

**Local Public Health Authority
Annual Plan for FY 2010/2011
for
Jackson County, Oregon**

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I. EXECUTIVE SUMMARY

Jackson County is home to 205,305 persons (2008 data) making it the sixth most populous county in Oregon. It has experienced population growth of 1.7% per year for the past ten years. About 70% of the population lives in the 11 incorporated cities in the county. Jackson County's median income for 2008 was \$42,027 compared to \$50,165 for the state average. 13.5% of the population live at or below 100% of the Federal Poverty Level, which is slightly higher than the state average of 13%.

Jackson County's Maternal and Child Health indicators have shown some fluctuations over the past five years. 68% of pregnant women have first trimester entry into Jackson County prenatal care compared to the state at 70.6%. The percentage of infants born with low birth weight has declined somewhat to 5.3%, compared to the state average of 6.0%. Jackson County had 2,424 births in 2008 and 3% of those were to women aged 10-17 years, which is slightly higher than the state average of 2.8%. Preliminary data for 2009 show an average of 28.8% of all Jackson County births are to women aged 10-17.

It is estimated that the percentage of age-appropriately immunized two-year-olds in Jackson County has steadily improved from 2004 to 2009. At age five, when full compliance with immunization protocols is required as a matter of state regulation for entry to public schools, immunization rates are greatly improved. However, within the Ashland Public School District, the rates of religious exemptions for immunizations are 5-7 times the state average, creating a community with significant vulnerability to vaccine-preventable diseases.

It is for these reasons that Jackson County has established this *Local Public Health Authority Annual Plan* for FY 2010/11. The Plan calls for full compliance with state statutes and rules regarding epidemiology, the control of preventable diseases and disorders, parent and child health services, collecting and reporting on health statistics, health information and referral services, environmental health, dental health, emergency preparedness, primary health care, health education and promotion, laboratory services, medical examiner services, older adult health, and non-WIC nutrition. The Plan establishes objectives, specific action steps, and evaluation criteria in twenty (20) categorical areas (i.e., communicable disease, parent and child health, health statistics, information and referral, environmental health, diabetes, water, HIV, TB, immunizations, family planning, child and adolescent health, perinatal health, Babies First!, WIC, primary health care, tobacco, breast and cervical cancer, and domestic preparedness), and sets forth the local budget and organizational staffing plan to accomplish these aims. Nonetheless, when all is said and done, there will be inadequate public resources to adequately address certain critical areas of the public's health: oral health; indoor clean air; mental health; chronic disease prevention and health promotion.

II. ASSESSMENT

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

1. Population

Jackson County is home to 205,305 persons. The population of Jackson County has grown by 11% between 2001 and 2009 which is slightly higher than the state rate of 10.8%. Jackson County Ranks 5th in Oregon for rate of population growth. 21.6% of Jackson County residents are aged 17 years or younger; 61.7% are aged 18-64 years and 16.7% are aged 65 years or older. Jackson County has a population of persons aged 65 and older that is 3.7% higher than the state average and has been slowly trending up for the past five (5) years. The current birth rate is 15.9%.

White persons comprise 94.3% of the county population; persons of Latino or Hispanic descent comprise 9.2%; Asian persons comprise 1.3%; American Indian and Alaska natives comprise 1.2%; African Americans comprise 0.7%; and native Hawaiians and Pacific Islanders comprise 0.2%.

Jackson County's median household income for 2008 was \$42,027 compared with \$50,165 for the state of Oregon. 16% of the population lives at or below 100% of the federal poverty level which is slightly higher than the state rate of 13.5%.

2. Maternal and Child Health

Table 1
Maternal Child Health Indicators: 2003 to 2008

Variable	2004	2005	2006	2007	5-Year County Average	5-Year State Average	2008
Percent Receiving Inadequate Prenatal Care	6.9	7.2	5.1	7.8	7.08	6.22	8.4
Low Birth weight Infant as percentage	5.7	5.7	6.1	7.0	5.96	7.22	5.3
Infant Mortality Rate, per 1,000 live births	6.1	4.1	6.2	N/A	N/A	N/A	N/A
Birth rates to teens aged 10-17	5.2	5.7	6.0	7.4	6.075	6.4	N/A

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

It is estimated that the percentage of age-appropriately immunized two-year-olds in Jackson County has steadily improved from 2004 to 2009. At age five, when full compliance with immunization protocols is required as a matter of state regulation for entry to public schools, immunization rates are greatly improved. However, within the Ashland Public School District, the rates of religious exemptions for immunizations are 5-7 times the state average, creating a community with significant vulnerability to vaccine-preventable diseases.

3. Death, Disease, and Injury

Table 2
Major Cause of Death

Variable	2004	2005	3 –Year County Average	2006
Total Deaths Jackson County	1885	1909	1954	2,068
Cardiovascular Disease	400	431	408	393
Cancer	466	466	477	499
Cerebrovascular Disease	164	150	152	143
Chronic Obstructive or Lower Respiratory Disease	132	138	134	151
Unintended Injuries	88	85	95	112
Influenza and Pneumonia	31	37	30	22
Alzheimers	121	113	117	106
Diabetes	58	50	57	62

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

4. Safety Net Medical Services

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

5. Environmental Health

The Environmental Health Division is responsible under Oregon law and contract with the Oregon Department of Health Services (DHS) to license and inspect over 1,500 facilities annually (including restaurants, temporary restaurants, mobile food service facilities, recreational parks, organizational camps, hotels/motels, and pools/spas). Through agreements, contracts, or other requirements, consultation and inspection services are provided to approximately 90 day care centers, 50 schools, a few local correctional facilities, and several other “group use” facilities. Approximately 5,000 food

handler cards are issued annually by Environmental Health to food service workers of Jackson County (via online and live proctor).

In addition to the facilities that require licensing and inspection, Environmental Health contracts with DHS to provide oversight to over 179 public water systems which service approximately 21,000 people. Services include conducting system surveys, compliance, and responding to water quality violations to ensure corrections and follow-up sampling.

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

Every year, community health hazards, such as blue-green algae blooms (three in 2009); E. coli in streams (multiple creeks exceed standards every year); indoor air quality complaints (several mold complaints received monthly); suspect rabid animal contact with pets (17 bats were tested for rabies in 2009), and common-source viral gastroenteritis outbreaks, have demanded the services and expertise of Environmental Health. Yet, because Environmental Health services are funded via contract and fee-for-service, resources are not sufficient to adequately address these public health problems.

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

6. Public Health

Chemical dependency and its resultant toll on a community represent a component of many recognized vital public health concerns: communicable disease, child health, infant mortality, perinatal health, nutrition, to name just a few. Quality of life indicators, as evidenced in the County Health Rankings (2/17/2010) are affected as well: community safety, employment, social support, etc. And the crudest indicator of all, mortality, can be directly and indirectly measured to provide an indicator of the impact of drug addiction on a community.

Jackson County, like the rest of the country and the state, has seen a dramatic change in the pattern of drug abuse over the past decade. Prescription drug abuse has increased almost exponentially nationally (graph #1 below) and with it, escalating drug abuse mortality rates which many less urban areas, like Jackson County, have been unaccustomed to (graph #2 below). For reasons not entirely clear, our county appears to have one of the highest, if not the highest, prescription drug death rate in the state (extrapolated state data, conversation with State). With Oregon ranking in the top 10 states for prescription drug mortality (figure #5 below), that makes Jackson County one of the deadliest counties in the country for prescription drug abuse.

Prescription drug abuse is unique in the pantheon of chemical dependency disorders. Only physicians can prescribe these drugs and so changing physician prescribing habits is an essential component of any mitigation of this problem.

We have recognized the importance of prescription drug abuse in Jackson County and made it a public health priority for the past 7 years. The following graph illustrates overall mortality in Jackson County from prescription drugs, opiates often in combination with benzodiazepines, since 2002 (graph #2). One can see how our local data has improved since 2006. Comparison with national trends is difficult since most National Institute of drug Abuse (NIDA) and Substance Abuse and Mental Health Services Administration (SAMHSA) data is not current beyond 2006, but there is no evidence of a downward trend elsewhere.

The Jackson County Health Officer is experienced in opioid addiction. He is the medical director for our regional methadone treatment program and is board certified in addiction medicine American Board of Addiction Medicine (ABAM). In addition he has practiced medicine in the region for over 3 decades and has a working relationship with many local physicians.

What have we done to address this problem? Community mitigation strategies have included:

- Grand rounds at all four (4) community hospitals, and in-services at a number of group practices discussing recognition of the problem and providing strategies for safe prescribing
- Collaboration with both of Jackson County FQHCs incorporating education and creation of safe prescribing policies and procedures.
- Working with our local state supported Alcohol and Drug providers to establish chronic pain components to their treatment programs and to facilitate easy communication between their organizations and community physicians.
- Strengthen the relationship between the various points of entry for addiction services (Mental Health, A and D, FQHCs, and private physicians) to identify abuse and find rapid and effective treatment within our county structure.
- Privatize our local methadone clinic. Previously, as a county run program, restrictions on admissions limited the number of individuals who could enter treatment for opioid abuse. Since privatization in 2006 the number of addicts entering treatment has more than doubled.
- Partnered with other successful community programs and agencies such as Drug Court, Meth Task Force, DHS, and Community Justice.
- Collected data in collaboration with the Jackson County Medical Examiner's office. This has allowed us to identify patterns of abuse such as identifying the specialties of prescribers, which drugs and drug combinations are most deadly, and trends in mortality suggesting effective mitigation strategies.

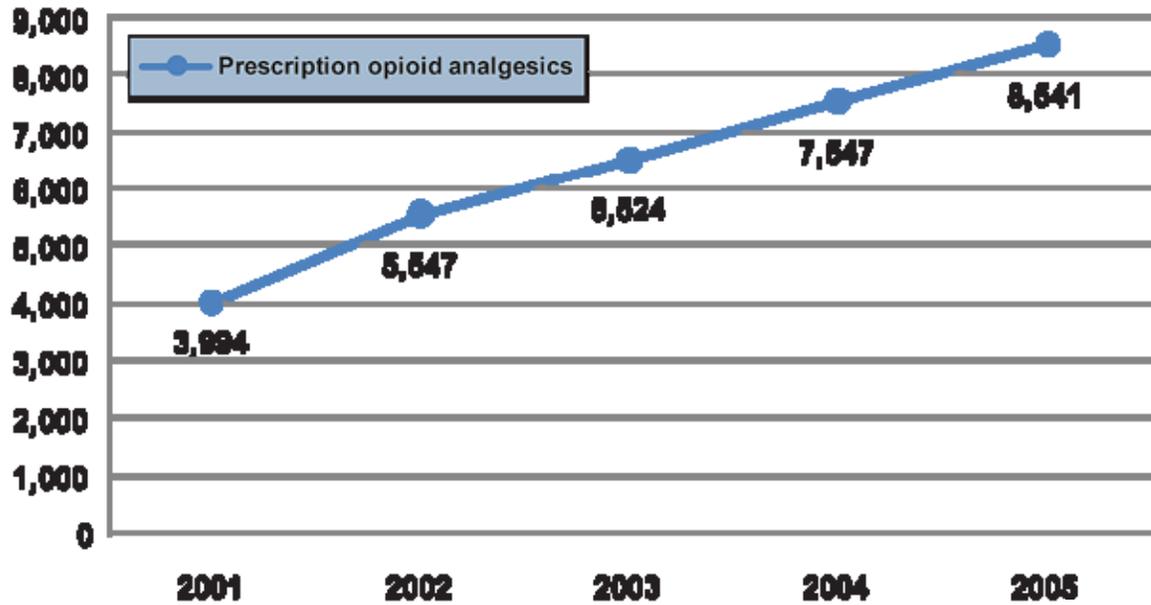
What are our next steps?

- Continue to strengthen the prescribing policies of the FQHCs, and the collaboration between them and the A and D providers. Export that best practice to the rest of our medical community.
- Pursue grant opportunities: CDC Best Practices, NIDA/SAMHSA grants.

- Planning educational programs to increase the number of Buprenorphine (Suboxone) prescribers locally.
- Collaborations underway with A and D providers, FQHCs, County Mental Health, EDs, and managed care organizations to coordinate communication and basic agreements around opioid and benzodiazepine prescribing

Graph #1:

NIDA: Prescription analgesic deaths nationwide 2001-2005



Graph #2: Prescription Drug Overdose Deaths Jackson County over time

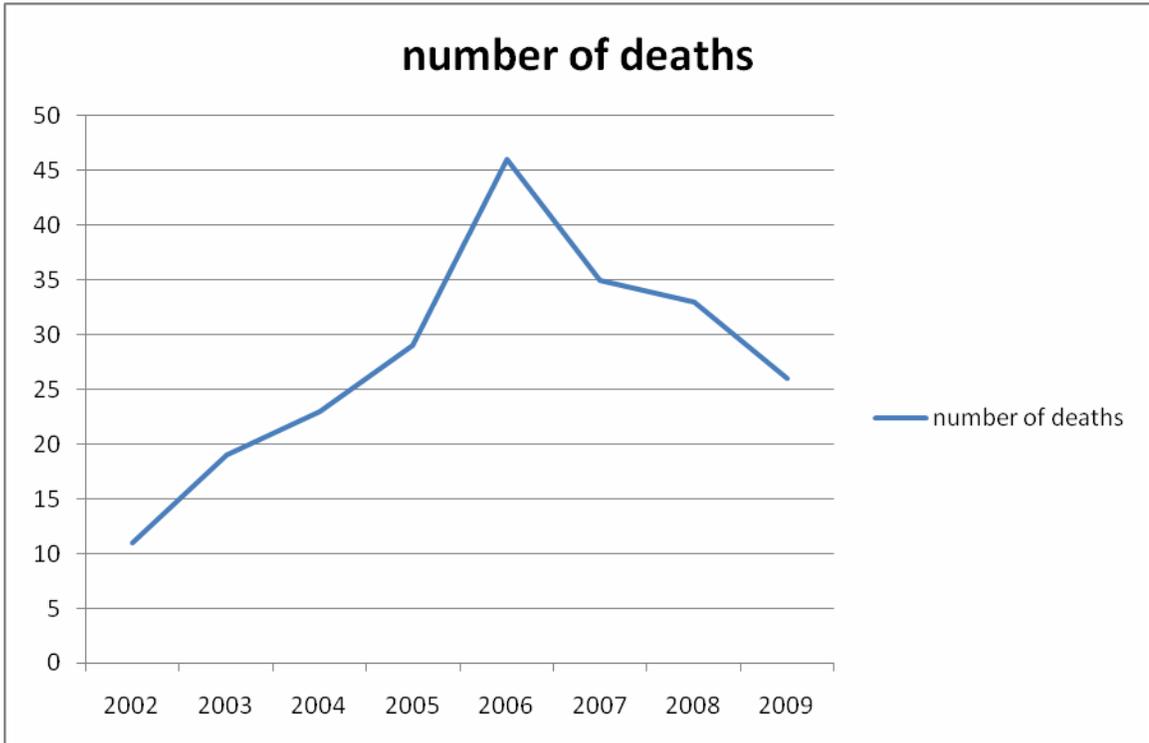
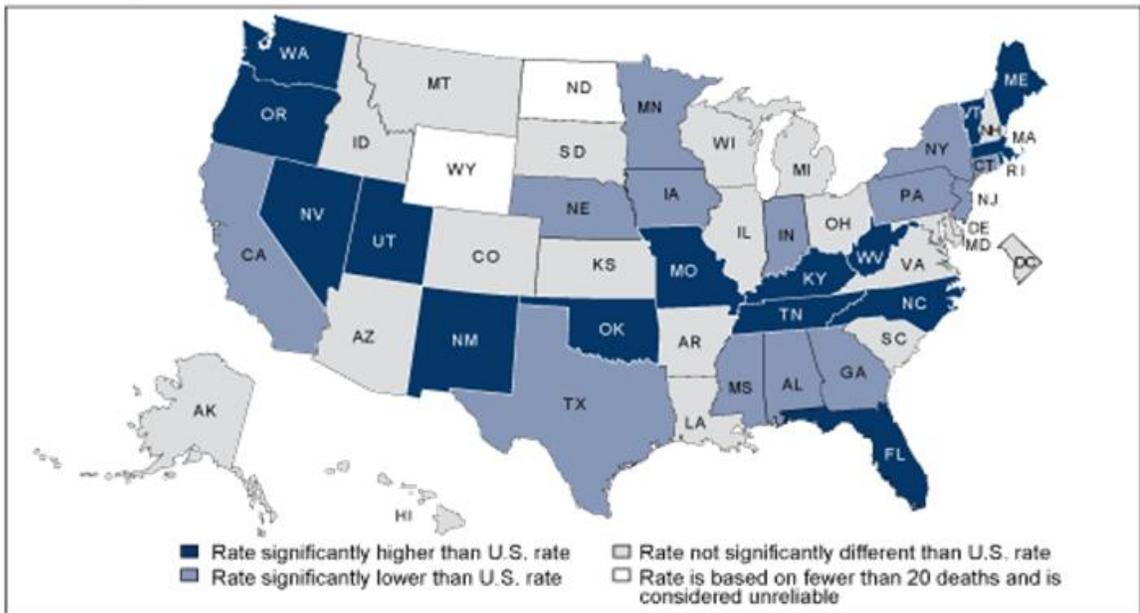


Figure 5. Age-adjusted death rates for poisonings involving opioid analgesics: Comparison of state and U.S. rates: United States, 2006



B. Adequacy of Basic Services

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

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

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

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

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

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

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

As Environmental Health is fee-supported, resources are not available to adequately address toxic blue-green algae blooms in lakes, suspect rabid animal contact with pets, indoor air quality (e.g. mold) complaints, viral gastroenteritis outbreaks, and other community health hazards and concerns that may arise.

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

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

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

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

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

Health Education and Health Promotion: Group health education services are limited to HIV prevention education. Jackson County has active Healthy Communities and Tobacco Prevention programs doing a variety of interventions to reduce the burden of chronic disease.

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

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

III. ACTION PLAN

A. ACTION PLAN FOR CONTROL OF REPORTABLE COMMUNICABLE DISEASES

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

Objectives	Action Steps	Responsible Party	Evaluation
Throughout FY 2010/20101 Jackson County's Local Health Department and Authority shall continuously seek to prevent, detect, control, and eradicate communicable disease through immunizations (discussed elsewhere), environmental measures (discussed elsewhere), education, and epidemiological investigation.	1. On a continuous basis, Jackson County's Local Health Authority shall encourage and provide a means for reporting, monitoring, investigating, and controlling communicable disease and other health hazards through coordinated medical and environmental epidemiological intervention.	Victoria Brown, RN, MSN Manager Public Health	100% of licensed medical laboratories in Jackson County will report communicable diseases to the local health department within the time frame prescribed by law.
	A. Investigate all reportable communicable diseases and exercise appropriate follow-up, as indicated.		
	B. The County's Health Officer shall make special efforts to ensure that the county's physicians are aware of, and comply with, reporting requirements for communicable diseases.	James Shames, M.D. Health Officer	100% of physicians within Jackson County will report communicable diseases to the local health department within the time frame prescribed by law.
	2. Maintain appropriate surveillance procedures for newly-emerging viral and bacterial strains.	Mark Orndoff, M.S. Director Health & Human Services	
	3. Assure that all personnel who have epidemiology responsibilities receive at least eight hours of continuing education to update their skills in the public interest.	Victoria Brown, RN, MSN Manager Public Health	All CD nurses and DIS will receive a minimum of eight hours of appropriate continuing education annually.

B. ACTION PLAN FOR TB

Current Condition or Problem: Jackson County is a very low prevalence area for tuberculosis. The most significant risk of increased cases of tuberculosis is through migration of persons from areas of the world where TB is endemic.

Objectives	Action Steps	Responsible Party	Evaluation	
To prevent, or at a minimum, to retard the spread of TB in Jackson County, Oregon.	On a continuous basis throughout the year, the Jackson County Local Health Authority will:	Victoria Brown, RN, MSN Manager Public Health	All persons with LTBI who are eligible for treatment will be offered LTBI treatment.	
	Provide an ongoing active latent TB infection screening and treatment program;			
	Contract with a local hospital and a medical imaging service to provide chest x-rays for patients referred by the Local Health Authority;			Contract in place and service being provided.
	Investigate all confirmed cases of TB through contact tracing, skin testing, DOT, and case resolution; (Suspect cases are followed through to diagnosis and appropriate follow-up); and,			
	Provide the part-time services of three community health nurses to attain these action steps.			

C. Tobacco Prevention, Education and Control

Development of Local Champions – Jackson County

List specific actions the LPHA will take to further develop community leaders' role and capacity as champions for the overall program. Add rows as needed.

Identify all of the following:

1. Specific community leaders, including elected officials, administrative bodies and those representing populations experiencing health disparities, to which direct educational encounters will be provided.
2. Purpose and intended outcomes of educational encounters (specifically related to support for the overall program and program sustainability).
3. The means by which such education or outreach shall take place (one-to-one meetings, presentations, community forums, etc.), and the Quarter(s) during which the education will take place.

1. Champion: Name &/or Organization	2. Purpose & Intended Outcomes	3. Education/Outreach activity and projected Quarter
Cara Carter, Jackson County Housing Authority	Increase support for smokefree multi-unit housing. Serves as a spokesperson to promote smokefree policies in multi-unit housing.	Will work with Cara to develop educational, outreach and media activities for Snowberry Brook Housing Development. (1 st quarter) Will continue to seek consultation from Cara regarding ideas in working multi-unit housing community. (On-going)
David Wright, Owner of Commercial Property Management	Increase support for smokefree multi-unit housing. Serves as a consultant with expertise in privately owned rental properties.	Will continue to seek consultation from David regarding ideas in working with owners and property managers who own or manage rental properties. (On-going)
Jeff Palodichuck, Senior Property Manager/Real Estate Broker, Commercial Property Management	Increase support for smokefree multi-unit housing. Serves as a spokesperson for smokefree policies in privately owned rentals.	Will work with Jeff to support and promote property management trainings to employees. (2 nd & 4 th quarter)
Southern Oregon Rental Owner Association (SOROA)	Increase support for smokefree multi-unit housing. Serves as an advertising avenue to reach the rental housing community in both Jackson and Josephine Counties.	Will continue to attend SOROA member meetings, provide newsletter articles and identify champions. (Quarterly) Will work with SOROA staff to promote Property Management trainings. (2 nd & 4 th quarter)
Herb Neelund, President of Oregon Rental Association and Property Owner/Manager	Hoping to further develop this relationship so that Herb will serve as spokesperson for smokefree housing policies throughout the state of Oregon.	Will help to plan media outreach and serve as a spokesperson for the opening of Snowberry Brook Housing Development. Its policy will include 100% smokefree property. (1 st quarter)
Business Owners, Managers and Employees	Increase and identify support for the Indoor Clean Air Act. Will serve as a spokesperson for the Indoor Clean Air Act/Smokefree Workplace Law. The business owner, manager or employee champion will be able to express support for the law, the importance of protecting people from secondhand smoke and the impact that such laws have on economics, health and social normative behavior.	Will highlight one business per quarter to demonstrate support and importance of the Indoor Clean Air Act/Smokefree Workplace Law. (Quarterly)

1. Champion: Name &/or Organization	2. Purpose & Intended Outcomes	3. Education/Outreach activity and projected Quarter
Danny Jordan, County Administrator	<p>Increase support for tobacco control policies.</p> <p>Will garner support for tobacco-free policy and approve continuation of the policy revision process.</p>	Participate in an informant interview. (1 st and 2 nd quarter)
County Administrative Staff and Department Directors	<p>Increase and identify support for tobacco control policies.</p> <p>Will increase knowledge regarding the importance of tobacco-free policies and garner support for a tobacco-free policy.</p>	<p>Participate in an informant interview. (1st and 2nd quarter)</p> <p>Review tobacco-free policies and make recommendation. (2nd quarter)</p>
County Commissioners	<p>Increase and identify support for tobacco control policies.</p> <p>Will increase knowledge regarding the importance of tobacco-free policies and garner support for a tobacco-free policy.</p>	<p>Participate in an informant interview. (1st and 2nd quarter)</p> <p>Tobacco-free policy recommendations discussed during a study session. (3rd quarter)</p>

Jackson County TPEP Local Program Plan Form
2010 – 2011

Grantee: Jackson County Health & Human Services		
Best Practice Objective: BPO #1, Building Capacity for Chronic Disease Prevention, Early Detection and Self-Management		
SMART Objective: By June 2011 Jackson County will have participated in one local level collaborative effort that focuses on policy, environmental, and/or systems changes to support chronic disease prevention, early detection and/or self-management.		
<p>This objective continues the work that was set forth by the Public Health Advisory Board's development of Jackson County's Healthy Communities three year plan. The three year county plan includes activities addressing each of the worksite condition statements listed in the Healthy Places, Healthy People: A Framework for Oregon report. Listed below are the smart objectives developed for Jackson County's plan. Coordination of this objective will occur in conjunction with Jackson County Public Health's Healthy Communities Coordinator.</p> <p>SMART OBJECTIVE: By 2012, three Jackson County worksites will have policies which promote physical activity and promote alternative commuting options.</p> <p>SMART OBJECTIVE: By 2012, three worksites in Jackson County will have healthy food options and healthy beverage options available in vending machines and cafeterias.</p> <p>SMART OBJECTIVE: By 2012, three worksites in Jackson County will have worksite wellness programs which include healthy risk assessment or chronic disease screening with risk factor education.</p> <p>SMART OBJECTIVE: By 2012, three worksites in Jackson County will have a worksite wellness campaign which promotes tobacco cessation, early detection, and chronic disease management (including education, medication, and self- management program referral), and are regularly promoted.</p>		
Critical Question:		
1. Please briefly describe how achieving this objective will reduce health disparities in your community.		
<p>Healthy Worksites Initiatives support health promotion and chronic disease prevention through a strategic focus on the worksite setting. Strategies include policy interventions and worksite campaigns to reduce chronic disease risk factors and promote self-management of health issues. This objective supports health equity by supporting a healthy environment for Jackson County and Veterans Affairs employees and their clients, many of whom may be at risk for poor nutrition and sedentary lifestyles. Because of the amount of time people spend at work, worksites are an ideal setting for promoting lifestyle changes and management of risks for chronic diseases.</p>		
First Quarter Activities (July 1, 2010 – Sep. 30, 2010)		First Quarter Report (due Oct. 22, 2011)
Coordination & Collaboration	<ul style="list-style-type: none"> The TPEP & Healthy Communities Coordinators will continue to facilitate and meet at least quarterly with the Healthy Communities Worksite Committee. This group consists of staff from TPEP & Healthy Communities and representatives from two large employers: Jackson County and Veterans Affairs, and is working to: <ul style="list-style-type: none"> Support Centers for Disease Control (CDC) and Oregon Department of Human Services (DHS) Healthy Worksite Initiative. Identify/develop and implement activities to work toward accomplishing the goals of Jackson County's Healthy Communities three year plan. The three year county plan includes activities that address each of the worksite condition statements listed in the Healthy Places, Healthy People: A Framework for Oregon report. Collaborate with DHS Healthy Worksite Initiative to identify and implement local activities that would support DHS Healthy Worksite grant objectives. In coordination with the Healthy Communities Coordinator invite Rogue Valley Council of Government (RVCOG) to join Jackson County's Healthy Communities Worksite Committee. Identify RVCOG agency representative. Healthy Communities coordinator will continue to provide technical support to RVCOG as defined in Jackson County Healthy Communities local program workplan, BPO #2, Healthy Worksites. 	
Assessment	<ul style="list-style-type: none"> Employee and Management Healthy Worksite surveys were conducted in April and May 2010 for Jackson County and Veterans Affairs. 	
Education & Outreach (Development of Local Champions)	<ul style="list-style-type: none"> Provide next step development with Healthy Worksite Committee for Jackson County and Veterans Affairs based on 2009-2010 Healthy Worksite survey, current healthcare benefits and worksite wellness policies. Quarterly per respective worksite Healthy Communities Worksite Committee members will share Healthy Worksite Initiative information with at least one identified employee or management group to garner support and identify champions. Healthy Communities Worksite Committee will meet with respective worksite Administrators to discuss progress of Healthy Worksites, receive feedback on recommendations and to garner support for continuation of expansion of the project. 	

Media Advocacy	<ul style="list-style-type: none"> The TPEP Coordinator and Healthy Communities will continue to offer technical support to Veterans Affairs and Jackson County in order to advance policies, systems and environmental changes. Provide next step development with the Healthy Worksite Committee for Jackson County and Veterans Affairs based on 2009-2010 Healthy Worksite survey, current healthcare benefits and worksite wellness policies. Healthy Communities Worksite Committee will review and refine policies developed in the Healthy Communities 2009-2010 workplan. <ul style="list-style-type: none"> The Healthy Communities Worksite Committee will identify respective worksites policy adoption procedures. 	
Promote the Oregon Tobacco Quit Line	<ul style="list-style-type: none"> Provide resources and materials and advocate for promotion of the Oregon Tobacco Quit Line to the Healthy Communities Worksite Committee and to other local Healthy Worksite Initiative activities. 	
Second Quarter Activities (Oct. 1, 2010-Dec. 31, 2010)		Second Quarter Report (due Jan. 21, 2011)
Coordination & Collaboration	<ul style="list-style-type: none"> The TPEP & Healthy Communities Coordinators will continue to facilitate and meet at least quarterly with the Healthy Communities Worksite Committee. This group consists of staff from TPEP & Healthy Communities and representatives from two large employers: Jackson County and Veterans Affairs. Collaborate with DHS Healthy Worksite Initiative to identify and implement local activities that would support DHS Healthy Worksite grant objectives. The Healthy Communities Coordinator will continue to provide technical support to RVCOG as defined in Jackson County Healthy Communities local program workplan, BPO #2, Healthy Worksites. 	
Assessment	<ul style="list-style-type: none"> Determine communication strategies for promotion of healthy worksite materials and self-management programs per respective worksite. 	
Education & Outreach (Development of Local Champions)	<ul style="list-style-type: none"> Quarterly, per respective worksite, the Healthy Communities Worksite Committee members will share Healthy Worksite Initiative information with at least one identified employee or management group to garner support and identify champions. Provide healthy worksite materials and information on self management programs per respective worksite. 	
Media Advocacy	<ul style="list-style-type: none"> Promote DHS Healthy Worksite regional training opportunities to Jackson County worksites. Work with media contractor and DHS Healthy Worksite Initiative to determine ways to promote Jackson County and Veterans Affairs activities to advance policies, systems and environmental changes. 	
Policy Development, Promotion & Implementation	<ul style="list-style-type: none"> The Healthy Communities Worksite Committee will meet with respective worksite Administrators to determine readiness and support for adopting identified policies. 	
Promote the Oregon Tobacco Quit Line	<ul style="list-style-type: none"> Provide resources and materials and advocate for promotion of the Oregon Tobacco Quit Line to the Healthy Communities Worksite Committee and to other local Healthy Worksite Initiative activities. 	
Third Quarter Activities (Jan. 1, 2011-Mar. 31, 2011)		Third Quarter Report (due April 22, 2011)
Coordination & Collaboration	<ul style="list-style-type: none"> The TPEP & the Healthy Communities Coordinators will continue to facilitate and meet at least quarterly with the Healthy Communities Worksite Committee. Collaborate with DHS Healthy Worksite Initiative to identify and implement local activities that would support DHS Healthy worksite grant objectives. The Healthy Communities Coordinator will continue to provide technical support to RVCOG as defined in Jackson County Healthy Communities local program workplan, BPO #2, Health Worksites. 	
Assessment	<ul style="list-style-type: none"> Assess additional technical support needed to advance the smart objectives of Jackson County's Healthy Communities three year plan. 	
Education & Outreach (Development of Local Champions)	<ul style="list-style-type: none"> Jackson County and Veterans Affairs will provide healthy worksite materials and information on self-management programs. Quarterly, per respective worksite, the Healthy Communities Worksite Committee members will share Healthy Worksite initiative information with at least one identified employee or management group to garner support and identify champions. 	
Media Advocacy	<ul style="list-style-type: none"> Promote DHS Healthy Worksite Initiative regional training opportunities to Jackson County worksites. Work with media contractor and DHS Healthy Worksite Initiative to determine ways to promote Jackson County and Veterans Affairs activities to advance policies, systems and environmental changes. 	

Policy Development, Promotion & Implementation	<ul style="list-style-type: none"> Jackson County and Veterans Affairs will begin the process of policy revision or adoption to support the smart objectives of Jackson County's Healthy Communities three year plan. 	
Promote the Oregon Tobacco Quit Line	<ul style="list-style-type: none"> Provide resources materials and advocate for promotion of the Oregon Tobacco Quit Line to Healthy Communities Worksite Committee and to other local Healthy Worksite Initiative activities. 	
Fourth Quarter Activities (Apr. 1, 2011-June 30, 2011)		Fourth Quarter Report (due July 22, 2011)
Coordination & Collaboration	<ul style="list-style-type: none"> The TPEP & the Healthy Communities Coordinators will continue to facilitate and meet at least quarterly with the Healthy Communities Worksite Committee. Collaborate with DHS Healthy Worksite Initiative to identify and implement local activities that would support the grant objectives. The Healthy Communities Coordinator will continue to provide technical support to RVCOG as defined in Jackson County Healthy Communities local program workplan, BPO #2, Healthy Worksites. 	
Assessment	<ul style="list-style-type: none"> Assess progress made thus far in advancing the smart objectives of Jackson County's Healthy Communities three year plan. 	
Education & Outreach (Development of Local Champions)	<ul style="list-style-type: none"> Quarterly, per respective worksite, the Healthy Communities Worksite Committee members will share Healthy Worksite Initiative information with at least one identified employee or management group to garner support and identify champions. Jackson County and Veterans Affairs will provide healthy worksite materials and information on self-management programs. 	
Media Advocacy	<ul style="list-style-type: none"> Promote DHS Healthy Worksite regional training opportunities to Jackson County worksites. Work with DHS Healthy Worksite Initiative to determine ways to promote Jackson County and Veterans Affairs activities to advance policies, systems and environmental changes. Representatives from the Healthy Worksite Committee will meet with insurance contractors to advocate for positive and informative health promotion campaigns for employees through the covered benefits. 	
Policy Development, Promotion & Implementation	<ul style="list-style-type: none"> Jackson County and Veterans Affairs will continue the process of policy revision or adoption to support the smart objectives of Jackson County's Healthy Communities three year plan. The Healthy Worksite Committee will provide resources and updates of healthy worksite policies via intranet, payroll stuffers, newsletters, etc. as deemed appropriate by management and union officials. 	
Promote the Oregon Tobacco Quit Line	<ul style="list-style-type: none"> Provide resources and materials and advocate for promotion of the Oregon Tobacco Quit Line to Healthy Communities Worksite Committee and to other local Healthy Worksite Initiative activities. 	

Grantee: Jackson County Health & Human Services	
Best Practice Objective: BPO #2, Tobacco-Free Worksites	
SMART Objective #2: By June 2011, Jackson County will have adopted a 100% tobacco-free policy for all properties. Note: the activities listed under this objective are work that is building on workplan activities conducted during last fiscal year 2009-2010.	
SMART Objective #2: By June 2011, comprehensive tobacco cessation coverage will be included in employee's benefit package in Jackson County.	
Critical Question:	
1. Please briefly describe how achieving this objective will reduce health disparities in your community.	
<p>Jackson County can set a powerful community example and lead the way in creating tobacco-free outdoor environments that address all forms of smoking and smokeless tobacco use on county property, including parking lots, and by providing comprehensive tobacco cessation benefits. These objectives support health equity by supporting a healthy environment for employees and clients seeking government services, and who may be at greater risk for tobacco use and secondhand smoke exposure. Promotion of the Tobacco Quit Line in county facilities will also benefit employees and clients.</p> <p>Senate Bill 734 requires private insurance plans to provide tobacco cessation services. Jackson County can play a leading role in supporting comprehensive tobacco cessation coverage by ensuring tobacco cessation services are included as covered benefits, that these services are evidence-based and comprehensive, and minimizing or eliminating barriers to accessing these benefits for employees and clients.</p>	
First Quarter Activities (July 1, 2010-Sep. 30,2010)	
First Quarter Report (due Oct. 22, 2011)	
Coordination & Collaboration	<ul style="list-style-type: none"> The TPEP & Healthy Communities Coordinators will continue meeting monthly with Health & Human Services Safety Committee/Healthy Worksite Team. The TPEP Coordinator will meet at least quarterly with the countywide Safety

	<p>Committee. This group consists of representatives from each of the county departments.</p> <ul style="list-style-type: none"> • The TPEP Coordinator will continue to correspond at least monthly with representatives from the Management Wellness Committee and Human Resources. • The TPEP & Healthy Communities Coordinators will continue meeting quarterly with the Public Health Advisory Board. • The TPEP & Healthy Communities Coordinators will continue to facilitate and meet at least quarterly with the Healthy Communities Worksite Committee. This group consists of staff from TPEP & Healthy Communities and representatives from two large employers: Jackson County and Veterans Affairs. • The TPEP and/or Healthy Communities Coordinator will continue to meet at least quarterly with union representative(s) of Jackson County's Health Insurance Committee. • The TPEP Coordinator will further develop relationships with health insurance plan representatives from Pacific Source and begin to establish a contact person with Regence Blue Cross and Blue Shield. 	
Assessment	<ul style="list-style-type: none"> • Review county level policy adoption procedures and timelines. • Conduct at least four educational/informant interviews with County Commissioners, the County Administrator and Department Administrators to share results of the Healthy Worksites Employee and Management Surveys, determine policy support, readiness for tobacco-free policies and identify champions. <ul style="list-style-type: none"> ○ During informant interviews solicit feedback on tobacco-free policy, implementation timeline and communication plan. • Assess tobacco cessation benefits for each of the revised county health plans. Union negotiations for health insurance plan and benefits end June 30, 2010. <ul style="list-style-type: none"> ○ Determine if written policies include comprehensive tobacco cessation coverage. Is the contractual language between the health plan and the county inclusive of Senate Bill 734? 	
Education & Outreach (Development of Local Champions)	<ul style="list-style-type: none"> • Health Insurance Plan representatives will promote health care coverage of tobacco cessation, early detection of chronic disease and management. • Representatives from the countywide Safety Committee, Management Wellness Committee, Human Resources and department Union representatives will serve as Healthy Worksite liaisons/spokespeople for their respective worksites. <ul style="list-style-type: none"> ○ Healthy Worksite liaisons will provide information regarding cessation health care benefit changes, Oregon Quit Line information and accessibility to their respective worksite. ○ Healthy Worksite liaisons and management will share Healthy Worksite survey results and recommendations to garner employee support for tobacco-free policies and to identify employee champions. 	
Media Advocacy	<ul style="list-style-type: none"> • Continue working with the media contractor to refine key messages, and develop a press conference for policy announcement. 	
Policy Development, Promotion & Implementation	<ul style="list-style-type: none"> • Review county level policy adoption procedures and timelines. • Continue to revise tobacco-free policy, communication plan and implementation time-line. • In the last quarter of 2010, the Public Health Advisory Board made a recommendation to the County Administrator to revise the county's smoking policy. Recommendations include amending the policy to include banning of smokeless tobacco (inside and outside) and creating properties that are tobacco-free. <ul style="list-style-type: none"> ○ Begin development of presentation and materials for County Commissioner's study session. 	
Promote the Oregon Tobacco Quit Line	<ul style="list-style-type: none"> • Include Oregon Tobacco Quit Line information in revised tobacco-free policy for the county. • Healthy Worksite liaisons will provide information regarding cessation health care benefit changes, Oregon Quit Line information and accessibility to their respective worksite. 	
Second Quarter Activities Oct. 1, 2010-Dec. 31, 2010)		Second Quarter Report (due Jan. 21, 2011)
Coordination & Collaboration	<ul style="list-style-type: none"> • The TPEP & Healthy Communities Coordinators will continue meeting monthly with the Health & Human Services Safety Committee/Healthy Worksite Team. • The TPEP Coordinator will meet at least quarterly with the Countywide Safety Committee. This group consists of representatives from each of the county departments. • The TPEP Coordinator will continue to correspond at least monthly with 	

	<p>representatives from the Management Wellness Committee and Human Resources.</p> <ul style="list-style-type: none"> • The TPEP & Healthy Communities Coordinators will continue meeting quarterly with the Public Health Advisory Board. • The TPEP & Healthy Communities Coordinators will continue to facilitate and meet at least quarterly with the Healthy Communities Worksite Committee. This group consists of staff from TPEP & Healthy Communities and representatives from two large employers: Jackson County and Veterans Affairs. • The TPEP and/or Healthy Communities Coordinator will continue to meet at least quarterly with union representative(s) of Jackson County's Health Insurance Committee. • The TPEP Coordinator will further develop relationships with health insurance plan representatives from Pacific Source and begin to establish a contact person with Regence Blue Cross and Blue Shield. 	
Assessment	<ul style="list-style-type: none"> • If needed, continue conducting educational/informant interviews with identified County Commissioners, the County Administrator and Department Administrators to share results of the Healthy Worksites Employee/Management Surveys, determine policy support, readiness for tobacco-free policies and identify champions. • Healthy Worksite liaisons will continue soliciting employee feedback on tobacco-free policy, implementation timeline, and communication plan and to identify employee champions. 	
Education & Outreach (Development of Local Champions)	<ul style="list-style-type: none"> • Health Insurance Plan representatives will promote health care coverage of tobacco cessation, early detection of chronic disease and management. • Healthy Worksite liaisons will continue soliciting employee feedback on tobacco-free policy, implementation timeline, and communication plan and to identify employee champions. • Healthy Worksite liaisons will provide information regarding cessation health care benefit changes, Oregon Quit Line information and accessibility to their respective worksite. 	
Media Advocacy	<ul style="list-style-type: none"> • Work with the media contractor to refine key messages and details of the tobacco-free policy, communication plan, implementation time line and press conference to announce policy. 	
Policy Development, Promotion & Implementation	<ul style="list-style-type: none"> • Revised and finalized presentation and materials for County Commissioners work session. • Present the Public Health Advisory Board's tobacco-free policy recommendations to County Administrator Danny Jordan to garner support and to approve the continuation of the policy revision process. • County Administration staff will review the recommended tobacco-free policy and provide feedback. • Department Directors will review the recommended tobacco-free policy and provide feedback. 	
Promote the Oregon Tobacco Quit Line	<ul style="list-style-type: none"> • Healthy Worksite liaisons will provide information regarding cessation health care benefit changes, Oregon Quit Line information and accessibility to their respective worksite. 	
Third Quarter Activities (Jan. 1, 2011-Mar. 31, 2011)		Third Quarter Report (due Apr. 22, 2011)
Coordination & Collaboration	<ul style="list-style-type: none"> • The TPEP & Healthy Communities Coordinators will continue meeting monthly with the Health & Human Services Safety Committee/Healthy Worksite Team. • The TPEP Coordinator will meet at least quarterly with the Countywide Safety Committee. This group consists of representatives from each of the county departments. • The TPEP Coordinator will continue to correspond at least monthly with representatives from the Management Wellness Committee and Human Resources. • The TPEP & Healthy Communities Coordinators will continue meeting quarterly with the Public Health Advisory Board. • The TPEP & Healthy Communities Coordinators will continue to facility and meet at least quarterly with the Healthy Communities Worksite Committee. This group consists of staff from TPEP & Healthy Communities and representatives from two large employers: Jackson County and Veterans Affairs. • The TPEP and/or Healthy Communities Coordinator will continue to meet at least quarterly with union representative(s) of Jackson County's Health Insurance Committee. • The TPEP Coordinator will further develop relationships with health insurance plan representatives from Pacific Source and begin to establish a contact 	

	person with Regence Blue Cross and Blue Shield.	
Assessment	<ul style="list-style-type: none"> Determine if county departments deem it necessary to conduct employee forums to allow for further employee input into a revised policy. 	
Education & Outreach (Development of Local Champions)	<ul style="list-style-type: none"> Health Insurance Plan representatives will promote health care coverage of tobacco cessation, early detection of chronic disease and management. Healthy Worksite liaisons will provide information regarding cessation health care benefit changes, Oregon Quit Line information and accessibility to their respective worksite. Healthy Worksite liaisons will provide updates on tobacco-free policy revision and policy implementation plans. 	
Media Advocacy	<ul style="list-style-type: none"> Refine key messages and details of the tobacco-free policy, communication plan, implementation time line and press conference to announce policy. 	
Policy Development, Promotion & Implementation	<ul style="list-style-type: none"> Tobacco-free policy will be discussed during County Commissioners study session and TPEP will offer technical support for planning, communicating and implementing the revised policy. Continue providing tobacco-free policy technical support to County Administrative Office, Human Resources, County Commissioners and Department Healthy Worksite liaisons. 	
Promote the Oregon Tobacco Quit Line	<ul style="list-style-type: none"> The Healthy Worksite liaisons will provide information regarding cessation health care benefit changes, Oregon Quit Line information and accessibility to their respective worksite. 	
Fourth Quarter Activities (Apr. 1, 2011-June 30, 2011)		Fourth Quarter Report (due July 22, 2011)
Coordination & Collaboration	<ul style="list-style-type: none"> The TPEP & Healthy Communities Coordinators will continue meeting monthly with Health & Human Services Safety Committee/Healthy Worksite Team. The TPEP Coordinator will meet at least quarterly with the Countywide Safety Committee. This group consists of representatives from each of the county departments. The TPEP Coordinator will continue to correspond at least monthly with representatives from the Management Wellness Committee and Human Resources. The TPEP & Healthy Communities Coordinators will continue meeting quarterly with the Public Health Advisory Board. The TPEP & Healthy Communities Coordinators will continue to facilitate and meet at least quarterly with the Healthy Communities Worksite Committee. This group consists of staff from TPEP & Healthy Communities and representatives from two large employers: Jackson County and Veterans Affairs. The TPEP and/or Healthy Communities Coordinator will continue to meet at least quarterly with union representative(s) of Jackson County's Health Insurance Committee. The TPEP Coordinator will further develop relationships with health insurance plan representatives from Pacific Source and begin to establish a contact person with Regence Blue Cross and Blue Shield. 	
Assessment	<ul style="list-style-type: none"> 	
Education & Outreach (Development of Local Champions)	<ul style="list-style-type: none"> The Healthy Worksite liaisons will provide information regarding cessation health care benefit changes, Oregon Quit Line information and accessibility to their respective worksite. The Healthy Worksite liaisons will provide updates on tobacco-free policy revision and policy implementation plans. 	
Media Advocacy	<ul style="list-style-type: none"> Working with Healthy Worksite liaisons, implement strategies identified in the communication plan. 	
Policy Development, Promotion & Implementation	<ul style="list-style-type: none"> Continue providing tobacco-free policy technical support to the County Administrative Office, Human Resources, County Commissioners and Departmental Healthy Worksite liaisons. 	
Promote the Oregon Tobacco Quit Line	<ul style="list-style-type: none"> The Healthy Worksite liaisons will provide information regarding cessation health care benefit changes, Oregon Quit Line information and accessibility to their respective worksite. 	

Grantee: Jackson County Health & Human Services
Best Practice Objective: BPO #3, Implementing the Indoor Clean Air Act
SMART Objective: By June 30, 2011 Jackson County will have responded to all complaints of violation of the Indoor Clean Air Act according to the protocol specified in the IGA.
Critical Question: 1. Please briefly describe how achieving this objective will reduce health disparities in your community.
Enforcement of public health laws is a core function of Public Health. Working with local businesses to assist them in understanding

and complying with the Oregon Indoor Clean Air Act will ensure that smokefree workplace law compliance is strong, thereby protecting all workers and the public equally from secondhand smoke. Protecting individuals from secondhand smoke is a means to reduce tobacco-related health disparities and promote health equity.		
First Quarter Activities (July 1, 2010-Sep. 30, 2010)		First Quarter Report (due Oct. 22, 2011)
Coordination & Collaboration	<ul style="list-style-type: none"> The TPEP Coordinator will continue to be the lead worker responsible for responding to complaints of violation and conducting site visits, including using the Workplace Monitoring System (WEMS) and maintaining the hard copy file. Victoria Brown, Public Health Division Program Manager is an authorized WEMS user and oversees the TPEP Coordinator's work on this objective. Ronalie Sweet has been trained in responding to complaints of violation regarding the ICAA following Oregon Administrative Rules, the IGA and DHS procedures including WEMS. Weekly LPHA employee(s) will monitor and maintain WEMS and report to the state TPEP County Liaison if problems have surfaced in using the WEMS database. Environmental Health Inspectors, during a regular inspection, will make a note of possible violation of ORS 433.835 through 433.875 and report the violation to LPHA or DHS. 	
Assessment	<ul style="list-style-type: none"> Contact at least three business owners per quarter to conduct an informal informant interview in order to gauge support for the law and to identify spokespeople for at least one earned media activity. As requested by DHS/TPEP, will participate in DHS/TPEP evaluation activities to study compliance with the law. 	
Education & Outreach (Development of Local Champions)	<ul style="list-style-type: none"> Continue to provide ICAA materials to Environmental Health, businesses, organizations and the public as requested. Environmental Health will continue to include Indoor Clean Air Act and Quit Line information in the business license renewal process. Continue to provide technical support as requested by citizens and businesses. Work with the HHS Administrative Assistant to create a link of the county's website to the ICAA online complaint form and Smokefree Workplace Law website. Through earned media, highlight at least one business per quarter. The business owner/employee champion will be able to express support for the law, the importance of protecting people from secondhand smoke and the impact that such laws have on economics, health and social normative behavior. 	
Media Advocacy	<ul style="list-style-type: none"> Work with the media contractor to determine contractor's media plans for promoting ICAA and to identify strategies that would be most effective. For example: through earned media, highlight at least one business per quarter. The business owner/employee champion will be able to express support for the law, the importance of protecting people from secondhand smoke and the impact that such laws have on economics, health and social normative behavior. 	
Policy Development, Promotion & Implementation	<ul style="list-style-type: none"> LPHA employees responsible for enforcing the ICAA according to the Oregon Administrative Rules, IGA and DHS procedures will receive an annual review training provided by the DHS liaison. Update internal protocols to include activities for reviewing and revising internal procedures for enforcing the ICAA. 	
Promote the Oregon Tobacco Quit Line	<ul style="list-style-type: none"> Continue using ICAA materials that are inclusive of Quit Line information. Promote Quit Line materials and ICAA materials to workplaces during informant interviews. 	
Second Quarter Activities (Oct. 1, 2010-Dec. 31, 2010)		Second Quarter Report (due Jan. 21, 2011)
Coordination & Collaboration	<ul style="list-style-type: none"> Meet with Environmental Health staff to provide updates and to determine improvements to the internal ICAA reporting requirements. 	
Assessment	<ul style="list-style-type: none"> Contact at least three business owners per quarter to conduct an informal informant interview in order to gauge support for the law and to identify spokespeople for at least one earned media activity. As requested by DHS/TPEP, will participate in DHS/TPEP evaluation activities to study compliance with the law. 	

Education & Outreach (Development of Local Champions)	<ul style="list-style-type: none"> Continue to provide ICAA materials to Environmental Health, businesses, organizations and the public as requested. Environmental Health will continue to include Indoor Clean Air Act and Quit Line information in the business license renewal process. Continue to provide technical support as requested by citizens and businesses. Through earned media, highlight at least one business per quarter. The business owner/employee champion will be able to express support for the law, the importance of protecting people from secondhand smoke and the impact that such laws have on economics, health and social normative behavior. 	
Media Advocacy	<ul style="list-style-type: none"> Work with the media contractor to determine contractor's media plans for promoting ICAA and to identify strategies that would be most effective. For example: through earned media, highlight at least one business per quarter. The business owner/employee champion will be able to express support for the law, the importance of protecting people from secondhand smoke and the impact that such laws have on economics, health and social normative behavior. 	
Policy Development, Promotion & Implementation	<ul style="list-style-type: none"> Weekly, LPHA employees will continue responding to complaints of violation regarding the ICAA following Oregon Administrative Rules, the IGA and DHS procedures, including the Workplace Monitoring System. 	
Promote the Oregon Tobacco Quit Line	<ul style="list-style-type: none"> Continue using ICAA materials that are inclusive of Quit Line information. Promote Quit Line materials and ICAA materials to workplaces during informant interviews. 	
Third Quarter Activities (Jan. 1, 2011-Mar. 31, 2011)		Third Quarter Report (due Apr. 22, 2011)
Coordination & Collaboration	<ul style="list-style-type: none"> Continue with coordination and collaboration as stated above. 	
Assessment	<ul style="list-style-type: none"> Contact at least six business owners per quarter to conduct an informal informant interview in order to gauge support for the law and to identify spokespeople for at least one earned media activity. As requested by DHS/TPEP, will participate in DHS/TPEP evaluation activities to study compliance with the law. 	
Education & Outreach (Development of Local Champions)	<ul style="list-style-type: none"> Continue to provide ICAA materials to Environmental Health, businesses, organizations and the public as requested. Environmental Health will continue to include Indoor Clean Air Act and Quit Line information in the business license renewal process. Continue to provide technical support as requested by citizens and businesses. Through earned media, highlight at least one business per quarter. The business owner/employee champion will be able to express support for the law, the importance of protecting people from secondhand smoke and the impact that such laws have on economics, health and social normative behavior. 	
Media Advocacy	<ul style="list-style-type: none"> Per quarter contact at least six business owners to conduct an informal informant interview, either in person or telephone, in order to gauge support for the law and to identify spokespeople for at least one earned media activity. Work with the media contractor to determine contractor's media plans for promoting ICAA and to identify strategies that would be most effective. For example: through earned media, highlight at least one business per quarter. The business owner/employee champion will be able to express support for the law, the importance of protecting people from secondhand smoke and the impact that such laws have on economics, health and social normative behavior. 	
Policy Development, Promotion & Implementation	<ul style="list-style-type: none"> Weekly, LPHA employees will continue responding to complaints of violation regarding the ICAA following Oregon Administrative Rules, the IGA and DHS procedures, including the Workplace Monitoring System. 	
Promote the Oregon Tobacco Quit Line	<ul style="list-style-type: none"> Continue using ICAA materials that are inclusive of Quit Line information. Promote Quit Line materials and ICAA materials to workplaces during informant interviews. 	
Fourth Quarter Activities (Apr. 1, 2011-June 30, 2011)		Fourth Quarter Report (due July 22, 2011)
Coordination & Collaboration	<ul style="list-style-type: none"> Continue with coordination and collaboration as stated above. 	

Assessment	<ul style="list-style-type: none"> Contact at least three business owners per quarter to conduct an informal informant interview in order to gauge support for the law and to identify spokespeople for at least one earned media activity. As requested by DHS/TPEP, will participate in DHS/TPEP evaluation activities to study compliance with the law. 	
Education & Outreach (Development of Local Champions)	<ul style="list-style-type: none"> Continue to provide ICAA materials to Environmental Health, businesses, organizations and the public as requested. Continue to provide technical support as requested by citizens and businesses. Environmental Health will continue to include Indoor Clean Air Act and Quit Line information in the business license renewal process. Through earned media, highlight at least one business per quarter. The business owner/employee champion will be able to express support for the law, the importance of protecting people from secondhand smoke and the impact that such laws have on economics, health and social normative behavior. 	
Media Advocacy	<ul style="list-style-type: none"> Per quarter contact at least three business owners to conduct an informal informant interview in order to gauge support for the law and to identify spokespeople for at least one earned media activity. Work with the media contractor to determine contractor's media plans for promoting ICAA and to identify strategies that would be most effective. For example: through earned media, highlight at least one business per quarter. The business owner/employee champion will be able to express support for the law, the importance of protecting people from secondhand smoke and the impact that such laws have on economics, health and social normative behavior. 	
Policy Development, Promotion & Implementation	<ul style="list-style-type: none"> Weekly, LPHA employees will continue responding to complaints of violation regarding the ICAA following Oregon Administrative Rules, the IGA and DHS procedures, including the Workplace Monitoring System. 	
Promote the Oregon Tobacco Quit Line	<ul style="list-style-type: none"> Continue using ICAA materials that are inclusive of Quit Line information. Promote Quit Line materials and ICAA materials to workplaces during informant interviews. 	

Grantee: Jackson County Health & Human Services	
Best Practice Objective: BPO #4: Smokefree Multi-Unit Housing	
SMART Objective: By June 2011, two multi-unit housing properties in Jackson County will have adopted no-smoking rules. Southern Oregon Rental Owner Association is a group of rental housing owners and managers who have properties located in both Jackson and Josephine counties; therefore, coordination of this objective will occur in conjunction with Josephine County Public Health.	
Critical Question: 1. Please briefly describe how achieving this objective will reduce health disparities in your community.	
Multi-unit housing facilities are among the few indoor places where Oregonians continue to be regularly exposed to secondhand smoke. Furthermore, many multi-unit housing residents are from vulnerable populations, including people with low incomes, families with young children, young adults, the elderly, people with disabilities, and racial and ethnic minorities. All of these population groups bear a disproportionate burden of tobacco use and tobacco-related chronic diseases. Therefore, working to achieve this objective is critical to reducing tobacco-related disparities and to create health equity.	
First Quarter Activities (July 1, 2010-Sep. 30, 2010)	First Quarter Report (due Oct. 22, 2011)
Coordination & Collaboration	<ul style="list-style-type: none"> Continue to consult with Diane Laughter, Health In Sight, regarding workplan activities, coordinated statewide efforts and related resources. Continue to collaborate with Robin Hausen, Josephine County TPEP Coordinator, to provide smokefree multi-unit technical assistance to property owners, managers and tenants in Jackson & Josephine counties. Continue to consult with and provide technical assistance to Cara Carter, Director Tenant Housing, Jackson County Housing Authority. Continue to consult with and provide technical assistance to David Wright, Owner, and Jeff Palodichuck, Senior Property Manager/Real Estate Broker, Commercial Property Management. Continue to work with and provide technical assistance to Southern Oregon Rental Association. Continue to develop a working relationship with Herb Neelund, President of the Oregon Rental Housing Association.

Assessment	<ul style="list-style-type: none"> Per quarter collect and report the following information to Diane Laughter, Health In Sight: Tracking Form for Multi-Unit Properties that Have Adopted No-Smoking Policies and Rental Ad Tracking Tool. Quarterly mail Property Owner Surveys to 100 property owners. Identify relevant secondhand smoke exposure rental data available from the Behavioral Risk Factor Surveillance System. If applicable submit DATA request form. 	
Education & Outreach (Development of Local Champions)	<ul style="list-style-type: none"> Meet with Jackson County Housing Authority Director and staff to determine educational and outreach activities to support the opening of the Jackson County Housing Authority Snowberry Brook smokefree property. Cara Carter will continue to serve as the spokesperson for the advancement and implantation of smokefree property policy. Invite Herb Neelund, President of the Oregon Rental Housing Association to participate in media planning activities and to serve as a spokesperson. Work with Diane Laughter, Health In Sight, and Robin Hausen, Josephine County, to refine Property Management training. Training will provide property managers with an opportunity to network, implementation and enforcement techniques and resources to help them support and enforce a smokefree policy. Working with the above partners, (under Coordination & Collaboration) identify private and public property managers to invite to Property Management training. Continue to support any DHS/TPEP statewide education regarding Oregon Smoking Policy Disclosure Law for landlords. 	
Media Advocacy	<ul style="list-style-type: none"> Work with above partners to promote, via Southern Oregon Rental Owners Association newsletter and direct invitations, Property Management trainings. Work with the media contractor to develop a MAC plan to increase the awareness of the opening of another Jackson County Housing Authority development as a smokefree property. Work with the media contractor to identify the audience, key messages and plan to attract news coverage. Invite Herb Neelund, President of the Oregon Rental Housing Association as a spokesperson and planning of media activities. 	
Policy Development, Promotion & Implementation	<ul style="list-style-type: none"> Work with Dian Laughter, Health In Sight, to further develop a Property Owner Survey to determine type of smoking policies in place, readiness for policy changes and interest in resources and/or technical support from LPHA and Smokefree Housing Project. Quarterly, mail Property Owner Surveys to 100 property owners. Follow up via phone, e-mail, group meeting or one-on-one meeting with property owners who have returned the surveys and have expressed interest in additional support or information. 	
Promote the Oregon Tobacco Quit Line	<ul style="list-style-type: none"> Quit Line information will be included in all materials developed for promotion, presentation and resources for Property Management trainings, Property Owner Survey and materials/resources provided to property owners. 	
Second Quarter Activities (Oct. 1, 2010-Dec. 31, 2010)		Second Quarter Report (due Jan. 21, 2011)
Coordination & Collaboration	<ul style="list-style-type: none"> Continue to consult with Diane Laughter, Health In Sight, regarding workplan activities, coordinated statewide efforts and related resources. Continue to collaborate with Robin Hausen, Josephine County TPEP Coordinator, to provide smokefree multi-unit technical assistance to property owners, managers and tenants in Jackson & Josephine counties. Continue to consult with and provide technical assistance to Cara Carter, Director Tenant Housing, Jackson County Housing Authority. Continue to consult with and provide technical assistance to David Wright, Owner, and Jeff Palodichuck, Senior Property Manager/Real Estate Broker, Commercial Property Management. Continue to work with and to provide technical assistance to Southern Oregon Rental Association. Continue to develop a working relationship with Herb Neelund, President of the Oregon Rental Housing Association. 	
Assessment	<ul style="list-style-type: none"> Per quarter collect and report the following information to Diane Laughter, Health In Sight: Tracking Form for Multi-Unit Properties that Have Adopted No-Smoking Policies and Rental Ad Tracking Tool. Quarterly, mail Property Owner Surveys to 100 property owners. 	
Education & Outreach (Development of Local Champions)	<ul style="list-style-type: none"> Conduct Property Management training. Training will provide property managers with an opportunity to network, implementation and enforcement techniques and resources to help them support and enforce a smokefree policy. 	

Media Advocacy	<ul style="list-style-type: none"> Work with above partners to promote, via Southern Oregon Rental Owners Association newsletter and direct invitations, Property Management trainings. 	
Policy Development, Promotion & Implementation	<ul style="list-style-type: none"> Quarterly, mail Property Owner Surveys to at least 100 property owners. Follow up via phone, e-mail, group meeting or one-on-one meeting with property owners who have returned the surveys and have expressed interest in additional support or information. 	
Promote the Oregon Tobacco Quit Line	<ul style="list-style-type: none"> Quit Line information will be included in all materials developed for promotion, presentation and resources for Property Management trainings, Property Owner Survey and materials/resources provided to property owners. 	
Third Quarter Activities (Jan. 1, 2011-Mar. 31, 2011)		Third Quarter Report (due Apr. 22, 2011)
Coordination & Collaboration	<ul style="list-style-type: none"> Continue to consult with Diane Laughter, Health In Sight, regarding workplan activities, coordinated statewide efforts and related resources. Continue to collaborate with Robin Hausen, Josephine County TPEP Coordinator, to provide smokefree multi-unit technical assistance to property owners, managers and tenants in Jackson & Josephine counties. Continue to consult with and to provide technical assistance to Cara Carter, Director Tenant Housing, Jackson County Housing Authority. Continue to consult with and to provide technical assistance to David Wright, Owner, and Jeff Palodichuck, Senior Property Manager/Real Estate Broker, Commercial Property Management. Continue to work with and to provide technical assistance to Southern Oregon Rental Association. Continue to develop a working relationship with Herb Neelund, President of the Oregon Rental Housing Association. 	
Assessment	<ul style="list-style-type: none"> Per quarter collect and report the following information to Diane Laughter, Health In Sight: Tracking Form for Multi-Unit Properties that Have Adopted No-Smoking Policies and Rental Ad Tracking Tool. Quarterly mail Property Owner Surveys to 100 property owners. 	
Education & Outreach (Development of Local Champions)	<ul style="list-style-type: none"> Work with Diane Laughter, Health In Site, and Robin Hausen, Josephine County, to further refine the Property Management training. Training will provide property managers with an opportunity to network, implementation and enforcement techniques and resources to help them support and enforce a smokefree policy. 	
Media Advocacy	<ul style="list-style-type: none"> Work with above partners to promote, via Southern Oregon Rental Owners Association newsletter and direct invitations, Property Management trainings. 	
Policy Development, Promotion & Implementation	<ul style="list-style-type: none"> Quarterly, mail Property Owner Surveys to at least 100 property owners. Follow up via phone, e-mail, group meeting or one-on-one meeting with property owners who have returned the surveys and have expressed interest in additional support or information. 	
Promote the Oregon Tobacco Quit Line	<ul style="list-style-type: none"> Quit Line information will be included in all materials developed for promotion, presentation and resources for Property Management trainings, Property Owner Survey and materials/resources provided to property owners. 	
Fourth Quarter Activities (Apr. 1, 2011-June 30, 2011)		Fourth Quarter Report (due July 22, 2011)
Coordination & Collaboration	<ul style="list-style-type: none"> Continue to consult with Diane Laughter, Health In Sight, regarding workplan activities, coordinated statewide efforts and related resources. Continue to collaborate with Robin Hausen, Josephine County TPEP Coordinator, to provide smokefree multi-unit technical assistance to property owners, managers and tenants in Jackson & Josephine counties. Continue to consult with and to provide technical assistance to Cara Carter, Director Tenant Housing, Jackson County Housing Authority. Continue to consult with and to provide technical assistance to David Wright, Owner, and Jeff Palodichuck, Senior Property Manager/Real Estate Broker, Commercial Property Management. Continue to work with and to provide technical assistance to Southern Oregon Rental Association. Continue to develop a working relationship with Herb Neelund, President of the Oregon Rental Housing Association. 	
Assessment	<ul style="list-style-type: none"> Per quarter collect and report the following information to Diane Laughter, Health In Sight: Tracking Form for Multi-Unit Properties that Have Adopted No-Smoking Policies and Rental Ad Tracking Tool. Quarterly, mail Property Owner Surveys to 100 property owners. 	
Education & Outreach (Development of Local Champions)	<ul style="list-style-type: none"> Conduct Property Management training. Training will provide property managers an opportunity to network, implementation and enforcement techniques and resources to help them support and enforce a smokefree policy. 	

Media Advocacy	<ul style="list-style-type: none"> Work with above partners to promote, via Southern Oregon Rental Owners Association newsletter and direct invitations, Property Management trainings. 	
Policy Development, Promotion & Implementation	<ul style="list-style-type: none"> Quarterly, mail Property Owner Surveys to at least 100 property owners. Follow up via phone, e-mail, group meeting or one-on-one meeting with property owners who have returned the surveys and have expressed interest in additional support or information. 	
Promote the Oregon Tobacco Quit Line	<ul style="list-style-type: none"> Quit Line information will be included in all materials developed for promotion, presentation and resources for Property Management trainings, Property Owner Survey and materials/resources provided to property owners. 	

See Attachment 2 for Line Item Budget.

D. ACTION PLAN FOR PARENT AND CHILD HEALTH

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

Objective	Action Steps	Responsible Party	Evaluation
Throughout FY 2010/2011, Jackson County's Local Health Department and Authority shall continuously seek to promote, and directly contribute to, optimal physical, social, and mental health for families residing in the community.	1. To the extent that resources are available, and in partnership with the Child Development Center, assure the availability of core services (early detection and appropriate follow-up) for infants and children who meet established criteria as <i>Children with Special Health Care Needs</i> , either directly or through referral.	Victoria Brown, RN MSN Manager Public Health	100% of Children with Special Health Care Needs shall receive early detection of abnormal growth and development and appropriate referrals for follow-up services.
	2. On an ongoing basis, continue the established process of utilizing Targeted Case Management resources to provide services for at-risk families A. A minimum of 200 families shall be served.	Victoria Brown, RN MSN Manager Public Health	Over a five-year term beginning in 2009, the rate of child abuse and neglect in Jackson County shall be reduced to not greater than 6.5 per 1,000 children under the age of 18.
	3. An active perinatal task force will meet six times per year to identify and develop plans to address community issues of perinatal health.	James Shames, MD Health Officer	
	4. All pregnant women in Jackson County will be screened for alcohol and substance use utilizing the 4P's Plus screening tool.		80% of pregnant women served by Jackson County Public Health, La Clinica and Community Health Center will be screened for alcohol and substance use.

E. ACTION PLAN FOR WIC PROGRAMS

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

Objectives	Action Steps	Responsible Party	Evaluation
Jackson County's Local Health Department and Authority will promote appropriate nutritional health on behalf of a minimum of 6,600 WIC-eligible clients through a comprehensive menu of individual and group programs.	On a continuous basis throughout the twelve-month period, Jackson County's Local Health Authority will:	Debbie Mote-Watson, R.D. Program Manager WIC	100% of community members who come into contact with the Local Public Health Department and who are (a) at nutritional risk, and, (b) eligible for inclusion in the WIC program, shall be enrolled in the WIC program and provided with the full range of nutritional services. 100% of community members who come into contact with the Local Public Health Department and who are at nutritional risk, but otherwise ineligible for the WIC program, shall be referred to other community resources, e.g., local food banks, ACCESS Food Share, or food stamp program.
	Provide fully comprehensive WIC services, five days per week, at primary Medford office including evening options;		
	Provide fully comprehensive WIC services, one day per month, at our satellite site in Ashland and one day every other month in Rogue River;		
	Maintain a WIC-dedicated staffing pattern that is comprised of .8 FTE registered dietitians and 7.8 FTE health assistants;		
	Maintain caseload between 97-103% of assigned level with adequate appointment availability;		
	Classes will be offered including healthy recipes, exercise promotion and the Farm Direct Nutrition Program to address the obesity issue and promotion of healthy eating and exercise.		
Provide fully comprehensive lactation education and breastfeeding support for 100% of WIC-eligible pregnant women who express an interest in breastfeeding. This information will be provided in both English and Spanish			

F. ACTION PLAN FOR IMMUNIZATIONS

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

Objectives	Actions Steps	Responsible Party	Evaluation
Jackson County's Local Health Department and Authority will protect children, and the public, from preventable disease, through the administration and oversight of a comprehensive program of childhood and life-long immunizations, and through a campaign of public awareness and advocacy.	On a continuous basis throughout FY 2010/2011 Jackson County's Local Health Authority will:	Victoria Brown, RN, MSN Manager Public Health	By 2011, 78% of all Jackson County two-year-olds will be age-appropriate immunized.
	Provide walk-in clinical immunization services at the Department's primary clinic site every business day;	Victoria Brown, RN, MSN Manager Public Health	With the exception of the Ashland Public School District, 95% of school entrants (Grades K or 1) will be up-to-date according to Schedule 1 of School Immunization Rules (OAR 33319-070).
	Provide free immunization services, by coupon, to WIC clients that are coordinated on the same day as WIC appointments;	Victoria Brown, RN, MSN Manager Public Health	
	Provide immunization services at county-sponsored school-based health centers;	Victoria Brown, RN, MSN Manager Public Health	
	As absolutely necessary, provide immunization services in the home via maternal child health nurses;	Victoria Brown, RN, MSN Manager Public Health	
	Undertake immunization reviews as prescribed in collaboration with schools and child care facilities;	Victoria Brown, RN, MSN Manager Public Health	Immunization review completed at appointed time.
	Coordinate with all schools to implement strategies to improve immunization rates among students; and,	Victoria Brown, RN, MSN Manager Public Health	
	Continue an aggressive strategy of educational outreach through all local media including newspapers, television, radio, print publications, and web sites.	Victoria Brown, RN, MSN Manager Public Health	Two media episodes per year on immunization education topics will occur annually.
Work intensively with the schools and providers in Ashland to decrease rate of religious exemptions in Ashland children.	James Shames, MD Health Officer		

G. ACTION PLAN FOR PERINATAL HEALTH

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

Objectives	Action Steps	Responsible Party	Evaluation
Jackson County's Local Health Department and Authority will work through direct means to promote the health of women of childbearing age, provide timely and comprehensive pre-natal care services, and reduce infant mortality rates through culturally- and linguistically-appropriate service delivery.	1. Provide site-based and home-based maternity case management services to a minimum of two hundred high risk women.	Victoria Brown, RN, MSN Manager Public Health	Jackson County's rate for inadequate pre-natal care shall be no more than 6.0 during any calendar year.
	2. A Perinatal Task Force representative of the Perinatal Health Care System will convene bi-monthly to address identified issues.	Victoria Brown, RN, MSN Manager Public Health	By 2010, at least 95% of all pregnant women in Jackson County will receive adequate pre-natal care.
			At no time shall Jackson County's low birth weight infant rate exceed 55.0.

H. ACTION PLAN FOR BABIES FIRST!

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

Objectives	Action Steps	Responsible Party	Evaluation
Jackson County's Local Health Department and Authority will promote the physical, social, and mental health of at-risk infants and children through the direct provision of site- and home-based visiting services (i.e., targeted case management services).	1. During the twelve-month project period, the Local Health Department's targeted case management program will provide a minimum of 2,000 visits on behalf of a minimum of 400 unduplicated eligible children.	Victoria Brown, RN, MSN Manager Public Health	90% of all infants and children who receive targeted case management services shall be age-appropriately immunized.
	2. During the twelve-month project period, the Local Health Department will retain the services of 4.2 FTE maternal child health nurses to achieve the aims of the Babies First! Project.	Victoria Brown, RN, MSN Manager Public Health	100% of all infants and children who receive targeted case management services and who are identified as being at nutritional risk will be provided with, or referred to, appropriate interventions.
	3. During the twelve-month project period, the Local Health Department will retain the services of 1.0 FTE para-professional outreach workers and home visitors to achieve the aims of the Babies First! Project.	Victoria Brown, RN, MSN Manager Public Health	100% of all infants and children who receive targeted case management services and who evidence needs for specialized services, shall be assisted in accessing and following-through with appropriate interventions (e.g., medical specialty services, speech therapy, child development services, etc.).
	4. On a continuous basis throughout the project period, 100% of infants served by the Babies First! Project who are in need of specialized services will be provided with referral assistance and adequate supports to ensure that referrals were kept and that families complied with intervention protocols recommended by the specialist to whom referrals were made.	Victoria Brown, RN, MSN Manager Public Health	

I. ACTION PLAN FOR FAMILY PLANNING

Current Condition or Problem: (A) Jackson County's five-year adolescent pregnancy rate is 10.0%, which is more favorable than Oregon statewide norms, yet greater than Oregon's benchmark.

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

J. ACTION PLAN FOR ENVIRONMENTAL HEALTH

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

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

K. ACTION PLAN FOR HEALTH STATISTICS

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

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

L. ACTION PLAN FOR INFORMATION AND REFERRAL

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

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

M. Public Health Emergency Preparedness 2009-2010

Current Condition or Problem:

Preparedness resources are limited through Grant funds which allow the county to minimally meet Program Element-12 (PE-12) requirements on a routine basis. Should a large-scale emergency event occur, Jackson County's Health and Human Services (HHS) ability to respond effectively to that disaster while ensuring we meet our mission which is to plan, coordinate and provide public services that protect and promote the health and well being of county residents, could be jeopardized.

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

N. ACTION PLAN FOR DIABETES

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

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

O. ACTION PLAN FOR AIDS AND HIV+

Current Condition or Problem:

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

P. ACTION PLAN FOR CHILD AND ADOLESCENT HEALTH

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

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

Q. ACTION PLAN FOR SAFETY NET PRIMARY HEALTH CARE SERVICES

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

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

OFFICE OF FAMILY HEALTH
PERINATAL HEALTH PROGRAM PLAN
2009-2010

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

Return this form attached to e-mail to: patricia.r.westling@state.or.us
Pat Westling, 503-731-4117

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

1. Program Plan

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

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

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

A. Maternity Case Management

- 1. Are you planning to provide this service?**

Yes

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

100

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

B. Prenatal clinical care:

- 1. Are you planning to provide this service?**

No

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

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

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

C. Oregon MothersCare: (See Footnote)⁰

1. Are you Planning to provide this service?

Yes

2. If yes, how many pregnant women do you plan to provide with Oregon MothersCare access services (during 2010-11)?

400

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

.5 FTE

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

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

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

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

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

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

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

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

2. Assessment of Other Perinatal Health Activities

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

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

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

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

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

OFFICE OF FAMILY HEALTH
CHILD HEALTH PROGRAM PLAN
2009-2010

County Agency: JACKSON

Person Completing Form: Victoria Brown, RN, MSN

Phone: 541-774-8039

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

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

1. Program Plan

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

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

I. Babies First!

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

Total FTE in Babies First!: 2

II. Newborn Hearing Screening

- Coordination is occurring between hospitals, providers and Public Health.

III. Child Care Consultation

- Not involved

2. Assessment of Other Child Health Activities

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

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

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

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

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

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

3. Early Childhood System of Services and Support

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

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

ADOLESCENT HEALTH PROGRAM PLAN
2009-2010

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

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

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

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

Part 1. Program Plans

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

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

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

Part 2. Assessment of Current Activities Related to Adolescent Health

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

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

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

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

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

Part 3. Assessment of Future Interests Related to Adolescent Health

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

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

Office of Family Health

WOMEN'S & REPRODUCTIVE HEALTH PROGRAM PLAN

County Agency: JACKSON

Person Completing Plan: Victoria Brown, RN, MSN

Phone: 541-774-8039

E-mail Address: barbourvm@jacksoncounty.org

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

Karol Almroth, 503-731-4772

1. Please describe any plans you have for the upcoming fiscal year:
 - To open or close any family planning clinic sites
No
 - To add or reduce any FTE working in family planning
None
2. Please provide your plans for community education on family planning issues for the upcoming fiscal year.
 - Brochures
 - Website information
 - Presentation to Public Health Advisory Board
 - Yellow pages
3. Please identify any plans you may have to implement service improvements in the upcoming year. Such improvements could include any or all of the following, or others you might identify.
 - a. A plan for increasing the percentage of clients leaving the clinic with a birth control method and/or receiving most effective methods of birth control.
4. Expansion of services to include "wrap around" services such as supporting clients in the transition to prenatal care.
5. Please identify any additional **women's health services, activities or programs** you will be working on in the coming year. Identify those areas that you would like more information or technical assistance.

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

See additional file title x.

EVALUATION OF NUTRITION EDUCATION PLAN
FY 2009-2010

WIC Agency: Jackson County WIC
Person completing form: Debbie Watson
Date: March 18, 2010

Phone: (541) 774-8020

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

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

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

Year 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:

All staff completed all sections of the new Food Package module by December 31, 2009.

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

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:

The majority of our staff attended the 2009 WIC Statewide Meeting. The one certifier who did not watched the DVD of the presentation. Jackson County WIC has added a class called “The Seven Secrets of Baby Behavior” for pregnant women, and the information is also included in the Healthy Pregnancy class, and the Breastfeeding class. The Seven Secrets of Baby Behavior materials have been purchased from UC Davis to use in the classroom settings as well as 1:1 postpartum certifications. Calls received at the front desk are routed to a certifier to deal with infant cue information. The information has been very well received by WIC participants.

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?
- What changes, if any, were made?

Response:

Key Nutrition Messages and handouts were reviewed at the April 2009 staff meeting. Jackson County added to the Key Nutrition Messages relating to weaning from the bottle to a cup specifying that it be a cup that pours. We believe we have finally found a source for a 4-5 oz cup without a lid for our one year plus children that should eliminate the pooling of juice/milk around the teeth. A sample is on its way now. The only information missing in class materials was that Infants should not watch TV (AAP), and the actual time recommended for toddlers and preschoolers for planned physical activity. The message is being given but we do not yet have a handout. We will be working on that for our "Let's Play" class.

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?

FY 2009-2010 WIC Staff In-services

In-Service Topic and Method of Training	Core Competencies Addressed	Desired Outcome
<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>New Food Package Assignment Module</p> <p>Facilitated discussion using the Food Package Module from the State WIC office</p>	<p>This in-service covered competencies in the core areas of Nutrition Education, Critical thinking, and Communication</p>	<p>This in-service had the desired outcome that staff would be able to present the new food package information in a clear and easy to understand manner, and to feel comfortable with the information.</p>
<p>Oregon WIC Listens</p>	<p>This in-service covered competencies in the core areas of Nutrition Education and Nutrition Education</p>	<p>The desired outcome is to have Oregon WIC Listens incorporated into Nutrition Education classes with open ended questions and increase participation.</p>
<p>Fruit and veggie voucher training</p>	<p>This in-service covered competencies in Nutrition Education, and Communication</p>	<p>The desired outcome is to have WIC staff familiar with the differences with the Fruit and Veggie cash value voucher and the Farm Direct coupons related to where they can each be spent, and be able to serve as ambassadors at the Farmers Market and in the WIC office.</p>
<p>Going back to the basics- Breastfeeding training</p>	<p>This in-service addressed several competencies including Communication, Critical thinking, Nutrition Education, Anthropometric and biochemical data collection techniques, and Community Resources and Referrals</p>	<p>The desired outcome for this in-service is to provide additional Breastfeeding training, helping to provide ways to screen babies when there are problems with latching, weight loss, etc.</p>

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:

Between June 2009 and September 2009 staff were observed as time allowed by our Training Supervisor. The core components of participant centered services most consistently used are:

1. Opening the appointment/setting agenda
2. Affirms Participant
3. Asking open ended questions
4. Completes most of the assessment before educating
5. Allowing time for participant to talk
6. Working with the participant for next steps/plan
7. Soft skills

The staff is doing well in the majority of these items not only because we were part of Cohort 1 and have had lots of time to practice, but they are a great team and really care about the participants.

Those skills that we are still working on are:

1. Summarizing what participant has said and tying in the program eligibility and desired health outcomes.

This is not due to not buying in. We discuss OWL (Oregon WIC Listens) during every staff meeting and talk about ways to remember this. It has improved quite a bit and it is close to being part of the routine.

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:

Addressing OWL at our monthly staff meetings this past year has helped quite a bit to keep this subject at the forefront. Staff share any new ideas that they have come up to make OWL easier on an ongoing basis so that OWL is minimally affected during change. We also are trying to include continuing education training related to participant centered services about twice a year.

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:

Head Start was identified in my 2009-2010 Nutrition Ed Plan, but we changed that due to all of the time needed to spend with our Health Care Providers related to the new Medical Documentation Form. It was time well spent because things are now going much more smoothly. The food changes were easy to promote, the Medical Documentation Form took a lot more time. I was under the impression that the State WIC office was going to be educating the Health Care Providers but assumed that would be in person. In hind sight I should have gone to the office managers for the Health Care Providers to see how to best get this new information across.

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:

I have worked with Julie Reeder on numerous issues this past year, including Fresh Choices, and verified with her March 18, 2010 that all required is complete for now. If any follow-up is needed we will definitely participate.

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:

Jackson County WIC has much strength related to supporting breastfeeding. Nine of twelve certifying staff have attended the advanced breastfeeding training course and we plan to train the remainder this fall, if offered again. Our WIC agency breastfeeding policy has been "Baby Friendly" for over ten years, and has participated in the Breastfeeding Peer Counselor program from the start. Jackson County WIC identified 24 out of 27 items on the checklist as "Already doing quite a bit with room for improvement" and/or "We're Superstars!"

Areas needing improvement are:

1. Achieving the state designation as a Breastfeeding Mother Friendly Employer (we plan to achieve this by the end of next fiscal year)
2. No IBCLC on staff for a couple of years. We have two staff interested and are preparing to take the exam in 2011.
3. Promoting breastfeeding through local media. We have a banner that hangs out front but we have not done anything with the media.

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:

One thing we started this year is to provide a MOBY wrap to all mothers who are fully breastfeeding their baby at six months. This is to not only reward these moms for doing such a great thing for their baby, but also to send a message to the community that there are mom's who do fully breastfeeding for six months and beyond and perhaps encourage others to do the same. This has gone really well and we will continue to look for ways to promote breastfeeding exclusivity.

FY 2010 - 2011 WIC Nutrition Education Plan Form

County/Agency: Jackson County
Person Completing Form: Debbie Mote-Watson
Date: March 19, 2010
Phone Number: 541-774-8020
Email Address: watsondd@jacksoncounty.org

Return this form electronically (attached to email) to: sara.e.sloan@state.or.us
by May 1, 2010
Sara Sloan, 971-673-0043

Goal 1: Oregon WIC Staff will continue to develop their knowledge, skills and abilities for providing quality participant centered services.

Year 1 Objective: During planning period, staff will learn and utilize participant centered education skills and strategies in group settings.

Activity 1: WIC Training Supervisors will complete the Participant Centered Education e-Learning Modules by July 31, 2010.

Implementation Plan and Timeline: Jackson County's Training Supervisor has already completed the Participant Centered Education e-Learning Modules. We were part of a pilot and received the information ahead of time.

Activity 2: WIC Certifiers who participated in Oregon WIC Listens training 2007-2009 will pass the posttest of the Participant Centered Education e-Learning Modules by December 31, 2010.

Implementation Plan and Timeline: Jackson County was part of Cohort 1 and completed the Oregon WIC Listens early on. Our WIC Certifier staff will pass the posttest of the Participant Centered Education e-learning Modules posttest by August 30, 2010.

Activity 3: Local agency staff will attend a regional Group Participant Centered Education training in the fall of 2010.

Note: The training will be especially valuable for WIC staff who lead group nutrition education activities and staff in-service presentations. Each local agency will send at least one staff person to one regional training. Staff attending this training must

pass the posttest of the Participant Centered Education e-Learning Modules by August 30, 2010.

Implementation Plan and Timeline including possible staff who will attend a

regional training: All Jackson County Certifier staff that are able will attend the regional Group Participant Centered Education training in the fall of 2010.

Goal 2: Oregon WIC staff will improve breastfeeding support for women in the prenatal and post partum time period.

Year 1 Objective: During planning period, each agency will identify strategies to enhance their breastfeeding education, promotion and support.

Activity 1: Each agency will continue to implement strategies identified on the checklist entitled "Supporting Breastfeeding through Oregon WIC Listens" by March 31, 2011.

Note: This checklist was sent as a part of the FY 2009-2010 WIC NE Plan and is attached.

Implementation Plan and Timeline: We have three items that were identified as areas needing improvement:

1. Achieving the state designation as a Breastfeeding Mother Friendly Employer
2. No IBCLC currently on staff
3. Lack of promoting breastfeeding through local media.

We have chosen to become a Breastfeeding Mother Friendly Employer, and also attempt to tie in a story in the media about the process to encourage others as well. We also have two staff planning to take the IBCLC exam in 2011 so we hope to achieve all three.

Activity 2: Local agency breastfeeding education will include evidence-based concepts from the state developed Prenatal and Breastfeeding Class by March 31, 2011.

Note: The Prenatal and Breastfeeding Class is currently in development by state staff. This class and supporting resources will be shared at the regional Group Participant Centered Education training in the fall of 2010.

Implementation Plan and Timeline: Jackson County WIC will implement concepts and resources obtained from the state developed Prenatal and Breastfeeding Class regional Group Participant Centered Education training

offered in the fall of 2010.

Goal 3: Strengthen partnerships with organizations that serve WIC populations and provide nutrition and/or breastfeeding education.

Year 1 Objective: During planning period, each agency will identify organizations in their community that serve WIC participants and develop strategies to enhance partnerships with these organizations by offering opportunities to strengthen their nutrition and/or breastfeeding education.

Activity 1: Each agency will invite partners that serve WIC participants and provide nutrition education to attend a regional Group Participant Centered Education training fall 2010.

Note: Specific training logistics and registration information will be sent out prior to the trainings.

Implementation Plan and Timeline: Jackson County WIC will invite Early Head Start, Migrant Head Start and Healthy Start employees to the regional Group Participant Centered Education training in the fall of 2010

Activity 2: Each agency will invite community partners that provide breastfeeding education to WIC participants to attend a Breastfeeding Basics training and/or complete the online Oregon WIC Breastfeeding Module.

Note: Specific Breastfeeding Basics training logistics and registration information will be sent out prior to the trainings. Information about accessing the online Breastfeeding Module will be sent out as soon as it is available.

Implementation Plan and Timeline: Jackson County WIC will invite the partners mentioned in the above activity to attend a Breastfeeding Basics training and/or complete the online Oregon WIC Breastfeeding Module, depending upon the specifics provided by the State WIC office. We just recently invited Early Head Start to attend our Breastfeeding classes and our “Seven Secrets of Baby Behavior” class to help streamline the messages that we both are giving.

Goal 4: Oregon WIC staff will increase their understanding of the factors influencing health outcomes in order to provide quality nutrition education.

Year 1 Objective: During planning period, each agency will increase staff understanding of the factors influencing health outcomes.

Activity 1: Local agency staff will complete the new online Child Nutrition Module by March 31, 2011.

Implementation Plan and Timeline: Jackson County WIC Certifiers will complete the new online Child Nutrition Module by March 31, 2011 or as soon as it is available.

Activity 2: Identify your agency training supervisor(s) and projected staff quarterly in-service training dates and topics for FY 2010-2011. Complete and return Attachment A by May 1, 2010.

Agency Training Supervisor(s): Judy Harvey, RD

Attachment A
FY 2010-2011 WIC Nutrition Education Plan
WIC Staff Training Plan – 7/1/2010 through 6/30/2011

Agency: Jackson County WIC

Training Supervisor(s) and Credentials: Judy Harvey, RD

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	e-learning Module review and post-test	Prepare for the fall 2010 regional Group Participant Centered Education training
2	October 2010	Group Participant Centered Education	Incorporate Participant Centered Education into Group Education classes
3	March 2011	Prenatal and Breastfeeding class developed by the State WIC office	Obtain additional Participant Centered Education skills to present information for the Prenatal and Breastfeeding classes
4	May 2011	Civil Rights	Mandatory annual training

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	Our clinic has followed the Breastfeeding Friendly policies for at least 15 years.	
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				We have recently sent a request to obtain more information on how to become a breastfeeding friendly employer.	We plan on complying with the breastfeeding friendly employer standards by the end of this fiscal year
3. Breastfeeding promotion knowledge, skills and attitudes are part of position descriptions and the employee evaluation process.					X	<ul style="list-style-type: none"> The certifier's job description includes breastfeeding knowledge, skills and attitudes. Prospective employees are asked questions relevant to breastfeeding attitudes, skills and knowledge during the interview process. Breastfeeding knowledge, attitudes and skills are part of the annual evaluation process. 	
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		Many certifiers feel comfortable using OWL techniques when discussing breastfeeding topics with WIC participants.	During the OWL section of our monthly staff meetings, the breastfeeding coordinator can bring up a breastfeeding question or statement. The staff can then talk about how they'd use their OWL skills in that situation.
2. All WIC staff have completed the breastfeeding module level appropriate for their position.					X	All of our WIC staff have completed the appropriate level of the breastfeeding module for their position.	
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. (Note: A sufficient number based on your agency's caseload and the need for breastfeeding services.)					X	9 of 12 certifying staff have attended the advanced breastfeeding training at Evergreen or with Dixie Whetsell in Portland.	Have 100% of certifier staff attend the advanced breastfeeding training.

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!

4. Our WIC agency has an IBCLC on staff.			X			Two bilingual certifiers are planning to take the IBCLC exam in July of 2011.	Provide time for these certifiers to meet requirements to take the exam, including shadowing other IBCLC's, attending additional advanced breastfeeding training, etc.
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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	Certifiers ask open-ended questions like... "What have you heard about breastfeeding?" Then based on the participants response, the certifier uses OWL skills like affirmation etc., educates and refers to the breastfeeding class, breastfeeding peer counselor, private follow-up or MD/IBCLC on individual needs.	
2.	WIC staff help women to recognize their own unique strengths which will help them breastfeed successfully.				X	Certifiers and clerical staff will encourage a breastfeeding mother by using affirmations and other OWL skills.	
3.	WIC staff prepare women to advocate for themselves and their infants during the hospital or home birth experience.				X	*Breastfeeding class talks about the client making a birthing plan that discusses their breastfeeding plan during their hospital stay (decreased visiting hours, no pacifiers, bottles, etc.) *Breastfeeding class talks about the client making a post-partum plan for self-care.	<ul style="list-style-type: none"> Breastfeeding Coordinator can actually make up a sample Birthing Plan for participant to see and fill out in case they don't get one from their OB or don't attend a birthing class. Breastfeeding Coordinator can actually make up a sample post-partum plan for self-care for a visual learning tool and a blank one for the participant to fill out and discuss with their partner.
4.	WIC staff encourage women to fully breastfeed, unless contraindicated.				X	Certifiers state risks from not breastfeeding and assist in obtaining information from resources such as Medication and Mothers Milk, Thomas Hale to discuss with their MD's.	
5.	Women planning to combine breastfeeding and formula feeding are informed of the impact on breastfeeding and potential health risks.				X	Certifiers discuss the risks of supplementation to baby and mother's health and to the entire breastfeeding experience. Staff encourages more breastfeeding and as little supplementation as possible.	
6.	WIC staff teach women infant behavioral cues and how these relate to breastfeeding success.				X	Breastfeeding class discusses breastfeeding cues, sleep cycle and basic baby communication. *A prenatal class is offered for all women, breastfeeding and non-breastfeeding. It covers baby basics and includes how knowing your baby's language and development can impact the breastfeeding experience. *Intro to Solids class goes over infant communication and development and how introducing solids can change the breastfeeding experience.	
7.	WIC staff help women prepare for breastfeeding after returning to work or school.				X	Breastfeeding class mentions what support services are available through WIC and Oregon Breastfeeding Labor laws and how they might relate to their circumstance. The client is informed when to call WIC for an appointment to help assist them with their plans through factual information, anticipatory guidance and by issuing pumps, etc.	

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!

D. Postpartum Education and Support							
1. Our WIC agency offers breastfeeding support throughout the postpartum period.				X		<ul style="list-style-type: none"> Breastfeeding Support Providers call and receive calls to help support breastfeeding mothers as long as the mother wants to keep contact with them. Pumping Options class helps to prepare women for separation from their babies by offering education, anticipatory guidance and pumps. Specific scheduled time allotted for returning phone calls and seeing walk-ins. 	A post-partum mother's group is being considered for both English and Spanish participants.
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		<ul style="list-style-type: none"> Breastfeeding Support Providers are making appropriate contacts. WIC Certifiers make contact with any mother seeking help. 	
3. WIC staff with advanced breastfeeding training are available to assess, assist and/or refer all mothers requesting breastfeeding help within one business day of her contacting the WIC office.					X	<ul style="list-style-type: none"> 9 of 12 certifiers have Advanced Lactation Education training. There is an allotted time in the schedule for returning phone calls on a daily basis. 	Sometimes the participants do not answer the call back at the end of the day. Certifier staff have been cross trained to cover clerical and try to take phone calls as they are received.
4. WIC staff encourage and support mothers to fully breastfeed throughout the post-partum period, unless contraindicated.					X	When hiring, we make sure the prospective employee is pro-breastfeeding.	
5. Breastfeeding mothers wanting to combine breastfeeding and formula feeding are informed of the impact on breastfeeding and potential health risks.				X		Using OWL skills and providing evidence based information, we are learning how to communicate with the client when there are sensitive issues at hand.	
6. WIC staff teach women about infant behavioral cues and how these relate to breastfeeding success.			X			<ul style="list-style-type: none"> Prenatal, Baby Behavior, Breastfeeding, and Intro to Solids classes all cover baby behavior and how it relates to breastfeeding. Using OWL techniques during certification helps certifiers to affirm and provide anticipatory guidance relating to baby behavior and breastfeeding success. 	
7. Our agency provides breast pumps when needed.					X	9 of 12 certifiers have advanced breastfeeding training and understand the benefits and possible impediments of pumping. State guidelines are followed.	

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!

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 post-partum.				X	By the state guiding us through Fresh Choices, we now are able to confidently inform women, who plan on breastfeeding, how we as an organization can support their breastfeeding intentions by not providing artificial baby milk (formula) the first month and by providing breastfeeding guidance through our breastfeeding support providers, lactation educators, breastfeeding classes and referrals to local community support systems.
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	By using OWL, open-ended questions, paraphrasing, etc., certifiers are able to make accurate assessments to baby's formula intake and needs, and mother's breastfeeding intentions. The certifier then is able to provide fact based guidance to help the mother protect her milk supply.
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	SOLA is our local breastfeeding coalition which meets periodically.
2.	Our agency staff collaborate with nurses, lactation staff and physicians at area hospitals to support breastfeeding in the community.				X	Collaboration with mutual clients takes place between WIC and local hospital IBCLC's, private practice IBCLC's and physicians; and MCH nurses, when there is a concern or need for clarification.
3.	Our agency staff communicate with local medical providers on a regular basis to promote breastfeeding and WIC services.				X	<ul style="list-style-type: none"> • Communication about WIC services and breastfeeding takes place through WIC representation at regular, local SOLA meetings. • Through distributing WIC outreach materials to local Pediatrician and OB offices, and county services, breastfeeding and WIC services are promoted.
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.			X		A breastfeeding promotion banner hangs outside the health department in the breezeway to promote breastfeeding to the general public. This banner is rotated regularly with other health promotion banners. It states "Mothers Milk – the world's best baby food."

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!

Due Date: May 1
Every year

Immunization Comprehensive Triennial Plan

Jackson County Health Department:

Plan A - Continuous Quality Improvement: Reduce Vaccine Preventable Disease

Calendar Years 2009-2011

Year 1: July 2009-December 2009						
Objectives	Activities	Date Due / Staff Responsible		Outcome Measure(s)	Outcome Measure(s) Results	Progress Notes
A. Decrease late start rate (LSR) by 3% over the next 3 years	1. Gather educational and motivational immunization information for expecting and new mothers including handouts, free coupons and JCHD refrigerator magnets (JCHD as an accessible immunizer in Jackson County and importance of starting vaccinations on-time).	8/09	MS/SB	1. Material selected, obtained, or created by 8/31/2009	50 each to Hospitals 50 to MCH 50 to IMM Completed by 10/30/09 Alert logins created and training given to 4 MCH RNs. Completed by 1/20/10	Materials and magnets distributed to all three hospitals, all JC maternal child nurses and given to JC pt coming in for first immunizations 2/10/10 ACH used all and requested more magnets. 3/5/10 More magnets requested by ACH birth center, supplies ordered and given 60 to ACH
	2. Distribute above materials to childbirth education classes at all 3 area hospitals, OB clinics, selected providers, midwives, Family Nurturing Center, WIC and Healthy Babies clients through On Track and Mom's Home Program.	12/09	MS	2. At least 50 facilities agreed to have handouts and/ coupons on site by 12/31/09		
	3. Conduct a training for all MCH RNs to provide immunization education, reminders and magnets to parents at home visits.	12/09	MS	3. All MCH RNs providing immunization education at home visits to improve vaccine compliance as documented in ORCHIDS. 4. Jackson County HD LSR decreased by 1% by 12/31/2009		
B. Late start UTD rate will increase to 44% over next 3 years	1. Request 1 IRIS report listing those receiving 1 DTaP later than 3 months and not returning >3 months.	7/09	CI	1. Late start UTD increased to 37% by Dec. 31, 2009	16% late starts received shots by 8/09. Catch-up schedule instruction given.	4/27/09 report of 6 children. 3 with 4 th DTaP due after 9/15/09. 1 child had 4 th DTaP 11/27/09. Found 1 4 th DTaP on ALERT. 1/4/10 2 letters sent for DTaP 4 due.
	2. Contact parent regarding need for shots once.	8/09	CI	2. 25% of children received forecasted shots.		
	3. Conduct training for 5 OAs and 3 RNs on catch-up schedule use with late starters.	6/09	CI	3. OAs and 3 RNs trained to use the catch-up schedule by 6/30/09.		

Year 1: July 2009-December 2009 – CONTINUED

Objectives	Activities	Date Due / Staff Responsible		Outcome Measure(s)	Outcome Measure(s) Results	Progress Notes
C. Increase 2 year old up-to-date rate to 68%	1. Run DTaP due report from IRIS two times. 2. Contact parent by letter and/or phone with need for shots.	12/09	CI	1. DTaP report run two times and parents contacted by 12/31/09 2. UTD rate increased to 68%	Report done 4/2/09 and 1/4/10.	Time priority to H1N1 outbreak and vaccine given Aug. to Dec. 09.
D. Reduce missed shot rate to 28%	1. Ensure all OAs use IRIS or ALERT to forecast shots for every visit. 2. Instruct OAs when to use codes N04 or no valid history. 3. Run shots not given report 10/09. 4. Provide training to RNs to discuss giving all shots due with parents when N04 coded.	8/09	CI	1. Shots not given report < 30 not forecasted 2. Missed shot rate 28% or lower	From 5/1/09 to 6/30/09 18 shots (8 children) not forecasted. RN's discuss shots due and schedule with parents.	Unable to run report 10/09 due to H1N1 outbreak. E-mailed sites to RN's that dealt with vaccine – hesitant parents.

Immunization Comprehensive Triennial Plan

<p>Due Date: May 1 Every year</p>
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**Jackson County Health Department:
Plan A - Continuous Quality Improvement: Reduce Vaccine Preventable Disease
Calendar Years 2009-2011**

Year 2: January 2010-December 2010						
Objectives	Activities	Date Due / Staff Responsible		Outcome Measure(s)	Outcome Measure(s) Results	Progress Notes
A. Decrease late starts by 3% by 2011	1. Coordinate with WIC staff to provide WIC in-service training for completing immunization screening and referral to medical home or JCHD with every newborn visit	2/10	WIC/	1. WIC staff in-service completed by 2/28/10	WIC contest to start 4/12/10. Start delayed rt staff shortages and H1N1. For months of Feb. and Mar. of 2010, 20 coupons were collected.	To be completed for the CY 2010 Report
		2/10	MS	2. WIC contest completed and prize distributed by 4/15/2010		
	2. Create contest for WIC certifiers whose clients follow up with immunizations using free coupon.	3/10	MS	3. At least 50 WIC coupons redeemed by 12/31/10		
	3. Engage local MDs to create PSAs to advertise JCHD's ability to provide childhood vaccines to all children in the region regardless of insurance status.	6/10	SB	4. PSAs created and broadcast on local radio stations by 12/31/2010		
	4. Broadcast PSAs advertising JCHD Immunization Program on local radio (TV) stations.	12/10	SB	5. Late start rate decreased to 18% by 12/31/10		
	5. Continue to distribute materials 3 times per year to childbirth education classes at all 3 area hospitals, OB clinics, selected providers, midwives, Family Nurturing Center, WIC and Healthy Babies clients through On Track and Mom's Home Program.	4/1/10 8/1/10 12/1/10	MS			
B. Late start UTD rate will increase to 44% over next three years.	1. Request IRIS report twice yearly listing those receiving 1 DTaP later than 3 months and not returning >3 months.	4/10 8/10	CI	1. If available, reviewed IRIS reports.	To be completed for the CY 2010 Report	To be completed for the CY 2010 Report
	2. Continue to contact parents regarding need for shots twice yearly.	6/10 12/10	CI	2. All late starts contacted by 5/31/10 and 11/30/10		
	3. Assess OAs and RNs understanding of catch-up schedule to use with late starters with test cases. Re-train as necessary.	6/10	CI	3. Created test cases for assessing OAs and RNs by 6/1/10		
				4. OAs and RNs assessed and retrained as necessary by 6/30/10		
				5. Late start UTD rate increased to 40% by 12/31/10		

Year 2: January 2010-December 2010 – CONTINUED

Objectives	Activities	Date Due / Staff Responsible		Outcome Measure(s)	Outcome Measure(s) Results	Progress Notes
C. Increase 2 year old up-to-date rate to 69%	<ol style="list-style-type: none"> 1. Run DTaP due report from IRIS 3 times. 2. Contact parent by letter and/or phone with need for shots. 	11/10	CI	1. DTaP report run 3 times and parents contacted by 11/30/10	To be completed for the CY 2010 Report	To be completed for the CY 2010 Report
		11/10	CI	2. UTD rate increased to 69% by 12/31/10		
D.Reduce missed shot rate to 27%	<ol style="list-style-type: none"> 1. Run shots not given report twice annually. 2. Provide RN's references to discuss vaccine safety and schedule with parents. 	11/10	CI	1. Not forecasted shots will be < 25	To be completed for the CY 2010 Report	To be completed for the CY 2010 Report
		5/10	CI	2. Missed shot rate 27% or lower		

Immunization Comprehensive Triennial Plan

<p>Due Date: May 1 Every year</p>
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Jackson County Health Department:
Plan A - Continuous Quality Improvement: Reduce Vaccine Preventable Disease
Calendar Years 2009-2011

Year 3: January 2011-December 2011						
Objectives	Activities	Date Due / Staff Responsible		Outcome Measure(s)	Outcome Measure(s) Results	Progress Notes
A. Decrease late starts by 3% by 2011	1. Obtain informal feedback from providers and organizations given handouts, coupons and magnets.	4/11	MS/SB	1. Informal feedback received from providers and organizations by 4/30/11	To be completed for the CY 2011 Report	To be completed for the CY 2011 Report
	2. Continue a minimum of two successful activities from previous years as determined by outcome measure(s) results	6/11	MS/SB	2. Late start rate will decrease to 16% by 2011		
B. Late start UTD rate will increase to 44% over next 3 years	1. Continue to request IRIS report twice yearly listing those receiving 1 DTaP later than 3 months and not returning >3 months.	4/11 8/11	CI	1. Reviewed IRIS report twice yearly.	To be completed for the CY 2011 Report	To be completed for the CY 2011 Report
	2. Continue to contact parents regarding need for shots twice yearly.	6/11 12/11	CI	2. All late starts contacted by 5/31/11 and 11/30/11.		
	3. Use IRIS to track late starts for progress.	7/11	CI	3. Late start UTD increased to 44% by 12/31/11.		

Year 3: January 2011-December 2011 – CONTINUED

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

Immunization Comprehensive Triennial Plan

**Due Date: May 1
Every year**

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

Year 1: July 2009-December 2009						
Objectives	Activities	Date Due / Staff Responsible		Outcome Measure(s)	Outcome Measure(s) Results	Progress Notes
A. Provide 2 AFIX exchanges for Jackson County VFC providers by 2011	1. Set date and time for event. 2. Reserve facility. 3. Contact vaccine manufacturer representative to sponsor event meal. 4. Work with OIP HE to create “save the date” e-mail and postcards. 5. E-mail and send postcard “save the date” notices to 33 VFC clinics.	7/09 7/09 10/09 10/09 12/09	CI CI CI CI	1. Date, time and place set by 7/31/09. 2. Meal funded by vaccine manufacturer. 3. E-mail and postcard notices created by 10/31/09. 4. 33 clinics received “save the date” notices by 12/31/09.	AFIX meeting scheduled for 4/22/10 at Smullin Center in Oct., 2009. Sanofi agreed to fund breakfast and save-the-date e-mailed in Jan., 2010	H1N1 outbreak delayed planning meeting.

Immunization Comprehensive Triennial Plan

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

<p>Due Date: May 1 Every year</p>
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Year 2: January-December 2010

Objectives	Activities	Date Due / Staff Responsible		Outcome Measure(s)	Outcome Measure(s) Results	Progress Notes
<p>A. Provide AFIX exchange for Jackson County VFC providers</p>	1. Work with OIP HE to create and send invitations to 33 VFC clinics.	2/10	CI	1. Invitations created and sent to 33 VFC clinics by 2/28/10.	<p>Invitation sent by e-mail and standard mail to those without e-mail 3/16/10 to 28 clinics.</p> <p>Attendee list compiled 2/1/10.</p>	<p>To be completed for the CY 2010 Report</p>
	2. List of RSVP'd attendees compiled.	3/10	CI AS	2. Attendee list compiled by 3/31/10.		
	3. Exchange done by 6/10.	6/10	CI AS	3. At least 35% of invited clinics attend exchange.		
	4. Create provider survey to evaluate exchange.	3/10	CI AS	4. Survey created by 3/31/10.		
	5. Compile and analyze exchange evaluation. Include AFIX staff, OIP HE and county RN's in discussion.	7/10	CI AS	5. Compiled and analyzed evaluation results by 7/31/10.		
	6. Set date and time for 2011 exchange and reserve facility.	11/10	CI	6. Date, time and place set for 2011.		
	7. Contact vaccine manufacturer representative to sponsor event meal.	12/10	CI	7. Meal funded by vaccine manufacturer by 11/30/10.		

Immunization Comprehensive Triennial Plan

<p>Due Date: May 1 Every year</p>
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**Jackson County Health Department:
Plan B – Community Outreach and Education
Calendar Years 2009-2011**

Year 3: January 2011-December 2011						
Objectives	Activities	Date Due / Staff Responsible		Outcome Measure(s)	Outcome Measure(s) Results	Progress Notes
<p>A. Provide 2nd AFIX exchange for Jackson County VFC providers by end of 2011</p>	1. Work with OIP HE to modify “save the date” notices.	3/11	CI	1. 33 VFC clinics received modified “save the date” notices by 3/31/11.	<p>To be completed for the CY 2011 Report</p>	<p>To be completed for the CY 2011 Report</p>
	2. Send e-mail and postcard “save the date” notices to 33 VFC clinics.		CI	2. Invitations modified and sent to 33 VFC clinics by 4/30/11.		
	3. Modify and send invitations to 33 VFC clinics.	4/11	CI/AS	4. Compiled and analyzed evaluation results by 7/31/11.		
	4. Exchange done by 6/11.	6/11	CI/AS	5. Decision made regarding future events by 10/31/11.		
	5. Compile and analyze exchange evaluation and discuss with RN staff, OIP HE and AFIX staff.	7/11	CI/AS			
	6. Based on evaluation decide if future events would be warranted.	10/11	CI/AS			

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

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

Agency Name: **Jackson County**

Date: 4/15/05

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

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

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

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

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

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

PERINATAL HEALTH PROGRAMS

Perinatal Program Plan and Budget

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

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

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

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

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

Add additional comments on page 4

CHILD AND ADOLESCENT HEALTH PROGRAMS

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

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

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

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

Add additional comments on page 4

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

Perinatal Health Programs:

Child Health Programs:

Adolescent Health Programs:

Other Needs or Comments:

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

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

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

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

Office of Family Health

FAMILY PLANNING PROGRAMS

Name of Person Completing Plan: Victoria Brown, RN, MSN
Phone: 541-774-8039 E-mail Address: barbouvm@jacksoncounty.org

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

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

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

Further cultivate referral relationship with WIC program.

Increase web page presence.

3. Please provide your plans for community education on family planning issues for the 2010 – 2011 fiscal year, including how you intend to evaluate these activities.

4. Please provide your plans for Quality Improvement in the 2010 - 2011 fiscal year, including how you intend to evaluate these activities.

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

Monitor Chlamydia tests ordered outside of IPP criteria. Percentage of tests outside of the criteria are within the state guidelines.

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

Target education based on patient needs/motivation. Solicit verbal feedback from clients.

Complete review of all printed material by community advisory board annually.
Evaluation: materials reviewed and evaluated and best materials retained for use.

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

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

Agency: Jackson County Public Health

Contact: Victoria Brown, RN, MSN

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

Problem Statement	Objective(s)	Planned Activities	Evaluation
Financial constraints limit ability to provide IUD's and Implanon for full budget year.	Discontinue offering Implanon due to lower utilization.	<ol style="list-style-type: none"> 1. Review per month spending for IUD's and Implanon for July-September 2008 and check number of IUD and Implanon insertions for those months. 2. Convene meeting with clinic staff to discuss any unidentified influences which could increase or decrease the number of IUD's and Implanons inserted. 3. Assess budget for Family Planning pharmaceuticals and develop possible allocation plan to make a set of IUD's and Implanons available each month. 4. Implement allocation plan based on projections. 	<ol style="list-style-type: none"> 1. Monthly monitoring of expenditures for contraception supplies and devices with specific attention to IUD's and Implanon. 2. Monthly spending limits maintained.

Listing of Contracts and Contracted Services

Public Health

Asante Health System	PA chest X-rays
Ashland School District	Operating Agreement
Care Oregon	Allows Jackson Co. to provide services to Care Oregon members
Charter Media	Production of 30 second spot
Charter Media	Running the spot in the month of February 2010
Charter Media	Running the spot in the month of March 2010
Community Health Center	Health Educator
Cowley, Linda	Transcription services
DHR #51131	Babies First Targeted Case Management
DHS #043153	Trading Partner Agreement
DHS #109770	Facilitator – may provide OHP applications to eligibles
DHS	Trading Partner Agreement
DHS	Medical Provider Enrollment Agreement (FPEP)
DHS-OIS	Business Assoc Memorandum of Understanding
DHS #128013	IGA for public health funding
DHS #129965	My Future My Choice
Harris, Linda	Reproductive health services
HCCSO	Eliminating Disparities
HCCSO	Lease agreement
HCCSO	Services of a Data Analyst
J C School District #6	Operating Agreement
Josephine County	Services of Dr. Shames
Journeys Unlimited LLC	Tobacco Prevention at RCC
LCDV	(4) SBHC
Medford Radiological Group	PA X-rays
Medford School District	Operating agreement
Mid-Rogue Independent Physicians	Public Health Services Agreement
Multnomah County	Comm Disease Database
Nurse On Call – PRN	H1N1 Calls
ODS	Participating OR Clinic
ODS	Participating Clinic - OHP
OHSU	CaCoon Program
Oregon SBHC	Sub-grant agreement
OHSU	Student Nurses
Phoenix-Talent School District	My Future My Choice
PMMC	Chest X-rays
Rogue River School District	My Future My Choice
RVCOG	Healthy Community Program
RVMC	Laboratory Services Contract
Sierra West Linen	Linen cleaning service
Vista Pathology	Pap smears
West Family Foundation	Ashland SBHC grant
West Main Pharmacy	Meds for Ryan White Clients

WIC

Gan, Daniel	Cantonese Translation Services
Heynen Interpreting Services	Interpreting Services
Holzshu, Molly Kingsley	Interpreting Services
OHSU	Dietetic interns
Teletask, Inc	Maintenance for autodialer system for WIC

Environmental Health

Ashland Fire & Rescue	ASA #3
DEQ #010-10	Air Quality Program
DHS #128892	Drinking Water Program
DHS #128301	Foodborne Illness Prevention Program
Josephine County	Mutual Aid agreement

Lane County
Mercy Flights
Rogue River Ambulance Service

On-line Food Handlers Testing
ASA #2
Assignment of Ambulance Service

Supervising Physician Program

Applegate Fire District #9
Ashland, City of
Event Medical Services of SO
Jackson County Fire District #3
Jackson County Fire District #4
Jackson County Fire District #5
Jackson County Fire District #6
Jacksonville Fire Department
Medford, City of
Mercy Flights
Pro-Tec Fire Services
Prospect RFPD
Rogue River Rural Fire Protection District

Supervising Physician Program
Supervising Physician Program

School Food Service Inspections

Ashland School District
Butte Falls School District
Eagle Point School District
J C School District #6
Medford School District
Phoenix-Talent School District
Prospect School District
Sacred Heart School
Rogue River School District
Three Rivers School District

Food Service Inspections
Food Service Inspections

Animal Control

All Creatures Animal Clinic
Animal Medical Hospital
Ashland Veterinary Hospital
Bear Creek Animal Clinic
Best Friends Animal Clinic
Best Friends Animal Clinic of
Best Friends Animal Hospital
IKON
Jacksonville Veterinary Hospital
Jacksonville Veterinary Hospital
Lakeway Veterinary Hospital
Lithia Springs Animal Clinic
Medford Animal Hospital
Medford, City of
Mountain View Veterinary Clinic
Phoenix Animal Clinic
Rogue River Community Ctr
Roxy Ann Veterinary Hospital
Shady Cove, City of
Siskiyou Veterinary Hospital
Southern Oregon Humane Society
Town of Butte Falls
West Main Animal Hospital

Dog License Sales
Veterinary Services
Maintenance of copier at Animal Shelter
Dog License Sales
Medical Services
Dog License Sales
Dog License Sales
Dog License Sales
Dog License Sales
Dead Animal Pick-up
Dog License Sales
Dog License Sales
Dog License Sales
Dog License Sales
Dead Animal Removal
Dog License Sales
Dog License Sales
Dog License Sales
Dog License Sales

Regional Preparedness

DHS #122974

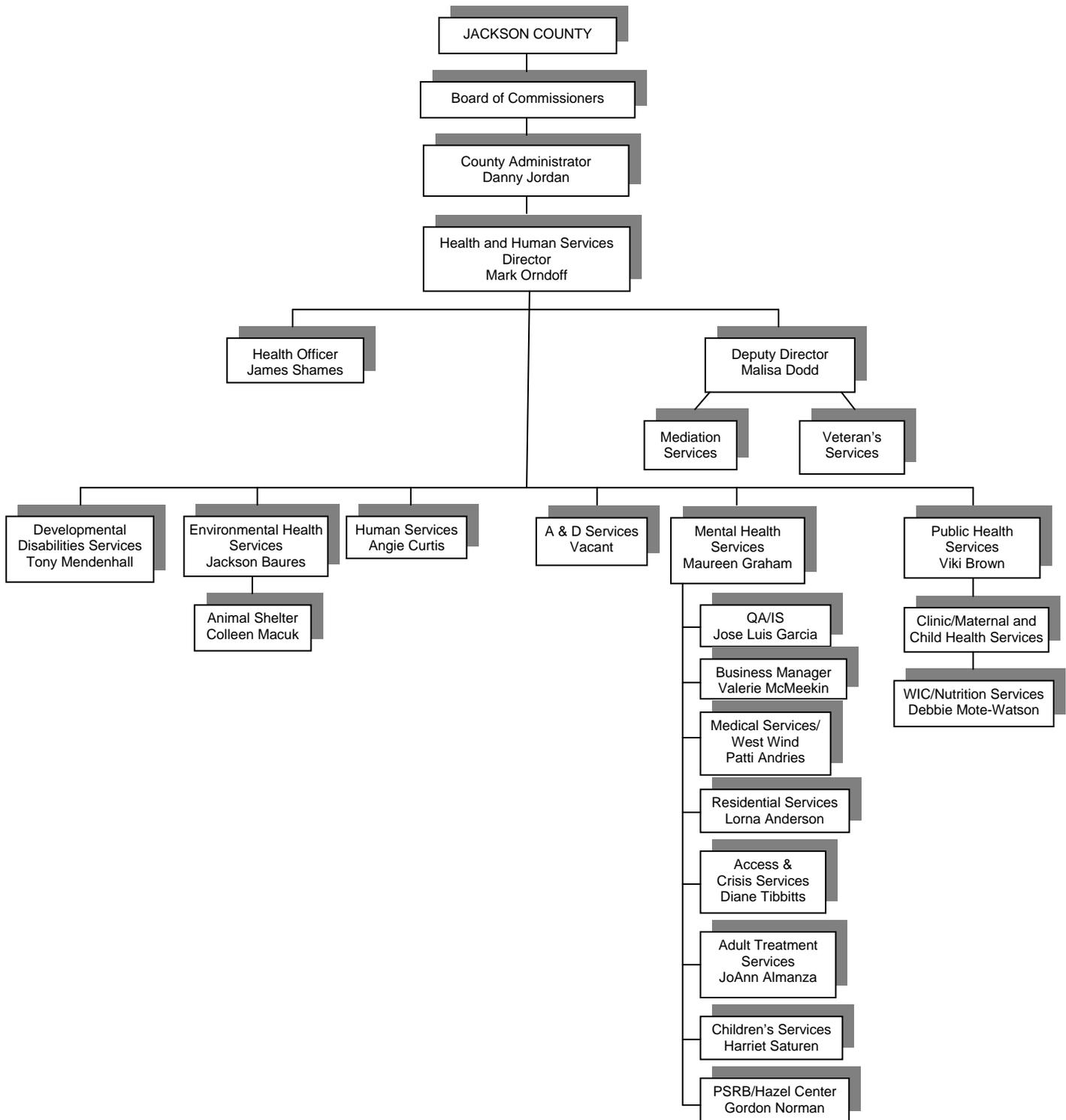
Regional Healthcare Preparedness

Preparedness

Amateur Radio Emergency Services
Charter Business Networks
Charter Business
DHS #129363
Hecox, Kerri MD

Acknowledgement
Internet Access Service
Monthly line charge
GIS Data Tool
Assume Deputy Health Officer

IV. ADDITIONAL REQUIREMENTS



IV. SUMMARY OF UNMET NEEDS AND GAPS IN SERVICE

A. Promoting the Public's Health

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

B. Environmental Health

As Environmental Health is fee-supported, resources are not available to adequately address toxic blue-green algae blooms in lakes, suspect rabid animal contact with pets, indoor air quality (e.g. mold) complaints, viral gastroenteritis outbreaks, and other community health hazards and concerns that may arise.

C. Maternal, Child, and Perinatal Health

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

VI. BUDGET PRESENTATION

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

VII. Minimum Standards

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

Organization

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

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

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

Control of Communicable Diseases

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

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

Environmental Health

47. Yes No ___ Food service facilities are licensed and inspected as required by Chapter 333 Division 12.
48. Yes No ___ Training is available for food service managers and personnel in the proper methods of storing, preparing, and serving food.
49. Yes No ___ Training in first aid for choking is available for food service workers.
50. Yes No ___ Public education regarding food borne illness and the importance of reporting suspected food borne illness is provided.
51. Yes No ___ Each drinking water system conducts water quality monitoring and maintains testing frequencies based on the size and classification of system. Required. Follow up with operator if not done.
52. Yes No ___ Each drinking water system is monitored for compliance with applicable standards based on system size, type, and epidemiological risk.
53. Yes No ___ Compliance assistance is provided to public water systems that violate requirements.
54. Yes No ___ All drinking water systems that violate maximum contaminant levels are investigated and appropriate actions taken.
55. Yes No ___ A written plan exist s for responding to emergencies involving public water systems.
56. Yes No ___ Information for developing a safe water supply is available to people using on-site individual wells and springs.
57. Yes No ___ A program exists to monitor, issue permits, and inspect on-site sewage disposal systems. Now with DEQ as of 2008.

- 58 Yes No ___ Tourist facilities are licensed and inspected for health and safety risks as required by Chapter 333 Division 12.
- 59 Yes No ___ School and public facilities food service operations are inspected for health and safety risks.
- 60 Yes No ___ Public spas and swimming pools are constructed, licensed, and inspected for health and safety risks as required by Chapter 333 Division 12.
- 61 Yes No ___ A program exists to assure protection of health and the environment for storing, collecting, transporting, and disposing of solid waste. Administered through County Administration.
- 62 Yes No ___ Indoor clean air complaints in licensed facilities are investigated.
- 63 Yes No ___ Environmental contamination potentially impacting public health or the environment is investigated.
- 64 Yes No ___ The health and safety of the public is being protected through hazardous incidence investigation and response.
- 65 Yes No ___ Emergency environmental health and sanitation are provided to include safe drinking water, sewage disposal, food preparation, solid waste disposal, sanitation at shelters, and vector control.
- 66 Yes No ___ All license fees collected by the Local Public Health Authority under ORS 624, 446, and 448 are set and used by the LPHA as required by ORS 624, 446, and 448.

Health Education and Health Promotion

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

Nutrition

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

Older Adult Health

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

Parent and Child Health

- 82 Yes No ___ Perinatal care is provided directly or by referral.
- 83 Yes No ___ Immunizations are provided for infants, children, adolescents and adults either directly or by referral.
- 84 Yes No ___ Comprehensive family planning services are provided directly or by referral.

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

Primary Health Care

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

Cultural Competency

- 99 Yes No ___ The local health department develops and maintains a current demographic and cultural profile of the community to identify needs and interventions.
- 100 Yes ___ No The local health department develops, implements and promotes a written plan that outlines clear goals, policies and operational plans for provision of culturally and linguistically appropriate services.

101 Yes No The local health department assures that advisory groups reflect the population to be served.

102. Yes No The local health department assures that program activities reflect operation plans for provision of culturally and linguistically appropriate services.

Health Department Personnel Qualifications

Local health department Health Administrator minimum qualifications:

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

Answer the following questions:

Administrator name: Mark Orndoff, M.S.

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

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

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

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

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

AND

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

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

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

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

OR

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

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

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

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

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

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

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

Local Public Health Authority

JACKSON
County

Date

ATTACHMENT 1

The plan for the Administrator to come into compliance with the recently adopted minimum qualifications includes enrollment in the online Graduate Certificate in Public Health program at the OHSU School of Nursing (or another accredited University). Courses to be taken include graduate courses in: biostatistics, epidemiology, environmental health, health services administration. Current administrator has a Master's Degree in Social Sciences with related courses, many of which were taken at the undergraduate level, however the expected date for completion of these aforementioned courses at the graduate level is spring of 2012.

ATTACHMENT 2

Line Item Budget and Narrative Worksheet

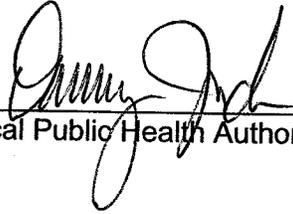
Please complete the following Line Item Budget for: **DHS TPEP PE13 for FY2010 (07/01/10-06/30/11)**
 Identify only funds requested under the DHS **TPEP PE13 RFA**.
 Please call your Community Programs Liaison with questions related to this form.

Agency:		Jackson County Health & Human Services				
Fiscal Contact:		Penny Bergman				
E-mail address:		bergmanpl@jacksoncounty.org				
Phone Number:		542-774-7974	Fax Number:	541-774-7980		
Budget Categories	Description					Total
(A) Salary	Position #	Title of Position	Salary (annual)	% of time (FTE)	# of months requested	Total Salary
	1	Community Outreach	\$49,775	100.00%	12	49,775.00
	2					0.00
	3					0.00
	4					0.00
	TOTAL SALARY					\$49,775.00
Narrative*: The Community Outreach Educator position will serve as Jackson County TPEP Coordinator.						
						\$49,775
(B) Fringe Benefits	Position #	Total Salary	Base if Applicable	%	=	Total Fringe
	1	49,775.00		58.68%	=	29,207.97
	2	0.00			=	0.00
	3	0.00			=	0.00
	4	0.00			=	0.00
	TOTAL FRINGE					\$29,207.97
						\$29,208
(C) Equipment	List equipment. Include all equipment necessary for program (i.e. computer, printer).					\$0
Narrative*:						
						\$0
(D) Supplies	Do not list. These items include supplies for meetings, general office supplies i.e. paper, pens, computer disks, highlighters, binders, folders, etc.					\$600
						\$600
(E) Travel	This covers in-state, out-of-state, and travel to all required trainings.					
		In state		Out Of State		Subtotal
	Narrative*: Required meetings and training for staff.					
	Per Diem:	976				\$976
	Hotel:	960				\$960
	Air fare:	700				\$700
	Reg. fees:	200				\$200
	Other:					\$0
	Mileage:	Miles: 800	X	.50	per mile	\$300
(F) Other	Please list.					
	Program materials for Best Practices Objectives (clearinghouse, etc).					\$4,000
	Membership to Southern Oregon Rental Association & Membership List					\$123
	Printing for materials related to communication and advancement of policies.					\$1,500
						\$0
	Department and County program overhead (no allocation %) Can provide detail					\$19,262
						\$24,885
(G) Contractual:	List all sub-contracts and all contractual costs, if applicable.					
	Contracts must be pre-approved by liaison.					\$0
						\$0
(H) Total Direct Charges	(Sum of A through G)					\$107,604
(I) Cost Allocation	Cost Allocation @	0.00%				\$0
						\$0
(J) TOTALS	(Sum of H & I). Should equal DHS TPEP PE13 Request.					\$107,604

* Attach additional Narrative on a separate sheet if necessary

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

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



Local Public Health Authority

JACKSON
County

5-12-10
Date