



LINCOLN COUNTY

PUBLIC HEALTH

COMPREHENSIVE PLAN

2008 - 2011

Annual Plan

May, 2009

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

Don Ruddy, Chair

Local Public Health Authority

Lincoln Co. BOARD of Commissioners

County

May 20, 2009

Date



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LINCOLN COUNTY

PUBLIC HEALTH

COMPREHENSIVE PLAN

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I. EXECUTIVE SUMMARY

EXECUTIVE SUMMARY

This is the first Annual Report of the Comprehensive Three Year Plan developed for Lincoln County Public Health according to the new state guidelines.

Lincoln County Health and Human Services adequately provides the five basic services contained in statute (ORS 431.416) and rule (OAR Chapter 333, Division 14). These include: Epidemiology and Control of Preventable Diseases; Parent and Child Health Services including Family Planning; Environmental Health Services; Collection and Reporting of Health Statistics; and Health Information and Referral.

In addition, many services described in ORS 333-014-0050 are provided including coordination of dental services for uninsured youth K – 12, emergency preparedness, health promotion including chronic disease management, as well as the county-wide immunization program.

The Local Public Health Advisory Committee (PHAC) is very committed to its role of advising Lincoln County Health and Human Services on issues related to the advancement of public health. In the past year, members have received information, participated in discussion, reflected upon and encouraged Public Health staff to continue to adhere to the principals of the 10 Essential Elements of Public Health.

The entire Public Health Department is run by 22 staff which equal 13 FTE. Due to budget reductions, PH staff has been reduced this year. These trained and dedicated staff members deliver all public health services.

Local Activities related to the Ten Essential Elements of Public Health

1. Monitor Health Status to identify community health problems:
 - Monitor child and adolescent immunization rates
 - Participate in Tdap Special Project to address increasing pertussis incidences
 - Offer Shingles vaccine – Zostavax – for individuals 60 and older
 - Review health and social history through home visit program and WIC programs
 - Continue height and weight measurements for all home visit and WIC programs
 - Continue developmental screening through home visit program to detect delays early, prevent child abuse and educate parents
2. Diagnose and investigate health problems and health hazards in the community:
 - Testing of drinking water is done to discover and eliminate chemicals, organisms and biological contaminants
 - CD and MCH staff work closely together to identify and stop the spread of communicable disease in babies and their families
3. Inform, educate and empower people about health issues:
 - SBHC's continue to work and educate students concerning STDs, teen pregnancy prevention
 - Continue significant outreach county wide concerning HIV/TB
 - Provide educational opportunities through the Child Care Health Consultation Program to Child Care providers
 - Offer Food Handler classes in English and Spanish multiple times each year – over 800 food handler cards issued
 - Prior to implementation of the extended Indoor Clean Air Act (ICAA), January 1, 2009, all business owners received notification and information
 - Interface with first responders, Hepatitis A/Hepatitis B (TWINRIX), Tuberculosis (TBST), and tetanus, diphtheria, and pertussis (Tdap) vaccination
4. Mobilize community partnerships to identify and solve health problems:
 - Environmental Health staff work closely with DEQ to discover and eliminate toxic waste
 - Solidified relationships with organizations in the community to promote and support the Living Well with Chronic Conditions workshops
 - Outreach community wide concerning the spread of the flu and provided flu immunizations
 - Obtained dental grant for 195 students with severe dental disease through a long standing partnership with Medical Teams International

5. Develop policies and plans that support individual and community health efforts:
 - Development of a Hepatitis C outreach and testing program
 - Development of policy to closely link enforcement of the Indoor Clean Air Act between the Tobacco Prevention Education Program Coordinator and the Environment Health staff
 - Contract amendment process finalized with Lincoln County School District to allow comprehensive reproductive health care including the dispensing of birth control

6. Enforce laws and regulations:
 - Continue to provide 24/7 on-call system for disease reporting and response
 - Responded to all Indoor Clean Air Act (ICAA) complaints within 24 hours
 - Completed on-site inspections of all ICAA complaints when required
 - Completed food safety inspections and license for all food service restaurants, limited service restaurants, mobile units, warehouses, commissaries, Bed and Breakfasts, Benevolent Organization Food Service, schools, and temporary food booths
 - Licensed and inspected traveler's accommodations for safety and cleanliness

7. Link people to needed personal health services and assure the provision of health care when otherwise unavailable:
 - Identify gaps/remove barriers to services by providing care to students at four School Based Health Clinics (SBHC)
 - More than 70% of SBHC sites were provided to students with no other access to care – pregnant women are referred to Oregon Mother's Care to assure access to prenatal care, Oregon Health Plan, WIC and MCM
 - HIV Prevention Program – testing and referral resources
 - Offered Living Well with Chronic Conditions workshops in each individual community of the county
 - Multi-agency partnerships exist to complete the scope of services to families – work cooperatively with the Primary Care Division of Lincoln County Health and Human Services Department to link people to affordable health care

8. Assure competent workforce:
 - Provided CPR training for staff
 - Staff education regarding access to health information, guidance and alerts in an emergency using the Health Alert Network (HAN)
 - Trained Home Visit Staff in screening techniques for maternal depression and childhood autism
 - MCH staff trained and continues to use Orchids for data collection
 - Trained staff and continues to use Electronic Birth Registry System (EBRS) and Electronic Death Registry System (EDRS) for recording vital statistics
 - Trained nurses in University of Washington NCAST feeding and teaching scales in observation of parent/child interactions. Have Home Visiting Nurses be certified.

9. Evaluate effectiveness, accessibility and quality of personal and population based services:
 - Integrated model of service provision with separately funded SBHC's offering comprehensive health and social services to school aged children and their families
 - Development of additional public health surveillance tools that can be used in a medical surge event
 - Continued to work with public systems to comply with the Clean Water Act

10. Research for new insights and innovative solutions to health problems:
 - Continued to collect data concerning the ages, chronic conditions and number of care visits of all participants of Living Well with Chronic Conditions workshops
 - Continued to use the Oregon WIC Breastfeeding Study Data to promote and support activities in the County
 - Continue to research tobacco use and the dangers of secondhand smoke to provide support and direction to Multi-Unit Housing property owners
 - Using nationally recognized outcome strategies, developed a comprehensive community approach for the promotion of Teen Sexual Health



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*Annual Plan
May, 2009*

II. ASSESSMENT

LINCOLN COUNTY DEMOGRAPHICS

Located on a mostly rural portion of Oregon’s central coast, Lincoln County has a total of 980 square miles and a total population of 45,866 (US Census Quick Facts 2007 estimate). It lacks a major metropolitan area and consists of many small communities scattered throughout the geographic region. This rural geography often isolates families. Isolation is compounded by the limited public transportation system. Newport, the largest town and county seat, has a population of 9,740. Lincoln City is the next largest with 7,420. Thirty-eight percent of the population lives in rural unincorporated areas (Final, July 1, 2003 Estimates – Oregon, Its Counties and Incorporated Cities).

Racial and Ethnic Group	Percentage of County (Census 2000)
White	92.3
Native American/Alaska Native	3.3
Asian	1.2
Hispanic/Latino	7.1
Over age 65	19.4 (State average is 13%)

State and Lincoln County Percentage of Population by Age

AGE	LINCOLN COUNTY	STATE
0 – 4	2,160 – 4.8%	228,681 – 6.5%
5 – 9	2,503 – 5.6%	243,209 – 6.9%
10 – 14	3,020 – 6.7%	251,015 – 7.1%
15 – 17	1,999 – 4.4%	152,885 – 4.3%
18 – 19	986 – 2.2%	100,317 – 2.8%
20 – 24	1,935 – 4.3%	238,586 – 6.7%
25 – 29	1,950 – 4.3%	242,417 – 6.8%
30 – 34	2,321 – 5.2%	245,610 – 6.9%
35 – 39	2,885 – 6.4%	265,216 – 7.5%
40 – 44	3,498 – 7.8%	280,796 – 7.9%
45 – 49	3,930 – 8.7%	281,125 – 7.9%
50 – 54	3,669 – 8.2%	244,359 – 6.9%
55 – 59	2,922 – 6.5%	179,190 – 5.1%
60 – 64	2,638 – 5.9%	135,956 – 3.8%
65 – 69	2,504 – 5.6%	116,295 – 3.3%
70 – 74	2,199 – 4.9%	110,163 – 3.1%
75 – 79	1,839 – 4.1%	98,051 – 2.8%
80+	2,040 – 4.5%	127,629 – 3.6%
Total	45,000	3,541,500

Since 2002, eleven major community planning processes have defined Public Health issues and needs.

These processes were:

Community Health Improvement Partnership (CHIP)	Began October 2002 Ongoing
Healthy Active Oregon Institute	June 2004
Federally Qualified Health Center	Established July 2006 Ongoing
Public Health Assessment	December 2004
Maternal Child Health Assessment	December 2004
League of Women Voters Child Health Study	July 2005
Managing Chronic Care Through Collaboration Conference	October 2005
Chronic Care Committee	October 2005 Ongoing
Community Workshop Local School District Wellness Policy	January 2006
Lincoln Commission on Children and Families Strategic Planning	January 2007 Ongoing
Teen Reproductive Health Teen Survey Community Forum Community Health Improvement Process	2007 Ongoing
Lincoln County School District	Contract amendment process finalized December, 2008

PROVISION OF FIVE BASIC SERVICES – (ORS 431.416)

Recruiting, training and maintaining management and program, direct service staff to meet requirements of statutes and rules is a priority for Public Health.

Continued prevention of the onset and spread of communicable diseases, infections and conditions.

Increasing Tdap Vaccination status for two-year-olds, as well as adolescents through the community coalition, public health clinics, school based health centers and media messaging is the goal of the immunization program. Establishing baseline data for smoking and smoking cessation during pregnancy as well as six months postpartum breastfeeding data for our patients will enable analysis of effective interventions as well as guide necessary program changes to improve outcomes. Family planning strives to decrease the teen pregnancy rate as well as increase access to the HPV vaccine and breast and cervical cancer screening

The environmental health program seeks to expand training for food service managers and pool operators.

Birth and death certificates are submitted on time (100% of the time) to state Vital Statistics with 98% accuracy using online technology. Improving, updating, and publicizing information about Public Health Services is a primary focus.

A. Epidemiology and Control of Preventable Diseases

Prevention of the onset and spread of 51 communicable diseases, infections and conditions is mandated by Oregon law. The Communicable Disease (CD) Program seeks to investigate, identify, control, treat, and eradicate possible sources of disease entities as reported to Lincoln County Health and Human Services (LCHHS). Staff completes CD investigations according to state guidelines and within mandated reporting and follow-up timeline. The program works to provide low-cost medical screening, diagnostic and/or treatment services for select diseases. In coordination with the Immunization Program, the Communicable Disease program also provides immunizations to help prevent vaccine preventable diseases.

Immunizations are available for both children and adults at LCHHS (e.g. required and recommended childhood immunizations). In addition, the vaccine for shingles, Zostavax, is now available for those 60 years and above. Rabies vaccine is available through DHS. Treatment can be given locally.

Flu and pneumonia clinics continue to be offered at various county locations and at drop-in clinics at the Public Health Clinic.

B. Parent and Child Health Service including Family Planning (ORS 435.205)

The Maternal and Child Health Program seeks to provide a multi-faceted approach to ensuring the healthy development of very young children through interacting in a variety of ways with pregnant women, new mothers and families. Intervention at an early stage can decrease infant mortality and Sudden Infant Death Syndrome (SIDS), reduce the use of alcohol and tobacco during pregnancy and increase the percentage of healthy newborns whose mothers received prenatal care during the first trimester. Continuing assistance with young families can improve the physical, developmental and emotional health of high-risk infants, increase the immunization status of small children, decrease child abuse and improve the health, safety and development of children in childcare settings. Service

delivery programs include: Oregon Mother's Care, Maternity Case Management, Babies First, Cacoon, Child Care Health Consultation, and Family Home Visiting.

C. **Environmental Health Services**

1. Licensed Facilities

Besides the Drinking water contract, there is also a contract with the State to license over 600 facilities including: Restaurants, pools, spas, motels, RV parks and organizational camps. Most facilities are inspected semi-annually by a staff consisting of:

1 – Environmental Health Specialist (EHS) working manager

2 – Environmental Health Specialist (EHS) trainees

1 - .5 Support Staff

Additionally, about 200 temporary food booths are licensed. With regard to the pool program, a training manual is available for new swimming pool and spa pool operators. One staff person is required to be a certified pool operator.

2. Food Handler Training

Food Handler Training in English and Spanish is provided to the community on a regular basis. One person on staff is required to be standardized with respect to food service inspections. Additionally, the staff investigates food borne illness complaints and is ever vigilant for food borne outbreaks.

3. Other Inspections

Inspections of public food service that is not licensed including: food service in schools, day care facilities, summer lunch program, correctional facilities, elderly nutrition program and kitchens serving indigent populations.

4. Communicable Disease

Environmental Health Specialists work closely with the Communicable Disease team on food borne outbreaks, investigations of possible food, water, or vector borne illnesses and surveillance for West Nile virus. Investigate animal-bite reports and maintain surveillance for rabies.

5. Drinking Water Systems

Public Drinking Water Systems (Federal Definition):

In accordance with the Oregon Administrative Rules, public drinking water systems sample for required contaminants and report results. Environmental Health Specialists monitor the results and assist public drinking water systems in achieving compliance with the Oregon Administrative Rules for Drinking Water Standards. When a sample from a public drinking water system exceeds a maximum contaminant level, an Environmental Health Specialist investigates and takes appropriate action. Environmental Health Specialists assist public drinking water systems in developing a written emergency response plan. Environmental Health has an emergency response plan for drinking water systems.

6. Public Drinking Water Systems (State Definition)

If a state regulated water system operator calls, we try to answer questions and assist with the situation.

7. Private Drinking Water Systems

The Drinking Water Program brings contact with 61 public drinking water systems throughout the county. The systems range in size from the small state regulated systems of four to 14 connections to the larger community systems defined by the EPA as having 15 or more connections. Most of our population is drinking water from a few city systems. However, most of the systems are the smaller state regulated size. In 2009, more attention is being focused on the many smaller systems. Clean drinking water has reduced water borne illnesses like giardiasis.

8. On-Site Sewage Program

The On-Site Sewage Program is conducted through Lincoln County Planning Department and monitors, issues permits and inspects on-site sewage disposal systems.

9. Solid Waste Program

Environmental Health Specialists investigate solid water complaints. Solid Waste is required to be stored, collected, transported and disposed of properly.

10. Indoor Clean Air Complaints

Currently the Tobacco Prevention Education Program Coordinator is responsible for responding to complaints and adherence to the guidelines for the Indoor Clean Air. Due to the return of Tobacco funding to the County, a close partnership has been formed between the Tobacco Coordinator and the Environmental Health Staff to ensure strict compliance of the Indoor Clear Air Act.

11. Emergency Response

An Environmental Health Specialist is available on call 24/7 to investigate any reports of environmental contamination that would affect the public and the environment. They provide support to protect the health and safety of the public in the event of a hazardous incident investigation.

As part of the emergency response team, Environmental Health Specialists participate in mock drills (like the tsunami drill). In the event of an emergency, they would be responsible for inspecting emergency shelters to assure safe drinking water, sewage disposal, food preparation, solid waste disposal and vector control.

D. Health Statistics – Collection and Reporting

Required reporting forms for Lincoln County health statistics on births and deaths, certain specific communicable diseases, and all environmental health inspections are completed. Birth and death certificates are completed within the required timeframe 100% of the time. The ALERT Statewide immunization registry is completed for all immunizations given. ORCHIDS, the Maternal Child Health data reporting system has just recently been implemented.

E. Health Information and Referral

Each public health program develops a pool of resource information for staff and clients. The Department brochure and County website detail existing public health services. Time limited information is added concerning flu immunizations and a public notice page details any

communicable disease outbreak information. Special brochures are created for public information campaigns. Most public health pages have a direct link to the National Center for Disease Control. Brochures and the website are updated on an as-needed basis or yearly if needed.

Clients receiving public health services are provided with health information, referral and other resource information. Clients receive updated information about the newly established Lincoln Community Health Center, the local Federally Qualified Primary Health Care Clinic. All Public Health Staff contribute to public health information updates, and make appropriate referrals.

OTHER SERVICES

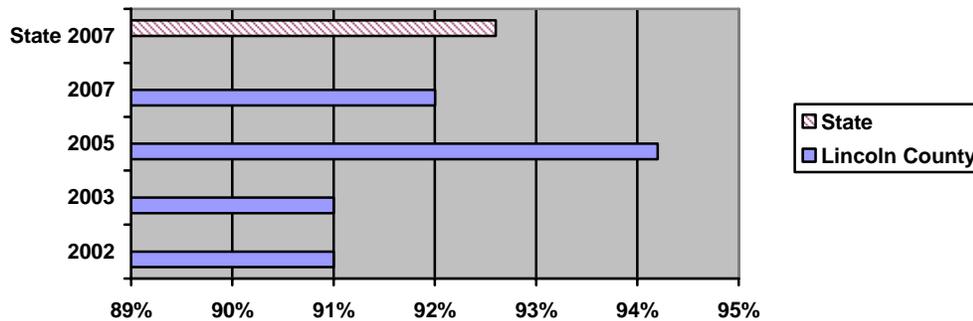
Additional Services Include:

- Primary care provided through Lincoln Community Health Center, our Federally Quality Health Center at six sites.
- Coordination of dental van services for uninsured youth K-12, with limited care for needy adults.
- Emergency Preparedness.
- County-wide Flu Immunization Program.
- Health Promotion for Chronic Disease Management.
- Tobacco Control.

1. Lack of Adequate Prenatal Care (PNC)

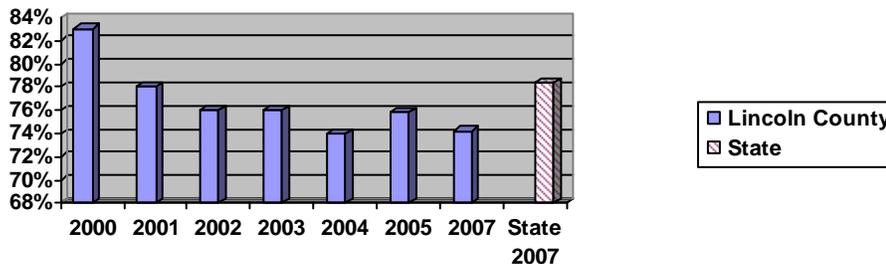
- Inadequate PNC is defined as care that began in the third trimester and consisted of less than five visits.
- Oregon State Target Benchmark is 85%
- Early prenatal care for pregnancies is one critical factor in ensuring a child's optimum health and well-being.
- Statewide, the level of adequate prenatal care dropped significantly.

Adequate Care (defined as prenatal care that began before the 3rd trimester and included 5 or more prenatal visits) (Data from Oregon Vital Statistics OVS)

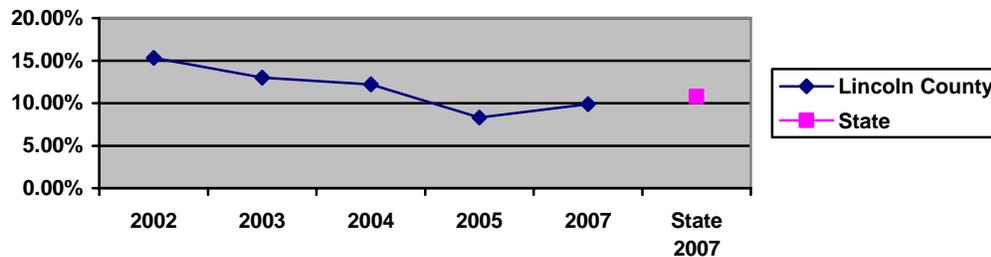


(Data includes all records received by the Center for Health Statistics by the end of the month, December, 2007.)

1st Trimester Care (Data from OVS)

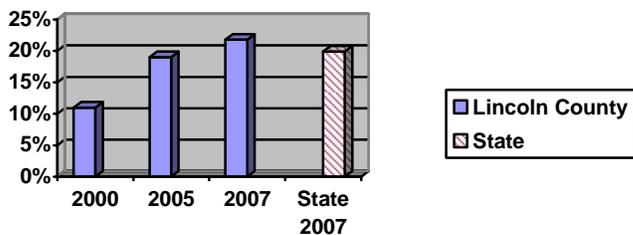


Inadequate Prenatal Care for Unmarried Woman (Data from OVS)



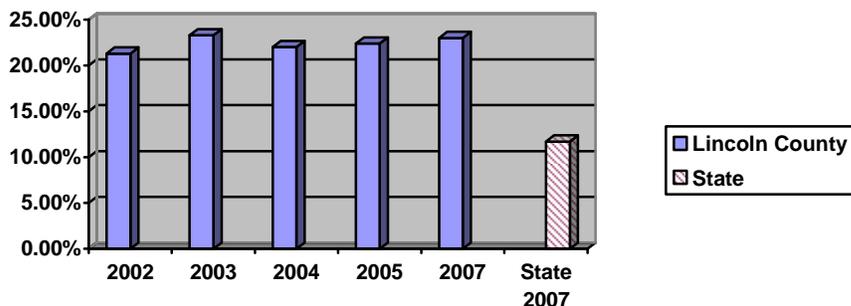
Data demonstrates two areas with a slight decrease in 2007. Lincoln County continues to exceed the state benchmark of 85% for adequate care with 92%

% Births to Hispanic Women (Data from OVS)

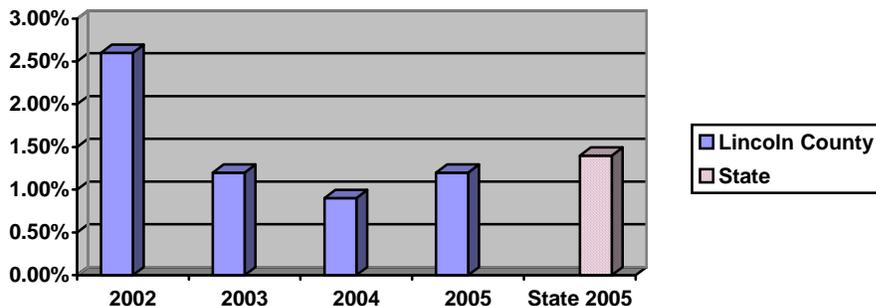


2. Substance Use During Pregnancy

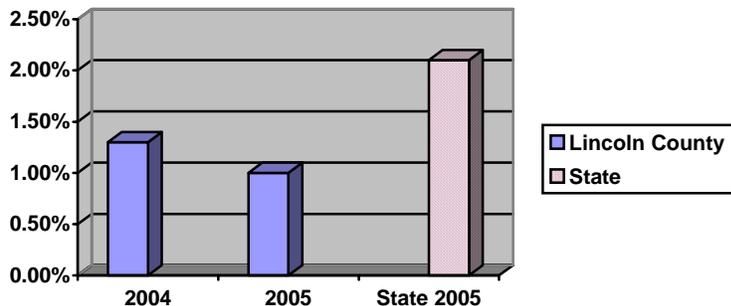
Tobacco Use (OVS)



Alcohol Use (OVS)



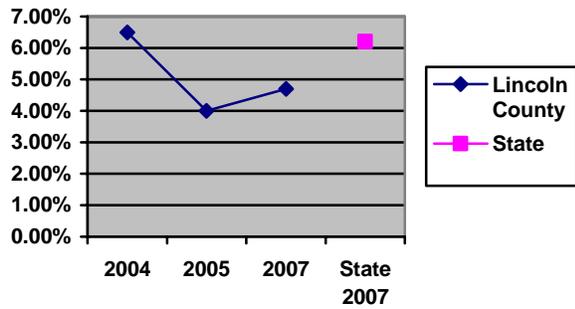
Illicit Drugs (OVS)



Tobacco use during pregnancy has consistently been above 20% since 2002, while alcohol and illicit drug use is below the State.

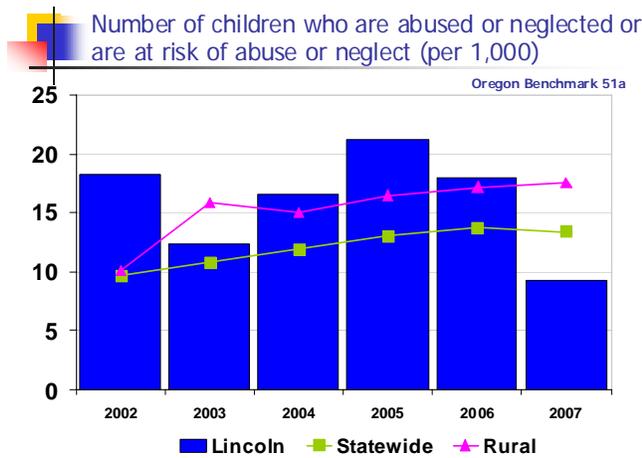
3. Infant/Child Health

Low Birth Weight Percentage (OVS)



Significant decline in LBW from 2004; only a slight increase from 2005-2007.

Number of Children Abused or Neglected (or at risk of being abused or neglected) (per 1,000)



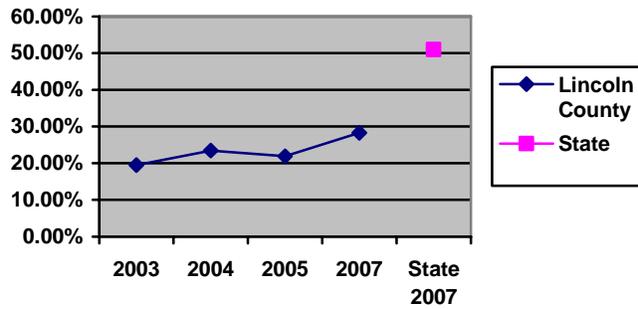
Source: Oregon Department of Human Services, CAF Program Performance and Reporting Research Unit

45

80 children were the victim of child abuse/neglect – which is 13.5 per 1,000. Lincoln County saw nearly a 50% decrease between 2006 and 2007 which is still significantly lower than both the rural and state rates. Child abuse rates per year:

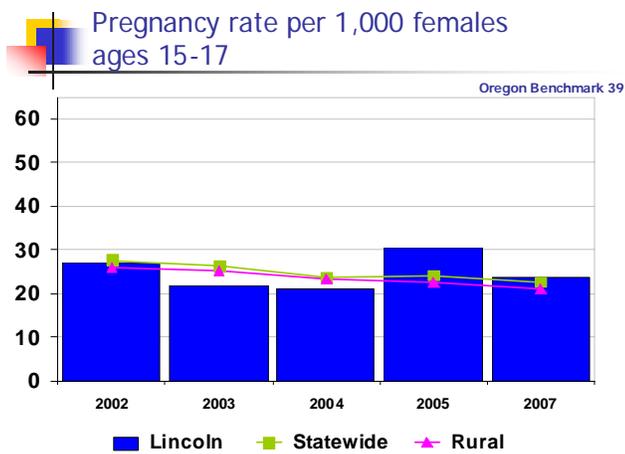
- 2002: 18.3
- 2003: 12.4
- 2004: 16.6
- 2005: 21.2
- 2006: 18
- 2007: 9.3

Childhood Poverty (Children’s First for Oregon 2007 (CFO)



4. Adolescent Health

Teen Pregnancy Rate per 1,000 (CFO) – 15 to 17 year olds



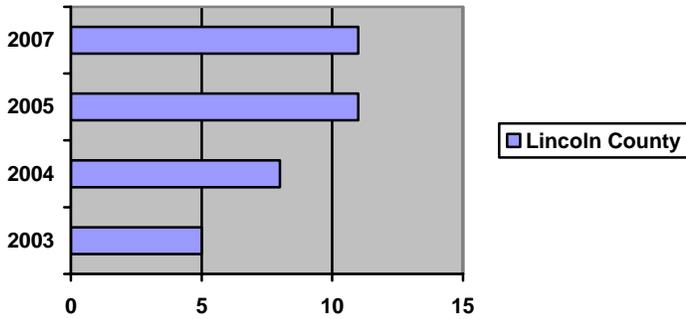
Source: Oregon DHS, Center for Health Statistics, Oregon Vital Statistics Annual Report. Population estimates by Portland State University Population Research Center 34

Teen rates per 1,000 females 15-17 years old are reported as:

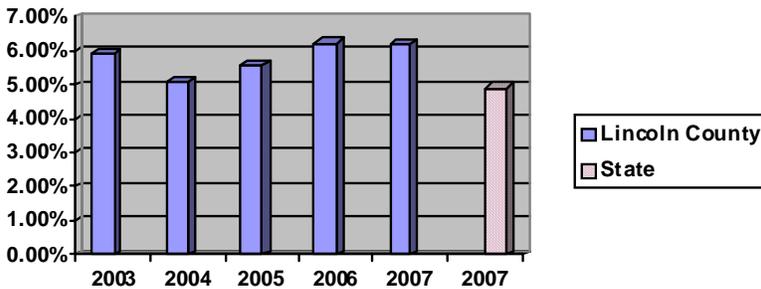
- 2002: 27.2
- 2003: 21.6
- 2004: 21.2
- 2005: 30.6
- 2007: 23.6

Lincoln County realized a slight decrease in teen pregnancy rate between 2005 and 2007.

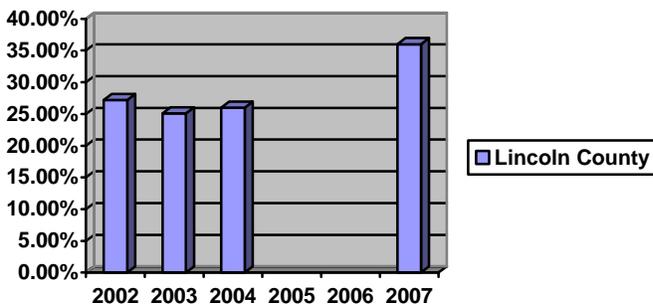
Number of Suicide Attempts 0-17 years old (CFO)



High School Drop Out Rate (CFO)



Alcohol Use (8th Graders Who Reported Use Within Last 30 days)



Statistics from Oregon Healthy Teen and DHS

Tobacco

- Year 2007 regional data showed 8% of 8th grade students reported cigarette use in the previous 30 days. (DHS *State Epidemiological Outcomes Workgroup 2000-2007*)
- Lincoln County School began participation in the Oregon Healthy Teen survey in 2006.
- Year 2007, OHT Survey, 11.8% (186 students) of students tried to quit using tobacco.
- Year 2007, 74.9% of the students (191 students) think the smoke from other people’s cigarettes is harmful to them.

High School survey findings for 2007 11th graders (OHT-07)

- 22% of students reported smoking cigarettes during the last 30 days. (DHS *State Epidemiological Outcomes Workgroup 2000-2007*)
- 44.6% of students reported having at least one drink of alcohol during the last 30 days.
- 28.1% indicated they had five or more drinks of alcohol in a row.
- 24.8% reported that they smoked marijuana during the last 30 days.
- While marijuana use has slightly increased overall since 2002, the district showed some improvement between 2003-2004. 10.4% of students in 2002 indicated having smoked marijuana at least one or more times in the previous 30 days compared to 15.6% in 2003 and 12.7% in 2004. Unfortunately, there has been a significant increase in 2007 to 24.8%.
- Use of inhalants has decreased substantially: 15.5% of students in 2004 indicated they sniffed glue, breathed the contents of aerosol spray cans, or inhaled any paints or sprays to get high during the previous 30 days compared to 5% in 2002 and 14.2% in 2003. However, in 2007, a significant decrease shows that only 2.3% of students sniffed inhalants.
- 120% increase in the number of students who are unaware that help is available to them at school. In 2004, 58% of students either did not know or did not think their school provided, a counselor, or other person were available to discuss their problems with alcohol, tobacco or other drugs compared to 26% in 2002.

5. Oral Health

- More than one in three children in Oregon needs treatment for tooth decay. An estimated 27% of Oregon's children had not seen a dentist in the previous year. (Oregon Smile Survey 2007 OSS)
- One in three Oregon children, in first, second and third grade, (almost 44,000 children) already have had a cavity. More than half of those children have untreated tooth decay. (OSS-07)
- Almost one in four, more than 30,000 Oregon School children have no dental insurance. (OSS-07)
- Insured school children have less untreated decay, are more likely to have sealants, and are more likely to have visited a dentist in the previous year. (OSS-07)

6. Behavioral Health/Substance Abuse

- Department produces a biennial behavioral health plan.

7. Chronic Health Conditions/Death Rates

- There are 3,879 people in Lincoln County who are older than 75, an age cohort most likely to experience chronic illness.
 - 8.6% of Lincoln County is over age 75, compared to the State rate at 6.4%.
 - 11% of Lincoln County Residents are obese.
 - 20% meet recommended physical activity levels.
 - 22% use tobacco.
 - 26% have hypertension.
 - 24% have high cholesterol.
- (Behavioral Risk Factor Surveillance System, 2007)

CANCER

- Leading cause of death in Lincoln County (OVS-05).
- Death rate is 139/100,000.

DIABETES

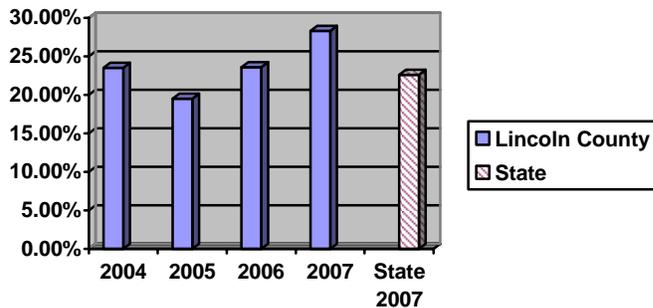
- Eighth leading cause of death.
- Death rate is 14/100,000

HEART DISEASE

- Second leading cause of death.
- Death rate 122/100,000.

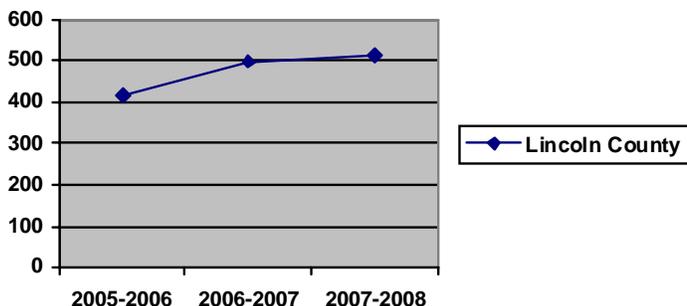
8. Poverty, Family Finance, Insurance

Childhood Poverty Rate (CFO)



51% of public school children are eligible for free and reduced lunches. On average, 1,937 children eat free/reduced price lunches during the school year, while only 871 children receive free lunches during the summer.

Homeless Children (Lincoln County School District (LCSD))

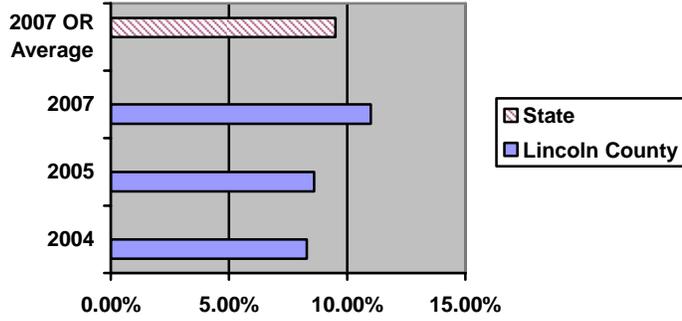


Family Finances and Stability (CFO)

- \$48,100 is the median family income, which is 18% lower than the state median.

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Unemployment Rate





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III. ACTION PLAN

A. EPIDEMIOLOGY AND CONTROL OF PREVENTABLE DISEASES AND DISORDERS

Current Situation

During 2007, Lincoln County Health and Human Services investigated 337 reports of communicable disease. The number jumped to 434 in 2008. A review of some of the disease investigations follows:

Communicable Disease	2007	2008
Animal Bites	57	58
Campylobactor	2	1
E.Coli 0157	1	5
Giardia	7	3
Hepatitis A	4	1
Hepatitis B	6	5
Hepatitis C (Acute)	0	1
Hepatitis C (Chronic)	121	224
Meningococcal	1	6
Pertussis	8	0
Salmonellosis	6	4
TB	2	0
Chlamydia	102	104
Gonorrhea	12	0
PID	2	3
Syphilis	0	0
AIDS	0	0

On Call:

Lincoln County Health and Human Services (LCHHS) maintains a 24/7 on call system through our local 911 system. Our on-call team consists of nurses and EH specialists, most of whom have completed CD 101 and 303. Contact is available with DHS 24/7 for consultation and guidance on communicable disease response and treatment.

Case Investigation:

Case and contact investigation, as well as treatment and input into the CD database (or faxing of case report forms), are initiated within the specified time frames outlined in the Investigative Guidelines. Disease type and incidence are logged for statistical purposes. In addition, cases reported to public health are reviewed with staff and our County Health Officer at our bi-monthly CD meeting.

Epidemiology and Control of Preventable Diseases and Disorders (continued)

Surveillance:

An Active Surveillance Plan for Public Health is in place at LCHHS to gather data about the numbers of people injured or ill following a large-scale outbreak or disaster. Additional surveillance tools have been developed specifically for radiological and chemical events. Monthly statistics are reported from DHS to LCHHS on county disease incidence and reporting compliance.

Immunizations and Flu:

Immunizations are available for children and adults at LCHHS (e.g., required and recommended childhood immunizations, children and adults at risk for Hepatitis A/B, HPV). Rabies vaccine is available through DHS. Treatment can be given locally. Flu Clinics continue to be offered annually at various locations in the County, as well as drop-in clinics at the Public Health Clinic. The Shingles Vaccine is a new vaccine being offered for those 60 years of age and above.

Education:

Educational materials are routinely obtained through DHS and the CDC to help provide information and guidance to clients, local health care providers and the media. Blast fax and e-mail are used to disseminate information in a timely manner. These resources provide templates for letters to be used in the case of an outbreak.

Health Alert Network (HAN):

The Health Alert Network is used to communicate emergency information to public health, hospital, tribal, law enforcement, fire and other first responders. This system, formally known as "Alert" has been revamped and has become a much more effective communication and notification tool.

Epidemiology and Control of Preventable Diseases and Disorders (continued)

Goal I - Meet statutory requirements for disease reporting and response.

OBJECTIVE	ACTIVITY	OUTCOME	OUTCOME MEASURE	PROGRESS NOTE
Receive, evaluate and respond to urgent disease reports 24/7. Ongoing.	Maintain 24/7 on-call schedule for trained CD and on-call staff.	Monthly On-Call calendar developed.	Calendar published.	On call schedule continues to be developed and published monthly.
	Continue to train new CD nurses and on-call staff via CD 101, 303 and in-house training.	Schedule training per state schedule	Document employee training in personnel file.	CD RN has completed CD101, blood borne pathogen, TB, STD, HIV and Ryan White and hepatitis trainings. On call staff has also completed CD 303.
	State testing of after-hours on-call system.	Document results of state after-hours testing.	Meets state requirement of 30-minute response time @ 90%.	Compliant.

Goal II – Complete and submit CD investigation documentation within mandated timelines.

OBJECTIVE	ACTIVITY	OUTCOME	OUTCOME MEASURE	PROGRESS NOTE
Comply with Investigative Guidelines for timelines. Ongoing.	All CD staff will be trained on how to use the Investigative Guidelines within two months of hire.	Document staff training within two months of hire.	Meet performance timelines for investigation and submission of forms to DHS/ACD>90% of the time.	STD: 2008; 94% CD: 2008; 91.7% (Ave) Exceeded. Documentation included in orientation checklist.

	10% of charts will be randomly chosen for review re: compliance.	Develop and document quarterly chart review.	Chart review demonstrates >90% compliance.	State performs external Q.A. No internal Q.A. occurring at this time due to staffing constraints.
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Epidemiology and control of Preventable Diseases and Disorders (continued)

Goal III – Continue to test current communication abilities.

OBJECTIVE	ACTIVITY	OUTCOME	OUTCOME MEASURE	PROGRESS NOTE
<p>Establish baseline response rate.</p>	<p>Utilize blast-fax and e-mail communication to test communication ability with local hospitals, EMS, fire, law enforcement, infection control practitioners, and healthcare providers.</p> <p>Identify areas of improvement.</p> <p>Develop letter emphasizing importance of successful communication for dissemination of important information and/or information related to an outbreak or emergency by 12/30/08</p>	<p>Tabulate outcome of communications testing</p> <p>Letter sent to all partners.</p>	<p>Successful response rate > 90%.</p> <p>Response rate improves after receipt of letter.</p>	<p>Specific response rate not documented. However, as focus of communications in emergency exercises has increased, responsiveness to faxes and emails has seemed to improve.</p> <p>Letter not sent due to perceived improvement (see above).</p>

B. PARENT AND CHILD HEALTH

Current Situation Prenatal Tobacco Use

Lincoln County's pregnant women's use of tobacco is sixth (6th) highest in the state, at 23%. Not only does this lead to problems before and after birth but also leads to chronic health conditions throughout the mother's life and may lead the unborn baby to smoke as the child ages.

Goal I – Decrease smoking among the pregnant women receiving Maternity Case Management Services

OBJECTIVE	ACTIVITY	OUTCOME	OUTCOME MEASURE	PROGRESS NOTE
<p>A. Establish baseline smoking data for MCH clients by 6/30/08.</p>	<p>Determine if state ORCHIDS data system can collect baseline smoking data for MCM women. (1/31/08)</p> <p>Collect and pool MCM data sheets for pregnant women who smoke. (1/1/08)</p> <p>Flag and collect post partum data information on post partum women and smoking. (6/30/08)</p>	<p>System in place for data collection.</p>	<p>Baseline data collected.</p>	<p>Baseline data collected. It was determined that Orchids could collect baseline data and the data was collected on 85 clients. Twenty three of the 85 clients reported risk of smoking.</p>
<p>B. Collect and compare data by 5/30/09.</p>	<p>Collect the following data:</p> <ul style="list-style-type: none"> - MCM women who smoke - Smoking level at delivery - Teaching on cessation and 5 A's intervention. (1/1/08; 5/1/09) 	<p>Data collected.</p>	<p>Comparative data available from Vital Statistics (2007). Did smoking decrease with MCM women receiving individual coaching and/or 5 A's?</p>	<p>To early for this plan.</p>

Parent and Child Health

Goal I Continued – Decrease smoking among the pregnant women receiving Maternity Case Management Services (MCM)

OBJECTIVE	ACTIVITY	OUTCOME	OUTCOME MEASURES	PROGRESS NOTE
<p>C. Explore alternative cessation programs for pregnant women by 1/30/10</p> <p>D. Determine effectiveness of MCH smoking cessation interventions by 12/01/09.</p>	<p>Meet with Lane County to discuss their cessation program.</p> <ul style="list-style-type: none"> ▪ Analyze data ▪ Make recommendations regarding cessation interventions. ▪ Plan, organize, and implement alternative cessation program/activities to increase cessation among MCM pregnant women. Use Lane County model. Alternative cessation activities in place by 6/30/2010. 	<p>Document meeting.</p> <ul style="list-style-type: none"> ▪ Measure and report decrease in smoking at time of delivery of MCM women. ▪ Report effectiveness of MCM cessation interventions. 	<p>Determine if program can be replicated in Lincoln County.</p> <p>Smoking among MCM women served will decrease by 5%</p> <p>Demonstrate ongoing decrease in smoking with changes in interventions.</p>	<p>To early for this annual plan.</p> <p>To early for this annual plan.</p>

PARENT AND CHILD HEALTH

Current Situation Breastfeeding Rates

We do not have current accurate data on breastfeeding rates for women that we provide services to in Lincoln County.

Goal II – Establish system for collecting six-month post-partum breastfeeding rates for women served by MCH programs.

OBJECTIVE	ACTIVITY	OUTCOME	OUTCOME MEASURES	PROGRESS NOTE
A. Identify MCH pregnant women who state they plan to breastfeed. (5/1/08)	Data collection system implemented. (1-1-08)	Baseline data established.	Report data.	Baseline data collected.
B. Identify postpartum MCH women who begin breastfeeding. (5/1/08)	Develop and implement chart flagging system. (1-1-08)	Baseline postpartum initiation of breastfeeding data established.	Report baseline.	Eighty five women initiated MCM care between 1/1/08 and 5/1/08.
C. Identify MCM breastfeeding rate at six months postpartum. (5/1/08)	Develop and implement chart flagging system. (1/1/08)	Baseline six month postpartum breastfeeding data established.	Report baseline.	As the 85 women deliver, we will determine who initiated breastfeeding and who continued at six month.
D. Determine if state OCCHIDS system can collect all breastfeeding data. (5/1/08)	Revise data collection system to include state data collected.	Improved, efficient data collection using state system.	Maintain or change data collection system.	

Parent and Child Health (continued)

Goal III – Improve six-month breastfeeding rates among MCM women.

OBJECTIVE	ACTIVITY	OUTCOME	OUTCOME MEASURES	PROGRESS NOTE
<p>A. Determine actual breastfeeding rate at six months for MCM women. (5/1/09 and 5/1/10)</p> <p>B. Establish baseline data for individual breastfeeding teaching, breastfeeding assistance and lactation counseling. (5/1/09 and 5/1/10)</p>	<p>Breastfeeding data collected routinely through determined system.</p> <p>Compile data collected.</p> <p>Determine breastfeeding rate.</p> <p>Compile data</p>	<p>Baseline data established.</p> <p>Breastfeeding rate determined.</p> <p>Analyze data to determine effectiveness of interventions.</p> <p>Make recommendations regarding most successful interventions and/or new strategies needed.</p>	<p>Report six month breastfeeding rate and compare to previous rates.</p> <p>Analyze changes.</p> <p>Define most effective interventions.</p> <p>Continue or implement best practice strategies.</p>	<p>To early for this goal.</p>

PARENT AND CHILD HEALTH

Current Situation – Behavioral Health

Families visited through our MCH Home Visiting programs often have behavioral health issues from simple to complex. A Behavioral Health professional assigned to the home visit program would enhance services and improve family outcomes.

Goal IV – Integrate behavioral health services into the Maternal Child Health Program.

OBJECTIVE	ACTIVITY	OUTCOME	OUTCOME MEASURES	PROGRESS NOTE
A. Develop and implement Behavioral Health home visiting services for MCH programs by 5/1/08.	Hire BH counselor .5 FTE for MCH home visiting.	BH home visit services provided.	Report numbers served and most prevalent BH issues.	Mental Health home visit services were provided by a .50 FTE Mental Health Counselor. From 1-1-08 through 12-31-08, 256 home visits were provided. Fifty six percent of the home visits were done for issues around depression. Due to budget cuts as of 2/1/09, these mental health home visit services were no longer provided.
	BH counselor meets with home visit staff to develop system of services including: - referrals - follow-up - data collection	BH home visit system developed and implemented.		
	Document number of BH visits. (5/1/08 through 5/1/10)	Data collected and reported. (5/1/08 through 5/1/10)	Increased BH home visits to MCH population.	
B. Improve home visitors knowledge regarding behavioral health issues in MCH families through in-services.	Provide Behavioral Health in-service to home visitors on topic chosen by staff. (Annually through 2010)	Document trainings.	Staff self assessment indicates improved knowledge.	Training was provided for HV staff (10 total) on: ○ Mental health referrals ○ Signs and

				symptoms of mental health problems ○ Depression ○ Training completed 12/9/08
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Goal IV continued

OBJECTIVE	ACTIVITY	OUTCOME	OUTCOME MEASURES	PROGRESS NOTE
Revise behavioral health home visit services as needed after data review and team discussions. (Annually 6/1/08-6/1/10)	<ul style="list-style-type: none"> ▪ Schedule MCH/BH team meeting(s) to: <ul style="list-style-type: none"> - review data - review training - review system - recommend program revisions. 	Document program changes and implementation dates	<ul style="list-style-type: none"> ▪ Continue or change BH home visit services. 	.5 MH Counselor eliminated 2-1-09

PARENT AND CHILD HEALTH – FAMILY PLANNING

Current Situation Family Planning Services

Family Planning Program provides well woman exams, birth control counseling and a variety of birth control methods – non-hormonal and hormonal. Education is provided regarding wellness and disease prevention including breast self-exam, good nutrition, and sexually transmitted diseases. Pregnancy testing is also provided with options counseling, including adoption and abortion, referral for prenatal care, and access to Oregon Health Plan or CAWEN as appropriate.

Our services are provided by medical and nursing personnel in two primary care clinics and four School-Based Health Center clinics.

Target populations are Women In Need (WIN) – our clinics provide services to 70.1% of Lincoln County’s WIN; number of WIN in our service area as of 2007 statistics – 1,864. In 2007 we served 1,419 patients; 26.1% of the teen population was served.

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

OBJECTIVE	ACTIVITY	OUTCOME	OUTCOME MEASURE	PROGRESS NOTE
A. Implement the Breast and Cervical Cancer Program by 2/1/08.	<p>Participate in state program training.</p> <p>Educate providers and nursing personnel regarding BCCP availability.</p> <p>Accept patients and complete application and services in timely manner.</p> <p>Monitor patient application and usage of program.</p>	<p>Document state training.</p> <p>Develop staff training.</p> <p>Complete services for 30 BCCP eligible women.</p> <p>Report number of patients referred to BCCP versus number of patients eligible for BCCP.</p> <p>Report number of applications/services provided in timely manner versus not timely.</p>	<p>Programs implemented.</p> <p>Document staff training and number attending.</p> <p>95% of eligible patients will be referred to BCCP.</p> <p>95% of service will be received in a per state protocol manner.</p>	<p>BCCP Implemented.</p> <p>Training in March, 2008 for 10 staff members.</p> <p>Program serviced nearly 100 women.</p> <p>Less than 5% of women did not complete entire program process.</p>

OBJECTIVE	ACTIVITY	OUTCOME	OUTCOME MEASURE	PROGRESS NOTE
B. Decrease teen pregnancy rate.	<p>Institute outreach to teens at Taft High School for birth control supplies.</p> <p>Offer health teachers birth control lecture services at all high schools.</p> <p>Support public health advisory committee's teen reproductive health initiatives.</p>	<p>Decrease number of pregnant teens from 21.</p> <p>Teen pregnancy rate for 2006 - #20.</p> <p>CHIP Comprehensive Adolescent Reproductive Health Plan.</p>	<p>Teen pregnancy rate decreased by 5% each year as measured by OVS.</p> <p>Teen pregnancy – 2008 – Not available 2007 – 25.7 2006 – 22.5%</p> <p>Implementation of continuum of teen pregnancy prevention strategies.</p>	<p>Outreach implemented Spring 2007 thru Fall 2008. Services now on site at SBHCs. Closed outreach sites.</p> <p>Birth control methods, HIV and STD prevention lecture at Taft High School, October 2008.</p> <p>Change in LCSd contract allowing dispensing onsite. SBHC achieved permission for distribution of contraceptives, began distribution January, 2009.</p>
C. Offer HPV vaccine to eligible female patients.	<p>Educate providers regarding vaccine availability via VFC and 317 state program provisions and Merck patient assistance program.</p> <p>Monitor documentation of HPV vaccine offered.</p> <p>SBHC usage/delivery of HPV vaccine.</p>	<p>Develop provider training.</p> <p>Audit charts for documentation.</p> <p>Report number of immunizations given through SBHCs.</p>	<p>Document training data and number attending.</p> <p>85% of eligible patients will be given HPV vaccine.</p> <p>90% of eligible patients will have documentation of vaccine offered in medical record.</p>	<p>Staff training completed, 10 staff trained.</p> <p>Total for 07-08, 132. Audits not completed.</p> <p>SBHC immunization grant provided opportunity to reach more students for non required vaccines. Total for 07-08, 790.</p>

Parent and Child Health Continued

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

OBJECTIVE	ACTIVITY	OUTCOME	OUTCOME MEASURE	PROGRESS NOTE
<p>A. Educate new staff and continuing staff regarding family planning program and methods.</p>	<p>Provide educational opportunity at staff meetings.</p>	<p>Develop staff trainings.</p>	<p>Document staff trainings and number attending.</p>	<p>Orientation manual completed for staff training and orientation. Two staff trainings with Primary Care and SBHC completed.</p>
	<p>Provide list of available products to providers.</p>	<p>Audit charts for documentation of family planning methods.</p>	<p>95% documentation.</p>	<p>Chart audit not completed.</p>
	<p>Provide ongoing method updates.</p>	<p>Audit charts/billing for eligible number of patient visits included in family planning program.</p>	<p>98% eligible patients included.</p>	

Parent and Child Health - Goal 2 Continued

OBJECTIVE	ACTIVITY	OUTCOME	OUTCOME MEASURE	PROGRESS NOTE
<p>B. Maintain access to family planning methods.</p>	<p>Educate staff regarding birth control methods available in clinic setting.</p> <p>Educate staff regarding birth control methods available in community setting via prescription.</p> <p>Educate high school students via methods classes.</p>	<p>Birth control products are offered to patients.</p> <p>Audit charts for birth control product delivery to patients.</p> <p>Document number of family planning patients served and compare with previous 3 years.</p>	<p>98% family planning patients receive birth control products.</p> <p>Data shows increase in numbers served</p>	<p>Patient numbers increasing with addition of SBHC birth control distribution.</p> <p>Two providers will be trained for IUD insertion by June, 2009.</p> <p>Audits not completed. Taft High birth control methods, HIV and STD information presented to 25 students.</p>

PARENT AND CHILD HEALTH – IMMUNIZATIONS

Current Situation

Immunizations for infants, children, adolescents and adults are provided in the Newport and Lincoln City Public Health clinics. Also under the umbrella of Lincoln County Health and Human Services, immunizations are provided by our Federally Qualified Health Centers (our delegate agencies) via their primary care sites in Newport, Lincoln City, and four school-based health centers. Clients are able to access immunizations through both appointments and drop-in clinics. Immunization forecasting is done for each child receiving Public Health, WIC or primary care services. When needed, referrals are made to local providers, as well as other county health departments. Improving immunization rates is an ongoing goal of this program.

Plan A - Continuous Quality Improvement: DTAP4

Year 1: July 2007 - June 2008

OBJECTIVE	ACTIVITY	OUTCOME	OUTCOME MEASURE	PROGRESS NOTE
A. Continue to monitor DTAP 4 rates for improvement.	Educate staff on current rate and discuss ideas for improving.	Compare 2006 data to 2007 for DTAP4 @24 months.	Improved DTAP4 rate. Dtap 4 rate increased from 53% in 2006 to 64% in 2007 (11%).	Eleven percent increase in children with fourth DTAP coverage (from 53% to 64%, 2006-2007).
	Educate staff about missed opportunities and missed shots.	Compare missed shots rates 2006 to 2007.	Missed shots rate in 2006 (20%) decreased to 17% in 2007.	Three percent decrease missed shots (24 month olds). Fifteen percent decrease late starts (24 month olds).

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

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

Parent and Child Health – Immunizations Continued

Goal I – Increase DTAP 4 up-to-date rates.

Year 2: July 2008 – June 2009

OBJECTIVE	ACTIVITY	OUTCOME	OUTCOME MEASURE	PROGRESS NOTE
<p>A. Continue strategies from 2007 and increase DTAP 4 rate by 6% over the next 3 years.</p>	<p>Educate staff on current rate (64%) and discuss ideas for improving.</p> <p>Educate staff about missed opportunities and missed shots.</p>	<p>Demonstrate progressive improvement over next 3 years.</p>	<p>Determine % improvement annually</p>	<p>Current policies for nursing and support staff are improving rate. Also, experimenting with parent filling out postcard when 3rd Dtap given (to be sent when due for 4th.)</p> <p>2008: 1% Improvement</p>

Parent and Child Health – Immunizations Continued

Goal II – Increase up-to-date rates for two-year olds

OBJECTIVE	ACTIVITY	OUTCOME	OUTCOME MEASURE	PROGRESS NOTE
<p>A. Continue strategies from July 2008 – June 2009 and up-to-date immunization rate for two-year olds will be 90% at 2010.</p>	<p>Use Oregon State Public Health Division 2006 data (58%) as the basis for projected change.</p> <p>Remind parents via phone of immunization visit. Encourage that all siblings be brought in.</p> <p>Forecast every child via ALERT and IRIS (PH and WIC clients).</p> <p>Refer to PCP or make appointment with PH.</p> <p>Give all shots that are needed (unless contraindications).</p> <p>Make appointment for shots that cannot be given that day (i.e., due to spacing).</p> <p>Write on immunization record when next immunization due.</p>	<p>Demonstrate progressive improvement over next 3 years.</p> <p>Document percentage change.</p> <p>Train support staff and WIC staff how to facilitate bringing children up-to-date.</p> <p>Complete written procedure</p>	<p>Show percent improvement.</p>	<p>Nine percent improvement 2006 to 2007 (57% to 66%).</p> <p>See above (9%).</p> <p>Ongoing.</p> <p>Complete, is updated as needed.</p>

Parent and Child Health – Immunizations Continued

Goal III – Plan B - Chosen Focus Area: Developing and Maintaining Coalitions

Year 1: July 2007 – June 2008				
OBJECTIVE	ACTIVITY	OUTCOME	OUTCOME MEASURE	PROGRESS NOTE
A. Continue to provide two opportunities a year for immunization coalition meetings.	<p>Twice a year provide a training or educational update opportunity.</p> <p>One time a year plan a review of Immunization law, exclusion procedure etc.</p>	Document meetings provided and track those attending.	Improved immunization rates.	<p>Our Child Care Nurse Health Consultant provided immunization education to pre-schools and childcare providers, as well as assistance and training regarding exclusion record review. In August 2007, the Immunization Program offered professional immunization training to PH, FQHC, SBHC, tribal and local provider staff who are involved with giving immunizations.</p> <p>10-18-07 educational update. PH, SBHC, delegate agencies and local health care providers. Child care nurse consultant has provided ongoing consultation through grant.</p>

Parent and Child Health – Immunizations Continued

Year 2: July 2008 – June 2009				
OBJECTIVE	ACTIVITY	OUTCOME	OUTCOME MEASURE	PROGRESS NOTE
A. Continue to provide two opportunities a year for immunization coalition meetings.	Once a year provide a training or educational update opportunity. One time a year plan a review of Immunization law, exclusion procedure etc.	Document meetings provided and track those attending.	Improved Immunization rates.	To be completed for the FY 2009 Report.

Goal III – Plan B - Chosen Focus Area: Developing and Maintaining Coalitions

Year 3: July 2009 – June 2010				
OBJECTIVE	ACTIVITY	OUTCOME	OUTCOME MEASURE	PROGRESS NOTE
Continue to provide two opportunities a year for immunization coalition meetings.	Once a year provide a training or educational update opportunity. One time a year plan a review of Immunization law, exclusion procedure etc.	Document meetings provided and track those attending.	Improved immunization rates.	To be completed for FY 2010 report.

Goal IV – Increase child and adolescent immunizations annually 2008 through 2011.

OBJECTIVE	ACTIVITY	OUTCOME	OUTCOME MEASURE	PROGRESS NOTE
Partner with the SBHC's to promote child and adolescent immunizations.	LCHHS and the SBHC's will partner on two activities per year.	Document activities and dates.	Show number or percentage increase in immunizations.	September School registration immunization awareness. Flu outreach in schools.

Goal V – Utilize media to promote immunizations.

OBJECTIVE	ACTIVITY	OUTCOME	OUTCOME MEASURE	PROGRESS NOTE
Promote immunizations via local radio talk shows.	Schedule radio talk shows in August and February annually 2008 through 2011.	Report radio talk show dates.	Show changes in immunization numbers and rates.	7/29/08, 8/21/08, 9/23/08, 10/28/08, Feb/Apr/Nov exclusions

C. ENVIRONMENTAL HEALTH

Current Situation

In addition to the Drinking Water Program (http://www.lincolncountyhealth.com/EH/drinking_water.htm), over 600 facilities are licensed annually plus about 200 more facilities are inspected. To do this work staff consists of:

- 1 - Environmental Health Specialist (EHS) working manager
- 2 - Environmental Health Specialist (EHS) trainees
- 2 - .5 Support Staff

One EHS is a Standardized Inspection Officer. Basic Food Handler Training is provided to the community on a regular basis. The class is taught in both English and Spanish. Enforcement of the Indoor Clean Air Act is currently provided by the Tobacco Prevention Education Program Coordinator. Inspections are completed using the state Phoenix computer program which continues to have many time consuming problems. The EH program seeks to expand educational training for food service managers as well as pool operators.

Environmental Health

Goal I – Expand educational opportunities for Food Service Managers and Pool Operators

OBJECTIVE	ACTIVITY	OUTCOME	OUTCOME MEASURE	PROGRESS NOTE
A. By July 1, 2008 provide Pool Operator Training as part of routine inspections.	Develop curriculum Implement training	Document number of pool inspections and number receiving new training.	90% of pool inspections will include training of operator.	<p>Completed, training guide given to and explains process for operators as part of routine inspection.</p> <p>Two new EHS staff; not formally documented. New operators and some unsuccessful operators.</p> <p>Do not know if all pools will be inspected with FTE reductions during 2009.</p>

Environmental Health - continued

Goal I continued

OBJECTIVE	ACTIVITY	OUTCOME	OUTCOME MEASURE	PROGRESS NOTE
B. By July 1, 2009 provide enhanced training and education for Food Service Managers and Operators.	Develop an annual newsletter discussing current issues in food service.	All licensed food establishments will receive annual newsletter.	100% of licensed establishments will receive newsletter	Did not complete.
	Develop and implement Food Handler Training for Food Service Managers.	Two trainings will be offered annually.	Document date and number attending training.	Do not know if required inspections will be completed with FTE reductions.

http://www.lincolncountyhealth.com/EH/food_handler.htm

Goal II – All Environmental Health staff will become Standardized Inspection Officers.

OBJECTIVE	ACTIVITY	OUTCOME	OUTCOME MEASURE	PROGRESS NOTE
Train one EHS per year in standardization beginning in 2009.	Plan and schedule standardization training each year with state EH staff.	By 2010 two EHS will complete training and pass the test for standardization.	Document EHS staff training and successful completion of test.	Two trainees; can not standardize trainees.

Environmental Health

Goal III – Increase the number of bars going smoke-free before 2009 requirement.

OBJECTIVE	ACTIVITY	OUTCOME	OUTCOME MEASURE	PROGRESS NOTE
<p>Promote statewide Why Wait campaign. (7/1/08)</p>	<p>Obtain Why Wait material from State Tobacco Program.</p> <p>In coordination with local tobacco control educators, plan and implement staff training.</p> <p>Define and deliver educational information for bar operators at EH inspections which promote the Why Wait campaign.</p> <p>Promote Oregon Quit Line.</p>	<p>Document materials, training, and EH staff procedure on inspections.</p>	<p>10% of inspected local bars will go smoke free before 2009.</p>	<p>‘Why Wait’ campaign promoted in conjunction with TPEP Coordinator.</p> <p>Training completed for EH staff by the TPEP Coordinator, March 2008.</p> <p>Packets assembled and provided to EH staff for delivery to bar operators promoting ‘Why Wait’ campaign, completed by TPEP Coordinator May 2008.</p> <p>Oregon Quit Line promoted with ‘Why Wait’ campaign materials.</p>

D. HEALTH STATISTICS

Current Conditions:

Lincoln County Health and Human Services Vital Statistics receives all Lincoln County birth certificates from the local hospitals and midwives. When certificates are received, the deputy registrar reviews them for accuracy. If errors are detected, the agency is contacted to send an Affidavit to Correct via the fax. Once the correction is complete, the document is then recorded and mailed to Oregon Vital Statistics as soon as possible. An informational copy of the birth certificate is given to maternal and child health programs to determine qualification for follow-up programs within Lincoln County. Letters are sent to birth parents giving information on how to obtain a certified copy of their baby's birth certificate. The Lincoln County Deputy Registrar is allowed to issue certified copies of birth certificates up to six months after the event. Requests made after that time are referred to Oregon Vital Statistics.

Lincoln County Health and Human Services Vital Statistics also receives all Lincoln County abstracts of death from funeral homes retained by the decedent's family. Once the funeral directors and medical certifiers or examiners sign the Death Certificates, the certificate is then sent to the deputy registrar either by the new death registry system or physically. The deputy registrar then reviews the death certificate for accuracy. If there are any corrections to be made, the funeral home is notified to send an affidavit to correct. Once the corrections are made the death certificate is recorded and available to be issued to those qualified to receive. If the death certificate has been "dropped to paper" rather than entered into the online death registry system, the certificate must be sent to Oregon Vital Statistics as soon as possible. The Lincoln County Deputy Registrar is allowed to issue certified copies of death certificates up to six months after the event. Requests after that time are referred to Oregon Vital Statistics.

Health Statistics - continued

Goal: Complete all birth and death certificates as required by law.

OBJECTIVE	ACTIVITY	OUTCOME	OUTCOME MEASURE	PROGRESS NOTE
Maintain adequate staff to complete birth and death records as required by State.	Train backup staff to complete requirements when regular staff unavailable, by 6/1/2008	Training developed	Date and number of staff trained.	Do not know if back up staff will be trained due to FTE reductions.
Birth and Death Certificates will be 100% accurate when sent to State.	Review areas of Certificates that can be corrected by hospitals, funeral directors and/or deputy registrar as received and make appropriate corrections.	No certificates returned by State Vital Records to be corrected.	100% Accuracy	Review and correct all birth and death certificates upon receipt; 98% accuracy of recording correct documents.
Complete all Birth and Death Certificates in a timely manner.	Review Certificates 3 times a week as received to record and send to State.	Certificates completed within a reasonable amount of time.	100% Meet timeline.	All birth and death certificates reviewed as received, daily; completed and forwarded to State; meets deadline 100% of the time.

E. INFORMATION AND REFERRAL

Current Situation: Lincoln County Health and Human Services produces a department brochure of services, which is also posted on the website. Time-limited information is added to the website on such topics as Flu Clinics and any communicable disease outbreak. Public health programs develop additional resources and referral information for their clients.

Goal: Provide clients and the community with current information about Public Health and other Human Services Department programs and service.

OBJECTIVE	ACTIVITY	OUTCOME	OUTCOME MEASURE	PROGRESS NOTE
<p>Maintain Human Services brochure and website. http://www.lincolncountyhealth.com</p> <p>Develop and maintain additional resource and referral information for clients and community. Ongoing.</p>	<p>Update brochure annually.</p>	<p>Current HSD brochure for clients and community.</p>	<p>Document annual update.</p>	<p>Completed; updated as services change.</p>
	<p>Update website as needed.</p>	<p>Current LCHHSD website. http://www.lincoln.k12.or.us</p>	<p>Document updates to website.</p>	<p>Completed; minimum on a quarterly basis.</p>
	<p>Add to existing resource information</p> <p>Continue needs assessment, referral and assistance with access for those clients receiving services especially in case management programs of Ryan White and Maternity Case Management.</p>	<p>New and revised resource information for clients and community.</p> <p>Staff continues to build resource information, make referrals, and case management clients.</p>	<p>Document resource information</p> <p>Document case management services.</p>	<p>On-going, as needed.</p> <p>Tasks completed by HAS through SBHC and Outreach Workers through LCHC clinics.</p> <p>Case management done on a daily basis, continual as services are provided.</p>



LINCOLN COUNTY

PUBLIC HEALTH

COMPREHENSIVE PLAN 2008 - 2011

IV. ADDITIONAL REQUIREMENTS

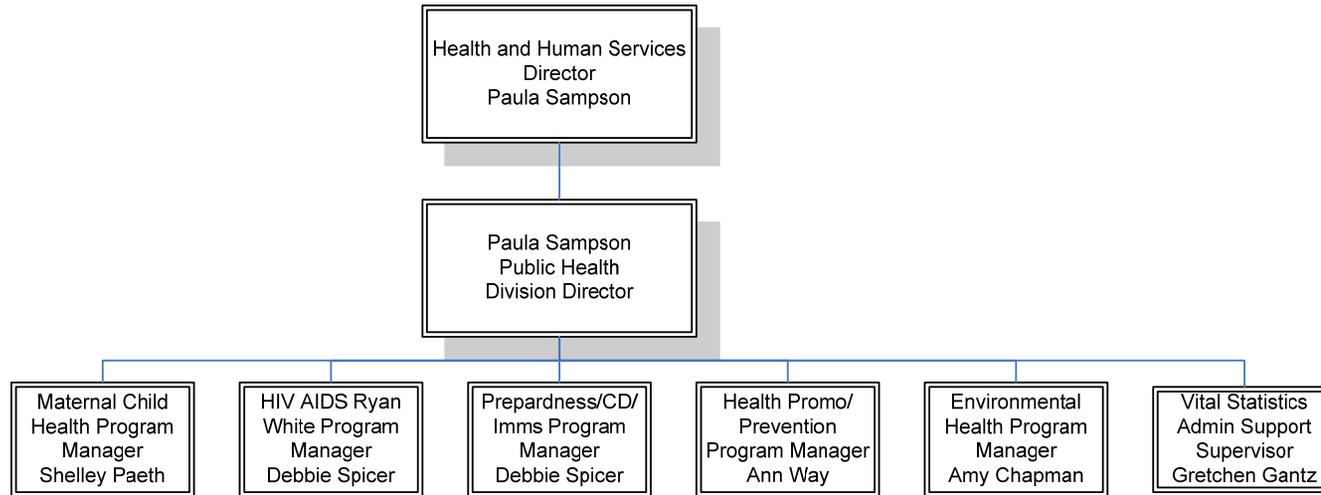
SB 555

Effective July 1, 2007, the Lincoln County Commission on Children and Families (LCCF) moved from Lincoln County Health and Human Services to become a separate county department. Coordination for the children 0-18 comprehensive plan occurs on many levels with public health. The Director of LCCF and the MCH Program Manager both sit on the local Early Childhood Coordination Council, which is Advisory to the Commission on Children 0-8 with the primary focus on 0-5. The LCCF Director attends and has applied for membership on the Public Health Advisory Committee. Two managers for Human Services have been recommended for LCCF membership when they add new members, the School Based Health Center Program Manager as well as the Maternal Child Health Program Manager.

Organizational Chart

Following is the local Public Health Organizational Chart.

Lincoln County Health and Human Services Public Health Division Organizational Chart



Updated in May 2009

Department Organizational Chart

Lincoln County Board of Commissioners				
HHS Director Paula Sampson				
PH Health Officer David Long, MD	CH Medical Director Beverley Phillipson, MD	MH Medical Director Jack Kaczmarek, MD		
Public Health Division <i>Paula Sampson</i> <i>Division Director</i>	Community Health Division <i>Jeff Davis/Liz Young</i> <i>Division Director</i>	Mental Health Treatment Division <i>Dan Aspiri</i> <i>Division Director</i>	Lincoln County Finance <i>Deanna Gravelle</i> <i>Finance</i>	
Maternal/Child Health	Newport Primary Care Clinic	Adult Services South Beach Clinic	Budget/Contract Management	
Emergency Preparedness	Lincoln City Primary Care Clinic	Child & Family Newport Clinic	Account Receivable	
Environmental Health	School-Based Health Centers	Child, Family and Adult Lincoln City Clinic	Bookkeeping Staff	
Communicable Disease/HIV/STD		Crisis & Outreach Services		
Detention Health		Addictions Treatment		
Health Promotion & Education		MH Children's System of Care		
		Developmental Disabilities		

Updated in December 2007



LINCOLN COUNTY

PUBLIC HEALTH

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V. UNMET NEEDS

Comprehensive Plan Unmet Needs 2008 - 2011

- Adequate funding for both local and state Public Health System.
- Nutrition education for all WIC clients.
- Extensive health promotion and prevention.
- Mental Health services during all home visits.
- Information and referral (food, clothing, heat) when financial needs change.
- Community wide approach to reduce obesity and promote healthy nutrition and exercise.
- Additional staffing for grant writing, health promotion and prevention, and Epidemiology.
- Reporting of Public Health statistics, data and trends to the public.
- Physician contact and information regarding public health data analysis and community planning.
- Public Agencies do not always have up-to-date information about program services.
- Preventative dental care for children and adults.
- Increase services for seniors for dental care, disease education, prevention and disease management.
- Nutrition education beyond WIC and Diabetes programs.
- More bilingual staff.
- Refresher course for STARS.
- Maternity Case Management visits for nurse assessed risk beyond OHP determined number of visits.
- Ongoing parenting classes for ages 0-3 years.
- Increased BH services including A & D, as well as comprehensive tobacco cessation services to improve individual and community wellness.



LINCOLN COUNTY

PUBLIC HEALTH

COMPREHENSIVE PLAN 2008 - 2011

VI. BUDGET

Contact Information for
Lincoln County Health and Human Services Department Budget

Lincoln County Health & Human Services
36 SW Nye Street
Newport, OR 97365
541-265-6611 x2332
khall@co.lincoln.or.us



LINCOLN COUNTY

PUBLIC HEALTH

COMPREHENSIVE PLAN 2008 - 2011

VII. MINIMUM STANDARDS

Organization

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

22. Yes No Health information and referral services are available during regular business hours.
23. Yes No Written resource information about local health and human services is available, which includes eligibility, enrollment procedures, scope and hours of service. Information is updated as needed.
24. Yes No 100% of birth and death certificates submitted by local health departments are reviewed by the local Registrar for accuracy and completeness per Vital Records office procedures.
25. Yes No To preserve the confidentiality and security of non-public abstracts, all vital records and all accompanying documents are maintained.
26. Yes No Certified copies of registered birth and death certificates are issued within one working day of request.
27. Yes No Vital statistics data, as reported by the Center for Health Statistics, are reviewed annually by local health departments to review accuracy and support ongoing community assessment activities.
28. Yes No A system to obtain reports of deaths of public health significance is in place.
29. Yes No Deaths of public health significance are reported to the local health department by the medical examiner and are investigated by the health department.
30. Yes No Health department administration and county medical examiner review collaborative efforts at least annually.
31. Yes No Staff is knowledgeable of and has participated in the development of the county's emergency plan.
32. Yes No Written policies and procedures exist to guide staff in responding to an emergency.
33. Yes No Staff participate periodically in emergency preparedness exercises and upgrade response plans accordingly.
34. Yes No Written policies and procedures exist to guide staff and volunteers in maintaining appropriate confidentiality standards.
35. Yes No Confidentiality training is included in new employee orientation. Staff includes: employees, both permanent and temporary, volunteers, translators, and any other party in contact with clients, services or information. Staff sign confidentiality statements when hired and at least annually thereafter.
36. Yes No A Client Grievance Procedure is in place with resultant staff training and input to assure that there is a mechanism to address client and staff concerns.

Control of Communicable Diseases

37. Yes No There is a mechanism for reporting communicable disease cases to the health department.
38. Yes No Investigations of reportable conditions and communicable disease cases are conducted, control measures are carried out, investigation report forms are completed and submitted in the manner and time frame specified for the particular disease in the Oregon Communicable Disease Guidelines.
39. Yes No Feedback regarding the outcome of the investigation is provided to the reporting health care provider for each reportable condition or communicable disease case received.
40. Yes No Access to prevention, diagnosis, and treatment services for reportable communicable diseases is assured when relevant to protecting the health of the public.
41. Yes No There is an ongoing/demonstrated effort by the local health department to maintain and/or increase timely reporting of reportable communicable diseases and conditions.
42. Yes No There is a mechanism for reporting and following up on zoonotic diseases to the local health department.
43. Yes No A system exists for the surveillance and analysis of the incidence and prevalence of communicable diseases.
44. Yes No Annual reviews and analysis are conducted of five year averages of incidence rates reported in the Communicable Disease Statistical Summary, and evaluation of data are used for future program planning.
45. Yes No Immunizations for human target populations are available within the local health department jurisdiction.
46. Yes No Rabies immunizations for animal target populations are available within the local health department jurisdiction.

Environmental Health

47. Yes No Food service facilities are licensed and inspected as required by Chapter 333 Division 12.
48. Yes No Training is available for food service managers and personnel in the proper methods of storing, preparing, and serving food.
49. Yes No Training in first aid for choking is available for food service workers.
50. Yes No Public education regarding food borne illness and the importance of reporting suspected food borne illness is provided.
51. Yes No Each drinking water system conducts water quality monitoring and maintains testing frequencies based on the size and classification of system.
52. Yes No Each drinking water system is monitored for compliance with applicable standards based on system size, type, and epidemiological risk.
53. Yes No Compliance assistance is provided to public water systems that violate requirements.
54. Yes No All drinking water systems that violate maximum contaminant levels are investigated and appropriate actions taken.
55. Yes No A written plan exists for responding to emergencies involving public water systems.
56. Yes No Information for developing a safe water supply is available to people using on-site individual wells and springs.
57. Yes No A program exists to monitor, issue permits, and inspect on-site sewage disposal systems.
58. Yes No Tourist facilities are licensed and inspected for health and safety risks as required by Chapter 333 Division 12.
59. Yes No School and public facilities food service operations are inspected for health and safety risks.
60. Yes No Public spas and swimming pools are constructed, licensed, and inspected for health and safety risks as required by Chapter 333 Division 12.
61. Yes No A program exists to assure protection of health and the environment for storing, collecting, transporting, and disposing solid waste.
62. Yes No Indoor clean air complaints in licensed facilities are investigated.
63. Yes No Environmental contamination potentially impacting public health or the environment is investigated.

Environmental Health

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 (Lincoln County Health Center) 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 (Lincoln County Health Center - LCHC).
83. Yes No ___ Immunizations are provided for infants, children, adolescents and adults either directly or by referral (LCHC).
84. Yes No ___ Comprehensive family planning services are provided directly or by referral (LCHC).
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 (LCHC).
86. Yes No ___ Child abuse prevention and treatment services are provided directly or by referral (LCHC).
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 (LCHC).
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 (LCHC).
97. Yes No The local health department promotes primary health care that is culturally and linguistically appropriate for community members.
98. Yes No The local health department advocates for data collection and analysis for development of population based prevention strategies.

Cultural Competency

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

Health Department Personnel Qualifications

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

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

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

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

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

AND

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

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

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

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

OR

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

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

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

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

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

EVALUATION OF WIC NUTRITION EDUCATION PLAN FY 2008-2009

WIC Agency: Lincoln County
Person Completing Form: Shelley Paeth, RN
Date: 3/19/09
Phone: 541-265-6611 ext 2257

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

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

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

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

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

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

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

Response:

WIC program's Key messages were shared at a staff meeting 10/10/08. More clarification regarding the whole milk message was necessary. Follow-up took place at staff meetings.

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

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

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

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

Response:

At the 9/26/09 staff meeting a review of the food packages took place.

Plan for follow-up of food package changes will take place at the 4/1/09 meeting with all the MCH staff. A review of Key Nutrition Messages will also take place and any necessary follow-up will take place at the April 29, 2009 and May 13, 2009 meeting.

Key Nutrition Messages will begin to be shared with participants after the April 1, 2009 meeting, at certifications and second nutrition education contacts.

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:

Sept/Oct 2008 conducted in-service regarding Key Nutrition messages. Objectives were met.

December 2008: In-service on pregnancy risks was not provided. In-service on Mental Health screening, referrals and Domestic Violence was provided.

March 12 and 13 2009: Staff attended Oregon WIC Listens training on Motivational interviewing. Objectives met.

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:

Staff did review the assessment steps from the Dietary Risk Module on 10/10/08. At ongoing staff meetings discussion did take place that often diet or nutrition is not what the client identifies as the most important issue in their life.

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 modified their approach to individual counseling by: following the clients lead and having clients chose what the most important issue they want information on.

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:

Staff selected to share new fruits and vegetables at all WIC staff meetings and provide nutritional information. Staff took turns presenting information. Staff enjoyed this and felt that they learned about fruits and vegetables they had not tried before.

A recipe on “Veggie Bowls to go” was shared with Health and Human Services via staff newsletter.

At Quarterly Public Health staff meetings a Nutrition tip was shared.

All of these strategies were a great way to get staff interested and excited about nutrition.

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:

Samples of Fruits and Vegetables were made available at all the health fairs along with demonstrations and recipes of how to make what was offered.

All farmer's market coupons were distributed on location at the farmers market along with samples of fruits and vegetables.

Providing food and food demonstrations were fun and enjoyed by clients. Many clients tried new vegetables for the first time and had an opportunity to "make" or "cook" food for the first time. That was very rewarding for staff.

It was time consuming and expensive to provide this service.

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:

Objective chosen was: To maintain the current level of breastfeeding initiation and increase the number of mothers who breastfeed exclusively for the first six months of a child's life.

Staff chose this objective because by creating a structure for our MCM home visiting program and WIC to intertwine we could support breastfeeding together with a consistent message. Our strategy did help to meet our goal of a consistent message but we found that our population base was too small and not enough attendance by clients did not warrant the staff time it took to provide the service. We will continue to provide breastfeeding support on one to one basis. We will continue to prioritize breastfeeding education of staff so all staff can provide education on an as needed basis.

FY 2009 - 2010 WIC Nutrition Education Plan Form

County/Agency: Lincoln County
Person Completing Form: Shelley Paeth
Date: 3/19/09
Phone Number: 541-265-6611 Ext. 2257
Email Address: spaeth@co.lincoln.or.us

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

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

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

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

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

Implementation Plan and Timeline:

WIC Staff will complete food package assignment modules by 12/31/09.

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:

WIC staff will attend the Statewide WIC meeting June 2009.
WIC staff will attend break out sessions about infant feeding cues.
WIC staff will learn how to support participants with infant feeding and breastfeeding education by providing anticipatory guidance regarding food packages selection.

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:

After each staff in-service (April 1, 29 and May 13, 2009) the RD will review and revise nutrition education lesson plans to be consistent with Key Nutrition Messages. All revisions to be done 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:

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

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

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

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

Implementation Plan and Timeline:

Observation of all WIC staff will take place by State WIC staff and by local staff observing each other using the Counseling Observation Guide at least every other month.

The results of the observations will be discussed at each monthly WIC staff meeting. Areas of strengths will be celebrated and areas that need developing will be discussed at the next staff meeting. The use of State provided Continuing education will be used.

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:

The results of the observations of WIC staff will help to determine which Oregon WIC listens Continuing Education activities will be used to improve staff skills. At least 2 Continuing Education activities will take place at staff meetings held before 12/31/2009. Staff meeting agenda to include: Review of Oregon WIC Listens Continuing Education for participant centered skills, as defined by staff for their improvement.

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:

Determine partners in the community that are the highest priority to provide information regarding the Fresh Choices information.

Provide a staff in-service, presentation or written materials to these partners by 10/31/2009.

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:

Participate as a partner with the State in the Fresh Choices evaluation by 4/30/2010.

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:

Assess breastfeeding promotion and support activities using State provided resources.

Identify strengths and weaknesses and develop strategies for improving support for exclusive breastfeeding by 12/31/2009.

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

Implementation Plan and Timeline:

From the strategies identified in Goal 4 Activity 1, implement at least one strategy 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: Lincoln County

Training Supervisor(s) and Credentials: Shelley Paeth, RN

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 31, 2009	Oregon WIC Listens Continuing Education: Asking Open Ended Questions	Staff will be able to practice open –ended questions.
2	October 31, 2009	Oregon WIC Listens Continuing Education: Saying something Nice- Affirmations	Staff will be able to practice forming simple affirmations.
3	January 31, 2010	Oregon WIC Listens Continuing Education: Mirror, Mirror on the Wall- Reflecting	Staff will be able to practice forming simple and deeper reflections.
4	April 31, 2010	Oregon WIC Listens Continuing Education: Did I get it All? Summarizing	Staff will be able to practice summarizing statements that capture the discussion’s main points and lead the participant towards more change talk.