

BAKER COUNTY HEALTH DEPARTMENT

**2010 – 2011
Annual Plan**

I. Executive Summary

Baker County Health Department (BCHD) continues to provide essential public health services of epidemiology and control of preventable diseases, maternal and child health services, family planning, collection and reporting of health statistics, health information and referral services. In addition to essential services, we continue to provide services such as; dental varnish, Healthy Start, the School Based Health Center and Sexual Assault Nurse Examiner (SANE).

The BCHD staff includes 15 staff members consisting of an administrator, business manager, health officer, nurse practitioner, physician assistant, registered dietitian, five registered nurses, and seven support staff. The BCHD Administrator fills the role of nursing supervisor. Recently, the position of a Business Manager was added to our team. BCHD remains committed to assessing the availability of new and innovative systems to operate more efficiently. We continue our cross training activities among staff in essential services to build surge capacity. In working with nursing students from OHSU, BCHD is given the opportunity to model the way for leadership activities and promote public health.

The programs offered at BCHD remain strong and are focused on reducing disparities within our community. Effective January 2010, we became the medical sponsor of the Baker County School Based Health Center (SBHC). The SBHC remains an important avenue in promoting health education and health promotion for our adolescent population. Many of our clients have limited access to primary care. The BCHD Sexual Assault Nurse Examiner (SANE) program continues to be a valued addition to the services we provide. In conducting SANE exams we have strengthened our relationship with law enforcement, the district attorney and our local hospital, St Elizabeth Health Services. Public Health Preparedness is an integral part of BCHD. In response to H1N1, BCHD continued its leadership role in disease investigation, vaccine allocation and distribution. All medical providers within our community were given the opportunity to take part in H1N1 activities, including vaccine administration. BCHD experienced overwhelming support from our partners. The success in our H1N1 activities is due to the collaboration within the medical community, local media, and Department of Human Services, Public Health. The BCHD Healthy Start program has joined collaborative efforts with Building Healthy Families in Wallaw County. The Family Support Worker remains at BCHD. Building Healthy Families is responsible for the supervision of the BCHD Healthy Start program. The regionalization of the BCHD program has been successful and will continue.

The 2010-2011 budget is in the process of approval. This year and as in the past, we continue to rely on state and county general fund dollars to provide public health services to our community.

The 2010-2011 Annual Plan is written in blue to show updates to the 2008 Comprehensive Plan.

II ASSESSMENT

Baker County is located in eastern Oregon and consists of 3,089 square miles. It is bounded to the north by Union and Wallowa Counties, to the west by Grant County, and to the south Malheur County. The area includes the Powder River and the Wallowa Mountains. Baker County was established in September 22, 1862. The average temperature in January is 25.2 degrees Fahrenheit and in July 66.6 degrees Fahrenheit. The chief economic bases are agriculture, forest products, manufacturing and recreation. Recreation includes, the Oregon Trail Interpretive Center and Old Oregon Trail, Sumpter Gold Dredge Park, Sumpter Railroad, Baker City Restored Historic District, various ghost towns, spectacular camping and hiking wilderness areas.

The most recent county estimate data of 2007 lists Baker County as having a population of 16,435. We have experienced a 1.8 decrease from 2000. The largest city in the county is Baker City that has a population of 10,105, an increase of 225 residents since 2000. Approximately 6,330 people live in rural areas of the county. Census data shows the population has remained consistent with approximately 49% male and 50% female. Age distribution is as follows; 0-19 year olds 4,427, 20-39 year olds 3,244, 40-64 year olds 5,885, and residents 65 and older account for 3,185 living in Baker County.

[According to the Portland State University 2009 Oregon Population Report, Baker County population has remained consistent with prior assessments. The total population for Baker County is 16,450 people. Of the residents that live within Baker County, 8,242 are male and 8,208 are female. Age distribution is as follows; 0 – 17 year olds 3,207 \(19.5%\), 18 – 64 year olds 9,819 \(59.7%\), Ages 65 and older 3,424 \(20.8%\). Overall, we have experienced a decrease of 291 people or –1.7% since the 2000 estimates. Baker City has the largest population of 10,160 people, a 3% increase. Huntington is the second largest city of 590 residents.](#)

The 2006 US Census Bureau describes the Baker County population consisting of predominately Caucasian 93.4%, Persons of Hispanic or Latino origin 3.2%, American Indian and Alaska Native 1.3%, Asian persons 0.6% and African American 0.3%. [The 2009 Baker County Quick Facts from the US Census Bureau describe the population consisting of Caucasian origin 92.6%, Persons of Hispanic or Latino origin 3.9%, and American Indian and Alaska Native 1.3%.](#)

The percentage of Baker County foreign-born persons is 1.8%. High school graduates account for 80.3% of the population. Persons with a bachelor's degree or higher, account for 16.4% of the population. Approximately 3,748 of people 5 years and older have a disability.

The Bureau of Labor Statistics describes Baker County as 1 of 16 severely distressed counties in Oregon. The 16 severely distressed counties are defined as rural. The per capita personal income is \$24,199. Large disparities continue to exist between Oregon counties. An example of a disparity is the Baker County median household income of \$32,500 and the Clackamas County median household income of \$54,743. The percentage of persons below poverty is 15.2% of the population.

Births

The number of Baker County resident births occurred as follows; 2004 = 151 births, in 2005 = 165 births and 2006 = 170 births. In 2006, six infants were born to mothers between the ages of 10-17. Twelve infants were born to mothers between the ages of 18-19, and 152 infants were born to mothers 20 and older.

In 2009, the number of births in Baker County is 136. Of the 136 births, 41 of these are first births. Seven infants were born to mothers between the ages of 10 – 17, twelve infants were born to mothers between the ages of 18 – 19, and 121 infants were born to mothers 20 years of age or older.

Seventeen low birth weight infants were born in 2006 or 10% of total births of 2006. This exceeds the Oregon state average of 6.1%. Of the 170 births, 139 women received prenatal care in the first trimester, 82.7% compared to 79.2% of the state average. In 2006 91.7% of pregnant women received adequate prenatal care, the state average is 93.8%. Payment sources for the infants born to mothers in 2006 include, 62 private pay, eight self-pay and 93 covered by the Oregon Health Plan.

In 2009, the data shows that 91.1% of women received adequate prenatal care. Of these women, 63% received care in their first trimester. Low birth weight rate for Baker County is 3.7%.

Induced abortions for women who reside in Baker County in 2006 preliminary data shows 12 induced abortions, and in 2007 preliminary data shows six induced abortions. The data remains consistent of six induced abortions in 2009.

Deaths and Causes of Death

In 2005 total deaths that occurred in Baker County is 255, three of these deaths occurred in infants less than one year old. The median age of death is 79. Life expectancy at birth is 77.1 years. In 2009, the total deaths in Baker County was 180. Of the total, four deaths occurred in children under one year of age, 36 deaths occurred in people between 18 – 64 years old, and 140 deaths occurred in people 65 years old and older.

The leading cause of death is cancer, second leading cause of death is heart disease and the third leading cause of death is chronic lower respiratory disease. Deaths due to alcohol or drug use in 2005 totaled 11; seven of these were from chronic alcoholic liver disease. Of the 255 deaths, 54 or 21% were tobacco linked. The state average of tobacco linked deaths in 2005 is 22%.

Dental

BCHD has taken a collaborative approach in determining unmet dental needs in Baker County. Dental uninsured rates are 10.3% higher than the state average, only two dentists accept Oregon Health Plan clients. Dental visits to the local emergency department were 2.6 times greater than national trends between 2002-2006. In 2007, BCHD, the medical and dental community developed a partnership with the Oregon Rural Practice-based Research Network (ORPRN) and the OHSU Practice-based

Research in Oral Health (PROH) began a collaboration to identify local oral health challenges. In 2009, BCHD continues to promote dental health through existing programs. Dental varnish services are provided to children enrolled in Babies First and Cacoon.

Diabetes

The Behavioral Risk Factor Surveillance System reports that 8.5% of adults were told by a doctor that they have diabetes. Management of diabetes occurs in the primary care setting. Diabetic education involves diet plans, exercise and follow-up.

Communicable Diseases

BCHD continues to have low communicable disease occurrence rates. In 2006, BCHD completed 38 case investigations involving communicable disease and sexually transmitted infections. Of the 38 cases investigated, Chlamydia occurred most frequently, followed by West Nile Virus, and Campylobacteriosis. In 2007, communicable disease case counts remain similar to the 2006 data, with the exception of a decrease in West Nile Virus cases. BCHD has not had a case of active mycobacterium tuberculosis in recent years. In 2009, BCHD conducted 60 communicable disease investigations. Hepatitis C remains the most common reportable disease. Chlamydia is the second highest reportable communicable disease in Baker County.

Immunizations

BCHD remains the primary provider of immunizations in Baker County. Primary care providers provide travel vaccines. In the past, primary care providers and our local hospital provided flu vaccine to the community. Often times these doses were provided on a donation basis, people who could not afford to pay for the vaccine, were still administered a dose. Currently, less providers are offering flu vaccine due to cost of purchasing the vaccine and availability concerns. It is uncertain if primary care providers will continue to provide flu vaccine in the future. There is a growing dependence on BCHD to provide flu vaccine, especially to high risk populations. BCHD relies on state supplied vaccine due to the high cost. The DHS Immunization Program provides approximately 70% of vaccine administered by BCHD. This has given us a significant opportunity to protect our community providing flu vaccine and also to practice emergency preparedness plans. We hope to continue this practice in the future. In 2009 the BCHD immunization rates have declined due to a manufacturer shortage of Haemophilus influenzae b (HIB) vaccine. BCHD will focus on increasing immunization rates as vaccine supply stabilizes. BCHD continues to work in collaboration with local pharmacies to provide flu vaccine to people in our community.

Tobacco Use

The percent of adults who smoke cigarettes in Baker County is 23%, exceeding the state at 20%. In addition, the percentage of babies born to women who smoked while pregnant is 25% in Baker County, exceeding the state at 12%.

82% of Baker County residents believe that people should be protected from secondhand smoke. The Oregon's Smokefree Workplace Law does not protect approximately 150 employees working in Baker County.

According to the Oregon Tobacco Prevention and Education Program 2009 data, 2,601 adults regularly smoke, 880 people suffer from a serious illness caused by tobacco use. Forty-five million people die from tobacco use (21% of all deaths in this county). Over seven million dollars are spent on medical care for tobacco-related illnesses.

Adequacy of Essential Public Health Services:

Epidemiology and control of preventable diseases and disorders

BCHD is committed to providing epidemiology and control of preventable diseases. Our focus has been on increasing surge capacity among staff, developing our policies, engaging our community and community partners through exercises and education.

Many of our staff members have completed communicable disease classes provided by DHS and ICS training provided by FEMA. We have 90% of BCHD staff participate in exercises. We are committed to providing training and education to assure competency in disease response.

We have engaged our community partners in compliance with disease reporting by providing education with the assistance of DHS.

In 2007 we have completed greater than 200 community outreach activities pertaining to disease prevention and education. We speak to our adolescent population in schools, travel to drug and alcohol treatment centers on a weekly basis and provided education to various public and private community partners. [Recently, presentations at local treatment centers have decreased due to decreased funding to support this activity. In the near future, BCHD will begin presentations in 2010 on a limited basis as funding allows.](#)

Parent and child health services, including family planning

BCHD provides Family Planning, Oregon Mother's Care, Babies First, CaCoon and Immunization services to our community. BCHD has added the Healthy Start program to assist in reaching first birth families. Through this program, we have been able to provide additional services and resources to Baker County families.

The BCHD Family Planning program serves 60.1% of women in need in the county. Of the clients served, 52.8% are uninsured for primary care and 8.5% of clients are unsure of their insurance status. In addition, 2006 data shows that 90.4% of clients receiving services were below 150% of the federal poverty level. A total of 128 pregnancies among 426 female clients were averted. [Current data shows that BCHD serves 54.6% of women in need \(WIN\). The state average is 55.2%. We have experienced reduced client numbers of 16 WIN in our service area. The BCHD staff members are committed to reaching all WIN in Baker County and are developing outreach activities.](#)

The BCHD Immunization program remains the main immunization provider in Baker County. In 2007, we served 90% of children age's 0-36 months. Of these children, 81% have completed the 431331 series. During the past few years we have exceeded the Oregon State average immunization rate. We have received numerous awards that reflect the BCHD team's hard work and dedication. These awards are: "Highest Percentage of Fully Immunized Two-Year Olds among Oregon's Local Health Departments in 2005", "Certificate of Achievement in Public Health for having the Highest Percentage of Two Years Olds Fully Vaccinated in 2006", and a "Certificate of Achievement in Public Health for reaching the National Healthy People 2010" goal of having at least 80% of two year olds fully vaccinated. We have been selected to receive an OPIC award April 2008. [In 2009, BCHD experienced a Haemophilus influenzae b \(HIB\) manufacturer shortage that decreased our immunization rates. We are awaiting our 2009 rates from DHS.](#)

The BCHD team has completed greater then 80 travel immunization clinics in 2007. These clinics were held within Baker City and in the far-reaching rural areas of Baker County. Travel clinics include a partnership with a local physician's clinic, exclusion clinics, school registration clinics and travel flu clinics. The community is supportive of BCHD new leadership role. Travel clinics throughout Baker County continue as in 2007. We have increased flu vaccination travel clinics to local businesses. [In 2009, all immunization outreach activities continue in Baker County.](#)

BCHD WIC program served 856 women, infants and children in 2007. This is a 4% increase from 2006. WIC is maintaining caseload (478) at target. A new addition to WIC services is providing walk-in clinic days. Clients find value in this arrangement and barriers are decreased. In addition, our WIC staff consists of a part-time registered dietitian. WIC staff has completed outreach activities regarding breast-feeding and nutrition within Baker County. We are in the process of cross-training non-WIC staff to provide additional support.

The BCHD Babies First and CaCoon programs have a significant increase in client visits. We have focused our attention on supporting and training our MCH staff. In addition, an outcome of our work is an increased awareness of the BCHD MCH programs within the Baker County medical community. We are experiencing increased referrals and collaboration from medical offices and our local hospital. We conduct outreach activities to the local Drug and Alcohol treatment center that provides services women in treatment and their children. [In 2009, outreach activities to women in treatment has stopped due to a decrease in funding. BCHD continues to collaborate with St Elizabeth Health Services to meet the needs of parents with newborns.](#)

Collection and reporting of health statistics

BCHD provides vital statistics services including birth and death recording and registration. Birth certificates are received from our local hospital, St Elizabeth Health Services. Death Certificates are received by hard copy and electronically. We work with

Coles Tribute Center, Gray's West & Company Pioneer Chapel and Funeral Home and Tami's Pine Valley Funeral Home. Vital records staff include registrar and deputy registrar, both staff members are full-time employees. [In 2009, BCHD increased vital record staff including one Registrar and three Deputy Registrars.](#)

Health information and referral services

BCHD gathers health information and referral resources on an ongoing basis. Resources are gathered and retained in a database. Information is printed and given to clients seeking services. Examples of resources include contact information of local physicians, dentists, food banks, Oregon Health Plan, and counseling services. Frequently clients are referred from other providers to BCHD for resources. In addition, clients receiving BCHD services are screening for needing primary care and resources are given as appropriate. [We are in the process of updating Oregon SafeNet to reflect resources within Baker County.](#)

Environmental health Services

Environmental services are provided to Baker County by Malheur County Environmental Health. Some of these services include restaurant facility inspections, mobile and temporary food operations, swimming pool inspections and review of client complaints. BCHD has developed a communication tool for food service complaints to assist in tracking and follow-up.

Adequacy of Program Services

Dental

BCHD has implemented a dental varnish program and offers Bi-monthly dental varnish clinics to the pediatric community. In addition, dental varnish services are offered to clients enrolled in the Babies First and CaCoon program. [We conducted a press release with our local newspaper stating the availability of the service and benefits.](#)

Emergency Preparedness

BCHD staff continues to develop and implement emergency response plans and conduct exercises. Increased staff members have participated in training and competency towards public health emergency response. We continue to collaborate with counties in our region and involve local partners such as Baker County Emergency Management. We have conducted exercises involving the medical community and other emergency response staff. [In 2009, BCHD was a leader in vaccine allocation, distribution and administration.](#)

Health Education and Promotion

BCHD is active in promoting health education and disease prevention activities to the community. We conducted numerous educational activities on topics that pertain to public health services. These include collaboration with DHS to provide education involving rabies with law enforcement, family planning topics of coercion and birth

control methods, pandemic flu presentations and sexually transmitted disease prevention topics to local drug and alcohol facilities. In addition, we conduct presentations at local schools. BCHD has established a close working relationship with the local newspaper and have press releases prepared. [In 2009, BCHD became the medical sponsor for the School Based Health Center at Baker High School. We look forward to health education and promotion among the pediatric and adolescent population in Baker County.](#)

Laboratory Services

BCHD currently utilizes Interpath laboratory located in Baker City and regionally in Pendleton. In addition, we utilize the services of Oregon State Public Health Laboratory. BCHD operates under a current CLIA certificate. Laboratory services include family planning services, communicable disease services and sexually transmitted disease services.

Medical Examiner

Baker County receives medical examiner services from local physicians.

Primary Health Care

BCHD does not provide primary care services. BCHD screens clients for primary care needs and makes referrals as appropriate.

III. ACTION PLAN

Epidemiology and Control of Preventable Diseases and Disorders

Current condition – BCHD has the responsibility of reporting communicable diseases through surveillance, investigation and reporting. Routinely, BCHD operates in passive surveillance, receiving reports of disease from the medical community and laboratories. Although laboratories submit reports in a timely manner, reporting inconsistencies exist among the medical community.

Goals

- Increase communicable disease reporting from healthcare providers. [Ongoing](#)
- Maintain and expand outbreak and emergency preparedness planning with community partners. [Ongoing](#)

Activities

- Provide education to local providers and their staff regarding the importance and requirement of reporting communicable diseases. [Ongoing](#)
- Assure that local providers and staff are aware of the BCHD after hour reporting procedure (24/7 Protocol). [Ongoing](#)
- Review and analyze communicable disease statistics compiled by DHS, monitoring for emerging trends. [Ongoing](#)

- Provide quarterly disease occurrence updates to the medical community (January, April, July and October of each year and more frequently as needed). **Not completed**
- Provide education to individuals and groups on communicable disease issues. This includes press releases to newspaper on current public health issues. **Ongoing**
- Implement the BCHD Active Surveillance Policy and Procedure as needed. **Implemented**

Evaluation

- Monitor the reporting source shown in the BCHD CD Log. **Ongoing**
- Monitor for timely reporting from providers. **Ongoing**
- Continue quality assurance activities of communicable disease reports and investigations. **Ongoing**

Parent and Child Health Services

WIC – see attachment

Family Planning – see attachment

Immunization – extended until June 1, 2010

Maternal and Child Health Programs

Current condition or problem – A limited access to dental care exists for children covered by the Oregon Health Plan (OHP) and those uninsured. Currently, 2 dentists are providing dental services to children on OHP. Parents with limited resources are frequently referred to areas outside of Baker County for dental care.

BCHD began providing dental varnish services to clients enrolled in Babies First and CaCoon programs. Recently, BCHD has expanded its practice and now provides this service to all children with teeth to the age of 4 years old. Clients served after the program expansion has been minimal due to lack of client awareness, lack of trained staff and lack of program promotion.

Goal

- Increase awareness of the BCHD Dental Varnish Program. **Ongoing**
- Increase the number of children 9 months to 4 years old receiving dental varnish services at BCHD. **Ongoing**
- Cross-train all licensed staff in an oral assessment and application of dental varnish. **Completed**
- Provide parents with resources and referrals involving available dental services.

Activities

- Provide written material to clients visiting BCHD. [Ongoing](#)
- Offer dental varnish to all children receiving immunizations when teeth present to 48 months of age. [Dental varnish services limited to Babies First and CaCoon clients.](#)
- Provide training to all licensed staff regarding dental assessments and the BCHD dental varnish procedure during nursing meetings. [Ongoing](#)
- Serve on advisory committees or coalitions in Baker County that pertain to dental health. [Ongoing](#)
- Promote a dental home for all children and provide referral information. [Ongoing](#)

Evaluation

- Dental Varnish educational material is available and accessible at BCHD. [Ongoing](#)
- Monitor the number of children receiving dental varnish services at BCHD, assessing for trends. [Implemented](#)
- All licensed staff have received dental varnish training as documented in the training log. [Completed](#)

Environmental Health

Current condition or problem – Malheur County Environmental Health provides all environmental health services to Baker County. Some of these services include health inspections, licensing and review of restaurants, public pools and tourist facilities, and assistance with food borne illness disease investigations.

BCHD provides limited education regarding environmental health issues to the community. Clients requesting information are referred to Malheur County Environmental Health.

Goal

- To Increase awareness of environmental health services among BCHD staff.
- Provide resources to clients seeking services.

Activities

- Request and receive staff training provided by Malheur County Environmental Health Services. [Completed](#)
- Provide educational materials to Baker County residents seeking information. [Ongoing](#)
- Conduct an outreach activity to promote community awareness of Environmental Health Services, such as a press release. [Not completed](#)
- Include Malheur County Environmental Services in emergency preparedness activities and outreach activities. [Collaboration will continue](#)

Evaluation

- Educational materials pertaining to environmental health services are available at BCHD. [Ongoing](#)
- Completion of an environmental health outreach activity. [Not completed](#)
- BCHD staff receives training in environmental health services as documented in training logs. [Will complete within the first 6 months of fiscal year 2010-2011.](#)

Health Statistics

Current Condition or problem- BCHD employs 1 registrar and 1 deputy registrar to assist as needed. BCHD receives birth and death information in electronic format and hard copy format. All birth and death certificates are processed in a timely manner. BCHD relies on program manuals as a resource. Program policies and procedures need to be developed.

Goal

- The BCHD registrar and deputy registrar will receive additional training in vital records. [Initial training completed, ongoing](#)
- Policies and Procedures will be developed and implemented. [Will complete within the first six months of fiscal year 2010 – 2011.](#)

Activities

- BCHD staff will attend training offered by DHS that pertain to birth and death certificates. [Ongoing](#)
- BCHD staff will request assistance from DHS with obtaining policy templates. [Ongoing](#)
- BCHD staff will develop, review and implement policies and procedures that pertain to birth and death certificates. [Will complete fiscal year 2010-2011](#)
- BCHD will develop a quality assurance program to provide direction in implementing new systems. [Ongoing, tracking log implemented](#)

Evaluation

- BCHD will train staff on policies and procedures; training will be documented in the meeting minutes. [Ongoing](#)
- BCHD will assure proper implementation of policies and procedures by quality assurance activities. [Ongoing](#)

Information and Referral

Current Condition or problem – BCHD provides unbiased and accurate information and referrals to clients seeking services. Information is presented through oral presentations and written materials. In addition, information and referrals may be presented in press releases; examples include West Nile Virus dead bird reporting and Baker Vector

Control. BCHD receives many referrals from community partnerships regarding activities involving public health services and available community resources.

Goal

- To continue to provide accurate and updated information and referral services.
- To maintain an accurate database of resources. [Ongoing](#)

Activities

- Assure that the information and referral data base remains updated on an annual basis and as changes take place. [Completed initially and ongoing](#)
- Assure that written information is available upon request. [Completed initially and ongoing](#)
- Include BCHD information and referral training at staff meetings. [Completed initially and ongoing](#)

Evaluation

- Documentation of review and update of information and referral data. [Annually](#)
- Monitor that written material is available on an ongoing basis. [Ongoing](#)
- Documentation of staff training in meeting minutes. [Ongoing](#)

Other Issues

Tobacco rates in Baker exceed state averages. BCHD is in the process of applying for the DHS Health Promotion and Chronic Disease Prevention, Tobacco Prevention and Education Program Grant. We are working with state officials to develop our action plan and submit for approval. [The BCHD is approved to provide a Tobacco Program to Baker County Residents. This program is now established and is conducting required activities.](#)

IV. ADDITIONAL REQUIREMENTS

1. Organizational Chart - [See the attached updated Organization Chart.](#)

2. Senate Bill 555

BCHD does not oversee the local commission on children and families. The local comprehensive plan for children aged 0-18 include youth substance abuse, adult substance abuse and the availability of positive activities for youth during nonschool hours. BCHD will provide information and referral to all clients seeking information regarding substance abuse. In addition, we will provide information to the public regarding after school activities as we receive this information. [BCHD has reviewed the Local Commission on Children and Families comprehensive plan and invited to the planning process.](#)

3. The Baker County Board of Commission serves as the Baker County Board of Health. BCHD general advisory board does not exist. However, various advisory boards exist as required by specific programs (Family Planning, Healthy Start and Tobacco programs).

V. UNMET NEEDS

BCHD values competency among our staff members. We acknowledge that a well-trained staff assures that minimum standards are met, systems are implemented correctly and policies and procedures remain updated.

BCHD values the training received from the various DHS programs. In addition, we appreciate the increased regional and online training DHS has provided to rural communities. Through the process of implementing new systems and change, we have discovered that our unmet need is additional training for support staff and fiscal staff. Training that would be helpful include topics involving medical records, fiscal programs, family planning office procedures and vital records. [In 2009, BCHD received support and assistance from DHS regarding fiscal topics and policy development.](#)

Community unmet needs include access to health care. BCHD is requesting guidance from DHS regarding chronic disease management. Baker County has limited trained licensed providers to serve this population. A newly diagnosed diabetes patient may have to travel far distances to receive adequate care. [In 2009, BCHD received chronic disease information through our work with the Tobacco Program.](#)

Assistance for clients applying for and utilizing the Oregon Health Plan (OHP). We often hear that applying for the OHP is difficult and local residents rely on BCHD for assistance with this process. These are clients in addition to Oregon Mothers Care clients. In addition, clients are limited to providers accepting the OHP. Often times these clients are unable to travel outside of Baker County to receive services from a provider due to transportation barriers. [This remains an unmet need.](#)

[In 2010, the unmet needs of BCHD are assistance from DHS for additional training and support for accreditation and cultural competency.](#)

III. ACTION PLAN

Communicable Disease (CD) Investigation and Control

Current condition – In 2009, BCHD conducted and reported 60 CD reports to DHS. Number of days from LHD notification to OPHD, report that in 2007 and 2008, 50% of reports were submitted in 2 – 5 working days.

Goals

- BCHD will notify OPHD of all communicable disease reports within one working day.

Activities

- BCHD will expand CD training of two additional staff members.
- BCHD will expand current CD quality assurance activities to include assurances that all BCHD CD reports are completed within one working day.
- BCHD will identify existing barriers that prevent BCHD CD reports from submission within one working day.

Evaluation

- All BCHD CD reports will be reported to OPHD in one working day as evidenced by BCHD QA activities and OPHD reports.

Baker County Health Department

2010-2010 Annual Plan

Minimum Standards

VII. Minimum Standards

Both

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

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

Organization

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

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

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

Control of Communicable Diseases

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

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

Environmental Health

47. Yes No Food service facilities are licensed and inspected as required by Chapter 333 Division 12.
48. Yes No Training is available for food service managers and personnel in the proper methods of storing, preparing, and serving food.
49. Yes No Training in first aid for choking is available for food service workers.
50. Yes No Public education regarding food borne illness and the importance of reporting suspected food borne illness is provided.
51. Yes No Each drinking water system conducts water quality monitoring and maintains testing frequencies based on the size and classification of system.
52. Yes No Each drinking water system is monitored for compliance with applicable standards based on system size, type, and epidemiological risk.

53. Yes No Compliance assistance is provided to public water systems that violate requirements.
54. Yes No All drinking water systems that violate maximum contaminant levels are investigated and appropriate actions taken.
55. Yes No A written plan exists for responding to emergencies involving public water systems.
56. Yes No Information for developing a safe water supply is available to people using on-site individual wells and springs.
57. Yes No A program exists to monitor, issue permits, and inspect on-site sewage disposal systems.
58. Yes No Tourist facilities are licensed and inspected for health and safety risks as required by Chapter 333 Division 12.
59. Yes No School and public facilities food service operations are inspected for health and safety risks.
60. Yes No Public spas and swimming pools are constructed, licensed, and inspected for health and safety risks as required by Chapter 333 Division 12.
61. Yes No A program exists to assure protection of health and the environment for storing, collecting, transporting, and disposing solid waste.
62. Yes No Indoor clean air complaints in licensed facilities are investigated.
63. Yes No Environmental contamination potentially impacting public health or the environment is investigated.
64. Yes No The health and safety of the public is being protected through hazardous incidence investigation and response.
65. Yes No Emergency environmental health and sanitation are provided to include safe drinking water, sewage disposal, food preparation, solid waste disposal, sanitation at shelters, and vector control.
66. Yes No All license fees collected by the Local Public Health Authority under ORS 624, 446, and 448 are set and used by the LPHA as required by ORS 624, 446, and 448.

Health Education and Health Promotion

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

Nutrition

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

Older Adult Health

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

Parent and Child Health

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

90. Yes No Preventive oral health services are provided directly or by referral.
91. Yes No Use of fluoride is promoted, either through water fluoridation or use of fluoride mouth rinse or tablets.
92. Yes No Injury prevention services are provided within the community.

Primary Health Care

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

Cultural Competency

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

Health Department Personnel Qualifications

Local health department Health Administrator minimum qualifications:

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

Answer the following questions:

Administrator name: Rebecca A. Sanders

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

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

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

- b. 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.

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

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

OR

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

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

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

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

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

Agencies are required to include with the submitted Annual Plan:

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

Rebecca A. Sanders

Local Public Health Authority

Baker County
County

May 3, 2010
Date

Additional Information regarding questions with “no” answers

Minimum Standards Health Department Administrator minimum qualifications.

Rebecca Sanders has been accepted to Boise State University’s nursing program and will be working on obtaining a baccalaureate degree beginning September 2010. Rebecca Sanders’ employment activities include nursing supervision. BCHD added a Business Manager position to support administrative activities.

ORGANIZATIONAL CHART

Baker County Health Department

Baker County Board of Commissioners

Fred Warner
Tim Kerns
Carl Stiff

Business Manager

Susan Bland

Administrator, Nursing Supervisor

Program Development

Rebecca Sanders

County Health Officer

Dr. Jon Schott

All BCHD Staff

Programs include:

Babies First

CaCoon

Family Planning

Healthy Start

Immunizations

Maternal Child Care

OR Mother's Care

Perinatal

PHHP

School Based Health Center

STI

TB

Tobacco

Vital Records

WIC

Medical Staff

**For specific medical and
paramedical aspects of all program
supervision**

Rebecca Sanders, Administrator

Susan Bland

Susan Bland, Business Manager

Date

5-11-10

Date

5-11-10

**Baker County Health Department
3330 Pocahontas Rd
Baker City, OR 97814
Telephone: 541 523 8211
Fax: 541 523 8242**

**Budget Contact Information:
Peggy Sisk, Office Manager**

**FAMILY PLANNING PROGRAM ANNUAL PLAN
FOR FY '11**

July 1, 2010 to June 30, 2011

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

- Goal 1:** Assure continued high quality clinical family planning and related preventive health services to improve overall individual and community health.
- Goal 2:** Assure ongoing access to a broad range of effective family planning methods and related preventive health services.
- Goal 3:** To promote awareness and access to Emergency Contraception among Oregonians at risk for unintended pregnancy.
- Goal 4:** To direct services to address disparities among Oregon's high priority and underserved populations, including Hispanics, limited English proficient (LEP), Native Americans, African Americans, Asian Americans, rural communities, men, uninsured and persons with disabilities.

The format to use for submitting the annual plan is provided below. Please include the following four components in addressing these goals:

1. **Problem Statement** – For each of two chosen goals, briefly describe the current situation in your county that will be addressed by that particular goal. The data provided may be helpful with this.
2. **Objective(s)** – Write one or more objectives for each goal. The objective(s) should be realistic for the resources you have available and measurable in some way. An objective checklist has been provided for your reference.
3. **Planned Activities** – Briefly describe one or more activities you plan to conduct in order to achieve your objective(s).
4. **Evaluation** – Briefly describe how you will evaluate the success of your activities and objectives, including data collection and sources.

This document is being forwarded electronically to each Family Planning Coordinator so that it can be completed and returned via file attachment. Specific agency data will also be included to help with local agency planning. If you have any questions, please contact Carol Elliot (971 673-0362) or Cheryl Connell (541 265-2248 x443).

**FAMILY PLANNING PROGRAM ANNUAL PLAN FOR
COUNTY PUBLIC HEALTH DEPARTMENT
FY '11**

July 1, 2010 to June 30, 2011

Agency: Baker County

Contact: **Becky Sanders**

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

Problem Statement	Objective(s)	Planned Activities	
Currently Baker County Health Department(BCHD) serves 43.3% of WIN	Increase the WIN served by 10%	<ul style="list-style-type: none"> • Continue to collaborate with other programs at BCHD. • Continue to give increased available walk-in and scheduled appointments. • Partner and Collaborate with School Based Health Center. 	B W
	Increase community awareness of Family Planning services @ BCHD.	<ul style="list-style-type: none"> • Set up strong FP program at School Based Health Center. • Participate in Community events to increase awareness FP program at BCHD. • Continue to Participate in statewide Social marketing campaign. • Continue and update newspaper advertisements in Local paper. 	F • • •

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

Problem Statement	Objective(s)	Planned Activities	

BCHD provides a limited variety of birth control methods to family planning clients.	Continue to educate clients about available birth control methods and give appropriate referrals to obtain desired methods.	<ul style="list-style-type: none"> • RN will document referrals for desired methods of birth control not offered by BCHD . • Medical home brochure will be given out as needed and to every New History patient. 	F
	Complete protocol for Nuva Ring and Mirena IUD.	<ul style="list-style-type: none"> • Protocols will be finished and signed by Health officer • Providers will finish training on how to place IUDs. 	•

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

Progress on Goals / Activities for FY 10
(Currently in Progress)

The annual plan that was submitted for your agency last year is included in this mailing. Please review it and report on progress meeting your objectives so far this FY.

Goal / Objective	Progress on Activities
A. Serving WIN and increase community awareness. B. BCHD does not provide colorectal cancer screening to women \geq years of age.	A.) <ol style="list-style-type: none"> 1. Running newspaper ads monthly 2. Placed posters at local Doctor's office to advertise low cost birth control. 3. Numbers have increased from 08 to 09. 4. BCHD has created gift boxes to give to each FP. 5. BCHD is continuing to collaborate with other programs at BCHD. 6. BCHD staff member teaches educational class related to STI and birth control at local treatment facilities once monthly. B.) <ol style="list-style-type: none"> 1. Meeting planned with new provider to perform colorectal screenings.
A. Not all family planning	A. <ol style="list-style-type: none"> 1. EC is offered to each family planning client at every visit and is

<p>client are aware that EC is available at BCHD.</p> <p>B. BCHD provides a limited variety of birth control methods to family planning clients.</p>	<p>documented in chart.</p> <p>2. EC as dispensed to 21.4% of clients at BCHD in 2009.</p> <p>B.</p> <p>1. Nuva Ring and Mirena protocols and cost analysts are in progress.</p> <p>2. BCHD has implemented a male family planning program</p>
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Progress on Title X Expansion Funds:

Also, a reminder that supplemental “expansion funds” were awarded as part of your agency’s regular Title X grant again this year. These funds were awarded for the purpose of increasing the number of new, low-income clients by expanding the availability of clinical family planning services. Please report any progress on the use of these funds for the following purposes:

Increase the range of contraceptive methods on your formulary and/or the available number of high-end methods (IUDs and Implanon) _____

XX Increase the hours of your clinic(s), the number of staff available to see clients, the number of days services are available or offer walk-in appointments _____

Add other related preventive health services, such as diagnosis and treatment of STIs _____

Other objective you identified specifically for your agency _____

EVALUATION OF WIC NUTRITION EDUCATION PLAN
FY 2009-2010

WIC Agency: Baker County WIC

Person Completing Form: Susan Gerig, RD, LD

Date: 3/17/10 Phone: 541-523-8211 Ext 19

Return this form, attached to email to: sara.e.sloan@state.or.us by May 1, 2010

Please use the following evaluation criteria to assess the activities your agencies did for each Year Three 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 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 module by December 31, 2009.

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

- Did staff complete the module by December 31, 2009?
- Were completion dates entered into TWIST?

Response:

Susan Gerig and Anna Clark both completed the Food Package module prior to 12/31/09, and the completion of module information was entered into TWIST.

(Nancy Staten, originally trained for Clerk relief position, has not worked in WIC since the June 2009 meetings. Nancy has assumed position of County Registrar and has been involved in vaccine management/distribution as

health dept support staff. Nancy is aware of a need to complete this module, should the health department supervisor schedule her in WIC. Because of budget decisions, Nancy no longer schedules for WIC or intakes proof on non-WIC days.)

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.

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

- How were staff who did not attend the 2009 WIC Statewide Meeting trained on the topic of infant feeding cues?
- How has your agency incorporated the infant cues information into ‘front desk’, one-on-one, and/or group interactions with participants?

Response:

All WIC staff attended the State Meetings and received training on topic of infant feeding cues. For a quarterly inservice in December, Anna and Susan reviewed the DVD of the Infant Feeding Cues presentation, and completed the “Supporting Breastfeeding Tool.” We have incorporated the information reviewed on Infant Feeding Cues/ 7 Secrets of Baby Behavior, by offering (anticipatory guidance) to each prenatal mom at her last 1:1 WIC visit prior to delivery.

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.

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

- Were nutrition education lesson plans and written materials reviewed and revised? Written materials (participant handouts) were reviewed and out-of-date material (ie, “Breastfeeding Moms get more”) were recycled. Other handouts were reviewed to assure that Fresh Choices

changes were supported in the handout and Oregon WIC Listens concepts were supported when offering handouts.

- What changes, if any, were made? Only two classes are currently given in our clinic. The “How Will I Feed My Baby” class is more participant-driven: Moms are encouraged to share their understanding of the benefits and challenges of either breastfeeding or formula feeding or combination feeding, individual questions or concerns are shared/discussed, and as a group the DVD, “Baby-Led Breastfeeding” is viewed and discussed.
- The Farmers’ Market class lesson plan will be reviewed this spring, to reflect the changes in redeeming both Fresh Choices Veggie/Fruit FI and FDNP coupons at participating Farm stands. I anticipate using foods to visualize types of allowed items and which foods are redeemable at the store (fresh/frozen), at Farmers’ Market (local, fresh veggie/fruits/ herbs), and which foods are allowed when both FDNP coupons and Fresh Choices Fis are used in combination.

Activity 4: Identify your agency training supervisor(s) and staff in-service dates and topics for FY 2009-2010.

Evaluation criteria: Please use the table below to address the following question in your response.

- How did your staff in-services address the core areas of the CPA Competency Model (Policy 660, Appendix A)?
- What was the desired outcome of each in-service?

Training Supervisor for Baker County WIC: Susan Gerig, RD, LD.

FY 2009-2010 WIC Staff In-services

In-Service Topic and	Core Competencies	Desired Outcome
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Method of Training	Addressed	
<p>Example: Providing Advice</p> <p>Facilitated discussion during October 2009 staff meeting using the Continuing Education materials from Oregon WIC Listens.</p>	<p>Example: This in-service addressed several competencies in the core areas of Communication, Critical Thinking and Nutrition Education</p>	<p>Example: One desired outcome of this in-service is for staff to feel more comfortable asking permission before giving advice. Another desired outcome is for staff to use the Explore/Offer/Explore technique more consistently.</p>
<p>Sept 28, 2009 Year End Fund Training (Regional) in Baker City, (Anna & Susan)</p>	<p>Fresh Choices roll-out reviewed. Adrienne facilitated OR WIC Listens activities.</p>	<p>Preparation begun on going on-line for OR WIC Listens PCE for staff.</p>
<p>Dec 22 & 28 Infant Feeding Cues Reviewed & Breastfeeding Tool completed. (Anna & Susan)</p>	<p>Discussed ways Infant Feeding Cues could be incorporated into daily WIC clinic activities.</p>	<p>To increase breastfeeding rates, & provide anticipatory guidance in Infant Feeding Cues, decided that Certifier(usually Susan) would offer Infant Feeding Cue ed (7 Secrets of Baby Behavior) to each Mom at last 1:1 Prenatal Visit.</p>
<p>March 1 (Anna & Susan)</p>	<p>OR WIC Listens: Dealing with Resistance & Providing Anticipatory Guidance</p>	<p>Strategy for dealing w/ resistance. Identify areas of common concern based on specific participant categories.</p>
<p>March 3 & 8(Anna & Susan)</p>	<p>OR WIC Listens: Providing Advice</p>	<p>Identify times appropriate to provide</p>

	& Program Eligibility: A Health Outcome	advice & tips for providing advice. More confidence developing statements to use when discussing participants' risk and highlighting how WIC promotes the participants' efforts towards good health.
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April – June Inservice: Anticipate completing FDNP material required for all staff (Anna & Susan) who will be offering FDNP coupons and information.

April-June Inservice: Anticipate completing the on-line OR WIC Listens modules (Intro- Module #9).

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

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

Activity1: 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.

Evaluation criteria: Please address the following questions in your response:

- Which core components of participant centered services are used most consistently with your staff? What has made those the most easiest to adopt?
- Which core components have the least buy-in? What are the factors that make these components difficult to adopt?

Response: Used most consistently/easiest to adopt: Affirming & Reflection.

Our personalities and our certifying/clerking styles are such that we enjoy seeing participants experiencing a sense of accomplishment!

Least buy-in: Anticipatory guidance... when a participant isn't identifying an area they are ready to change, we seem to pick up on that, and become less confident of the next step (of the cert process) ourselves.

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.

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

- What strategy has been implemented to maintain the core components of participant centered services during a time of change?
- What strategy has been implemented to advance staff skills with participant centered services?

Response:

Strategy to maintain: Susan (Training Supervisor) will complete the WIC-PCE e-Learning Modules by 7/31/2010. Currently, Anna plans to also have the modules and the posttest completed by 7/31/10. Any new WIC staff, not currently in the role of Training Supervisor, will need to have the WIC PCE e-Learning Modules completed by 12/31/2010.

Strategy to Advance Skills: Both Anna and Susan will complete the Posttest by 7/31/2010. During the remainder of the fiscal year, we will select modules and module resources as a review/maintenance tool for Oregon WIC Listens as quarterly inservice topics.

Goal 3: Improve the health outcomes of WIC clients and WIC 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.

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

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

- Which community partners did your agency select?
- Which strategies did you use to promote the positive changes with Fresh Choices?
- What went well and what would you do differently?

Response: Registered Dietitian (Susan) visited the three family practice offices (Eagle Cap Clinic, Baker Clinic, and Eastern OR Medical Associates) in preparation for the August 2009 Medical Documentation requirement.

Was able to meet with the MD at Eagle Cap and met with Office Managers at both Baker Clinic and EOMA. Took hardcopies of the Medical Documentation form, highlighted the website. Left outreach handouts for three offices. Presented summary of Fresh Choices and reviewed WIC's support of exclusively breastfeeding, our clinic's interest and education support of feeding issues, and types of Medical Formulas available. I felt I was well received by all three clinics & the timing of the outreach seemed appropriate, since July was just before the change. Being able to introduce Fresh Choices at the same time as the changes with the Medical Documentation seemed to give the clinics a sense of optimism regarding the healthier food choices their patients would be experiencing.

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

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

- How did your agency collaborate with the state WIC Research Analysts in evaluating Fresh Choices?
- How were you able to utilize, if appropriate, information collected from your agency?

Response: Baker County WIC completes requested surveys within the timeframe required. I don't recall recent surveys regarding Fresh Choices (S. Gerig, RD, LD, 3/17/10.)

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

Year 3 Objective: During plan 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.

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

- What strengths and weaknesses were identified from your assessment?

- What strategies were identified to improve the support for breastfeeding exclusivity and duration in your agency?

Response:

Our certifier/R.D./breastfeeding coordinator has had the additional training through the State WIC program and is a WIC certified lactation educator. Our clinic would like to see more of our moms exclusively breastfeed and increase the duration of that exclusivity.

Strategy: At the first prenatal visit, we have been offering the “How Will I Feed My Baby” class for their first 2nd nutrition contact. Now, we are also incorporating anticipatory guidance into the last prenatal 2nd nutrition contact, by offering information related to Infant Feeding Cues.

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

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

- Which strategy or strategies did your agency implement to improve breastfeeding exclusivity and duration?
- Based on what you saw, what might be a next step to further the progress?

Response:

As part of anticipatory guidance, we now offer the education of Infant Feeding cues at the last prenatal visit.

Since scheduling a breastfeeding class is offered at the initial prenatal cert, and since not all prenatal women chose that for their next WIC contact, we will change what we offer at that (first) one on one visit. Instead of focusing on the prenatal woman, we will give her an opportunity to take time to verbalize her feeding plans at this earlier time in her pregnancy. I anticipate using this visit to help her list what she sees as the benefits/challenges of formula and the benefits/challenges of breastfeeding and begin to verbalize a plan to make an informed choice with those options.

Attachment A

FY 2010-2011 WIC Nutrition Education Plan

WIC Staff Training Plan – 7/1/2010 through 6/30/2011

Agency:

Training Supervisor(s) and Credentials:

Staff Development Planned

Based on planned program initiatives, 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, 2010 – June 30, 2011. State provided in-services, trainings and meetings can be included as appropriate.

Quarter	Month	In-Service Topic	In-Service Objective
1	July 2010	Complete WIC-PCE e-Learning Modules & Posttest	Strengthen and Maintain OR WIC Listens
2	Fall 2010	OR WIC Listens in Group Setting	State provided in-service to strengthen participant centered in group setting
3	January 2011 March 2011	Review of 1-2 e-Learning Modules Child Nutrition Module	Topics chosen to strengthen OR WIC Listens. Understand factors influencing health outcomes.
4	April 2011	Review of 1-2 e-Learning Modules	Topics chosen to strengthen OR WIC Listens skills

EVALUATION OF WIC NUTRITION EDUCATION PLAN
FY 2009-2010

WIC Agency: Baker County WIC

Person Completing Form: Susan Gerig, RD, LD

Date: 3/17/10 Phone: 541-523-8211 Ext 19

Return this form, attached to email to: sara.e.sloan@state.or.us by May 1, 2010

Please use the following evaluation criteria to assess the activities your agencies did for each Year Three 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 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 module by December 31, 2009.

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

- Did staff complete the module by December 31, 2009?
- Were completion dates entered into TWIST?

Response:

Susan Gerig and Anna Clark both completed the Food Package module prior to 12/31/09, and the completion of module information was entered into TWIST.

(Nancy Staten, originally trained for Clerk relief position, has not worked in WIC since the June 2009 meetings. Nancy has assumed position of County Registrar and has been involved in vaccine management/distribution as

health dept support staff. Nancy is aware of a need to complete this module, should the health department supervisor schedule her in WIC. Because of budget decisions, Nancy no longer schedules for WIC or intakes proof on non-WIC days.)

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.

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

- How were staff who did not attend the 2009 WIC Statewide Meeting trained on the topic of infant feeding cues?
- How has your agency incorporated the infant cues information into ‘front desk’, one-on-one, and/or group interactions with participants?

Response:

All WIC staff attended the State Meetings and received training on topic of infant feeding cues. For a quarterly inservice in December, Anna and Susan reviewed the DVD of the Infant Feeding Cues presentation, and completed the “Supporting Breastfeeding Tool.” We have incorporated the information reviewed on Infant Feeding Cues/ 7 Secrets of Baby Behavior, by offering (anticipatory guidance) to each prenatal mom at her last 1:1 WIC visit prior to delivery.

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.

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

- Were nutrition education lesson plans and written materials reviewed and revised? Written materials (participant handouts) were reviewed and out-of-date material (ie, “Breastfeeding Moms get more”) were recycled. Other handouts were reviewed to assure that Fresh Choices

changes were supported in the handout and Oregon WIC Listens concepts were supported when offering handouts.

- What changes, if any, were made? Only two classes are currently given in our clinic. The “How Will I Feed My Baby” class is more participant-driven: Moms are encouraged to share their understanding of the benefits and challenges of either breastfeeding or formula feeding or combination feeding, individual questions or concerns are shared/discussed, and as a group the DVD, “Baby-Led Breastfeeding” is viewed and discussed.
- The Farmers’ Market class lesson plan will be reviewed this spring, to reflect the changes in redeeming both Fresh Choices Veggie/Fruit FI and FDNP coupons at participating Farm stands. I anticipate using foods to visualize types of allowed items and which foods are redeemable at the store (fresh/frozen), at Farmers’ Market (local, fresh veggie/fruits/ herbs), and which foods are allowed when both FDNP coupons and Fresh Choices Fis are used in combination.

Activity 4: Identify your agency training supervisor(s) and staff in-service dates and topics for FY 2009-2010.

Evaluation criteria: Please use the table below to address the following question in your response.

- How did your staff in-services address the core areas of the CPA Competency Model (Policy 660, Appendix A)?
- What was the desired outcome of each in-service?

Training Supervisor for Baker County WIC: Susan Gerig, RD, LD.

FY 2009-2010 WIC Staff In-services

In-Service Topic and	Core Competencies	Desired Outcome
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Method of Training	Addressed	
<p>Example: Providing Advice</p> <p>Facilitated discussion during October 2009 staff meeting using the Continuing Education materials from Oregon WIC Listens.</p>	<p>Example: This in-service addressed several competencies in the core areas of Communication, Critical Thinking and Nutrition Education</p>	<p>Example: One desired outcome of this in-service is for staff to feel more comfortable asking permission before giving advice. Another desired outcome is for staff to use the Explore/Offer/Explore technique more consistently.</p>
<p>Sept 28, 2009 Year End Fund Training (Regional) in Baker City, (Anna & Susan)</p>	<p>Fresh Choices roll-out reviewed. Adrienne facilitated OR WIC Listens activities.</p>	<p>Preparation begun on going on-line for OR WIC Listens PCE for staff.</p>
<p>Dec 22 & 28 Infant Feeding Cues Reviewed & Breastfeeding Tool completed. (Anna & Susan)</p>	<p>Discussed ways Infant Feeding Cues could be incorporated into daily WIC clinic activities.</p>	<p>To increase breastfeeding rates, & provide anticipatory guidance in Infant Feeding Cues, decided that Certifier(usually Susan) would offer Infant Feeding Cue ed (7 Secrets of Baby Behavior) to each Mom at last 1:1 Prenatal Visit.</p>
<p>March 1 (Anna & Susan)</p>	<p>OR WIC Listens: Dealing with Resistance & Providing Anticipatory Guidance</p>	<p>Strategy for dealing w/ resistance. Identify areas of common concern based on specific participant categories.</p>
<p>March 3 & 8(Anna & Susan)</p>	<p>OR WIC Listens: Providing Advice</p>	<p>Identify times appropriate to provide</p>

	& Program Eligibility: A Health Outcome	advice & tips for providing advice. More confidence developing statements to use when discussing participants' risk and highlighting how WIC promotes the participants' efforts towards good health.
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April – June Inservice: Anticipate completing FDNP material required for all staff (Anna & Susan) who will be offering FDNP coupons and information.

April-June Inservice: Anticipate completing the on-line OR WIC Listens modules (Intro- Module #9).

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

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

Activity1: 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.

Evaluation criteria: Please address the following questions in your response:

- Which core components of participant centered services are used most consistently with your staff? What has made those the most easiest to adopt?
- Which core components have the least buy-in? What are the factors that make these components difficult to adopt?

Response: Used most consistently/easiest to adopt: Affirming & Reflection.

Our personalities and our certifying/clerking styles are such that we enjoy seeing participants experiencing a sense of accomplishment!

Least buy-in: Anticipatory guidance... when a participant isn't identifying an area they are ready to change, we seem to pick up on that, and become less confident of the next step (of the cert process) ourselves.

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.

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

- What strategy has been implemented to maintain the core components of participant centered services during a time of change?
- What strategy has been implemented to advance staff skills with participant centered services?

Response:

Strategy to maintain: Susan (Training Supervisor) will complete the WIC-PCE e-Learning Modules by 7/31/2010. Currently, Anna plans to also have the modules and the posttest completed by 7/31/10. Any new WIC staff, not currently in the role of Training Supervisor, will need to have the WIC PCE e-Learning Modules completed by 12/31/2010.

Strategy to Advance Skills: Both Anna and Susan will complete the Posttest by 7/31/2010. During the remainder of the fiscal year, we will select modules and module resources as a review/maintenance tool for Oregon WIC Listens as quarterly inservice topics.

Goal 3: Improve the health outcomes of WIC clients and WIC 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.

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

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

- Which community partners did your agency select?
- Which strategies did you use to promote the positive changes with Fresh Choices?
- What went well and what would you do differently?

Response: Registered Dietitian (Susan) visited the three family practice offices (Eagle Cap Clinic, Baker Clinic, and Eastern OR Medical Associates) in preparation for the August 2009 Medical Documentation requirement.

Was able to meet with the MD at Eagle Cap and met with Office Managers at both Baker Clinic and EOMA. Took hardcopies of the Medical Documentation form, highlighted the website. Left outreach handouts for three offices. Presented summary of Fresh Choices and reviewed WIC's support of exclusively breastfeeding, our clinic's interest and education support of feeding issues, and types of Medical Formulas available. I felt I was well received by all three clinics & the timing of the outreach seemed appropriate, since July was just before the change. Being able to introduce Fresh Choices at the same time as the changes with the Medical Documentation seemed to give the clinics a sense of optimism regarding the healthier food choices their patients would be experiencing.

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

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

- How did your agency collaborate with the state WIC Research Analysts in evaluating Fresh Choices?
- How were you able to utilize, if appropriate, information collected from your agency?

Response: Baker County WIC completes requested surveys within the timeframe required. I don't recall recent surveys regarding Fresh Choices (S. Gerig, RD, LD, 3/17/10.)

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

Year 3 Objective: During plan 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.

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

- What strengths and weaknesses were identified from your assessment?

- What strategies were identified to improve the support for breastfeeding exclusivity and duration in your agency?

Response:

Our certifier/R.D./breastfeeding coordinator has had the additional training through the State WIC program and is a WIC certified lactation educator. Our clinic would like to see more of our moms exclusively breastfeed and increase the duration of that exclusivity.

Strategy: At the first prenatal visit, we have been offering the “How Will I Feed My Baby” class for their first 2nd nutrition contact. Now, we are also incorporating anticipatory guidance into the last prenatal 2nd nutrition contact, by offering information related to Infant Feeding Cues.

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

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

- Which strategy or strategies did your agency implement to improve breastfeeding exclusivity and duration?
- Based on what you saw, what might be a next step to further the progress?

Response:

As part of anticipatory guidance, we now offer the education of Infant Feeding cues at the last prenatal visit.

Since scheduling a breastfeeding class is offered at the initial prenatal cert, and since not all prenatal women chose that for their next WIC contact, we will change what we offer at that (first) one on one visit. Instead of focusing on the prenatal woman, we will give her an opportunity to take time to verbalize her feeding plans at this earlier time in her pregnancy. I anticipate using this visit to help her list what she sees as the benefits/challenges of formula and the benefits/challenges of breastfeeding and begin to verbalize a plan to make an informed choice with those options.

Supporting Breastfeeding through Oregon WIC Listens

A local agency checklist to assess strengths and plan for future efforts

Assessment Area	Using the key below check the response that describes your agency's readiness level					Current Status	Ideas for Future Efforts
	1	2	3	4	5		
A. Breastfeeding Policies and Procedures							
1. Our WIC agency breastfeeding policy affirms the value of breastfeeding and influences all aspects of clinic operations.				X			
2. Our WIC agency/county health department has applied for and received the state designation as a <i>breastfeeding mother friendly employer</i> and displays the certificate on site.	X						
3. Breastfeeding promotion knowledge, skills and attitudes are part of position descriptions and the employee evaluation process.	X					<u>WIC Coordinator not part of the employee position descriptions and evaluation process.</u>	
B. Staff roles, skills and training							
1. All WIC staff use Oregon WIC Listens skills when talking with pregnant women and mothers about breastfeeding.				X			
2. All WIC staff have completed the breastfeeding module level appropriate for their position.					X		
3. Our WIC agency has a sufficient number of staff who have completed a 5 or 6 day advanced breastfeeding training such as the Portland Community College Lactation Management course.					X		

1. Not doing and not ready to start; 2. Want to start; 3. Started and may want to do more; 4. Already doing quite a bit with room for improvement; 5. We're superstars!

Supporting Breastfeeding through Oregon WIC Listens

A local agency checklist to assess strengths and plan for future efforts

Assessment Area	Using the key below check the response that describes your agency's readiness level					Current Status	Ideas for Future Efforts
	1	2	3	4	5		
(Note: A sufficient number based on your agency's caseload and the need for breastfeeding services.)							
4. Our WIC agency has an IBCLC on staff.	X						
C. Prenatal Breastfeeding Education and Support							
1. WIC staff use Oregon WIC Listens skills to encourage pregnant women to share their hopes and beliefs about breastfeeding and respond accordingly.				X			
2. WIC staff help women to recognize their own unique strengths which will help them breastfeed successfully.			X				
3. WIC staff prepare women to advocate for themselves and their infants during the hospital or home birth experience.			X				
4. WIC staff encourage women to fully breastfeed, unless contraindicated.				X			
5. Women planning to combine breastfeeding and formula feeding are informed of the impact on breastfeeding and potential health risks.			X				<u>Needing more info, and way to present this information to the moms who are planning mostly/some .</u>
6. WIC staff teach women infant behavioral cues and how these relate to breastfeeding success.		X					<u>Will include offering this NE to all prenatals at their last 1:1 visit.</u>

1. Not doing and not ready to start; 2. Want to start; 3. Started and may want to do more; 4. Already doing quite a bit with room for improvement; 5. We're superstars!

Supporting Breastfeeding through Oregon WIC Listens

A local agency checklist to assess strengths and plan for future efforts

Assessment Area	Using the key below check the response that describes your agency's readiness level					Current Status	Ideas for Future Efforts
	1	2	3	4	5		
7. WIC staff help women prepare for breastfeeding after returning to work or school.			X				<u>Initial Postpartum calls will be referred to Bfing Coord.</u>
D. Postpartum Education and Support							
1. Our WIC agency offers breastfeeding support throughout the postpartum period.			X				<u>We need to "market" our WIC services better (anticipatory guidance for prenats re/to postpartum period.)</u>
2. Staff members contact each breastfeeding mother within 1-2 weeks of expected delivery to assess any concerns or problems and to provide assistance.	X						
3. WIC staff with advanced breastfeeding training are available to assess, assist and/or refer all mothers requesting breastfeeding help within 1 business day of her contacting the WIC office.		X				<u>WIC days (M-W)</u>	<u>Have left last hour of Wed open for "end of week" Bfing issues.</u>
4. WIC staff encourage and support mothers to fully breastfeed throughout the postpartum period, unless contraindicated.					X		
5. Breastfeeding mothers wanting to combine breastfeeding and formula feeding are informed of the impact on breastfeeding and potential health risks			X				<u>See C. 5</u>

1. Not doing and not ready to start; 2. Want to start; 3. Started and may want to do more; 4. Already doing quite a bit with room for improvement; 5. We're superstars!

Supporting Breastfeeding through Oregon WIC Listens

A local agency checklist to assess strengths and plan for future efforts

Assessment Area	Using the key below check the response that describes your agency's readiness level					Current Status	Ideas for Future Efforts
	1	2	3	4	5		
6. WIC staff teach women about infant behavioral cues and how these relate to breastfeeding success.		x					See C. 6
7. Our agency provides breast pumps when needed.					x		
E. Breastfeeding Food Packages							
1. WIC staff assess each pregnant woman's breastfeeding intentions and provide information about how WIC supports breastfeeding including no formula issuance in the first month postpartum.					x	<u>Since 12/09, took responsibility for food pkg determination off WIC Clerk...Bfing Coord requests referral for all initial postpartum calls</u>	
2. A WIC CPA completes an assessment when a breastfeeding mother requests formula and tailors the amount of formula provided. Breastfeeding assistance is also provided to help the mother protect her milk supply.				x		<u>Once the benefits of "mostly" status is shared with mom, she is usually able to verbalize her plan to increase/maintain supply.</u>	

1. Not doing and not ready to start; 2. Want to start; 3. Started and may want to do more; 4. Already doing quite a bit with room for improvement; 5. We're superstars!

Supporting Breastfeeding through Oregon WIC Listens

A local agency checklist to assess strengths and plan for future efforts

Assessment Area	Using the key below check the response that describes your agency's readiness level					Current Status	Ideas for Future Efforts
	1	2	3	4	5		
F. Creating a community that supports breastfeeding.							
1. Our agency participates in a local breastfeeding coalition, task force, and/or the statewide Breastfeeding Coalition of Oregon (BCO).	X						
2. Our agency staff collaborate with nurses, lactation staff and physicians at area hospitals to support breastfeeding in the community.	X						
3. Our agency staff communicate with local medical providers on a regular basis to promote breastfeeding and WIC services.				X			
4. Our agency works with breastfeeding peer support organizations in the community such as La Leche. If no organizations are available, write in N/A			N/A				
5. Our agency promotes breastfeeding through local media.	X						

1. Not doing and not ready to start; 2. Want to start; 3. Started and may want to do more; 4. Already doing quite a bit with room for improvement; 5. We're superstars!

APPENDIX

**Local Health Department: Baker County Health Department
Plan A - Continuous Quality Improvement: Improving Missed Shot Rate
Fiscal Years 2008-2011**

Year 1: July 2008 – June 2009				
Objectives	Methods / Tasks	Outcome Measure(s)	Outcome Measure(s) Results¹	Progress Notes²

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

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

<p>A. Current Missed shot rate is 14%. Objective is to decreased the missed shot rate 2% each year for 3 years to total 8%.</p>	<ul style="list-style-type: none"> • Request for DHS to provide a training regarding minimum spacing. • Provide staff training regarding contraindications and vaccine spacing. • Defer shots only for true contraindications. • Focus attention to catch up schedules. • Fully screen each client. • Give every shot due. 	<ul style="list-style-type: none"> • Assess missed shot rate, determine rate. • Goal of missed shot rate 12%. • Documentation of 100% completed staff training in log. • Assess results of quality assurance activities. • Assess barriers to goal in being met if rate is not 12% or less. 	<p>The BCHD 2008 AFIX Assessment missed shot rate is 19%. The Goal of 12% is not met.</p> <ul style="list-style-type: none"> • BCHD staff have completed training goals. • Each child is fully screened and every shot due is given as parent consents. • Shots are only deferred for true contraindications. 	<p>BCHD has experienced increased parents choosing not to fully immunize their children. Parents decline after receiving current evidence based information supporting vaccines. Many parents have requested alternative schedules.</p> <ul style="list-style-type: none"> • BCHD RN will provide training to the staff at EOMA (serving most children in Baker County) to help decrease barriers and support evidence based practice. • Trainings will occur during the staff meetings. • BCHD will also provide EOMA with educational materials. • BCHD will conduct trainings at the local hospital during OB staff meetings and quarterly with expecting parents addressing barriers. • BCHD will request from DHS training materials and assistance.
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Year 2: July 2009 – June 2010				
Objectives	Methods / Tasks	Outcome Measure(s)	Outcome Measure(s) Results¹	Progress Notes²
A. Evaluate plan, decrease missed shot rate by 2%	<ul style="list-style-type: none"> • Provide on going staff training regarding contraindications and spacing of vaccines. • Defer shots only for true contraindications. • Focus attention on catch up schedules. • Fully screen each client. • Give every shot due. 	<ul style="list-style-type: none"> • Assess missed shot rate, determine rate. • Goal of missed shot rate 10%. • Documentation of 100% completed staff training in log. • Assess results of quality assurance activities. • Assess barriers to goal in being met if rate is not 10% or less. 	<ul style="list-style-type: none"> • BCHD 2009 missed shot rate is 46%. • BCHD did not meet the goal of 10%. • BCHD staff received training. • Increase missed shot rate is due to the lack of HIB vaccine available in Baker County. The HIB rate is 39%. • BCHD provided resources for educational materials to EOMA. • BCHD completed staff trainings with OB staff at St Elizabeth Health Services. 	<ul style="list-style-type: none"> • BCHD will recall children who are due for HIB vaccine. • BCHD will work with the DHS Immunization Program to obtain a report for children needing the vaccine. • BCHD will recall children who are due for the 4th DtaP. • BCHD will work with DHS Immunization Program to assure that rates are improving through assessment of reports

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

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

Year 3: July 2010 – June 2011				
Objectives	Methods / Tasks	Outcome Measure(s)	Outcome Measure(s) Results¹	Progress Notes²
A. Evaluate Plan, decrease Missed shot rate by 2%. Assess total missed shot rate.	<ul style="list-style-type: none"> • Provide staff training regarding contraindications. • Defer shots only for true Contraindications. • Focus attention on catch up schedules. • Fully screen each client. • Give every shot due. 	<ul style="list-style-type: none"> • Assess missed shot rate, determine rate. • Goal of missed shot rate 8%. • Documentation of 100% completed staff training in log. • Assess results of quality assurance activities. • Assess barriers to goal in being met if rate is not 8% or less. 	To be completed for the FY 2011 Report	To be completed for the FY 2011 Report

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.

APPENDIX

**Local Health Department: Baker County Health Department
Plan B – Chosen Focus Area: Standards for Child and Adolescent Immunization
Practices #10
Fiscal Years 2008-2011**

Year 1: July 2008 – June 2009				
Objectives	Methods / Tasks	Outcome Measure(s)	Outcome Measure(s) Results¹	Progress Notes²
A. Increase staff knowledge of immunizations.	<ul style="list-style-type: none"> Attend trainings provided by DHS as the BCHD budget allows. Provide immunization training on a regular basis at monthly staff meetings. Assess training needs from staff. Identify training resources available, such as trainings CDC offers. Include in trainings review of current standing orders. 	<ul style="list-style-type: none"> Completion of training activities. Documentation in meeting minutes. Documentation in staff training logs. 	<ul style="list-style-type: none"> BCHD staff have increased knowledge of immunizations. Trainings have been conducted regarding barriers, eligibility, coding, contraindications, Standing orders, spacing. Documentation is completed in meeting minutes. 	<ul style="list-style-type: none"> BCHD will continue to seek current training materials and continue to conduct staff training during meetings and morning report as updates or changes occur. BCHD is committed to supporting staff development activities to assure a knowledgeable staff. BCHD will request from Oregon DHS additional training materials.

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

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

Year 2: July 2009 – June 2010				
Objectives	Methods / Tasks	Outcome Measure(s)	Outcome Measure(s) Results¹	Progress Notes²
A Increase staff knowledge of immunizations.	<ul style="list-style-type: none"> Attend trainings provided by DHS as the BCHD budget allows. Provide immunization training on a regular basis at monthly staff meetings. Assess training needs from staff. Identify training resources available, such as trainings CDC offers. Include in trainings review of current standing orders. 	<ul style="list-style-type: none"> Completion of training activities. Documentation in meeting minutes. Documentation in staff training logs. 	<ul style="list-style-type: none"> BCHD has conducting training regarding vaccine, vaccine coding, contraindications, standing orders during staff meetings. Documentation is included in meeting minutes. BCHD staff also received training regarding response efforts to H1N1. 	<ul style="list-style-type: none"> BCHD will be utilizing the DHS Learning Center for additional resources in 2010-2011. Training involving H1N1 response efforts has increased capacity and provided many new opportunities for our staff to improve their skills.

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

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

Year 3: July 2010 – June 2011				
Objectives	Methods / Tasks	Outcome Measure(s)	Outcome Measure(s) Results¹	Progress Notes²

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

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

<p>A. Increase staff knowledge of immunizations.</p>	<ul style="list-style-type: none"> • Attend trainings provided by DHS as the BCHD budget allows. • Provide immunization training on a regular basis at monthly staff meetings. • Assess training needs from staff. • Identify training resources available, such as trainings CDC offers. • Include in trainings review of current standing orders. 	<ul style="list-style-type: none"> • Completion of training activities. • Documentation in meeting minutes. • Documentation in staff training logs. 	<p>To be completed for the FY 2011 Report</p>	<p>To be completed for the FY 2011 Report</p>
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