

**Douglas County
Health and Social Services Department**

May 1, 2009

Tom Engle
Department of Human Services
800 N.E. Oregon Street, Suite 930
Portland, OR 97232

Dear Mr. Engle:

Enclosed please find Douglas County's Public Health Annual Plan for 2009/2010, which is being submitted pursuant to ORS 431.385. This plan has been prepared according to your instructions and assures that the activities defined in ORS 431.375 - 431.385 and ORS 431.416 are performed. If you have any questions or need further information, please contact me at (541) 440-3625.

Douglas County submits this Annual Plan with the understanding that various staff, programs, and plans will be evolving or be eliminated to match state and federal funding available come July 1, 2008. At this time we are planning to provide public health services as outlined in this annual plan. We will continue to work with CHLO on how to provide public health services with limited funding.

Sincerely,

Peggy Kennerly, Administrator
Douglas County Health and Social Services

I. EXECUTIVE SUMMARY

Douglas County Health and Social Services (DCHSS) exists for the common good and is responsible for leadership in the promotion of social, economic and environmental conditions that improve health and well-being and prevent illness, disease and injury. Accordingly, DCHSS defines itself around the nationally recognized Ten Essential Public Health Services, which describe what every person, regardless of where they live, can reasonably expect their Local Public Health Authority to provide. DCHSS strives to provide the following essential public health services.

1. Monitoring health status to identify community health problems
2. Diagnosing and investigating identified health problems and health hazards in the community
3. Informing, educating, and empowering people about health issues
4. Mobilizing community partnerships to identify and solve health problems
5. Developing policies and plans that support individual and community health efforts
6. Enforcing laws and regulations that protect health and ensure safety
7. Linking people to needed personal health services and assuring the provision of health care when otherwise unavailable
8. Assuring a competent public health and personal health care workforce
9. Assessing effectiveness, accessibility and quality of personal and population-based health services
10. Researching for new insights and innovative solutions to health problems

Because of the rural demographics, Douglas County provides these essential public health services with additional or different approaches than an urban county. In addition, there are public health concerns that are unaddressed due to competing priorities and fiscal shortfalls. Also in comparison to statewide, Douglas County faces the challenges of an aging population, higher rate of unemployment, higher poverty rate, fewer educational opportunities, increased substance abuse, and fewer resources to help address these challenges. The scarcity of health care coverage and the concentration of providers in the County's central core area are exacerbated by limited public transportation, longer travel distances to health care services, and limited access to health care specialists.

The most difficult obstacle in providing public health services is inadequate funding. County public health programs have historically relied on federal funding. For 2009-2010, Douglas County is planning for a 10% reduction safety net funding. The County Board of Commissioners has directed the Public Health Division to cut approximately \$300,000 from the Public Health Division budget. With less county general fund dollars, the Health Department will rely more on state funding, grant monies, Medicaid-match programs, and revenue from service provided. There is no local property tax funding to support public health. Douglas County government continues to evaluate

plans on how to increase revenue, streamline programs, and cut non-essential services.

Douglas County submits this Annual Plan with the understanding that various staff, programs, and plans will be evolving or be eliminated to match state and federal funding available on July 1, 2009. The Health Department will continue to work with CHLO on how to provide public health services without adequate funding.

II. ASSESSMENT

The following indicators provide a description of the public health issues and needs in Douglas County.

Geography

Douglas County extends west to east from sea level at the Pacific Ocean to 9,182-foot Mt. Thielsen in the Cascade Range. Douglas County covers an expansive 5,071 square miles, just larger than the state of Connecticut. The county contains nearly 2.8 million acres of commercial forest lands and one of the largest stands of old growth timber in the world. Over 50 percent of the land area of the county is owned by the federal government (Oregon Blue Book 2007).

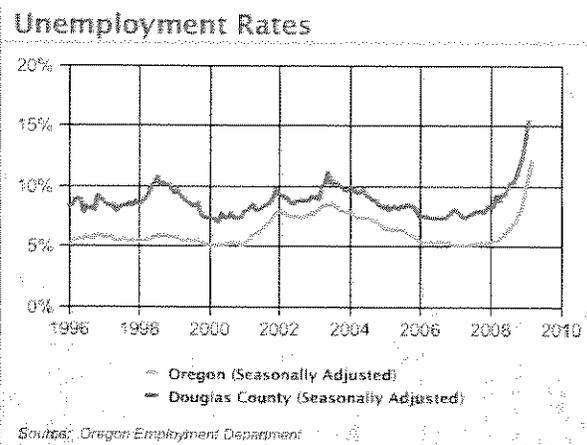
Population

Douglas County's population has grown to 105,241; a 4.8% estimated increase since the April 2000 census (July 2008 Population Research Center Certified Estimate). Forecasts of Oregon's county populations, predicts that Douglas County will have a population of 140,619 at year 2040. The median age of Douglas County residents is slightly older at 43.4 years of age in 2006, as compared to 36.4 years of age statewide (2006 American Community Survey data). Douglas County's population ages 65 and older makes up 18.4% of the county population as compare to 12.5% statewide (July 2007 Population Research Center Certified Estimate). Overall, Douglas County's population is predominately white (92.7%), compared to 90.5% statewide. Douglas County's Hispanic population has increased from 2.4% in 1990 to 4.0% in US Census 2006 American Community Survey data.

Income and Poverty

US Census 2006 American Community Survey data show that 16.0% of Douglas County individuals are at or below the Federal Poverty Level, as compared to 13.3% statewide. Data from the 2008 Children First for Oregon report show that approximately 23.5% of children between the ages of 0-17 in Douglas County live in poverty, compared to 16.9% statewide. Although these data reflect a slight improvement in childhood poverty since 2007, the data do not capture increased poverty resulting from the economic downturn.

The economic difficulty faced by many Douglas County families is further reflected in local income and poverty data. The median household income in Douglas County is \$48,400, which is 18% lower than the state median (Children First for Oregon 2008). In addition, Douglas County's unemployment rate in February 2009 was 18.0%, the fourth highest in Oregon, as compared to 8.1% statewide (Oregon Employment Department, OMLIS 2008). Also according to the Children First for Oregon 2008, 46.5% of Douglas County children were eligible for free/reduced price lunches during the school year, as compared with 36.2% statewide.



Alcohol, Tobacco, and other Drug Use

Alcohol, tobacco and other drug use affects families, schools, workplaces, and entire communities. Although we have seen a decrease a decrease in underage drinking, use of alcohol, tobacco and other drug use is higher among Douglas County youth and adults than among youth and adults statewide. Most recent data show that 29% of 8th graders and 46% of 11th graders reported drinking alcohol on one or more occasions in the past 30 days (DHS Addictions & Mental Health Report, 2000-2008). Of those who report drinking, 12% of eighth graders and 26% of 11th graders reported binge drinking (5 or more drinks in a row in a couple of hours). In 2008, 9% of 8th graders and 19% of 11th graders in Douglas County reported use of marijuana – both down from 2006 reports.

While most adults in Douglas County do not smoke, the prevalence of adult smoking continues to be significantly higher in Douglas County (27.3%) than among adults statewide (18.7%) (DHS Tobacco Facts, 2009). Among youth, 15.1% of 8th grade students and 21.7% of 11th grade students report current smoking. Nearly one in four women (24.6%) in Douglas County report using tobacco during pregnancy, as compared to 12.2% statewide (DHS Tobacco Facts, 2009). Tobacco costs Douglas County residents nearly \$104.2 million per year in direct medical costs and indirect costs due to lost productivity due to tobacco-related deaths (DHS Tobacco Facts, 2009).

Physical Activity, Diet, and Obesity

Data show that 28.9% of 8th graders and 25.5% of 11th graders in Douglas County are overweight or at risk for overweight, as compared to 25.8% and 24.9% respectively statewide (Oregon Healthy Teen Survey, 2005-2006). Only 22.1% of 8th grade students and 17.5% of 11th grade students eats the recommended 5-a-day fruits and vegetables,

as compared to 25.3% and 20.3% statewide. Moreover, 64% of Douglas County adults are overweight or obese, as compared to 59% statewide (Keeping Oregonians Healthy, 2007).

Health Care Coverage

Rural Oregonians continue to be less well-served than those who live in metropolitan areas. In 2005, the Portland area (Multnomah, Clackamas and Washington counties, had 311 physicians per 100,000 population, while the rural counties of southwest Oregon had only 206 physicians per 100,000 population. In addition, Douglas County in 2006 reports 1.82 active physicians per 1,000 population, compared to a statewide average of 1.49 active physicians per 1,000 population (Oregon Office of Rural Health). Data from Children First for Oregon, 2008, show that that 10.1% of children in Douglas County have no health insurance, as compared to 12.6% statewide. In Douglas County, 52.8% of Douglas County 8th graders did not have a medical check-up or physical exam in the past year.

Some safety net medical services are available in Douglas County. A Federally Qualified Health Center (FQHC) is located in Roseburg, with a satellite clinic in Glide. The FQHC established a new satellite clinic in Drain in February 2007 and in Myrtle Creek in December 2009. Also in 2007, the FQHC became a delegate agency under the County's Immunization Program, which opened up free vaccine to 317 eligible clients at the FQHC and opened up free vaccine to the underinsured VFC eligible clients seen at the county health department. At this time, the FQHC is providing immunizations at their Roseburg site, and in a limited amount at their Glide satellite.

Douglas County has three hospitals within its borders; the Roseburg Veteran's Affairs Medical Center, Mercy Medical Center, and Lower Umpqua Hospital. Mercy Medical Center closed the doors to its Behavioral Health Unit (BHU) in late October 2007, leaving Douglas County patients and families without local acute mental health hospitalization. The hospital closed the unit because it reported losing more than \$2 million annually. In the wake of the BHU closure, the hospital's emergency department added two treatment rooms, for a total of three rooms, which are designated for mental health patients. These patients can receive preliminary evaluations and develop a future plan for care. The Crossroads treatment facility, operated by Adapt, opened six beds, for people needing sub-acute mental health care and treatment for an alcohol or drug problems. As of April 2008, a private mental health company is in negotiations to begin providing a 16 acute care bed mental health facility.

Chronic Disease

Chronic diseases are the major causes of disability and death for Oregonians. The leading chronic disease in Douglas County continues to be cancer, followed by heart disease, cerebrovascular disease and chronic lower respiratory disease. The incidence rates of the leading chronic diseases in Oregon are consistently higher in Douglas County, as compared to the state overall (Oregon Vital Statistics 2005). There are a

number of modifiable risk factors that contribute to the higher incidence of chronic disease in Douglas County, including higher rates of tobacco use, physical inactivity, and poor nutrition. In addition, higher poverty rates, low level of education, the lack of health insurance, limited access to health care, and the County's older population all increase the risk of chronic disease in Douglas County.

Oral Health

Oral health care is simply out of reach for many uninsured and underinsured children and adults in Douglas County. Consequently, many are at an increased risk for periodontal infection, tooth loss, and more serious health problems that result from or co-occur with dental disease. According to the Oregon Smile Survey of 2007 nearly two in three (64%) children in first, second, and third grades have already had a cavity. In Douglas County this number increases to 78% by the time students reach the 8th grade (Oregon Health Teens Survey, 2005-2006). In January and February 2008, DCHSS conducted a brief phone survey of fourteen Douglas County preschools and found that only one of the fourteen provides dental education as part of their daily program activity.

In September 2005, Douglas County was re-designated by the Health Resources & Services Administration (HRSA), Bureau of Health Professions as a dental health care shortage area. The ratio of population to dentist is 10,457:1 and contiguous county resources are inaccessible or excessively distant. Community water fluoridation is one of the safest, least expensive, most effective and simplest ways to fight tooth decay. Oregon ranks 48th out of 50 states for water fluoridation. Douglas County does not have community water fluoridation. The Public Health Division supports the fluoridation of community water supplies to reduce tooth decay.

Youth Development and Education

Data from the 2008 Children First for Oregon show that 88.3% of 3rd graders and 57.4% of 8th graders met or exceeded the state standards for reading in 2006. Approximately 85% of students complete high school, with a drop-out rate of approximately 5%. . Approximately 11% of Douglas County residents 25 years of age and older have not graduated from high school, as compared to 7.9% statewide. Only 22.7% of Douglas County residents hold a Bachelor's degree or higher, as compared to 35.3% statewide (US Census, 2004-2007 American Community Survey).

Maternal and Child Health

Teen pregnancy rates in Douglas County are 8.3/1,000 births to teens ages 10-17 compared to statewide at 8.8/1,000 births to teens ages 10-17 (DHS, Centers for Health Statistics, 2007). While teen pregnancy rates have declined in Douglas County and Oregon over the last years, other maternal and child health indicators are of concern in Douglas County. The rate of low birth weight babies in Douglas County in 2007 was 57.4/1,000 births, as compared to 60.17/1,000 births statewide (Oregon Vital

Statistics 2007). One in four women (25%) in Douglas County report using tobacco during pregnancy, as compared to 12.2% statewide (Oregon Tobacco Facts, 2009).

Abuse and Neglect

In Douglas County, 248 children (11.0 per 1,000 children) were victims of child abuse/neglect, as compared to 12.2 per 1,000 statewide (Children First for Oregon 2008). Forty-eight percent of victims of abuse/neglect were under age 6, as compared to 49% statewide. Approximately 445 children in Douglas County have been in foster care at least once during the past year. It is estimated that 6.1 per 1,000 children in Douglas County are children living in conditions or circumstances determined to represent a substantial risk of harm, such as living in a serious domestic violence situation.

Local Health Department Basic Services

The mission of DCHSS is to assist residents and visitors in Douglas County to be healthy, independent, and safe. DCHSS administers and enforces state and local public health rules and laws. In addition, DCHSS assures activities necessary for the preservation of health or prevention of disease.

DCHSS provides the five basic services contained in statute (ORS 431.416) and rules. These duties and functions are performed in a manner consistent with Minimum Standards for Local Health Departments, adopted by the Conference of Local Health Officials (CHLO).

It is important to point out that inadequate funding to Public Health continues to negatively impact the ability to provide both basic and other public health services. In fiscal year 2004-2005, the Public Health Division had a budget that supported 64.7 FTE. In fiscal year 2009-2010, the Public Health Division will have an expected staffing of 49.8 FTE. In the 2009-2010 budget the Public Health Division will continue to decrease both in employees and dollars. In 2009/10 the FTE's decrease to 43.0. With a reduction in staff comes a reduction in services, reduction in revenue, and a reduction in matching funds. The continuing reductions of this magnitude has had and will continue to have a far-reaching impact on all Public Health Programs and the health of our community.

Adequacy of Core Services

1. Epidemiology and control of preventable diseases and disorders:

An increase in State support for Public Health in 2007 allowed Public Health to dedicate a Public Health Nurse to communicable disease reporting and investigation. This support initially enhanced the timeliness of disease reporting, increased our capacity to conduct disease investigations, provided for additional outreach efforts to address disease outbreaks and Hepatitis C, has built an employee immunization program, and has increased our ability to implement quality assurance procedures. However, the emergency preparedness funding has been dwindling each year and now the Public Health Division in 09-10 will no longer be receiving that funding. Public Health is able to address epidemiology and control of preventable diseases; however, additional funding and staffing is recommended to adequately address public health priorities and meet national and state benchmarks. In addition, with cuts in other programs, the communicable disease nurse is asked to cover more for a variety of clinics.

Additional funding and staffing would allow for a strengthened program, including but not limited to more than the minimal investigation of Hepatitis C; a strengthened Immunization Program that could be more proactive with community immunization providers; and the ability to analyze disease data by a health disparity or geographical location. It is difficult to sustain a minimally adequate response to epidemiology and control of preventable diseases when State funding has been reduced or is unpredictable, and County Public Health Programs rely on grant funding and County general fund dollars. In addition, Douglas County Public Health receives no State funding specific to control of Sexually Transmitted Diseases, only in-kind donations of medications. In addition, HIV funding from the State is unpredictable with Oregon counties coming on or off the funding formula from year to year, making it difficult to plan for long term goals and sustainable activities. The State funding for Tuberculosis is \$1,312 in Douglas County; not enough to fund the activities to investigate one case of active Tuberculosis. Although the State Support for Public Health dollars doubled in the 2007 legislature to now provide Douglas County with \$121,005; this money does not go far when divided between the County's Communicable Disease, HIV, STD, TB, and Environmental Health Programs.

The Board of Commissioners this year has directed that all Divisions in the Health Department reduced their budget by 10%. The impact of program cuts, changes to increase revenue, and staffing changes is felt through out the Public Health Division.

2. Parent and child health services, which includes family planning:

Funding cuts to Public Health in the 2009-2010 budget mean the elimination of the Healthy Start Program (4.0 FTE's); 1- CHN3 position in support of the Prenatal Clinic; and 1 – CHN4, management position for Family Planning.

These cuts have a ripple effect on other programs. The reduction of a field staff nurse position not only means a struggle to meet Babies First! and Maternity Case Management program goals, but reduces our capacity to cover clinical services (e.g., immunizations, STD, HIV, Family Planning, or Communicable Disease).

3. Collection and reporting of health statistics:

Birth and death reporting, recording, and registration are provided by the DCHSS Roseburg office. Due to the geographic size of Douglas County, the outlying offices in Canyonville and Drain provide completed and registered birth certificates to customers. In 2006, DCHSS implemented electronic death registration but full implementation has yet to occur. Only one county physician participates in electronic death registration. DCHSS implemented electronic birth certificates in January 2008.

4. Health information and referral services:

DCHSS provides accurate and unbiased information and referral about local health and human services to the citizens of Douglas County. Information and referral is provided through response to telephone inquiries, providing information and referral information through news releases, presentations, printed materials, the County's website, and by communicating in-person to DCHSS clients.

5. Environmental health services:

The Environmental Health Division has been moved from a Division to a Program level within the Public Health Division. This changed supervision to the Public Health Division Director. A Program Supervisor was assigned within the Environmental Health Program. In 2007-2008 fees were changed for Temporary Food Service Licenses. No fee adjustments have been made since 2004. An evaluation of the Environmental Health fee structure has been completed and the program is awaiting Board of Commissioner approval prior to implementation this fall. Program fees are expected to increase significantly in 2009-2010 due to the expected loss of the federal timber safety net dollars.

Adequacy of Other Public Health Services

The Douglas County Public Health Division has, in the past, provided a number of services of importance to the health of Douglas County, including health education and promotion, dental health, older adult health education, and other important public health services. Budget cuts to the Public Health Division in fiscal year 2009-2010 reduce our capacity to provide many of the programs and services that promote the health of our community. The following describes the other services provided under OAR 333-014-0050 during fiscal year 2009-2010.

1. Emergency preparedness including participation in the development of the county's emergency response plans and internal procedures necessary to carry out the local health department role in the plans;
 - (i) Douglas County Public Health reviews plans written by the DCHSS Preparedness Coordinator to ensure coordination with Public Health resources and plans. Douglas County Public Health employees are trained in ICS 100 and 700; staff is trained in higher level Incident Command courses as appropriate. Douglas County Public Health participates in countywide preparedness exercises. The Public Health Education Program staff has received advanced training to fulfill the role of the local health department Public Information Officer.

2. Laboratory services including providing diagnostic and screening tests to support public health services which are in compliance with quality assurance guidelines established by the State Health Division
 - (i) Douglas County Public Health has lab services that provide supportive services primarily to the Family Planning, WIC, and HIV/STD clinics. The lab is a moderate, high complexity Clinical Laboratory Improvement Amendments certified lab, authorized to perform bacterial, mycological, & parasitological testing.

3. Health education/health promotion including activities and programs to promote health and assist individuals and groups to achieve and maintain healthy behaviors;
 - (i) Budget cuts to the Public Health Division in fiscal year 2008-2009 reduced our capacity to provide population-based health education. Health education provided by the Public Health Education Program will be limited to the implementation of the tobacco prevention and education grant program. Coordination of a centralized child passenger safety seat education and distribution program was eliminated effective April 1, 2009. Budget cuts to Public Health in fiscal year 2008-2009 will result in the elimination of the following population-based services and activities (except as related to tobacco prevention): physical activity and nutrition activities; oral health promotion; child injury prevention; worksite wellness; community needs assessments; capacity building and community resource coordination; implementation of health promotion programs to targeted audiences; grant writing, policy development, and contract management; coordination of media campaigns; departmental website support; policy development; and coordination of other health department or public health projects. It should be noted that basic client-based health education will be provided to individuals/families who receive services through the various Public Health Division programs (e.g., Nurse Home Visit, WIC, and Family Planning).

4. Epidemiological investigation of deaths of public health significance with the county's medical examiner's office;

- (i) The medical examiner notifies Public Health of deaths of public health significance.
5. Nutrition services including identification and intervention with client's at nutritional risk, and education and consultation for the promotion of good dietary habits;
- (i) Nutrition services are provided by the WIC Program. Nutritional assessment and education pieces are included within Maternity Case Management, Babies First!, Tuberculosis Program, HIV Case Management, CaCoon, and other Public Health programs.

The following areas listed in OAR 333-014-0050 will not be supported with staffing, planning, or resources in fiscal year 2008-2009: dental health, health education/health promotion (except as it relates to tobacco prevention), older adult health education, and primary health care services.

III. ACTION PLAN

Action plans are included for:

1. Epidemiology and Control of Communicable Diseases
2. Emergency Preparedness
3. HIV
4. STD
5. Tuberculosis
6. West Nile Virus
7. WIC
8. Family Planning
9. Perinatal Health
10. Child Health
11. Adolescent Health
12. Immunizations
13. Oral Health
14. Nutrition and Physical Activity
15. Substance Abuse
16. Child Injury Prevention
17. Health statistics
18. Health information and referral services
19. Environmental health
20. Water

III.1 Action Plan: Epidemiology & Control of Preventable Diseases

a. Current condition

DCHSS is mandated by Oregon law to “use all reasonable means to investigate in a timely manner all reports of reportable diseases, infections, or conditions (OAR 333-019-0000). With regard to public health emergency preparedness, Douglas County has taken steps to ensure timely detection, response, and efficiency in communicable disease reporting. State support for public health dollars were doubled in 2007-2008, which awarded Douglas County \$121,000 versus the previous award of \$60,600. The increased state support for public health dollars is not even sufficient to fund two nurses and because local public health relies on state funding streams that have remained static over the years, or have even decreased or disappeared, the state support for public health dollars have been spread to HIV, STD, TB, Communicable Disease, and Environmental Health programs in order to preserve public health functions. A separate funding stream, the federal funds for public health preparedness which started after September 11th, have helped our department to respond to communicable disease outbreaks as well as support critical emergency response planning; however, these funds have also been decreasing, and this year for the first time the Public Health Division in the Health Department will not receive a portion of this emergency response funding.

It is difficult to sustain a minimally adequate response to epidemiology and control of preventable diseases when State funding has been reduced or is unpredictable, and County Public Health Programs rely on grant funding and County general fund dollars.

DCHSS strives to improve the timeliness of communicable disease case reporting to DHS and has been involved this year in the development of Orpheus, a new state communicable disease reporting database.

In year 2008, the Communicable Disease Program served 101 unduplicated clients in direct clinic services in Roseburg and satellite communicable disease clinics. Further services included 428 epidemiology investigations of reportable diseases and Tuberculosis [TB] case management. This is a large increase in investigations, mostly due to reportable chronic Hepatitis C, compared to the 311 epidemiology investigations completed in 2006.

Douglas County has membership on the CHLO-Epi Committee, and the Multnomah County CD database Committee. In 2007, Douglas County staff assisted DHS with development of two E-learning modules for new staff training on communicable disease reporting and on outbreak investigations.

Chronic Hepatitis C became reportable in July 2005. In 2008, Douglas County had 259 cases of chronic Hepatitis C reported. DCHSS partners with the local community based organization, Harm Reduction Center of Southern Oregon

(HRCISO), to screen high risk persons for Hepatitis C. In 2007, DCHSS assisted HRCISO to begin using the Home Access Hepatitis C screening kit to screen for Hepatitis C in high risk individuals, including needle exchange clients. In 2006-2009, Douglas County participated in a free Hepatitis C screening project with DHS that targeted high risk persons for Hepatitis C screening and collected epidemiological information about risk behaviors. In 2008, DCHSS assisted HRCISO to develop a program for Hepatitis C case management.

b. Goals

- a. To identify, prevent, & decrease endemic and emerging communicable and environmentally related diseases in Douglas County
- b. To target & vaccinate high-risk populations against vaccine-preventable diseases
- c. To improve public health preparedness
- d. To educate the public regarding communicable disease prevention, and
- e. To improve communicable disease reporting practices by local health care providers and laboratories
- f. To provide the ability to receive and respond to communicable disease reports and public health emergencies 24/7

c. Activities

Target population: Douglas County

- a. Provide epidemiologic investigations to report, monitor, and control communicable disease and other health hazards
- b. Provide diagnostic and consultative communicable diseases services
- c. Assure early detection, education, and prevention activities to reduce the morbidity and mortality of reportable communicable disease, e.g., E-Sentinel, electronic lab reporting
- d. Assure the availability of immunizations for human and animal target populations; target and vaccinate high-risk human populations specifically through special projects aimed at STD, HIV, and Hepatitis C populations
- e. Collect and analyze communicable disease and other health hazard data for program planning and management to assure the health of the public
- f. Train all public health nurses in communicable disease control, including N95 fit testing of identified staff
- g. Maintain Health Alert Network broadcast fax/email system
- h. Continue public health preparedness projects, participate in at least two exercises, planning for natural hazards, and preparedness related to smallpox, pandemic influenza, strategic national stockpile, mass immunizations, and other public health threats

- i. Continue ongoing discussions with local health care providers and local and reference laboratories regarding timeliness and accuracy of reporting communicable diseases
- j. Continue communicable disease education in community settings, e.g., senior centers, doctor offices, health fairs, and among community partners and emergency responders
- k. Work with State to implement the Oregon Public Health Epi User System (Orpheus) in disease reporting
- l. Continue community collaboration for prevention and management of Hepatitis C
- m. Continue CHLO-Epi membership

d. Evaluation

- a. Number of 12 day intervals between receipt of case reports at the County and receipt of case reports at the State, as described in the monthly communicable disease surveillance report as a marker for timely reporting from the local to state level.
- b. Number of Days between receipt of case reports at the County and receipt of case reports at the State, as described in the monthly communicable disease surveillance report as a marker for timely reporting from the local to state level.
- c. Meeting the Conference of Local Health Officials Minimum Standards for reportable Communicable Disease Control, Investigation and Prevention
- d. DCHSS, Public Health staff will report increased knowledge of communicable diseases
- e. Results of internal Continuous Quality Improvement reviews
- f. Vaccine preventable diseases will decline
- g. Compliance during the Annual Program Review conducted by the Oregon Department of Human Services

III.2 Action Plan: Emergency Preparedness

a. Current condition

The major wind and rain storms in December 2007 bypassed Douglas County. In February 2008, Highways 138 and 230 were closed for several days due to hundreds of trees that fell into the roadway and several feet of new snow. Fortunately, there were no injuries or deaths from this event. Douglas County has and will again be affected by major storms, wildfires, floods, and has the potential to be devastated by major earthquakes, tsunamis or pandemic flu. These disasters provide real awareness for the need of all hazards planning and preparedness in the nation and the world. DCHSS must be prepared to identify and respond to bioterrorism as well as natural disasters, outbreaks of infectious diseases, and other threats to protect the health of our community. Improvements in public health preparedness have increased the functional capacity of day-to-day operations for DCHSS. DCHSS staff continue to work and exercise with local and state partners to refine procedures for responding to a broad range of disasters and emergencies.

Some of the major preparedness projects from 2007 include the following:

- DCHSS staff adopted plans for chemical and radioactivity response
- DCHSS signed a Memorandum of Understanding with eleven other Oregon counties
- DCHSS Hazardous Vulnerability Analysis (HVA) has been incorporated into the Douglas County HVA and it has been approved by the Douglas County Board of Commissioners
- In August 2007, DCHSS partnered with the local Red Cross and C.E.R.T. at a preparedness booth at the Douglas County Fair
- Preparedness staff participated in TOPOFF 4
- DCHSS staff has participated in three table tops and one functional exercise
- DCHSS staff participated in "Amber Alert" call center training.

DCHSS included ICS training requirements as part of all staff job descriptions during 2006. As of March 21, 2008 there are currently 134 DCHSS staff trained in ICS 100, 20 in ICS 200, 8 in ICS 300, 6 in ICS 400, 156 in ICS 700 and 10 in ICS 800.

The present workload includes updating and/or developing the following response plans: vulnerable populations, pandemic community awareness, community partner meetings, natural disaster, and Health and Medical Annex. DCHSS also will participate in two table top, functional or full-scale exercises during the next fiscal year.

b. Goals

- a. To enhance epidemiological surge capacity to respond to biological threats and disease outbreaks

- b. To ensure dissemination of accurate and timely information to the public, doctors, emergency responders, hospitals and other community partners through the Health Alert Network
- c. To integrate all hazards preparedness plans and procedures into the Douglas County Emergency Operations Plan
- d. To provide improved public health preparedness by establishing mutual aid agreements with community partners and neighboring regional Coos, Curry, and Lane counties
- e. To educate DCHSS employees, first responders, and the local health care community about Incident Command System, communicable disease reporting and investigation, public health preparedness issues, and the role of the local health department in an emergency
- f. To maintain an emergency medical cache for use by the emergency medical response community (currently located off-site)
- g. To participate in local, regional and state wide preparedness exercises
- h. To enhance the department's interoperable communications capacity
- i. To meet the CD and preparedness reporting requirements as directed in PE 12

c. Activities

Target population: Douglas County

- a. Continue development and refinement of emergency response plans, e.g., Strategic National Stockpile distribution, Mass Prophylaxis Plan, Chemical, Radiation, Health and Medical Annex, and All Hazards Plan
- b. Maintain the emergency medical cache
- c. Continue to offer department staff communicable disease training to augment surge capacity abilities, NIMS, risk communication skills
- d. Continue participation in the CLHO-Epi Committee, Region 3 Healthcare Resources Services Administration Board, CHLO Public Health Preparedness Leadership Team, Emergency Management Advisory Group, and Public Information Officer Network
- e. Test and train on the county Health Alert Network system and Alert Oregon. Continue 24/7 staff response to public health emergencies
- f. Use ICS when dealing with large scale events
- g. Continue to plan and/or participate in public health preparedness training and exercises and the local, regional and state levels
- h. Continue public education campaigns about emerging diseases, e.g., West Nile Virus, Pandemic Influenza as needed
- i. Continue to meet with the Cow Creek Tribe for the development of a tribe emergency plan and a Mutual Aid Agreement
- j. Begin to incorporate special population organizations into emergency preparedness plans

- k. Continue to acquire and utilize the appropriate computer equipment, radios and wireless technology that meet the interoperable communications requirements of the County, State and Federal governments

d. Evaluation

- a. Completion of draft chemical, radiological, and natural hazards response plans. Update existing plans as needed and identified during exercises.
- b. Revise and update the Douglas County Health and Medical Annex E
- c. Documentation of DCHSS responder participation in state and local emergency management planning and training activities
- d. Documentation of health department staff participation in NIMS, public health and bioterrorism education
- e. Documentation of the transmission of CDC HAN alerts and advisories to healthcare providers, hospitals and emergency responders
- f. Compliance during the Annual Program Review conducted by the Oregon Department of Human Services

III.3 Action Plan: HIV

a. Current condition

Douglas County contracts with the Harm Reduction Center of Southern Oregon (HRC SO) to provide HIV Counseling and Testing (CTRS), Outreach to CTRS, Harm Reduction services, and Ryan White CARE Act services. The HRC SO provides HIV counseling and testing to Douglas County and has expanded in recent years to provide HIV prevention services in neighboring counties.

In 2008, DCHSS administered 352 HIV tests and HRC SO administered 495 HIV tests. Of these tests done by DCHSS and HRC SO in 2008, 47% of the HIV tests were to the high risk populations of Men who have Sex with Men (MSM), IV Drug Users (IDU), MSM/IDU, sex or needle partner is HIV positive, partner at risk, and sex for money/drugs.

Douglas County and HRC SO implemented rapid HIV testing in May 2005. In 2007, 71% of the HIV tests administered by Public Health were done with a rapid test and 99% of the tests administered by HRC SO were done with a rapid test. Amongst other advantages, rapid testing in an expansive rural community saves program resources in return travel to a community to provide test results. In 2008, Douglas County and HRC SO transitioned from the OraQuick rapid test to the Clearview COMPLETE rapid test, to save money. Douglas County staff had membership on the state CTRS workgroup which modified the OSPHL HIV testing form for 2009.

Due to a need to address Hepatitis C infection, DCHSS has partnered with HRC SO to work to integrate Hepatitis C into existing prevention programs. In 2008, Douglas County met with the local jail to offer delegate agency status for immunizations, specifically so the jail can vaccinate high risk populations and they did not complete the application process. Also in 2008, Douglas County ended weekly on-site vaccination services to Needle Exchange clients at HRC SO due to non-target populations (mixed martial arts applicants) using those services free of charge. Douglas County has advocated for the state to work with the Oregon State Police, Oregon Athletic Commission for best use of public health resources when it comes to mixed martial arts applicants.

A key part of the Hepatitis C prevention effort will be the continuation of Harm Reduction Services and Needle Exchange in Douglas County. HRC SO distributed 36,536 syringes in 2008 and disposed of 34,583 syringes. DCHSS maintains a 24/7 drop box located on health department property for safe disposal of community sharps. In addition, HRC SO received a grant to begin Hepatitis C case management and DCHSS has worked with HRC SO and DHS to implement this new program.

HRCESO distributed over 23,000 condoms as part of the HIV prevention services. DCHSS distributed over 28,000 condoms as part of a joint HIV prevention and family planning services.

HRCESO coordinates the Ryan White Title II Case Management services for HIV positive persons in Douglas County. The health department provides the nursing case management piece 4 hours a week. In 2008, there were an estimated 65 known HIV positive persons living in Douglas County. The Ryan White Case Management program served 44 HIV positive persons during 2008; 13 of these were new clients on the caseload. This past year Ryan White clients increasingly requested HIV Support Services in light of the current economy and so Support Services were stretched thin.

Douglas County has membership on the CHLO-HIV Committee. Public Health Division staff provides ongoing technical assistance to the HRCESO.

In 2007, Douglas County transitioned from new HIV infections being investigated at the state level, to be investigated at the local level. Douglas County has worked with the state HIV DIS to ensure that after local reporting occurs that the disease investigation and linkage to services is occurring.

b. Goals

- a. To prevent the further spread of HIV infection in Douglas County
- b. To reduce AIDS and HIV case rates in Douglas County
- c. To provide support services to Persons Living with HIV or AIDS (PLWHA)
- d. To target and vaccinate high-risk populations against vaccine-preventable diseases
- e. To reduce barriers to HIV testing and counseling
- f. Increased use of rapid HIV testing
- g. Programmatic stability with current budget forecast
- h. To investigate cases of new HIV infection

c. Activities

Target population: PLWHA, Men who have sex with men, IV drug users, Hepatitis C population, persons at risk for HIV and other blood borne pathogens

- a. HIV Counseling and Testing to high risk populations
- b. Conduct HIV disease investigation with newly reported positive HIV cases
- c. Integrate STD, HIV, and Hepatitis C prevention efforts
- d. Target and vaccinate high-risk populations against vaccine preventable diseases through special projects aimed at STD, HIV, and Hepatitis C populations

- e. Communicable disease education in community settings, e.g., senior centers, medical providers, health fairs, community agencies, and emergency responders
- f. Case management of HIV and AIDS cases at HRCESO to meet client needs of case management, medical and dental care, housing, mental health and substance abuse treatment, and transportation
- g. Link HCV prevention and management with the current HIV and IDU models in the community
- h. Support HRCESO ongoing efforts, e.g., coordinate publicity for National HIV testing day, complete quality assurance for RWCA case management program, coordinate joint Hepatitis C efforts
- i. Work with State to implement the Oregon Public Health Epi User System (Orpheus) in disease reporting

d. Evaluation

- a. Number of HIV tests done at DCHSS and HRCESO to high risk populations
- b. Return rate for HIV results at DCHSS and HRCESO
- c. Number of condoms distributed at DCHSS and HRCESO
- d. Number of syringes exchanged at HRCESO
- e. Number of Hepatitis B and C testing done at DCHSS to high risk populations
- f. HIV and AIDS rates in Douglas County
- g. Number of Hepatitis A and B immunizations to high risk populations
- h. Number of PLWHA receiving case management services
- i. Compliance during the Triennial Program Review conducted by the Oregon Department of Human Services

III.4 Action Plan: Sexually Transmitted Disease (STD)

a. Current condition

Douglas County provides a Sexually Transmitted Disease clinic three days a week. Douglas County also provides Sexually Transmitted Disease Case Management Services that includes case finding and disease surveillance, medical supplies, health care provider services, clinical and laboratory diagnostic services, treatment, prevention, and education activities.

Douglas County, as described in Divisions 17, 18 and 19 of OAR Chapter 333, bears the primary responsibility for identifying potential outbreaks of STDs, for preventing the incidence of STDs, and for reporting in a timely manner the incidence of Reportable STDs to the appropriate Department authorities. In addition, under contract with DHS, Douglas County may not deny STD clinical services to an individual seeking such services; must use all reasonable means to investigate in a timely manner all reports it receives of Reportable STDs in order to identify possible sources of infection and to carry out appropriate control measures; must offer STD cases and contacts, reported to or identified by DCHSS, evaluation and treatment; must provide staff time to examine, diagnose, and treat all individuals seeking examination, diagnosis or treatment for a Reportable STD; and must also perform, as resources permit, STD intervention (Contact Interview and partner notification) services to individuals with Reportable STDs diagnosed by or reported to DCHSS. While resources may be limited it is expected that DCHSS will provide STD intervention services to at least 20% of the individuals with Reportable STDs diagnosed by or reported to DCHSS.

Douglas County receives no state funding dollars to operate a STD Program. Douglas County does receive from the state 'In-Kind Resources' of antibiotics for treating STDs and receives at request Technical Assistance Resources of a Disease Intervention Specialist that is assigned to our region.

Chlamydia is the most frequently reported STD. Douglas County reported 189 cases in 2008. In 2008, DCHSS diagnosed 88 cases (47% of the reported Chlamydia cases) in Douglas County through the STD Clinic and Family Planning Clinic services. In 2008, DCHSS served 611 unduplicated clients in the STD and HIV Programs with a total of 1,130 STD clinic visits. In 2008, DCHSS provided 533 tests for Gonorrhea, 1,556 tests for Chlamydia, and 220 tests for Syphilis.

b. Goals

- a. Prevent or minimize neonatal morbidity due to reportable bacterial STIs and conditions, including pelvic inflammatory disease (PID) and lymphogranuloma venereum.
- b. Preserve fertility.
- c. Diminish or prevent catastrophic consequences, such as stillbirths, congenital syphilis, miscarriages, chronic infection, and chronic pelvic pain due to STDs.

- d. Reduce the prevalence of STDs.
- e. Address STIs, including reportable, acute and chronic viral infections such as hepatitis A, B, and C, and HIV; and non-reportable chronic viral infections such as HPV, and HSV, as resources permit.
- f. Use effective, population-based, public health practices which are likely to reduce the reproductive number of an STD. Reducing the reproductive number of an STD requires that at least one of the following occurs: 1) Shorten the average duration of infection. Methods include: early diagnosis and treatment, case investigation, follow-up and partner services, 2) Reduce the average probability of transmission per partner sexual contact. Methods include: condom use, fewer sex acts, and/or 3) Decrease the average number of sexual partners per unit of time. Methods include changing individual and community norms; encourage monogamy and serial monogamy; decrease number of concurrent partners.

c. Activities

- a. Ensure a system for STD surveillance
- b. Ensure the evaluation and treatment of individuals with reportable, bacterial STDs, including PID (STD eval/treatment)
- c. Ensure that others at risk for infection (sex partners, associates, suspects, and clusters) are identified and offered evaluation and treatment (partner services)
- d. Work with State to implement the Oregon Public Health Epi User System (Orpheus) in disease reporting

d. Evaluation

- a. Chlamydia rates in Douglas County
- b. Gonorrhea rates in Douglas County
- c. Early syphilis rates in Douglas County

III.5 Action Plan: Tuberculosis

a. Current condition

Tuberculosis rates for the population of Douglas County remain stable with a low incidence rate. In 2008, there were no diagnosed active TB cases reported to Douglas County, while Oregon overall reported 2 cases per 100,000 population. There have been several suspect cases annually that take substantial staff time to case manage until the time that active TB has been ruled out.

Douglas County uses Direct Observed Therapy with Tuberculosis patients. Although a standard of care, the use of this daily observation of a TB case swallowing their medication has placed a financial burden on local health department resources. Nursing staff complete annual fit testing for N95 masks as required.

In 2008, Douglas County administered 388 PPD tests. Also in 2008, there was 1 client that was monitored for latent TB infection.

b. Goals

- a. To have early and accurate detection, diagnosis, and reporting of TB cases leading to initiation and completion of treatment
- b. To provide comprehensive case management to active TB cases, including Directly Observed Therapy
- c. To identify contacts of patients with infectious TB and treat those at risk with an effective drug regimen.
- d. Maintain or meet the National TB Priority Indicators and Program Objectives
 1. Increase the percent of patients with newly diagnosed TB, for whom therapy for 12 months or less is indicated, will complete a course of curative TB treatment within 12 months of initiation of treatment to 93% by 2015
 2. Decrease the TB rate in US born to no more than 0.7 cases/100,000 by 2015 ** Increase the average yearly decline in TB rates in US born to at least 11%
 3. Decrease the TB rate in foreign born to no more than 14 cases/100,000 by 2015**Increase the average yearly decline in TB rates in foreign born to at least 4%
 4. Decrease the TB rate in US born non-Hispanic blacks to no more than 1.3 cases/100,000 by 2015
 5. Decrease the TB rate in children less than 5 years of age to no more than 0.4 cases/100,000 by 2015
 6. Increase the percent of sputum-AFB-smear-positive TB patients with at least one contact listed to 100% by 2015
 7. Increase the percent of contacts to sputum-AFB-smear-positive TB cases who are evaluated for infection and disease to 93% by 2015

8. Increase the percent of contacts with newly diagnosed latent TB infection who have started treatment to 88% by 2015
9. Increase the percent of contacts with newly diagnosed latent TB infection who started treatment and have completed treatment to 79% by 2015
10. Increase the percent of culture-positive TB patients with initial drug susceptibility results reported to 100% by 2015
11. To educate the health care providers and general public regarding tuberculosis
12. As needed, to identify settings in which a high risk exists for transmission of *Mycobacterium tuberculosis* and apply effective infection-control measures

c. Activities

Target population: Active Tuberculosis cases first priority, close contacts of Active Tuberculosis cases second priority, LTBI infection third priority

- a. Assess the extent and characteristics of TB in the jurisdiction through collection and analysis of epidemiologic and other data
- b. Develop policies and procedures and a plan for controlling TB
- c. Assure diagnostic, clinical, and preventive services needed to implement the plan for controlling TB
- d. Provide information and education to policy makers, health-care professionals, and the public regarding control of TB in the jurisdiction
- e. Train public health staff in communicable disease control, including N95 fit testing of identified staff
- f. Continue communicable disease education in community settings, i.e., jails, homeless shelters, medical offices, health fairs, and community partners
- g. Continue bi-weekly Communicable Disease clinics that offer Tuberculosis medication refills, and monitoring for side effects for eligible clients
- h. Complete community assessment of targeted testing and treatment of latent tuberculosis infection, as resources permit
- i. Work with State to implement the Oregon Public Health Epi User System (Orpheus) in disease reporting

d. Evaluation

- a. Staff will report increased knowledge of tuberculosis and tuberculosis case management. The tuberculosis case rate will remain stable or decrease in Douglas County
- b. Evaluation of the National TB Priority Indicators and Program Objectives on the Douglas County and Oregon levels
- c. Compliance during the Triennial Program Review conducted by the Oregon Department of Human Services

III.6 Action Plan: West Nile Virus

a. Current condition

West Nile Virus [WNV] appeared in Oregon in 2004 with the first human, avian, and equine WNV cases diagnosed in August 2004. Since that time (including 2007), no animals or birds have tested positive in Douglas County. However, there was one human death attributed to WNV in 2006 in Douglas County but it has been determined that the victim was probably exposed out of state sometime in 2005.

Because Douglas County does not have a vector control program, sentinel chicken surveillance, nor mosquito surveillance in place at this time, enhanced prevention education is an important strategy to address the potential risk of WNV. This strategy can promote public cooperation and involvement in reducing man-made collections of stagnant water in which mosquitoes breed; help individuals reduce their risk of being bitten by mosquitoes; and educate health care providers about the virus, its prevention, diagnosis and treatment of human encephalitis, and reporting requirements.

Currently there is no local supply of mosquito fish (gambusia) large enough to support the probable demand from Douglas County residents.

Environmental Health attended a national West Nile Virus conference in February 2005. The Environmental Health Division presented information about West Nile Virus to the Douglas County commissioners also in February 2005. The state veterinarian trained local hospital physicians in April 2005 and gave a separate training to the general public a week later. Media messages were disseminated via brochures, press releases and the county website in 2007 and media messages will continue to be disseminated in 2008.

b. Goals

- a. Improve public knowledge of WNV and WNV prevention methods
- b. Ensure that DCHSS staff are properly trained to 1) respond to questions from the public on mosquito related issues and, 2) conduct surge capacity surveillance activities

c. Activities

Target population: Douglas County, especially citizens at highest risk for disease

- a. Conduct WNV surveillance activities
- b. Develop and disseminate a public education campaign that may include, but is not limited to: TV and radio spots, fact sheets, posters, paycheck or billing inserts, news releases, website information, mailings to community groups,

community presentations, school education, reporting and treatment information to health care providers, and a DCHSS telephone hotline.

- c. A telephone hotline may be utilized in the event that local capacity exceeds telephone demands
- d. Participation in Oregon's dead bird surveillance network.
- e. Consider implementation of a vector control program; educate the public and government officials about vector control programs

d. Evaluation

- a. Number of dead birds (Corvid family) collected and tested for presence of WNV
- b. Number of reported human cases of WNV
- c. Number of local media spots on radio, television, and newspaper about WNV
- d. Compliance during the Triennial Program Review conducted by the Oregon Department of Human Services

III.7 Action Plan: Women, Infant, Child (WIC)

See the attached 2009/2010 WIC Nutrition Education Plan, WIC Staff Training Plan, and Evaluation of 07/08 WIC Nutrition Education Plan.

III.8 Action Plan: Family Planning

a. Current Condition

The Douglas County Partnership for Healthy Teens Coalition continues to be strong and active in the community. The mission of coalition is to build community alliances and support to provide services and outreach to help reduce teen pregnancy rates in Douglas County. The Coalition continues to build capacity through collaboration and participation with local and state groups that address all areas of adolescent health, including tobacco prevention, drug prevention, homelessness, and juvenile justice. The Healthy Teens Coalition also works to build community involvement and support for local efforts to help teens develop the skills and strengths to make healthy choices for healthy futures. In past years, the Coalition solicited funding to host a STRIVE Conference (Successful Teens Reaching Inward for Vision and Empowerment), which provides information to teens about healthy relationships, teen pregnancy prevention, sexually transmitted diseases, drug abuse, self-esteem and refusal skill strategies.

The Douglas County STARS Program has been well-received in Douglas County. This successful teen pregnancy prevention program is delivered in thirteen of the 14 school districts in Douglas County, and reaches over 1,000 middle school students each year. The STARS Program, in coordination with our clinical care program, are key elements of an integrated community-based program that has helped to reduce the number of unplanned pregnancies in Douglas County, and has helped to keep our teen pregnancy rate below 10.0 /1,000 births.

Budget cuts to the Public Health Division in fiscal year 2009-2010 will reduce the STARS coordinator position from 0.9 FTE to 0.4 FTE. Public Health is planning to implement a Dental Health grant project in coordination with the University of Washington and Klamath County Public Health, which will assist in maintaining this position at a 1.0 FTE. An effort will be made to prevent the disruption of teen pregnancy prevention efforts in local school districts and to provide sufficient outreach to avoid a potential increase in Douglas County's teen pregnancy rate.

Family Planning clinic services continue to offer contraceptive and reproductive health counseling, initial and annual reproductive health exams, screening tests and/or treatment for sexually transmitted diseases, and a variety of available birth control methods through the main Roseburg clinic and three outlying clinics. The clinics provide appointment visits as well as drop-in clinics. There are drop-in clinics for contraceptive counseling four days per week in Roseburg, and one day per week in the outlying offices. The Roseburg clinic also schedules an evening clinic once a week. These health department services have resulted in averting 531 pregnancies, and serving over 2,732 (54.0%) women in need (DHS/ALHERS data, 2008).

With cuts that occurred in the 2008-2009 Public health budget, one nurse practitioner position eliminated. In the past, it has been difficult to recruit and hire

nurse practitioner staff for the Family Planning Clinic. With fewer than needed nurse practitioners, clinics continue to operate in a consistent manner but with decreased availability of appointment times for initial and annual exams.

During 2008, the Reproductive Health Care Program has provided screening, education, counseling and referral for vasectomy services. The medical provider that was providing these services on contract with the health department has recently retired. A new medical provider has not been found due to low reimbursement rates.

Information is provided to all clients about primary care providers and community health centers in the area to help meet those health care needs that are not provided in our clinic.

b. Goals

- a. To improve and maintain the health status of women and men in Douglas County by providing services regarding reproductive health care and to assure that education and services regarding voluntary and effective family planning methods are available to all individuals.
- b. Assure continued high quality clinical family planning and related preventive health services to improve overall individual and community health.
- c. Reduce risk of unintended pregnancy in local community.

c. Activities

Target population: Persons of reproductive age, especially of low-income, in Douglas County

- a. Ensure adequate follow-up for abnormal pap smears through pap tracking system.
- b. Ensure adequate screening for Chlamydia following the Region X infertility Prevention Project screening guidelines.
- c. Evaluate monthly no-show rates by site.
- d. Continue to conduct semi-annual client satisfaction surveys.
- e. Continue to provide appropriate and available methods for birth control.
- f. Maintain continuing education opportunities for professional and support staff activities.
- g. Maintain the number of middle and high school presentations about available services to teens, pregnancy prevention, and STD/HIV education.
- h. Review the current STARS Program and implement a reconfigured program
- i. Continue reproductive health exam, contraceptive counseling visits, and education in Roseburg and all outlying offices.

d. Evaluation

- a. Review of AHLERS Data
- b. Monthly chart audits
- c. Review of data from internal IS system
- d. Review of data service elements for group participations.
- e. Review of data from internal system in tracking presentations.
- f. Review AHLERS data for number pregnancies averted, percentage of women in need being served, and the number of teens being served.

III.9 Action Plan: Perinatal Health

a. Current condition

Due to budget cuts, DCHSS will eliminate the Prenatal Clinic Program in July 2008. The Prenatal Clinic has provided prenatal care for 200-300 pregnant females a year in a community where the number of physicians providing prenatal care in Douglas County has decreased over the last several years; the Reedsport area of the county has no prenatal care provider.

Douglas County currently has Public Health Nurses that provide Maternity Case Management (MCM) home visits to their assigned geographic area. The complexity of services needed has increased tremendously with the difficult issues of alcohol, drugs, mental health and violence. These continue to be ongoing challenges as we strive for healthy pregnancies. The MCM Program has implemented mandatory education surrounding fetal alcohol, HIV and pregnancy, tobacco use, dental health, lead and pregnancy, immunizations, and early childhood caries prevention into their comprehensive program.

At this time for fiscal year 2009-2010, we do not expect any reduction in field nurse positions. The reduction of a field nurse position not only means a struggle to meet Maternity Case Management program goals, but also means reduced capacity to meet clinic demands, e.g., Immunizations, STD, HIV, Family Planning, or Communicable Disease.

The Public Health Division is working in to reduce the rate of tobacco use among pregnant women by including tobacco use screening and counseling as part of all clinic and home visit encounters. Home visit nurses are trained to use the 5As -- a scientifically proven five-step smoking cessation counseling method to increase smoking cessation among the women they serve. The March of Dimes-Greater Oregon Chapter has awarded a \$10,000 grant to Douglas County Public Health to address maternal smoking in Douglas County. The purpose of the grant is to help fulfill the mission of the March of Dimes to prevent birth defects, premature birth and infant mortality. The grant allowed Douglas County Public Health to implement the Tobacco Free Baby and Me program. The program has been successful in helping women to quit smoking during pregnancy and to stay quit after the birth of their baby. We currently have 24 women enrolled in the program. Douglas County Public Health was awarded a \$3000 grant by the March of Dimes-Greater Oregon Chapter to implement an education program targeting pregnant women. In 2008 a Perinatal task force was formed in Douglas County to address the increasing tobacco, drug, and alcohol use among pregnant women, lack of adequate prenatal care and to improve prenatal outcomes for the women of Douglas County. In April of 2009, Douglas County Public Health staff implemented the SART system. The SART system consists of Screening, Assessing, Referring, and Treatment for pregnant and potentially pregnant women for drug and alcohol use. The SART system was developed by the Children's Research Triangle in Chicago, Illinois. Douglas County

was chosen as one of the sites to implement this program. In June of 2009, SART will expand to include all of the area OBGYN practices. The goal is that all pregnant women in Douglas County will be universally screened for drug and alcohol use, and will receive appropriate referrals and treatment.

Douglas County has continued to participate in the Oregon Mothers Care Program. With the Public Health Division as an Oregon Mothers Care site, we hope to increase the number of women receiving first trimester prenatal care by being a liaison for them with OHP and other needed services during their pregnancy (WIC, prenatal care provider, home visiting services, etc.).

b. Goals

The Maternity Case Management Program provides an expansion of perinatal services to include management of health, social, economic, and nutritional factors. The purpose is to reduce the incidence of low birth weight infants and other poor pregnancy outcomes.

c. Activities

Target population: Pregnant women, especially of low-income, in Douglas County

- a. Pre-conceptual counseling
- b. Pregnancy and Parenting Education
- c. Referral to Community Resources, e.g., WIC, Maternity Case Management, Family Planning

d. Evaluation

- a. Percent of pregnant women who access prenatal care in their first trimester
- b. Infant mortality rate per year
- c. Infant low birth-weight rate per year
- d. Percent of women who smoke during pregnancy.
- e. Number of pregnant women who agree to Maternity Case Management home visiting Program
- f. Teen pregnancy rate per year
- g. Compliance during the Triennial Program Review conducted by the Oregon Department of Human Services
- h. Number of women who quit smoking during pregnancy and who stay quit at 3 and 6 months after the birth of their babies.

III.10 Action Plan: Child Health

a. Current condition

DCHSS has Public Health Nurses that provide Babies First! and Targeted Case Management home visits to their assigned geographic area. Two of these positions are funded through a federal grant for "Eliminating Disparities" and reducing infant mortality in targeted zip codes and the Hispanic population. Alcohol, drugs, mental health and violence increase the complexity of needed services. These continue to be ongoing challenges as we strive for a healthy baby. The Public Health Division participates in the Douglas County Multi-Disciplinary Child Abuse Team and the Douglas County Child Fatality Review Team. These teams work to decrease child abuse and mortality.

The Babies First! Program has expanded to include dental and hearing screening. The program provides dental health screening and referral to a dentist at one year of age. The early hearing detection portion consists of screening by one month of age, diagnosis of hearing loss by 3 months of age, and referral to Early Intervention services by 6 months of age. In 2009, Douglas County Public Health received a \$1,500 grant from the Community Health Partnership to assist clients with immediate needs such as diapers, bus passes, and gas vouchers.

There is no reduction in nurse positions in the 2009-2010 budget. The reduction of a field nurse position not only means a struggle to meet Babies First! program goals, but also reduces our capacity to meet clinic staffing demands, e.g., Immunizations, STD, HIV, Family Planning, or Communicable Disease.

DCHSS provides a Public Health Nurse under contract with the local ESD to provide nurse delegation for special needs children within the school environment. This same nurse provides home case management services for children with special health care needs through the state CaCoon program.

The local Commission on Children and Families and the Healthy Start Advisory Board made the decision to transition the Healthy Start Program to a private non-profit agency in October 2008. Douglas County Public Health continues to work collaboratively with the Healthy Start program to meet the complex health and social service needs of children and families. The Public Health Division Director is represented on the Douglas County Early Childhood Planning Coalition.

Due to budget cuts, DCHSS closed its primary care Child Health clinic in July 2007. Children needing medical care are now referred to their primary care provider or the local Federally Qualified Health Center.

b. Goals

- a. Improve the physical, developmental, and emotional health of high risk infants
- b. Improve the early identification of infants and young children at risk of developmental delay and/or other health/medical related issues
- c. Assist families to identify and access the appropriate community resources that meet their child's specific needs
- d. Standardize a public health nurse's ability to: assess child development and health issues affecting young children, use screening tools appropriately, and make community resources available for referral
- e. Health outcomes will be collected and analyzed yearly
- f. Reduce child abuse and neglect rates
- g. Reduce infant mortality
- h. Improve the percent of 2-year-olds who are adequately immunized
- i. Promote and improve the overall health status of parents and children in Douglas County through preventive health programs and services
- j. Increase access to preventive and ongoing health care
- k. Identify basic health and developmental needs in children throughout Douglas County from birth through age five
- l. Increase children's school readiness by early identification of developmental milestones
- m. Promote positive parent-child interactions, parent education and support, and referrals to community partners

c. Activities

Target population: High-risk infants and children, ages birth to four years in Douglas County

Key activities include outreach, home visits, health assessment and developmental screening, growth monitoring, case management, parenting education, information and referral, health education, and advocacy. All infants receiving home visits through the Babies First! Program will be screened and assessed based on the Babies First! Program manual. All children found to have abnormal screening will be referred for intervention. All families will be assessed for case management needs. All Public Health Nurses will receive Babies First! orientation and ongoing education in infant growth and development, child health issues, child medical concerns, and appropriate screening and assessment tools.

- a. Education, screening and follow up, counseling, referral, or health services for family planning, perinatal care, infants, and children
- b. Screening and physical exams that evaluate developmental achievements, growth parameters, immunization status, hearing & vision acuties, speech and language development, and provide ongoing education, information and referral
- c. Provide and coordinate varied programs to meet parent and child needs in Douglas County; WIC Program, Immunization Clinic services, Family

Planning services, Maternity Case Management, Targeted Case Management through the Babies First Program, and CaCoon Coordination

- d. Continue membership in the Douglas County Multi-Disciplinary Child Abuse Team, Douglas County Early Childhood Planning Coalition, and Douglas County Child Fatality Review Team

d. Evaluation

- a. Percent of all newborns in Oregon referred to the Babies First! program for screening, assessment, and follow-up
- b. Percent of infants and children who experience normal growth and development patterns by 12 month screening
- c. Percent of 2-year-olds who are adequately immunized
- d. Percent of 2-year-olds who have normal dental screenings
- e. Percent of 2-year-olds who demonstrate normal hearing and vision
- f. Post-neonatal mortality rate per year
- g. Child abuse and neglect rates per year
- h. Low birth weight rate per year
- i. Infant mortality rate per year
- j. Percent of mothers breastfeeding at six months and at 12 months
- k. Compliance during the Triennial Program Review conducted by the Oregon Department of Human Services

III.11 Action Plan: Adolescent Health

a. Current condition

Due to budget cuts, DCHSS closed its primary care Child Health clinic in July 2007. Children needing medical care are now referred to their primary care provider or the local Federally Qualified Health Center.

Budget cuts to the Public Health Division in fiscal year 2008-2009 reduced the STARS coordinator position from 0.9 FTE to 0.4 FTE. Public Health has reconfigured this position to include STARS coordination, Dental Health, and Outreach for Family Planning.

DCHSS subcontracts with the local FQHC to provide a School Based Health Center at Roseburg High School. DCHSS and the FQHC submitted a SBHC expansion grant in 2007-2008 for Douglas High School in the Winston-Dillard School District. This grant is in process, with the community looking to a 2009 implementation. During the 2008/2009 fiscal year, Public Health and Umpqua Community Health Center have worked together to implement the opening of the School Based Health Center site at Douglas High School located in Winston, Oregon.

b. Goals

Promote and improve the overall health status of children and adolescents in Douglas County through preventive health programs and services

c. Activities

- a. To continue outreach activities that target child and adolescent health

d. Evaluation

- a. The percentage of students in school, grades 9 through 12, who report never having had sexual intercourse
- b. The percentage of students in school, age 15 through 17, who report having first sexual intercourse before the age of 15
- c. The percentage of previously pregnant 9th through 12th grade females who report more than one pregnancy
- d. The percentage of contraceptive use at last intercourse by students in grades 9 through 12 who are currently sexually active
- e. Douglas County's teen pregnancy rate: number of pregnancies per 1,000 females age 15 through 17
- f. Oregon's teen pregnancy rate: number of pregnancies per 1,000 females age 10 through 17

- g. Compliance during the Triennial Program Review conducted by the Oregon Department of Human Services

III.12 Action Plan: Immunizations

See the attached 2009/2010 Immunization Annual Plan.

III.13 Action Plan: Oral Health

a. Current condition

In September 2005, Douglas County was re-designated by the Health Resources & Services Administration (HRSA); Bureau of Health Professions as a dental health care shortage area. The ratio of population to dentist is 10,457:1 and contiguous county resources are inaccessible or excessively distant. Inadequate dental coverage and limited access to oral health care pose a significant risk for low income children, families, and older adults. There are no fluoridated water systems in Douglas County, and contiguous county resources are designated as HPSA and/or are geographically inaccessible due to long distances and the unavailability of public transportation.

Budget cuts to the Public Health Division in fiscal year 2008-2009 will reduce our capacity to provide oral health screening, education, or urgent care for uninsured or under insured children or adults. The following oral health promotion services will not be provided by our Health Education Program in fiscal year 2008-2009: population-based oral health education; grant writing for school or community-based oral health screening, education, or direct care; coordination and collaboration volunteer dentists, dental assistants, hygienists, the Umpqua Dental Society, Umpqua Community College Dental Assistant Program, Medical Teams International, or local schools, agencies, or churches.

b. Goals

- a. To provide access to preventive oral health for uninsured & underinsured children, adolescents, and adults (Healthy People 2010, 21-1)

c. Activities

- a. Provide oral health education in coordination with routine Public Health Division Programs, e.g., Home Visit Program, WIC.

Target population:

- a. Uninsured and underinsured children, adolescents, and adults in Douglas County
- b. Uninsured and underinsured pregnant women who receive services through Douglas County Public Health Programs

d. Evaluation

- a. Number of uninsured and underinsured children, adolescents, and adults who receive Public Health Division programs.

III.14 Action Plan: Nutrition and Physical Activity

a. Current condition

Poor nutrition, physical inactivity, and obesity are risk factors that increase the risk of early onset diabetes and other preventable chronic diseases. Among youth, only 22.1% of 8th and 17.5% of 11th graders in Douglas County report eating the recommended 5 fruits and vegetables per day (Oregon Healthy Teen, 2005-2006). Only 36.4% of 8th graders and 29.2% of 11th graders report being physically active for at least 60 minutes per day, seven days per week. Not surprisingly, 28.9% of 8th graders and 25.5% of 11th graders in Douglas County are overweight or at risk for overweight.

For several years, the Public Health Education Program has pursued opportunities and collaborations to promote nutrition and physical activity. For the past few years, the Health Education Program has convened the Healthy Active Douglas County Team to attend the annual Healthy Active Oregon Training Institute on nutrition and physical activity. Team members represent public health, healthcare, schools, city planning, private business, parks and recreation, and health & fitness.

The Healthy Active Douglas County Team identified three priorities: (1) to promote active community environments, and (2) to promote worksite wellness, and (3) to increase community awareness of nutrition and physical activity issues. Physical activity and promotion efforts over the past year have resulted in increased media coverage of physical activity and worksite wellness.

Budget cuts to the Public Health Division in fiscal year 2008-2009 will curtail Public Health Education Program staff involvement in all nutrition and physical activity efforts, except as it relates to tobacco-related chronic disease. Participation in nutrition and physical activity will be addressed primarily through the Douglas County WIC Program and in coordination with health education to individuals/families who receive services through the various Public Health Division programs (e.g., Nurse Home Visit, Family Planning).

b. Goals

See the attached 2009/2010 WIC Nutrition Education Plan, WIC Staff Training Plan, and Evaluation of 2008/2009 WIC Nutrition Education Plan.

c. Activities

See the attached 2009/2010 WIC Nutrition Education Plan, WIC Staff Training Plan, and Evaluation of 2008/2009 WIC Nutrition Education Plan.

Target population: Douglas County

d. Evaluation

See the attached 2008/2009 WIC Nutrition Education Plan, WIC Staff Training Plan, and Evaluation of 07/08 WIC Nutrition Education Plan.

III.15 Action Plan: Substance Abuse

a. Current condition

Tobacco use is higher among Douglas County adults (27.3%), as compared to adults statewide (18.7%) (DHS Tobacco Facts, 2009). Among youth, 15.1% of 8th grade students and 21.7% of 11th grade students report current smoking. Nearly one in four women (23.9%) in Douglas County report using tobacco during pregnancy, as compared to 12.3% statewide (DHS Tobacco Facts, 2009). Tobacco costs Douglas County residents over \$104 million per year in direct medical costs and indirect costs due to lost productivity due to tobacco-related deaths (DHS Tobacco Facts, 2009).

Douglas County Public Health Division programs include tobacco prevention education in coordination with all of its client and community-based programs and services. The Prenatal Clinic Care, Family Planning, Maternity Case Management, Babies First, Healthy Start, and WIC Programs all serve as important touch points for targeted client education about the risks of tobacco use during the preconception, pregnancy, and postpartum periods. Risk screening and counseling are important elements of all clinics and home visit encounters.

Douglas County Public Health is a recipient of Tobacco Prevention and Education Program (TPEP) funding for January 2008 through June 2009 funding cycle. The Public Health Education Program provides coordination of the grant project, including grant writing and reporting, program planning, implementation, and evaluation. Public Health Education staff represent Public Health and Tobacco Prevention on local drug prevention task groups and coalitions, and convenes groups for carrying out TPEP grant activities.

See also Action Plan for Perinatal Health.

b. Goals

- a. Reduce exposure to secondhand smoke
- b. Reduce tobacco use during pregnancy
- c. Countering pro-tobacco influences
- d. Reduce youth access to tobacco
- e. Promote quitting among youth and adults
- f. Enforce Oregon's Smokefree Workplace Law
- g. Reduce the burden of tobacco related disease

c. Activities

- a. Work with community partners to raise awareness of the problem of tobacco use in Douglas County
- b. Conduct targeted best-practices for tobacco prevention, including implementation of environmental strategies in the best practice areas of: hospitals/health systems, schools, colleges, multi-unit housing, business, child development programs, outdoor venues, and other areas.
- c. Provide tobacco prevention education in coordination with Public Health Division Programs
- d. Provide evidence-based smoking cessation counseling in coordination with Maternity Case Management, Nurse Home Visit Program
- e. Represent DCHSS on local drug prevention committees and coalitions

Target population: Douglas County

d. Evaluation

- a. Monitor local data on alcohol, tobacco, and other drug abuse in Douglas County, e.g., Oregon Healthy Teen Survey, Behavioral Risk Factor Surveillance System, Oregon Benchmark reports
- b. Evaluation as required in coordination with TPEP grant program funding

III.16 Action Plan: Child Injury Prevention

a. Current condition

Unintentional injury is the number one killer of children in the U.S., taking more lives than disease, violence, and suicide. According to data compiled by the Oregon Child Injury Prevention Program, 15.4% of Douglas County children age 0-14 died as a result of unintentional injury, as compared to 8.5% statewide from 1999 to 2003. From 1998 -2002, 239 Douglas County children were hospitalized for unintentional injuries (approximately 48 children per year). The leading causes of unintentional injury to Douglas County children 0-14 years of age are: motor vehicle occupancy, bike/helmet, falls, and poisoning.

The Public Health Education Program has worked to reduce child injury in three key areas: (1) child passenger safety, (2) bike helmet education, and (3) home safety. Douglas County Public Health Division is host to the only permanent safety seat fitting station in Douglas County. Outreach and education efforts include: response to inquires from the public, coordination of safety seat promotions, monthly safety seat education classes, and has held at least one community safety seat installation clinic each year. Public Health Education has been the local Safe Kids site, and two staff are certified as child passenger safety seat technicians.

For several years, the Public Health Education Program has pursued partnerships and opportunities to implement population-based injury prevention activities, including purchasing bike helmets and bike safety education materials for distribution to local schools, law enforcement, and to low income families throughout Douglas County. Small grants from Safe Kids, Emergency Medical Services for Children, ODOT, ACTS Oregon, and Douglas County Traffic Safety Commission have helped to purchase safety seats, helmets, bike safety education videos, and child/parent education booklets that have been distributed throughout Douglas County.

The promotion of fall and home safety (e.g., crib safety, fall prevention, poisoning prevention, burn prevention) is conducted in coordination with the Public Health Division Nurse Home Visiting.

Budget cuts to the Public Health Division in fiscal year 2008-2009 means the eliminate the involvement of Public Health Education in all population-based child injury prevention and child passenger safety seat education to low income children and families and the general public. Client-based Public Health Division programs will continue to provide child injury prevention in coordination with direct services to individuals/families.

b. Goals

- a. Decrease the number of children ages 0-14 who are injured in the home from poisonings, falls, fire and burns.

c. Activities

- a. Promote child injury prevention through Public Health Division programs, e.g., Nurse Home Visit, Healthy Start.

Target population: Douglas County

d. Evaluation

- a. Number of child safety seat education contacts
- b. Number of child safety seats distributed to low-income families annually.
- c. Number of children injured motor vehicle crashes.*
- d. Number of children with poisoning related injuries annually.*
- e. Number of children with fire/burn related injuries annually.*
- f. Number of children with in-home falls-related injuries annually.*

* Data compiled and provided by Oregon Child Injury Prevention Program.

III.17 Action Plan: Health Statistics

a. Current condition

Birth and death reporting, recording, and registration are provided by the Roseburg DCHSS office. Due to the geographic size of Douglas County, the outlying offices in Canyonville and Drain provide completed and registered birth certificates to customers. In 2006, DCHSS implemented electronic death registration but full implementation has yet to occur. Only one county physician participates in electronic death registration. DCHSS implemented electronic birth certificates in January 2008.

Assessment of mortality and morbidity trends and other public health statistic information is conducted and analyzed on a routine basis in order to assess the state of health in Douglas County and identify populations at risk for the provision of intervention services.

The Deputy Medical Examiner, with the Douglas County Sheriff's Office, notifies DCHSS of all child deaths, unusual deaths that may have public health significance, and deaths related to communicable diseases. Child deaths are reviewed by the Douglas County Child Fatality Review Team. Cases of attempted suicide are also reviewed by this team. The Medical Examiner serves multiple Southern Oregon counties and works out of Three Rivers Hospital, Grants Pass.

b. Goals

- a. One hundred percent (100%) of birth and death certificates that are submitted to the Douglas County Vital Records Office are reviewed by the County Registrar or a Deputy Registrar for accuracy and completeness following established Vital Records Office procedures prior to registration and issuance of certificates
- b. Records are re-verified as complete and accurate at the time the originals are entered into the county computer database
- c. Assure accurate, timely and confidential certification of birth and death events
- d. 100% of birth and death certificates are provided within 24 hours of receipt, unless order received prior to original certificate or some other extenuating circumstance prevents its issuance
- e. Analysis of public health information gathered from birth and death certificate data will contribute to proactive intervention to improve public health

c. Activities

Target population: Douglas County

- a. Data collection and analysis of health indicators related to morbidity and mortality

- b. Birth and death reporting, recording, and registration
- c. Analysis of services provided with technical assistance from the Department of Human Services
- d. Requests from walk-in customers are filled while the customer waits, once the customer's identification has been proven, their right to obtain a copy of the record has been established, and payment made. Certified copies of registered birth and death certificates are issued within one (1) working day of request.
- e. Death certificates are usually ordered by the funeral home. These orders are filled the day of request
- f. Birth and death certificates are ordered by customers. Once the foregoing criteria are established, the certificate is mailed

d. Evaluation

- a. Percent of birth and death certificates provided within 24 hours of receipt
- b. Compliance during the Triennial Program Review conducted by the Oregon Department of Human Services

III.18 Action Plan: Information and Referral

a. Current condition

DCHSS provides accurate and unbiased information and referral about local health and human services to the citizens of Douglas County. Information and referral is provided through response to telephone inquiries, providing information and referral information through news releases, presentations, printed materials, the County's website, and by communicating in-person to DCHSS clients.

DCHSS telephone numbers and facility addresses are listed in phone directories, local newspapers, brochures, local and state websites, and community resource directories. The DCHSS reception areas and outlying clinics in Reedsport, Drain, and Canyonville have been reduced to being open 3 days per week in Drain and Canyonville, and 2 days per week in Reedsport from 8 AM - 5 PM, on the specified days of the week.

DCHSS has two Public Health Nurses that are out-stationed at the Self-Sufficiency & Employment Program, Department of Human Services, SDA District 6 office. These nurses provide information and referral services to the AFS clients, specifically around health needs.

DCHSS provides information and referrals that are culturally appropriate. DCHSS utilizes a Portland-based interpreter telephone service as necessary for language translation.

The Public Health Division publishes a quarterly Health Matters report on the pertinent public health issues in Douglas County. The Health Matters report is distributed quarterly to over 600 recipients representing all sectors and regions of the county.

The Public Health Division serves as a local resource to the community for information and data concerning the specific public health issues confronting the Douglas County community.

b. Goals

- a. To post and/or update information on the DCHSS webpage
- b. To integrate functions within DCHSS to streamline services from all divisions, providing better service to customers
- c. To keep all information available to the public as current as possible

c. Activities

Target population: Douglas County

- a. Review and revision of phone book listings to ensure accuracy and ease of use
- b. All brochures and other resources are reviewed annually and updated as needed

d. Evaluation

- a. Public Health customer satisfaction survey
- b. Compliance during the Triennial Program Review conducted by the Oregon Department of Human Services

III. Action Plan: Environmental Health

a. Current condition

Environmental factors have a great impact on the health of the community and quality of life. DCHSS works to establish and maintain a broad based approach to environmental health service delivery. Efforts are focused upon the influence and impact of environmental factors, both natural and manmade, and the management and control of these factors so as to prevent and control illnesses, in order to promote health. Local environmental health services are required by ORS 431.416 with specific standards performed or programs availability assured as authorized by OAR Chapter 333-014-00050. Services in Environmental Health include state-mandated health inspections, licensing & plan review of restaurants, public pools & tourist facilities, certification of food handlers, food borne illness disease investigations, oversight of public drinking water systems, West Nile Virus surveillance and education, environmental health education, disaster response, and animal bite investigations. In fiscal year 2007-2008, 1,349 inspections were conducted at the various licensed facilities and institutions, with 5,206 violations noted. The general public reported 36 complaints, with 10 reporting a food-borne illness, and 0 food-borne illness outbreak investigations were done.

The Environmental Health Program failed to raise its licensed facility fees. We are still operating at a deficit with licensed facilities. The overage is being subsidized by general fund dollars from the county. In 2007-2008 fees were changed for Temporary Food Service Licenses. This change required operators to register 3 working days prior to an event or pay a late fee. An evaluation of the Environmental Health fee structure is currently being re-assessed. Program costs are expected to increase in 2009 / 2010 due to the expected decline of the federal timber safety net dollars. No fee adjustments have been made since 2004.

The Douglas County Public Works Department manages and operates a solid waste disposal and recycling program. At the twelve free-of-charge county transfer sites and one central landfill, the environment is protected and public health hazards reduced or eliminated. Private solid waste franchises provide adequate collection and disposal services. A fee for dumping Demolition Waste was established in January of 2007. In the face of reduced County General Funding, the discussions have arisen again about imposing a fee structure for businesses or for citizens utilizing the solid waste disposal program.

The Environmental Health Program participates on the Douglas County Solid Waste Advisory Committee, Conference of Local Environmental Health Supervisors, and the State Drinking Water Advisory Committee.

The Douglas County Planning Department has taken over responsibility of on-site wastewater management from Oregon's Department of Environmental Quality (DEQ). DEQ is still responsible for other environmental programs within the county

such as spill response, underground fuel storage tanks, air emissions, stream monitoring and waste disposal.

The Department of Agriculture performs all program responsibilities of shellfish sanitation. They determine when a recreational shellfish harvest closure is considered, when "Red Tide," "Domoic Acid," or sewage contamination affects shellfish digging areas and when public notification is warranted. Through our food facility inspection program, restaurants that serve shellfish are monitored to assure shellfish products are from licensed and approved sources. The required identification tags are to be collected and maintained by the food facility.

b. Goals

To be vigilant in its continuous and ongoing efforts to reduce or eliminate environmental health risk factors that has the capacity to cause human suffering, disease, or injuries. Establish an indexed fee supported licensed facility program.

c. Activities

Target population: Douglas County

- a. Inspection, licensure, consultation and complaint investigation of food services, tourist facilities, institutions, public spas and swimming pools, drinking water systems, to assure conformance with public health standards
- b. Environmental Health assessment and planning
- c. Food handler training for food service workers in the proper methods of storing, preparing, and serving food
- d. Information and referral services to the public and governmental agencies.
- e. Investigation of community health hazards, reported animal bites, and diseases that potentially associate or relate to food or water
- f. Provides West Nile Virus surveillance and education
- g. Lead poisoning prevention

d. Evaluation

- a. The number of violations identified in food service establishments
- b. The number of complaints received concerning licenses facilities
- c. The number of Foodborne Illness (FBI) complaints received
- d. The number of FBI outbreaks reported and investigated
- e. Maintain inspection frequencies of at least 90% in the number of food service facilities, tourist facilities, school and public facilities food service operations, public spas and pools, shelters and correctional facilities
- f. Compliance during the Triennial Program Review conducted by the Oregon Department of Human Services

III. Action Plan: Safe Water

a. Current condition

Every community is faced with the threat that domestic water supplies may become contaminated and gives rise to communicable disease transmission and/or objectionable taste or odor problems. In our County there are 123 public water systems that serve 98,621 people. Another 1,778 people are served by private water systems. Should the improper disposal or spill of hazardous materials occur in surface waters, associated drinking water supplies would become at risk. Inadequate drinking water systems and/or substandard waste water treatment are factors which potentate the transmission of water-borne illnesses. Annually 22 public water systems are surveyed on site to assure proper construction and operation. Water lab test results, required to be completed routinely by the water system operator, are monitored for levels of chemical contaminants and any existence of indicator microorganisms.

b. Goals

- a. To advise the general public of water-borne contaminants that may produce health risks from bodily contact (e.g. swimming or wading)
- b. To follow-up on all disease outbreaks and emergencies including spills that occur in Douglas County
- c. To complete all of the grant assurances including surveys, alerts, ERP (emergency response plan) reviews, and SNC (Significant Non-complier) management.

c. Activities

Target population: Douglas County

- a. Provide technical and compliance assistance to all operators of public drinking water systems when these systems are found to be in violation of public health requirements and safe water quality standards
- b. Investigate every incident of hazardous chemical spill or contamination; maintain membership in Oregon Emergency Response System (OERS)
- c. Annual review and update of the Douglas County written plan for responding to emergencies that involve public water systems
- d. Provide printed and verbal information regarding the development of safe water supplies to people using onsite water wells and springs as requested.

d. Evaluation

- a. Number of required monitoring and reporting violations identified with public water systems.

- b. Number of required monitoring and reporting violations identified of public water systems
- c. Responses to water systems identified in significant noncompliance (SNC) and Alerts with water quality or monitoring standards
- d. All public water systems are provided with consultation and technical guidance when found in violation of safe water quality standards or who fail to monitor
- e. At least 22 sanitary surveys completed annually
- f. Compliance during the Triennial Program Review conducted by the Oregon Department of Human Services

IV. Additional Requirements

- a. See the attached organizational chart of the local health department
- b. The Douglas County Board of County Commissioners is comprised of three elected individuals. The Board of Commissioners meets weekly on Wednesdays at 9am. One commissioner is assigned to the Health and Social Services Department as a liaison commissioner. The administrator attends the weekly board of commissioner meetings, and also meets with the assigned liaison commissioner every 1-2 weeks. These meetings are to discuss operational issues, concerns for the department.
- c. The Public Health Division has a taskforce that meets 3-4 times per year to receive updates in program issues, review and approve any additional material for the client population. This group is comprised of physicians (OB/GYN), managed care partners, hospital partners, local CCF, school superintendent, DHS Service Area Director, member from FQHC, Department of Justice, and local program staff. During this last year the taskforce has been challenged to identify a solution to the closure of the Douglas County Prenatal Clinic. The result of multiple meetings is a collaborative approach to clinic operations between the hospital, managed care provider, FQHC and Douglas County. This plan will allow women to continue to receive integrated care at a familiar and accessible location. This allow for seamless connection between pregnancy testing services and prenatal care.
- d. Senate Bill 555: The Douglas County Commission on Children and Families (CCF) is under the governance of the Douglas County Board of Commissioners. The local Commission director and the DCHSS Public Health Division Director have established a working relationship to provide services and care to children and families of Douglas County. The Public Health Division Director has been involved from the early planning phases of all parts of the Senate 555 Plan. Together, the Public Health Division Director and the local CCF Director have coordinated trainings for the community on child development, brain research, and have worked closely

with the community to have a smooth, coordinated, and united home visit program between Babies First/Maternity Case Management and Healthy Start.

V. Unmet Needs

a. Adequate Funding for Public Health

Douglas County continues to have many unmet public health needs, the largest of which is lack of public health funding. Continued budget cuts to the Public Health Division in fiscal year 2008-2009 and in the next four years will exacerbate an already diminished capacity to provide basic public health services, much less to respond to threats to public health. Rural timber communities across Oregon and the nation have historically received federal timber funding. This funding source is expected to end effective July 1, 2011.

In anticipation of the loss of funding, the Douglas County Public Health Division was instructed by the Board of Commissioners to cut the Public Health Division budget by \$134,473 for fiscal year 2009-2010. Funding cuts to Public Health in the 2009-2010 budget mean the elimination of the Healthy Start Program, 1 supervisor and 3 family support workers, 1 Family Planning Program Manager, 1 clinic support person, reduction in the Students Today Aren't Ready for Sex, the reduction of service hours in all satellite offices from 5 days per week to 2-3 days per week, and all population based-services with the exception of tobacco prevention.

The Board of Commissioners will contribute County General Fund to the Public Health Division budget to shore up Public Health Services during fiscal year 2009-2010, but the long-term sustainability of Public Health and other county services remains uncertain. In an effort to meet program requirements, the Public Health Division will pursue partnerships and funding opportunities, and will continue to educate the public about the importance of public health.

Douglas County's public health infrastructure has declined over the past several years. Inadequate funding to Public Health continues negatively impact on our ability to provide both basic and other public health services. In fiscal year 2004-2005, the Public Health Division had a budget that supported 64.7 FTE. In fiscal year 2009-2010, the Public Health Division will have an expected staffing of 43.0 FTE. With a reduction in staff comes a reduction in services, reduction in revenue, and a reduction in matching funds. The Public Health Division is cutting approximately \$134,473 from its 2009-2010 budget. A cut of this magnitude has had and will continue to have a far-reaching impact on all Public Health Programs and the health of our community.

As the silent insurance policy for all county citizens, Public Health at the local, regional, state, and national level is failing its citizens and the citizens. The

short-term impact of reduced or eliminated public health services will lead to long-term effects on the health of children, families, and communities throughout Douglas County and Oregon. Funding public health is not a short-term fix, but a long-term solution.

b. Substance Abuse

A public health priority in Douglas County, and all communities, is the substance abuse—including tobacco, alcohol, prescription drug abuse, methamphetamine and other and other illegal drug use. Substance abuse during pregnancy, among youth, and adults is widespread and takes a huge toll on entire communities. Budget cuts to the Douglas County Public Health Division and to Public Health throughout Oregon will further dismantle upstream efforts to prevent substance abuse and its costs and consequences. Funding decisions must be reprioritized and redirected to prevent the conditions that lead to substance abuse. The Public Health Division will continue to provide staff support and expertise to local efforts to address the problem of substance abuse in Douglas County.

c. Inadequate Public Transportation

Douglas County is geographically larger than the state of Connecticut. The vast majority of health and social services are located in the City of Roseburg core area. At best, mobility services in Douglas County are uneven. Although special transportation needs generally far outstrip current capacity and funding, and are often affected by geographic barriers, some needs are better served than others. For example, unmet mobility needs are greatest in the smaller towns and unincorporated rural areas of the County where transportation service is limited or nonexistent. However, more of those needs are being met in the Roseburg area, which is served by three public transit routes and a Dial-a-Ride service. DCHSS has run the local Umpqua Transit bus system since 2006, but as of the 2007-2008 budget will not. Douglas County is currently in the process of making a decision of who to turn the Umpqua Transit bus system over to.

d. Urgent Care as Primary Care

Non-urgent use of emergency rooms is an indicator of a growing public health concern. When hospital emergency rooms and urgent care clinics are used for primary care, recipients of care do not receive efficient, coordinated and continuous care. Those who rely on emergency rooms for primary care are typically those who are most at risk of poor physical, oral, and mental health—uninsured, underinsured children, pregnant women, adults, and the elderly. Budget cuts to public health services for uninsured and underinsured residents guarantee an increase in non-urgent emergency room visits and a corresponding increase in costs to taxpayers.

Public Health in Douglas County and in Oregon has been weakened by a long succession of cutbacks and shifting priorities. Public health capacity in Douglas County, in Oregon, and nationally is in need of rebuilding not further shrinkage. State and federal funding decisions must prioritize upstream public health efforts to reduce the escalating costs and consequences of downstream public health problems. Unfortunately, it is the more vulnerable among us—uninsured and underinsured children, pregnant women, and elderly, and others who count on public health—are the ones who are hit harder and faster by a weakened public health infrastructure.

For those who are more fortunate, public health is largely invisible until there is a food borne illness outbreak at a church picnic, their child's daycare is closed due to an outbreak of pertussis, or there is a flu outbreak or threat of new super-bug, or media attention to a nationwide disease outbreak related to a contaminated food product. Only a public health system that has the capacity to meet day-to-day health challenges will have the capacity needed to prevent or respond to public health threats and emergencies.

VI. Budget

The Douglas County Health and Social Services budget planning for Fiscal Year 2009/2010 is currently in progress. Final approval will come prior to June 30, 2009. DHS can obtain a copy of the budget document from the following contact:

Douglas County Health and Social Services
Attention: Marsha Price, Management Analyst
621 West Madrone
Roseburg, OR 97470
(541) 440 – 3613

VII. Minimum Standards

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

Organization

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

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

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

Control of Communicable Diseases

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

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

Environmental Health

47. Yes No ___ Food service facilities are licensed and inspected as required by Chapter 333 Division 12.
48. Yes No ___ Training is available for food service managers and personnel in the proper methods of storing, preparing, and serving food.
49. Yes No ___ Training in first aid for choking is available for food service workers. (We provide a handout card describing first-aid for choking. Training is provided in the community.)
50. Yes No ___ Public education regarding food borne illness and the importance of reporting suspected food borne illness is provided. (We provide information to food handlers and complainants. We also provide brochures and information via the Health Department website.)
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. (This is accomplished through the Planning Department)
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. (This is provided through County Public Works.)
62. Yes No Indoor clean air complaints in licensed facilities are investigated.
63. Yes No Environmental contamination potentially impacting public health or the environment is investigated.
64. Yes No The health and safety of the public is being protected through hazardous incidence investigation and response.
65. Yes No Emergency environmental health and sanitation are provided to include safe drinking water, sewage disposal, food preparation, solid waste disposal, sanitation at shelters, and vector control.
66. Yes No All license fees collected by the Local Public Health Authority under ORS 624, 446, and 448 are set and used by the LPHA as required by ORS 624, 446, and 448.

Health Education and Health Promotion

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

Nutrition

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

Older Adult Health

- 78. Yes No Health department provides or refers to services that promote detecting chronic diseases and preventing their complications.

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

Parent and Child Health

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

Primary Health Care

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

Cultural Competency

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

Health Department Personnel Qualifications

Local health department Health Administrator minimum qualifications:

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

Answer the following questions:

Administrator name: Peggy Kennerly

Does the Administrator have a Bachelor degree? Yes No

Does the Administrator have at least 3 years experience in public health or a related field? Yes No

Has the Administrator taken a graduate level course in biostatistics? Yes No

Has the Administrator taken a graduate level course in epidemiology? Yes No

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

Has the Administrator taken a graduate level course in health services administration? Yes No

Has the Administrator taken a graduate level course in social and behavioral sciences relevant to public health problems? Yes No

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

As Health Department Administrator I am also responsible for Mental Health, Developmental Disabilities Services, Senior Services, Volunteer Services, and Public Transportation. During this past year I have been very busy with contracting out Public Transportation and the shift for Mental Health from one MHO to another (GOBHI). That change has required "all hands on deck" including a significant amount of my time. As a result I did not apply for the coursework for a Public Health Certificate.

My application for the program is nearly complete and will be sent to the college

soon for a fall 2009 start date.

Peggy Kennerly
Douglas County Health & Social Services

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

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

AND

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

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

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

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

OR

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

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

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

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

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

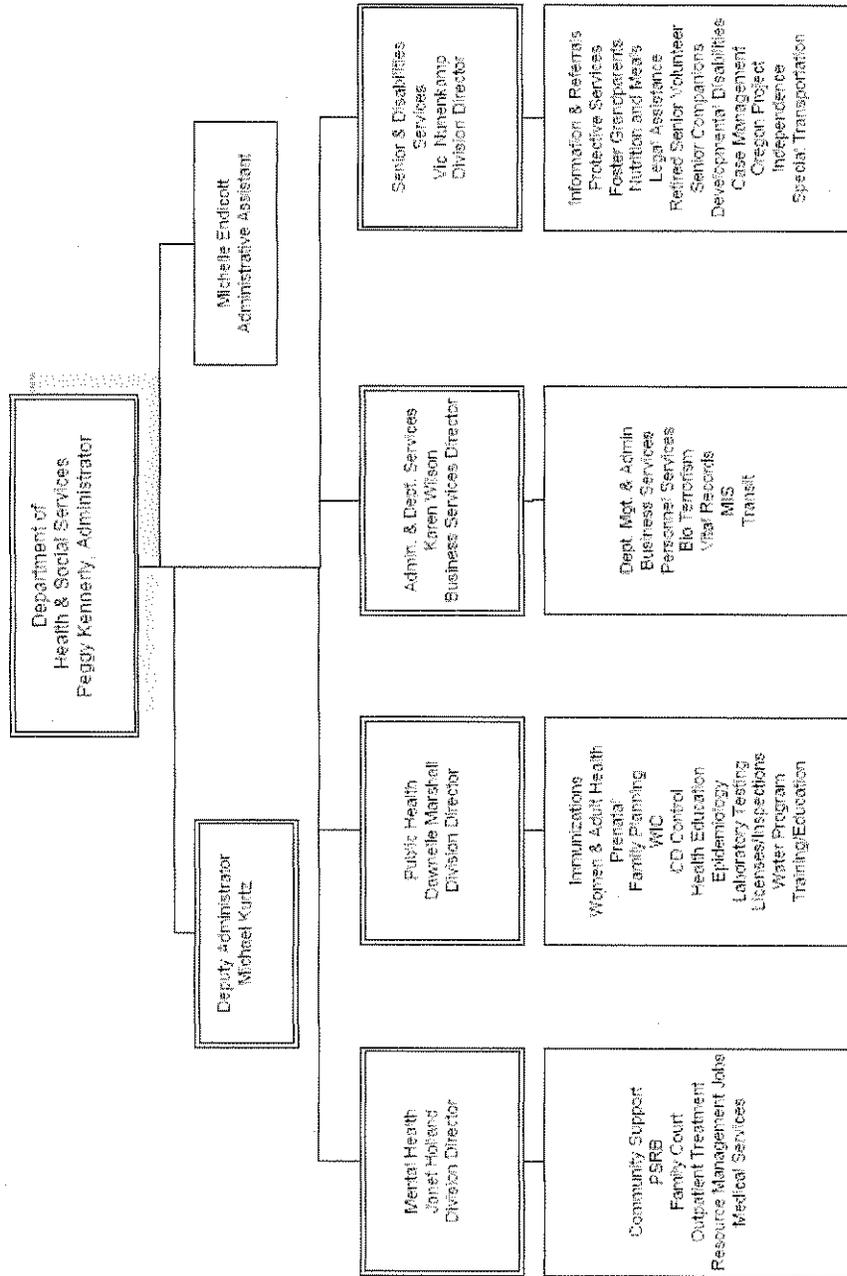
Agencies are required to include with the submitted Annual Plan:

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


Local Public Health Authority Douglas
County

May 1, 2009
Date

Douglas County Health & Social Services Organizational Chart May 2009



B. Annual Plan Objectives FY 2006

Plan A - Continuous Quality Improvement:

4th DTaP rate, missed shots rate, invalid Hepatitis B doses with local health department

Year 1: July 2005 – June 2006				
Objectives	Methods / Tasks	Outcome Measure(s)	Outcome Measure(s) Results ¹	Progress Notes ²
<p>A.</p> <p>Implement a plan to increase the 4th DTaP rate in the LHD by 10% over 3 years</p>	<ul style="list-style-type: none"> Advocate with DHS that change will occur when/if CDC moves the 4th DTaP on the childhood immunization schedule Survey clinical staff for timing of 4th DTaP Advocate for ALERT Registry to do 4th DTaP recall for Douglas County Assess children in the 2004 AFIX cohort for timing of 4th DTaP Program manager to attend 4th DTaP education session at 2005 Immunization Conference Distribute 4th DTaP marketing materials, as received to child 	<ul style="list-style-type: none"> Yearly 4th DTaP recall postcards sent by ALERT Registry to target populations 4th DTaP rate will increase by 3% Marketing materials will be distributed by December 2005 	<ul style="list-style-type: none"> Immunization program manager and 3 immunization staff attended 2005 Oregon Immunization Conf. Immunization nurse and 4 reception staff attended 2006 Oregon Immunization Conf. 4th DTaP CD summary distributed to health dept staff Sept 2005 807 4th DTaP postcard recalls generated by ALERT mailed October 2005. Postcard criteria: all kids submitted by Douglas County HD, born 9/1/2000 - 8/31/2004, with fewer than four doses of DTaP recorded in ALERT 4th DTaP media cards mailed to 26 preschools 	<ul style="list-style-type: none"> Successes – ALERT postcard recall/reminders to targeted populations appear to be an easy, inexpensive method to contact children lacking 4th DTaP. In Oct-Dec 2005, the LHD gave 407 DTaP, in Oct-Dec 2006 the LHD gave 455 DTaP; statewide campaign for immunization promotion is appropriate use of resources to improve public health outcomes Challenges - Attempted to establish billboard in Roseburg; however, vendor has not followed-through with request for additional information. Subjective survey of LHD staff in summer 2005 found staff asking for written direction from state staff regarding moving 4th

¹ **Outcome Measure(s) Results** – please report on the specific Outcome Measure(s) in this table.

² **Progress Notes** – please include information about the successes and challenges in completing the Methods/Tasks, any information that will help us better understand your progress, and any assistance from DHS that would have helped or will help met these objectives in the future.

	<p>care facilities, Child Health clinic, WIC, home visit nurses, as appropriate</p> <ul style="list-style-type: none"> Educate clinical staff on the 4th DTaP marketing plan and to move 4th DTaP up to as early as 12 months of age, as able 		<ul style="list-style-type: none"> 4th DTaP posters and media cards distributed to health dept clinics December 2005 4th DTaP article in health dept quarterly health report Jan 2006 4th DTaP radio PSAs emailed to 5 radio stations in Feb 2006 4th DTaP rate increased to 70.8% in 2005 assessment, from 66.3% in 2004 assessment Timing of 4th DTaP rate has not changed substantially when comparing 2004 and 2005 graphs. Timing of 3rd DTaP has improved from 8 mo of age to 7 mo of age. Newly hired nurses viewed CDC 4-part videos 	<p>DTaP to 12 months (if 6 months has passed since 3rd DTaP), when it appears on childhood immunization schedule from 15 to 18 months of age. Most clinic staff giving 4th DTaP at 15 to 18 months of age.</p> <p>Recommend to state that timing of 4th DTaP graph be included in AFIX reports. It remains unknown if radio stations played 4th DTaP PSAs and if so, how many times.</p>
<p>B.</p> <p>Implement a plan to reduce the missed shots rate in the LHD by 2% over 3yrs</p>	<ul style="list-style-type: none"> Assess children in 2004 AFIX cohort that constitute missed shots for trends Assess policy and consistency of screening children for needed shots Educate staff on missed shots rate in 	<ul style="list-style-type: none"> Review children in 2004 AFIX cohort that constitute missed shots by July 2005 Provide feedback of review to AFIX by August 2005 Provide feedback of review to clinic staff by 	<ul style="list-style-type: none"> Received and reviewed list of children in 2004 AFIX cohort that constituted missed shots Provided feedback of review of missed shots in AFIX assessment with Nathan by email Email sent in 2005 to health dept staff to remind 	<ul style="list-style-type: none"> Successes – feedback from ALERT regarding listing of missed shots has been helpful quality assurance for the county’s self-automated immunization database Challenges – The childhood immunization schedule, varied manufacturers, varied combination vaccines & newly

	<p>LHD practice</p> <ul style="list-style-type: none"> • Share strategies to improve missed opportunity rate • Encourage clinical staff to view CDC satellite/web cast broadcasts on immunizations 	<p>September 2005</p> <ul style="list-style-type: none"> • Document 80% of clinical staff trained in TRUE contraindications 	<p>about missed shot opportunities</p> <ul style="list-style-type: none"> • Health dept staff attended 2005 and 2006 CDC immunization web casts • Missed shots rate increased slightly at 7.8% in 2005 AFIX assessment, from 6.6% in 2004 AFIX assessment • Newly hired nurses viewed CDC 4-part videos • Immunization nurse and 4 reception staff attended 2006 Oregon Immunization Conf. 	<p>approved vaccines contribute to a potential for missed shot opportunities. The AFIX report is not a timely way to evaluate vaccine administration and correct clinic or nurse practices. Could ALERT generate monthly quality assurance reports regarding missed shots, invalid Hep B doses, etc that evaluate recently given immunizations?</p>
<p>C.</p> <p>Implement a plan to decrease the number of invalid Hep B doses in the LHD over 3yrs as measured by Figure 9 in the AFIX assessment</p>	<ul style="list-style-type: none"> • Survey clinical staff for timing of Hep B doses • Review each ALERT recall/reminder list for trends • Assess children in the 2004 AFIX cohort for trends in invalid Hep B doses • Educate clinical staff on reasons for invalid Hep B doses 	<ul style="list-style-type: none"> • Review children in ALERT recall/reminder list that constitute invalid Hep B doses • Provide feedback of review to AFIX by August 2005 • Provide feedback of review to clinic staff by September 2005 • Invalid Hep B doses will decrease as measured by Figure 9 in the 2005 AFIX assessment • Invalid Hep B doses will decrease as measured by the 	<ul style="list-style-type: none"> • Monthly ALERT 26 mo cohort recall/reminder list subjectively evaluated, invalid Hep B doses have decreased as data quality has improved • ALERT program unable to generate listing of children with invalid Hep B doses that were included in AFIX cohort • In 2004, 74% of 2 yr olds were fully immunized with 3 valid doses of HepB. In 2005, that rate jumped to 86% fully immunized with 3 doses of valid HepB. An email of 07/18/06 from Nathan 	<ul style="list-style-type: none"> • Successes – met the goal of decreasing the invalid Hep B doses. Will continue this objective for the next 2 plan years, but only to maintain this objective. • Challenges – The AFIX report is not a timely way to evaluate vaccine administration and correct clinic or nurse practices. Could ALERT generate monthly quality assurance reports regarding missed shots, invalid Hep B doses, etc that evaluate recently given immunizations?

	<p>number of occurrences noted on the ALERT recall/reminder lists</p>	<p>Crawford/AFIX states only a 2% invalid dose rate for Hep B in 2005.</p> <ul style="list-style-type: none"> Newly hired nurses viewed CDC 4-part videos 	
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**Plan A - Continuous Quality Improvement:
4th DTaP rate, missed shots rate, invalid Hepatitis B doses with local health department**

Year 2: July 2006 – June 2007				
Objectives	Methods / Tasks	Outcome Measure(s)	Outcome Measure(s) Results ¹	Progress Notes ²
<p>A. Increase the 4th DTaP rate in the LHD by 10% over 3 years</p>	<ul style="list-style-type: none"> Assess children in the 2005 and/or 2006 AFIX cohort for timing of 4th DTaP Educate staff on progress of 4th DTaP plan Refresh staff on 4th DTaP schedule Encourage clinical staff to view CDC satellite & web cast broadcasts on immunizations Will distribute radio files to area radio stations 	<ul style="list-style-type: none"> Yearly 4th DTaP recall postcards sent by ALERT Registry to target populations 4th DTaP rate will increase by 3% Decide efficacy of continuing plan in the next year 	<ul style="list-style-type: none"> Immunization program manager, one nurse practitioner, two nurses, and three reception staff attended 2007 NW Immunization Conf. Completed post card recalls for late starters October 2006 with feedback to DHS Completed post card recalls for inadequate Hep A doses February – May 2007 Evaluated missed shots report from annual AFIX assessment February 2007 with feedback to DHS 4th DTaP billboard posted September – October 2006 on Garden Valley Blvd. in Roseburg, OR 4th DTaP rate decreased to 65% in 2006 AFIX assessment; was 70.8% in 2005 assessment & 66.3% in 2004 assessment Immunization banner hung on Roseburg health dept building 	<p>Successes – ALERT postcard recalls to targeted populations appear to be an easy, inexpensive method to contact children lacking immunizations; however, there is a high rate of returned postcards. Hopefully, targeting a recall towards one particular vaccine has a subsequent effect of affecting other vaccine rates. Challenges – After much work, established a 4th DTaP billboard in Roseburg; however, vendor initially placed it next to a billboard advertisement for alcohol. Most clinic staff giving 4th DTaP at 15 to 18 months of age as this follows the recommended timing described on the CDCs immunization table. Recommend to state program that timing of 4th DTaP graph be included automatically in AFIX reports.</p>

¹ **Outcome Measure(s) Results** – please report on the specific Outcome Measure(s) in this table.

² **Progress Notes** – please include information about the successes and challenges in completing the Methods/Tasks, any information that will help us better understand your progress, and any assistance from DHS that would have helped or will help met these objectives in the future.

Year 2: July 2006 – June 2007

Objectives	Methods / Tasks	Outcome Measure(s)	Outcome Measure(s) Results ¹	Progress Notes ²
<p>B. Reduce missed shot rate in the LHD by 2% (or more) over 3 years</p>	<ul style="list-style-type: none"> Assess children in 2005 AFIX cohort that constitute missed shots for trends Educate staff on missed shots rate in LHD practice Encourage clinical staff to view CDC satellite/webcast broadcasts on immunizations 	<ul style="list-style-type: none"> Missed shots rate decreased by 1% Decide efficacy of continuing plan in the next year 	<p>June, July & Aug 2006</p> <ul style="list-style-type: none"> Back-to-school reminder on reader board one week in August 2006 Timing of 4th DTaP rate appears to be slowly changing substantially when comparing 2004, 2005, and 2006 graphs. Timing of 3rd DTaP has improved from 8 mo of age in 2004 to 7 mo of age in 2005 and 2006. It appears that more children are getting their 4th DTaP at 13, 14, and 15 months of age than previously in 2004 and 2005. Newly hired nurses viewed CDC 4-part web cast training 	<p>Successes – feedback from ALERT regarding listing of missed shots has been helpful quality assurance for the county's self-automated immunization database. Program has learned from review of missed shot report that multiple things affect the missed shot rate: birth dose Hep Bs, one time only clients, kids that have been seen by private and public sector both, clients seen only by private sector but credited to public health. Data collection on local and state level can only improve with this type of</p>

Year 2: July 2006 – June 2007

Objectives	Methods / Tasks	Outcome Measure(s)	Outcome Measure(s) Results ¹	Progress Notes ²
C. Increase the number of valid Hep B doses given in the LHD by 6% over 3 years	<ul style="list-style-type: none"> Assess children in the 2006 AFIX cohort for invalid Hep B doses Educate staff on the progress of invalid Hep B doses Reassess timing of screening children for needed Hep B doses 	<ul style="list-style-type: none"> Invalid Hep B doses will maintain at 5% or below as measured by AFIX assessment 	<p>ANY shot that day, rather than if they received at least one shot from the 4:3:1:3:3 series).</p> <ul style="list-style-type: none"> Immunization program manager, one nurse practitioner, two nurses, and 3 reception staff attended the 2007 NW Immunization Conference 	<p>QA reviewing. Challenges – The childhood immunization schedule, varied manufacturers, varied combination vaccines & newly approved vaccines contribute to a potential for missed shot opportunities. The AFIX report is not a timely way to evaluate vaccine administration and correct clinic or nurse practices. Could ALERT generate monthly quality assurance reports regarding missed shots, invalid Hep B doses, etc that evaluate recently given immunizations? It is a challenge to compare this year's missed shot rate with last years as they were figured out using different methods.</p> <ul style="list-style-type: none"> Successes – met the goal of maintaining the invalid Hep B doses. <p>Challenges – The AFIX report is not a timely way to evaluate vaccine administration and correct clinic or nurse practices. It would be more beneficial if ALERT or the county had a system that generated monthly quality assurance reports regarding missed shots, invalid Hep B doses, etc that evaluated recently given</p>

Year 2: July 2006 – June 2007

Objectives	Methods / Tasks	Outcome Measure(s)	Outcome Measure(s) Results ¹	Progress Notes ²
			<p>jumped to 86% fully immunized with 3 doses of valid HepB. An email of 07/18/06 from Nathan Crawford (AFIX) states only a 2% invalid dose rate for Hep B in 2005. An email of 05/23/07 from Sara Beaudrault (AFIX) states HepB3, valid doses only is at 83%. If counting doses only (without minimum age or minimum spacing requirements): 87%. Therefore a 4% invalid dose rate for Hep B in 2006.</p> <ul style="list-style-type: none"> • Health dept staff attended 2007 CDC immunization web casts 	<p>immunizations.</p>

Douglas County Health and Social Services

Plan A - Continuous Quality Improvement:
4th DTaP rate, missed shots rate, invalid Hepatitis B doses with local health department

Year 3: July 2007 – June 2008				
Objectives	Methods / Tasks	Outcome Measure(s)	Outcome Measure(s) Results ¹	Progress Notes ²
A. Increase the 4 th DTaP rate in the LHD by 10% over 3 years	<ul style="list-style-type: none"> Assess children in the 2006 AFIX cohort for timing of 4th DTaP Educate staff on the progress of the 4th DTaP marketing plan 	<ul style="list-style-type: none"> Yearly 4th DTaP recall postcards sent by ALERT Registry to target populations 4th DTaP rate will increase by 4% 	<ul style="list-style-type: none"> The 4th DTaP rates are as follows over the course of this 3 year plan: <ul style="list-style-type: none"> 2004 = 66.3% 2005 = 70.8% 2006 = 65% 2007 = 69% Written reminder postcards are mailed to birth cohorts in the county Written reminder postcards are generated through ALERT at 17, 20, and 26 months of age Written reminder postcards are mailed to all children that came in for services to remind them of next forecasted immunizations Completed pediatric Hep A recall in spring 2007 which brings in clients for additional services Timing of 4th DTaP rate 	<ul style="list-style-type: none"> Successes – ALERT postcard recalls to targeted populations appear to be an easy, fairly inexpensive method to contact children lacking immunizations. Targeting a recall towards one particular vaccine has a subsequent effect on other vaccine rates. Challenges – Did not meet the goal of increasing the 4th DTaP rate by 10% over 3 years. Difficult to assess true progress since method of determining UTD rates changed in 2006. Biggest challenge is that most staff gives 4th DTaP at 15 to 18 months of age as this follows the recommended timing described on the CDC's

¹ Outcome Measure(s) Results – please report on the specific Outcome Measure(s) in this table.

² Progress Notes – please include information about the successes and challenges in completing the Methods/Tasks, any information that will help us better understand your progress, and any assistance from DHS that would have helped or will help met these objectives in the future.

Year 3: July 2007 – June 2008

Objectives	Methods / Tasks	Outcome Measure(s)	Outcome Measure(s) Results ¹	Progress Notes ²
<p>B. Reduce missed shot rate in the LHD by 2% (or more) over 3 years</p>	<ul style="list-style-type: none"> • Assess children in 2006 AFIX cohort that constitute missed shots for trends • Educate staff on missed shots rate in LHD practice • Encourage clinical staff to view CDC satellite & web cast broadcasts on immunizations 	<ul style="list-style-type: none"> • Missed shots rate decreased by 1% 	<p>appears to be slowly changing substantially when comparing 2004, 2005, and 2006 graphs. Timing of 3rd DTaP has improved from 8 mo of age in 2004 to 7 mo of age in 2005 and 2006. It appears that more children are getting their 4th DTaP at 13, 14, and 15 months of age than previously in 2004 and 2005. It appears that in 2007 we maintained the bulk of 3rd DTaP being given at 7 mo of age. It appears we worsened on the 4th DTaP timing, moving the bulk to the 16 and 17 month timing.</p> <ul style="list-style-type: none"> • The missed shot rates are as follows over the course of this 3 year plan: <ul style="list-style-type: none"> ○ 2004 = 6.6% ○ 2005 = 7.8% ○ 2006 = 13% ○ 2007 = 11% • Received and reviewed list of children in 2006 AFIX cohort that constituted missed shots • Provided feedback of 	<p>immunization table. Recommend to state program that timing of 4th DTaP graph be included automatically in AFIX reports. There is a high rate of returned postcards; an estimated 5 – 15% of postcards can be returned depending on the source of addresses and the last time the child sought immunization services in their lifetime.</p> <ul style="list-style-type: none"> • Successes – shared 2007 QA of missed shot report with Carlos Quintanilla, Albert Koroloff, and Lisa Luna during 2007 AFIX meeting in Douglas County. • Challenges – Did not meet the goal of reducing the missed shot rate by 2% over 3 years. Difficult to assess true progress

Year 3: July 2007 – June 2008

Objectives	Methods / Tasks	Outcome Measure(s)	Outcome Measure(s) Results ¹	Progress Notes ²
<p>C. Increase the number of valid Hep B doses given in the LHD by 6% over 3 years</p>	<ul style="list-style-type: none"> • Assess children in the 2006 AFIX cohort for invalid Hep B doses • Educate staff on the progress of invalid Hep B doses 	<ul style="list-style-type: none"> • Invalid Hep B doses will maintain at 5% or below as measured by AFIX assessment 	<p>review of missed shots in AFIX assessment with state by email in February 2007</p>	<p>since method of determining UTD rates changed in 2006. Biggest challenge is that AFIX report is annual feedback and truly need a timelier QA process to provide feedback to staff to change their clinical practice. Also finding of QA revealed that use of Pediarix and birth dose Hep B, caused missed shot to be credited to us. Also found that missed shots given by private providers were credited to us. The childhood immunization schedule, varied manufacturers, varied combination vaccines & newly approved vaccines contribute to a potential for missed shot opportunities.</p>
<p>C. Increase the number of valid Hep B doses given in the LHD by 6% over 3 years</p>	<ul style="list-style-type: none"> • Assess children in the 2006 AFIX cohort for invalid Hep B doses • Educate staff on the progress of invalid Hep B doses 	<ul style="list-style-type: none"> • Invalid Hep B doses will maintain at 5% or below as measured by AFIX assessment 	<ul style="list-style-type: none"> • The valid Hep B rates are as follows over the course of this 3 year plan: <ul style="list-style-type: none"> ○ 2004 = 74% ○ 2005 = 86% ○ 2006 = 83% 	<ul style="list-style-type: none"> • Success - We met the goal of increasing the valid Hep B rate by 6% over 3 years. AFIX review meeting in our county is a good venue to discuss

Year 3: July 2007 – June 2008

Objectives	Methods / Tasks	Outcome Measure(s)	Outcome Measure(s) Results ¹	Progress Notes ²
			<ul style="list-style-type: none"> ○ 2007 = 89% 	<p>AFIX rates with frontline staff.</p> <ul style="list-style-type: none"> ● Challenges – Difficult to assess true progress since method of determining UTD rates changed in 2006. Have been informed by state that they are unable to produce a client listing of who are invalid Hep B doses, so QA of this data is limited.

**Plan B - Chosen Core Public Health Function Focus Areas:
Douglas County Immunization Coalition, ALERT Promotion in schools**

Fiscal Years 2006-2008

Year 1: July 2005 – June 2006				
Objectives	Methods / Tasks	Outcome Measure(s)	Outcome Measure(s) Results ¹	Progress Notes ²
<p>A. The Douglas County Immunization Coalition will meet quarterly</p>	<ul style="list-style-type: none"> Continue to assess local issues Continue partnerships with local hospitals, school district, OHP, McDonalds, Imagistics, Shots for Tots Committee, community college, physicians, LHD Coordinate quarterly meetings 	<ul style="list-style-type: none"> The % of adjusted enrollment in the complete/all category in the 2005-2006 school exclusion process for children's facilities will be 86% or greater 2005 AFIX assessment will increase to 75% in the coverage rate for the 24 month olds fully covered with the 4:3:1:3:3 	<ul style="list-style-type: none"> Shots for Tots free Saturday clinic October 2005 Douglas County Immunization Coalition meeting 10/20/2005 Shots for Tots free Saturday clinic February 2006 1700 recall postcards mailed with assistance of ALERT; recalled cohort of adolescents without 3 Hepatitis B shots in August 2005 The % of adjusted enrollment in the complete/all category in the 2005-2006 school exclusion process for children's facilities increased to 91.9% from 84.46% the previous 	<ul style="list-style-type: none"> Successes – Twice yearly free Saturday Shots for Tots clinics meet a need in our community for low income and working families. The Shots for Tots community partnership provides a learning venue for nursing students and a marketing opportunity for immunizations. It also takes a load off the health department clinic during school exclusion times. October 2005 – 198 shots given to 90 children. February 2006 – 430 shots given to 187 children. ALERT postcard recall/reminders to targeted populations appear to be an easy, inexpensive method to contact children lacking 3 Hepatitis B shots, met initial objective of immunization coverage in 7th graders

¹ **Outcome Measure(s) Results** – please report on the specific Outcome Measure(s) in this table.

² **Progress Notes** – please include information about the successes and challenges in completing the Methods/Tasks, any information that will help us better understand your progress, and any assistance from DHS that would have helped or will help met these objectives in the future.

Year 1: July 2005 – June 2006

Objectives	Methods / Tasks	Outcome Measure(s)	Outcome Measure(s) Results ¹	Progress Notes ²
			<p>school year</p> <ul style="list-style-type: none"> • The 2005 AFIX assessment of coverage for the 24 month olds fully covered with 4:3:1:3:3 increased to 77.8%, from 72.1% the year prior • The percent of adjusted enrollment in the complete/all category in the 2005-2006 school exclusion process for 7th graders increased to 98.35%, up from 83.47% the previous year • The percent of adjusted enrollment in the Hep B category in the 2005-2006 school exclusion process for 7th graders increased to 98.85%, up from 86.25% the previous year • The percent of adjusted enrollment in the MMR 2 category in the 2005-2006 school exclusion process for 7th graders increased to 99.07%, up from 97.74% the previous year • The percent of adjusted 	<ul style="list-style-type: none"> • Challenges – Shots for Tots is an expensive model to reach the population. The large scale clinic is not convenient for those that live outside of the Roseburg area. The clinic requires great manpower and as adolescents catch up on the MMR2, Hep B, VAR requirements we have seen less children at subsequent clinics.

Year 1: July 2005 – June 2006

Objectives	Methods / Tasks	Outcome Measure(s)	Outcome Measure(s) Results ¹	Progress Notes ²
<p>B. The ALERT Registry will be promoted all of the Douglas County child care facilities, Head Starts, public schools, and private schools (abbreviated as schools for the purpose of this document)</p>	<ul style="list-style-type: none"> Assess the level of awareness and use of ALERT in all Douglas County schools 	<ul style="list-style-type: none"> Reward all school users in Douglas County with a certificate Request list from DHS of Douglas County schools accessing ALERT through the web Promotion materials included in school exclusion mailing Telephone survey by December 2005 of all Douglas County schools inquiring on level of awareness, ease of use, provide with website address, benefits of use, how to get registered to use 	<p>enrollment in the VAR category in the 2005-2006 school exclusion process for 7th graders increased to 98.49%, up from 96.09% the previous year</p> <ul style="list-style-type: none"> In May 2005, the list of schools in the 2004 AFIX report were telephoned and interviewed. Schools were given verbal praise for ALERT participation and/or the ALERT sign-up process and website were advertised. Corrections to the AFIX report listing were submitted to DHS. 	<ul style="list-style-type: none"> Successes – county and state collaborated to improve the state's listing of schools using the ALERT website. Challenges – turnover at schools in both administrators and secretaries makes ongoing use of ALERT difficult to assess. Could ALERT send out to schools & daycares an advertisement about ALERT in August/September annually? Did not mail out certificates to reward users – felt telephone survey of all schools would be more effective use of time.

Plan B - Chosen Core Public Health Function Focus Areas:
Douglas County Immunization Coalition, ALERT Promotion in schools

Year 2: July 2006 – June 2007				
Objectives	Methods / Tasks	Outcome Measure(s)	Outcome Measure(s) Results ¹	Progress Notes ²
<p>A. Decrease the number of children excluded from school by 5% over 2 years</p> <p>Increase the 4:3:1:3:3 rate by 2% over 2 years</p>	<ul style="list-style-type: none"> Continue to assess local issues Continue partnerships with community agencies Coordinate quarterly immunization coalition meetings Immunization coalition will work on Shots for Tots campaign to help decrease exclusion rate and increase the UTD rate 	<ul style="list-style-type: none"> The % of adjusted enrollment in the complete/all category in the 2006-2007 school exclusion process for children's facilities will be 87% or greater 2006 AFIX assessment will increase to 78% in the coverage rate for the 24 month olds fully covered with the 4:3:1:3:3 	<ul style="list-style-type: none"> Shots for Tots clinic completed February 2007 that served 130 children with 400 shots to bring them into compliance with school exclusion process. The % of adjusted enrollment in the complete/all category in the 2006-2007 school exclusion process for children's facilities was 94.01% ALERT sent monthly postcard recalls to three additional subgroups seen at Douglas County Public Health) as part of an effort to change the "W" graph in the AFIX report. 2006 AFIX assessment was 70% coverage rate for the 24 month olds fully 	<ul style="list-style-type: none"> Successes – Shots for Tots provides TV, radio, and print media for immunizations. Douglas County is already working on increasing Hep A rates in children less than 5 to prepare for probable 2008-2009 new school requirements. Douglas County collaborates with ALERT to use the data for special postcard recalls. Challenges - It is a challenge to compare this year's AFIX rate with last years as they were figured out using different methods. Coalition met once during 2006, in part due to immunization outreach coordinator taking a new job. Future of ongoing coalition meeting remains uncertain with limited public health funding. Committee remains available for meetings as needed.

¹ Outcome Measure(s) Results – please report on the specific Outcome Measure(s) in this table.

² Progress Notes – please include information about the successes and challenges in completing the Methods/Tasks, any information that will help us better understand your progress, and any assistance from DHS that would have helped or will help meet these objectives in the future.

Year 2: July 2006 – June 2007

Objectives	Methods / Tasks	Outcome Measure(s)	Outcome Measure(s) Results ¹	Progress Notes ²
<p>B. Evaluate the plan to promote ALERT in the Douglas County schools</p>	<ul style="list-style-type: none"> • Continue to assess the level of awareness and use of ALERT in all Douglas County schools as needed • Request list from DHS of Douglas County schools accessing ALERT through the web to compare number registered, use of ALERT • Promotion materials included in school exclusion mailing 	<ul style="list-style-type: none"> • The # of schools with active web use in the last year will increase by 3 more sites by June 2007. As of July 2006 there are 41 active users out of 57 registered. • The # of childcare facilities with active web use in the last year will increase by 3 more sites by June 2007. As of July 2006 there are 5 active users out of 23 registered. 	<p>covered with the 4:3:1:3:3 (2006 rates were determined by minimum age and spacing criteria rather than counting doses)</p> <ul style="list-style-type: none"> • As of May 2007 there are 58 schools and 25 childcares that are registered with ALERT. Of these, 48 schools and 7 childcares have used ALERT in 2006 or 2007 to search for immunization histories. 	<ul style="list-style-type: none"> • Successes – Douglas County met the goal of increasing use of ALERT. 7 additional schools and 2 additional childcares are utilizing ALERT over last year. Also, it is convenient for local public health to now monitor utilization of ALERT through the website. Douglas County will continue to remind schools and daycares about ALERT use.

Douglas County Health and Social Services

**Plan B - Chosen Core Public Health Function Focus Areas:
Douglas County Immunization Coalition, ALERT Promotion in schools**

Year 3: July 2007 – June 2008				
Objectives	Methods / Tasks	Outcome Measure(s)	Outcome Measure(s) Results ¹	Progress Notes ²
<p>A.</p> <p>Decrease the number of children excluded from school by 5% over 2 years</p> <p>Increase the 4:3:1:3:3 rate by 2% over 2 years</p>	<ul style="list-style-type: none"> Immunization coalition will work on Shots for Tots campaign to help decrease exclusion rate and increase the UTD rate Advocate for ALERT registry reminder/recall postcards to be mailed for 18 month cohort Nurse to target 7th graders during the 05-06 school year; flyers, assistance in organizing files at middle schools 	<ul style="list-style-type: none"> The % of adjusted enrollment in the complete/all category in the 2006-2007 school exclusion process for children's facilities will be 88% or greater 2007 AFIX assessment will increase to 79% in the coverage rate for the 24 month olds fully covered with the 4:3:1:3:3 	<ul style="list-style-type: none"> The % of adjusted enrollment in the complete/all category in the school exclusion process for children's facilities are as follows over the course of this 3 year plan: <ul style="list-style-type: none"> 2004/2005 = 84.46% 2005/2006 = 91.9% 2006/2007 = 94.01% 2007/2008 = 94.71% The AFIX coverage rate for the 24 month olds fully covered with the 4:3:1:3:3 are as follows over the course of this 3 year plan: <ul style="list-style-type: none"> 2004 = 72.1 % 2005 = 77.8% 2006 = 70% 2007 = 70% 	<ul style="list-style-type: none"> Successes – Douglas County met the goal of decreasing the number of children excluded from school by 5% over 2 years. Challenges – Douglas County did not meet the goal of increasing the AFIX coverage rate for 24 months covered with 4:3:1:3:3 by 2% over 2 years. Although AFIX is a great snapshot of immunization coverage and an important benchmark to measure, there have been a lot of new immunizations in the last 5 years and Public Health needs to move to a place where we are state-

¹ **Outcome Measure(s) Results** – please report on the specific Outcome Measure(s) in this table.

² **Progress Notes** – please include information about the successes and challenges in completing the Methods/Tasks, any information that will help us better understand your progress, and any assistance from DHS that would have helped or will help met these objectives in the future.

<p>B.</p> <p>Evaluate the plan to promote ALERT in the Douglas County schools</p>	<ul style="list-style-type: none"> • Continue to assess the level of awareness and use of ALERT in all Douglas County schools as needed • Request list from DHS of Douglas County schools accessing ALERT through the web to compare number registered, use of ALERT • Promotion materials included in school exclusion mailing 	<ul style="list-style-type: none"> • The number of schools with active web use in the last year will increase by 3 more sites by June 2008. • The number of childcare facilities with active web use in the last year will increase by 3 more sites by June 2008. 	<ul style="list-style-type: none"> • The number of schools with active web use are as follows over the course of this 3 year plan: <ul style="list-style-type: none"> ○ 2004 = unavailable ○ 2005 = obtained list, made corrections to list, marketed ALERT ○ 2006 = 41 of 56 registered ○ 2007 = 46 of 56 registered • The number of childcares with active web use are as follows over the course of this 3 year plan: <ul style="list-style-type: none"> ○ 2004 = unavailable ○ 2005 = obtained list, made corrections to list, marketed ALERT ○ 2006 = 5 of 23 registered ○ 2007 = 8 of 26 registered 	<p>wide measuring immunization rates across the lifetime.</p> <ul style="list-style-type: none"> • Successes – Douglas County met the goal of increasing use of ALERT for both the school and childcare facilities. It is convenient for local public health to now monitor utilization of ALERT through the website. Douglas County will continue to remind schools and daycares about ALERT use. • Challenges – turnover of staff and closing and re-opening of certified daycares makes it difficult to stay on top of who is using ALERT regularly.
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Outreach Activities: July 2005 – June 2006

Activity 1: Immunization outreach/education to Douglas County				
Objectives	Methods / Tasks	Outcome Measure(s)	Outcome Measure(s) Results ¹	Progress Notes ²
<p>A.</p> <p>To increase the immunization messages to Douglas County citizens</p>	<ul style="list-style-type: none"> Immunization information, clinic hours will be in the DCHSS quarterly Health Report DCHSS media releases, flyers, targeted campaigns on an as needed basis; e.g. back-to-school shots, flu and pneumonia campaigns, school exclusion, Shots for Tots DCHSS website will be updated every other month and as needed DCHSS will research the feasibility of advertising immunization clinic hours in the local Roseburg paper 	<ul style="list-style-type: none"> The percent of adjusted enrollment in the complete/all category in the 2005-2006 school exclusion process for children's facilities will be 86% or greater 2005 AFIX assessment will increase to 75% in the coverage rate for the 24 month olds fully covered with the 4:3:1:3:3 Articles in each of the quarterly Health Reports in 2005-2006 The DCHSS website will be accessed to the 250 hit level by April 2005 Quarterly reader board messages Quarterly Douglas 	<ul style="list-style-type: none"> Back-to-school message on reader board Sept 2005 Immunization hours and Shots for Tots recap article in health dept quarterly health report October 2005 Immunization Coalition meeting October 2005 Flu vaccine message on reader board November 2005 4th DTaP article in health dept quarterly health report Jan 2006 Banner to hang yearly on side of health dept building to promote lifetime immunizations Staff education with CDC webcasts Health department website updated monthly; immunization page has 	<ul style="list-style-type: none"> Successes –Banner hung June and July 2006. Met initial objective. Challenges – County requested earlier reminder/recall postcards; however, DHS declined at the time.

¹ Outcome Measure(s) Results – please report on the specific Outcome Measure(s) in this table.

² Progress Notes – please include information about the successes and challenges in completing the Methods/Tasks, any information that will help us better understand your progress, and any assistance from DHS that would have helped or will help meet these objectives in the future.

Activity 1: Immunization outreach/education to Douglas County				
Objectives	Methods / Tasks	Outcome Measure(s)	Outcome Measure(s) Results ¹	Progress Notes ²
	<ul style="list-style-type: none"> • Quarterly reader board messages • DCHSS will continue to coordinate the Douglas County Immunization Coalition quarterly meetings • DCHSS will continue to provide satellite Linkage to CDC Broadcasts for private provider opportunity 	<ul style="list-style-type: none"> • County Immunization Coalition meetings 	<p>281 hits as of January 2006, 384 as of July 2006</p> <ul style="list-style-type: none"> • The % of adjusted enrollment in the complete/all category in the 2005-2006 school exclusion process for children's facilities increased to 91.9% from 84.46% the previous school year • The 2005 AFIX assessment of coverage for the 24 month olds fully covered with 4:3:1:3:3 increased to 77.8%, from 72.1% the year prior 	

Annual Plan Objectives FY 2008-2009

Year 1: July 2008 – June 2009				
Objectives	Methods / Tasks	Outcome Measure(s)	Outcome Measure(s) Results ³	Progress Notes ⁴
A. Continue to promote and evaluate ALERT in the Douglas County childcares	<ul style="list-style-type: none"> Continue to assess the level of awareness and use of ALERT in all Douglas County childcares as needed Use the listing available on the ALERT website to compare number registered and number actively using ALERT Promotion materials included in school exclusion mailing Increasing the childcares actively using ALERT will help reduce the number of school exclusions mailed in February 2009. 	<ul style="list-style-type: none"> The number of childcare facilities with active web use in the last year will increase by 5 more sites by December 2008. 	<ul style="list-style-type: none"> The number of childcares with active web use are as follows: <ul style="list-style-type: none"> 2004 = unavailable 2005 = marketed ALERT 2006 = 5 of 23 registered 2007 = 8 of 26 registered 2008 = 10 of 25 registered 2009 = 11 of 25 registered registered as of 04/08/09 	<ul style="list-style-type: none"> Successes – Douglas County uses school exclusion review phone conversations with childcares to remind of the ease and importance of using ALERT for immunization histories throughout the year. For larger childcares and Head Start, they see it as a resource. Challenges – Smaller childcares seem less likely to utilize ALERT. Douglas County increased the number of active childcares using ALERT but not by the goal set.

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

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

Year 1: July 2008 – June 2009				
Objectives	Methods / Tasks	Outcome Measure(s)	Outcome Measure(s) Results ³	Progress Notes ⁴
<p>B.</p> <p>The pediatric Hep A and Tdap new school requirements will be promoted in all of the Douglas County certified child care facilities, Head Starts, public schools, private schools, to parents, and media</p>	<ul style="list-style-type: none"> Continue to assess the level of awareness of Hep A and Tdap requirements in all Douglas County schools Participate in free Tdap state project 	<ul style="list-style-type: none"> Promotion materials included in school exclusion mailing Promotion materials included in school back-pack distribution Promotion materials included in targeted pediatric Hep A reminder postcards to county children 4 and under Promotion materials included in targeted Tdap reminder postcards to county 6th graders Promotion materials included in quarterly health report Promotion materials included in back-to-school registrations Health Department to work with childcares to increase active users of ALERT Health Department to work with schools to obtain current mailing addresses so health department can send 	<ul style="list-style-type: none"> School bus flyers sent by email to schools in fall 2008 for backpack distribution Pre-written paragraph about new school requirements emailed to schools fall 2008 to include in newsletters through out year Labels added to recall postcards to notify LHD clients of new school law requirements of Hep A and Tdap Tdap reminder postcards sent ongoing to 6th/7th graders July 2008 Health Matters health department newsletter cover article on new school laws Adolescent clinics held at back-to-school registrations in August 2008 – vaccinated 265 7th graders Used free Tdap vaccine at school registration clinics February 2009 Shots for Tots clinic vaccinated 178 kids and provided media 	<ul style="list-style-type: none"> Successes – All schools, childcares, Head Start and parents seemed to be aware of new school law requirements by exclusion time. Adolescent immunization clinics held at back to school registrations and Shots of Tots seemed to take burden off of LHD clinics and private providers during exclusion day. Challenges – There is a burden on staff and finances to hold back to school registration clinics, especially when all school registrations are on same week, and also when increased clients coming in to health department for vaccines. Some schools are happy to work with the health department to send postcards, other schools are reluctant.

Year 1: July 2008 – June 2009

Objectives	Methods / Tasks	Outcome Measure(s)	Outcome Measure(s) Results ³	Progress Notes ⁴
		reminder postcards to targeted populations • Promotion material on free Tdap project will be sent to community partners and media.	related to new school laws • February 2009 press release on Tdap to prevent pertussis outbreak and morbidity/mortality to infants • February 2009 radio interview of Dawnelle on Tdap, vaccinated radio host	

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: July 2009-December 2009					
Objectives	Activities	Date Due / Staff Responsible	Outcome Measure(s)	Outcome Measure(s) Results	Progress Notes
<p>A.</p> <p>Increase Douglas Health Department rate of 24 month olds with their 4th DTaP by 10% over 3 years</p>	<ul style="list-style-type: none"> ○ Analyze and QA cohort in 2008 rates to see if 4th DTaP before 24 months of age and who was provider of 4th DTaP ○ Provide staff training to include the following: <ul style="list-style-type: none"> ○ Review consistency of screening children for 4th DTaP at 12 months or at minimum spacing after 3rd dose ○ Strategies to improve 4th DTaP ○ Vaccine safety education and talking to hesitant parents ○ Forecasting all childhood immunizations using IRIS or ALERT. ○ Review consistency of screening WIC 	<p>04/09 Hofford</p> <p>Ongoing Hofford</p> <p>07/09 Hofford</p>	<ul style="list-style-type: none"> ○ Baseline set ○ Training held for WIC staff on <u> </u> ○ Recall/reminder system forecast changed on <u> </u> ○ All staff trained to talk with parents and able to answer questions about vaccine safety ○ Staff trained and understand policy of giving all shots due unless parent refuses even after education & counseling ○ Roseburg clinic practices changed in 04/09. ○ Drain clinic practices changed on <u> </u> ○ Canyonville clinic practices changed in <u> </u> ○ Reedsport clinic practices changed in - <u> </u> 	<p>To be completed for the CY 2009 Report</p> <p>To be completed for the CY 2009 Report</p>	<p>To be completed for the CY 2009 Report</p>

	<ul style="list-style-type: none"> ○ children for 4th DTaP Change clinic practices in Roseburg site to start giving 4th DTaP at 1 year of age if minimum spacing met ○ Change clinic practices in satellite sites to start giving 4th DTaP at 1 year of age if minimum spacing met ○ Use combination vaccines to minimize # shots given at any visit ○ Change reminder/recall system to send postcard at 12 months of age versus 15 mo of age 	<p>05/09</p> <p>05/09</p> <p>ongoing</p> <p>04/09</p>	<p>Sickler</p> <p>Geier and Siling</p> <p>All</p> <p>Hofford</p>	<p>_____</p>		
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Due Date: May 1
Every year

Immunization Comprehensive Triennial Plan

Local Health Department:

Plan A - Continuous Quality Improvement: Reduce Vaccine Preventable Disease
Calendar Years 2009-2011

Year 2: January 2010-December 2010						
Objectives	Activities	Date Due / Staff Responsible		Outcome Measure(s)	Outcome Measure(s) Results	Progress Notes
		Due	Staff Responsible			
A. Increase Douglas Health Department rate of 24 month olds with their 4 th DTaP by 10% over 3 years	<ul style="list-style-type: none"> ○ Continue staff training to include the following: <ul style="list-style-type: none"> ○ Review consistency of screening children for 4th DTaP at 12 months or at minimum spacing after 3rd dose ○ Strategies to improve 4th DTaP ○ Vaccine safety education and talking to hesitant parents ○ Forecasting all childhood immunizations using IRIS or ALERT. ○ Review again consistency of screening WIC children for 4th DTaP ○ Review County 4th DTaP 2009 	<ul style="list-style-type: none"> Due To be scheduled in 2010 	<ul style="list-style-type: none"> Staff To be assigned in 2010 	<ul style="list-style-type: none"> ○ All staff trained to talk with parents and able to answer questions about vaccine safety ○ Staff trained and understands policy of giving all shots due unless parent refuses even after education & counseling_____. 	<ul style="list-style-type: none"> To be completed for the CY 2010 Report 	<ul style="list-style-type: none"> To be completed for the CY 2010 Report

Year 2: January 2010-December 2010

Objectives	Activities	Date Due / Staff Responsible	Outcome Measure(s)	Outcome Measure(s) Results	Progress Notes
	<ul style="list-style-type: none"> ○ immunization rates ○ Review County 4th DTaP 2009 immunization rates for satellite clinics ○ Use combination vaccines to minimize # shots given at any visit 				

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 3: January 2011-December 2011						
Objectives	Activities	Date Due / Staff Responsible		Outcome Measure(s)	Outcome Measure(s) Results	Progress Notes
<p>A.</p> <p>Increase Douglas Health Department rate of 24 month olds with their 4th DTaP by 10% over 3 years</p>	<ul style="list-style-type: none"> ○ Continue staff training to include the following: <ul style="list-style-type: none"> ○ Review consistency of screening children for 4th DTaP at 12 months or at minimum spacing after 3rd dose ○ Strategies to improve 4th DTaP ○ Vaccine safety education and talking to hesitant parents ○ Forecasting all childhood immunizations using IRIS or ALERT. ○ Review again consistency of screening WIC children for 4th DTaP ○ Review County 4th DTaP 2010 immunization rates 	<p>Due</p> <p>To be scheduled in 2011</p>	<p>Staff</p> <p>To be assigned in 2011</p>	<ul style="list-style-type: none"> ○ All staff trained to talk with parents and able to answer questions about vaccine safety ○ Staff trained and understand policy of giving all shots due unless parent refuses even after education & counseling 	<p>To be completed for the CY 2011 Report</p>	<p>To be completed for the CY 2011 Report</p>

Year 3: January 2011-December 2011					
Objectives	Activities	Date Due / Staff Responsible	Outcome Measure(s)	Outcome Measure(s) Results	Progress Notes
	<ul style="list-style-type: none"> ○ Review County 4th DTaP 2010 immunization rates for satellite clinics ○ Use combination vaccines to minimize # shots given at any visit 				

Year 1: July 2009-December 2009

Objectives	Activities	Date Due / Staff Responsible	Outcome Measure(s)	Outcome Measure(s) Results	Progress Notes
	<ul style="list-style-type: none"> ○ Decide on time, date, place and content of events ○ Send "Save the Date" flyers thru registration mailings ○ Provide pre- and day of event staffing ○ Host events @ Jo Lane, Fremont, Coffenberry, Sutherland, and Winston middle schools. ○ Evaluate event success to modify future activities 	<p>08/09</p> <p>4 nurses 4 DAs per clinic</p> <p>Vian Hofford Nurses DAs</p>	<p>50 doses from 398 in 2008</p> <ul style="list-style-type: none"> ○ Eval of reminders and events and modification for following years' events completed <ul style="list-style-type: none"> ○ Evaluation results _____ 		

**Due Date: May 1
Every year**

Immunization Comprehensive Triennial Plan

**Local Health Department:
Plan B – Community Outreach and Education
Calendar Years 2009-2011**

Year 2: January-December 2010						
Objectives	Activities	Date Due / Staff Responsible		Outcome Measure(s)	Outcome Measure(s) Results	Progress Notes
A. Douglas County will promote adolescent immunizations, including Tdap	<ul style="list-style-type: none"> ○ Obtain up-to-date mailing lists from 6th grade schools ○ Mail adolescent postcard reminder to 6th graders ○ Pre-event activities include: <ul style="list-style-type: none"> ○ Commit staff time and resources to project ○ Contact 5 middle schools to schedule clinics @ back to school registrations ○ Determine costs, staff time needed, whether financial assistance is available - from county budget, State IZ program or vaccine company(s) 	<p>Due To be scheduled in 2010</p>	<p>Staff To be assigned in 2010</p>	<ul style="list-style-type: none"> ○ Pre-event activities completed (i.e., cost eval, phone calls, flyers, site set up, etc.) ○ Number of adolescent postcard reminders mailed in 2010 ○ Number of adolescents vaccinated at registration clinics: ○ 2010-11 Tdap rate to increase by 1% from 2009's 7th grade exclusion rates ○ 2010 HPV doses increased by 50 doses from 2009 ○ 2010 Meningococcal doses increased by 50 doses from 2009 	<p>To be completed for the CY 2010 Report</p>	<p>To be completed for the CY 2010 Report</p>

Year 2: January-December 2010

Objectives	Activities	Date Due / Staff Responsible	Outcome Measure(s)	Outcome Measure(s) Results	Progress Notes
	<ul style="list-style-type: none"> ○ Decide on time, date, place and content of events ○ Send "Save the Date" flyers thru registration mailings ○ Provide pre- and day of event staffing ○ Host events @ Coffenberry Jo Lane, Fremont, Sutherlin, and Winston middle schools. ○ Evaluate event success to modify future activities 		<ul style="list-style-type: none"> ○ Eval of reminders and events and modification for following years' events completed <ul style="list-style-type: none"> ○ Evaluation results _____ 		

Due Date: May 1
Every year

Immunization Comprehensive Triennial Plan

**Local Health Department:
Plan B – Community Outreach and Education
Calendar Years 2009-2011**

Year 3: January 2011-December 2011						
Objectives	Activities	Date Due / Staff Responsible		Outcome Measure(s)	Outcome Measure(s) Results	Progress Notes
A. Douglas County will promote adolescent immunizations, including Tdap	<ul style="list-style-type: none"> ○ Obtain up-to-date mailing lists from 6th grade schools ○ Mail adolescent postcard reminder to 6th graders ○ Pre-event activities include: <ul style="list-style-type: none"> ○ Commit staff time and resources to project ○ Contact 5 middle schools to schedule clinics @ back to school registrations ○ Determine costs, staff time needed, whether financial assistance is available (from county budget, State IZ program or vaccine company(ies)) 	Due To be scheduled in 2011	Staff To be assigned in 2011	<ul style="list-style-type: none"> ○ Pre-event activities completed (i.e., cost eval, phone calls, flyers, site set up, etc.) ○ Number of adolescent postcard reminders mailed in 2011 ○ Number of adolescents vaccinated at registration clinics: 	<ul style="list-style-type: none"> ○ 2011 Tdap rate to increase by 1% from 2010's 7th grade exclusion rates ○ 2011 HPV doses increased by 25 doses from 2010 ○ 2011 Meningococcal doses increased by 25 doses from 2010 	<ul style="list-style-type: none"> ○ To be completed for the CY 2011 Report
		<ul style="list-style-type: none"> ○ 2011 Tdap rate to increase by 1% from 2010's 7th grade exclusion rates ○ 2011 HPV doses increased by 25 doses from 2010 ○ 2011 Meningococcal doses increased by 25 doses from 2010 	<ul style="list-style-type: none"> ○ To be completed for the CY 2011 Report 	<ul style="list-style-type: none"> ○ To be completed for the CY 2011 Report 		

	<ul style="list-style-type: none"> ○ Decide on time, date, place and content of events ○ Send "Save the Date" flyers thru registration mailings ○ Provide pre- and day of event staffing ○ Host events @ Coffenberry, Jo Lane, Fremont, Winston, & Sutherlin middle schools. ○ Evaluate event success to modify future activities 		<ul style="list-style-type: none"> ○ Eval of reminders and events and modification for following years' events completed <ul style="list-style-type: none"> ○ Evaluation results _____ 		
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**FAMILY PLANNING PROGRAM ANNUAL PLAN
FOR FY '10**

July 1, 2009 to June 30, 2010

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

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

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

Agency: Douglas County Public Health

Contact: Dawnelle Marshall, RN, BSN

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
1. Changes in staffing have led to decreased appointment times for exams.	1. By 7/1/09 hire/contract with NP for FP exams and services. 2. Increase available appointments for annual exams by 30 appointments/week by the closure of NP orientation period.	1. Increase work with Human Resources for recruitment.	1. Hire date 2. Completion of orientation of NP 3. Monthly review of numbers, appointments, and clients screened.
2. Changes in funding and services have led to changes in services provided at satellite offices.	1. Maintain drop-in clinic services on satellite offices 1 time/week. 2. Maintain clinic exam services 1-2 times/month in satellite office.	1. Dawnelle, fill this in.	1. Measure number of clients served at clinic location.

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

Problem Statement	Objective(s)	Planned Activities	Evaluation
1. Changes in funding and resources has led to challenges in maintaining a broad range of birth control methods.	1. Maintain current available methods of birth control.	1. Update pricing on quarterly schedule – Jul, Oct, Jan, Mar. 2. Update costing by 12/31/09. 3. Continue with referrals for Implanon.	1. Completion of pricing changes and implementation of new pricing. 2. Completion of costing by 12/31/09. 3. Implementation of updated fees.

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
1. Hire part-time NP 2. Increase appointments 3. Increase pricing/cost fluctuation of BCMs.	1. Have hired NP for 1-2 days per week. 2. Clinic RN hired to assume nursing duties to allow NP to perform increased number of exams. 3. Development of spreadsheet that calculates allowed Title X/FPEP pricing and is connected to superbill client form.

EVALUATION OF WIC NUTRITION EDUCATION PLAN FY 2008-2009

WIC Agency: Douglas County

Person Completing Form: Elizabeth Binkley MS, RD

Date: May 1, 2009 Phone: (541) 440 - 3546

Return this form, attached to email to: sara.e.sloan@state.or.us by May 1, 2009

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

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

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

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

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

- How were the WIC Program's Key Nutrition Messages shared with staff in your agency?
- Which messages did staff identify as needing additional training on?
- How did this training occur?

Response: We altered our plan for this activity due to the roll out of Oregon WIC Listens and changed our focus and training for Oregon WIC Listens from July 1, 2008 through January 26, 2009.

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

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

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

- How did staff review the proposed food package changes?
- Which nutrition education messages were identified that need to be modified?
- How will these messages be shared with participants?

Response:

At the staff meeting that was held on January 9, staff reviewed the proposed food package changes of lower fat milk and at the staff meeting on February 13 reviewed the changes in the infant food package with the elimination of juice and the adding of baby foods.

The nutrition education messages that need to be modified are that all persons age 2 and older need to switch to 2% milk or lower fat milk to reduce the amount of saturated fat in the diet.

The nutrition education message for infants is to wait to introduce solids until all signs of readiness are demonstrated and baby fruits and vegetables will replace juice on the infant food package.

The messages will be shared at nutrition education classes and at the individual nutrition education during the certifications.

Activity 3: Identify your agency training supervisor(s) and staff in-service dates and topics for FY 2008-2009.

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

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

Response:

The In-Service Topics were altered due to Oregon WIC Listens and training on the new Fresh Choices food packages.

For August, September, October, November and January we did Oregon WIC Listens trainings. The objectives were met

Address competency model – Competency Area: # 6 Communication and # 8 Critical thinking

For January: Fresh Choices training on Lower Fat Milk.

The objectives were met

Address competency model – Competency Area: # 10 Nutrition Education

February: Infant feeding and women's food package changes.

The objectives were met

Address competency model – Competency Area: # 10 Nutrition Education

March: changes in Medical Documentation

The objectives were met

Address competency model – Competency Area: # 10 Nutrition Education

April: Anticipatory Guidance to participants.

The objectives were met

Address competency model – Competency Area: # 10 Nutrition Education

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

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

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

Outcome evaluation: Please address the following questions in your response:

- Did staff review the assessment steps from the Dietary Risk Module?
- Which steps did staff identify as needing additional training on?
- How did this training occur?

Response:

We did not do a review of the assessment steps from the Dietary Risk Module. We altered our plan for this activity due to Oregon WIC Listens and focused on the trainings for Oregon WIC Listens from July 1 through January 26, 2009.

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

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

- How have staff modified their approach to individual counseling after completing the Nutrition Risk and Dietary Risk Modules?

Response:

Due to Oregon WIC Listens trainings this activity was not completed as staff were focused on the Oregon WIC Listens trainings from July 1 though January 26, 2009.

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

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

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

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

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

Response:

Not all staff wanted to participate in this activity and the staff who did participate could not agree on the same objective and strategy.

The staff who decided to participate each chose their own objective and strategy.

The strategy was to allow each staff to choose their own goal and that seemed help to meet their personal objective.

I do not know what to do differently because some of the staff are not interested in participating in working on a healthy behavior change and the staff that did choose to participate did not want to have a common objective and strategy but each wanted to chose their own behavior change.

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

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

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

Response:

We chose encouraging physical activity with the clients and reducing the amount of screen and TV time.

We decided on this activity because of the benefit that it would be to the clients' health and we thought that doing a survey would give us information on whether clients' had decided to make a healthy behavior change.

The strategy of surveying the clients did not happen because of staff time constraints and in March we changed the focus of the WIC classes to informing clients of the food package changes.

Doing a survey did not seem to work out this year. Staff was so busy with training for Oregon WIC Listens and the new Fresh Choices food package changes. Hopefully when all the trainings are completed they can focus more what strategy would be best to support clients in making healthy behavior changes.

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

Year 2 Objective: During plan period, in order to help improve breastfeeding outcomes for WIC participants, each local agency will select at least one objective and implement at least one strategy from the Statewide Physical Activity and Nutrition Plan 2007-2012.

Activity 1: Identify your objective and strategy to improve breastfeeding outcomes for WIC clients.

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

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

Response:

We chose to increase breastfeeding duration, to support mothers who are having difficulty breastfeeding and to work toward the development of a community partnership with the local hospital so that breast pumps can be available to WIC mothers who have an immediate need to pump.

We decided on this objective and strategy to try improve the situation of breast pumps not being readily available to moms to have an urgent need.

The strategy was not completely successful. I did contact the State WIC Lactation/Breastfeeding Coordinator to explore ways to approach the local hospital to build a working relationship. I did not have time to contact the Lactation Consultant at the local hospital due to other more pressing time constraints with trainings for Oregon WIC Listens and the Fresh Choices new food package.

For Activity 2 the objective of having the Douglas County Health Department apply to become a “Breastfeeding Friendly Employer” was met and the Douglas County Health Department has received the “Breastfeeding Friendly Employer” designation.

Attachment A

FY 2009-2010 WIC Nutrition Education Plan

WIC Staff Training Plan – 7/1/2009 through 6/30/2010

Agency: Douglas County

Training Supervisor(s) and Credentials: Elizabeth Binkley MS, R.D.

Staff Development Planned

Based on planned new program initiatives (for example Oregon WIC Listens, new WIC food packages), your program goals, or identified staff needs, what quarterly in-services and or continuing education are planned for existing staff? List the in-services and an objective for quarterly in-services that you plan for July 1, 2009 – June 30, 2010. State provided in-services, trainings and meetings can be included as appropriate.

Quarter	Month	In-Service Topic	In-Service Objective
1	July / August / September	Fresh Choices / Infant Feeding Cues	Review with staff the training received at the State WIC meeting in preparation for the new food package changes
2	December	Oregon WIC Listens / review participant centered services	Review with staff the Oregon WIC Listens objectives and the staff self assessment tool for skills to improve on
3	January / February	Oregon WIC Key Nutrition Messages	Provide clarification and discussion of client promotion strategies for the Oregon WIC Key Nutrition Messages
4	March / April	Oregon WIC Listens Review	Staff to discuss progression in Oregon WIC Listens skills since December and set new goals for further development of skills.

FY 2009 - 2010 WIC Nutrition Education Plan Form

County/Agency: Douglas County
Person Completing Form: Elizabeth Binkley, MS. RD
Date: May 1, 2009
Phone Number: (541) 440 - 3546
Email Address: ehbinkle@co.douglas.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:

Staff will be scheduled for time to work on the New Food Package Assignment Module. Staff are to complete the Module by July 31, 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:

Certifier staff are to attend the Infant Feeding Cues training at the WIC State Meeting June 22-23, 2009. Staff will review the Infant feeding Cues

training at the staff in-service August 2009.

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:

Certifier staff and nutritionist will review and revise nutrition education lesson plans and participant handout written materials to insure they are consistent with the Key Nutrition Messages and the changes with the new WIC food packages. This will be completed by July 31, 2009.

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:

See WIC Attachment A for WIC Staff Training Plan 07/01/2009 - 06/30/2010

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:

Using the State WIC provided Counseling Observation Guide, staff will do self evaluations and identify Oregon WIC Listening skills they need to improve on. The self-evaluations will be done during the month of October 2009 and completed by October 31, 2009.

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:

Staff meeting in November 2009 will review Oregon WIC Listens self-evaluation activities for staff to identify that they want to improve on. Time will be scheduled for staff to do peer to peer observations for the months of November and December 2009.

At the December staff in-service meetings, staff will discuss Oregon WIC Listens skills observations and ways to improve participant centered services.

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:

By July 1, the WIC Coordinator will determine which community partners to contact to promote the new Fresh Choices changes and will set a time to provide in-services on Fresh Choices to those community partners.

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:

Douglas County will host focus groups or administer questionnaires with participants in collaboration with the State WIC Research Analysts. Timeline will be established by the State.

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:

Douglas County will assess their breastfeeding promotion and support activities using State provided resources and identify strategies for improving support for Breastfeeding exclusivity and duration by December 31, 2009.

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:

Douglas County will implement at least one identified strategy from Goal 4 Activity 1 by April 30, 2010.