on the WIC program whose BMI falls above the 85th %.
- Collaborating with other county departments to ensure tobacco-free Washington County campuses
- Accessing men at high risk for HIV transmission via the internet for counseling and testing
- Developing a county-wide Public Health Advisory Board
- Addressing health disparities in our local communities

In these uncertain economic times, the challenge to engage the community and our partners in building capacity, health assessment and planning is greater than ever. Washington County Public Health is poised to meet those challenges.

II. Assessment:

Washington County is one of three counties making up the Portland Metropolitan area, located west of Portland. The County spans 727 square miles and is the second largest county by population in Oregon. The population has grown by over 80% since 1990, reaching nearly 520,000 in 2008 (Figure 1)¹. The majority of this growth is from births though there is also considerable migration into the county. Washington County is home to the fifth and sixth largest cities in the state (Hillsboro and Beaverton), with Hillsboro recently surpassing Beaverton in size, while also encompassing large amounts of rural space as well.

Figure 1. Washington County Population Growth, 1990-2008



The County's population is one of the most diverse and continues to experience more growth in the Hispanic/Latino and Asian communities. In 2007, 14.7% of the county population was Hispanic/Latino and 8.4% was Asian/Pacific Islander. That represents a growth of over 450% in the Latina community and over 300% in the Asian community since 2000 (Figure 2)².

Washington County has a young population compared to the State's average, with considerably more individuals in the 0-14 and 20-50 age groups (Figure 3)³. Though Washington County has a comparatively young population overall, there were about 45,000 individuals aged 65 years and older in 2007. Given the longer life expectancy at birth (Figure 4)⁴, overall population growth in the County, and an aging population nationwide, we can expect the number of individuals in the age group to grow.

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

² US Census. 2007 American Community Survey (ACS). Accessed at http://factfinder.census.gov/servlet/DatasetMainPageServlet?_program=ACS&_submenuId=datasets_2&_lang=en

³ Oregon Center for Health Statistics (OR CHS). Data accessed through VistaPHw. <http://www.oregon.gov/DHS/ph/hsp/vistaphw/index.shtml>

⁴ OR CHS VistaPHw. <http://www.oregon.gov/DHS/ph/hsp/vistaphw/index.shtml>

Figure 2. Race/Ethnicity in Washington County, 2007

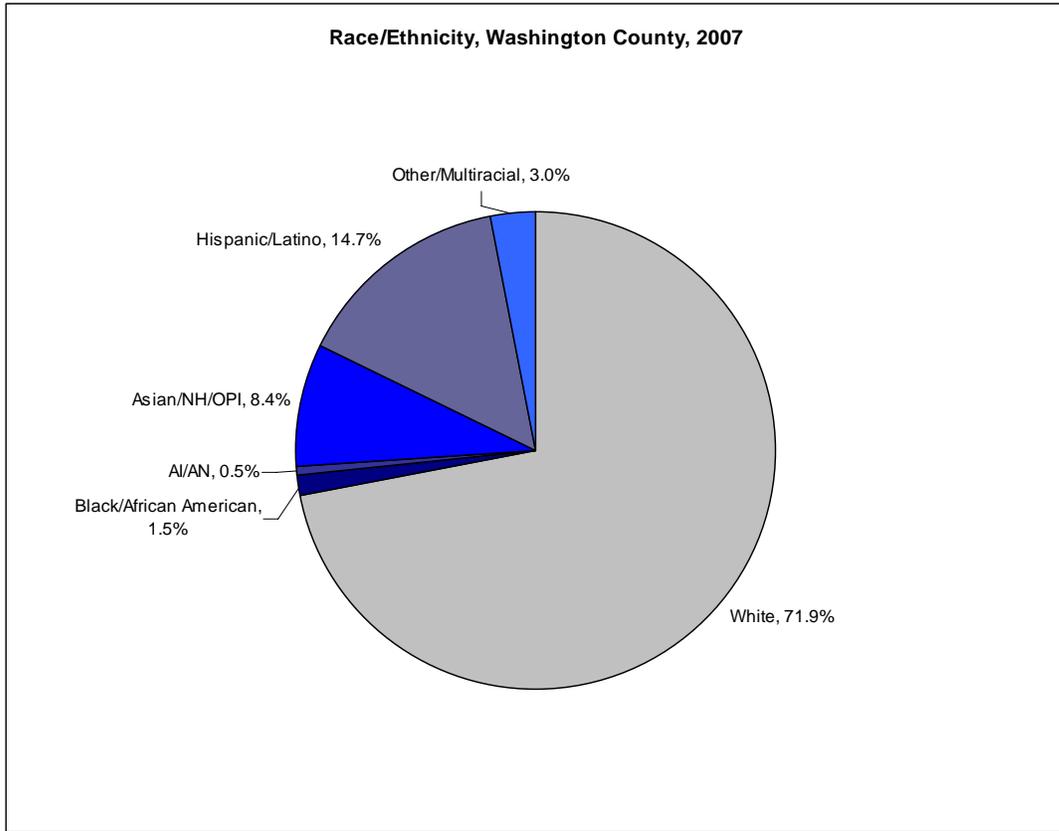


Figure 3. Population by Age Group, Washington County vs Oregon, 2007

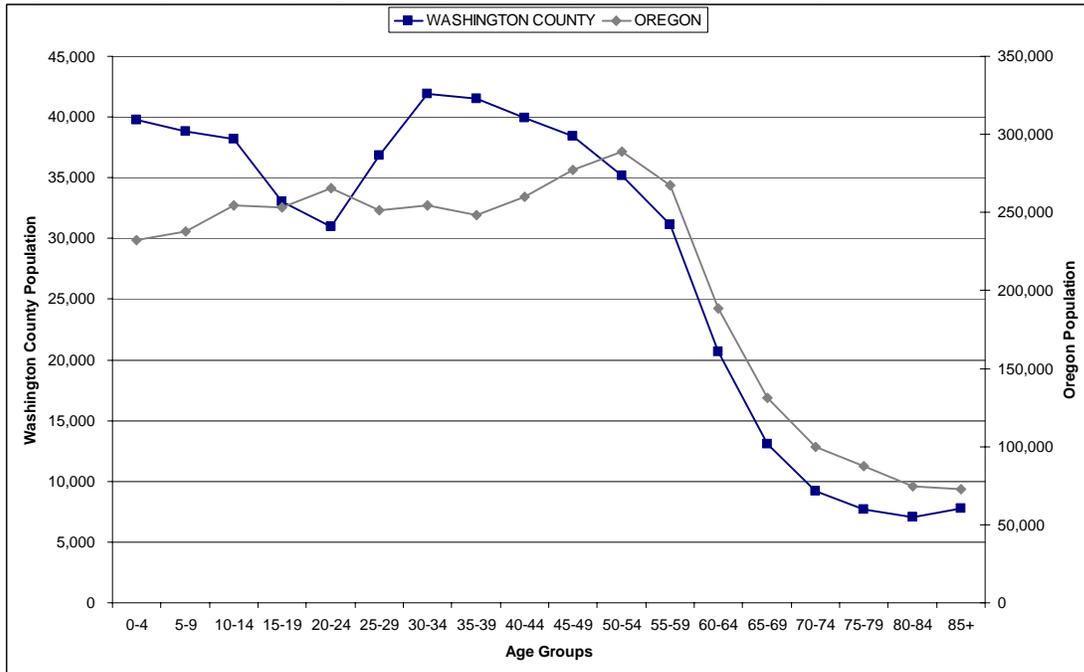
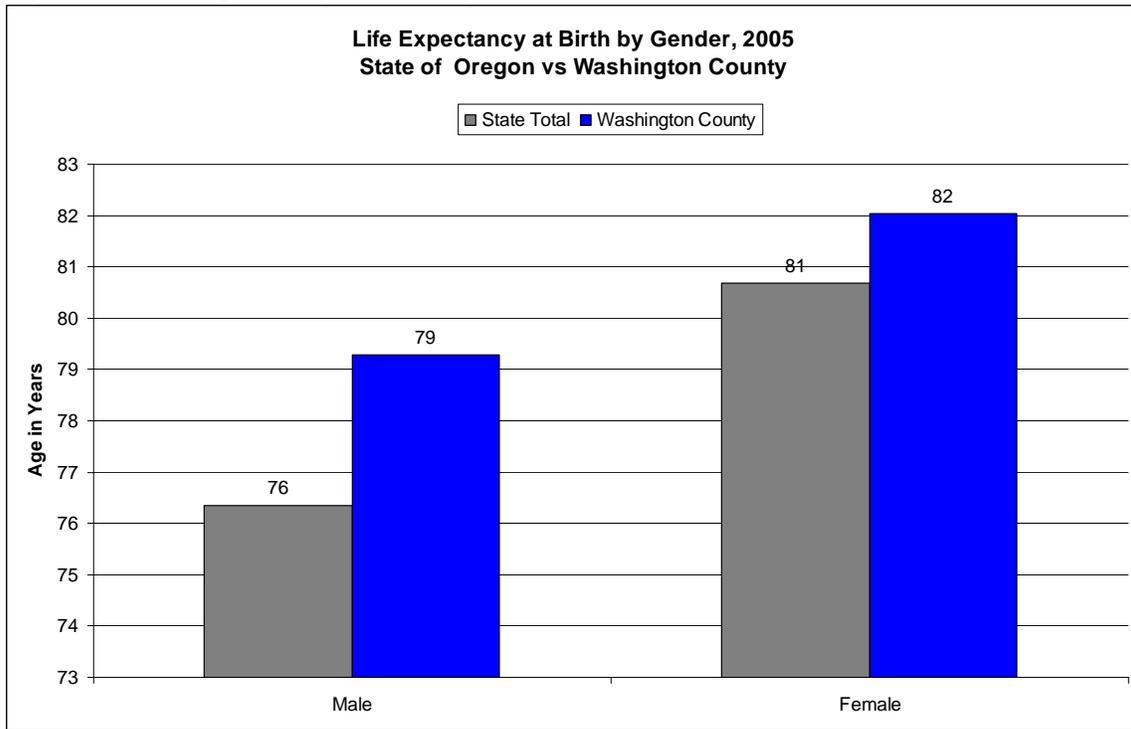


Figure 4. Life Expectancy at Birth by Gender, 2005



Our young and diverse (racially, ethnically, socioeconomically) population contributes to making the County’s birth rate one of the highest in the State, with nearly 8,000 births a year (Table 1)⁵. The teen pregnancy rate is similar to the State’s average since 1998 (Figure 5)⁶. In 2006 there was an increase in pregnancies in the 10-14 year old age group⁷, which is being monitored to see if it is a trend or a single year increase.

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

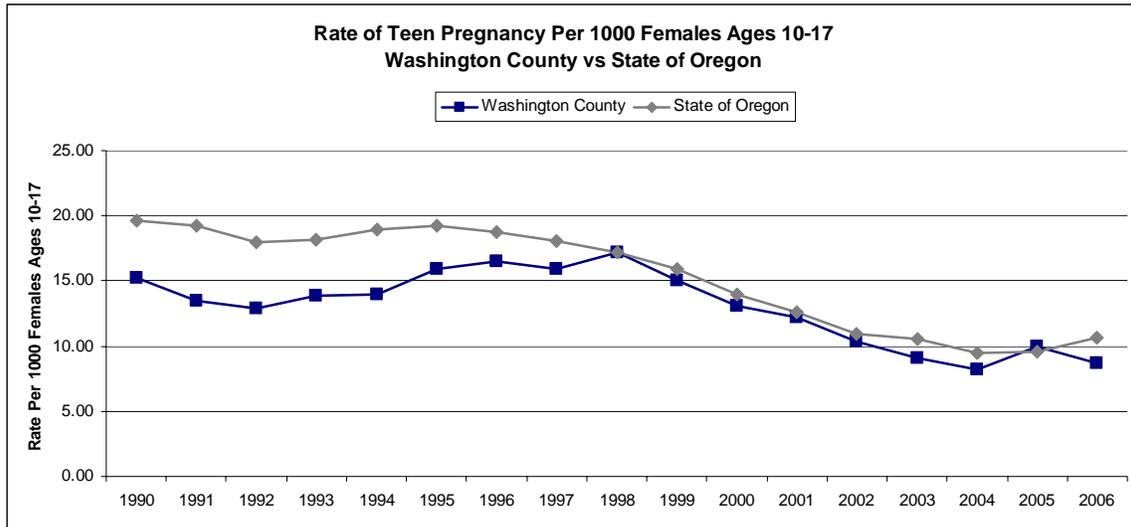
	2000	2001	2002	2003	2004	2005	2006	2007
Washington County								
Births	7564	7509	7568	7630	7615	7533	7808	7883
Birth Rate*	16.8	16.5	16.3	16.1	15.9	15.4	15.60	15.42
Oregon								
Birth Rate*	13.3	13.0	12.9	13.0	12.8	12.6	13.20	13.20

⁵ OR CHS VistaPHw. <http://www.oregon.gov/DHS/ph/hsp/vistaphw/index.shtml>

⁶ OR CHS VistaPHw. <http://www.oregon.gov/DHS/ph/hsp/vistaphw/index.shtml>

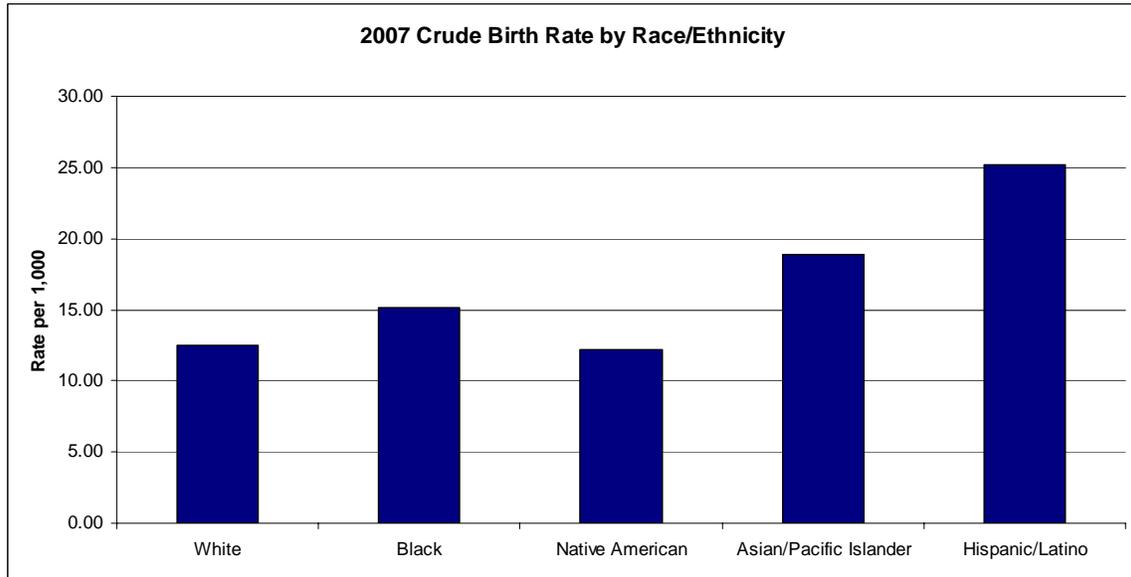
⁷ OR CHS VistaPHw. <http://www.oregon.gov/DHS/ph/hsp/vistaphw/index.shtml>

Figure 5. Rate of Teen Pregnancy per 1,000 Females Aged 10-17 by Year, Washington County vs Oregon



The two groups that have the highest birth rates in the County are the Asian/Pacific Islander and Latina populations (Figure 6) ⁸.

Figure 6. Crude Birth Rate by Race/Ethnicity, Washington County, 2007



Considering the high birth rates, prenatal care and pregnancy outcomes are of particular interest in Washington County Public Health. Prenatal care is begun during the first trimester for over 85% of births in Washington County, consistently higher than the State

⁸ OR CHS VistaPHw. <http://www.oregon.gov/DHS/ph/hsp/vistaphw/index.shtml>

average (Figure 7)⁹. Despite this, the county still has an increasing number of low birth weight babies, similar to the State average (Figure 8)¹⁰.

Figure 7. First Trimester Prenatal Care by Year, Washington County vs Oregon

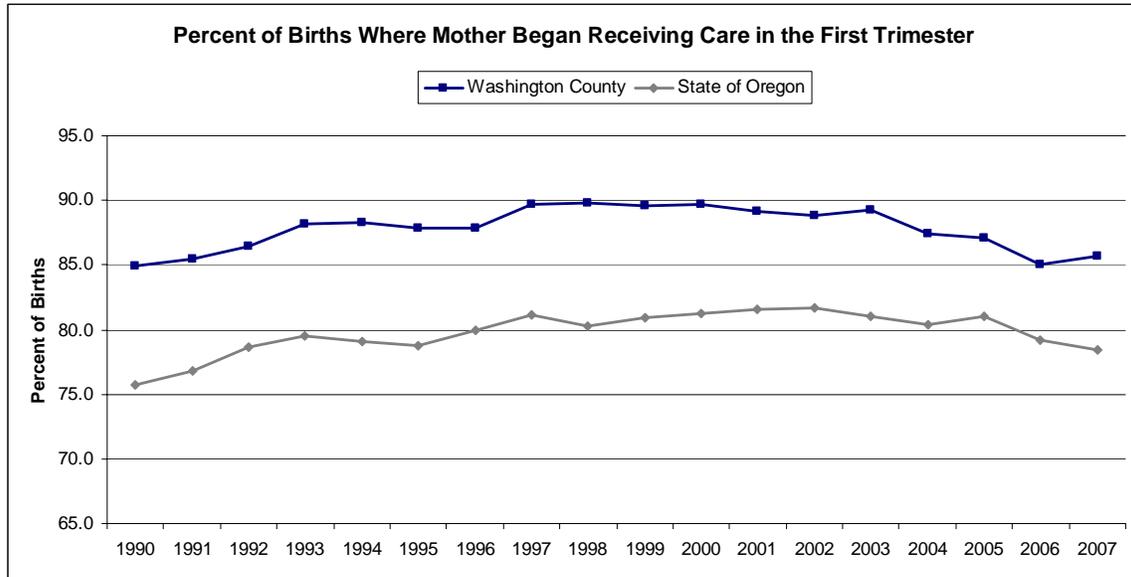
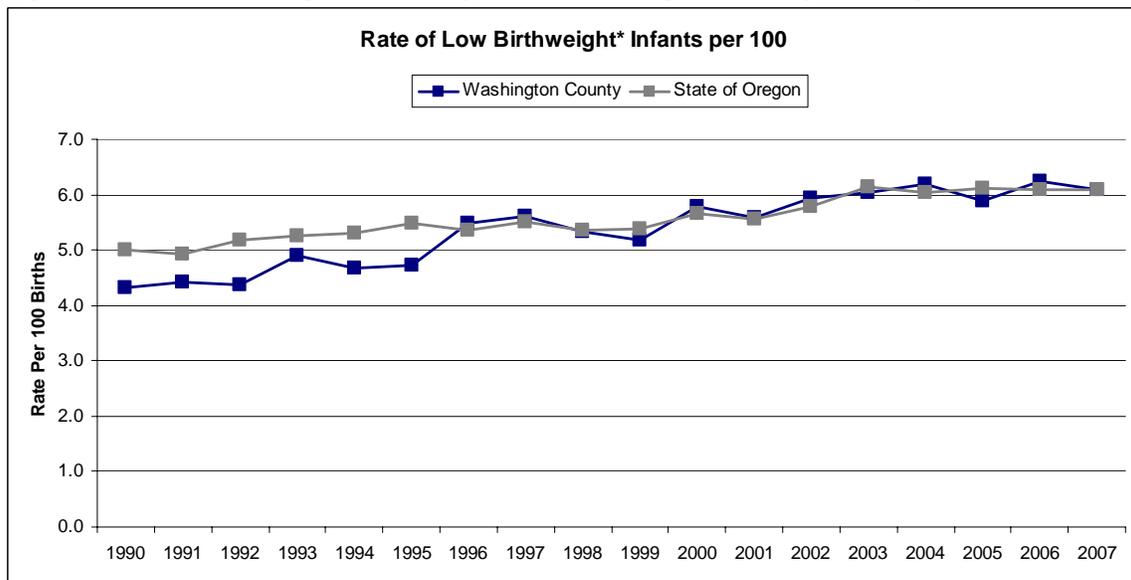


Figure 8. Low Birthweight Infants by Year, Washington County vs Oregon



The diversity in Washington County includes education, jobs, income/poverty status, access to care through insurance or other providers as well as race and ethnicity. Jobs in

⁹ OR CHS VistaPHw. <http://www.oregon.gov/DHS/ph/hsp/vistaphw/index.shtml>

¹⁰ OR CHS VistaPHw. <http://www.oregon.gov/DHS/ph/hsp/vistaphw/index.shtml>

the County range from the high-tech corridor to migrant farm work. While 44% of individuals who have college degrees, 11% of the County's 18 years and older population did not have a high school diploma and another 45% did not have a college degree in 2007 (Table 2)¹¹.

Table 2. Educational Attainment for the Population 18 Years and Over, Washington County 2007	
Less than high school	10.7%
High school graduate/some college	45.3%
Associate or Bachelor's degree	32.1%
Graduate or Professional degree	11.9%

This can impact the ability of individuals finding jobs, especially in the current economic environment. Unemployment in March 2009 reached 10% in Washington County, up from 4.4% in March of 2008¹². The majority of people in the County, 71.3%, are in the labor force, and with the increasing unemployment rate an increasing need for public services can be predicted. An increase in the number of people living below the poverty level (approximately 9% in 2007) will also put increasing demands on public services. With the increasing population size, even if the percentage of individuals below the poverty level were to stay the same, there would be an increasing population in need. This includes the 11.5% of children 17 years and younger who were living in poverty in 2007¹³.

According to the 2006 Oregon Population Survey, 8.6% of Washington County residents do not have health insurance. Another 4.2% purchase their own health insurance, 5.0% have Oregon Health Plan/Medicaid, and 20.5% have Medicare. Approximately 61.7% have health insurance through employment or military service¹⁴.

Access to primary care has been a long identified priority within the county. In 2007, about 15% of adults report not having a primary care provider, 10% report not being able to go to the doctor when they needed to during the last year because of cost, and 17% have not been to the doctor for a routine checkup in the last 2 years¹⁵. Numerous initiatives are underway to address this including on-going support for the Essential Health Clinic that provides free, acute care services to the uninsured three evenings per

¹¹ US Census, 2007 ACS.

http://factfinder.census.gov/servlet/DatasetMainPageServlet?_program=ACS&_submenuId=datasets_2&_lang=en

¹² Oregon Employment Department. Accessed at

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

¹³ US Census, 2007 ACS.

http://factfinder.census.gov/servlet/DatasetMainPageServlet?_program=ACS&_submenuId=datasets_2&_lang=en

¹⁴ Oregon Progress Board. 2006 Oregon Population Survey. Accessed at

<http://www.oregon.gov/DAS/OPB/popsurvey.shtml>

¹⁵ US Centers for Disease Control and Prevention (CDC). Behavioral Risk Factor Surveillance System (BRFSS). Accessed at www.cdc.gov/brfss

week in Washington County public health clinics, and the launching of Project Access to increase and coordinate referral specialty care and primary care. There is also a school-based health center initiative to plan for and open clinics in every school district within the county; two new clinics will be open in May 2009.

The local WIC program carries a caseload of over 13,000 with daily requests for new appointments. Washington County's public health nurse home visiting service continually balances caseloads based on high risk/need versus higher risk/need, providing service to about 1100 families in 2008. The New Parent Network program, which focuses on the needs of new parents, provided services to 463 families in 2008.

Clinical services including family planning, sexually transmitted disease screening, HIV testing and counseling, immunization, and teen health services are offered in Hillsboro, Beaverton, and Tigard. In 2008, 74% of 24-35 month olds were up to date on their immunizations¹⁶. Reporting from public as well as private providers tells us that Washington County typically has the second or third highest numbers of HIV/AIDS, chlamydia, gonorrhea, and early syphilis cases in the state. In 2007 there were 411 HIV/AIDS cases; 1,014 chlamydia cases; 124 gonorrhea cases; and 13 early syphilis cases¹⁷. Outreach to high risk populations is prioritized.

The communicable disease program is responsible for follow up on reportable enteric (238 cases in 2007), respiratory (40 cases, including tuberculosis), hepatitis B and C (100 cases), and other reportable diseases, suspect reportable disease cases (i.e. meningitis, tuberculosis), and foodborne disease outbreak investigations done collaboratively with environmental health specialists. Washington County typically has the second or third highest number of active tuberculosis (TB) cases in the state; case and worksite investigations, case management and latent tuberculosis services are provided. At the end of March 2007, and continuing through the present, the communicable disease (CD) staff was involved in a very large worksite investigation of an active TB case. This active case resulted in over 1,600 people at risk of exposure to TB, almost 100 people who have been diagnosed with latent TB, and 3 people who have been diagnosed with active TB.

According to the 2007 Behavioral Risk Factor Surveillance System, the majority of Washington County adults think of themselves in good health overall, with 88% reporting good, very good or excellent health¹⁸. The 2007 American Community Survey reports the same percentage being free from disability. Approximately 7% of the county's population report having a physical disability, 5% a mental disability, and 3% a sensory disability¹⁹.

¹⁶ Oregon Immunization Program. ALERT registry. <http://www.oregon.gov/DHS/ph/imm/alert/index.shtml>

¹⁷ Oregon Public Health. Acute and Communicable Diseases (ACD). Accessed at <http://www.oregon.gov/DHS/ph/acd/stats.shtml>

¹⁸ CDC. BRFSS. www.cdc.gov/brfss

¹⁹ US Census, ACS.

http://factfinder.census.gov/servlet/DatasetMainPageServlet?_program=ACS&_submenuId=datasets_2&_lang=en

There were a total of 2,763 deaths in Washington County in 2005. The leading cause of death in 2005 was cancer (23.3%), followed by heart disease (22.6%), stroke (6.9%), and lung disease (4.7%). Unintentional injury, suicide, and homicide accounted for approximately 6% of deaths²⁰. During 2001-2005 and average of over 8,000 hospitalizations were injury related²¹.

A final area of ongoing interest and need is a chronic disease prevention program. With 59% of adults being overweight or obese, only 30% eating the recommended 5 or more servings of fruit and vegetables a day, and only 53% meeting physical activity recommendations the County can expect to see an increased burden of disease resulting in much more time and many more dollars spent on chronic disease related problems. During 2005-2007, 8% of adults reported having diabetes, 9% reported having asthma, and 13% smoke cigarettes. A combination of working with providers and individuals to educate and improve behaviors and changes to systems and environments will be necessary to have a significant impact on these numbers. Changes in nutrition, physical activity, and smoking can also positively impact rates of cardiovascular disease and arthritis as well. During 2005-2007, 25% of adults reported ever being told they had high blood pressure, 35% reported being told they had high blood cholesterol, 4% reported being told they had coronary heart disease, and 27% had been diagnosed with arthritis²².

²⁰ OR CHS VistaPHw. <http://www.oregon.gov/DHS/ph/hsp/vistaphw/index.shtml>

²¹ Oregon Injury and Violence Prevention Program. Accessed at <http://www.oregon.gov/DHS/ph/ipe/index.shtml>

²² CDC. BRFSS. www.cdc.gov/brfss

III. Action Plans:

Program specific action plans, detailing activities that are priorities for the programs follow here. The required annual plans for the programs can be found as appendices.

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

1. CD/TB

Current Conditions:

The communicable disease (CD) and tuberculosis (TB) program aims to protect the public's health through:

- Investigation and control of reportable diseases, including TB
- Assist in coordinating care and provide consultation to providers for cases of communicable diseases in the community
- Provide treatment and case management of active TB cases
- Conduct contact investigations for select reportable diseases, including TB
- Provide or coordinate treatment of latent TB infection (LTBI)
- Conduct surveillance for disease in the community
- Administer the County's employee health program

The program works closely with environmental health program staff and the Health Officer to provide these services. In 2007 Washington County had almost 2,000 cases of the top reportable diseases (including HIV/AIDS and STDs) tracked annually at the State²³. There were 19 outbreak investigations conducted in 2007. With an increasing population an increase in cases and outbreaks can be expected in the future.

Currently resources only allow investigation of the highest priority diseases by public health staff. All active pulmonary TB cases receive direct observed therapy (DOT). Not all extra-pulmonary or LTBI cases receive DOT, though they do receive case management. Since 2007 several staff have been involved in an ongoing investigation of a very large TB exposure at a call center in Beaverton.

The employee health program has not been an organized effort until recently. Systems for implementing the program are currently being improved and are a priority for the CD program.

²³ Oregon Public Health. ACD. <http://www.oregon.gov/DHS/ph/acd/stats.shtml>

Goal: Provide effective communicable disease services that include investigation, surveillance, case management and prevention activities as well as providing a safe work environment for staff and clients.		
Objectives	Activities	Measures
Expand and improve the employee health program provided to Washington County DDHS Public Health Division employees.	1. Ensure that procedures are in place and consistently followed. 2. Ensure employee records are stored in a secure location.	1. By July, 2009, the program will be fully operational. 2. 100% of new employees will complete required/recommended vaccines/tests and BBP training within specified time frames.
Maintain current resources and references for TB case management and communicable disease investigations.	Ensure that CD & TB standing orders are reviewed annually and signed by Health Officer (H.O.)	By January 1, 2010, the TB and CD standing orders will be reviewed and resigned.

2. HIV/STD

Current Conditions: STD

Cases of sexually transmitted diseases are reported to the State Public Health Division. Washington County has a Disease Intervention Specialist from the State that investigates reported cases. In 2008, statewide, all HIV/AIDS and early syphilis cases were interviewed; 80% of gonorrhea cases were interviewed; and only about 35% of chlamydia cases were interviewed.

Current Conditions: HIV Prevention

In recent years, the internet has emerged as an important means of sexual connection for men who have sex with men (MSM) and, consequently, as an important factor influencing disease acquisition and transmission. Locally, 55%-60% of tri-county MSM reported meeting anonymous sex partners through the internet or other public sex environments (PSE), such as bathhouses or adult video stores. Currently, the Washington County HIV Prevention Program does not have a presence on the internet. In addition, there is a strong likelihood that MSM in Washington County who access the internet to meet sexual partners may be unaware of HIV prevention services available to them. These two factors suggest that targeting the highest-risk populations with prevention messages via the internet is vital in reducing the spread of HIV in Washington County.

Goal: Reduce the transmission of HIV in Washington County.

Objectives	Activities	Measures
Increase the number of MSM in Washington County who access high-risk HIV counseling and testing services	Post HIV prevention information, including information promoting walk-in HIV testing and counseling services, on CraigsList	HIV prevention posting is published on CraigsList and updated weekly MSM self-report on survey preceding Counseling and Testing Referral Services (CTRS)
	Post HIV Prevention information, including information promoting walk-in HIV testing and counseling services in PSE (e.g. Mr. Peeps, DK Wilds, etc) in Washington County	Testing and Counseling information is posted at local PSE and updated bi-monthly MSM self-report on survey preceding CTRS

3. Chronic Disease

Current Conditions: Chronic disease prevention

Chronic disease prevention is being addressed on a very small scale through the Tobacco Prevention and Education program and the Women, Infant and Children program. At present, Washington County does not have the capacity to directly and effectively address chronic disease prevention in the county.

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

Objectives	Activities	Measures
Build capacity and develop the foundation for a chronic disease program	Seek program funding, expand capacity building skill set and identify potential partners for broad chronic disease prevention elements	Assure that components of a comprehensive chronic disease prevention program are in place
Identify and develop additional resources to ensure competency and consistency in chronic disease prevention approach	Develop trained and competent staff to serve as a resource for programs and staff working towards a chronic disease prevention program goal	Assure that chronic disease prevention messages and information are incorporated into all public health processes and programs
Provide countywide visibility as a leader in chronic disease prevention through policy implementation	Collaborate with county departments outside of public health (HR, Facilities, EH) to address chronic disease prevention elements such a smokefree county campus	Assure that all Washington County owned or occupied properties are smokefree by 2010 through intra-county collaborations and partnerships

4. Health Statistics

Current Condition: Annual data reporting

Until October 2008 Washington County did not have an epidemiologist on staff to gather and interpret the data. Conducting an assessment of the community including demographic, socioeconomic, and health indicators has been a priority since the epidemiologist has been on staff. Once the initial report has been finalized ongoing tracking of the indicators will be a priority to monitor changes in the County.

Goal: To produce annual data reporting products for county staff and the public		
Objectives	Activities	Measures
Produce a comprehensive County data report triennially	Establish baseline public health data for Washington County	First county data report completed Spring 2009
	Determine dissemination mechanisms	Complete data communication plan
Produce fact sheets in intervening years	Determine priorities for upcoming year(s) fact sheets	Establish topic list upcoming fact sheets

B. MATERNAL/CHILD HEALTH

1. Home Visiting Programs

Current Conditions: Nurse Home Visiting

The public health maternal and child health (MCH) home visit program is based on an epidemiology model—identifying priority MCH problems, identifying target populations based on risk for these problems, and providing interventions to prevent or ameliorate the problem based on “best practices.” Successful epidemiology models must have a comprehensive quality assurance system. The nurse home visiting program provided service to approximately 1100 families in 2008.

Goal: Improve quality assurance practices within the Maternal and Child Health Field Team		
Objectives	Activities	Measures
1. Establish performance measures	<ul style="list-style-type: none"> a. Identify program goals for both perinatal and child health home visit programs b. Identify individual and program performance measures c. Train CHN staff to standardize service delivery around key performance measures d. Document delivery of key activities in Orchids 	<ul style="list-style-type: none"> By April 1, 2009 a, b. Goals and performance measures are identified and listed c. Staff is trained d. Staff begin to document delivery of key activities in Orchids e. Baseline reports are done f. Reports are run every six months by performance measure and CHN

2. Incorporate performance measures into the competency based performance appraisal	<ul style="list-style-type: none"> a. Compare baseline data to six month data b. Meet with CHN every six months to discuss ability to meet performance measures c. Write annual competency based performance appraisal which includes information on CHN's ability to meet performance measures 	<p>Between April 1 and December 31, 2009:</p> <ul style="list-style-type: none"> a. Reports are reviewed every six months b. Meetings with CHN's are held and documented c. Performance appraisals are completed annually and are on file
3. Increase number of Field Team clients receiving and completing Satisfaction Surveys	<ul style="list-style-type: none"> a. Update Client Satisfaction Surveys b. Encourage staff to distribute Satisfaction Surveys c. Plan random mailings of Satisfaction Surveys to families closed to service 	Increase annual number of surveys returned to 10% of clients served or 100 clients by December 31, 2009.
4. Implement an electronic health record system.	<ul style="list-style-type: none"> a. Host a demonstration of the Omaha Model. b. Participate as a member of the Public Health EHR committee c. Assure that Field Team goals, objectives and performance measures are incorporated into the EHR work plans 	<ul style="list-style-type: none"> a. Omaha model demonstration held February 26, 2009 b. Field Team reps are present at each meeting c. Field Team "homework" is submitted on time d. Final EHR product reflects the collection and documentation of information needed to support FT goals, objectives, and performance measures.
5. Explore the implementation of Nurse Family Partnership—an evidence based "best practice" model of MCH home visiting	<ul style="list-style-type: none"> a. Explore funding options b. Explore innovative partnerships c. Monitor the NFP website and other NFP related links 	April 1, 2009 and ongoing: Field Team nursing supervisor makes NFP implementation a major work plan priority

Current Conditions: NEW PARENT NETWORK

The New Parent Network- Healthy Start program promotes positive parenting and healthy childhood growth and development in families at risk for poor parenting outcomes. Home visiting services are based on the Healthy Families America model and are delivered in family homes by trained family support workers. Services include weekly home visiting during infancy and early childhood, developmental screening, assessment of the families strengths and needs with referral to outside agencies as needed. The New Parent Network program provided services to 463 families in 2008.

Goal: To promote positive health outcomes for children and adults by connecting families to primary health care providers, monitoring immunization rates and providing ongoing developmental screening.		
Objectives	Activities	Measures
A minimum of 90% of children enrolled in the New Parent Network will receive ongoing developmental screening.	All children enrolled in the program will be screened, using the Ages and Stages (ASQ) and ASQ-Social Emotional Questionnaires, at 4, 8, 12, 18, 24, 30 and 36 months intervals. When delays are identified families will receive referral information and/or other information to support the child's development in the area of delay.	ASQ results will be reported at 4, 8, 12, 18, 24, 30 and 36 months. Linkages to referrals will be reviewed within one month of a delay being identified.
A minimum of 90% of children enrolled in New Parent Network will be up to date on their immunizations.	Conduct periodic reviews of immunization records and Alert reports.	100% of the immunization records for children enrolled in the program will be reviewed annually.
90% of the children enrolled in the New Parent Network will have a primary health care provider.	All families will be assessed to see if they have a primary care provider and referrals will be made and tracked for those who lack a provider.	Status of provider and referrals to health care providers will be reviewed twice yearly during the case plan review.

2. Clinic Services

Current Conditions: Post partum depression

It is estimated that twenty percent of all post partum women in the United States will experience perinatal mood disorders. We have no data on perinatal mood disorders in our client population. Approximately 60% of the women seen in the public health clinics identify as Latina and are thought to be at high risk because of recent immigration, cultural stigma against discussing mood disorders, and limited social supports. Currently there is no formal screening process for perinatal mood disorders in Washington County clinics.

Goal: Prevent perinatal mood disorders in women who become pregnant and attend Washington County clinics for pregnancy diagnosis and followup birth control methods after delivery.		
Objectives	Activities	Measures
Increase awareness of potential perinatal mood disorders in Hispanic women.	Counseling about perinatal mood disorder will begin at diagnosis of pregnancy.	Number of counseling sessions compared to pregnancy diagnosed in our clinics

Screen for perinatal mood disorders.	Post partum they will be given the Edinburgh Post Natal Depression Scale (EPDS)	EPDS is a free standardized screening tool with adequate psychometrics.
Provide population based interventions and referral sources for women in need of services.	If the client screens high risk on the EPDS, the client will be further assessed and given self-care information & referral sources.	Count number of interventions and referrals made.

Current Conditions: Type II diabetes in women of reproductive age

According to the American Diabetes Association the prevalence of diabetes increased 13.5% from 2005 to 2007. The CDC’s *Diabetes and Women’s Health Across the Life Stages*: reports that diabetes is a serious health condition for women as it can affect not only the mother’s health, but her unborn children as well. Type II diabetes is reported to be 2-4 times higher in racial and ethnic minorities. Approximately 60% of the women seen in the public health clinics identify as Latina. Working across public health programs and with community partners would help to identify pre-diabetic women and reduce the risk of type II diabetes.

Goal: Identify and prevent type II diabetes in women of reproductive age in Washington County		
Objectives	Activities	Measures
Identify how the WC clinic staff can contribute to the identification and reduction of type II diabetes in women of reproductive years.	Work with WC Health Promotions team to review previous data on diabetes in Washington County	Frequency of diabetes in Washington County, specifically in Hispanic women of childbearing years.
	Work with Pacific University to develop a plan for identification and risk reduction of type II diabetes in Washington County	Number of meetings with Pacific University & development of a plan.

3. Immunizations

Current Conditions: Immunization

Currently new nurses are given a brief orientation to the vaccine administration record (VAR) form by a mentoring nurse. The VAR form includes questions to screen children for contraindications before immunizations are given. In some cases, new nurses have little experience in childhood immunizations which causes the VAR screening questions to become too subjective. This training will add structure to any “yes” answers.

At this time there are 185 certified childcare facilities in Washington County. Certified childcare facilities have the most difficulty when it comes to immunization requirements.

In order to improve the efficiency of certified child care facilities in the Primary Review process, additional visits are necessary.

Our current coverage rates for 2008 in Washington County are 74% for 24-35 month olds, which is similar to coverage from 2006 and 2007. Washington County coverage rates are consistently higher than the state average.

Goal: 1) To improve quality assurance in the distribution of vaccine. 2) To improve immunization law compliance with childcare facilities		
Objectives	Activities	Measures
To improve quality assurance, RNs will review the vaccine administration record (VAR) 12 screening questions with patient before immunizations are dispensed	Immunization Coordinator will provide in-service training to all RNs on the VAR 12 screening questions	Complete scheduled in-service training with RNs by 6-30-09 to review VAR 12 screening questions
Based upon performance during previous exclusion cycle, conduct random compliance visits to certified childcare facilities	Review immunization records, Primary Review procedures, ALERT status and CIS supply with childcare facility staff	Visit at least two (2) childcare facilities per quarter throughout the year.

4. Women, Infants, and Children

Current Conditions:

Between 3/08 and 3/09 WIC saw 6,760 children between the ages of 2 and 5. Of those children 1,197 or 17.7% had BMI's between the 85th and 95th percentile and 1,050 or 15.5% had BMI's at or above the 95th percentile.

Data from the 2007 Pediatric Nutrition Surveillance Survey (most recent data from the state) shows the following percentiles for breastfeeding rates at Washington County:

Initiation rate	93.8%
Any Breastfeeding at 6 months	53.8%
Any Breastfeeding at 12 months	35.9%
Exclusively Breastfeeding at 3 months	54.6%
Exclusively Breastfeeding at 6 months	46.1%

In an effort to assist clients with reproductive health and family planning issues, Washington County WIC staff have condoms in their offices available for women to take, if desired. In addition, clients are offered information on Washington County family planning clinics. Staff are not currently offering condoms to women who do not request them or talk about birth control on a regular basis.

Goal: To provide nutrition assessment and education to WIC participants, to provide vouchers to support healthy food choices for WIC families, and to refer participants to other partner agencies as needed.		
Objectives	Activities	Measures
To reduce the number of children on the WIC program whose BMI falls above the 85 th %.	<ol style="list-style-type: none"> 1. WIC holds monthly facilitated group classes, taught by registered dietitians, which are specifically targeted towards children who are overweight or at-risk for becoming overweight. These classes have a physical activity component for the children in conjunction with a facilitated group discussion with the parents focused on decreasing behaviors that increase the risk of obesity. 2. WIC will implement Fresh Choices in August 2009. Food package changes, such as offering only low-fat milk after 2 years of age, introduction of whole grains, and addition of fresh fruit and vegetable cash vouchers, will help to support WIC key nutrition messages related to decreasing obesity and related chronic health issues. 	<ol style="list-style-type: none"> 1. The registered dietitians on staff will continue to closely monitor the growth charts of children on the WIC program whose BMI falls above the 85th% and is trending upward. They will continue to assess changes in feeding behavior and physical activity that will improve the child's BMI and decrease health risks associated with high body weight and rapid weight gain. 2. WIC participants' education on the new WIC food package will start in early 2009 and the clients will begin receiving the new foods in August 2009.
To Increase breastfeeding duration among WIC participants.	<ol style="list-style-type: none"> 1. WIC is in the process of developing a breastfeeding support group which will be lead by the IBCLC on staff and the WIC peer counselors. The overall goal of this support group will be to provide support, encouragement, and information to new mothers in an effort to increase both breastfeeding exclusivity and duration rates of the WIC population. 2. WIC staff will receive training in the basics of interpreting infant feeding cues at the WIC statewide meeting in June and during a staff in-service in September at the Washington 	<ol style="list-style-type: none"> 1. Breastfeeding support groups will be incorporated into services provided to WIC participants by December 2009. 2. WIC staff will attend trainings in both June and September of 2009 on interpretation of basic infant feeding cues. The training supervisor will also provide ongoing training and support. 3. Newborn characteristics (stomach size, sleep cycle, weight loss/gain) and behaviors are incorporated into the breastfeeding classes offered at the WIC program. In addition, all WIC staff have been educated (and receive ongoing training)

	<p>County WIC clinic. These skills will enable the staff to more effectively help moms interpret their infants' cues, and therefore, enable them to be more successful and confident in their breastfeeding experience.</p> <p>3. Education during the prenatal period will focus on providing anticipatory guidance to mothers to help them understand normal newborn behavior and physiology, which in turn, will promote breastfeeding success.</p>	<p>related to these topics so that they are able to effectively provide information to mothers during individual counseling sessions.</p>
<p>To promote family planning to WIC participants.</p>	<p>1. Distribution of condoms during WIC visits to parents who request them.</p> <p>2. Referral to Teen Clinic or Health Department for family planning when needed.</p>	<p>1. Condoms are available in all WIC counseling rooms and are being distributed by WIC staff.</p> <p>2. WIC staff assesses need for referral to either Teen Clinic or Health Department for family planning and then provides referral number/s and information.</p>

C. Environmental Health

1. Foodborne Illness Reduction

Current Conditions: Foodborne illness reduction

Environmental health specialists currently inspect licensed food service facilities applying and enforcing the Oregon Administrative Rules related food sanitation. The FDA has developed National Retail Food Regulatory Standards that serve as a guide to design and manage food safety programs to reduce the incidence of the CDC foodborne illness risk factors. The FDA program standards and tools within the standards assist in the evaluation and design of food safety program's foundation and management of a food safety program. The food safety program relies on a sound regulatory foundation. Elements of a food safety program include trained staff, hazard analysis and critical control point (HACCP) based inspections, inspection uniformity, foodborne illness and appropriate response, compliance and enforcement, industry and community relations, program resources and support and ongoing assessment. Environmental health staff are currently conducting a baseline survey to identify the incidence of the CDC risk factors in licensed food service facilities in the county and developing internal quality assurance work to measure program outcomes related to the reduction of CDC risk factors in food service facilities licensed in the County.

Goal: To reduce foodborne illness risk factors in licensed food service facilities utilizing the FDA voluntary program standards.		
Objectives	Activities	Measures
To establish baseline information on the occurrence of CDC risk factors in food service facilities in the County	Conduct a baseline survey of the incidence of CDC-identified foodborne illness risk factors within food service facilities in the County by August of 2009.	Use the data from the FDA baseline survey to measure the effectiveness of program operational practices
To assure consistent compliance and enforcement activities result in appropriate follow-up action for out of control risk factors in a timely manner.	Maintain current state standardization certification of supervisory staff (this criteria was met the year) who will perform joint inspections with line staff. Conduct file reviews to assure proper violation documentation and follow up activities	Measure consistency of violation citing in the areas of good retail practice, application of HACCP, appropriate use of equipment, and skills in good communication. Measure outcomes using tools in the FDA voluntary program standards to measure if on-site corrections occur, if appropriate follow-up actions occur and if appropriate enforcement actions were followed.

2. Waste Water

Current Conditions: Waste water

The on-site waste water (septic tank) program files are currently hard copy paper files. The program needs to preserve the integrity of current files that are not replicated elsewhere. Automated services to provide uniformity in administrative office procedures and to improve customer service are also needed. The automated permitting system will use software currently used by the Land Use and Transportation Department. Shared software will help office users and the public to coordinate program services that have interdependencies.

Goal: Complete preservation of existing records and program automation by the end of 2010.		
Objectives	Activities	Measures
Preserve existing records	Complete imaging of existing files (over 40,000 records) with Laserfische software by the end of 2010.	Office time to access records Customer satisfaction <i>These measures may not be easily quantifiable</i>

Automate new applications	Implement Permits Plus automated permitting system by the end of 2010.	Office time to process applications Customer satisfaction <i>These measures may not be easily quantifiable</i>
Provide web access to services	Implement a coordinated access to program historic documents and current permitting services by the end of 2010.	Customer satisfaction <i>This measure may not be easily quantifiable</i>

3. Second Hand Tobacco Smoke

Current Conditions: Second hand tobacco smoke

The Oregon Smokefree Workplace Law is designed to protect workers from secondhand smoke. Effective January 1, 2009, the law was expanded to include protection of employees working in bars, bowling alleys, and bingo halls.

Goal: To Reduce second hand tobacco smoke exposure in the work place		
Objectives	Activities	Measures
Assure staff receives adequate training related to the smokefree workplace law and training on complaint intake and investigation	Attended required TPEP training	Document training
Assure that enforcement work is coordinated with tobacco prevention activities	Met with county tobacco coordinator regarding issues of overlap	
Assure that complaint follow-up is effective	Complaints investigation and follow up activity	Incidence of complaints and remediation over time (desired outcome reduction in complaints and need for remediation plans)

D. Health Statistics

See Section A: Epidemiology.

E. Public Health Emergency Preparedness

Current Conditions: Emergency Preparedness

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

Goal: Increase the preparedness and response capability, capacity and effectiveness for the entire Department of Health and Human Services in an emergency or major event.		
Objectives	Activities	Measures
Involve the department in necessary Continuity of Operations Planning (COOP)	<ul style="list-style-type: none"> • Development of COOP plans. • Exercising of developed COOP plans. 	<ul style="list-style-type: none"> • Finalizing of Department and Program specific COOP plans. • After action reports and Improvement Plans from exercises (AAR and IP)
Develop and implement the Department Operations Center (DOC)	<ul style="list-style-type: none"> • Training of assigned DOC staff in appropriate IS courses (100, 200, 300, 400, 700) • Purchase of appropriate equipment for DOC 	<ul style="list-style-type: none"> • Completed DOC Standard Operating Procedures and Checklist. • Equipment installed, floorplan developed for operations. • Exercise setup of DOC by assigned staff
Assist WIC program to utilize preparedness tools (Point of Dispensing –POD model) to efficiently distribute 3000 Farmer’s Market vouchers to their clients in several special clinics.	<ul style="list-style-type: none"> • Form cross-disciplinary workgroup to develop specific POD plans. • Finalize locations, hours, equipment, layout and staffing needed for PODs. 	<ul style="list-style-type: none"> • Successful use of POD model for distribution of WIC vouchers. • Rapid throughput of WIC clients in Voucher PODs. • Completion of AAR and IP after the PODs.
Continue to participate in county-wide emergency response and recovery exercises.	<ul style="list-style-type: none"> • Participation in design team for county exercises 	<ul style="list-style-type: none"> • Departmental participation in county-wide exercises • Development of AAR and IP, as appropriate.

F. Other Issues

IV. Additional Requirements

SB 555: Washington County’s Commission on Children and Families is under the governance of the Washington County Department of Health and Human Services, the Local Public Health Authority.

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

Organization Chart

See page 24.

Department of Health & Human Services

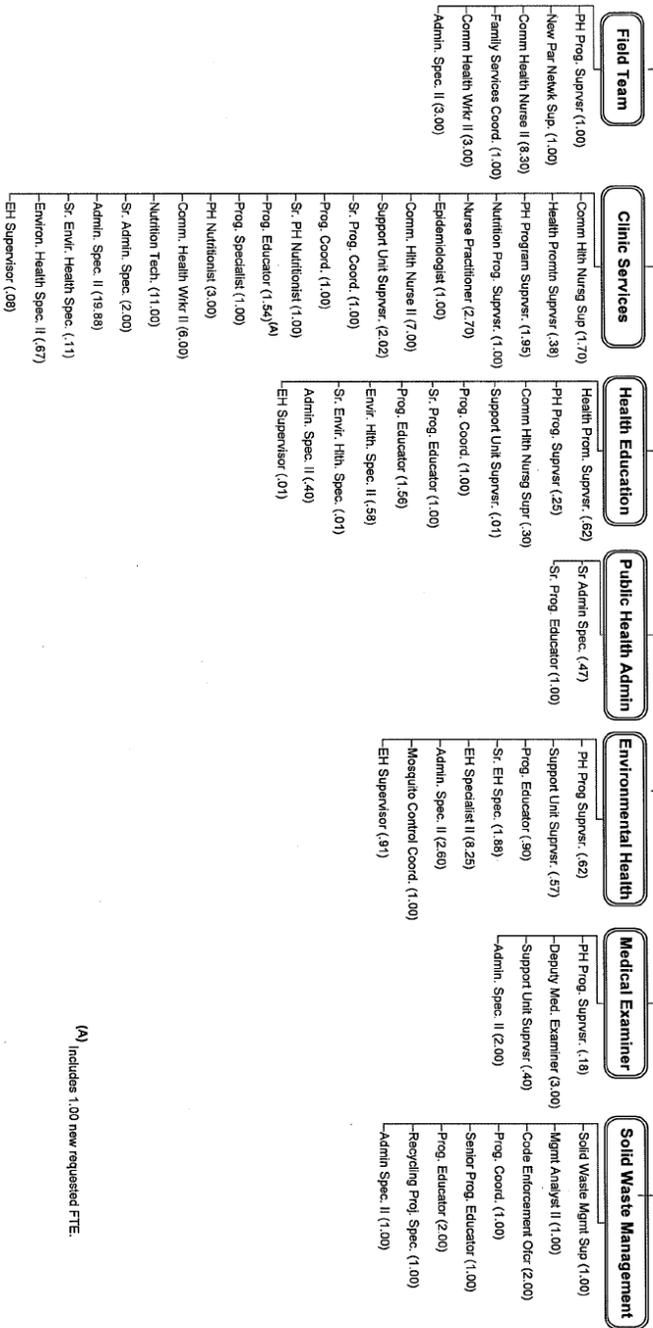
7030 PUBLIC HEALTH

Fiscal Year 2009-10

DIRECTOR OF HEALTH AND HUMAN SERVICES
Rod Branyan

Health & Human Services Division Mgr. (1.00)
Kathleen O'Leary

Health & Human Services Division Mgr.
Jeff Otis



(A) Includes 1.00 new requested FTE.

V. UNMET NEEDS

The unmet needs identified in Washington County are based upon the Ten Essential Services that are the core components in a successful and credentialed Local Public Health Authority.

Monitor health status to identify community health problems:

Epidemiology: A newly hired epidemiologist joined the department in October 2008 and has worked to familiarize herself with the Public Health Division and its programs. The principal task of the epidemiologist is to conduct an initial cursory community health assessment to be completed by fall 2009 that would inform the comprehensive planning process and triennial review due in January 2010.

Inform, educate, and empower people about health issues:

- A. **Increases in childhood obesity:** Oregon has one of the highest childhood obesity rates in the nation; it is estimated that more than 20% of Oregon children are overweight. According to the *Oregon Title V Needs Assessment of 2005*, the rate of childhood obesity has more than doubled for preschool children aged 2 to 5 years and it has more than tripled for children aged 6 to 11 years. In addition, a 2003 survey estimated that 26% of Oregon children aged 6 to 9 years are considered overweight. From March 2008 through March 2009 33.2% of the children aged 2 to 5 years seen by the WIC program were at risk of overweight or overweight. These are children who will likely grow up to be overweight/obese adults with higher risk of chronic diseases that will encumber our previously burdened healthcare and public health systems. As stated in the 2006 draft of the *Oregon's Childhood Obesity Report*, a comprehensive approach to physical activity and healthy eating is needed in addressing all significant environments for children including home, school, and community so that behaviors are reinforced in multiple ways each day.
- B. **Aging Adults:** Washington County HHS currently has no formal health education/outreach programs for the older adults in our community. Washington County Department of Disability, Aging and Veteran's Services (DAVS) became part of the Department of Health and Human Services and there is an interest and impetus to integrate senior health education information and services to the community of older adults with the senior centers and other DAVS programs in the county. The challenge is to find a way to increase capacity and expand services to respond to the need without any funding to do so.

Mobilize community partnerships to identify and solve health issues:

- A. Chronic Disease Prevention Program Planning:** The need for Washington County to build capacity, develop and implement a comprehensive chronic disease prevention program plan is evident. In addition to the local data that indicates nearly 60% of Washington County residents are overweight or obese, our community partners challenged us to address chronic disease prevention as an outcome in the public health summit we hosted in September 2008. Identifying potential partners, expand capacity building, and locate funding resources are just a few of the identified activities that would develop a stable foundation for a sustainable chronic disease prevention program.
- B. School-Based Health Centers (SBHC):** Nearly 13% of Washington County residents are uninsured and those uninsured families are less likely to use preventative services and are forced to use expensive emergency services for primary healthcare needs. *According to the 2005 Status on Oregon's Children*, 53% of Washington County 8th graders did not have a medical or physical exam in the previous year and 1 in 4 adolescents are at risk for adverse health outcomes such as teen pregnancy, suicide, and substance abuse. There are two SBHCs in Washington County with a third due to open in late April 2009. Washington County HHS, the Washington County Commission on Children and Families along with Northwest Regional Education Service District and local healthcare systems, are actively engaged in a process to open additional SBHCs in Washington County in the next three years.
- C. Public Health Program Coordination:** Public Health program coordination dedicated to engaging public health and its partners in an ongoing and strategic, community driven process to identify, prioritize, and solve local public health problems is an unmet need in the county. Program priorities include establishing the department's public health goals and re-establishing a Public Health Advisory Board. Additionally, promotion of the community's comprehension of and support for policies and activities that will improve the public's health would be addressed.

Link people to needed personal health services and assure provision of healthcare when otherwise unavailable:

- A. Lack of dental services/insurance barriers to receiving care:** 56% of Oregon children have dental decay compared to a national average of 52%. One in 5 low-income child in Oregon has 7 or more dental caries. *According to the Oregon Title V Needs Assessment of 2005*, in 2003, an estimated 15% of children aged 0 to 3 did not visit a dentist in the past 12 months for any routine preventative

dental care. In 2002, 42% of Oregon's 8 year-olds had dental sealants on their permanent molars. The Healthy People 2010 goal for dental sealants for this population is 50%. In addition, a 2003 survey found that 29% of Oregon children aged 0 to 5 did not have insurance that helped pay for any routine dental care.

- B. Access to primary/specialty healthcare:** In our reproductive health program where we provide direct service, we find the need far outpacing our capacity to respond. The population growth since 1990, and the increased number of medically uninsured in the county, has placed stress on the public and private healthcare systems. From July 2007 to June 2008 Washington County public health clinics saw 6,735 clients during 11,626 visits. Many of these women have primary care needs that cannot be met within the family planning appointment and need referral out to primary and specialty care providers. Specialty services such as diabetes management, mental health issues, colposcopy, along with radiological imaging are costly and most of the women served in our clinics have no insurance and are unable to cover the costs of these diagnostic services. However, the inability to access these procedures can greatly impact the overall health of a woman and can lead to infertility, reproductive and breast cancers, and further burden our healthcare system. A referral network, Project Access, has been developed through the Essential Health Clinic that provides specialty medical services that are low cost and/or on a sliding fee scale. In addition, the safety net for primary healthcare in Washington County is thin with Virginia Garcia Memorial Health Center and the Essential Health Clinic as the only safety net providers in the county. This challenge will continue to grow as the uninsured population in the county continues to grow.

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

Program evaluation and monitoring outcomes: Program evaluation activities are essential in determining program improvements and resource allocation. Program evaluation offers the opportunity to gain insight, improve program practice, assess effects and build capacity within public health programs. In addition to the need for dedicated FTE to provide for program and process evaluation, there is also a need to improve program evaluation skills among the public health program supervisors.

Electronic Health Records System:

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

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

VI. Budget

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

Linden Chin, Senior Management Analyst
Washington County
Department of Health and Human Services
155 North First Avenue, MS-4
Hillsboro, OR 97124
E-mail to: linden_chin@co.washington.or.us

Minimum Standards

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. (The Board of County Commissioners do meet in formal session to address public health issues, they have not been convened formally as the Board of Health, however).
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. (not annually reviewed)
5. Yes No Ongoing community assessment is performed to analyze and evaluate community data. (This has been done informally. A formal strategic planning process is being organized currently).
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, or more frequently based on epidemiological risk.
48. Yes No Training is available for food service managers and personnel in the proper methods of storing, preparing, and serving food.
49. Yes No Training in first aid for choking is available for food service workers.
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.

Health Education and Health Promotion

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

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

Nutrition

72. Yes No Local health department reviews population data to promote appropriate nutritional services.
73. 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
74. Yes No Clients identified at nutritional risk are provided with or referred for appropriate interventions.
75. Yes No Culturally and linguistically appropriate nutritional education and promotion materials and methods are integrated within programs.
76. Yes No Local health department supports continuing education and training of staff to provide effective nutritional education.

Older Adult Health

77. Yes No Health department provides or refers to services that promote detecting chronic diseases and preventing their complications.
78. Yes No A mechanism exists for intervening where there is reported elder abuse or neglect.

79. 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.
80. 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

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

Primary Health Care

92. Yes No The local health department identifies barriers to primary health care services.
93. Yes No The local health department participates and provides leadership in community efforts to secure or establish and maintain adequate primary health care.
94. Yes No The local health department advocates for individuals who are prevented from receiving timely and adequate primary health care.
95. Yes No Primary health care services are provided directly or by referral.
96. Yes No The local health department promotes primary health care that is culturally and linguistically appropriate for community members.
97. Yes No The local health department advocates for data collection and analysis for development of population based prevention strategies.

Cultural Competency

98. Yes No The local health department develops and maintains a current demographic and cultural profile of the community to identify needs and interventions.
99. 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.
100. Yes No The local health department assures that advisory groups reflect the population to be served.
101. 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

102. 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.

103. 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.

104. 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.

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

Licensed in the State of Oregon as MD 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.

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.

Kathleen O’Leary
Local Public Health
Administrator

Washington County
County

May 14, 2009
Date



PLANNING WORKSHEET #3
1 July 2009 – 30 June 2010
Program Model
Target Numbers

PEMS
Intervention ID #
PEMS generated

Appendix A: HIV Program Plan

	YES	NO	Estimated # of Total Tests	Estimated # of Rapid Tests
HIV SCREENING	x		1500	200
TARGETED TESTING	x		365	350

PROGRAM MODEL	INTERVENTION NAME	TARGET POPULATION(S)	PROJECTED NUMBER OF TESTS	SITES	If subcontracting this activity, name SUBCONTRACTOR
CTRS	<i>Targeted</i> HIV Counseling & Testing	MSM	500	Beaverton Clinic, Hillsboro Clinic, Washington County Community Corrections, Migrant Camps	
		IDU	100	Washington County Community Corrections, Drug Treatment Facilities	
		MSM/IDU	50	Beaverton Clinic, Hillsboro Clinic	
		Partners of PLWH/A	15	Beaverton Clinic, Hillsboro Clinic	



PLANNING WORKSHEET #3
 1 July 2009 – 30 June 2010
 Program Model
 Target Numbers

PROGRAM MODEL	INTERVENTION NAME	TARGET POPULATIONS	TARGET NUMBER TO REACH	SITES	If subcontracting this activity, name SUBCONTRACTOR
Outreach to CTRS	Outreach to CTRS	MSM	1000	CAP, Chicos Latinos, Pride Project, Adult Bookstores, Migrant Camps	
		IDU	500	Washington County Community Corrections, Drug Treatment Centers	
		MSM/IDU		Washington County Community Corrections, Drug Treatment Centers	
		Partners of PLWH	30	Partnership Project, Beaverton and Hillsboro Clinics	

Planned Number of Cycles (F07) (Number of times a unique intervention is intended to be delivered in its entirety over the program model period; a cycle is a complete delivery of an intervention to its intended audience.) This can be a number or can be ongoing for interventions delivered continuously. For outreach, provide the number of discrete episodes workers will conduct (e.g., 4 workers x 5 times/week x 48 weeks = 960 cycles)

_____ Check if Ongoing:

Delivery Method (F11)



HIV
PREVENTION
PROGRAM

PLANNING WORKSHEET #3

1 July 2009 – 30 June 2010

Program Model

Target Numbers

- In person
- Internet
- Printed Materials
- Printed Materials – magazine/newspapers
- Printed Materials – pamphlets/brochures
- Printed Materials – poster/billboards
- Radio
- Telephone
- Television
- Video
- Other _____



PLANNING WORKSHEET #3
1 July 2009 – 30 June 2010
Program Model
Target Numbers

PROGRAM MODEL	INTERVENTION NAME	TARGET POPULATIONS	TARGET NUMBER TO REACH	SITES	If subcontracting this activity, name SUBCONTRACTOR
OHROCS	OHROCS Needle Exchange (NEX)	IDU	N/A	N/A	
	OHROCS Outreach		N/A	N/A	

Planned Number of Cycles (F07) (Number of times a unique intervention is intended to be delivered in its entirety over the program model period; a cycle is a complete delivery of an intervention to its intended audience.) This can be a number or can be ongoing for interventions delivered continuously. For outreach, provide the number of discrete episodes workers will conduct (e.g., 4 workers x 5 times/week x 48 weeks = 960 cycles)

_____ Check if Ongoing:

Delivery Method (F11)

- In person
- Internet
- Printed Materials
- Printed Materials – magazine/newspapers
- Printed Materials – pamphlets/brochures
- Printed Materials – poster/billboards
- Radio
- Telephone
- Television
- Video
- Other _____



PLANNING WORKSHEET #3
1 July 2009 – 30 June 2010
Program Model
Target Numbers

PROGRAM MODEL	INTERVENTION NAME	INTERVENTION ACTIVITY	TARGET POPULATION (S)	TARGET NUMBER TO REACH	SITES	If subcontracting this activity, name SUBCONTRACTOR
Tri-County Community PROMISE	Tri-County Community Promise MSM or IDU	Peer Advocate Outreach				
		Peer Advocate Recruitment & Training				
		Role Model Story Contributor Outreach				
		Role Model Stories Developed				
		Role Model Story Peer Advocate Outreach				
		Conduct CID Interviews				



PLANNING WORKSHEET #3
1 July 2009 – 30 June 2010
Program Model
Target Numbers

PROGRAM MODEL	INTERVENTION ACTIVITY	TARGET POPULATIONS	TARGET NUMBER TO REACH	SITES	If subcontracting this activity, name SUBCONTRACTOR
MPOWERment Chicos Latinos	Group Level Intervention	MSM	500	CAP Men's Wellness Center	Cascade AIDS Project
		IDU			
		MSM/IDU			
		Partners of PLWH			

Appendix B: Washington County Tobacco Program plan FY 2009-10

Objective: Tobacco-Free Worksites (#1)				
<i>By June 2010, Washington County will have completed the Healthy Worksites Assessment and the Oregon Healthy Worksites Employee Assessment.</i>				
GOAL AREAS FOR THIS OBJECTIVE				
<ul style="list-style-type: none"> ■ Eliminate/reduce exposure to secondhand smoke ■ Promote quitting 				
PLAN OF ACTION		START DATE	END DATE	QUARTERLY PROGRESS
Coordination Collaboration	<ul style="list-style-type: none"> ■ Identify the most appropriate managers or directors to work with in conducting the Healthy Worksite Assessment 	Jul. 2009	Sep. 2009	1 st Q – Have contacts made
	<ul style="list-style-type: none"> ■ Meet with those high-level staff members as well as Human Resources to develop a plan for completing the Assessment 	Aug. 2009	Dec. 2009	1 st – 2 nd Q – Have met at least once
	<ul style="list-style-type: none"> ■ Work with Human Resources to identify the most appropriate way to distribute the Oregon Healthy Worksite Employee Assessment (OHWEA) to all Washington County employees 	Oct. 2009	Dec. 2009	2 nd Q – Have a plan for distrib., data collection & analysis
	<ul style="list-style-type: none"> ■ Meet with the Benefits Committee to identify ways in which the County benefits plan could be altered to address chronic disease prevention 	Mar. 2010	Jun. 2010	4 th Q – Have idea list
	<ul style="list-style-type: none"> ■ Coordinate with Tuality Health System’s health education department and other community partners to provide resources for employees 	Jul. 2009	Jun. 2010	1 st – 4 th Q – Have info. on resource combining
Assessment Research	<ul style="list-style-type: none"> ■ Conduct the Healthy Worksite Assessment (HWA) 	Jan. 2010	Mar. 2010	3 rd Q – Asses. complete
	<ul style="list-style-type: none"> ■ Distribute the OHWEA to all Washington County employees 	Jan. 2010	Mar. 2010	3 rd Q – Have completed
	<ul style="list-style-type: none"> ■ Compile OHWEA data 	Apr. 2010	Jun. 2010	4 th Q – Have completed
	<ul style="list-style-type: none"> ■ Submit a special DATA request form to ORTPEP for TA in compiling OHWEA data 	Apr. 2010	Jun. 2010	4 th Q – Have completed
	<ul style="list-style-type: none"> ■ Compare current OHWEA data to OHWEA data collected in past years 	Apr. 2010	Jun. 2010	4 th Q – Have completed
	<ul style="list-style-type: none"> ■ Compare current OHWEA data with the outcome of the HWA to identify the most appropriate focus areas for benefits improvements 	Apr. 2010	Jun. 2010	4 th Q – Have completed
Community Education & Outreach	<ul style="list-style-type: none"> ■ Work with Human Resources to inform county employees of current wellness benefits available to them 	Jul. 2009	Jun. 2010	1 st – 4 th Q – Have info. avail. in various venues
	<ul style="list-style-type: none"> ■ Continue to work with Human resources to distribute tobacco cessation resources and information to all employees, including the Oregon Quitline 	Jul. 2009	Jun. 2010	1 st – 4 th Q – Have info. avail. in various venues
	<ul style="list-style-type: none"> ■ Disseminate outcomes in employee forums and on intranet 	Apr. 2010	Jun. 2010	4 th Q – Have posted info.
Earned Media / Media Advocacy	<ul style="list-style-type: none"> ■ Work with Facilities department and Washington County DHHS PIO to develop MAC Plan for this objective. 	Jan. 2010	Mar. 2010	3 rd Q – Have submitted. to TPEP liaison
	<ul style="list-style-type: none"> ■ Work with Washington County HHS PIO to develop media submission using data to guide article related to worksite wellness with an emphasis on tobacco cessation 	Apr. 2010	Jun. 2010	4 th Q – Have posted info.

Policy Development, Implementation & Enforcement	<ul style="list-style-type: none"> Discuss potential policy changes that could impact worksite wellness with an emphasis on tobacco cessation 	Jan. 2010	Mar. 2010	3 rd Q – Have met & have developed ideas
	<ul style="list-style-type: none"> Identify sample policies and case examples that illustrate how policy changes can impact worksite wellness with an emphasis on tobacco cessation based on outcome of policy meeting 	Apr. 2010	Jun. 2010	4 th Q – Have info. prepared and distributed
CRITICAL QUESTIONS				
WHAT SECTORS OF THE COMMUNITY WILL THIS OBJECTIVE REACH?				
<ul style="list-style-type: none"> The sectors of the community most impacted will be employees of Washington County although clients and/or visitors to properties owned or maintained by the county may be impacted as well as families of employees. 				
What types of technical and/or data assistance do you anticipate needing from:				
<p>TPEP staff</p> <ul style="list-style-type: none"> Most technical assistance will be needed from the TPEP data team regarding assessment data <p>Statewide Capacity Building Programs for Eliminating Disparities</p> <ul style="list-style-type: none"> Capacity to ensure culturally competent messages and outreach will be needed 				

NOTE:

- If Washington County Public Health receives funding for a TROCD Capacity Building process, we will work closely with the TROCD coordinator in every possible step of this process in order to ensure complete and comprehensive collaboration in an effort to lay the foundation for a Chronic Disease Prevention Program.
- Washington County recently added an epidemiologist to the Public Health staff. In addition to the guidance and technical assistance that the WCTPEP receives from the ORTPEP data team, we will also utilize the guidance and technical assistance of our local epidemiologist.

OBJECTIVE: TOBACCO-FREE WORKSITES (# 1) CONTINUED

By June 2010, Washington County will have passed a 100% smokefree campus policy, applicable to all county business campuses.

Goal Areas for this objective

- Eliminate/reduce exposure to secondhand smoke
- Promote quitting

PLAN OF ACTION		START DATE	END DATE	QUARTERLY PROGRESS
Coordination/ Collaboration	<ul style="list-style-type: none"> ■ Continue to meet bimonthly with the Smokefree County Campus Advisory Group (SCCAG) which consists of representatives from Environmental Health, Facilities, Health and Human Services, Human Resources and Benefits 	Jul. 2009	Jun. 2010	1 st – 4 th Q – Meet and have strategies identified
	<ul style="list-style-type: none"> ■ Collaborate with the SCCAG to develop the necessary tools required for implementation of a smokefree campus policy including an implementation plan, draft policy & enforcement plan 	Jul. 2009	Jun. 2010	1 st - 4 th Q - Meet & have tools developed as needed
	<ul style="list-style-type: none"> ■ Meet at least bimonthly with advisory committee to discuss, develop, implement and evaluate a smokefree campus policy. 	Jul. 2009	Jun. 2010	1 st - 4 th Q - Meet & have completed
ASSESSMENT/ Research	<ul style="list-style-type: none"> ■ Work with TPEP data team to determine the best way to elicit employee attitudes about a smokefree county policy (as a separate survey or by adding question to the Oregon Healthy Worksite Employee Assessment) 	Oct. 2009	Dec. 2009	2 nd Q – Have survey developed
	<ul style="list-style-type: none"> ■ Submit a Special DATA request form to ORTPEP for guidance on collecting employee attitudes (see above) 	Oct. 2009	Dec. 2009	2 nd Q – Have completed
	<ul style="list-style-type: none"> ■ Work with TPEP data team to compile survey responses 	Apr. 2010	Jun. 2010	3 rd Q – Have results summary completed
Community Education & Outreach	<ul style="list-style-type: none"> ■ Promote Oregon Quitline in addition to other cessation benefits to employees & visitors throughout the County campus 	Jul. 2009	Jun. 2010	1 st – 4 th Q – Have info. available to employees in variety of venues
	<ul style="list-style-type: none"> ■ Promote and distribute tip cards and other educational materials throughout the County to assist employees and visitors in compliance with the smokefree policy 	Apr. 2010	Jun. 2010	3 rd Q – Have info available in variety of venues
Earned Media/ Media Advocacy	<ul style="list-style-type: none"> ■ Work with Washington County HHS PIO and Advisory Council to develop education/communication campaign for the smokefree campus policy 	Oct. 2009	Dec. 2009	2 nd Q – Have campaign developed
	<ul style="list-style-type: none"> ■ Work with Facilities department and Washington County DHHS PIO to develop MAC Plan for this objective. 	Oct. 2009	Dec. 2009	2 nd Q – Have plan submitted to TPEP liaison
Policy Development, Implementation	<ul style="list-style-type: none"> ■ Strategize with the Advisory Council about policy components 	Jul 2009	Dec. 2009	1 st – 2 nd Q – Have final policy complete and submitted for approval

& Enforcement	<ul style="list-style-type: none"> ■ Work with Facilities and Environmental Health on specific policy components such as enforcement 	Jul 2009	Dec. 2009	1 st – 2 nd Q – have included comprehensive enforcement approach
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CRITICAL QUESTIONS

WHAT SECTORS OF THE COMMUNITY WILL THIS OBJECTIVE REACH?

- The sectors of the community most impacted will be those who are employees and clients of Washington County or visitors to properties that are owned or maintained by the county.

What types of technical and/or data assistance do you anticipate needing from:

TPEP staff

- Survey development and data compilation/analysis

Statewide Capacity Building Programs for Eliminating Disparities

- Technical assistance will be needed to ensure that all education materials distributed are culturally competent and inclusive for all staff, clients and visitors.

OBJECTIVE: TOBACCO-FREE HOSPITALS/HEALTH SYSTEMS (#2)				
<i>By June 2010, all health care providers at Tuality Healthcare will be providing tobacco cessation messages and information about evidence based assistance for quitting during all provider-patient interactions.</i>				
Goal Areas for this objective				
<ul style="list-style-type: none"> ■ Eliminate/reduce exposure to secondhand smoke ■ Promote quitting ■ Enforce policy 				
PLAN OF ACTION – TUALITY HEALTHCARE		START DATE	END DATE	QUARTERLY PROGRESS
Coordination Collaboration	<ul style="list-style-type: none"> ■ Meet with Tuality’s Health Education Staff to understand what the current process is for communicating cessation messages to clients 	Oct. 2009	Dec. 2009	2 nd Q – Have met and documented process
	<ul style="list-style-type: none"> ■ Identify ways in which collaboration can occur between Washington County and Tuality Healthcare in relation to cessation efforts 	Oct. 2009	Dec. 2009	2 nd Q – Documented potential opportunities
	<ul style="list-style-type: none"> ■ Meet at least quarterly with Health Education staff to discuss, refine, and evaluate the current process of tobacco cessation promotion by providers 	Oct. 2009	Jun. 2010	2 nd – 4 th Q – Have met at three times
	<ul style="list-style-type: none"> ■ Promote Oregon Quit Line in collaboration with Tuality’s Community Education staff and Tuality Quit Line staff. 	Jul. 2009	Jun. 2010	1 st – 4 th Q - Ongoing
Assessment Research	<ul style="list-style-type: none"> ■ Meet with Tuality Hospital’s Community education staff about hospital’s efforts in local tobacco cessation programs and tobacco control policies. 	Oct. 2009	Dec. 2009	2 nd Q – Have met and have policies in hand
	<ul style="list-style-type: none"> ■ Assess provider knowledge of available tobacco cessation resources and ability/willingness to promote cessation with patients/clients through a brief survey 	Oct. 2009	Mar. 2010	2 nd – 3 rd Q – Have data compiled
	<ul style="list-style-type: none"> ■ Review Tuality Hospital’s employees’ benefit packages for cessation benefits. 	Jan. 2010	Mar. 2010	3 rd Q – Have info. in hand
Community Education & Outreach	<ul style="list-style-type: none"> ■ Work with Tuality’s Communication Team to develop an education/communication campaign for providers, clients and visitors regarding cessation resources 	Jan. 2010	Jun. 2010	3 rd - 4 th Q – Have campaign in process
	<ul style="list-style-type: none"> ■ Develop and present communication plan and campaign to hospital board members, employees and hospital’s community advocates 	Jan. 2010	Mar. 2010	3 rd Q – Have plan complete and presented
	<ul style="list-style-type: none"> ■ Promote Oregon Quit Line in collaboration with Tuality’s Quit Line in Tuality’s monthly Community Education Newsletter. 	Jul. 2009	Jun. 2010	1 st – 4 th Q – Ongoing
Earned Media/ Media Advocacy	<ul style="list-style-type: none"> ■ Work with Washington County DHHS PIO to develop MAC Plan for this objective. 	Jan. 2010	Mar. 2010	3 rd Q – Submit to TPEP liaison
	<ul style="list-style-type: none"> ■ In collaboration with Tuality Communications Team and Washington County DHHS PIO develop media release related to cessation promotion 	Apr. 2010	Jun. 2010	4 th Q – Distribute to local media outlets
Policy Development, Implementation	<ul style="list-style-type: none"> ■ Work with health education staff and hospital administration to discuss a policy related to promotion of cessation by providers 	Jan. 2010	Mar. 2010	3 rd Q – Have draft policy outline completed
	<ul style="list-style-type: none"> ■ Work with health education staff and hospital administrators to develop a 	Apr. 2010	Jun. 2010	4 th Q – Have policy ready

& Enforcement	policy related to promotion of cessation providers (providing samples)			for adoption
CRITICAL QUESTIONS				
<p>WHAT SECTORS OF THE COMMUNITY WILL THIS OBJECTIVE REACH?</p> <ul style="list-style-type: none"> ■ Hospital employees, volunteers, visitors and users many of which are low-income, un or under-insured who access urgent care through the emergency department ■ Cessation messages will also be distributed through the monthly Tuality Community Education Newsletter which goes to 100,000 addresses 				
<p>What types of technical and/or data assistance do you anticipate needing from:</p> <ul style="list-style-type: none"> TPEP staff <ul style="list-style-type: none"> ■ Survey development and data compilation/analysis Statewide Capacity Building Programs for Eliminating Disparities <ul style="list-style-type: none"> ■ Technical assistance is needed to support the outreach and education components of the Oregon Quit Line for the uninsured Latino community in Washington County. 				

Legacy Meridian Hospital

Washington County TPEP will also work collaboratively with Multnomah and Clackamas Counties in an effort to move Legacy Meridian Hospital campus farther in the process of tobacco-free campus policy implementation. Washington County will continue to have a supportive role in this ongoing process.

OBJECTIVE: TOBACCO-FREE COMMUNITY COLLEGES (#3)				
<i>By June 2010, Portland Community College/Rock Creek will have fully implemented their tobacco-free policy with a successful enforcement process.</i>				
Goal Areas for this objective				
<ul style="list-style-type: none"> ■ Eliminate/reduce exposure to secondhand smoke ■ Counter pro-tobacco influences ■ Reduce youth access to tobacco ■ Promote quitting ■ Enforce policy 				
PLAN OF ACTION		START DATE	END DATE	QUARTERLY PROGRESS
Coordination/ Collaboration	<ul style="list-style-type: none"> ■ Continue to meet monthly with the Community Coalition for Tobacco Free PCC 	Jul. 2009	Jun. 2010	1 st -4 th Q – Ongoing
	<ul style="list-style-type: none"> ■ Collaborate with the Community Coalition for Tobacco Free PCC to identify areas where improvements can occur related to tobacco prevention, education and cessation with emphasis on the Rock Creek Campus 	Oct. 2009	Jun. 2010	2 nd – 4 th Q – Have met three times & discuss needs
ASSESSMENT/ RESEARCH	<ul style="list-style-type: none"> ■ Assist the Community Coalition for Tobacco Free PCC in conducting an environmental assessment of the campus to discover tobacco problem areas on campus 	Oct. 2009	Mar. 2010	2 nd – 3 rd Q – Have documented best way to do this
	<ul style="list-style-type: none"> ■ Assess if there is a committee working on the transition at Rock Creek Campus – separate from the Community Coalition for a Tobacco Free PCC 	Oct. 2009	Dec. 2009	2 nd Q – Have completed
	<ul style="list-style-type: none"> ■ Assist the Community Coalition for Tobacco Free PCC with strategies related to evaluation of the newly implemented policy 	Jan. 2010	Jun. 2010	3 rd – 4 th – Have evaluation plan finalized
Community Education & Outreach	<ul style="list-style-type: none"> ■ Ensure the promotion of the Oregon Quit Line in all education and outreach materials 	Jul. 2009	Jun. 2010	1 st – 4 th Q – Ongoing
	<ul style="list-style-type: none"> ■ Work with PCC staff to develop communication strategy to promote policy change including campus newspaper articles, tobacco-free events, presentations and forums. 	Jul 2009	Jun. 2010	1 st – 4 th Q – Ongoing
Earned Media / Media Advocacy	<ul style="list-style-type: none"> ■ Work with Washington County DHHS PIO to develop MAC plan for this objective 	Jul. 2009	Sep. 2009	1 st Q – Submit to TPEP liaison
	<ul style="list-style-type: none"> ■ Work with Community Coalition for Tobacco Free PCC to develop and submit media release related to full implementation and a post-implementation update 	Oct. 2009	Jun. 2010	2 nd -4 th Q – Have media releases submitted
Policy Development, Implementation & Enforcement	<ul style="list-style-type: none"> ■ Work with Community Coalition for Tobacco Free PCC to identify potential strategies for implementation of final phase as needed 	Jul. 2009	Sep. 2009	1 st Q – Have strategies documented
	<ul style="list-style-type: none"> ■ Work with Community Coalition for Tobacco Free PCC to identify potential strategies for enforcement as determined through evaluation process 	Oct. 2009	Jun. 2010	2 nd – 4 th Q – Have strategies documented
	<ul style="list-style-type: none"> ■ Conduct Site visits to ensure that signage, other appropriate communications and Quit Line materials are in place and available 	Oct. 2009	Jun. 2010	1 st Q – 4 th Q - Ongoing

CRITICAL QUESTIONS

WHAT SECTORS OF THE COMMUNITY WILL THIS OBJECTIVE REACH?

- Community College Students, Staff, Faculty and campus visitors

What types of technical and/or data assistance do you anticipate needing from:

TPEP staff

-

Statewide Capacity Building Programs for Eliminating Disparities

- Technical assistance will be needed to ensure cultural competency in the outreach, education and media efforts.

NOTE:

UNDER THE LEADERSHIP OF ANDREW EPSTEIN WITH AMERICAN LUNG ASSOCIATION OF OREGON (ALAO) AND WITH THE WORK OF THE COMMUNITY COALITION FOR TOBACCO FREE PCC A TOBACCO FREE CAMPUS POLICY HAS PASSED AND WILL BE FULLY IMPLEMENTED IN SEPTEMBER 2009. MANY OF THE ACTIVITIES RELATED TO THIS OBJECTIVE ARE RELATED TO THE FINAL STAGES OF IMPLEMENTATION AND SUBSEQUENT ENFORCEMENT ISSUES THAT MAY ARISE. WASHINGTON COUNTY CONTINUES TO WORK ON THE REMAINING ACTIVITIES IN COLLABORATION WITH THE ALAO AND THE COMMUNITY COALITION FOR TOBACCO FREE PCC. ADDITIONALLY, WASHINGTON COUNTY RECOGNIZES THE ALAO AS AN IMPORTANT PARTNER. ALL ACTIVITIES IN THE TOBACCO FREE COMMUNITY COLLEGE PLAN WILL TAKE PLACE WITH THE ASSISTANCE AND COLLABORATION OF THE ALAO STAFF.

Objective: **Smokefree Multi-Unit Housing (#4)**

By June 2010, 8 of Washington County's 32 low-income multi-unit housing facilities will have adopted no-smoking rules for their properties.

Goal Areas for this objective

- Eliminate/reduce exposure to secondhand smoke
- Counter pro-tobacco influences
- Promote quitting

PLAN OF ACTION	START DATE	END DATE	QUARTERLY PROGRESS	
Coordination/ Collaboration	<ul style="list-style-type: none"> ■ Washington County TPEP & EH will meet with Health In Sight to discuss and develop appropriate strategies for working with property owners 	Jul. 2009	Sep. 2009	1 st Q – Strategies identified
	<ul style="list-style-type: none"> ■ Meet, at least quarterly, with Portland-Vancouver Metro Area Smokefree Housing Project (PVMASHP) to coordinate metro regional efforts and share ideas/strategies such as combined outreach to low-income housing property owners 	Jul. 2009	Jun. 2010	1 st - 4 th Q - Meet & identify areas of collaboration
	<ul style="list-style-type: none"> ■ Meet, at least quarterly, with focused group from the PVMASHP (focused group includes Health In Sight, OHDC, Clack and Mult. Counties) to target efforts to property owners who primarily deal with specific populations groups such as Latino, Seniors, and Disabled people 	Jul. 2009	Jun. 2010	1 st - 4 th Q - Meet & identify areas of collaboration
	<ul style="list-style-type: none"> ■ Identify Washington County specific stakeholders such as Dept. of Housing staff; tenants; Tualatin Valley Fire and Rescue; Hillsboro Fire Dept.; and reps from rental associations & landlord groups 	Jul. 2009	Sep. 2009	1 st Q – Have contacted potential members for Wash. Co. specific group
	<ul style="list-style-type: none"> ■ Meet with the Wash. Co. specific group, at least twice, to share, develop and process smokefree multi-unit housing plans so that all housing work in Washington County is representative of the local situation 	Oct. 2009	Mar. 2010	2 nd & 3 rd Q – Have met, collected and applied input
	<ul style="list-style-type: none"> ■ Washington County TPEP & EH will meet, at least quarterly, with Health In Sight to re-evaluate strategies and identify potential areas of success 	Jul. 2009	Jun. 2010	1 st - 4 th Q - Meet & identify what is working and what needs to change
Assessment/ Research	<ul style="list-style-type: none"> ■ Work with Washington County EH and metro regional counties to identify areas of coordination related to cross-county housing property owners 	Jul. 2009	Sep. 2009	1 st Q – Develop list of cross-county ownership
	<ul style="list-style-type: none"> ■ Contact all low-income property owners to discuss the possibility of a tobacco control policy 	Jul. 2009	Sep. 2009	1 st Q – Contact made with all 32 property owners
	<ul style="list-style-type: none"> ■ Washington County TPEP & EH will identify property owners readiness in regards to stages of change and determine what types of information they may need to move the process forward 	Jul. 2009	Sep. 2009	1 st Q- Have list of requested information and strategy on how to obtain it

	<ul style="list-style-type: none"> ■ Gather requested information for property owners such as tenant surveys, market research data etc. 	Oct. 2009	Dec. 2009	3 rd Q – Provide requested info. and re-evaluate prop. owner interest
	<ul style="list-style-type: none"> ■ Track the adoption of tobacco related rental agreements in Washington County using TPEP tracking tool for quarterly submission to HIS 	Jul. 2009	Jun. 2010	1 st – 4 th Q – Submit tracking form to HIS 4 times
	<ul style="list-style-type: none"> ■ Coordinate with Washington County EH to identify all association and organization venues for potential collaborative outreach activities such as trade shows, information fairs etc. 	Jul. 2009	Jun. 2010	1 st - 4 th Q – Summarize and discuss at PVMASHP meetings
	<ul style="list-style-type: none"> ■ Track rental ads in local media outlets and organization/association publications for submission to HIS 	Jul. 2009	Jun. 2010	1 st - 4 th Q – Summarize and submit to HIS quarterly
Community Education & Outreach	<ul style="list-style-type: none"> ■ Work with Washington County EH, Health In Sight and PVMASHP to promote tobacco free messages, the Oregon Quit Line and smokefree housing information in all appropriate venues 	Jul. 2009	Jun. 2010	1 st - 4 th Q – Meet, identify and distribute messages quarterly
	<ul style="list-style-type: none"> ■ With the guidance of the Washington County specific group, develop policy change messages that are targeted to landlords 	Oct. 2009	Nov. 2009	2 nd Q – Have developed messages
	<ul style="list-style-type: none"> ■ With the guidance of the Washington County specific group, promote policy change messages that are targeted to landlords 	Nov. 2009	Jan. 2010	3 rd Q – Distribute to all low-income multi-unit housing landlords
	<ul style="list-style-type: none"> ■ Ensure the promotion of the Oregon Quit Line in all materials, presentations and policies 	Jul. 2009	Jun. 2010	1 st - 4 th Q – Ongoing
	<ul style="list-style-type: none"> ■ .Continue association trade show involvement in conjunction with PVMASHP 	Jul. 2009	Sep. 2009	1 st Q –Spectrum trade show
Earned Media / Media Advocacy	<ul style="list-style-type: none"> ■ Work with Washington County DHHS PIO to develop MAC Plan for this objective 	Jul. 2009	Sep. 2009	1st Q – Submit MAC plan
	<ul style="list-style-type: none"> ■ Work with WaCo DHHS PIO to develop media messages for the adoption of smokefree multi-unit housing policies highlighting the health & business advantages of smokefree housing target to prop. owners and landlords. 	Jul. 2009	Jun. 2010	1 st Q – Develop ideas 2 nd - 4 th Q – Submit articles to all media outlets
	<ul style="list-style-type: none"> ■ Work with PVMASHP to submit articles to organization/association publications and newsletter 	Jul. 2009	Jun. 2010	1 st - 4 th Q – Submit messages quarterly
Policy Development, Implementation & Enforcement	<ul style="list-style-type: none"> ■ Provide a sample policy, which includes provisions for completely smokefree property, inclusive language related to non-lighted nicotine delivery systems and enforcement to all multi-unit rental-housing facilities. 	Jul. 2009	Jun. 2010	1 st - 4 th Q – Make materials available in response to property owner needs
	<ul style="list-style-type: none"> ■ Meet, at least quarterly, with EH and Health In Sight to develop polices and strategize about promotion, implementation and enforcement in response to property owner needs 	Jul. 2009	Jun. 2010	1 st - 4 th Q – Deliverables are related to property owner needs

CRITICAL QUESTIONS

WHAT SECTORS OF THE COMMUNITY WILL THIS OBJECTIVE REACH?

- This objective will reach low-income residents of Washington County who live in multi-unit housing facilities. This includes people who may be elderly or caring for young children or who may have developmental or physical disabilities as well as a large portion of the Latino community.

What types of technical and/or data assistance do you anticipate needing from:

TPEP staff

- Guidance with Smokefree housing policies

Statewide Capacity Building Programs for Eliminating Disparities

- Local capacity for the development of culturally appropriate smokefree housing information

NOTE:

****WASHINGTON COUNTY RECOGNIZES HEALTH IN SIGHT (HIS) AS AN IMPORTANT PARTNER AND ALL ACTIVITIES IN THE SMOKEFREE MULTI-UNIT HOUSING PLAN WILL TAKE PLACE WITH THE ASSISTANCE AND COLLABORATION OF HIS STAFF.. ADDITIONALLY, WASHINGTON COUNTY TPEP AND EH WILL COLLABORATE IN ALL POSSIBLE WAYS TO ADDRESS TOBACCO-FREE MULTI-UNIT HOUSING POLICY IN THE COUNTY***

OBJECTIVE: IMPLEMENT THE SMOKEFREE WORKPLACE LAW (#5)				
<i>By January 2010, Washington County will have responded to all complaints of violation of the Smokefree Workplace Law according to the protocol specified in the Delegation Agreement.</i>				
Goal Areas for this objective				
<ul style="list-style-type: none"> ■ Eliminate/reduce exposure to secondhand smoke ■ Counter pro-tobacco influences ■ Promote Quitting 				
PLAN OF ACTION		START DATE	END DATE	QUARTERLY PROGRESS
Coordination/ Collaboration	<ul style="list-style-type: none"> ■ Coordinate with Environmental Health (EH) to receive, document (in hard copy and WEMS) & respond to complaints and violations of the Smokefree Workplace Law 	Jul. 2009	Jun. 2010	1 st – 4 th Q – Both departments will be and stay informed of status
	<ul style="list-style-type: none"> ■ Collaborate with EH staff to report all violations as observed while in the field 	Jul. 2009	Jun. 2010	1 st – 4 th Q – Ongoing
	<ul style="list-style-type: none"> ■ Meet with EH monthly to discuss emergent issues related to complaints and violations of the Smokefree Workplace Law 	Jul. 2009	Jun. 2010	1 st - 4 th Q – Meet, discuss and resolve issues
	<ul style="list-style-type: none"> ■ Coordinate with EH to streamline communication TPEP liaison regarding Smokefree Workplace Law related tasks and concerns 	Jul. 2009	Jun. 2010	1 st - 4 th Q – Ongoing
Assessment/ Research	<ul style="list-style-type: none"> ■ Internal tracking of complaints submitted to WEMS in relation to business type and locations (EH) 	Jul. 2009	Jun. 2010	1 st - 4 th Q – Ongoing
	<ul style="list-style-type: none"> ■ Conduct observational evaluation of compliance with Smokefree Workplace Law with guidance of OR TPEP 	Jul. 2009	Jun. 2010	1 st - 4 th Q – Dependant on when OR TPEP provides guidance
Community Education & Outreach	<ul style="list-style-type: none"> ■ Continue to make Smokefree Workplace Law information available to the public through County website, Department web pages and general outreach and education efforts (make materials available through OTEC) 	Jul. 2009	Jun. 2010	1 st - 4 th Q – Ongoing
	<ul style="list-style-type: none"> ■ Staff will ensure the provision of Oregon Quit Line information within any Smokefree Workplace Law materials that are distributed. 	Jul. 2009	Jun. 2010	1 st - 4 th Q – Ongoing
	<ul style="list-style-type: none"> ■ Collaborate with EH to tailor education and outreach efforts to specific groups/areas if indicated by internal tracking 	Jul. 2009	Jun. 2010	1 st - 4 th Q – Ongoing
Earned Media / Media Advocacy	<ul style="list-style-type: none"> ■ Work with Washington County DHHS PIO to develop MAC Plan for this objective. 	Jul. 2009	Jun. 2010	1 st – 4 th Q – Will be submitted to TPEP liaison by 4 th Q.
	<ul style="list-style-type: none"> ■ Work with Washington County DHHS PIO to develop media releases related to outcomes of the compliance assessment 	Jul. 2009	Jun. 2009	1 st – 4 th Q – Will be submitted after activity occurs
Policy Development,	<ul style="list-style-type: none"> ■ In collaboration with EH, document internal protocols and procedures for responding to complaints and violations to the Smokefree Workplace Law. 	Jul. 2009	Jun. 2010	1 st - 4 th Q – Have document finalized

Implementation & Enforcement	<ul style="list-style-type: none"> With coordination and collaboration of the EH staff, provide training and instructions in new protocols and procedures. Ensure that new staff orientation includes training on internal system of response. 	Jul. 2009	Jun. 2010	1 st - 4 th Q – Ongoing
	<ul style="list-style-type: none"> With coordination and collaboration of Oregon TPEP staff and EH staff, annually review system of protocols and procedures for response to complaints. 	Apr. 2010	Jun. 2010	4 th Q – make changes and finalize

CRITICAL QUESTIONS

WHAT SECTORS OF THE COMMUNITY WILL THIS OBJECTIVE REACH?

- The sectors most affected by this objective will be local businesses, their employees and patrons.

What types of technical and/or data assistance do you anticipate needing from:

TPEP staff

- Technical assistance will be needed for the compliance assessment.***

Statewide Capacity Building Programs for Eliminating Disparities

- Technical assistance will be needed to work with Latino and other ethnic minority owned businesses to ensure that information, materials and outreach is culturally competent.

Staffing and Position Leads for Implementation of the Smokefree Workplace Law (Object #5) *

Public Health

Tobacco Program Coordinator – Program Lead

Health Promotions Supervisor – Oversight

Environmental Health

Environmental Health Specialist - Lead for investigation of complaints/violations

Administrative Support Supervisor – Lead for training on WEMS and in documentation process

Administrative Support – Lead for documentation of complaints through WEMS

Environmental Health Supervisor - Oversight

Cross-training has occurred in many of the above listed positions. If a position were to be vacated position, it would be possible to temporarily maintain continuity of documentation and investigation of complaint and violations while working to fill the vacated position. Additionally, when a position is filled with a new employee, it is possible for that employee to be adequately trained by more than one of the current positions. Additional

competencies are listed below, for each position, with the assumption that all positions are trained and experienced in the responsibilities and requirements of that position:

- Tobacco Program Coordinator: familiar with WEMS documentation of complaints and violations; trained and experienced in hard copy documentation and investigation of complaints and violations
- Health Promotions Supervisor: Trained and familiar with requirements and responsibilities of Program Coordinator
- Environmental Health Specialist: Trained and experienced in WEMS and documentation process
- Administrative Support Supervisor: Trained and experienced in documentation of complaints through WEMS and in hard copy
- Environmental Health Supervisor: Trained and familiar with requirements and responsibilities of Environmental Health Specialist and documentation of complaints through WEMS and in hard copy

* Environmental Health staff will also be working with Public Health staff of other objectives where staffing roles and responsibilities will be different from those assigned in relation to this objective.

OBJECTIVE: BUILD CAPACITY FOR TOBACCO RELATED CHRONIC DISEASE (#6)				
<i>By June 2010, Washington County will apply for TROCD Building Capacity funding.</i>				
Goal Areas for this objective				
<ul style="list-style-type: none"> ■ Eliminate/reduce exposure to secondhand smoke ■ Counter pro-tobacco influences ■ Promote quitting 				
PLAN OF ACTION		START DATE	END DATE	QUARTERLY PROGRESS
Coordination/ Collaboration	<ul style="list-style-type: none"> ■ Collaborate with incoming TROCD coordinator to mentor on community organizing, network development, community assessment and policy development 	Jul. 2009	Jun. 2010	1 st - 4 th Q – Ongoing
	<ul style="list-style-type: none"> ■ Meet regularly with TROCD coordinator to provide guidance and strategize on community organizing, network development, community assessment and policy development 	Jul. 2009	Jun. 2010	1 st - 4 th Q – Ongoing
	<ul style="list-style-type: none"> ■ Continue to coordinate internally and with community partners to build support for a developing a TROCD program 	Jul. 2009	Jun. 2010	1 st - 4 th Q – Ongoing
ASSESSMENT/ Research	<ul style="list-style-type: none"> ■ Work with Washington County Epidemiologist to enhance current community inventory of tobacco-related chronic disease treatment programs within Washington County. 	Jul. 2009	Dec. 2009	1 st - 2 nd Q – have a more comprehensive summary prepared
	<ul style="list-style-type: none"> ■ Work with TROCD Coordinator to strategize and develop a plan for conducting the Community Assessment utilizing ORTPEP tools 	Jul. 2009	Jun. 2010	1 st - 4 th Q – Ongoing
Community Education & Outreach	<ul style="list-style-type: none"> ■ Provide the current community inventory to TPAB members to encourage them to support TROCD funding and Building Capacity process. 	Jul. 2009	Jun. 2010	1 st - 4 th Q – Ongoing
	<ul style="list-style-type: none"> ■ Work with TPAB and other community members to educate them about the importance of TROCD Building Capacity funding. 	Jul. 2009	Jun. 2010	1 st - 4 th Q – Ongoing
	<ul style="list-style-type: none"> ■ Work with TROCD Coordinator to meet with members of the TPAB and other community partners to educate and engage them about the benefits of participating in the Building Capacity Institutes 	Jul. 2009	Jun. 2010	1 st - 4 th Q – Ongoing
Earned Media / Media Advocacy	<ul style="list-style-type: none"> ■ Work with Washington County DHHS PIO to develop MAC Plan for this objective. 	Jul. 2009	Jun. 2010	1 st - 4 th Q – Ongoing
	<ul style="list-style-type: none"> ■ Work with Washington County DHHS PIO to develop media messages about tobacco-related chronic disease and the utility of the county profile. 	Jul. 2009	Jun. 2010	1 st - 4 th Q – Ongoing
	<ul style="list-style-type: none"> ■ Work with TROCD coordinator to mentor in the development of media advocacy skills 	Jul. 2009	Jun. 2010	1 st - 4 th Q – Ongoing
	<ul style="list-style-type: none"> ■ Work with Washington County DHHS PIO and TROCD Coordinator to develop shared messages for media release 	Jul. 2009	Jun. 2010	1 st - 4 th Q – Ongoing
Policy Development,	<ul style="list-style-type: none"> ■ Strategize with TROCD Coordinator to determine specific objectives to increase the public's understanding of the burden of tobacco on public health 	Jul. 2009	Jun. 2010	1 st - 4 th Q – Ongoing

Implementation & Enforcement	<ul style="list-style-type: none"> Work with Washington County DHHS to explore possible “program/grant” opportunities in the community within tobacco-related chronic disease. 	Jul. 2009	Jun. 2010	1 st - 4 th Q – Ongoing
	<ul style="list-style-type: none"> Work with TROCD Coordinator and Washington County DHHS Administration to develop public policy statements in response to tobacco-related chronic disease in Washington County 	Jul. 2009	Jun. 2010	1 st - 4 th Q – Ongoing

CRITICAL QUESTIONS

WHAT SECTORS OF THE COMMUNITY WILL THIS OBJECTIVE REACH?

- The sectors of the community most impacted will be those who currently have or at risk for tobacco-related chronic diseases. In addition, Washington County Public Health will have the capacity to collaborate with community partners who have long worked in tobacco-related chronic disease treatment programs.

What types of technical and/or data assistance do you anticipate needing from:

TPEP staff

- Technical assistance would be needed from the TPEP staff related to the completion of the TROCD RFA Statewide Capacity Building Programs for Eliminating Disparities

- Technical assistance would be needed to determine and address the disparities found in the data gathered for the profile.

At the time of this RFA submission, the TROCD Building Capacity RFA is not available for review. Although Washington County does plan to apply for this funding in the coming cycle if it is not awarded, Washington County will apply for this funding again in the following cycle. Additionally, if Washington County receives TROCD Building Capacity funding, a new and more detailed workplan for this objective will be submitted to the ORTPEP liaison.

OBJECTIVE: TOBACCO-FREE HEAD START/ CHILD CARE PROGRAMS (#7)				
<i>By June 2010, all Head Start Programs in Washington County will have implemented a comprehensive tobacco-free policy.</i>				
<ul style="list-style-type: none"> Technical assistance would be needed from ALAO related to checklists, sample policies and addressing barriers 				
Goal Areas for this Subjective Capacity Building Programs for Eliminating Disparities				
<ul style="list-style-type: none"> Eliminate/reduce exposure to secondhand smoke Technical assistance would be needed to ensure that all educational outreach is culturally competent. Counter pro-tobacco influences Promote quitting 				
PLAN OF ACTION		START DATE	END DATE	QUARTERLY PROGRESS
Coordination/ Collaboration	<ul style="list-style-type: none"> Meet with ALAO, Community Action Network and the NWESD Head Start of Washington County to identify areas of collaboration 	Jul. 2009	Dec. 2009	1 st – 2 nd Q – Have a plan developed
	<ul style="list-style-type: none"> Collaborate with ALAO, Community Action Network and the NWESD Head Start of Washington County to coordinate efforts in achieving ‘completely tobacco-free’ status 	Jul. 2009	Jun. 2010	1 st - 4 th Q – Have target areas identified
	<ul style="list-style-type: none"> Work with ALAO to strategize about potential barriers for programs with no tobacco-free policy in place 	Jul. 2009	Jun. 2010	1 st - 4 th Q – Have a plan developed
ASSESSMENT/ Research	<ul style="list-style-type: none"> Work with ALAO to determine which Head Start programs in Washington County need a tobacco-free policy 	Jul. 2009	Sep. 2009	1 st Q – Have specific programs identified
	<ul style="list-style-type: none"> Identify potential barriers to implementation of a tobacco-free policy for each program that does not have one in place. 	Jul. 2009	Jun. 2010	1 st - 4 th Q – Have barriers identified
Community Education & Outreach	<ul style="list-style-type: none"> Work with Head Start Health Specialists and the ALAO to provide educational presentations, materials and resources to all Head Start Administrative groups and decision makers in Washington County. 	Jul. 2009	Jun. 2010	1 st - 4 th Q – Have provided education in some form to all groups
	<ul style="list-style-type: none"> Utilize ALAO and EPA educational materials in this process, additional resources to be used will be confirmed with ORTPEP 	Jul. 2009	Jun. 2010	1 st - 4 th Q – Ongoing
Earned Media / Media Advocacy	<ul style="list-style-type: none"> Work with Washington County DHHS PIO to develop MAC Plan for this objective. 	Jan. 2010	Mar. 2010	3 rd Q – Have submitted to ORTPEP liaison
	<ul style="list-style-type: none"> Work with Washington County DHHS PIO and ALAO to develop shared media messages about tobacco-free Head Start policies in Washington County. 	Apr. 2010	Jun. 2010	4 th Q – Have media releases submitted
Policy Development, Implementation & Enforcement	<ul style="list-style-type: none"> Utilize ALAO policy checklist to discuss and evaluate current Head Start policies and programs 	Jan. 2010	Mar. 2010	3 rd Q – Have improvements identified
	<ul style="list-style-type: none"> Utilize ALAO policy checklist and sample policies to guide development of comprehensive tobacco-free Head Start policies. 	Apr. 2010	Jun. 2010	4 th Q – Have enhanced polices in place
CRITICAL QUESTIONS				
WHAT SECTORS OF THE COMMUNITY WILL THIS OBJECTIVE REACH?				
<ul style="list-style-type: none"> The sectors of the community most impacted will be all Head Start volunteers, staff, visitors, students and their families. 				
What types of technical and/or data assistance do you anticipate needing from:				

Appendix C: FY 2009 - 2010 WIC Nutrition Education Plan Form

County/Agency: Washington County
Person Completing Form: Tiare T. Sanna MS, RD, LD
Date: March 18, 2009
Phone Number: (503) 846-4913
Email Address: tiare_sanna@co.washington.or.us

Return this form electronically (attached to email) to: sara.e.sloan@state.or.us
by May 1, 2009
Sara Sloan, 971-673-0043

Goal 1: Oregon WIC Staff will have the knowledge to provide quality nutrition education.

Year 3 Objective: During planning period, staff will be able to work with participants to select the food package that is the most appropriate for their individual needs.

Activity 1: Staff will complete the appropriate sections of the new Food Package Assignment Module by December 31, 2009.

Resources: Food Package Assignment Module to be released summer 2009.

Implementation Plan and Timeline:

During our July (or August - depending on module release date) 2009 staff in-service meeting, the Training Supervisor will present an in-service on the Food Package Assignment Module. During this in-service staff will complete all activities and pre/post tests required by the module.

In preparation for the changes that will accompany Fresh Choices, staff will be receiving monthly in-services, prepared by the state staff and present by the Washington County WIC Training Supervisor. These in-services will prepare the staff for the food package changes and will make them better able to assist clients in selecting the most appropriate food package.

Washington County staff will also participate in sessions related to Fresh Choices at the WIC Statewide Meeting June 22-23, 2009.

Activity 2: Staff will receive training in the basics of interpreting infant feeding cues in order to better support participants with infant feeding, breastfeeding education and to provide anticipatory guidance when implementing the new WIC food packages by December 31, 2009.

Resources: Sessions on Infant Feeding Cues at the WIC Statewide Meeting June 22-23, 2009.

Implementation Plan and Timeline:

During the June 22 - 23, 2009 WIC Statewide Meeting, Washington County WIC staff will be encouraged to attend the session on Infant Feeding Cues.

During our September 2009 staff in-service meeting the Training Supervisor, in coordination with the Breastfeeding Coordinator, will present an in-service on infant feeding cues and review with staff how to better assist parents on how to decode infant cues. The overall goal of this in-service will be to educate staff and increase skills related to breastfeeding support in an effort to further increase breastfeeding exclusivity and duration and support more appropriate infant feeding.

Activity 3: Each local agency will review and revise as necessary their nutrition education lesson plans and written education materials to assure consistency with the Key Nutrition Messages and changes with the new WIC food packages by August 1, 2009.

Example: Pregnant women will no longer be able to routinely purchase whole milk with their WIC FIs. If the nutrition education materials your agency uses indicates all pregnant women should drink whole milk, those materials would need to be revised.

Implementation Plan and Timeline:

By January 2009 all nutrition education lesson plans will be reviewed and revised to ensure that they are consistent with the Key Nutrition Messages and new food packages. For example, starting January 2009 the Childhood Nutrition video class at Washington County will use the Nutrition with Elmo Sesame Street DVD. This video incorporates the fresh fruits and vegetables and whole grain message to young children and their parents.

During the classes taught between January 2009 and October 2009, short messages relating to the food package changes will be incorporated into the lesson plans. These messages will include the change to lowfat milk after 2 years of age for all participants, the inclusion of whole grains on the vouchers and the message to ensure that at least 50% of grains in diet are whole grains, and the introduction of the fresh fruits and vegetables cash vouchers.

Activity 4: Identify your agency training supervisor(s) and projected staff in-service training dates and topics for FY 2009-2010. Complete and return Attachment A by May 1, 2009.

Implementation Plan and Timeline:

In-services will be provided every 2-3 months (or more) by the Training Supervisor at staff meetings.

Please see Attachment A for scheduled quarterly in-services.

Goal 2: Nutrition Education offered by the local agency will be appropriate to the clients' needs.

Year 3 Objective: During planning, each agency will develop a plan for incorporating participant centered services in their daily clinic activities.

Activity 1: Each agency will identify the core components of participant centered services that are being consistently utilized by staff and which components need further developing by October 31, 2009.

Examples: Use state provided resources such as the Counseling Observation Guide to identify participant centered skills staff are using on a regular basis. Use state provided resources such as self evaluation activities done during Oregon WIC Listens onsite visits to identify skills staff are working on and want to improve on.

Implementation Plan and Timeline:

The Washington County WIC staff continues to utilize and improve on their skills related to participant centered education. Over the year they will continue to build on their OARS skills by observing and being observed by co-workers during

counseling sessions and group classes. The state provided resources, such as the Counseling Observation Guide, will allow staff and the Training Supervisor to pinpoint which skills are being used effectively and consistently and which skills need further development.

Activity 2: Each agency will implement at least two strategies to promote growth of staff's ability to continue to provide participant centered services by December 31, 2009.

Examples: Using the information from Goal 2, Activity 1, schedule quarterly staff meeting time to review Oregon WIC Listens Continuing Education activities related to participant centered skills staff identified they want to improve on. Schedule time for peer to peer observations to focus on enhancing participant centered services.

Implementation Plan and Timeline:

In May 2009 and January 2010 staff meetings will be dedicated to reviewing participant centered education. The Training Supervisor will use the information gathered from Goal 2, Activity 1 to plan the meeting in order to highlight strengths and focus on providing information and guidance on areas where staff has identified the need for improvement. This time will also be an opportunity for the staff to share as a group successes and challenges they have had as they continue to improve on their efforts to be client centered.

Three of the core classes at Washington County WIC already use facilitated learning techniques and the staff is working to make the power-point classes we have as interactive as possible. In addition, we are also working to add an internet class option to our class menu by November 2009. Our goal is to provide as many class formats at as many different times as possible to help meet our clients' various learning styles and schedules.

In order to build staff confidence and skills at providing client centered education in a group setting, an October 2009 staff meeting will be dedicated to facilitative learning techniques.

Goal 3: Improve the health outcomes of clients and staff in the local agency service delivery area.

Year 3 Objective: *During planning period, each agency will develop a plan to consistently promote the Key Nutrition Messages related to Fresh Choices thereby supporting the foundation for health and nutrition of all WIC families.*

- *Breastfeeding is a gift of love.*
- *Focus on fruit.*
- *Vary your veggies.*
- *Make half your grains whole.*
- *Serve low-fat milk to adults and children over the age of 2.*

Activity 1: Each agency will implement strategies for promoting the positive changes with Fresh Choices with community partners by October 31, 2009.

Example: Determine which partners in your community are the highest priority to contact such as medical providers, food pantries, breastfeeding coalitions, and/or Head Start programs. Provide a staff in-service, written materials or presentation to those partners regarding Fresh Choices.

Implementation Plan and Timeline:

The Training Supervisor and Nutrition Program Supervisor will provide in-services to the Washington County Community Health Nurses prior to the food package changes that will occur in August 2009. In addition, the following meetings/in-services have been scheduled to discuss the new food packages and coordination of care between the following:

March 24, 2009: Meeting with Providence Prenatal Group

April 2, 2009: Meeting with Head Start (Coffee Creek Facility)

The Nutrition Program Supervisor will also schedule a meeting with Mountindale Recovery Center. Meetings with other community partners will be scheduled as requested or as the need arises.

Activity 2: Each agency will collaborate with the state WIC Research Analysts for Fresh Choices evaluation by April 30, 2010.

Example: Your agency is a cooperative partner in a state led evaluation of Fresh Choices such as hosting focus groups or administering questionnaires with participants.

Implementation Plan and Timeline:

In April 2009 Washington County WIC will help complete 250 Nation Food and Nutrition Questionnaires (NATFAN) developed by The Institute for Obesity Research and Program Evaluation at Texas A&M University. The purpose of the questionnaire is to evaluate nutritional intake of WIC participants before and after implementation of the food package changes.

Goal 4: Improve breastfeeding outcomes of clients and staff in the local agency service delivery area.

Year 3 Objective: During planning period, each agency will develop a plan to promote breastfeeding exclusivity and duration thereby supporting the foundation for health and nutrition of all WIC families.

Activity 1: Using state provided resources, each agency will assess their breastfeeding promotion and support activities to identify strengths and weaknesses and identify possible strategies for improving their support for breastfeeding exclusivity and duration by December 31, 2009.

Resources: State provided Oregon WIC Breastfeeding Study data, the breastfeeding promotion assessment tool and technical assistance for using the tool. Technical assistance will be provided as needed from the agency's assigned nutrition consultant and/or the state breastfeeding coordinator.

Implementation Plan and Timeline:

Results from the WIC Breastfeeding Study show that many moms do not seek out breastfeeding help when needed and that most supplementation occurs very early in the post-partum period. For this reason Washington County is taking some steps to improve access to breastfeeding support for WIC moms and is modifying prenatal breastfeeding education to help support breastfeeding exclusivity.

Washington County will also use state resources such as the Breastfeeding Promotion Assessment tool to evaluate effectiveness of both our breastfeeding promotion and breastfeeding education.

Activity 2: Each agency will implement at least one identified strategy from Goal 4, Activity 1 in their agency by April 30, 2010.

Implementation Plan and Timeline:

Washington County WIC is in the process of developing a breastfeeding support group which will be lead by the IBCLC on staff and the WIC peer counselors. The overall goal of this support group will be to provide support, encouragement, and information to new mothers in an effort to increase both breastfeeding exclusivity and duration rates of the WIC population. Breastfeeding support groups will be incorporated into services provided to WIC participants by December 2009.

Washington County WIC staff will receive training in the basics of interpreting infant feeding cues at the WIC statewide meeting in June and during a staff in-service in September at the Washington County WIC clinic. These skills will enable the staff to more effectively help moms interpret their infants' cues, and therefore, enable them to be more successful and confident in their breastfeeding experiences.

Education at Washington County WIC during the prenatal period will focus on providing anticipatory guidance to mothers to help them understand normal newborn behavior and physiology, which in turn, will promote breastfeeding success.

Appendix D: Immunization Comprehensive Triennial Plan

Due Date: May 1 Every year

Local Health Department:

Plan A - Continuous Quality Improvement: Reduce Vaccine Preventable Disease

Calendar Years 2009-2011

Year 1: January 2009-June 2009						
Objectives	Activities	Date Due / Staff Responsible		Outcome Measure(s)	Outcome Measure(s) Results	Progress Notes
A. <i>Review 2008 AFIX report with RN staff</i>	Set-up scheduled AFIX 2008 review with OSHD by 5-1-2009	6/15	GR MK	Schedule in-service with RN's by 6-1-09 to review 2008 AFIX	To be completed for the CY 2009 Report	To be completed for the CY 2009 Report
B. Review VAR screening, "Questions Before Immunizations are Given (12) with RN's	In-service on 12 questions from MCHD Power Point	6/15	GR MK	Schedule in-service with RN's by 6-30-09 to review VAR 12 questions	To be completed for the CY 2009 Report	To be completed for the CY 2009 Report

Immunization Comprehensive Triennial Plan

Due Date: May 1 Every year

Local Health Department:

Plan A - Continuous Quality Improvement: Reduce Vaccine Preventable Disease

Calendar Years 2009-2011

Year 2: July 2009-June 2010						
Objectives	Activities	Date Due / Staff Responsible		Outcome Measure(s)	Outcome Measure(s) Results	Progress Notes
<p>A. <i>Increase the up-to-date for 2 year olds (431331) seen at WCHD by 1% a year over the next 2 years. First year from 74% to 75%.</i></p>	<ul style="list-style-type: none"> • Use most recent AFIX assessment data as the baseline • Provide quarterly staff in-service(s) to review and implement • Using only true contraindications when deferring shots • Catch-up schedule • Giving every shot due at any visit where child is seen • Vaccine safety education and talking to hesitant parents 	<p>GR MK</p>	<p>6/10 6/10</p>	<p>Increase rate by 1 %</p>	<p>To be completed for the CY 2010 Report</p>	<p>To be completed for the CY 2010 Report</p>

<p>B. Decrease missed shot from 16% in 7/09 to 15% in 6/10</p>	<ul style="list-style-type: none"> • Use most recent AFIX assessment data as the baseline • Train staff on ways to decrease missed opportunities • Using only true contraindications when deferring shots • Catch-up schedule • Vaccine safety education and talking to hesitant parents • Fully screen each patient for imms at every visit and immunize as needed 	<p>GR MK</p>	<p>6/10 6/10</p>	<p>Decrease missed shots by 1%</p>	<p>To be completed for the CY 2010 Report</p>	<p>To be completed for the CY 2010 Report</p>
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Immunization Comprehensive Triennial Plan

<p>Due Date: May 1 Every year</p>

Local Health Department:

Plan A - Continuous Quality Improvement: Reduce Vaccine Preventable Disease

Calendar Years 2009-2011

Year 3: July 2010-June 2011						
Objectives	Activities	Date Due / Staff Responsible		Outcome Measure(s)	Outcome Measure(s) Results	Progress Notes
A. <i>Increase the up-to-date for 2 year olds (431331) seen at WCHD by 1% a year from 75% to 76%</i>	Same as Year 2	GR MK	6/11	Increase rate by 1%	To be completed for the CY 2011 Report	To be completed for the CY 2011 Report
B. Decrease missed shots from 15% in 7/2010 to 14% in 6/2011	Same as Year 2	GR MK	6/11		To be completed for the CY 2011 Report	To be completed for the CY 2011 Report

Appendix E:

Field Team Action Plan Parent and Child Health Services FY 09/10

There is no update to the current plan.

Current problem:

56% of Oregon's children have dental decay compared to a national average of 52%. One of every five low income children in Oregon has 7 or more cavities. The Washington County Field Team serves over 600 low income infants and toddlers each year.

Goal:

Increase prevention of early childhood cavities by implementing a fluoride varnish program.

Activities:

1. Community Health Nurses will apply fluoride varnish to the teeth of 9-24 month old infants following a Fluoride Varnish protocol.
2. Community Health Nurses will provide health education regarding good oral hygiene practices to all clients receiving home visiting services.
3. Community Health Nurses will provide case management services to assure that clients are able to access and utilize dental care services.
4. Washington County Field Team will coordinate fluoride varnish services with other cavities prevention activities and programs throughout the county.

Evaluation:

1. Document number of infants and toddlers receiving fluoride varnish.
2. Document number of treatments received.
3. Document number of referrals for dental care—prevention and treatment.

**Appendix F: FAMILY PLANNING PROGRAM ANNUAL PLAN
FOR COUNTY PUBLIC HEALTH DEPARTMENT
FY '10**

July 1, 2009 to June 30, 2010

Agency: Washington County Department of Health & Human Services Public Health
Contact: Linda K. Birenbaum, RN, PhD, Public Health Program Supervisor

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
Washington County clinics saw 12,547 family planning clients in 2008. All Washington County family planning providers saw 28,457 or 44% of women in need.	Increase by 1% the number of family planning clients seen in Washington County who are in need of family planning services	Continue current outreach activities	Count the outreach activities for family planning in this fiscal year.
		Request that Public Health develop a drop down menu for Family Planning like Immunization has on the new Washington County website.	To see if the Washington County family planning web page is a source of information for clients to make appointments, survey and count how many clients found information from this source.
	Refer women for colposcopy and other fertility related health issues to community providers	Complete the referral protocol for CHNs to make referrals to community providers	Track number of referrals made for and kept by our clients.
	Develop client education materials that are at the 8 th grade reading level and appropriate for the Washington County population	Evaluate and revise client education materials using the process developed by the clinical nurse leader graduate student from the University of Portland	Report the percentage of client family planning handouts that meet the 8 th grade reading level criteria in English and Spanish.

Goal 2: Increase family planning services to teens in need of reproductive health services

Problem Statement	Objective(s)	Planned Activities	Evaluation
While teens make up 17.3% of women in need in 2008, WC served 16.6% in 2008.	Increase number of teens seen in the Washington County Teen Clinics.	<ol style="list-style-type: none"> 1. Continue our Teen Clinics on Tuesday 3-7 pm at the Hillsboro and Tigard Clinic locations 2. Continue to support Merlo School Based Health Center (SBHC). 3. Coordinate with School Based Health Centers (Tigard & Forest Grove) to assure that teens are being appropriately referred. 	<p>Continue to monitor number of teens seen in each clinic.</p> <p>Survey teens as to whether they were referred from a SBHC.</p>
	Increase awareness of Teen clinic in teen population	Continue health educator outreach to Washington County schools	Report number of visits to schools

Objectives checklist:

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

Progress on Goals / Activities for FY 09

(Currently in Progress)

Goal / Objective	Progress on Activities
<p>Assure continued high quality clinical family planning and related preventive health services to improve overall individual and community health.</p>	<p>The number of family planning clients seen in each clinic for the first 3 quarters of FY 2008=2010: Hillsboro 3458 visits 2868 unduplicated clients Beaverton 3337 visits 1325 unduplicated clients Tigard 2019 visits 1481 unduplicated clients</p> <p>Duration of time from request for appointment to appointment time: 2 weeks for NPs in Hillsboro and Tigard. 4 weeks for NP in Beaverton. Nurses in all clinics 2-3 days.</p> <p>We have not yet developed a Public Health Advisory committee from which the FP Advisory Committee members will be drawn. It is still in the planning.</p> <p>Monitor Tigard FPEP client numbers: 602 from July 1, 2009 through April 30, 2009.</p>
<p>Assure ongoing access to a broad range of effective family planning methods and related preventive health services.</p>	<p>Monitor number of clients seen for FP: 7814 visits from July 1, 2009 through April 30, 2009. 5668 unduplicated clients during same period.</p> <p>Between July 1, 2008 and April 30, 2009 only 2 Mirenas were both inserted and removed. A considerable improvement over last fiscal year, if we hold to that.</p>