

**Local Public Health Authority
Annual Plan for FY 2009/10
for
Jackson County, Oregon**

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I. EXECUTIVE SUMMARY

Jackson County is home to 202,310 persons. The population of Jackson County has grown by 11% between 2000 and 2008 which is slightly higher than the state rate of 10.8%. Of these, 16.7% are aged 65 and older and 8.7% are persons of Hispanic origin. Jackson County's median household income for 2007 was \$44,344 compared with 44,735 for the state of Oregon. 13.4% of the population lives at or below 100% of the federal poverty level which is slightly higher than the state rate of 13.0%.

Jackson County's maternal child health indicators have shown some fluctuations over the past five years and have reflected some negative trends. The rate of adequate prenatal care is 1% lower than the state average but infant mortality has remained 1-2% lower than the state average for the same time period. Rates of low birthweight infants has also shown an upward trend with a five year average of 57.5 per 1,000 births but still compare favorably to the state five year average of 61.0 per 1,000 births. Teen pregnancy rates have been rising for the past two years both in Jackson County and in Oregon. The last available certified rate for teen pregnancy in Oregon is for 2007 and was 11.3 per 1,000 teen women compared to the state average of 10.5 per 1,000 teen women. The preliminary rates for 2008 appear to be moving in a favorable direction with a rate of 10.3 per 1,000 teen women.

It is estimated that the percentage of age-appropriately immunized two-year-olds in Jackson County has steadily improved from 2003 to 2008. At age five, when full compliance with immunization protocols is required as a matter of state regulation for entry to public schools, immunization rates are greatly improved. However, within the Ashland Public School District, the rates of religious exemptions for immunizations are 5-7 times the state average creating a community with significant vulnerability to vaccine-preventable diseases

It is for these reasons that Jackson County has established this *Local Public Health Authority Annual Plan* for FY 2009/10. The Plan calls for full compliance with state statutes and rules regarding epidemiology, the control of preventable diseases and disorders, parent and child health services, collecting and reporting on health statistics, health information and referral services, environmental health, dental health, emergency preparedness, primary health care, health education and promotion, laboratory services, medical examiner services, older adult health, and non-WIC nutrition. The Plan establishes objectives, specific action steps, and evaluation criteria in twenty (20) categorical areas (i.e., communicable disease, parent and child health, health statistics, information and referral, environmental health, diabetes, water, HIV, TB, immunizations, family planning, child and adolescent health, perinatal health, Babies First!, WIC, West Nile Virus, primary health care, tobacco, breast and cervical cancer, and bio-terrorism), and sets forth the local budget and organizational staffing plan to accomplish these aims. Nonetheless, when all is said and done, there will be inadequate public resources to adequately address certain critical areas of the public's health: oral health; indoor clean air; mental health; primary health care; and various community health hazards.

Environmental Health

Jackson County Environmental Health is compliant in satisfying State standards/contracts in the Licensing and Drinking Water programs. A relatively fast growing population and the current economic climate may challenge staff resources in the future. The current staffing level is just adequate to meet inspection goals. Temporary/extra help may be needed to meet inspection requirements. There is an ongoing difficulty in finding academically prepared entry level staff.

As the Division is fee supported, resources are not available for necessary community assessments and Action Plans.

The County continues to be challenged by institution and community acquired viral gastroenteritis outbreaks. National food borne disease outbreaks and alerts appear to be more common.

Jackson County is challenged by ongoing hazards such as Blue Green Algae Blooms in recreational and drinking water reservoirs, mercury in fish and relatively low rabies vaccination levels in companion animal populations.

The county's interior valleys are highly susceptible to particulate matter buildup in the winter and may violate the federal Health Standard for Pm_{2.5} in the future.

As groundwater resources are stressed, groundwater contaminants of public health significance are being observed more frequently and levels are increasing.

II. ASSESSMENT

A. Description of Public Health Issues and Needs in Jackson County, Oregon

1. Population

Jackson County is home to 202,310 persons. The population of Jackson County has grown by 11% between 2000 and 2008 which is slightly higher than the state rate of 10.8%. Jackson County Ranks 5th in Oregon for rate of population growth. 21.6% of Jackson County residents are aged 17 years or younger; 61.7% are aged 18-64 years and 16.7% are aged 65 years or older. Jackson County has a population of persons aged 65 and older that is 3.7% higher than the state average and has been slowly trending up for the past five (5) years. The current birth rate is 15.9%.

White persons comprise 94.5% of the county population; persons of Latino or Hispanic descent comprise 8.7%; Asian persons comprise 1.3%; American Indian and Alaska natives comprise 1.2%; African Americans comprise 0.7%; and native Hawaiians and Pacific Islanders comprise 0.2%.

Jackson County's median household income for 2007 was \$44,344 compared with \$48,735 for the state of Oregon. 13.4% of population lives at or below 100% of the federal poverty level which is slightly higher than the state rate of 13.0%.

2. Maternal and Child Health

Table 1
Maternal Child Health Indicators: 2003 to 2008

Variable	2003	2004	2005	2006	2007	5-Year County Average	5-Year State Average	2008
Percent Receiving Inadequate Prenatal Care	6.3	6.9	7.2	5.1	7.8	6.7	5.9	N/A
Low Birth weight Infant Rate, per 1,000 births	52.9	46.7	57.2	61.2	69.5	57.5	61	
Infant Mortality Rate, per 1,000 live births	4.7	6.1	4.1	N/A	N/A	N/A	N/A	N/A
Adolescent Pregnancy Rate, per 1,000 females	10.0	9.2	8.8	10.7	11.3	10.0	10.04	10.3

Jackson County's maternal child health indicators have shown some fluctuations over the past five years and have reflected some negative trends. The rate of adequate prenatal care is 1% lower than the state average but infant mortality has remained 1-2% lower than the state average for the same time period. Rates of low birthweight infants has also shown an upward trend with a five year average of 57.5 per 1,000 births but still compare favorably to the state five year average of 61.0 per 1,000 births. Teen pregnancy rates have been rising for the past two years both in Jackson County and in

Oregon. The last available certified rate for teen pregnancy in Oregon is for 2007 and was 11.3 per 1,000 teen women compared to the state average of 10.5 per 1,000 teen women. The preliminary rates for 2008 appear to be moving in a favorable direction with a rate of 10.3 per 1,000 teen women.

It is estimated that the percentage of age-appropriately immunized two-year-olds in Jackson County has steadily improved from 2003 to 2008. At age five, when full compliance with immunization protocols is required as a matter of state regulation for entry to public schools, immunization rates are greatly improved. However, within the Ashland Public School District, the rates of religious exemptions for immunizations are 5-7 times the state average creating a community with significant vulnerability to vaccine-preventable diseases.

3. Death, Disease, and Injury

Table 2
Major Cause of Death

Variable	2003	2004	2005	3 –Year County Average
Total Deaths Jackson County	1975	1885	1909	1923
Cardiovascular Disease	401	400	431	411
Cancer	474	466	466	469
Cerebrovascular Disease	149	164	150	154
Chronic Obstructive or lower Respiratory Disease	125	132	138	132
Unintended Injuries	86	88	85	86
Influenza and Pneumonia	33	31	37	34
Alzheimers	113	121	113	116
Diabetes	58	58	50	55

Primary causes of death in Jackson County mirror other counties in Oregon with cancer now surpassing heart disease as the leading cause of death. Within the cancer deaths, lung cancer is the number one type of cancer causing mortality in Jackson County residents. The four leading causes of death all are strongly associated with tobacco smoking which is declining in Jackson County adults. Clearly the majority of mortality in the county is associated with lifestyle or health behavior choices which presents opportunity for prevention through a variety of public health interventions.

4. Safety Net Medical Services

Jackson County has two Federally qualified health center with multiple locations throughout the county. La Clinica, a federally-qualified health center, provides safety-net primary health care at four clinic sites (Phoenix, Central Point, West Medford, and South Medford). Community Health center, a federally-qualified health center, provides

safety-net primary health care at three clinic sites located in White City, Medford and Ashland.

5. Environmental Health

The Environmental Health Division is responsible under State law and contract with the Oregon Department of Health Services (DHS) to license and inspect over 1,600 facilities annually (including restaurants, temporary restaurants, mobile food service facilities, recreational parks, organizational camps, hotels/motels, and pools/spas). Through agreements, contracts, or other requirements, consultation and inspection services are provided to approximately 90 day care centers, 50 schools, a few local correctional facilities, and several other “group use” facilities. Approximately 3,000 food handler cards (varies each year) are issued annually by Environmental Health to food service workers of Jackson County (via online and live proctor).

In addition to the facilities that require licensing and inspection, Environmental Health contracts with DHS to provide oversight to over 230 public water systems which service approximately 23,000 people. Services include conducting system surveys, compliance, and responding to water quality violations to ensure corrections and follow-up sampling.

As a result of historic noncompliance with EPA Clean Air Act particulate matter standards, Environmental Health also engages in an annual contract with the Oregon Department of Environmental Quality to provide education and enforcement services for air quality particulate matter standards as it relates to the Jackson County Air Pollution Ordinance.

In recent years, issues such as norovirus outbreaks in long-term care facilities (handled jointly with Communicable Disease) and toxic blue-green algae blooms in lakes have demanded the services and expertise of Environmental Health.

The aforementioned issues represent the needs of the community to maintain a competent and highly qualified Environmental Health workforce in sufficient numbers to provide essential services that reduce the risk of food and water borne illness, respond to outbreaks, ensure safe and healthful facilities for public use, and maintain clean air for the community.

B. Adequacy of Basic Services

1. Required Services (ORS 431.416 and OAR Chapter 333, Division 14)

Epidemiology and Control of Preventable Diseases and Disorders: Jackson County's communicable disease control, immunization, STD/HIV, and tuberculosis control services are adequate. Limited funding remains for breast and cervical cancer education and outreach, alcohol and drug use prevention, and adolescent pregnancy prevention. No funding exists for injury prevention, suicide prevention, or for the prevention of most chronic diseases.

Oral Health: A cadre of public health nurses are trained to apply fluoride varnish and provide this service to clients through WIC and home visiting programs. No other formal oral health program is provided by Jackson County Public Health Services.

Parent and Child Health Services: Jackson County's parent and child health services, while meeting the minimum standards, are far from adequate. Referrals to community health nurses for maternal and child case management far exceed capacity, despite augmenting federal assistance through the *Healthy Start* initiative purposed at reducing infant mortality and its causes, resulting in service delivery for only the highest risk cases. Local pediatricians are asking the public health and safety net systems to provide routine care for all newborns and to refer only those for whom specialty services are indicated. Limited internal resources are available for the early detection and case management of abnormal growth, development, or other special health care needs for infants and children.

Collecting and Reporting on Health Statistics; Health Information and Referral Services; and, Environmental Health Services: Jackson County's services in each of these mandatory elements are adequate. Jackson County meets all program indicators promulgated in *Minimum Standards for Oregon Local Health Departments (2001)*.

Environmental Health Services: The 2009 Triennial Review of the license/inspection and drinking water programs conducted by DHS revealed services in these areas to meet statutory and contractual standards. Current staffing levels are just adequate to meet the inspection requirements. If turnover occurs, it is likely that the inspection goals will not be met, as it requires significant time to find qualified applicants, conduct training, and provide additional oversight to new staff.

Contractual funding for the Air Quality program is barely adequate to meet contractual agreements and does not allow for a robust Air Pollution Ordinance enforcement program, as staff must balance Air Quality Program needs with those of other critical programs. The contractual monetary award may decrease in future years due to statewide economic challenges, which will further reduce services.

As Environmental Health is fee-supported, resources are not available to adequately address community health hazards, such as norovirus outbreaks, indoor air quality

(e.g., mold) complaints, toxic blue-green algae blooms in lakes, and other community health hazards and concerns that may arise.

2. Recommended Services [OAR Chapter 333, Division 14, Section 0050 (3)]:

Dental: Despite the fact that dental disease is the most prevalent health problem facing Jackson County's citizens, accessing treatment is nearly impossible for the dentally-uninsured. The non-profit Children's Dental Clinic provides very limited services to a small number of children. La Clinica del Valle operates a full service dental clinic at its Medford site serving uninsured and OHP insured patients. Additionally they provide a dental visit to all pregnant women receiving obstetrical services in their clinics.

Emergency Preparedness: For many years, local public health officials have participated actively in every aspect of Jackson County's emergency operations planning. Public health employees are well-versed on matters of incident command structure and have gained hands-on experience through various table top exercises. Local public health employees staffed the emergency operations center during recent wildfires and floods.

Jackson County maintains a full-time preparedness coordinator and has all required emergency response plans completed.

Primary Health Care: Jackson County makes general funds available to support Community Health Center, provides contracted resources to La Clinica del Valle for Healthy Start services for high risk first birth families. Jackson County provides extensive family planning and clinical STD services. Comprehensive immunization services are available daily during the business week.

Health Education and Health Promotion: Health education and promotion services are limited to some HIV education, adolescent pregnancy prevention, oral health education for pregnant women and parents of infants/children and children, and breast and cervical cancer screening education and outreach.

Laboratory Services; Medical Examiner Services: The current range of services in these categories is adequate.

Older Adult Health; Non-WIC Nutrition; Shellfish Sanitation: As a direct result of nonexistent or inadequate funding, services in these categories are provided at only the minimal levels required to comply with OAR Chapter 333, Division 14, Section 0050.

III. ACTION PLAN

A. ACTION PLAN FOR CONTROL OF REPORTABLE COMMUNICABLE DISEASES

Current Condition or Problem: (1) Communicable disease is an ever-present threat to the health status of any population, including residents of Jackson County.

Objectives	Action Steps	Responsible Party	Evaluation
Throughout FY 2009/2010, Jackson County's Local Health Department and Authority shall continuously seek to prevent, detect, control, and eradicate communicable disease through immunizations (discussed elsewhere), environmental measures (discussed elsewhere), education, and epidemiological investigation.	1. On a continuous basis, Jackson County's Local Health Department shall encourage and provide a means for reporting, monitoring, investigating, and controlling communicable disease and other health hazards through coordinated medical and environmental epidemiological intervention. A. Investigate all reportable communicable diseases and exercise appropriate follow-up, as indicated. B. The County's Health Officer shall make special efforts to ensure that the county's physicians are aware of, and comply with, reporting requirements for communicable diseases.	Victoria Brown, RN, MSN Manager Public Health	100% of licensed medical laboratories in Jackson County will report communicable diseases to the local health department within the time frame prescribed by law.
	2. Maintain appropriate surveillance procedures for newly-emerging viral and bacterial strains.	James Shames, M.D. Health Officer	100% of physicians within Jackson County will report communicable diseases to the local health department within the time frame prescribed by law.
	3. Assure that all personnel who have epidemiology responsibilities receive at least eight hours of continuing education to update their skills in the public interest.	Mark Orndoff, M.S. Director Health & Human Services	All CD nurses and DIS will receive a minimum of eight hours of appropriate continuing education annually.

C. Tobacco Prevention, Education and Control

(TPEP)JACKSON COUNTY'S TPEP/TROCD PROGRAM PLAN

July 1, 2009 – June 30, 2010

1. **BEST PRACTICE OBJECTIVE: Tobacco-Free Worksites (TPEP) Objective #1, Required, Healthy Worksites (TROCD) Objective #2, Required.**
2. **SMART OBJECTIVE # 1:** By June 30, 2010, Jackson County will have completed either the Healthy Worksite Assessment or another health awareness survey adapted to meet Jackson County's identified needs.

SMART OBJECTIVE #2: By June 30, 2010, healthcare benefit coverage of tobacco cessation, early detection and chronic disease management (including education and self-management program referral) will be included in employees' benefit package in Jackson County.

SMART OBJECTIVE #3: By June 30, 2010 will have developed a plan and set a date for all 20 department properties in Jackson County to become completely tobacco-free properties. On November 15, 2007 Health & Human Services tobacco-free campus/property went into effect.

3. GOAL AREA(S) FOR THE OBJECTIVES:

- Eliminating/reducing exposure to secondhand smoke.
- Promoting quitting.

4. ACTIVITIES/PLAN OF ACTION:

Coordination & Collaboration

July 1, 2009 – September 30, 2009: Work with PHAB, HHS Administrator, Public Health Manager, and TROCD Coordinator to plan a meeting with Human Resources to:

- share results of Jackson County Health Department's Healthy Worksite Assessment and advocate for conducting either Healthy Worksite Assessment countywide or another health awareness survey adapted to meet Jackson County's identified needs.
- determine readiness of and support for conducting either Healthy Worksite Assessment countywide or another survey.
- determine support for healthcare benefit coverage of tobacco cessation, early detection and chronic disease management (including education and self-management program referral) and advocate for benefit inclusion.
- Share successes of Jackson County's Health & Human Services Tobacco-free campus policy and determine readiness of and support for completely **tobacco-free property** owned by Jackson County.
- offer technical assistance available from TPEP and TROCD.

July 1, 2009 – June 30, 2010: TPEP and TROCD Coordinators will facilitate internal communication between Human Resources, county insurance broker and employee insurance committee to advocate for healthcare benefit coverage of tobacco cessation, early detection

and chronic disease management (including education and self-management program referral) by attending monthly employee insurance committee meetings and conducting one-on-one meetings when deemed appropriate.

Milestones First Quarter: TPEP, TROCD, Human Resources, employee health insurance committee partnership/relationship developed and goals, objectives and plan of action communicated and supported.

Second Quarter: TPEP, TROCD, Human Resources, employee health insurance committee will at least monthly correspond via e-mail, group meeting or one-on-one meetings to implement the steps included in the action plan.

Third Quarter: TPEP, TROCD, Human Resources, employee health insurance committee will at least monthly correspond via e-mail, group meeting or one-on-one meetings to implement the steps included in the action plan.

Fourth Quarter: TPEP, TROCD, Human Resources, employee health insurance committee will at least monthly correspond via e-mail, group meeting or one-on-one meetings to implement the steps included in the action plan.

Assessment

July 1, 2009 – August 30, 2009: Review Jackson County HHS employee health survey conducted in 2007, Jackson County Health Department Healthy Worksite Assessment, Deschutes County employee survey, and other management/employee wellness surveys to prepare and develop presentation for meeting with Human Resources.

July 1, 2009 – August 30, 2009: Review Jackson County's current healthcare benefit coverage of tobacco cessation, early detection and chronic disease management (including education and self-management program referral) and identify if there are any internal procedures in place to provide systematic referral of appropriate individuals to Living Well/Tomando or AF Exercise Program or the Oregon Tobacco Quit Line.

July 1, 2009 – August 30, 2009: Review Jackson County's tobacco policies.

September 1, 2009 – March 30, 2010: Work with Human Resources to conduct Healthy Worksite Assessment countywide or another health awareness survey adapted to meet Jackson County's identified needs.

September 1, 2009 – March 30, 2010: Complete a special DATA request Form to request assistance from the state data staff if deemed appropriate.

January 1, 2010 – June 30, 2010: Analysis data and prepare summary to be utilized during discussions with County Administrator, County Commissioners, Department Administrators, Human Resources, county insurance broker, employee health insurance committee and employees.

Milestones First Quarter: Analysis of past survey tools used, current survey tools used by other counties, and state/national survey tools available. Analysis of Jackson County's tobacco policy, healthcare benefits and internal referral procedures done.

Second Quarter: Half of the county's departments have completed the identified survey tool.

Third Quarter: Half of the county's departments have completed the identified survey tool. Data analysis and summary preparation has begun.

Fourth Quarter: Data analysis, summary and recommendations have been completed.

Community Education & Outreach

July 1, 2009 – June 30, 2010: TPEP and TROCD Coordinators will facilitate internal communication between Human Resources, county insurance broker and employee insurance

committee to advocate for healthcare benefit coverage of tobacco cessation, early detection and chronic disease management (including education and self-management program referral) by attending monthly employee health insurance committee meetings and conducting one-on-one meetings when deemed appropriate.

January 1, 2010 – June 30, 2010: Work with Human Resources, employee health insurance committee to develop internal communication strategies and talking points for promotion of the results of the survey and to advocate for recommended **tobacco-free property** policy changes and improvement in health care benefits. Identify spokes people for advancing changes in policy and healthcare benefits. Identify strategies to reach targeted individuals/groups in order to increase support for **tobacco-free property** policy changes and improvement in healthcare benefits.

April 1, 2010 – June 30, 2010: Develop an internal promotional/communication plan to increase management, employees and citizen's awareness of any potential tobacco free property policy changes and/or management and employee's awareness of any improvement in healthcare benefits.

Milestones First Quarter: TPEP, TROCD, Human Resources, employee health insurance committee partnership/relationship developed and goals, objectives and plan of action communicated and supported.

Second Quarter: TPEP, TROCD, Human Resources, employee health insurance committee will at least monthly correspond via e-mail, group meeting or one-on-one meetings to implement the steps included in the action plan.

Third Quarter: Development of internal communication strategies and talking points done. Key stakeholders/groups identified and support **tobacco-free property** policy changes and recommendations.

Fourth Quarter: Communication plan and **tobacco-free property** policy adoption/implementation timeline done.

Earned Media/Media Advocacy

By December 30, 2010, submit a Media Advocacy Coordination Plan (MAC) to TPEP Media Contractor.

January 1, 2010 – June 30, 2010: Identify spokes people for advancing changes in policy and healthcare benefits. Identify strategies to reach targeted individuals/groups in order to increase support for **tobacco-free property** policy changes and improvement in healthcare benefits.

January 1, 2010 – June 30, 2010: PHAB member will submit a letter of support to the County Commissioners and a guest opinion article to the Mail Tribune supporting **tobacco-free property** policy changes and improvement in healthcare benefits.

Milestones First Quarter: Promotion of MAC plan completed.

Second Quarter: MAC plan submitted.

Third Quarter: Media strategies and spokes people identified.

Fourth Quarter: Letters of support sent and media plan completed.

Policy Development, Implementation, and Enforcement

January 1, 2010 – June 30, 2010: Work with Human Resources, employee health insurance committee to develop internal communication strategies and talking points for promotion of the results of the survey and to advocate for recommended **tobacco-free property** policy changes and improvement in health care benefits. Identify spokes people for advancing changes in policy and healthcare benefits. Identify strategies to reach targeted

individuals/groups in order to increase support for **tobacco-free property** policy changes and improvement in healthcare benefits.

January 1, 2010 – June 30, 2010: Identify effective ways to reach County Administrator, County Commissioners, and Department Administrators in order to gather support for **tobacco-free property** policy changes and improvement in healthcare benefits.

April 1, 2010 – June 30, 2010: Work with Human Resources, employee health insurance committee to develop a **tobacco-free property** policy adoption and implementation timeline.

April 1, 2010 – June 30, 2010: Develop a promotional plan to increase management, employees and citizen's awareness of any potential policy changes and/or management and employee's awareness of any improvement in healthcare benefits.

Milestones First Quarter: TPEP, TROCD, Human Resources, employee health insurance committee partnership/relationship developed and goals, objectives and plan of action communicated and supported.

Second Quarter: TPEP, TROCD, Human Resources, employee health insurance committee will at least monthly correspond via e-mail, group meeting or one-on-one meetings to implement the steps included in the action plan.

Third Quarter: Development of internal communication strategies and talking points done. Key stakeholders identified and support policy changes and recommendations.

Fourth Quarter: Communication plan and **tobacco-free property** policy adoption/implementation timeline done.

5. CRITICAL QUESTIONS:

- A. Considering any disparities identified through community assessment, what sectors of the community have been prioritized or targeted for this objective?

According to DHS, Jackson County Tobacco Fact Sheet 2009, in one year 405 people have died, over \$63 million are spent on medical care for tobacco-related illnesses, and over \$67 million in productivity are lost due to tobacco-related deaths. The economic toll of Tobacco in Jackson County is staggering. As one of the large employers of Jackson County, the county can set a powerful community example and lead the way in creating tobacco-free outdoor environments. National experts point to the importance of decreasing secondhand smoke exposure as a leading strategy to reduce tobacco related death and disease. Smokefree environments help current smokers cut down or quit and helps former smokers remain smokefree.

Tobacco-free outdoor policies send a clear message to the community that we care about our citizen's health and we support kids being tobacco-free.

In addition, there is sufficient evidence that tobacco cessation services that reduce patient out-of-pocket costs for effective treatments can reduce tobacco use and dependence. Employees, Spouses and children who are tobacco consumers are more likely to attempt quitting and to stay quit if reduced out-of-pocket cost tobacco cessation services is included as a covered health insurance benefit. As employees quit, Jackson County can expect to see increases in productivity, decreases in sick leave and healthcare cost.

- B. What types of technical and/or data assistance do you anticipate needing from staff and partners?

- Feedback on survey tool and analysis of the results.
- Allocated meeting time with TPEP Media Contractor to discuss media strategies and support for a Media Advocacy Coordination Plan.

JACKSON COUNTY'S TPEP PROGRAM PLAN

July 1, 2009 – June 30, 2010

1. BEST PRACTICE OBJECTIVE: Tobacco-Free Hospital/Health Systems, Objective #2, Required

2. SMART OBJECTIVE #1: By June 30, 2010, Ashland Community Hospital will have a plan in place and set a date to adopt a 100% tobacco-free policy.

3. GOAL AREA(S) FOR THE OBJECTIVE:

- Eliminating/reducing exposure to secondhand smoke.
- Promoting quitting.
- Enforcement.

4. ACTIVITIES/PLAN OF ACTION

Coordination & Collaboration

July 1, 2009 – December 30, 2009: TPEP will work with PHAB, Public Health Medical Health Officer and hospital representative(s) to identify management and appropriate committee/task forces to discuss a tobacco-free hospital campus. Identify any champions and committee/task forces willing to address the issue.

July 1, 2009 – December 30, 2009: TPEP staff, Public Health Medical Health Officer, hospital representative(s) and/or committee/task force members will meet with senior leadership to solicit support for a tobacco-free campus. Senior leadership will select a date for policy adoption and implementation. TPEP staff can provide technical support, i.e. become a member of committee task forces, research materials related to any identified need, develop presentation(s) outline, provide model policies, resources available such as the STEP UP materials, etc...

October 1, 2010 – June 30, 2010: TPEP staff, PH Medical Health Officer, hospital representative(s) and/or committee/task force members will determine a communication plan for advancing the policy which could include monthly meetings, one-on-one meetings, monthly e-mail correspondents, monthly conference calls, etc.

Assessment

July 1, 2009 – September 30, 2010: TPEP staff will update existing data, identify current resources (such as ODHS Hospital Policy data, STEP UP materials, materials developed by other hospitals/organizations that have gone tobacco-free) and other relevant information that will be supportive in creating policy change.

July 1, 2009 – March 30, 2010: Hospital representative(s) and/or committee/task force members will identify existing data regarding employee tobacco prevalence, tobacco-related policies, internal protocols for inpatient referral to cessation services, employee cessation benefits and community cessation resources.

October 1, 2009 – March 30, 2010: Hospital representative(s) and/or committee/task force members will assess employee's attitudes about tobacco-free hospital campus, knowledge about internal protocol for inpatient/outpatient referral to cessation services, employee cessation benefits and community cessation resources. Assessment will determine readiness for policy change, awareness of resources, and to guide message development for educating the importance of the policy and resources available.

April 1, 2010 – June 30, 2010: Hospital representative(s) and/or committee/task force members will conduct question and answer session(s) to give staff an opportunity to express their support/concerns about a tobacco-free hospital campus policy.

Community Education & Outreach

July 1, 2009 – December 30, 2010: TPEP staff, Public Health Medical Health Officer, hospital representative(s) and/or committee/task force members will meet with senior leadership to solicit support for a tobacco-free campus. Senior leadership will select a date for policy adoption and implementation. TPEP staff can provide technical support, i.e. become a member of task forces/committees, research materials related to any identified need, develop presentation(s) outline, provide model policies, resources available such as the STEP UP materials, etc...

April 1, 2010 – June 30, 2010: Committee/task force will develop an educational campaign to share results of the assessment, feedback from the Q & A sessions, and importance of eliminating hazardous secondhand smoke exposure, announcement of policy, implementation steps and promotion of the Oregon Quit Line.

Media

April 1, 2010 – June 30, 2010: Committee/task force will develop the Media Coordination Plan (MAC) for this objective. Spokespeople identified.

Policy Development, Implementation and Enforcement

October 1, 2009 – June 30, 2010: Committee/task force will develop tobacco-free campus policy (inclusive of enforcement procedures), implementation action steps and timeline.

Milestones First Quarter: Meet with hospital representations and possible senior management. Resources and education materials updated and provided. Existing data regarding employee tobacco prevalence, tobacco-related policies, internal protocols for inpatient referral to cessation services, employee cessation benefits and community cessation resources identified.

Second Quarter: Senior leadership selected a date for policy adoption and implementation. Champions and spokespeople identified. Communication plan for advancing policy identified. Assessment developed. Implementation action steps and timeline drafted. Education campaign drafted.

Third Quarter: Implementation action steps and timeline developed. Question & Answer sessions started. MAC plan submitted. Education plan developed.

Fourth Quarter: Question & Answer sessions completed. Education plan and implementation action steps continue.

5. CRITICAL QUESTIONS:

Considering any disparities identified through community assessment, what sectors of the community have been prioritized or targeted for this objective?

Hospital staff, patients, visitors, and vendors of the hospital are targeted individuals of this objective. However, indirectly all segments of the population benefit. Tobacco use is the #1 preventable cause of death. Smoking prohibits healing. Hospitals adopting tobacco-free campus policies are setting an example for the community. Creating tobacco-free environments changes social norms around tobacco use and fosters environments that help smokers cut down or quit, and help former smokers to remain smokefree.

B. What types of technical and/or data assistance do you anticipate needing from staff and partners?

- Current information on existing tobacco-free hospital campus policies in Oregon.
- Revised Tobacco-Free Hospital Campus Tool Kit.

JACKSON COUNTY'S TPEP PROGRAM PLAN

July 1, 2009 – June 30, 2010

1. BEST PRACTICE OBJECTIVE: Tobacco-Free Community Colleges, Objective #3, Required

2. SMART OBJECTIVE #1: By June 2010, Rogue Community College (RCC) will have adopted a tobacco-free campus policy. Rogue Community College has campuses in Jackson and Josephine Counties; therefore, coordination of this objective will occur in conjunction with Josephine County Public Health.

3. GOAL AREA(S) FOR THE OBJECTIVE:

- **Eliminating/reducing exposure to secondhand smoke.**
- **Countering pro-tobacco influences.**
- **Reducing youth access to tobacco.**
- **Promoting quitting.**
- **Enforcement.**

4. ACTIVITIES/PLAN OF ACTION

Coordination & Collaboration

July 1, 2009 – June 30, 2010: TPEP staff of Jackson/Josephine Counties and Andrew Epstein, American Lung Association will continue to provide technical support to RCC Tobacco Policy Task Force and RCC Administration.

July 1, 2009 – June 30, 2010: Jackson County TPEP staff, Andrew Epstein, American Lung Association and RCC Tobacco Policy Task Force will continue working with Southern Oregon University providing technical assistance for policy advancement.

September 1, 2009 – March 30, 2010: RCC Tobacco Policy Task Force and RCC Administration will continue with an educational campaign targeting additional key individuals and groups (Environmental Sustainability Student Club and Rainbow Student Club) to build support for policy change. Identify a School Board Member and Student Champion.

September 1, 2009 – March 30, 2010: RCC Tobacco Policy Task Force and RCC Administration will revise the implementation timeline to include but not limited to a policy awareness educational campaign, policy enforcement training of administration/staff, policy enforcement protocol, and promotion of Oregon Quit Line.

Assessment

July 1, 2009 – August 30, 2009: RCC Tobacco Policy Task Force members will conduct community/neighbor informant interviews to identify readiness and level of support for RCC policy changes.

July 1, 2009 – September 30, 2009: RCC Tobacco Policy Task Force and RCC Administration will analyze student and staff survey, community/neighbor informant interviews and prepare an executive summary of survey results (including developing messages to talk about the data and policy).

Community Education & Outreach

September 1, 2009 – March 30, 2010: RCC Tobacco Policy Task Force and RCC Administration will continue with an educational campaign targeting additional key individuals or groups (Environmental Sustainability Student Club and Rainbow Student Club) to advocate for support for policy change. Identify a School Board Member and Student Champion.

September 1, 2009 – March 30, 2010: RCC Tobacco Policy Task Force and RCC Administration will revise the implementation timeline to include but not limited to a policy awareness educational campaign, policy enforcement training of administration/staff, policy enforcement protocol, and promotion of Oregon Quit Line.

July 1, 2009 – June 30, 2010: Promotion of RCC's Tobacco Policy Task Force and the Oregon Tobacco Quit Line will continue to be posted on RCC's internal TV slide show at each campus and on RCC website.

Earned Media/Media Advocacy

By October 1, 2009, RCC Tobacco Policy Task Force and RCC Administration will submit a Media Advocacy Plan (MAC) to TPEP Media Contractor.

Policy Development, Implementation & Enforcement

September 30, 2009 – March 30, 2010: RCC Tobacco Policy Task Force and RCC Administration will develop and present a Tobacco Free Campus Policy Proposal to School Board Members for adoption.

September 1, 2009 - June 30, 2010, RCC Tobacco Policy Task Force and RCC Administration will conduct the activities included in the implementation timeline. These activities could include but not limited to a policy awareness educational campaign, policy enforcement training of administration/staff, policy enforcement protocol, and promotion of Oregon Quit Line.

Milestones First Quarter: Community/neighbor informant interviews completed. Completion of an executive summary of survey results, talking points for the results of the survey developed, policy support/awareness educational campaign continues, policy implementation time line revised.

Second Quarter: Key individual and groups are showing support for policy. Media Advocacy Plan (MAC) submitted. Tobacco Free Campus Policy Proposal developed. Possibly present Tobacco Free Campus Policy Proposal to the School Board for adoption. Continue with

policy support/awareness campaign and conducting activities in the implementation time line.

Third Quarter: Present Tobacco Free Campus Policy Proposal to the School Board for adoption. Continue with policy support/awareness campaign and conducting activities in the implementation time line.

Fourth Quarter: Tobacco Free Campus Policy adopted and date of implementation is selected. Continue with conducting activities in the implementation time line.

5. CRITICAL QUESTIONS:

- A. Considering any disparities identified through community assessment, what sectors of the community have been prioritized or targeted for this objective?

More than half the students attending Rogue Community College are of lower social economic status. Research indicates a correlation between lower economic status and tobacco consumption. Tobacco-free campus policies decrease the risk that young adults will start using tobacco, decreases consumption among current users and increases successful quit attempts.

Oregon Community College students participating in a recent survey conducted through the American Lung Association reported that 34% of the students said they're exposed to tobacco smoke on campus every day, 19 % said they have experienced immediate effects from this exposure and 9% report having asthma. Tobacco-free campuses are the only way to eliminate hazardous secondhand smoke exposure. 100% tobacco-free campus policies help to prepare students for an increasingly number of workplaces having tobacco-free workplace policies. Ultimately, this type of policy reduces the economic impact tobacco has on Jackson and Josephine Counties.

- B. What types of technical and/or data assistance do you anticipate needing from staff and partners?
- Policy advancement consultations with Andrew Epstein, American Lung Association. Possible compiling of data for the student/staff survey.
 - Availability of the Oregon Tobacco Quit Line and Tobacco Clearinghouse materials.

JACKSON COUNTY'S TPEP PROGRAM PLAN

July 1, 2009 – June 30, 2010

1. BEST PRACTICE OBJECTIVE: Smoke-free Multi-Unit Housing, Objective #4, Required

2. **SMART OBJECTIVE #1:** By June 30, 2010, at least one multi-unit housing facility in Jackson County will have adopted no smoking rules for their properties. The Oregon Quit Line will be promoted as part of this work.

3. GOAL AREAS(S) FOR THE OBJECTIVE:

- **Eliminating/reducing exposure to secondhand smoke.**
- **Countering pro-tobacco influences.**

- **Promoting quitting.**

4. ACTIVITIES/PLAN OF ACTION

Coordination & Collaboration

July 1, 2009 – December 30, 2009: Identify and meet with other potential, local smokefree housing advocacy groups (i.e. fire departments, government bureaus that plan and fund housing, realtors and/or their associations). Identify potential champions and spokespeople.

July 1, 2009 – June 30, 2010: TPEP staff will continue to participate in monthly Southern Oregon Rental Owners Association meetings and provide articles for newsletters.

July 1, 2009 – June 30, 2010: TPEP staff will continue working relationship with David Wright, President of Commercial Property Management, Inc. David Wright is willing to serve as a smokefree multi unit spoke person and mentor for TPEP staff. He is owner of one of the largest property management firms in Jackson County.

July 1, 2009 – June 30, 2010: TPEP staff will continue working relationship Cara Carter, Jackson County Housing Authority to identify willingness to implement a tenant survey and/or resident meetings. Determine ways to produce check stuffers for Section 8 vouchers including information about the Oregon Quit Line.

Assessment

October 1, 2009 – December 30, 2009: Identify future HUD construction projects and meet with appropriate people to advocate for smokefree multi-unit housing.

July 1, 2009 – June 30, 2010: Quarterly TPEP staff will track the adoption of no-smoking rental agreements in Jackson County and submit report quarterly to Diane Laughter, Health in Sight LLC.

July 1, 2009 – June 30, 2010: Quarterly TPEP staff will track the rental ads and submit information quarterly to Diane Laughter, Health in Sight LLC.

July 1, 2009 – June 30, 2010: Each quarter TPEP staff will conduct one-on-one meeting with at least 1 identified Southern Oregon Rental Owner Association member to present smokefree multi-unit tool kit developed by materials created by Metro Group, American Lung Association and Health in Sight. During these visits staff will identify level of readiness for policy changes and offer technical assistance to create policy change.

Community Education & Outreach

July 1, 2009 – December 30, 2009: Identify and meet with other potential, local advocacy groups (i.e. fire departments, government bureaus that plan and fund housing, realtors and/or their associations).

July 1, 2009 – June 30, 2010: TPEP staff will continue to provide articles for Southern Oregon Rental Association newsletters.

July 1, 2009 – June 30, 2010: Each quarter TPEP staff will conduct one-on-one meeting with at least 1 identified Southern Oregon Rental Owner Association members to present smokefree multi-unit tool kit (including A Landlord's Guide to No-Smoking Policies booklet). Tool kit materials were developed by Metro Group, American Lung Association and Health in Sight. During these visits staff will identify level of readiness for policy changes and offer technical assistance to create policy change.

Earned Media/Media Advocacy

July 1, 2009 – December 30, 2009: Identify and meet with other potential, local smokefree housing advocacy groups (i.e. fire departments, government bureaus that plan and fund housing, realtors and/or their associations). Identify potential champions and spokespeople.

July 1, 2009 – June 30, 2010: TPEP staff will continue working relationship with David Wright, President of Commercial Property Management Inc. David Wright is willing to serve as a smokefree multi unit spoke person and mentor for TPEP staff. He is owner of one of the largest property management firms in Jackson County.

July 1, 2009 – June 30, 2010: Utilizing the media marketing kit developed by Jackson County TPEP staff and Metro Group, TPEP staff will submit a Media Advocacy Plan (MAC), inclusive of the media marketing materials already developed, to media contractor when deemed appropriate.

Policy Development, Implementation, and Enforcement

July 1, 2009 – June 30, 2010: Each quarter TPEP staff will conduct one-on-one meeting with at least 1 identified Southern Oregon Rental Owner Association members to present smokefree multi-unit tool kit (including A Landlord's Guide to No-Smoking Policies booklet). Tool kit materials were developed by Metro Group, American Lung Association and Health in Sight. During these visits staff will identify level of readiness for policy changes and offer technical assistance to create policy change.

Additional materials in the smokefree multi-unit kit include:

- A Landlord's Guide to No-Smoking Policies.
- Information about www.smokefreeoregon.com/housing
- No-smoking lease addenda available through Oregon Rental Housing Association and Southern Oregon Rental Owner Association.
- Example of an implementation plan that includes information on notices to residents, transition of leases, posting of signs/stickers and training of staff to enforce the policy.
- The Oregon Tobacco Quitline information.

Milestones First Quarter: Working relationships continue with owners association, property owners/managers and HUD. Quarterly reports turned in. One meeting with a property owner/manager has been conducted and technical assistance for policy change has been

offered. Possible potential new advocates identified. Possible one multi-unit housing facility in Jackson County will have agreed to adopt no smoking rules for their properties.

Second Quarter: Working relationships continue with owners association, property owners/managers and HUD. Quarterly reports turned in. One meeting with a property owner/manager has been conducted and technical assistance for policy change has been offered. Possible potential new advocates identified. Possible one multi-unit housing facility in Jackson County will have agreed to adopt no smoking rules for their properties.

Third Quarter: Working relationships continue with owners association, property owners/managers and HUD. Quarterly reports turned in. One meeting with a property owner/manager has been conducted and technical assistance for policy change has been offered. Possible potential new advocates identified. Possible one multi-unit housing facility in Jackson County will have agreed to adopt no smoking rules for their properties.

Fourth Quarter: Working relationships continue with owners association, property owners/managers and HUD. Quarterly reports turned in. One meeting with a property owner/manager has been conducted and technical assistance for policy change has been offered. Possible potential new advocates identified. One multi-unit housing facility in Jackson County will have adopted no smoking rules for their properties. Earned media will cover smokefree multi-unit housing policy adoption of at least one property in Jackson County.

5. CRITICAL QUESTIONS:

- C. Considering any disparities identified through community assessment, what sectors of the community have been prioritized or targeted for this objective?

The primary target audience of this year's work plan is property owners, managers and staff. However, by property owners and managers adopting no-smoking rules on their property tenants will see a reduction of exposure to secondhand smoke. National experts point to the importance of decreasing secondhand smoke exposure as a leading strategy to reducing tobacco-related disease and death. Smokefree environments not only protect people from the dangers of secondhand smoke, but also help current smokers cut down or quit and former smokers remain smokefree. No smoking rules in multi-unit housing reduce the risk of death, injury, and damage caused from cigarette fires.

- D. What types of technical and/or data assistance do you anticipate needing from staff and partners?

- Consultations with Health Insight when needed.
- Continuing support of smokefree multi-unit housing materials available on DHS TPEP Connections.

D. ACTION PLAN FOR PARENT AND CHILD HEALTH

Current Condition or Problem: (1) Minimal resources exist to meet the unique and demanding requirements for Children with Special Health Care Needs; (2) Reductions in funding for, and high caseloads at, the DHS Child Welfare Office, result in institutional inability to meet the needs of families who are at high risk for child abuse and neglect; (3) A Perinatal Task Force broadly representative of the hospital, medical provider, safety-net, public health and social service communities is meeting bi-monthly under the guidance of Jackson County Public Health. A broad range of issues relative to the perinatal health care system are addressed in this forum.

Objective	Action Steps	Responsible Party	Evaluation
Throughout FY 2009/2010, Jackson County's Local Health Department and Authority shall continuously seek to promote, and directly contribute to, optimal physical, social, and mental health for families residing in the community.	1. To the extent that resources are available, and in partnership with the Child Development Center at RVMC, assure the availability of core services (early detection and appropriate follow-up) for infants and children who meet established criteria as <i>Children with Special Health Care Needs</i> , either directly or through referral.	Victoria Brown, RN MSN Manager Public Health	100% of Children with Special Health Care Needs shall receive early detection of abnormal growth and development and appropriate referrals for follow-up services.
	2. On an ongoing basis, continue the established process of utilizing Targeted Case Management resources to provide services for at-risk families A. A minimum of 200 families shall be served.	Victoria Brown, RN MSN Manager Public Health	Over a five-year term beginning in 2009, the rate of child abuse and neglect in Jackson County shall be reduced to not greater than 6.5 per 1,000 children under the age of 18.
	3. An active perinatal task force will meet six times per year to identify and develop plans to address community issues of perinatal health.	James Shames, MD Health Officer	
	4. All pregnant women in Jackson County will be screened for alcohol and substance use utilizing the 4P's Plus screening tool/		95% of pregnant women will be screened for alcohol and substance use.

E. ACTION PLAN FOR WIC PROGRAMS

Current Condition or Problem: (1) Low-income families face financial and educational challenges in providing for proper nutrition for pregnant women, infants, and young children; (2) There is growing concern about the rising numbers of obese and/or physically inactive children; (3) Too few women provide their infants with the benefits of sustained breastfeeding.

Objectives	Action Steps	Responsible Party	Evaluation
Jackson County's Local Health Department and Authority will promote appropriate nutritional health on behalf of a minimum of 6,585 WIC-eligible clients through a comprehensive menu of individual and group programs.	On a continuous basis throughout the twelve-month period, Jackson County's Local Health Department will:	Debbie Mote-Watson, R.D. Program Manager WIC	100% of community members who come into contact with the Local Public Health Department and who are (a) at nutritional risk, and, (b) eligible for inclusion in the WIC program, shall be enrolled in the WIC program and provided with the full range of nutritional services.
	Provide fully comprehensive WIC services, five days per week, at primary Medford office including evening options;		
	Provide fully comprehensive WIC services, five days per week at the Rogue Family Center in White City;		
	Provide fully comprehensive WIC services, one day per month, at our satellite site in Ashland and one day every other month in Rogue River;		
	Maintain a WIC-dedicated staffing pattern that is comprised of .8 FTE registered dietitians and 6.5 FTE health assistants;		
	Maintain caseload between 97-103% of assigned level with adequate appointment availability;		
	Classes will be offered including healthy recipes, exercise promotion and the Farm Direct Nutrition Program to address the obesity issue and promotion of healthy eating and exercise.		
Provide fully comprehensive lactation education and breastfeeding support for 100% of WIC-eligible pregnant women who express an interest in breastfeeding. This information will be provided in both English and Spanish			100% of community members who come into contact with the Local Public Health Department and who are at nutritional risk, but otherwise ineligible for the WIC program, shall be referred to other community resources, e.g., local food banks, ACCESS Food Share, or food stamp program.

F. ACTION PLAN FOR IMMUNIZATIONS

Current Condition or Problem: (A) The age-appropriate immunization compliance rates for Jackson County's two-year-old children, estimated; (B) Within the Ashland Public School District, the parents of 11% of all school children file petitions for *religious exemption* from the immunization requirement, which compares most negatively to countywide exemption rates of 3%, and Oregon statewide exemption rates of 2.7%.

Objectives	Actions Steps	Responsible Party	Evaluation
Jackson County's Local Health Department and Authority will protect children, and the public, from preventable disease, through the administration and oversight of a comprehensive program of childhood and life-long immunizations, and through a campaign of public awareness and advocacy.	On a continuous basis throughout FY 2009/2010 Jackson County's Local Health Authority will:	Victoria Brown, RN, MSN Manager Public Health	By 2000, 75% of all Jackson County two-year-olds will be age-appropriate immunized.
	Provide walk-in clinical immunization services at the Department's primary clinic site on every business day;	Victoria Brown, RN, MSN Manager Public Health	By 2010, the religious exemption rate for immunizations among Ashland Public School students will be decreased by 2%.
	Provide free immunization services, by coupon, to WIC clients that are coordinated on the same day as WIC appointments;	Victoria Brown, RN, MSN Manager Public Health	With the exception of the Ashland Public School District, 95% of school entrants (Grades K or 1) will be up-to-date according to Schedule 1 of School Immunization Rules (OAR 33319-070).
	Provide immunization services at county-sponsored school-based health centers;	Victoria Brown, RN, MSN Manager Public Health	
	As absolutely necessary, provide immunization services in the home via maternal child health nurses;	Victoria Brown, RN, MSN Manager Public Health	
	Undertake immunization reviews as prescribed in collaboration with schools and child care facilities;	Victoria Brown, RN, MSN Manager Public Health	Immunization review completed at appointed time.
	Coordinate with all schools to implement strategies to improve immunization rates among students; and,	Victoria Brown, RN, MSN Manager Public Health	
	Continue an aggressive strategy of educational outreach through all local media including newspapers, television, radio, print publications, and web sites.	Victoria Brown, RN, MSN Manager Public Health	Three media coverage episodes about immunization issues will occur annually. Social marketing campaign in place by late 2009.
	Work intensively with the schools and providers in Ashland to decrease rate of religious exemptions in Ashland children.	James Shames, MD Health Officer	

G. ACTION PLAN FOR PERINATAL HEALTH

Current Condition or Problem: (A) While Jackson County's infant mortality rates are consistent with Oregon statewide rates (5.2 and 5.6, respectively), there are pockets of unusual need within the county. Infant mortality rates are higher in Eagle Point, Gold Hill and in Hispanic women, especially in Ashland and Talent.

Objectives	Action Steps	Responsible Party	Evaluation
Jackson County's Local Health Department and Authority will work through direct means to promote the health of women of childbearing age, provide timely and comprehensive pre-natal care services, and reduce infant mortality rates through culturally- and linguistically-appropriate service delivery.	1. Provide site-based and home-based maternity case management services to a minimum of two hundred high risk women.	Victoria Brown, RN, MSN Manager Public Health	Jackson County's rate for inadequate pre-natal care shall be no more than 6.0 during any calendar year.
	2. A Perinatal Task Force representative of the Perinatal Health Care System will convene bi-monthly to address identified issues.	Victoria Brown, RN, MSN Manager Public Health	By 2009, at least 95% of all pregnant women in Jackson County will enter pre-natal care during the first trimester of pregnancy. At no time shall Jackson County's low birth weight infant rate exceed 55.0,

H.ACTION PLAN FOR BABIES FIRST!

Current Condition or Problem: Jackson County has a disproportionately high rate of infants born to women who use alcohol or drugs during pregnancy placing those infants at risk of a number of developmental delays. Economic instability and lack of stable housing also increase the risk of negative impacts on child development.

Objectives	Action Steps	Responsible Party	Evaluation
Jackson County's Local Health Department and Authority will promote the physical, social, and mental health of at-risk infants and children through the direct provision of site- and home-based visiting services (i.e., targeted case management services).	1. During the twelve-month project period, the Local Health Department's targeted case management program will provide a minimum of 2,000 visits on behalf of a minimum of 400 unduplicated eligible children.	Victoria Brown, RN, MSN Manager Public Health	90% of all infants and children who receive targeted case management services shall be age-appropriately immunized.
	2. During the twelve-month project period, the Local Health Department will retain the services of 3.5 FTE maternal child health nurses to achieve the aims of the Babies First! Project.	Victoria Brown, RN, MSN Manager Public Health	100% of all infants and children who receive targeted case management services and who are identified, as being at nutritional risk will be provided with, or referred to, appropriate interventions.
	3. During the twelve-month project period, the Local Health Department will retain the services of 1.0 FTE para-professional outreach workers and home visitors to achieve the aims of the Babies First! Project.	Victoria Brown, RN, MSN Manager Public Health	100% of all infants and children who receive targeted case management services and who evidence needs for specialized services, shall be assisted in accessing and following-through with appropriate interventions (e.g., medical specialty services, speech therapy, child development services, etc.).
	4. On a continuous basis throughout the project period, 100% of infants served by the Babies First! Project who are in need of specialized services will be provided with referral assistance and adequate supports to ensure that referrals were kept and that families complied with intervention protocols recommended by the specialist to whom referrals were made.	Victoria Brown, RN, MSN Manager Public Health	

I. ACTION PLAN FOR FAMILY PLANNING

Current Condition or Problem: (A) Jackson County's five-year adolescent pregnancy rate is, which is more favorable than Oregon statewide norms, yet greater than Oregon's benchmark of.

Objectives	Action Steps	Responsible Party	Evaluation
Jackson County's Local Health Department and Authority will provide, directly and through contracted mechanisms, sufficient family planning services to ensure that every infant born in Jackson County can be the result of a wanted and planned pregnancy.	1. On a continuous and ongoing basis, to directly provide comprehensive family planning services to a minimum of 3,000 Jackson County women of childbearing age through services provided at the primary office in Medford, and school-based health centers.	Victoria Brown, RN, MSN Manager Public Health	Data system verifies that 3,000 women received Family Planning services from Jackson County Public Health Services.
	2. On a continuous basis, and as indicated, utilize maternal child health nurses for the provision of home-based family planning services.	Victoria Brown, RN, MSN Manager Public Health	

J. ACTION PLAN FOR ENVIRONMENTAL HEALTH

Current Condition or Problem: Illness or injury due to unsafe food handling practices, unsafe drinking water, water quality in pools, and lack of adequate accident and disease control measures in group settings.

Objectives	Action Steps	Responsible Party	Evaluation
<p>Jackson County's Local Public Health Authority shall be vigilant in its continuous and ongoing efforts to reduce or eliminate environmental health risk factors that have the capacity to cause human suffering, disease, or injuries for Jackson County residents.</p>	<p>1. Maintain a 95% or greater inspection frequency for required inspections of licensed facilities (food service facilities, tourist facilities, and public spas and pools).</p>	<p>Jackson Baures Manager Environmental Health</p>	<p>The Program Manager will perform a monthly audit of inspections to determine compliance and take corrective actions.</p>
	<p>2. All re-inspections of uncorrected critical violations in food service facilities will be performed within 14 days of initial inspection.</p>	<p>Jackson Baures Manager Environmental Health</p>	<p>The Program Manager will perform a monthly audit of re-inspections to determine compliance and take corrective actions.</p>
	<p>3. Live-proctored Food Handler Card testing will be made available to the public during weekdays.</p>	<p>Jackson Baures Manager Environmental Health</p>	<p>The Program Manager will ensure staff is available daily to conduct food handler testing during weekdays.</p>
	<p>4. All potential food or water borne illnesses and outbreaks will be investigated within 24 hours of notification.</p>	<p>Jackson Baures Manager Environmental Health</p>	<p>The Program Manager will perform a monthly audit of all potential food and waterborne complaints to determine compliance and take corrective actions.</p>
	<p>5. Public Water Systems: (a) All water system surveys will be conducted within the time frame stipulated in the annual survey schedule issued by the DHS Drinking Water Program (DWP). (b) E. coli alerts will be responded to within 24 hours upon staff becoming aware of the alert. (c) All Significant Non Complier systems (SNCs) will be investigated within the timeframe and scope of the DHS DWP contract performance measures.</p>	<p>Jackson Baures Manager Environmental Health</p>	<p>The Program Manager will perform a monthly audit to ensure compliance and take corrective actions.</p>

K.ACTION PLAN FOR HEALTH STATISTICS

Current Condition or Problem: In the interests of public's health, there is a continuing need to record the facts associated with births and deaths and to use resultant data to inform future program directions and resource allocations.

Objectives	Action Steps	Responsible Party	Evaluation
Jackson County's Local Health Department and Authority shall meet its stewardship obligations in promoting the public's health through the provision of vital statistics services, including birth, death, and fetal death reporting, recording, registration, and analysis.	1. On a continuous and ongoing basis, the Local Health Department will ensure that certified copies of registered birth and death certificates are issued within one working day of request.	Mark Orndoff, M.S. Director Health & Human Services	Quarterly compliance review will confirm document availability within one working day.
	2. On a continuous and ongoing basis, the Local Health Department will preserve the confidentiality and security of non-public abstracts, all vital records, and all accompanying documents, by adhering to a rigorous system of internal checks and balances in compliance with written policies and internal operating procedures.	Mark Orndoff, M.S. Director Health & Human Services	Annual compliance review of internal checks, balances, policies, and procedures. Full absence of any security or confidentiality breach.

L. ACTION PLAN FOR INFORMATION AND REFERRAL

Current Condition or Problem: (A) There exists a generalized need among county residents to be able to access the Local Public Health Department as need and circumstances dictate.

Objectives	Action Steps	Responsible Party	Evaluation
Jackson County's Local Health Department and Authority Shall establish and maintain at least minimum standards which ensure the public's access to information of a public health nature.	1. Jackson County's Local Health Department's telephone numbers and facility addresses shall be made available to the general public through listings in the local (generic) phone book, county web page, and other mediums for mass information dissemination.	Mark Orndoff, M.S. Director Health & Human Services	
	2. Hours of operation and emergency telephone number contacts shall be posted at the entrances to all facilities operated by the Local Health Department, in both English and Spanish.	Mark Orndoff, M.S. Director Health & Human Services	
	3. General health information and referrals services are made available to the general public during all regular business hours.	Mark Orndoff, M.S. Director Health & Human Services	
	4. The Local Health Department maintains written and annually updated resource information, in both English and Spanish, about the availability of local health and human services, including information pertinent to eligibility, enrollment procedures, scope and hours of service.	Mark Orndoff, M.S. Director Health & Human Services	
	5. Health and Human Services web page will be developed to inform the public about services and link them to other related services.	Victoria Brown, RN, MSN Manager Public Health	Family Planning web page will have content and links in place by February 2010.

M. Public Health Emergency Preparedness 2009-2010

Current Condition or Problem:

Preparedness resources are limited through grant funds which allow the county to minimally meet PE-12 requirements on a routine basis. Should any emergency event occur, Jackson County's Health and Human Services (HHS) ability to respond effectively to that disaster while ensuring we meet our mission goal which is to plan, coordinate and provide public services that protect and promote the health and well being of county residents, could be jeopardized. A potential H1N1 (Swine Flu) outbreak in the fall/winter of 2009/2010 could overwhelm Preparedness resources. The World Health Organization recently raised the Pandemic Alert level to 6 for H1N1 (Swine Flu) which is defined as "a global pandemic is under way."

Objectives	Action Steps	Responsible Party	Evaluation
Meet PE-12 requirements for Public Health Preparedness	<ul style="list-style-type: none"> • Continue Community Engagement with participation in Community Stakeholders Groups and by providing Community Emergency Preparedness Seminars • Update Emergency Operations Plans as needed, exercise plans as required, and provide staff and community training • Provide HHS staff preparedness information and training 	Tricia Sullivan, RN, BSN Preparedness Coordinator Health & Human Services	<ul style="list-style-type: none"> • Semi-Annual and Annual Review by State PHEP as outlined in PE-12.
Be prepared to respond effectively to a disaster while ensuring we meet HHS mission goal	<ul style="list-style-type: none"> • Develop and implement an Incident Action Plan for a possible H1N1 Outbreak in the fall/winter of 2009/2010. • Engage Community Stakeholders in planning and implementation of preparedness plans • Address the job description of a "disaster worker" for county staff through State and local means 	Tricia Sullivan, RN, BSN Preparedness Coordinator Health & Human Services	<ul style="list-style-type: none"> • Review of Incident Action Plans to ensure they meet Incident Management System requirements. • Elicit feedback from Community Stakeholders through surveys, general meetings, or other feedback mechanisms. • Review of county job description revisions and implementation process

N. ACTION PLAN FOR DIABETES

Current Condition or Problem: (A) There is no source of categorical funding for diabetes awareness and prevention programs; (B) According to the Centers for Disease Control, diabetes has increased to epidemic proportions in the United States, and it is likely that Jackson County is no exception; (c) Local residents do not receive sufficient information about diabetes prevention, including the need for physical activity, dietary modifications, weight control, and/or the degree to which federally-funded school lunch programs fail to comply with diabetes prevention guidelines.

Objectives	Action Steps	Responsible Party	Evaluation
Jackson County's Local Public Health will seek to prevent diabetes where possible and to assure appropriate medical and self-management of persons with diabetes.	1. 100% of all women who participate in family planning services are screened for diabetes, if they meet screening criteria.	Victoria Brown, RN M.S.N. Manager Public Health	Fasting capillary blood glucose documented in medical record of women meeting screening criteria.
	2. Diabetes prevention information is included in the educational curriculum for 100% of all participants in the WIC program.	Debbie Mote-Watson, RD Program Manager WIC	
	3. Work with Community Health Center and La Clinica to institutionalize referral of diabetic clients to chronic disease self-management classes.	Victoria Brown, RN M.S.N. Manager Public Health	Increased numbers of clients enrolling in CDSM classes.

O. ACTION PLAN FOR AIDS AND HIV+

Current Condition or Problem:

Objectives	Action Steps	Responsible Party	Evaluation
To prevent, or at least control and reduce, the spread of HIV in Jackson County.	On a continuous basis throughout the year, Jackson County's Local Health Authority will:	Victoria Brown, RN, MSN Manager Public Health	
To provide effective case management for persons who are living with AIDS in Jackson County.	Maintain regular office hours purposed at HIV counseling and testing;		
	Provide HIV prevention education, counseling, and testing as an integrated component of all family planning, STD clinics, and (appropriate) school-based health services;		Increased number of high risk clients tested by Jackson County Public Health Services
	Provide HIV counseling and testing services at community sites that are frequented by populations who are at risk for HIV;		
	Provide prevention education in public school classrooms and other community group settings;		
	Continue the sponsorship of a needle exchange program for injection drug users; and,		
	Utilizing Ryan White funds, provide case management services in the clinic setting and in client homes utilizing the services of a nurse and para-professional.		All eligible clients have access to case management service through Jackson County Public Health Services.

P. ACTION PLAN FOR CHILD AND ADOLESCENT HEALTH

Current Condition or Problem: (A) Youth who are housed in Jackson County's Juvenile Detention Facility or Shelter often suffer from years of health care neglect and are in need of comprehensive primary and preventative health care services; (B) At age six, fewer than on-half of Jackson County's children have experienced a professional dental examination; (C) Dental caries remain the leading infectious disease among Jackson County's children and adolescents.

Objectives	Action Steps	Responsible Party	Evaluation
To the extent that resources are available, Jackson County's Local Health Department and Authority will provide, or advocate for, the community-based provision of comprehensive physical, social, and mental health services for the community's children and adolescents.	1. To the extent that resources are available, the Local Health Department will provide annually comprehensive primary and preventative health care services to youth who attend Ashland and Crater High Schools.	Victoria Brown, RN, MSN Manager Public Health	School-based health centers open and providing services.

Q. ACTION PLAN FOR SAFETY NET PRIMARY HEALTH CARE SERVICES

Current Condition or Problem: Rising rates of unemployment are increasing the number of uninsured persons needing to seek medical care at safety net clinics. Increased numbers of clients without Oregon Health Plan or insurance challenge financial management of the clinics.

Objectives	Action Steps	Responsible Party	Evaluation
Jackson County's Local Health Department and Authority will promote and advance the health of low-income, uninsured, under insured, working-poor, and vulnerable persons through a combination of direct service delivery, direct financial support for sliding-fee-scheduled nonprofit service delivery, and public policy advocacy.	1. To the extent that resources are available, the Local Health Department will directly provide 2000 medical encounters on behalf of 2000 unduplicated children and adolescents through school-based health centers located at Ashland and Crater High schools.	Victoria Brown, RN, MSN Manager Public Health	Collectively, either directly or through grantee agreements, the Local Health Department shall contribute to the provision of at least 50,000 medical encounters on behalf of a minimum of 20,000 unduplicated low-income, working-poor, medically uninsured, and vulnerable Jackson County residents.

OFFICE OF FAMILY HEALTH

PERINATAL HEALTH PROGRAM PLAN

2009-2010

County Agency: JACKSON

Person Completing Form: Victoria Brown, RN, MSN

Phone : 541-774-8039

Return this form attached to e-mail to: patricia.r.westling@state.or.us

Pat Westling, 503-731-4117

The Perinatal Health Program Plan has two parts: 1) the plan for programs or services in your county, and 2) an assessment of other activities. This would include those programs currently using state MCH funds and/or any other funds that support perinatal health activities.

1. Program Plan

State Perinatal funds can be used for any combination of the following three services:

- A. Maternity Case Management (MCM) for non-MEDICAID-eligible women
- B. Prenatal clinical care for non-MEDICAID-eligible women
- C. Oregon MothersCare (OMC) access services for any pregnant woman

Please answer the following questions for each of the perinatal program services that you plan to provide in the coming year.

A. Maternity Case Management

1. Are you planning to provide this service?

Yes

2. If yes, how many non-Medicaid women do you plan to provide with full MCM services? (See Footnote 1)¹

100

3. If you plan to serve more non-Medicaid clients than the previous year, please describe the changes that will facilitate this increase.

B. Prenatal clinical care:

1. Are you planning to provide this service?

No

¹ Since MCM and prenatal care are Medicaid covered services, state MCH flexible funds may only be used for non-Medicaid clients in these programs. To determine the flexible funds to use in these programs, multiply \$500 times the number of non-Medicaid clients you plan to serve.

2. If yes, how many non-Medicaid women do you plan to provide with full clinical prenatal services? (See Footnote 1)¹

3. If you plan to serve more non-Medicaid clients than the previous year, please describe the changes that will facilitate this increase.

C. Oregon MothersCare: (See Footnote)⁰

1. Are you Planning to provide this service?

Yes

2. If yes, how many pregnant women do you plan to provide with Oregon MothersCare access services (during 2004-05)?

350

3. How many FTE do you plan to dedicate to Oregon MothersCare?

.5 FTE

D. For any of the above perinatal services that you plan to provide, please respond to the three questions listed below, as concisely and briefly as possible.

1. Are there any local programmatic issues that need to be addressed over the next two years?

On-going adequate funding for OMC
Inability to schedule a first prenatal care visit without Oregon Health Plan card

2. How do you plan to address these issues over the next two years?

Grant opportunities
Work through perinatal task force to facilitate access to prenatal care before Oregon Health Plan card arrives.

3. How can the state program assist in addressing these issues?

Assist in compiling statewide data for OMC to show program effectiveness and need.

⁰² Since OMC is not a Medicaid covered service, you may apply State Perinatal Program funds to provide this service to all women. Please indicate the number of women you plan to serve and the FTE dedicated to providing this service. Note: That portion of staff time that is funded by state or county general fund is eligible for inclusion in the Medicaid Administrative Claiming (MAC) cost pool. State general funds are that portion of your allocation that is the minimum you are required to use for Perinatal Services.

2. Assessment of Other Perinatal Health Activities

Individual client services are those that are generally delivered one-to-one or in groups. **Community activities** are those efforts that bring community members together to address a topic, or that provide health promotion or education to the community in general. **Health system activities** are those that result in linking individuals or communities to needed health care or other services, through coordination, collaboration, or communication. This is intended to be a checklist of things your county health department might be doing or consider doing in the future.

Please indicate (with “x”) any other activities or local programs that you are either involved in or plan for in the near future:

TOPICS OR HEALTH RISK ACTIVITIES	Currently Involved	Plan for Future	Would like more info or assistance
<i>Individual Clients:</i>			
Tobacco use and/or exposure	X		
Maternal depression screening	X		
Childbirth education	X		
Parenting education	X		
Breastfeeding support	X		
Newborn care education	X		
Folic acid use	X		
Nutrition education	X		
Maternal physical activity	X		
Physical health assessment	X		
Physical safety and injury prevention	X		
Maternal oral health screening	X		

TOPICS OR HEALTH RISK ACTIVITIES	Currently Involved	Plan for Future	Would like more info or assistance
<i>Community Activities:</i>			
Assessment of needs for pregnant women	X		
Linkages to needed resources, services	X		
Prevention of domestic violence, child abuse and neglect	X		
Participation in local commission for children and families	X		
Public education campaigns for prevention of maternal risks and conditions	X		

TOPICS OR HEALTH RISK ACTIVITIES	Currently Involved	Plan for Future	Would like more info or assistance
<i>Perinatal Health System:</i>			
Collaboration with birthing centers, hospitals	X		
Collaboration with prenatal care providers	X		
Public health nursing workforce development	X		
Linkages to medical homes for parents and newborns	X		
Development and delivery of culturally and linguistically appropriate local services	X		

OFFICE OF FAMILY HEALTH
CHILD HEALTH PROGRAM PLAN
2009-2010

County Agency: JACKSON

Person Completing Form: Victoria Brown, RN, MSN

Phone: 541-774-8039

**Return this form attached to e-mail to: claudia.w.bingham@state.or.us
Claudia Bingham, Child Health Manager, 503-731-3461**

The Child Health Program Plan has two parts: 1) the plan for programs or services in your county, and 2) an assessment of other activities. This would include those programs currently using state MCH funds and/or any other funds that support child health activities. The third section includes a few questions to update information about your the Early Child System of Services and Support in your county.

1. Program Plan

Please respond to the three questions listed below, as concisely and briefly as possible, for those programs currently using state MCH funds and/or any other funds.

- A. *Are there any programmatic issues that need to be addressed over the next two years?*
- B. *How do you plan to address these issues over the next two years?*
- C. *How can the state program assist in addressing these issues?*

I. **Babies First!**

- utilize ORCHIDS data to plan and evaluate services
- continue to use small local groups & access state resources as necessary
- state can pass information from other counties that is working well and continue to share their expertise as needed.

Total FTE in Babies First!

Number of individuals above in Babies First!

II. **Newborn Hearing Screening**

- We are having difficulties coordinating efforts among hospital & service providers. Over next 2 years a working system will be in place. State will be utilized as needed.

III. **Child Care Consultation**

- Not involved

2. Assessment of Other Child Health Activities

Individual client services are those that are generally delivered one-to-one or in groups. **Community activities** are those efforts that bring community members together to address a topic, or that provide health promotion or education to the community in general. **Health delivery system** activities are those that result in linking individuals or communities to needed health care or other services, through coordination, collaboration, or communication. This is intended to be a checklist of things your county health department might be doing or consider doing in the future.

Please indicate (with “x”) any other activities or local programs that you are either involved in or plan for in the near future:

TOPICS OR HEALTH RISK ACTIVITIES	Currently Involved	Plan for Future	Would like more info or assistance
<i>Individual Clients:</i>			
SIDS risk reduction education	X		
Breastfeeding support and education	X		
Parenting education classes			
Family-centered care coordination for chronic illness	X		
Nutrition and physical activity information for parents	X		
Early brain/child developmental screening and education	X		
Early child oral health screening, referral and follow-up	X		
Maternal depression screening and referral	X		
Child social-emotional health screening and referral	X		
Dental sealant promotion and education	X		
Oral health screening, referral and follow up	X		
Car seat use and safety education and promotion	X		
Child care linkages and health and safety education	X		
Provide well-child clinical care			X
Early intervention referral and education	X		
Health insurance assistance and enrollment	X		
Referral to food and nutrition support services	X		

TOPICS OR HEALTH RISK ACTIVITIES	Currently Involved	Plan for Future	Would like more info or assistance
Community Activities:	X		
Assessment and planning for community needs and gaps to services	X		
Prevention of domestic violence, child abuse and neglect among local groups and agencies	X		
SafeKids injury prevention program	X		
Coordinated school health programs (Healthy Kids Learn Better) in schools	X		
"Breastfeeding Friendly Employer" Program	X		
Community water fluoridation	X		
Dental sealants for school-age children	X		
Physical activity and reduction of sedentary activities (such as "screen time")		X	
Five-a-day fruit and vegetables promotion in community settings		X	
Information, resource sharing, and referrals among local services	X		
Multi-disciplinary teams for case reviews	X		
Public health education campaigns, such as "Walk to School"; "Five-A-Day"; "Oregon Aware"	X		

TOPICS OR HEALTH RISK ACTIVITIES	Currently Involved	Plan for Future	Would like more info or assistance
<i>Health Delivery System:</i>			
Collaboration with family practice, pediatric and mental health providers for young children	X		
Collaboration and services coordination to establish medical homes for parents and children	X		
Coordination services for children with special health needs	X		
Public health workforce education and development	X		
Development and delivery of culturally and linguistically appropriate local services	X		
Coordination of links to services to prevent or treat substance abuse or tobacco use of parents	X		
Collaboration with services of the local education service districts	X		
Coordination of referral and follow-up to early intervention services	X		
Collaboration with child care providers	X		
Participation in child fatality reviews	X		
Collaboration with providers to promote early child cavity prevention	X		
Coordination of health insurance/Oregon Health Plan coverage	X		
Collaboration and coordination among local services for transportation, clothing, housing, food, child care, and employment	X		
Collaboration with the local commission for children and families in planning local early child systems	X		
Building system resources, services and supports for early child health in the following areas:	X		
a. Medical homes	X		
b. Social-emotional health	X		
c. Early education and child care	X		
d. Parenting education	X		
e. Family support	X		

What other areas would you like more information or technical assistance?

3. Early Childhood System of Services and Support

1. Does your county currently have a Healthy Start Program, funded through the Oregon Commission for Children and Families? **YES**
 - A. If yes, does the county health department coordinate with the Healthy Start Program in your county? **YES**
 - B. If yes, briefly describe how county public health nurse services support and/or coordinate with the Healthy Start Program:

Referrals are made between the two programs
 - C. If yes, is the county health department the lead agency for the Healthy Start Program? **NO**
- II. Does your county health department participate as an active member of the local Early Childhood Team? **YES**
- III. How can the state child health program support the Healthy Start-Health Department collaboration?

ADOLESCENT HEALTH PROGRAM PLAN
2009-2010

County Agency: JACKSON
Person Completing Form: Victoria Brown, RN, MSN
Phone: 541-774-8039

Return this form attached to e-mail to: Robert.j.nystrom@state.or.us
Bob Nystrom, 503-731-4771

The Adolescent Health Program Plan is organized in three sections to provide updated information on your public health activities related to a wide range of adolescent health issues. For questions, contact Bob Nystrom, 503-731-4771, robert.j.nystrom@state.or.us

- Part 1. Plans for improvement where you have defined programs
- Part 2. Assessment of activity areas you are involved in regardless of whether you have a well defined plan or program in place
- Part 3. Assessment of your future interests

Part 1. Program Plans

Briefly describe your plan of involvement or improvement of services for the following focus areas over the next two years, where you have defined programs or new plans specific to adolescent or school-aged child populations (indicate no plan or program when appropriate):

1. School-Based Health Centers
Currently operate 2 SBHC's.
2. Coordinated School Health (Healthy Kids Learn Better) Schools
5 schools currently participating and hope to add additional.
3. Teen Pregnancy Prevention & Contraceptive Access
Provide FP through Health Department Clinic and two school-based health centers. Have three satellite sites which provide access to Birth Control supplies and pregnancy testing.
4. Youth Suicide Prevention
Implemented through Mental Health program.
5. Tobacco Use Prevention & Cessation
Have a Tobacco Prevention and Education program staffed by a 1.0 FTE Community Outreach Educator. Have a community advisory board.

6. Alcohol & Other Drug Use Prevention
Extensive programs under jurisdiction of Commission on Children & Families
7. Nutrition & Physical Activity
Participation in the Healthy Communities program.
8. Other:

Part 2. Assessment of Current Activities Related to Adolescent Health

Please indicate (with "X") any of the following activities specific to adolescent or school-aged child populations that you are currently involved in. Some areas have both general and specific activities. *Check all that apply for any topic area.*

Individual client services are those that are generally delivered one-to-one or in groups.

Community activities are those efforts that bring community members together to address a topic, or that provide health promotion or education to the community in general.

Health delivery system activities are those that result in linking individuals or communities to needed health care or other services, through coordination, collaboration, or communication.

TOPIC OR HEALTH RISK AREA Current Activities/Involvement	Individual Services	Community Activities	Health Systems Delivery
Access to care	X		X
Comprehensive screening (GAPS/Bright Futures)	X		
Parent/family involvement	X	X	X
Primary care services	X	X	X
Mental health services	X	X	X
Youth suicide prevention	X	X	
Depression screening	X		
Teen pregnancy prevention	X	X	X
Contraceptive access	X	X	X
Condom distribution	X	X	X
ECP promotion	X		
STD/HIV prevention	X	X	X
STD/HIV counseling	X	X	X
STD/HIV treatment	X	X	X
Tobacco prevention	X	X	X
Tobacco cessation	X	X	X
Alcohol & Other Drug (AOD) Use Prevention	X	X	X
AOD Assessment/screening	X	X	X
Nutrition promotion	X		
Physical activity promotion	X		
Motor vehicle safety	X		
Seat belt use	X		
DUI	X		
Street racing			
Violence prevention	X		
Harassment/Bullying	X		
Physical fighting	X		
Weapon carrying	X		

Part 3. Assessment of Future Interests Related to Adolescent Health

For the topic areas or health risks for adolescents and school-aged children that you just responded to please indicate (with "x") what would you like to do in the future if resources could be identified? Some additional detail has been added.

TOPIC OR HEALTH RISK AREA Future Interest/Needs	No plans to expand	Would like to expand	Would like more info or assistance
	<i>Select one</i>		
Access to care		X	
School-Based Health Centers		X	
Comprehensive screening (GAPS/Bright Futures)	X		
Coordinated School Health (Healthy Kids Learn Better)		X	
Parent/family involvement		X	
Primary care services		X	
Mental health services		X	
Youth suicide prevention	X		
Depression screening	X		
Teen pregnancy prevention	X		
Contraceptive access		X	
Condom distribution		X	
ECP promotion		X	
STD/HIV prevention	X		
STD/HIV counseling	X		
STD/HIV treatment	X		
Tobacco prevention		X	
Tobacco cessation		X	
Alcohol & Other Drug (AOD) Use Prevention	X		
AOD Assessment/screening	X		
Nutrition promotion		X	
Physical activity promotion		X	
Motor vehicle safety	X		
Seat belt use	X		
DUI	X		
Street racing	X		
Violence prevention	X		
Harassment/Bullying	X		
Physical fighting	X		
Weapon carrying	X		

Office of Family Health

WOMEN'S & REPRODUCTIVE HEALTH PROGRAM PLAN

County Agency: JACKSON

Person Completing Plan: Victoria Brown, RN, MSN

Phone: 541-774-8039

E-mail Address: barbourvm@jacksoncounty.org

Return this form attached to e-mail to: karol.l.almroth@state.or.us

Karol Almroth, 503-731-4772

1. Please describe any plans you have for the upcoming fiscal year:
 - To open or close any family planning clinic sites
No
 - To add or reduce any FTE working in family planning
None

2. Please provide your plans for community education on family planning issues for the upcoming fiscal year.
 - school classroom education - brochures
 - website information - yellow pages
 - presentation to Public Health Advisory Board

3. Please identify any plans you may have to implement service improvements in the upcoming year. Such improvements could include any or all of the following, or others you might identify.
 1. A plan for increasing the percentage of clients leaving the clinic with a birth control method and/or receiving most effective methods of birth control.

4. Expansion of services to include "wrap around" services such as supporting clients in the transition to prenatal care.

5. Please identify any additional **women's health services, activities or programs** you will be working on in the coming year. Identify those areas that you would like more information or technical assistance.

Continue the services of an OB-Gyn physician to provide specialty care for women in need of consultation and treatment within the family planning clinic.

See additional file title x.

EVALUATION OF NUTRITION EDUCATION PLAN
FY 2008-2009

WIC Agency: Jackson County WIC

Person completing form: Debbie Watson

Date: April 27, 2009

Phone: (541) 774-8020

Return this form, attached to e-mail to: sara.e.goodrich@state.or.us

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 I: 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: Oregon WIC Program Key Nutrition Messages were shared with staff during a staff meeting during the time we were learning Oregon WIC Listens (OWL) participant centered counseling. Staff was working on OWL counseling techniques and tried to incorporate the Key Nutrition Messages as a part of information provided. These messages were re-evaluated at our April 2009 staff meeting now that staff are more comfortable with OWL counseling techniques. The staff made suggestions for the Key Nutrition Messages below and will start to start these messages with the appropriate categories. The suggestions to add are:

- Pregnant women: Eat three healthy meals a day.
- Breastfeeding women: Change the wording in the last Key Nutrition Message to reflect Fully Breastfeeding as the standard and that babies who receive formula are at more risk vs. The more breastmilk your baby gets, the healthier your baby will be.
- All postpartum women: Good oral health is important.
- Children: Limit juice to 4 ounces a day and offer in a cup "that pours".
- Infants: At 6-7 months of age, start offering a small cup for water. By 15 months of age, wean from the bottle to the cup "that pours" (AAP).

General – no changes.

We will also search for an Oral Health pamphlet to use with Postpartum and Pregnant women.

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 modification, and*
- *Determine which message 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: The food package changes were reviewed in the February, March and April 2009 staff meetings. The Anticipatory Guidance in-service was presented at the April 2009 staff meeting. The Food package changes need to be presented in more detail starting with classes and re-certifications by May 1, 2009. Coordinator shared how other counties have started to do this and on how to introduce the food package changes, using anticipatory guidance. This will be a process that will continue right up until Fresh Choices rolls out August 2009 and beyond. Staff will share how it is going at every staff meeting, what works, what didn't, etc.

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: We did all of the in-services identified except two: "Decreasing screen time for Jackson County WIC families" and the Civil Rights training. The Turn off the TV information was discussed with staff who taught the classes in April which included information and handouts, as well as ideas to add in different types of physical activity in place of sitting in front of the TV. The June Civil Rights training will still be completed in May or June 2009 as a Power Point presentation.

Many other in-serves have been presented and will continue to be presented to prepare for the implementation of Fresh Choices. The Anticipatory Guidance and Whole Wheat in-service was presented in April 2009. The Medical Documentation in-service was done in March 2009. The Infant Feeding and Low Fat Milk in-services were done earlier in the fiscal year, each meeting the deadline required.

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: The State staff was here for Oregon WIC Listens training on September 4th. Staff had completed the dietary Risk Module by then and was able to incorporate that information into the Participant Centered Learning information provided by the State. State staff observed certifiers and assisted in areas where concerns were identified. Certifiers continue to ask questions if they have any concerns in this area and problem solve on a peer to peer level and/or with the Training Supervisor or WIC Coordinator.

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: Staff are very pleased with the outcome of the Oregon WIC Listens training and the new information provided in the Nutrition and Dietary Risk Modules. They feel they are really meeting the needs of the clients by personalizing the education based on what the participant determines is the most important for themselves or their family vs. what we want to educate them on. It has been very rewarding, listening and then educating. The Nutrition Risk and Dietary Risk Modules are much easier to use than the risk information that we had previously.

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: The objective chosen was to increase the number of employees who are physically active for 30 minutes a day, at least five days a week by 5% by the year 2012. The strategy was to provide and promote flexible time policies to allow for opportunities for increased physical activity.

The strategy was not able to happen as proposed, but the staff continues to walk in the neighborhood during their breaks. We are not able to take the breaks at the end of the schedules each morning and afternoon, but instead take it mid-schedule at around 10:00 a.m.

and 3:00 p.m. each day. The majority of the staff walked at the beginning of this proposal and the majority continue today.

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:

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

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

This message was selected to help get the message out to WIC families how important it is to decrease screen time for children. We were able to get the materials in time and present to the classes in both English and Spanish, but the evaluation only happened in Spanish using the scale identified. A scale of 1-10 was used to determine how likely the participant would be to incorporate this behavior into their household (9=Never and 10=Definitely). Sixteen of 26 participants selected "10", four selected "9", four selected "8", with one "5" and one "7". Therefore 24 of 26 participants indicated they were very likely to incorporate this behavior into their households.

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

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

All women are offered the opportunity to participate in our Breastfeeding Peer Counselor Program. We have quite a significant number of women who choose to participate and there are only a handful who have not been able to be assigned to a Peer Counselor.

I ran two reports to use as a baseline for this goal until 2012: the Breastfeeding Duration Report and the Exclusive Breastfeeding Report. I selected Medford and Medford Spanish clinics since that is where the Peer Counselor clients are recruited from. The reports covered the time from June 1, 2006 thru May 31, 2008. The following numbers were identified;

	Medford	Medford Spanish
Time Breastfed 1-6 days	92.3%	96.7%
Exclusively Breastfed 1-6 days	80.6%	80.1%
Exclusively Breastfed at 6 months	6.1%	8.7%

These numbers will be used to see if any increases can be identified with the exclusively breastfeeding mom and baby pairs by 2012.

FY 2009 - 2010 WIC Nutrition Education Plan Form

County/Agency: Jackson County WIC
Person Completing Form: Debbie Mote-Watson
Date: April 27, 2009
Phone Number: (541) 774-8020
Email Address: watsondd@jacksoncounty.org

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

All Jackson County WIC certifiers will complete the new Food Package Assignment Module by November 30, 2009. This module will be done in a staff meeting for as many as possible, and the remainder who are unable to attend will complete it individually, reviewing any questions/concerns with the Training Supervisor.

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:

Two staff attended the Infant Feeding Cues training done in Portland in September 2008. The remainder of the staff who attend the Statewide WIC meeting will also attend the training in June 2009. We are very ready to incorporate more of this information into the Breastfeeding and Infant Feeding classes by December 31, 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:

Starting June 1, 2009 all instructors for upcoming classes will review their lesson plans and written education materials to make sure that all information presented will be consistent with the Key Nutrition Messages and upcoming food package changes. All pamphlets used in our clinic will be reviewed at the July 2009 staff meeting to identify any changes that may need to be made. All necessary changes will be made by August 1, 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: Jackson County's Training Supervisor is Judy Harvey, RD. See Attachment A for in-service training dates.

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 bases. 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:

In October 2009 Jackson County certifiers will be observed by the Champions, and some peer to peer observations if we can spare that many appointments, to determine which participant centered skills staff are using on a consistent basis, and which areas may need further assistance. The "Growing, Glowing, Sowing" poster presented by the State WIC Oregon WIC Listens (OWL) trainers during our final staff training as Cohort one will be presented again to allow certifiers to identify areas they are comfortable with and which areas may need additional assistance. A comparison will be made to selections made during that final visit to determine growth and needs.

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:

Information gathered from the Champion/Peer to Peer Observations will be addressed at the December 2009 staff meeting with in-service materials and certifier participation to gather new ideas to promote participant centered education.

Participant Centered Education will be incorporated into classes to encourage more interaction with participants and the class presenter.

Both of these items will be addressed by December 31, 2009.

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:

Jackson County WIC Coordinator will meet with Head Start staff to provide information and a question and answer time regarding the new WIC food package "Fresh Choices" by October 31, 2009. Additional groups may be added as time allows or priorities identified.

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:

Jackson County WIC will assist the state WIC Research Analysts to evaluate Fresh Choices by April 30, 2010 in whatever format is requested.

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:

Jackson County will evaluate our breastfeeding promotion and support activities to identify areas that may need improvement and continue those activities that have been successful. Breastfeeding exclusivity is an area that we have worked on for many years and I expect to find many strengths. Our breastfeeding initiation rate is 92%!

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:

Any strategies identified during the evaluation of breastfeeding promotion and support activities will be addressed and implemented by April 30, 2010.

Attachment A

FY 2009-2010 WIC Nutrition Education Plan

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

Agency: Jackson County
 Training Supervisor(s) and Credentials:

Staff Development Planned

Based on planned new program initiatives (for example Oregon WIC Listens, new WIC food packages), your program goals, or identified staff needs, what quarterly in-services and or continuing education are planned for existing staff? List the in-services and an objective for quarterly in-services that you plan for July 1, 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	New Food Package Assignment module	Preparation for New Food package options with Fresh Choices
2	October	Oregon WIC Listens	Update skills, review what we learned from observations, share ideas
3	January	Fresh Choices	How is it going? Assess staff confidence level. Do we need to change the way we are providing information?
4	April	Civil Rights	Mandatory Annual training

Due Date: May 1
Every year

Immunization Comprehensive Triennial Plan
Jackson County 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
A. Decrease late start rate (LSR) by 3% over the next 3 years	1. Gather educational and motivational immunization information for expecting and new mothers including handouts, free coupons and JCHD refrigerator magnets (JCHD as an accessible immunizer in Jackson County and importance of starting vaccinations on-time).	MS/SB	8/09	1. Material selected, obtained, or created by 8/31/2009	To be completed for the CY 2009 Report	To be completed for the CY 2009 Report
	2. Distribute above materials to childbirth education classes at all 3 area hospitals, OB clinics, selected providers, midwives, Family Nurturing Center, WIC and Healthy Babies clients through On Track and Mom's Home Program.	MS	12/09	2. At least 50 facilities agreed to have handouts and/ coupons on site by 12/31/09		
	3. Conduct a training for all MCH RNs to provide immunization education, reminders and magnets to parents at home visits.	MS	12/09	3. All MCH RNs providing immunization education at home visits to improve vaccine compliance as documented in ORCHIDS. 4. Jackson County HD LSR decreased by 1% by 12/31/2009		
B.Late start UTD rate will increase to 44% over next 3 years	1. Request 1 IRIS report listing those receiving 1 DTaP later than 3 months and not returning >3 months.	CI	7/09	1. Late start UTD increased to 37% by Dec. 31, 2009	To be completed for the CY 2009 Report	To be completed for the CY 2009 Report
	2. Contact parent regarding need for shots once.	CI	8/09	2. 25% of children received forecasted shots.		
	3. Conduct training for 5 OAs and 3 RNs on catch-up schedule use with late starters.	CI	6/09	3. OAs and 3 RNs trained to use the catch-up schedule by 6/30/09.		

Year 1: July 2009-December 2009 – CONTINUED

Objectives	Activities	Date Due / Staff Responsible		Outcome Measure(s)	Outcome Measure(s) Results	Progress Notes
C.Increase 2 year old up-to-date rate to 68%	<ol style="list-style-type: none"> 1. Run DTaP due report from IRIS 2 times. 2. Contact parent by letter and/or phone with need for shots. 	CI	12/09	<ol style="list-style-type: none"> 1. DTaP report run 2 times and parents contacted by 12/31/09 2. UTD rate increased to 68% 	To be completed for the CY 2009 Report	To be completed for the CY 2009 Report
D.Reduce missed shot rate to 28%	<ol style="list-style-type: none"> 1. Ensure all OAs use IRIS or ALERT to forecast shots for every visit. 2. Instruct OAs when to use codes N04 or no valid history. 3. Run shots not given report 10/09. 4. Provide training to RNs to discuss giving all shots due with parents when N04 coded. 	CI	8/09	<ol style="list-style-type: none"> 1. Shots not given report < 30 not forecasted 2. Missed shot rate 28% or lower 	To be completed for the CY 2009 Report	To be completed for the CY 2009 Report

Immunization Comprehensive Triennial Plan

<p>Due Date: May 1 Every year</p>
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**Jackson County 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
A. Decrease late starts by 3 % by 2011	<ol style="list-style-type: none"> Coordinate with WIC staff to provide WIC in-service training for completing immunization screening and referral to medical home or JCHD with every newborn visit Create contest for WIC certifiers whose clients follow up with immunizations using free coupon. Engage local MDs to create PSAs to advertise JCHD's ability to provide childhood vaccines to all children in the region regardless of insurance status. Broadcast PSAs advertising JCDH Immunization Program on local radio (TV) stations Continue to distribute materials 3 times per year to childbirth education classes at all 3 area hospitals, OB clinics, selected providers, midwives, Family Nurturing Center, WIC and Healthy Babies clients through On Track and Mom's Home Program. 	WIC/ MS MS SB SB MS	2/10 2/10 3/10 6/10 12/10 4/1/0 8/01/10 12/01/10	<ol style="list-style-type: none"> WIC staff in-service completed by 2/28/10 WIC contest completed and prize distributed by 4/15/2010 At least 50 WIC coupons redeemed by 12/31/10 PSAs created and broadcasted on local radio stations by 12/31/2010 Late start rate decreased to 18% by 12/31/10 	To be completed for the CY 2010 Report	To be completed for the CY 2010 Report
B. Late start UTD rate will increase to 44% over next 3 years	<ol style="list-style-type: none"> Request IRIS report twice yearly listing those receiving 1 DTaP later than 3 months and not returning >3 months. Continue to contact parents regarding need for shots twice yearly. Assess OAs and RNs understanding of catch-up schedule to use with late starters with test cases. Re-train as necessary. 	CI CI CI	4/10 8/10 6/10 12/10 6/10	<ol style="list-style-type: none"> If available, reviewed IRIS reports. All late starts contacted by 5/31/10 and 11/30/10 Created test cases for assessing OAs and RNs by 6/1/10 OAs and RNs assessed and retrained as necessary by 6/30/10 Late start UTD rate increased to 40% by 12/31/10 	To be completed for the CY 2010 Report	To be completed for the CY 2010 Report

Year 2: January 2010-December 2010 – CONTINUED

Objectives	Activities	Date Due / Staff Responsible		Outcome Measure(s)	Outcome Measure(s) Results	Progress Notes
C/Increase 2 year old up-to-date rate to 69%	<ol style="list-style-type: none"> 1. Run DTaP due report from IRIS 3 times. 2. Contact parent by letter and/or phone with need for shots. 	CI	11/10	<ol style="list-style-type: none"> 1. DTaP report run 3 times and parents contacted by 11/30/10 2. UTD rate increased to 69% by 12/31/10 	To be completed for the CY 2010 Report	To be completed for the CY 2010 Report
D.Reduce missed shot rate to 27%	<ol style="list-style-type: none"> 1. Run shots not given report twice annually. 2. Provide RN's references to discuss vaccine safety and schedule with parents. 	CI	11/10	<ol style="list-style-type: none"> 1. Not forecasted shots will be < 25 2. Missed shot rate 27% or lower 	To be completed for the CY 2010 Report	To be completed for the CY 2010 Report

Immunization Comprehensive Triennial Plan

**Jackson County Health Department:
Plan A - Continuous Quality Improvement: Reduce Vaccine Preventable
Calendar Years 2009-2011**

<p>Due Date: May 1 Every year</p>
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Year 3: January 2011-December 2011						
Objectives	Activities	Date Due / Staff Responsible		Outcome Measure(s)	Outcome Measure(s) Results	Progress Notes
A. Decrease late starts by 3 % by 2011	<ol style="list-style-type: none"> Obtain informal feedback from providers and organizations given handouts, coupons and magnets. Continue a minimum of two successful activities from previous years as determined by outcome measure(s) results 	MS/ SB	4/11	<ol style="list-style-type: none"> Informal feedback received from providers and organizations by 4/30/11 Late start rate will decrease to 16% by 2011 	To be completed for the CY 2011 Report	To be completed for the CY 2011 Report
		MS/ SB	6/11			
B. Late start UTD rate will increase to 44% over next 3 years	<ol style="list-style-type: none"> Continue to request IRIS report twice yearly listing those receiving 1 DTaP later than 3 months and not returning >3 months. Continue to contact parents regarding need for shots twice yearly. Use IRIS to track late starts for progress. 	CI	4/11 8/11	<ol style="list-style-type: none"> Reviewed IRIS report twice yearly. All late starts contacted by 5/31/11 and 11/30/11. Late start UTD increased to 44% by 12/31/11. 	To be completed for the CY 2011 Report	To be completed for the CY 2011 Report
		CI	6/11 12/11			
		CI	7/11			

Year 3: January 2011-December 2011 – CONTINUED

Objectives	Activities	Date Due / Staff Responsible		Outcome Measure(s)	Outcome Measure(s) Results	Progress Notes
C.Increase 2 year old up-to-date rate to 70%	<ol style="list-style-type: none"> 1. Run DTaP due report from IRIS 3 times. 2. Contact parent by letter and/or phone with need for shots. 	CI	11/10	<ol style="list-style-type: none"> 1. DTaP report run 3 times and parents contacted by 11/30/10 2. UTD rate increased to 70% by 12/31/10 	To be completed for the CY 2011 Report	To be completed for the CY 2011 Report
D.Reduce missed shot rate to 26%	<ol style="list-style-type: none"> 1. Run shots not given report twice annually. 2. Survey OAs to verify that all forecasted shots are recommended to parent. 	CI	11/10	<ol style="list-style-type: none"> 1. Survey showed 5 OAs who recommend all forecasted shots to parent 2. Missed shot rate 26% or lower 	To be completed for the CY 2011 Report	To be completed for the CY 2011 Report

Immunization Comprehensive Triennial Plan

**Due Date: May 1
Every year**

**Jackson County Health Department:
Plan B – Community Outreach and Education**

Year 1: July 2009-December 2009						
Objectives	Activities	Date Due / Staff Responsible		Outcome Measure(s)	Outcome Measure(s) Results	Progress Notes
A. Provide 2 AFIX exchanges for Jackson County VFC providers by 2011	1. Set date and time for event.	7/09	CI	1. Date, time and place set by 7/31/09.	To be completed for the CY 2009 Report	To be completed for the CY 2009 Report
	2. Reserve facility.	7/09	CI	2. Meal funded by vaccine manufacturer.		
	3. Contact vaccine manufacturer representative to sponsor event meal.	10/09	CI	3. E-mail and postcard notices created by 10/31/09.		
	4. Work with OIP HE to create “save the date” e-mail and postcards.	10/09	CI	4. 33 clinics received “save the date” notices by 12/31/09.		
	5. E-mail and send postcard “save the date” notices to 33 VFC clinics.	12/09	CI			

Immunization Comprehensive Triennial Plan

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

**Due Date: May 1
Every year**

Year 2: January-December 2010

Objectives	Activities	Date Due / Staff Responsible		Outcome Measure(s)	Outcome Measure(s) Results	Progress Notes
A. Provide AFIX exchange for Jackson County VFC providers	1. Work with OIP HE to create and send invitations to 33 VFC clinics.	2/10	CI	1. Invitations created and sent to 33 VFC clinics by 2/28/10.	To be completed for the CY 2010 Report	To be completed for the CY 2010 Report
	2. List of RSVP'd attendees compiled.	3/10	CI AS	2. Attendee list compiled by 3/31/10.		
	3. Exchange done by 6/10	6/10	CI AS	3. At least 35% of invited clinics attend exchange.		
	4. Create provider survey to evaluate exchange.	3/10	CI AS	4. Survey created by 3/31/10.		
	5. Compile and analyze exchange evaluation. Include AFIX staff, OIP HE and county RN's in discussion.	7/10	CI AS	5. Compiled and analyzed evaluation results by 7/31/10.		
	6. Set date and time for 2011 exchange and reserve facility.	11/10	CI	6. Date, time and place set for 2011.		
	7. Contact vaccine manufacturer representative to sponsor event meal.	12/10	CI	7. Meal funded by vaccine manufacturer by 11/30/10.		

Immunization Comprehensive Triennial Plan

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

**Jackson County 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
<p>A. Provide 2nd AFIX exchange for Jackson County VFC providers by end of 2011</p>	1. Work with OIP HE to modify “save the date” notices.	3/11	CI	<p>1. 33 VFC clinics received modified “save the date” notices by 3/31/11. 2. Invitations modified and sent to 33 VFC clinics by 4/30/11. 3. At least 35% of invited clinics attend event. 4. Compiled and analyzed evaluation results by 7/31/11. 5. Decision made regarding future events by 10/31/11.</p>	<p>To be completed for the CY 2011 Report</p>	<p>To be completed for the CY 2011 Report</p>
	2. Send e-mail and postcard “save the date” notices to 33 VFC clinics.		CI			
	3. Modify and send invitations to 33 VFC clinics.	4/11	CI AS			
	4. Exchange done by 6/11	6/11	CI AS			
	5. Compile and analyze exchange evaluation and discuss with RN staff, OIP HE and AFIX staff.	7/11	CI AS			
	6. Based on evaluation decide if future events would be warranted.	10/11	CI AS			

**DEPARTMENT OF HUMAN SERVICES
OFFICE OF FAMILY HEALTH
FY 2006**

**MATERNAL AND CHILD HEALTH PROGRAM
USE OF FUNDS PLAN**

Agency Name: **Jackson County**

Date: 4/15/05

Contact Person, Phone And Email: Victoria Brown, 541-774-8039,
barbouvm@jacksoncounty.org

	A	B	C	D	E
	Total MCH Fund Allocation by Program	Perinatal Health	Babies First!	Child & Adolescent Health	Total Allocation
1	Original Allocation (enter from spreadsheet)	<u>\$6,914</u>	<u>\$ 21,697</u>	<u>\$86,143</u>	\$ 114,754
2	Optional Re-distribution of Child & Adolescent Health Funds (not less than 30% of total CAH)	<u>\$60,000</u>		<u>-\$60,000</u>	
3	SUBTOTAL	\$ 66,914	\$ 21,697	\$ 26,143	\$ 114,754
4	<i>If applicable:</i> Oregon MothersCare Allocation -	<u>\$ 12,895</u>			\$ 12,895
5	TOTAL ALL FUNDS	\$79,809	\$21,697	\$26,143	\$127,649

Redistribution total should match original allocation (cell 2E = cell 1D)

Allocation total in 3E should match original allocation in 1E

- On the next pages, indicate an estimate of the proportion of funds for the services listed
- Add additional comments and requests for technical assistance on the last page
For assistance on this document, contact Molly Emmons at 503-731-4313,
molly.emmons@state.or.us

Return all parts of this form to:
Electronically: molly.emmons@state.or.us
 Or by Fax: 503-731-4091
 Or by Mail: 800 N.E. Oregon St, Suite 825, Portland, OR 97232

PERINATAL HEALTH PROGRAMS

Perinatal Program Plan and Budget

State Perinatal funds can be used for any combination of the following three services:

1. Maternity Case Management (MCM) for non-Medicaid-eligible women (\$500 per client)
2. Prenatal clinical care for non-Medicaid-eligible women (\$500 per client)
3. Oregon MothersCare (OMC) access services for any pregnant woman

Please complete the following table indicating how you plan to use your perinatal program funds. Include only MCH funds, not other sources of funds. The total Perinatal Program Funds in this table should be the same as the Perinatal Program Funds on the preceding page.

Type of Service	Estimated # clients to be served	Estimated Funds Allocated		
1. Maternity Case Management for non-Medicaid-eligible women	120	\$60,000		
2. Clinical Prenatal Care for non-Medicaid-eligible women	13	\$6,914	\$66,914	Should match Perinatal Subtotal (without MothersCare) on p. 1
<i>If applicable:</i> 3. Oregon MothersCare access services for any pregnant woman	0		Press F9 to update total	

County birth data can be found on the web at:
<http://www.dhs.state.or.us/publichealth/chs/cdb.cfm>

Add additional comments on page 4

CHILD AND ADOLESCENT HEALTH PROGRAMS

Child and Adolescent funds are flexible and can be shifted to Perinatal if necessary. HOWEVER, it is required by Title V that 30% of the Total MCH funds be targeted to children and adolescents. Therefore, the minimum total for both Child and Adolescent should be no less than 30 % of the total MCH Funds.

CHILD HEALTH SERVICES	Estimated Funds Allocated
1. Clinical Services	
a. Well child care (non-immunizations)	
b. Screening and referral (non-Babies First/Healthy Start)	16,143
2. Child Care Nurse Consultation	
3. Nutrition & Physical Activity	
4. Early Hearing Detection and Intervention	10,000
5. Other:	
SUBTOTAL	\$26,143

ADOLESCENT HEALTH SERVICES	Estimated Funds Allocated
1. School Health Services	
a. School Nursing	
b. Coordinated School Health	
c. School -Based Health Centers	
2. Teen Pregnancy Prevention/Contraceptive Access	
3. Youth Suicide Prevention	
4. Tobacco Use Prevention & Cessation	
5. Alcohol and Other Drug Use Prevention	
6. Nutrition & Physical Activity	
7. Other:	
SUBTOTAL	\$

CHILD AND ADOLESCENT HEALTH TOTAL FUNDS	\$26,143
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Should match Child/Adolescent Funds Total on Page 1 \$26,143

Add additional comments on page 4

Please add additional comments, information or request technical assistance for MCH programs:

Perinatal Health Programs:

Child Health Programs:

Adolescent Health Programs:

Other Needs or Comments:

MATERNAL AND CHILD HEALTH ALLOCATIONS					
	BABIES FIRST	PRENATAL	CHILD/ADOL		TOTAL MCH GRANT ALLOCATION
Fund Source	Gen Fund	Fed Title V + Gen Fund	Fed Title V + Gen Fund		
Flexibility*	No Change	Minimum	Maximum	30% Minimum	
BAKER	4,301	1,371	17,077	5,123	22,749
BENTON	10,428	3,323	41,402	12,421	55,153
CLACKAMAS	35,648	11,359	141,532	42,460	188,539
CLATSOP	6,241	1,989	24,779	7,434	33,009
COLUMBIA	8,450	2,693	33,548	10,064	44,691
COOS	8,452	2,693	33,555	10,067	44,700
CROOK	6,266	1,996	24,876	7,463	33,138
CURRY	5,744	1,830	22,803	6,841	30,377
DESCHUTES	17,069	5,439	67,769	20,331	90,277
DOUGLAS	13,585	4,329	53,935	16,181	71,849
GRANT	4,988	1,589	19,803	5,941	26,380
HARNEY	5,107	1,627	20,277	6,083	27,011
HOOD RIVER	6,690	2,132	26,559	7,968	35,381
JACKSON	21,697	6,914	86,143	25,843	114,754
JEFFERSON	6,823	2,174	27,088	8,126	36,085
JOSEPHINE	11,067	3,526	43,937	13,181	58,530
KLAMATH	11,244	3,583	44,642	13,393	59,469
LAKE	5,095	1,624	20,228	6,068	26,947
LANE	39,369	12,545	156,304	46,891	208,218
LINCOLN	8,294	2,643	32,928	9,878	43,865
LINN	13,419	4,276	53,278	15,983	70,973
MALHEUR	8,052	2,566	31,968	9,590	42,586
MARION	36,005	11,473	142,948	42,884	190,426
MORROW	5,717	1,822	22,698	6,809	30,237
MULTNOMAH	81,528	25,976	323,685	97,106	431,188
POLK	9,420	3,002	37,398	11,219	49,821
TILLAMOOK	6,485	2,066	25,747	7,724	34,298
UMATILLA	10,996	3,504	43,657	13,097	58,157
UNION	5,485	1,748	21,777	6,533	29,010
WALLOWA	4,843	1,543	19,229	5,769	25,615
WASCO-SHERMAN	9,452	3,012	37,527	11,258	49,991
WASHINGTON	54,849	17,478	217,772	65,332	290,099
WHEELER	4,427	1,411	17,577	5,273	23,415
YAMHILL	11,271	3,591	44,747	13,424	59,609
North Central Ed Svc Dist. (Gilliam)	4,484	0	0	0	4,484
TOTAL	502,991	158,847	1,979,193	593,758	2,641,031

***Flexibility:** Funds may be shifted from Child and Adolescent to Perinatal, but no less than 30% of the total. Babies First! “No shift” means funds cannot be shifted into or out of other categories; this allows counties to match these funds with Medicaid Administrative Match. “Minimum” means the minimum that must remain in the Perinatal

Program. "Maximum" means the maximum that can be spent in Child and Adolescent. This method assures federal Title V funds and state General Funds are expended within the projected state budget amounts.

Oregon MothersCare FY 2006		
(Federal Title V)		
County	OMC Sites	
Baker	LPHA	4,200
Benton	LPHA	4,357
Coos	LPHA	10,633
Crook	LPHA	3,847
Curry	LPHA	5,233
Deschutes	LPHA	9,757
Grant	LPHA	2,827
Hood River	LPHA	4,710
Jackson	LPHA	12,895
Jefferson*	LPHA	2,500
Josephine	LPHA	4,370
Klamath	Klamath Open Door	6,475
Lane	LPHA	23,224
Lincoln	LPHA	10,358
Linn	LPHA	3,852
Marion	Salem Hosp	6,441
	Silverton	2,087
Morrow	LPHA	4,187
Wasco Sherman	LPHA	6,854
Sub Total		\$ 128,805
Non-LPHA Sites		
Samaritan Mid-Valley	Linn	3,512
Treasure Valley Clinic	Malheur	3,454
Opening Doors	Washington Co	14,229
Grand Total		\$ 150,000

Office of Family Health

FAMILY PLANNING PROGRAMS

Name of Person Completing Plan: Victoria Brown, RN, MSN

Phone: 541-774-8039

E-mail Address: barbouvm@jacksoncounty.org

1. Please provide any plans you have for the upcoming fiscal year:

- **To open or close any family planning clinic sites**
- **To add or reduce any FTE working in family planning**
None
- **To offer any new birth control methods**
- **To contract or partner with another agency in your community to provide clinical, educational or other related services**

2. Please see the FP service data included here to review your agency's Women In Need (WIN) data and provide a plan for reaching a greater share of this population in FY 09 – 10.

Further cultivate referral relationship with WIC program.

Increase web page presence.

3. Please provide your plans for community education on family planning issues for the 2009 –2010 fiscal year, including how you intend to evaluate these activities.

4. Please provide your plans for Quality Improvement in the 2009-2010 fiscal year, including how you intend to evaluate these activities.

Patient satisfaction surveys every six months. Evaluate feedback regarding the quality of care.

Clinical chart review by Health Officer, Manager and peer Nurse Practitioner's.
Evaluation: decreased ordering of Chlamydia testing outside of the Chlamydia project guidelines.

5. **Please provide your plan for improving or increasing client education or counseling (e.g. new approaches, techniques, protocols, procedures, screening, materials), including how you intend to evaluate these activities.**

Target education based on patient needs/motivation.

Complete review of all printed material by community advisory board annually.

Evaluation: materials reviewed and evaluated and best materials retained for use.

6. **Please identify any topics or issues on which you would like additional information or technical assistance from state family planning program staff.**

FAMILY PLANNING PROGRAM ANNUAL PLAN FOR
COUNTY PUBLIC HEALTH DEPARTMENT
FY'10
July 1, 2009 to June 30, 2010

Agency: Jackson County Public Health

Contact: Victoria Brown, RN, MSN

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
Financial constraints limit ability to provide IUD's and Implanon for full budget year.	Determine estimated revenue needed per month to provide open access to IUD's and Implanon as a Method by August 30, 2009.	<ol style="list-style-type: none"> 1. Review per month spending for IUD's and Implanon for July-September 2008 and check number of IUD and Implanon insertions for those months. 2. Convene meeting with clinic staff to discuss any unidentified influences which could increase or decrease the number of IUD's and Implanons inserted. 3. Assess budget for Family Planning pharmaceuticals and develop possible allocation plan to make a set of IUD's and Implanons available each month. 4. Implement allocation plan based on projections. 	<ol style="list-style-type: none"> 1. Monthly monitoring of expenditures for contraception supplies and devices with specific attention to IUD's and Implanon. 2. Monthly spending limits maintained.

Listing of Contracts and Contracted Services

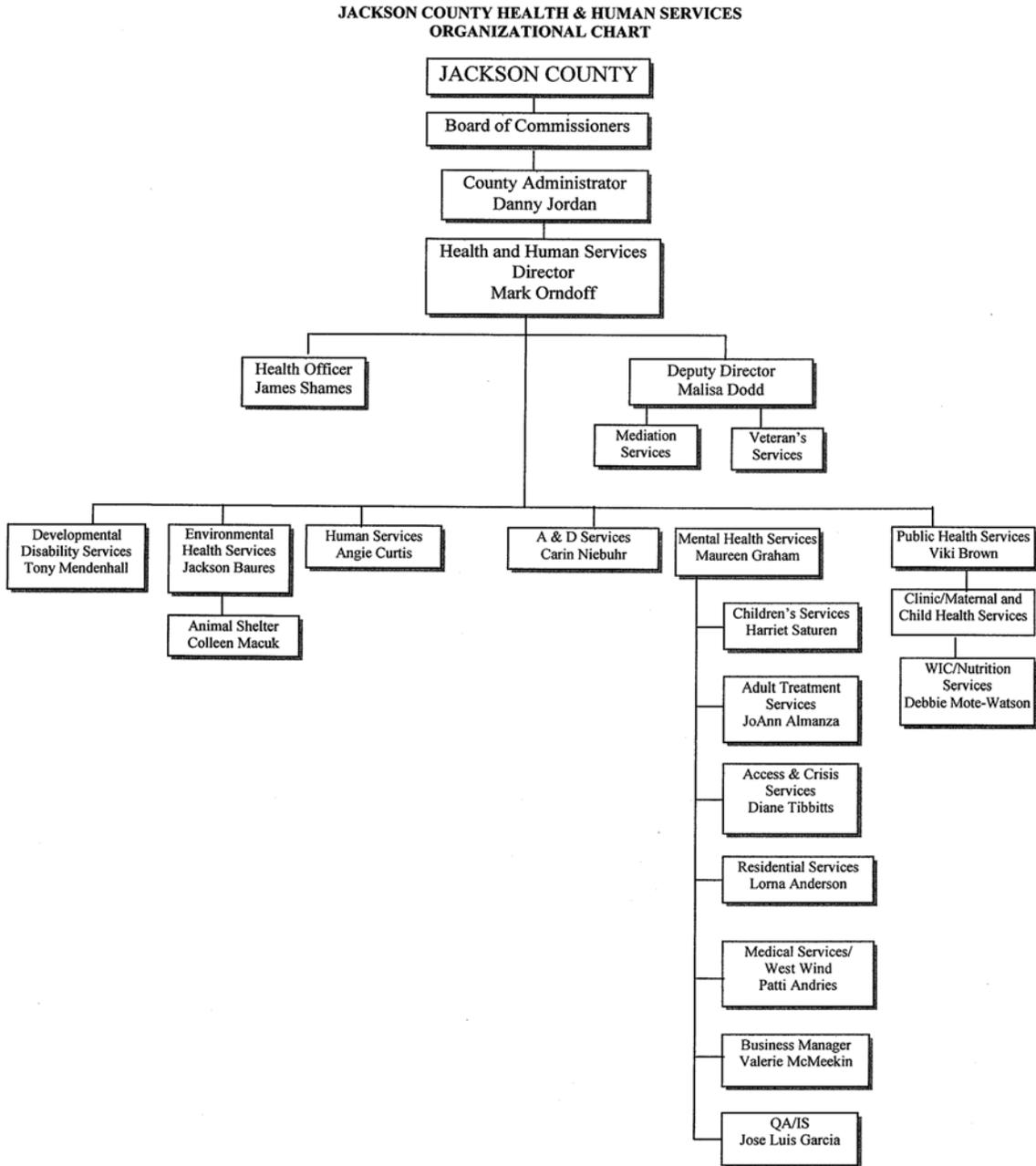
Public Health Contractors

Asante Health System	PA chest x-rays
Ashland School District	Operating Agreement
Clinica del Valle	School Based Health
Community Health Center	Tobacco/Chronic disease prevention
Cowley, Linda	Transcription services
Gan, Daniel	Cantonese Translation Services
Harris, Linda	Reproductive health services
HCCSO	Eliminating Disparities
HCCSO	Lease agreement
HCCS)	Services of a Data Analyst
Heynen Interpreting Services	Interpreting Services
Holzshu, Molly Kingsley	Interpreting Services
J C School District #6	Operating Agreement
Medford Radiological Group	PA x-rays
Medford School District	Operating agreement
Multnomah County	Comm Disease Database
ODS	Reimburse for public health services
OHSU	CaCoon Program
PMMC	Chest x-rays
RVMC	Laboratory Services Contract
Sierra West Linen	Clean linens
SODA	Tobacco program services
Southern Oregon Dental &	Dental services for Ryan White
Trillium Community Health	Services to Trillium Community Health Plan members
Vista Pathology	Pap smears
West Main Pharmacy	Pharmaceutical service for PH clients
West Medford Dental	Dental Services for Ryan White clients
Wise Medicine Heart	Tobacco Prevention & Education @RCC

Environmental Health Contractors

All Creatures Animal Clinic	Dog License Sales
Animal Medical Hospital	Dog License Sales
Ashland Veterinary Hospital	Dog License Sales
Bear Creek Animal Clinic	Dog License Sales
Best Friedns Animal Clinic	Dog License Sales
Best Friends Animal Clinic of	Dog License Sales
DEQ	IGA for Air Quality Program
DHS	IGA for Public Health funding
DHS	IGA for Drinking Water Program
DHS	IGA for Foodborne Illness Program
Jacksonville Veterinary Hospital	Dog License Sales
Lakeway Veterinary Hospital	Dog License Sales
Lithia Springs Animal Clinic	Dog License Sales
Medford Animal Hospital	Dog License Sales
Medford, City of	Dead Animal Pick-up
Mountain View Veterinary Clinic	Dog License Sales
Phoenix Animal Clinic	Dog License Sales
Rogue River Community Ctr	Dog License Sales
Roxy Ann Veterinary Hospital	Dog License Sales
Shady Cove, City of	Dead Animal Removal
Siskiyou Veterinary Hospital	Dog License Sales
Southern Oregon Humane Society	Dog License Sales
Town of Butte Falls	Dog License Sales
West Main Animal Hospital	Dog License Sales

IV. ADDITIONAL REQUIREMENTS



IV. SUMMARY OF UNMET NEEDS AND GAPS IN SERVICE

A. Promoting the Public's Health

The overwhelming majority of public funds that flow to local health authorities is categorical in nature and tied to specific diseases or issues. As an end result, there are no flexible resources with which local health authorities can combat the leading causes of disability and/or death within their given populations. Despite the fact that prevention remains as the most salient cornerstone of public health, there is a paucity of resources with which to deliver prevention programming to the general public to reverse such trends as physical inactivity, poor dietary choices for both pediatric and adult populations, and lifestyles that contribute to sub-optimal cardiovascular and pulmonary health. It clearly is our most significant deficit.

B. Environmental Health

As Environmental Health is fee-supported, resources are not available to adequately address community health hazards, such as norovirus outbreaks, indoor air quality (e.g., mold) complaints, toxic blue-green algae blooms in lakes, and other community health hazards and concerns that may arise.

C. Maternal, Child, and Perinatal Health

Revenue streams for critical maternal child health programs have not kept pace with inflation or population growth. Jackson County is able to meet the maternal, child, and perinatal health care needs of those who are the most at-risk (or those who suffer from the greatest barriers), primarily because the County has been successful in identifying augmenting resources through the federal Healthy Start program. Nonetheless, these funds are time-limited and scheduled for expiration on May 31, 2009. While Jackson County has developed an excellent and responsive system for the delivery of maternal, child, and perinatal health services to those in greatest need, that system is fragile and could easily unravel if federal or hospital support is not renewed, or if the expanded eligibility criteria for pregnant women in the Oregon Health Plan is restricted at the state level as a cost-containment strategy.

VI. BUDGET PRESENTATION

Chief Financial Officer of the Jackson County Health & Human Services Department is Malisa Dodd. She can be reached at 541-774-7802.

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.
50. Yes No ___ Public education regarding food borne illness and the importance of reporting suspected food borne illness is provided.
51. Yes No ___ Each drinking water system conducts water quality monitoring and maintains testing frequencies based on the size and classification of system. Required. Follow up with operator if not done.
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 exist s 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. Now with DEQ as of 2008.

- 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 of solid waste. Administered through County Administration.
- 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: Mark Orndoff, M.S.

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

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

If the answer is “No”, submit an attachment that describes your plan to meet the minimum qualifications. See Attachment 1

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

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

AND

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

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

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

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

OR

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

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

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

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

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

Agencies are **required** to include with the submitted Annual Plan:

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

Local Public Health Authority

JACKSON
County

Date

ATTACHMENT 1

The plan for the Administrator to come into compliance with the recently adopted minimum qualifications includes enrollment in the online Graduate Certificate in Public Health program at the OHSU School of Nursing (or another accredited University). Courses to be taken include graduate courses in: biostatistics, epidemiology, environmental health, health services administration. Current administrator has a Master's Degree in Social Sciences with related courses, many of which were taken at the undergraduate level, however the expected date for completion of these aforementioned courses at the graduate level is spring of 2011.