

**Local Public Health Authority  
Comprehensive Plan for FY 2010-2013  
For  
Washington County**

Washington County Health and Human services  
155 North First Ave  
Hillsboro, OR 97124

|  |     |
|--|-----|
| I. Executive Summary .....   | 3   |
| II. Assessment:.....   | 4   |
| III. Action Plans:.....  | 12  |
| A. Epidemiology: CD/TB, HIV/STD, Chronic Disease .....                           | 12  |
| 1. CD/TB.....  | 12  |
| 2. HIV and Sexually Transmitted Infections (STI).....                            | 17  |
| 3. Chronic Disease .....   | 18  |
| B. MATERNAL/CHILD HEALTH .....   | 19  |
| 1. Home Visiting Programs.....   | 19  |
| 2. Clinic Services .....   | 23  |
| 3. Immunizations.....  | 25  |
| 4. Women, Infants, and Children .....  | 27  |
| C. Environmental Health .....  | 29  |
| 1. Food borne Illness Reduction .....  | 30  |
| 2. Waste Water.....  | 32  |
| 3. Second Hand Tobacco Smoke .....   | 33  |
| D. Health Statistics.....  | 34  |
| E. Information and Referral .....  | 35  |
| F. Public Health Emergency Preparedness .....                                    | 35  |
| IV. Additional Requirements .....  | 37  |
| V. Unmet Needs.....  | 39  |
| VI. Budget.....  | 41  |
| VII. Minimum Standards .....   | 42  |
| Appendix A: HIV Program Plan.....  | 51  |
| Appendix B: Washington County Tobacco Prevention and Education Program Plan..... | 60  |
| Appendix C: FY 2010 - 2011 WIC.....  | 76  |
| Appendix D: Immunization Comprehensive Triennial Plan .....                      | 100 |
| Appendix E: Field Team Action Plan .....   | 101 |
| Appendix F: FAMILY PLANNING PROGRAM ANNUAL PLAN.....                             | 103 |
| Appendix G: Public Health Emergency Preparedness.....                            | 106 |

## **I. Executive Summary**

Washington County Health and Human Services is submitting this FY 2010 / 2011 comprehensive Annual Plan as required by ORS 431.375–431.385 and ORS 431.416 and rule OAR Chapter 333, Division 14. The required activities necessary for the preservation of health or prevention of disease that includes epidemiology and control of preventable diseases; parent and child health services including family planning; environmental health services; collection and reporting of health statistics; and health information and referral are provided.

This plan includes assessment data and program specific actions plans with goals, activities, and outcome measures. Areas of particular emphasis include improving staff skills for cross cultural effectiveness, strengthening the leadership skills within the public health division, establishing a chronic disease prevention coalition, implementing improvements identified from the H1N1 response, and addressing continuous quality improvement across all of the public health programs.

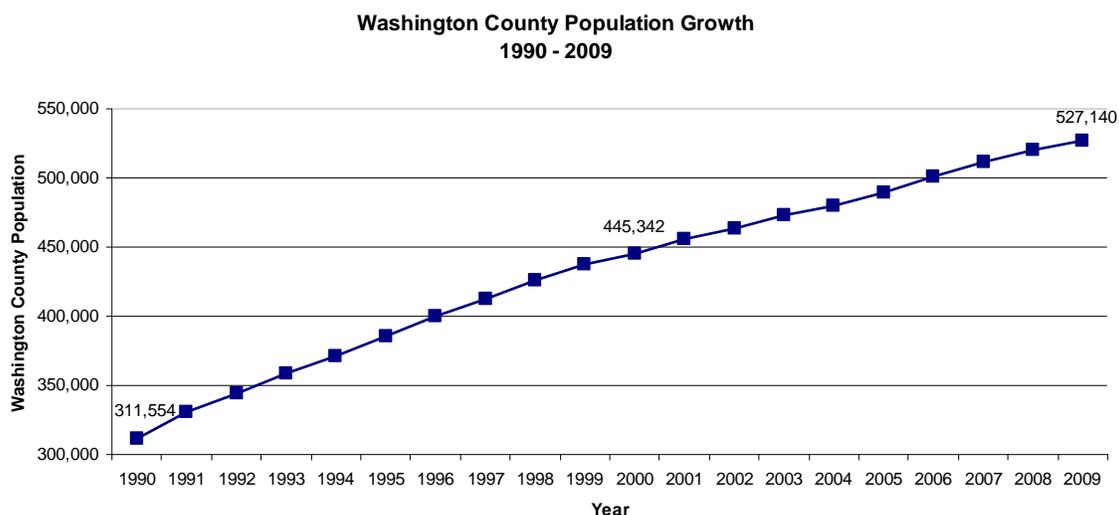
Unmet needs have also been identified in this plan. Developing a chronic disease prevention program is a pressing need in Washington County. Capacity to conduct effective community assessments and program evaluation are also needed. Obtaining the tools to support staff work and accountability has been identified but remain unfunded. Transitioning to electronic medical records is our highest unfunded tool priority. Finally, our public health programs have significant work to accomplish in order to be ready for national accreditation.

The direction from county leaders is to foster collaboration and active engagement with our communities to solve problems and provide services. This results in a lean workforce and a diverse range of community partners working together. This is both a strength and a challenge as we approach improving the public's health.

## II. Assessment:

Washington County is one of three counties making up the Portland metropolitan area, located west of Portland. The county spans 727 square miles and is the second largest county by population in Oregon. The population has grown by approximately 70% since 1990, reaching nearly 530,000 in 2009 (Figure 1)<sup>1</sup>. The majority of this growth is from births though there is also considerable migration into the county. Washington County is home to the fifth and sixth largest cities in the state (Hillsboro and Beaverton), with Hillsboro recently surpassing Beaverton in size. The county also encompasses large amounts of rural space.

Figure 1. Washington County Population Growth, 1990-2009



The county's population is one of the most diverse and continues to experience more growth in the Hispanic/Latino and Asian communities. In 2008, 15.2% of the county population identified as Hispanic/Latino and 9.3% was Asian/Pacific Islander. That represents a growth of approximately 60% in the Latina community and over 40% in the Asian community since 2000 (Figure 2)<sup>2</sup>.

Washington County has a relatively young population compared to the state's average, with considerably more individuals in the 0-14 and 20-50 age groups (Figure 3)<sup>3</sup>. Though Washington County has a comparatively young population overall, there were almost 48,000 individuals aged 65 years and older in 2008. Given the longer life expectancy at birth (Figure 4)<sup>4</sup>, overall population growth in the county, and an aging

<sup>1</sup> Portland State University Population Research Center (PSU PRC). Accessed at <http://www.pdx.edu/prc/>

<sup>2</sup> US Census. 2008 American Community Survey (ACS). Accessed at [http://factfinder.census.gov/servlet/DatasetMainPageServlet?\\_program=ACS&\\_submenuId=datasets\\_2&\\_lang=en](http://factfinder.census.gov/servlet/DatasetMainPageServlet?_program=ACS&_submenuId=datasets_2&_lang=en)

<sup>3</sup> Oregon Center for Health Statistics (OR CHS). Data accessed through VistaPHw. <http://www.oregon.gov/DHS/ph/hsp/vistaphw/index.shtml>

<sup>4</sup> OR CHS VistaPHw.

population nationwide, we can expect the number of individuals in that age group to grow.

Figure 2. Race/Ethnicity in Washington County, 2008

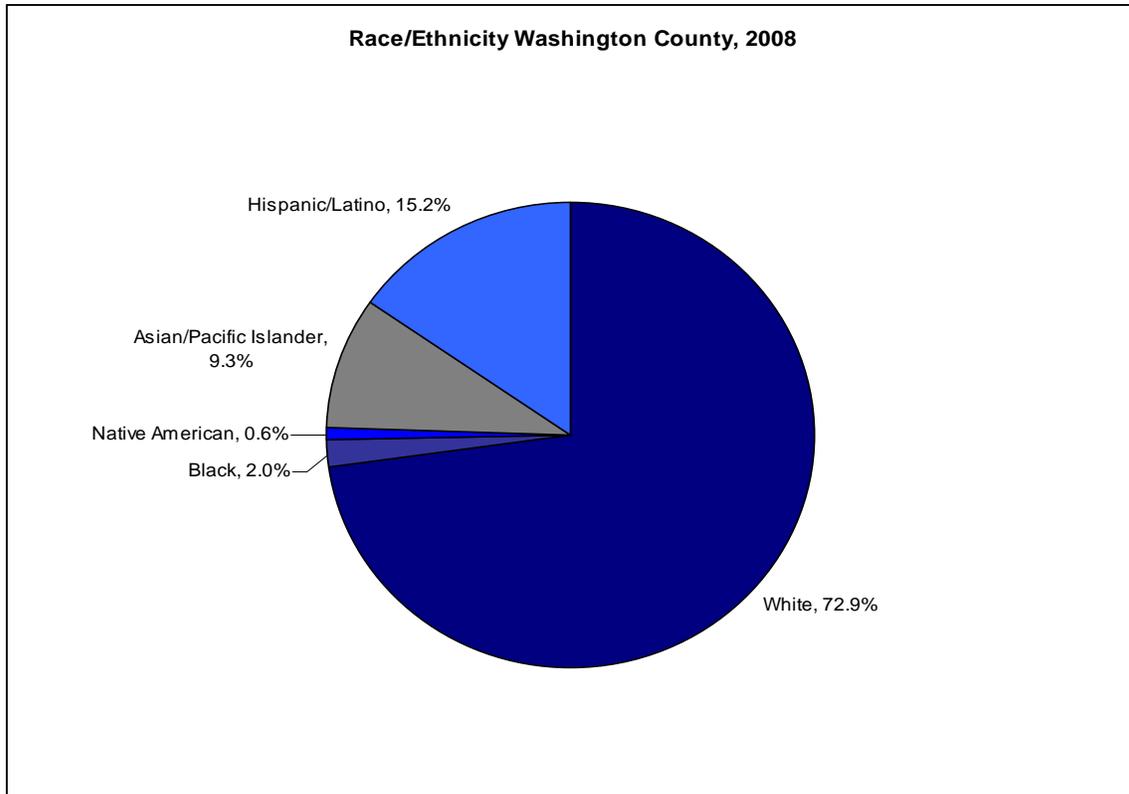


Figure 3. Population by Age Group, Washington County vs. Oregon, 2008

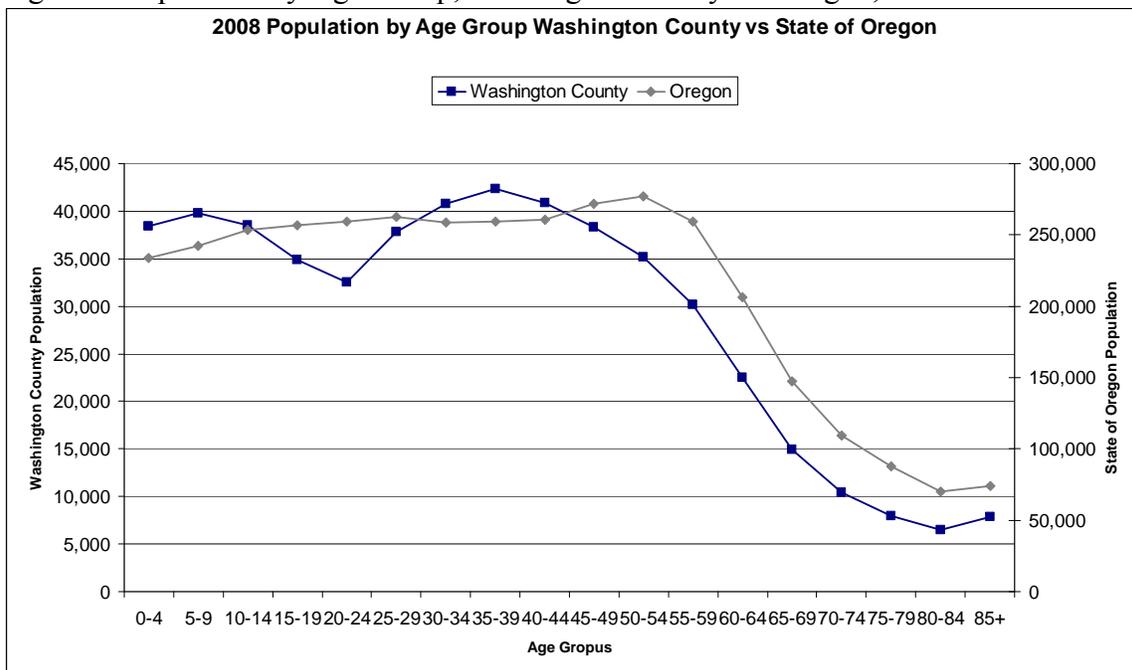
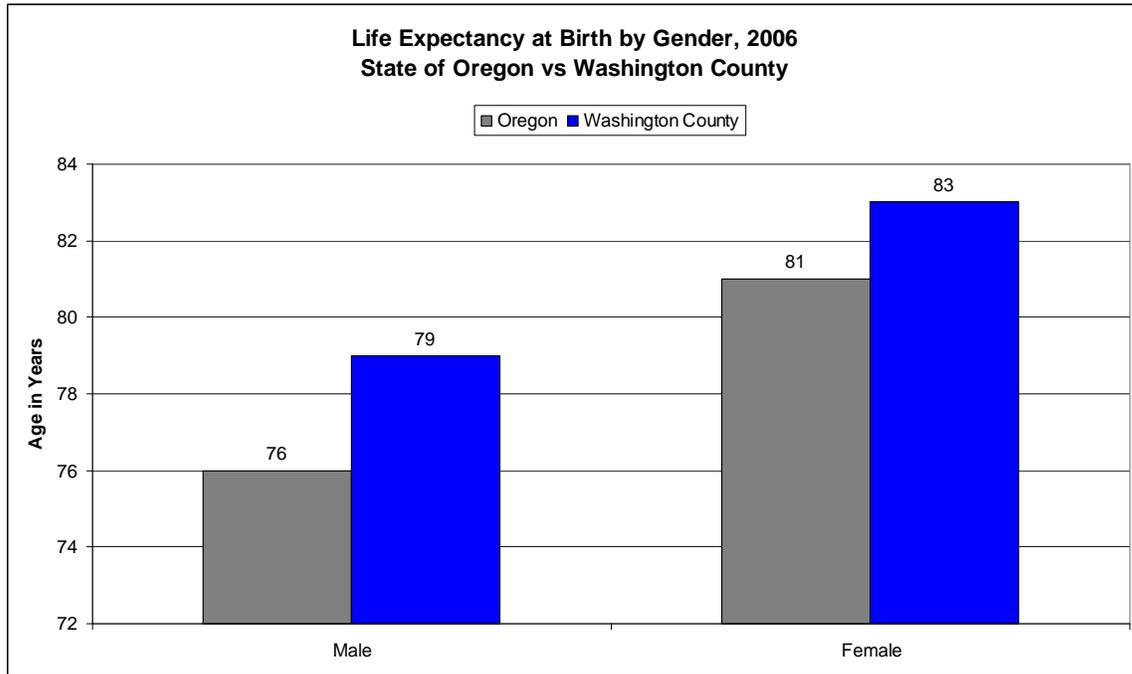


Figure 4. Life Expectancy at Birth by Gender, 2006



Our young and diverse (racially, ethnically, socioeconomically) population contributes to making the county’s birth rate one of the highest in the state, with nearly 8,000 births a year (Table 1)<sup>5</sup>. The teen pregnancy rate has been similar to the state’s average since 1998 (Figure 5)<sup>6</sup>. In 2006 there was an increase in pregnancies in the 10-14 year old age group<sup>7</sup>, which was not seen again in 2007.

Table 1. Births by Year, Washington County and Birth Rates by Year, Washington County vs. Oregon

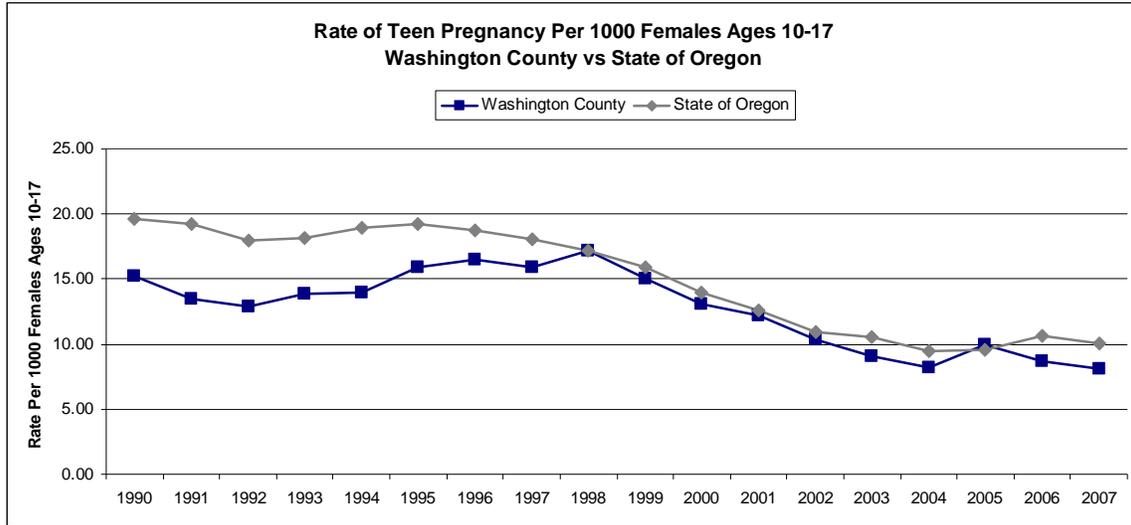
|                          | 2000 | 2001 | 2002 | 2003 | 2004 | 2005 | 2006  | 2007  |
|--------------------------|------|------|------|------|------|------|-------|-------|
| <b>Washington County</b> |      |      |      |      |      |      |       |       |
| <b>Births</b>            | 7564 | 7509 | 7568 | 7630 | 7615 | 7533 | 7808  | 7883  |
| <b>Birth Rate*</b>       | 16.8 | 16.5 | 16.3 | 16.1 | 15.9 | 15.4 | 15.60 | 15.42 |
| <b>Oregon</b>            |      |      |      |      |      |      |       |       |
| <b>Birth Rate*</b>       | 13.3 | 13.0 | 12.9 | 13.0 | 12.8 | 12.6 | 13.20 | 13.20 |

<sup>5</sup> OR CHS VistaPHw.

<sup>6</sup> OR CHS VistaPHw.

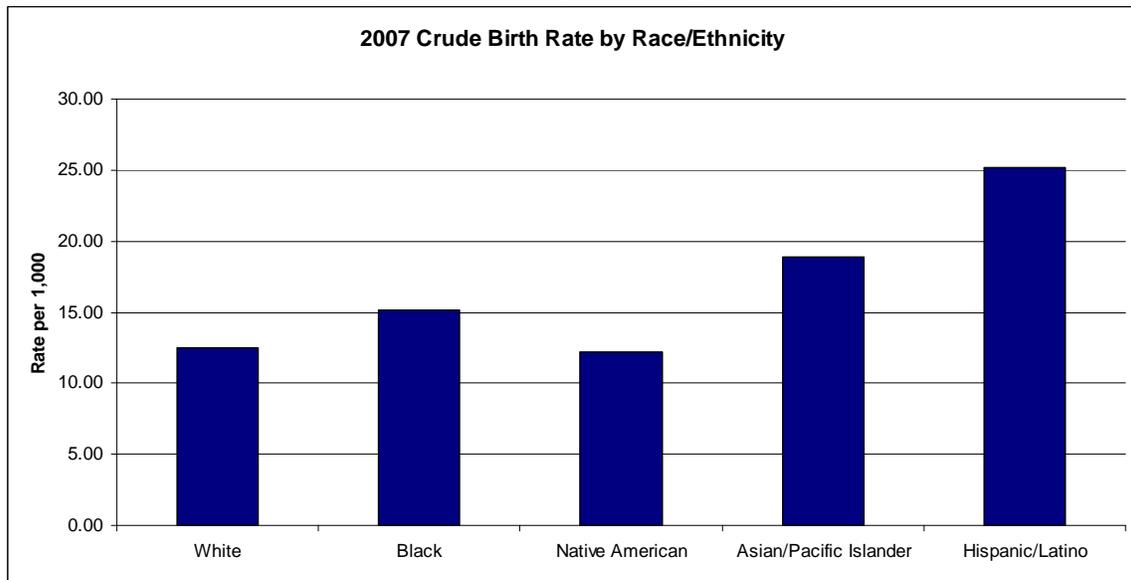
<sup>7</sup> OR CHS VistaPHw.

Figure 5. Rate of Teen Pregnancy per 1,000 Females Aged 10-17 by Year, Washington County vs. Oregon



The two groups that have the highest birth rates in the county are the Asian/Pacific Islander and Latina populations (Figure 6)<sup>8</sup>.

Figure 6. Crude Birth Rate by Race/Ethnicity, Washington County, 2007



Considering the high birth rates, prenatal care and pregnancy outcomes are of particular interest to Washington County public health. Prenatal care starts during the first trimester for over 85% of births in Washington County, consistently higher than the state average

<sup>8</sup> OR CHS VistaPHw.

(Figure 7)<sup>9</sup>. Despite this, the county still has an increasing number of low birth weight babies, similar to the state average (Figure 8)<sup>10</sup>.

Figure 7. First Trimester Prenatal Care by Year, Washington County vs. Oregon

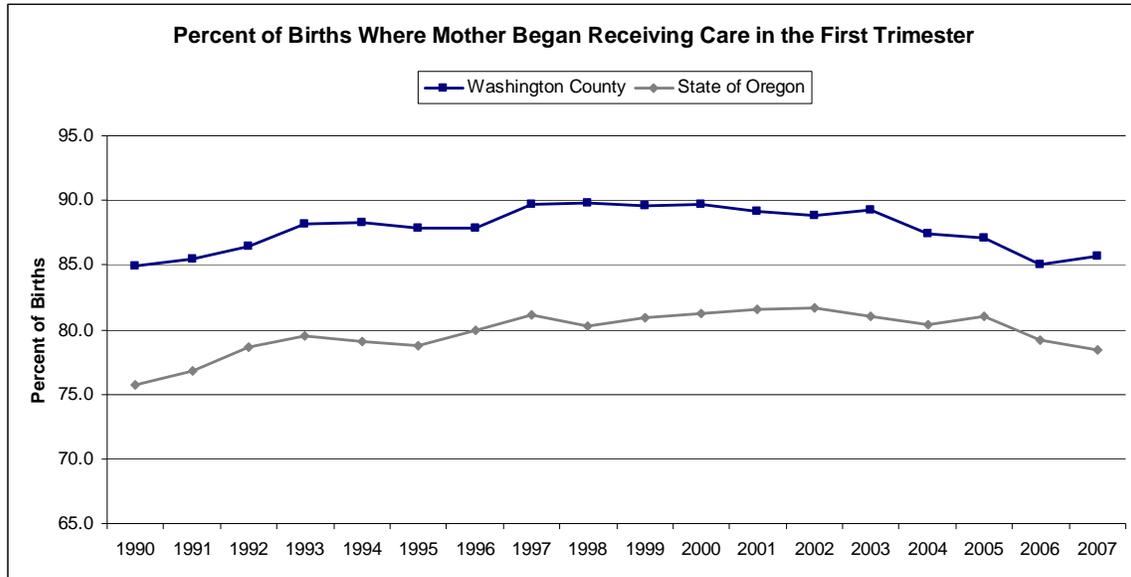
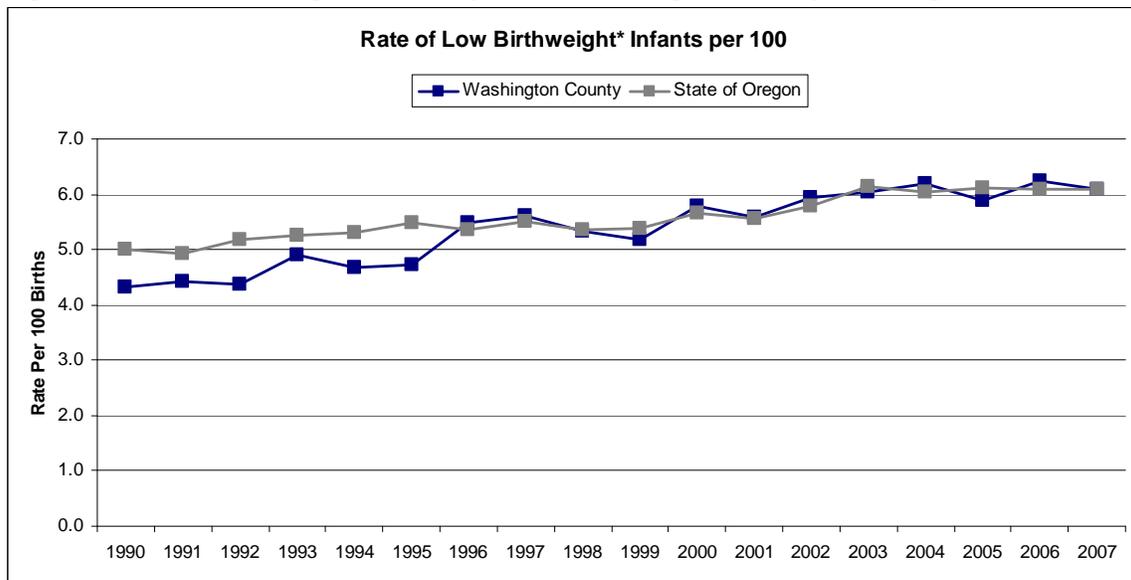


Figure 8. Low Birth weight Infants by Year, Washington County vs. Oregon



Washington County is diverse in measures beyond race and ethnicity. These measures include education, employment, poverty status, and access to care. Jobs in the county range from the high-tech corridor to migrant farm work. While 37% of individuals have

<sup>9</sup> OR CHS VistaPHw.

<sup>10</sup> OR CHS VistaPHw.

college degrees, 11% of the county's 25 years and older population do not have a high school diploma and another 52% do not have at least a 4 year college degree in 2008. There are also striking differences by race and ethnicity (Table 2)<sup>11</sup>.

| Table 2. Educational Attainment for the Population 25 Years and Over, Washington County 2008 |       |       |       |          |
|--|-------|-------|-------|----------|
| Population   | Total | Asian | White | Hispanic |
| Less than high school  | 10.5% | 11.0% | 8.0%  | 46.2%    |
| High school graduate/some college/<br>Associate's degree                                     | 52.0% | 32.7% | 54.4% | 45.3%    |
| Bachelor's degree  | 24.2% | 30.8% | 25.0% | 6.6%     |
| Graduate or Professional degree  | 13.2% | 25.5% | 12.7% | 1.9%     |

Annually, Washington County experiences an increase in demand for services. More recently this has been complicated by the current economic situation. Although 72.8% of people in the county are employed, annual unemployment rates increased from 5.1% to 9.3% between 2008 and 2009. This may also impact the number of people living below the poverty level, which rose to 10% in 2008. With 14.4% of the county's children, aged 17 and under living below the poverty level, Washington County will continue to see an increasing demand for services throughout the coming year.

According to the 2008 American Community Survey, 13.2% of Washington County residents do not have health insurance. Another 16.7% have public insurance<sup>12</sup>.

Access to primary care has been a long identified priority within the county. In 2008, about 13% of adults report not having a primary care provider, 8% report not being able to go to the doctor when they needed to during the last year because of cost, and 15% have not been to the doctor for a routine checkup in the last 2 years<sup>13</sup>. Numerous initiatives are underway to address this including on-going support for the Essential Health Clinic that provides free, acute care services to the uninsured three evenings per week in Washington County public health clinics, and the launching of Project Access to increase and coordinate volunteer or stop gap referral specialty care and primary care. The county-wide school-based health center initiative has plans to open clinics in every school district within the county. One new clinic will be opened in May 2009 for a total of three school based health clinics in Washington County.

The local WIC program serves a caseload of over 13,000 with daily requests for new appointments. Washington County's public health nurse home visiting service continually balances caseloads based on high risk versus higher risk, providing service to over 1255 families through more than 8055 home visits in 2009. The Healthy Start

<sup>11</sup> US Census, 2008 ACS.

<sup>12</sup> US Census, 2008 ACS.

<sup>13</sup> US Centers for Disease Control and Prevention (CDC). Behavioral Risk Factor Surveillance System (BRFSS). Accessed at [www.cdc.gov/brfss](http://www.cdc.gov/brfss)

program (formerly New Parent Network), focuses on the needs of new parents, providing services to 449 families in 2009.

Clinical services including family planning, sexually transmitted disease screening, HIV testing and counseling, immunization, and teen health services are offered in Hillsboro, Beaverton, and Tigard. In 2008, 74% of 24-35 month olds were up to date on their immunizations<sup>14</sup>. Reporting from public as well as private providers tells us that Washington County typically has the second or third highest number of HIV, Chlamydia, gonorrhea, and early syphilis cases in the state. In 2007 there were 411 HIV cases; 1,014 Chlamydia cases; 124 gonorrhea cases; and 13 early syphilis cases<sup>15</sup>. Outreach to high risk populations is prioritized.

The communicable disease program is responsible for investigating reportable enteric disease (238 cases in 2007), respiratory disease (40 cases, including tuberculosis), and Hepatitis B and C (100 cases). Other reportable diseases, includes suspected reportable diseases (i.e. meningitis and tuberculosis), and food borne disease outbreak investigations that are conducted collaboratively with environmental health specialists. Washington County typically has the second or third highest number of active tuberculosis (TB) cases in the state. In addition to managing active TB cases and worksite investigations, the team also provides preventive latent tuberculosis treatment and services.

According to the 2008 Behavioral Risk Factor Surveillance System, the majority of Washington County adults think of themselves in good health overall, with 86% reporting good, very good or excellent health. Approximately 22% indicated that they are limited in some way by physical, mental, or emotional problems<sup>16</sup>. The 2008 American Community Survey reports the same percentage of residents being free from disability. Approximately 5% of the county's population report having a physical disability, 4% a mental disability, 2% having self-care difficulty and 5% having independent living difficulty<sup>17</sup>.

There were a total of 2,793 deaths in Washington County in 2006. The leading cause of death in 2006 was cancer (22.2%), followed by heart disease (20.7%), stroke (7.1%), and lung disease (4.6%). Diabetes was implicated in 3.6% of deaths. Unintentional injury, suicide, and homicide accounted for approximately 7% of deaths<sup>18</sup>. During 2004-2006 an average annual rate of 346 per 100,000 hospitalizations were injury related<sup>19</sup>.

In response to the increasing burden of chronic disease in the community, the county has been working to build capacity for a chronic disease prevention program. The goal of this program is to develop policies and programs that promote health by creating and

---

<sup>14</sup> Oregon Immunization Program. ALERT registry. <http://www.oregon.gov/DHS/ph/imm/alert/index.shtml>

<sup>15</sup> Oregon Public Health. Acute and Communicable Diseases (ACD). Accessed at <http://www.oregon.gov/DHS/ph/acd/stats.shtml>

<sup>16</sup> CDC. BRFSS.

<sup>17</sup> US Census, ACS.

<sup>18</sup> OR CHS VistaPHw.

<sup>19</sup> Oregon Injury and Violence Prevention Program. Accessed at <http://www.oregon.gov/DHS/ph/ipe/index.shtml>

supporting healthy environments. The majority of Washington County adults are overweight or obese and less than one-third meet the daily recommendation for fruit and vegetable consumption. During 2005-2007, 25% of adults reported high blood pressure and 35% reported high cholesterol. During that same time, 27% of adults reported arthritis, 9% reported asthma and 8% reported diabetes. It is crucial to identify comprehensive strategies that will positively impact the community. By creating a supportive environment and increasing opportunities for people to live healthy and active lives in Washington County, the social and economic burdens of chronic disease will be reduced.

### **III. Action Plans:**

Program specific action plans, based on locally identified needs are in this section. The required state program annual plans can be found as appendices.

#### **A. Epidemiology: CD/TB, HIV/STD, Chronic Disease**

##### **1. CD/TB**

###### **Current Conditions:**

The communicable disease (CD) and tuberculosis (TB) programs protect the public's health by:

- Investigating and controlling reportable, communicable diseases
- Coordinating care and providing consultation to area providers for cases of communicable diseases
- Conducting surveillance for disease within the community
- Providing and coordinating treatment and case management of active TB cases and latent TB infection (LTBI)

Washington County Department of Health and Human Services (WCDHHS) is able to receive and respond to disease reports 24/7/365. During business hours, communicable disease staffs are trained and able to respond to disease reports, and implement control measures. After business hours, WCDHHS contracts with an answering service to reach a supervisor within the public health division of WCDHHS that can respond appropriately to emergency calls. In the event a larger response is needed, a phone tree call system is in place for all staff within public health. This phone tree is tested quarterly and contact information of staff is updated regularly. In addition, satellite phones are housed in each of the three Washington County clinics (staff are directed to report to the nearest clinic during non-business hours in the event of a public health emergency).

In addition to having the ability to receive and respond to disease reports 24/7/365 and a phone tree call system within WCDHHS, the following programs and individuals know and respond to the health alert network (HAN): CD/TB Program, community health supervisors and the environmental health team.

The CD and Environmental Health (EH) program staff and supervisors work collaboratively and effectively on diseases outbreaks that involve EH inspected facilities or events. The CD program is also available for consultation on animal bites as EH receives such reports.

The WCDHHS communication officer is able to disseminate culturally appropriate information to providers, the public and media outlets on disease and other events.

The WCDHHS epidemiologist works closely with the CD and EH program by analyzing data, monitoring disease trends, developing survey tools and investigative guidelines. In addition, the epidemiologist works with the county's information technology services (ITS) department on database development, maintenance, and technical guidance during outbreaks.

Nationally, individuals diagnosed with active tuberculosis (TB) have steadily declined. In 2009, an 11.4% decrease in the TB case rate was reported compared to 2008. The Centers for Disease Control and Prevention (CDC) is trying to explain why such a substantial decrease especially following 7 consecutive years with an average annual decrease of 3.8% in the TB case rate. These numbers are exciting news, but not reflected in Oregon. In Washington County, TB cases have increased over the past 3 years from 17 cases in 2007 to 19 cases in 2009. Statewide, reported TB cases increased almost 20% from 2008 to 2009.

The TB Program has seen increasingly medically complex TB patients. These TB patients require more intensive nursing case management including: coordinating care with the medical provider; close monitoring for drug interactions; establishing a provider "home" (if the patient doesn't have a provider); connecting the patient with other social service agencies; and coordinating diagnostic tests with providers. All cases of active TB receive directly observed therapy (DOT). DOT provides assurance that the individual is taking their medications daily, decreases the likelihood that untoward outcomes (i.e. side effects, drug resistant) will result. Trust and a patient-centered treatment plan are developed to help the patient through their lengthy treatment and help the community health nurse identify and assess contacts that may have been exposed.

WCDHHS has a highly skilled, competent and knowledgeable TB team to manage these medically complex patients and investigations. Staffs have attended nationally recognized TB trainings. The TB program has established solid working relationships with area providers who manage the primary care for these patients.

In addition to the case management component of the TB program, TB investigations are the cornerstone of preventing future active TB patients who may then transmit the TB bacteria to others. In recent years, one of the largest TB investigations in the United States occurred in Washington County. Six active TB patients and over 1600 contacts were identified as a result of this TB investigation. WCDHHS collaborated with state and CDC colleagues to develop strategies and interventions to find and screen contacts.

CD staffs regularly collaborate with Infection Control Practitioners (ICP) at two local hospitals to promote both effective working relationships as well as accurate CD reporting

Both the CD and TB program staff consult frequently with the Tri-County Health Officer Program (HO) on a variety of issues such as outbreaks, TB case management and investigations, CD investigations and prophylaxis. In addition, both programs consult and work regularly with the state's TB and Acute and Communicable Disease Program staff.

The 2009 – 2010 H1N1 influenza pandemic was a challenge for all public health programs in WCDHHS. However, the skilled and competent CD team provided valuable assistance in surveillance, disease reporting and detection, data analysis, and outbreak and case investigation activities during the pandemic. Relationships with school districts, hospitals, laboratories, community health care providers other county health departments and the state Public Health Division were strengthened to gain a better understanding of the pandemic as well as other aspects of influenza detection, reporting, epidemiology, testing, treatment and surveillance activities.

Over the past year, in part due to H1N1 surveillance activities, stronger relationships and partnerships have been developed with school officials (nurses, principals, superintendents, local healthcare providers) and long term care facilities. These relationships will continue to promote ongoing awareness of disease reporting requirements.

This year, the CD and TB programs were reviewed by state program staff. Completion rates on a number of program measures continue to improve. The employee health database, developed collaboratively by a number of Departments, is expanding and being refined and will include other Programs/Departments – Animal Services, Community Corrections - within the county.

| <b>Goal: Provide effective communicable disease services that include investigation, surveillance, case management and prevention activities as well as providing a safe work environment for staff and clients.</b> |  |   |  |
|--|--|---|--|
| <b>Objectives</b>  | <b>Methods</b>   | <b>Outcome measures</b>   |  |
| Expand & improve the employee health program provided to WCDHHS Public Health Division employees.  | <ol style="list-style-type: none"> <li>1. Ensure that procedures are in place and consistently followed.</li> <li>2. Ensure employee records are stored in a secure location.</li> </ol> | <ol style="list-style-type: none"> <li>1. By July 2010, the program will be fully operational.</li> <li>2. Documentation that 100% of new employees have completed required vaccines, tests and BBP training within specified time frames.</li> </ol> |  |
| Maintain current resources and references for TB case management and CD investigations   | Ensure that CD & TB standing orders are reviewed annually and signed by Health Officer.  | Standing orders will consistently be current and available to staff.  |  |
| Implement transition to ORPHEUS, the new CD database   | <p>Sign ORPHEUS Security Policies and Procedures</p> <p>Communicable disease staff attend training on ORPHEUS</p>  | <p>All required documents are in place.</p> <p>All staff trained and effectively using the new system</p>   |  |
| Review communicable disease data to insure completeness  | At least quarterly, review communicable disease data used in required data fields for completeness   | <p>Quarterly reviews of communicable disease data to assure CQI.</p> <p>Complete data rates meet benchmarks.</p>  |  |
| Increase cross-cultural effectiveness within the communicable disease program  | CD staff will participate in all available cross-cultural effectiveness training   | Documentation of trainings and staff attendance. Staff will demonstrate increased cross-cultural understanding and effectiveness.   |  |

The CD team will be addressing is the Perinatal Hepatitis B Program findings from the triennial review and establish CQI. Goals and stated objectives are below.

| <b>Goal: To meet or exceed state performance measures in the identification of mother/infant pairs at WCDHHS in the Perinatal Hepatitis B Program.</b>   |  |  |
|--|--|--|
| <b>Objectives</b>  | <b>Methods</b>   | <b>Outcome Measures</b>  |
| Assess all Hepatitis B lab reports for pregnancy status of females of child bearing age (15-45yrs of age) and investigate according to current Acute and Communicable Disease Program (ACDP) Investigative Guidelines as they are reported to the WCDHHS CD Program. | Twice monthly QA audits of hepatitis B cases reported to the LHD.  | 100% of hepatitis B reports of females of child-bearing age are assessed pregnancy status. |
| Obtain timely reports from the State of Oregon Electronic Birth Registry System (EBRS).  | LHD will work with State ACDP staff in obtaining quarterly reports from the EBRS.  | 100% of EBRS reports are reviewed and appropriate follow-up is accomplished.               |
| Outreach to providers to increase reporting of Hepatitis B mother.   | Develop letter to ob-gyn providers emphasizing importance of retesting pregnant mothers for Hepatitis B who have already been reported as HBsAg/HBeAg positive<br><br>Develop spreadsheet that tracks all providers who do not report/retest.<br><br>Send letter to providers who do not report/retest | Outreach to 100% of providers who are identified as not reporting or retesting             |

## 2. HIV and Sexually Transmitted Infections (STI)

### Current Conditions: STI

Clinic staff and the state Disease Intervention Specialist (DIS) assigned to Washington County work to provide investigation, testing and treatment to individuals in Washington County. Priority is given to those cases involving Syphilis, HIV and Gonorrhea. In addition, the HIV Prevention Team works to consult with clinic staff on HIV positive cases to ensure appropriate treatment and case management referrals.

### Current Conditions: HIV Prevention

Locally, 55%-60% of tri-county MSM reported meeting anonymous sex partners through the internet or other public sex environments (PSE), such as bathhouses or adult video stores. Currently, the Washington County HIV Prevention Program does not have a presence on the internet. There is a strong likelihood that MSM in Washington County who access the internet to meet sexual partners may be unaware of HIV prevention services available to them. These two factors suggest that targeting those highest-risk populations with prevention messages via the internet could be an important component in reducing the spread of HIV in Washington County. In addition, the number of MSM who have accessed high risk testing services in Washington County has decreased over 40% from 2008 to 2009. In response, Washington County HIV prevention team will conduct a community-wide program planning process in 2010 -11 to evaluate HIV prevention efforts in the county.

| <b>Goal: Reduce the transmission of HIV in Washington County.</b>  |  |   |
|--|--|---|
| <b>Objectives</b>  | <b>Methods</b>   | <b>Outcome Measures</b>   |
| Increase the number of MSM in Washington County who access high-risk HIV counseling and testing services | 1. Post HIV prevention information, including information promoting walk-in HIV testing and counseling services, on CraigList.<br><br>2. Post HIV prevention information, including information promoting walk-in HIV testing and counseling services in PSE (e.g. Mr. Peeps, DK Wilds, etc) in Washington | HIV prevention posting is published on CraigsList and updated weekly<br><br>Increased numbers of individuals at highest risk are accessing testing.<br><br>Testing and Counseling information is posted at local PSE and updated bi-monthly |

|   |   |   |
|---|---|---|
|   | County  | MSM self-report on survey preceding Counseling and Testing Referral Services (CTRS)   |
| Washington County HIV prevention program will facilitate a comprehensive community program planning process to re-evaluate HIV prevention efforts in Washington County. | <ol style="list-style-type: none"> <li>1. Develop and facilitate a Washington County HIV team planning retreat by 5/2010.</li> <li>2. Develop work plan for community planning process by 9/2010.</li> <li>3. Implement planning process</li> <li>4. By 3/2011, based on community feedback and input, develop a 3 year HIV prevention plan to be implemented by 7/2011.</li> </ol> | A comprehensive HIV program plan for FY 2011-15 is developed and being implemented.   |
| Increase cross-cultural effectiveness within the HIV prevention team  | HIV prevention team will participate in all available cross-cultural trainings  | Documentation of trainings and staff attendance. Staff will demonstrate increased cross-cultural understanding and effectiveness. |

### 3. Chronic Disease

#### Current Conditions: Chronic disease prevention

The efforts to develop and implement a comprehensive chronic disease prevention program are in part a response to a need identified by a cross-section of community leaders and healthcare partners who participated in a strategic planning process with the department in 2008 and 2009. Current capacity building efforts are small in scope, but with the development of an advisory council as well as the current trend in public health funding, Washington County may be well positioned to reduce the burden of chronic disease in local communities.

| <b>Goal: Reduce the burden of chronic disease in Washington County through the development of a chronic disease prevention program.</b> |  |  |
|---|--|--|
| <b>Objectives</b>   | <b>Methods</b>   | <b>Outcome Measures</b>  |
| Build capacity and develop the foundation for a chronic disease program   | Organize coalition of community partners to form Advisory Council.<br><br>Seek program funding and continue capacity building efforts under the guidance of our new Chronic Disease Prevention Advisory Council. | Active advisory council in place with committed program funding for program implementation.                                    |
| Identify and develop additional resources to ensure competency and consistency in chronic disease prevention approach                   | Develop trained and competent staff to serve as a resource for programs and staff working towards a chronic disease prevention program goal  | Chronic disease prevention messages and information are incorporated into all public health processes and programs             |
| Provide countywide visibility as a leader in chronic disease prevention through policy implementation                                   | Collaborate with county departments outside of public health (HR, Facilities, EH) to address chronic disease prevention elements such a smoke free county campus   | All Washington County owned or occupied properties are smoke free by 2013 through intra-county collaborations and partnerships |

## **B. MATERNAL/CHILD HEALTH**

### **1. Home Visiting Programs**

#### **Current Conditions: Nurse Home Visiting**

The public health Maternal and Child Health (MCH) Home Visit Program is based on an epidemiology model—identifying priority MCH problems, identifying target populations based on risk for these problems, and providing interventions to prevent or ameliorate the problem based on “best practices.” Successful epidemiology models must have a comprehensive quality assurance system.

| <b>Goal: Improve the quality assurance practices with the Maternal and Child Health Field Team</b> |   |   |
|--|---|---|
| <b>Objectives</b>  | <b>Methods</b>  | <b>Outcome Measures</b>   |
| 1. Establish performance measures  | <ul style="list-style-type: none"> <li>a. Identify program goals for both perinatal and child health home visit programs</li> <li>b. Identify individual and program performance measures</li> <li>c. Train CHN staff to standardize service delivery around key performance measures</li> <li>d. Document delivery of key activities in Orchids</li> </ul> | <p>After March 1, 2010 and ongoing (Note: Orchids reports contained design flaws that prevented accurate retrieval of data. As soon as these reports are replaced by Crystal reports the following measure will be implemented):</p> <p>Reports will be run every six months by performance measure and CHN</p> |
| 2. Incorporate performance measures into the competency based performance appraisal                | <ul style="list-style-type: none"> <li>a. Compare baseline data to six month data</li> <li>b. Meet with CHN every six months to discuss ability to meet performance measures</li> <li>c. Write annual competency based performance appraisal which includes information on CHN's ability to meet performance measures</li> </ul>                            | <p>After March 1, 2010 and ongoing: (Once the Crystal reports are available):</p> <ul style="list-style-type: none"> <li>a. Reports are reviewed every six months</li> <li>b. Meetings with CHN's are held and documented</li> <li>c. Performance appraisals are completed annually and are on file</li> </ul>  |
| 3. Increase number of Field Team clients receiving and completing Satisfaction Surveys             | <ul style="list-style-type: none"> <li>a. Update Client Satisfaction Surveys</li> <li>b. Encourage staff to distribute Satisfaction Surveys</li> <li>c. Plan random mailings of Satisfaction Surveys to families closed to service</li> </ul>   | <p>Increase annual number of surveys returned to 10% of clients served or 100 clients annually</p>  |

|  |   |  |
|--|---|--|
| 4. Implement an electronic medical record system.  | <ul style="list-style-type: none"> <li>a. Host a demonstration of the Omaha Model.</li> <li>b. Participate as a member of the Public Health EMR committee</li> <li>c. Assure that Field Team goals, objectives and performance measures are incorporated into the EMR work plans</li> </ul> | <p>Ongoing after March 1, 2010:</p> <ul style="list-style-type: none"> <li>a. Field Team reps are present at each meeting</li> <li>b. Field Team “homework” is submitted on time</li> <li>c. Final EMR product reflects the collection and documentation of information needed to support FT goals, objectives, and performance measures.</li> </ul> |
| 5. Explore the implementation of Nurse Family Partnership—an evidence based “best practice” model of MCH home visiting | <ul style="list-style-type: none"> <li>a. Explore funding options</li> <li>b. Explore innovative partnerships</li> <li>c. Monitor the NFP website and other NFP related links</li> </ul>  | <p>March 1, 2010 and ongoing: Field Team nursing supervisor makes NFP implementation a major work plan priority</p>  |
| Increase the cross-cultural effectiveness of the maternal and child health field team.                                 | <p>MCH staff will attend all available cross-cultural trainings.</p>  | <p>Documentation of trainings and staff attendance. Staff will demonstrate increased cross-cultural understanding and effectiveness.</p>   |

**Current Conditions: Healthy Start (formerly New Parent Network)**

Healthy Start program promotes positive parenting and healthy childhood growth and development in families at risk for poor parenting outcomes. Home visiting services are based on the Healthy Families America model and are delivered in family homes by trained Family Support Workers. Services include weekly home visiting during infancy and early childhood, developmental screening, assessment of the families strengths and needs with referral to outside agencies as needed. Nutritional information with a focus on childhood obesity is provided as an ongoing part of the program using the Parents As Teachers Nutrition and Fitness Curriculum.

| <b>Goal: To promote positive health outcomes for children and adults by connecting families to primary health care providers, monitoring immunization rates and providing ongoing information and resources related to nutrition and childhood obesity.</b> |   |  |
|---|---|--|
| <b>Objectives</b>   | <b>Methods</b>  | <b>Outcome Measures</b>  |
| All families enrolled in Healthy Start will receive ongoing training in nutrition, with a focus on childhood obesity, using the Parents As Teachers Nutrition and Fitness curriculum.   | All families enrolled in the program will receive nutritional information during the home visits using the Parents as Teachers Nutrition and Fitness curriculum. Families will receive nutritional information and information to support the child's health and nutritional development. | All Family Support Plans will include at least one goal related to childhood nutrition. Plans are reviewed by on site supervisors at six month intervals.              |
| A minimum of 90% of children enrolled in Healthy Start will be up to date on their immunizations.   | Conduct periodic reviews of immunization records and Alert reports.<br><br>100% of the immunization records for children enrolled in the program will be reviewed annually.   | 90% of children enrolled in Healthy Start will be up to date on their immunizations.   |
| 90% of the children enrolled in Healthy Start will have a primary health care provider.   | All families will be assessed to see if they have a primary care provider and referrals will be made and tracked for those who lack a provider.<br><br>Status of provider and referrals to health care providers will be reviewed twice yearly during the case plan review.               | 90 % of children enrolled in Healthy Start will have a primary health care provider.   |
| 100% of Healthy Start staff will be trained in county emergency preparedness activities.  | All staff will participate in quarterly call down drills. In addition all staff will be familiar with the current Continuity of Operations Plan.  | Participation will be tracked on the Call Down Information form. Any updates/ revisions to the COOP plan will be reviewed with staff within two weeks of the revision. |

|   |   |   |
|---|---|---|
| 100% of Healthy Start staff will participate in cross cultural awareness activities annually. | All staff will receive cross cultural training provided by Washington County. In addition all staff will participate in Healthy Families America Cultural Sensitivity Training and complete the Cultural Sensitivity Survey annually. | Documentation of trainings and staff attendance. Staff will demonstrate increased cross-cultural understanding and effectiveness. |
|---|---|---|

## 2. Clinic Services

**Current Conditions:** It is estimated that twenty percent of all post partum women in the United States will experience perinatal mood disorders. Data on perinatal mood disorders in our client population is not available. Sixty percent of Washington County’s Public Health clinic population is Latino. This population is thought to be at high risk because of recent immigration, limited social supports and a culture stigma against discussing mood disorders. Currently there is no formal screening process for perinatal mood disorders in Washington County Clinics. We would expect more than 20% of our population to experience some form of mood disorder during and following pregnancy.

| <b>Goal: Prevent perinatal mood disorders in women who become pregnant and attend Washington County clinics for pregnancy diagnosis and followup birth control methods after delivery.</b> |  |  |
|--|--|--|
| <b>Objectives</b>  | <b>Activities</b>  | <b>Outcome Measures</b>  |
| The clinic staff will have an increased awareness of potential perinatal mood disorders in Hispanic women.   | Continued education will be provided for all Washington County clinic staff to increase awareness of perinatal mood disorders in Hispanic women. | Clinic staff will show an increase in knowledge for signs and symptoms of perinatal mood disorders in pregnant Hispanic women following continued education provided by Washington County. |

|  |   |   |
|--|---|---|
| The clinic staff will educate pregnant Hispanic woman at the time of pregnancy diagnosis about the signs and symptoms of perinatal mood disorders. | Clinic staff will discuss with pregnant Hispanic women the signs and symptoms of perinatal mood disorder at the time pregnancy is confirmed.  | Hispanic pregnant women will identify at least two signs and symptoms of perinatal mood disorders when questioned following the discussion with clinic staff.   |
| Washington County clinic staff will screen all post partum Hispanic women for perinatal mood disorder.   | The clinic staff will screen all postpartum Hispanic women with the Edinburgh Post Natal Depression Scale (EPDS) for perinatal mood disorders | Postpartum Hispanic women with high risk scores for perinatal mood disorder will be identified.   |
| Washington County clinic staff will provide population based interventions and referral sources for women in need of services.                     | If the client screens high risk on the EPDS, the client will be further assessed and given self-care information & referral sources.          | Eighty-five percent of Hispanic women at-risk for perinatal mood disorder will engage in self-care activities and/or seek appropriate referral sources as evidenced by client report at follow-up family planning visits. |

**Current Conditions:** The prevalence of diabetes increased 13.5% from 2005 to 2007 (American Diabetes Association). Diabetes is a serious health condition for women, as it can affect not only the mother’s health, but her unborn children as well (CDC’s *Diabetes and Women’s Health Across the Life Stages*). Type II diabetes is reported to be 2-4 times higher in racial and ethnic minorities. Washington County has a Hispanics population of approximately 60% in the clinics. Working across public health programs and with community partners would help to identify pre-diabetic women and reduce the risk of type II diabetes.

| <b>Goal: Identify and prevent type II diabetes in women of reproductive age in Washington County.</b> |  |   |
|---|--|---|
| <b>Objectives</b>   | <b>Activities</b>                          | <b>Outcome Measures</b>                   |
| Washington County clinic staff will   | Clinic staff will meet with the Washington | Clinic staff will expand their knowledge, |

|   |  |   |
|---|--|---|
| expand their awareness of the prevalence of type II diabetes in Washington County.  | County Health Promotions team to review previous data on diabetes in Washington County.  | beyond clinic clients, of Washington County type II diabetes data.  |
| Washington County clinic staff will develop partnerships with community organizations to identify and prevent type II diabetes. | Washington County clinic supervisory staff will meet with community partners to identify type II diabetes prevention programs currently operating in Washington County and to seek opportunities to further the goal of type II diabetes prevention in women of reproductive age in Washington County. | Washington County Public Health will develop and execute a plan for Washington County to participate in existing programs or to facilitate the development of programs to prevent type II diabetes in women of reproductive age in Washington County. |

### 3. Immunizations

#### Current Conditions: Immunization

Currently new nurses are given an orientation to the vaccine administration record (VAR) form by a mentoring nurse. The VAR form includes questions to screen children for contraindications before immunizations are given. In some cases, new nurses have little experience in childhood immunizations which may make the VAR screening questions difficult to assess.

There are 185 certified childcare facilities in Washington County. Certified childcare facilities have the most difficulty when it comes to immunization requirements. In order to improve the efficiency of certified child care facilities in the Primary Review process, additional visits are necessary.

Our current coverage rates for 2008 in Washington County are 74% for 24-35 month olds, which is similar to coverage from 2006 and 2007. Washington County coverage rates are consistently higher than the state average.

| <b>Goal: Increase immunization law compliance with childcare facilities; increase HPV vaccination rates in women aged 19-26 years</b> |   |   |
|---|---|---|
| <b>Objectives</b>   | <b>Methods</b>  | <b>Outcome Measures</b>   |
| Conduct random compliance visits to certified childcare facilities to review immunization records.                                    | <p>Review immunization records, Primary Review procedures, ALERT status and CIS supply with childcare facility staff</p> <p>Visit at least two (2) childcare facilities per quarter throughout the year.</p>  | 90% of childcare facilities visited will have up to date immunization records on file in their facility.              |
| Increase HPV usage among STD/FP clients ages 19-26.   | <p>Promote HPV special project among PCC Rock Creek and Pacific University uninsured and underinsured students.</p> <p>Send past STD/FP patients a reminder card if medical record shows no HPV vaccine record.</p> <p>Communicate HPV special project with VGMHC</p> <p>Provide in-service to WIC staff for potential in-reach to WIC clients.</p> <p>Develop promotional flyer in English and Spanish for distribution.</p> <p>Promote service online through Community Action.</p> | 500 women between the ages of 19-26 who are seen in the STD or FP clinic complete the HPV vaccine series by 12/31/10. |

#### 4. Women, Infants, and Children

##### Current Conditions:

Between 3/09 and 3/10 WIC saw 6991 children between the ages of 2 and 5. Of those children 1,280 or 18.3% had BMI's between the 85<sup>th</sup> and 95<sup>th</sup>% and 1107 or 15.8% had BMI's at or above the 95<sup>th</sup> percentile.

Data from the 2009 Pediatric Nutrition Surveillance Survey shows the following percentiles for breastfeeding rates at the Washington County:

|                                       |       |
|---------------------------------------|-------|
| Initiation rate                       | 94.3% |
| Any Breastfeeding at 6 months         | 51.5% |
| Any Breastfeeding at 12 months        | 33.2% |
| Exclusively Breastfeeding at 3 months | 45.4% |
| Exclusively Breastfeeding at 6 months | 37.6% |

These data show some changes from 2007. Breastfeeding initiation increased by 0.5%. Any breastfeeding decreased by 2.3% at 6 months and 2.7% at 12 months. Exclusive breastfeeding decreased 9.2% at 3 months and 8.5% at 6 months. Washington County WIC will be working with the State WIC program to determine if the changes in duration are county specific changes or a statewide trend and determining the best course of action to increase the number of women breastfeeding for longer durations.

Currently Washington County WIC staff has condoms in their office available for women to take if desired. Staff is not currently offering condoms to women who do not request them or regularly educating on birth control.

|   |  |  |
|---|--|--|
| <b>Goal: Provide nutrition assessment and education to WIC participants; provide vouchers to support healthy food choices for WIC families; refer participants to other partner agencies as needed.</b> |  |  |
| <b>Objectives</b>   | <b>Methods</b>   | <b>Outcome Measures</b>  |
| Reduce the number of children on the WIC program whose BMI falls above the 85 <sup>th</sup> %.  | 1. Conduct monthly facilitated group classes, taught by registered dietitians, which are specifically targeted towards children who are overweight or at-risk for becoming overweight. These classes have a physical activity component for the children in conjunction with a | Reduce the number of children on the WIC program whose BMI falls above the 85 <sup>th</sup> % by 1.5%. |

|  |  |   |
|--|--|---|
|  | <ol style="list-style-type: none"> <li>2. WIC will continue to implement Fresh Choices food package changes, such as offering only low-fat milk after 2 years of age, introduction of whole grains, and addition of fresh fruit and vegetable cash vouchers, will help to support WIC key nutrition messages related to decreasing obesity and related chronic health issues.</li> <li>3. The registered dietitians on staff will continue to closely monitor the growth charts of children on the WIC program whose BMI falls above the 85<sup>th</sup>% and is trending upward. They will continue to assess changes in feeding behavior and physical activity that will improve the child's BMI and decrease health risks associated with high body weight and rapid weight gain.</li> </ol>  |   |
| <p>Increase breastfeeding duration among WIC participants.</p> | <ol style="list-style-type: none"> <li>1. Develop a breastfeeding support group which will be lead by the IBCLC on staff and the WIC peer counselors. The overall goal of this support group will be to provide support, encouragement, and information to new mothers in an effort to increase both breastfeeding exclusivity and duration rates of the WIC population.</li> <li>2. WIC staff will receive training in the basics of interpreting infant feeding cues at the WIC statewide meeting in June and during a staff in-service in September at the Washington County WIC clinic. These skills will enable the staff to more effectively help moms interpret their infants' cues, and therefore, enable them to be more successful and confident in their breastfeeding experience.</li> <li>3. Education during the prenatal period will focus on providing anticipatory guidance to mothers to help them understand normal newborn behavior and physiology,</li> </ol> | <p>Duration of breast feeding for at least 6 months among WIC participants increases to 55%.</p> <p>Duration of breast feeding for at least 12 months among WIC participants increase to 35%.</p> |

|   |  |   |
|---|--|---|
|   | <p>4. Breastfeeding support groups will continue to be incorporated into services provided to WIC participants with an emphasis on increasing the number of participants.</p> <p>5. Newborn characteristics (stomach size, sleep cycle, weight loss/gain) and behaviors are incorporated into the breastfeeding classes offered at the WIC program. In addition, all WIC staff have been educated (and will receive ongoing training) related to these topics so that they are able to effectively provide information to mothers during individual counseling sessions.</p> |   |
| Increase cross-cultural effectiveness within the WIC team | All WIC and WIC support staff will attend all available cross-cultural trainings.  | Documentation of trainings and staff attendance. Staff will demonstrate increased cross-cultural understanding and effectiveness. |

**5. Other issues**

**Child Injury Prevention:**

At the recommendation of the Washington County child fatality review team, the field team plans to explore the possibility of incorporating the Period of Purple Crying into field team home visit protocols. The Period of Purple Crying is an evidence based approach used to reduce the incidence of Shaken Baby Syndrome. Planning considerations include: costs of program implementation; training needs; staff interest and feasibility of implementation in community setting.

**C. Environmental Health**

The state just completed the triennial review of Washington County. The Environmental Health Licensing and Drinking Water programs were found to be fully in compliance. The program schedules work activities to assure there is appropriate time to complete required activities related to licensing, inspection and enforcement activities as well as allow time to provide consultations to industry and the public, and investigate complaints and cases of food borne.

Services provided by Environmental Health include health inspections, licensing, and plan review of restaurants, public swimming pools, and tourist facilities; inspections and plan review of school, and child care facilities; food-borne disease investigations; certification of food handlers and training of food service managers; inspection and permitting of on-site sewage disposal systems; oversight of community drinking water systems; investigation of complaints related to the Indoor Clean Air Act; West Nile Virus surveillance, mosquito control and education; environmental health education; and animal bite investigations.

Staff to provide these services include 1 Public Health Program, 1 Environmental Health Supervisor, 2 Senior Environmental Specialists, 8 Environmental Specialists, 1 Health Educator, 1 Mosquito Control Coordinator and Seasonal Help, 1 Support Unit Supervisor, and 3 Administrative Specialists.

### **1. Food borne Illness Reduction**

#### **Current Conditions: Food borne illness reduction**

Environmental health specialists currently inspect licensed food service facilities applying and enforcing the Oregon Administrative Rules related to food sanitation. The incidence of food borne illness is grossly underreported making the incidence of food borne illness an unreliable program measurement. As an alternative to the incidence of food borne illness, the occurrence of food borne illness risk factors serve to measure the effectiveness of food safety programs.

The FDA Voluntary National Retail Food Regulatory Standards serve as a guide to design and manage food safety programs. The standards include a survey designed to measure food borne illness risk factor compliance. The survey is designed to collect information on the five CDC major food borne illness risk factors including food from unsafe sources, improper holding/time and temperature, inadequate cooking, poor personal hygiene, and contaminated food and equipment.

The Environmental Health Program completed a baseline using the FDA survey process to measure food borne illness risk factor compliance between March 2008 and June 2009. The information in this initial collection of data will be used to measure compliance trends and to identify areas for program improvement. Personal hygiene, employee illness policies, and time and temperature controls were identified as the risk factors with the highest out of compliance percentages in the county. Interventions for program improvement will be used and/or developed based on baseline findings for program improvement.

| <b>Goal: To reduce food borne illness risk factors identified in the FDA Voluntary Program Standard's Baseline Survey conducted by the county found to have the highest percentage of observation out of compliance in the county.</b> |  |  |
|--|--|--|
| <b>Objectives</b>  | <b>Methods</b>   | <b>Outcome Measures</b>  |
| To improve industry awareness of the importance of controlling food borne illness risk factors.  | Baseline findings will be shared with industry through newsletter publications. The newsletter will include information on the importance of reducing food borne illness risk factors and interventions to reduce risk.  | The FDA risk factor survey will be performed again in 2013. The findings in 2013 will be compared with the 2008-09 baseline findings to measure risk factor incidence. |
| To improve personal hygiene compliance in restaurants.   | Inspection staff is working to improve evaluating personal hygiene compliance during inspections -- including using inspection time to observe hygiene practices, providing good documentation of all personal hygiene issue(s) identified during inspections on inspection reports, improving personal hygiene education during inspections, and conducting appropriate enforcement when necessary. | The FDA risk factor survey will be performed again in 2013. The findings in 2013 will be compared with the 2008-09 baseline findings to measure risk factor incidence. |
| To increase the number of restaurants that have written employee illness policies related to restricting ill food service workers.   | The EHS Net project in Oregon has developed a brochure and poster related to the importance not allowing food workers to work when ill. Staff is distributing brochures and posters during inspections and brochures were mailed to restaurants with license renewal information.  | The FDA risk factor survey will be performed again in 2013. The findings in 2013 will be compared with the 2008-09 baseline findings to measure risk factor incidence. |
| To improve time/temperature compliance in restaurants.   | Inspection staff is working to improve evaluating time/temperature compliance during inspections -- including using inspection time to observe hygiene practices, providing good documentation of all time/temperature issue(s) identified during inspections on inspection reports, improving time/temperature education during inspections, and conducting appropriate enforcement when necessary. | The FDA risk factor survey will be performed again in 2013. The findings in 2013 will be compared with the 2008-09 baseline findings to measure risk factor incidence. |
| To assure consistent compliance and enforcement  | Maintain current state standardization certification of supervisory staff.   | Measure outcomes using tools in the FDA voluntary program standards to   |

|   |  |   |
|---|--|---|
| activities result in appropriate follow-up action for out of control risk factors in a timely manner. | <p>Conduct file reviews to assure proper violation documentation and follow up activities</p> <p>Supervisory field observational evaluation of staff field inspections at selected facilities.</p> | measure --appropriate violation citing, documentation of on-site corrections, appropriate follow-up actions including any necessary enforcement actions, and oral communication skills. |
|---|--|---|

## 2. Waste Water

### Current Conditions:

The on-site waste water (septic tank) program files are currently hard copy paper files. The program needs to preserve the integrity of current files that are not replicated elsewhere. Automated services to provide uniformity in administrative office procedures and to improve customer service are also needed. The automated permitting system will use software currently used by the Land Use and Transportation Department. Shared software will help office users and the public to coordinate program services that have interdependencies. Work has been initiated to image all on-site waste water files (approximately 40,000 files). This work is expected to be completed by July 2011. This was a goal in the 2009/2010 plan. Technical support and privacy issues have resulted in the need to complete activities not included in the 2009/2020 plan. The addition of activities will require time to complete. The goal will be to complete activities by the end of 2011. The ability to meet this target date is dependent on support from Information Technical Services

| <b>Goal: Complete imaging of existing records to assure preservation of records and to improve customer service. Completion target date is at the end of 2011</b> |   |   |
|---|---|---|
| <b>Objectives</b>   | <b>Methods</b>  | <b>Outcome Measures</b>   |
| Preserve existing records   | Complete imaging of existing files (over 40,000 records) with Laserfische software by the end of 2011.  | Measurement is not easily quantifiable—the goal is reduce office administrative time and improving customer satisfaction. |
| Assure HIPPA and Privacy Information is identified and either blocked or redacted from information  | <p>Remove medical information associated with hardship connections from paper files.</p> <p>Block all files required by ORS 192 to have owner</p> | Measurement is not easily quantifiable—the goal is the assurance of maintaining appropriate levels of confidentiality.    |

|                                    |   |   |
|------------------------------------|---|---|
| available to the public.           | names suppress.<br>Redact all telephone and e-mail information from files.  |   |
| Provide web access to information. | Implement a coordinated access to program historic documents and current permitting services by the end of 2011. Time line is dependent on support from Information Services. | Measurement is not easily quantifiable—the goal is reduce office administrative time and improving customer satisfaction. |
| Automate new applications          | Implement Permits Plus automated permitting system by the end of 2011—time line is dependent on Information Services implementation.  | Measurement is not easily quantifiable—the goal is reduce office administrative time and improving customer satisfaction. |

### 3. Second Hand Tobacco Smoke

#### Current Conditions

Oregon Smoke free Workplace Law was expanded to include protection of employees working in bars, bowling alleys, and bingo halls in 2009. Environmental Health staff makes observations for Oregon Smoke free Workplace regulation compliance and provides education for all facilities licensed by the county environmental health program as well as performing investigation in all workplace complaints.

On January 1, 2010 all residential rental properties in the state were required to disclose smoking policy information in new lease agreements. Environmental health staff is working with TPEP staff to compile an inventory of the availability of smoke-free rental housing in the county.

| <b>Goal: To eliminate second hand tobacco smoke exposure in the work place</b>   |   |                         |
|--|---|-------------------------|
| <b>Objectives</b>  | <b>Methods</b>  | <b>Outcome Measures</b> |
| Assure staff receives adequate training related to the smoke free workplace law and training on complaint intake and investigation | Attended required TPEP training, continue to train new staff in protocols and procedures when necessary | Document training       |
| Assure that enforcement work is  | Regularly meet with county tobacco coordinator regarding  | Continued collaboration |

|  |   |  |
|--|---|--|
| coordinated with tobacco prevention activities | issues of overlap and continued coordination  |  |
| Assure that complaint follow-up is effective   | Complaints investigation and follow up activity as required by ORTPEP in addition to specific County documentation and tracking | Incidence of complaints and remediation over time (desired outcome reduction in complaints and need for remediation plans) |

|   |   |  |
|---|---|--|
| <b>Goal: To eliminate exposure secondhand smoke.</b>  |   |  |
| <b>Objectives</b>   | <b>Methods</b>  | <b>Outcome Measures</b>  |
| To provide property owners with information and technical assistance on the implementation of smoke free property policies. | Utilize assessment data in strategic planning for outreach and education with county tobacco coordinator. | Participate in development and distribution of Washington County Smoke free Housing Fact Sheet |

**4. Depending on the assessment of your community, include a description of plans for other environmental public health issues such as air and water quality, exposure to chemicals, climate change, etc.**

These types of activities are currently not funded. Environmental Health program activities in this area will include:

1. To research possible funding sources for assessment activities
2. To participate on DEQ’s Portland Air Toxics Solutions Committee. This committee is doing work for the greater Portland area air shed that includes Washington County.

**D. Health Statistics**

The Vital Records Department records birth certificates, death certificates, paternity affidavits, notary services for vital records, and medical examiner records. All non-public records are held to strict security and confidentiality standards. All birth and death certificates are reviewed for completeness and accuracy and certified copies are issued within state time frames.

## E. Information and Referral

Information and referral services are provided throughout all public health programs on a daily basis.

## F. Public Health Emergency Preparedness

### Current Conditions: Emergency Preparedness

Washington County Department of Health and Human Services (DHHS) has undertaken a variety of preparedness activities beginning with writing of preparedness plans for different emergency situations, developing general guidance, coordinating with external partners, and working across programs to increase awareness and capacity to respond to emergencies.

| <b>Goal: Department of Health and Human Services staff has the knowledge and resources to respond to an emergency or major event.</b>                      |   |  |
|--|---|--|
| <b>Objectives</b>  | <b>Activities</b>   | <b>Measures</b>  |
| Plans and procedures are in place for emergency event responses.   | <ul style="list-style-type: none"> <li>• Pan Flu, Mass Prophecy, and Mass Vax plans revised and approved</li> <li>• Develop procedures for severe winter weather; evacuation; green emergency containers and sat phones; and other preparedness equipment</li> <li>• Obtain Project Public Health Ready (PPHR) Recognition</li> </ul> | <ul style="list-style-type: none"> <li>• 100% of plans and procedures are in place and have been exercised by December 2011.</li> <li>• PPHR Recognition obtained by June 2011.</li> </ul>                             |
| Have the capability to safely, smoothly, and efficiently stand up as many Points of Dispensing (PODs) as necessary to respond to an event on short notice. | <ul style="list-style-type: none"> <li>• Facilitate and support the “POD Squad” workgroup</li> <li>• Exercise “POD Squad” products</li> <li>• Develop RSS Plan</li> <li>• Continue work on Push Partner Registry, including application to First Responder Prophylaxis</li> </ul>   | <ul style="list-style-type: none"> <li>• Recommendations from workgroup have been incorporated into POD planning by June 2010.</li> <li>• Successful implementation of POD stand up completed by June 2011.</li> </ul> |

|  |   |  |
|--|---|--|
| <p>DHHS has a highly trained and skilled workforce that is able to respond effectively to an emergency or major event.</p>                                     | <ul style="list-style-type: none"> <li>• Complete development of a comprehensive Public Health Preparedness Training and Exercise Plan</li> <li>• Identify and facilitate staff participation in departmental trainings</li> <li>• Just in Time trainings completed for all staff positions.</li> </ul> | <p>100% of DHHS staff knows that they have a role in emergency response.</p>   |
| <p>DHHS staff is integrated into County Emergency Operations Center (EOC) functions.</p>   | <ul style="list-style-type: none"> <li>• Develop plan for DHHS staff roles integration into EOC staffing patterns</li> <li>• Identify DHHS staff to fill roles and have those staff trained and exercised</li> </ul>  | <p>100% of identified staff trained for participation in EOC by June 2011.</p> |
| <p>Sustainable and workable plan for integration of Medical Reserve Corps (MRC) volunteers into Public Health Emergency Preparedness and County responses.</p> | <ul style="list-style-type: none"> <li>• Identify roles for MRC volunteers during exercises and events</li> <li>• Identify sustainability model for Washington County MRC</li> <li>• Determine appropriate composition and qualifications for MRC membership</li> </ul>                                 | <p>Role and sustainability plans for MRC volunteers in place by July 2011.</p> |

## **IV. Additional Requirements**

**SB 555:** Washington County’s Commission on Children and Families is under the governance of the Washington County Department of Health and Human Services, the Local Public Health Authority.

**431.410 Boards of health for counties.** The governing body of each county shall constitute a board of health ex officio for each county of the state and may appoint a public health advisory board as provided in ORS 431.412 (5) to advise the governing body on matters of public health. The county Board of Commissioners serves as the Board of Health.

### **Organization Chart**

See page 38.

# Department of Health & Human Services

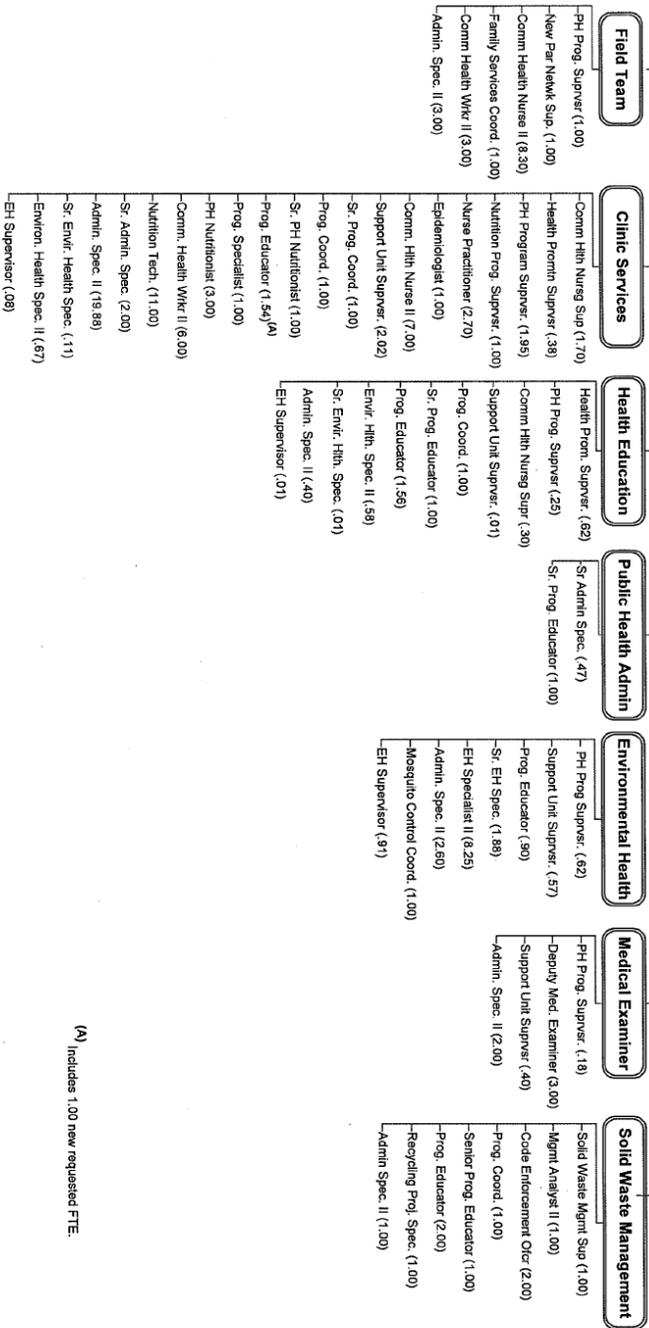
7030 PUBLIC HEALTH

Fiscal Year 2009-10

**DIRECTOR OF HEALTH AND HUMAN SERVICES**  
Rod Branyan

**Health & Human Services Division Mgr. (1.00)**  
Kathleen O'Leary

**Health & Human Services Division Mgr.**  
Jeff Otis



(A) Includes 1.00 new requested FTE.

## V. UNMET NEEDS

Ten Essential Public Health Services provides the framework for the identification of unmet needs in Washington County with the acknowledgement that these services are core components of a successful and credentialed Local Public Health Authority.

### **Monitor health status to identify community health problems:**

**Health Impact Assessment:** A full or comprehensive health impact assessment (HIA) in Washington County would provide public health and its partners with information that focuses on health outcomes such as obesity, physical inactivity, asthma, injuries, and social equity. This information can be used to evaluate the potential health effects of a project or policy before it is implemented. One important benefit of the HIA process is the collaborative work that is done between public health and others outside of the traditional public health arena such as transportation or land use.

### **Mobilize community partnerships to identify and solve health issues:**

**Chronic Disease Prevention Program Planning:** Washington County continues to work towards the development and implementation of a chronic disease prevention program that seeks program funding and continued capacity building efforts under the guidance of a Chronic Disease Prevention Advisory Council. The Council will lead efforts in the development of sustainable, comprehensive strategies that engage community partners and community residents to make Washington County a healthier place to live, work and play.

**School-Based Health Centers (SBHC):** There are currently three SBHCs in Washington County with a fourth due to open in late spring 2012. Washington County HHS, Washington County Commission on Children and Families along with Washington County school districts and local healthcare systems, are all actively engaged in the planning and implementation processes to open additional SBHCs in Washington County over the next three to five years.

**Public Health Program Coordination:** Public Health program coordination dedicated to engaging public health and its partners in an ongoing and strategic, community driven process to identify, prioritize, and solve local public health problems is an unmet need in the county. Program priorities include establishing the department's public health goals and re-establishing a Public Health Advisory Board.

## **Assure a competent public health and personal healthcare workforce**

**Implementing cross-cultural effectiveness:** Providing culturally appropriate services and operating effectively across cultural differences requires an organizational development approach that integrates principals and philosophies throughout the organization. Washington County Public Health leadership is committed to creating an organization that values and adapts to diversity and works to continually expand cultural knowledge and resources.

**Facilitated leadership opportunities:** Washington County Public Health is dedicated to building skilled and sustainable leadership capacity within the organization. Over the next several months, many public health managers and supervisors will participate in facilitated leadership workshops taught by Multnomah County Health Department staff.

## **Evaluate effectiveness, accessibility, and quality of personal and population based health services**

**Program evaluation and monitoring outcomes:** Program evaluation activities are essential in determining program improvements and resource allocation. Program evaluation offers the opportunity to gain insight, improve program practice, assess effects and build capacity within public health programs. In addition to the need for dedicated FTE to provide for program and process evaluation, there is a need to improve program evaluation skills among the public health program supervisors.

### **Electronic Health Records System:**

**Program evaluation:** Electronic health records and the data available from those records will increase our ability to assess our public health clinic and field programs and maintain those with proven effectiveness and good quality. Supervisors and staff will be able to participate in on-going program evaluation that includes: assessing how and where our programs are being accessed, who is accessing our programs, client outcomes, referrals, changes needed to improve quality and safety of care, and program effectiveness.

**Accountability and business systems:** Public health resources are limited and we need to be accountable by using those resources in the most effective ways possible. We need an effective billing system that is consistent with the industry standards. Good program data will allow us to evaluate and improve our programs, eliminate ineffective strategies, and assess billing results and opportunities. Good data are also needed in order to leverage funding from other sources such as grantors. Electronic medical records are evidence-based tools that both decrease errors and improve quality of care.

## **VI. Budget**

Washington County's Public Health budget information may be obtained from:

Linden Chin, Senior Management Analyst  
Washington County  
Department of Health and Human Services  
155 North First Avenue, MS-4  
Hillsboro, OR 97124  
E-mail to: [linden\\_chin@co.washington.or.us](mailto:linden_chin@co.washington.or.us)

## VII. Minimum Standards

### Organization

1. Yes  No  A Local Health Authority exists which has accepted the legal responsibilities for public health as defined by Oregon Law.
2. Yes  No  The Local Health Authority meets at least annually to address public health concerns. (The Board of County Commissioners do meet in formal session to address public health issues, they have not been convened formally as the Board of Health, however).
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. (not annually reviewed)
5. Yes  No  Ongoing community assessment is performed to analyze and evaluate community data. (This has been done informally. A formal strategic planning process is being organized currently).
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, or more frequently based on epidemiological risk.
48. Yes  No  Training is available for food service managers and personnel in the proper methods of storing, preparing, and serving food.
49. Yes  No  Training in first aid for choking is available for food service workers.
50. Yes  No  Public education regarding food borne illness and the importance of reporting suspected food borne illness is provided.
51. Yes  No  Each drinking water system conducts water quality monitoring and maintains testing frequencies based on the size and classification of system.
52. Yes  No  Each drinking water system is monitored for compliance with applicable standards based on system size, type, and epidemiological risk.
53. Yes  No  Compliance assistance is provided to public water systems that violate requirements.
54. Yes  No  All drinking water systems that violate maximum contaminant levels are investigated and appropriate actions taken.

55. Yes  \_\_\_ No \_\_\_ A written plan exists for responding to emergencies involving public water systems.
56. Yes  \_\_\_ No \_\_\_ Information for developing a safe water supply is available to people using on-site individual wells and springs.
57. Yes  \_\_\_ No \_\_\_ A program exists to monitor, issue permits, and inspect on-site sewage disposal systems.
58. Yes  \_\_\_ No \_\_\_ Tourist facilities are licensed and inspected for health and safety risks as required by Chapter 333 Division 12.
59. Yes  \_\_\_ No \_\_\_ School and public facilities food service operations are inspected for health and safety risks.
60. Yes  \_\_\_ No \_\_\_ Public spas and swimming pools are constructed, licensed, and inspected for health and safety risks as required by Chapter 333 Division 12.
61. Yes  \_\_\_ No \_\_\_ A program exists to assure protection of health and the environment for storing, collecting, transporting, and disposing solid waste.
62. Yes  \_\_\_ No \_\_\_ Indoor clean air complaints in licensed facilities are investigated.
63. Yes  \_\_\_ No \_\_\_ Environmental contamination potentially impacting public health or the environment is investigated.
64. Yes  \_\_\_ No \_\_\_ The health and safety of the public is being protected through hazardous incidence investigation and response.
65. Yes  \_\_\_ No \_\_\_ Emergency environmental health and sanitation are provided to include safe drinking water, sewage disposal, food preparation, solid waste disposal, sanitation at shelters, and vector control.

### **Health Education and Health Promotion**

66. Yes  \_\_\_ No \_\_\_ Culturally and linguistically appropriate health education components with appropriate materials and methods will be integrated within programs.
67. Yes  \_\_\_ No \_\_\_ The health department provides and/or refers to community resources for health education/health promotion.

68. Yes  No  The health department provides leadership in developing community partnerships to provide health education and health promotion resources for the community.
69. Yes  No  Local health department supports healthy behaviors among employees.
70. Yes  No  Local health department supports continued education and training of staff to provide effective health education.
71. Yes  No  All health department facilities are smoke free.

## **Nutrition**

72. Yes  No  Local health department reviews population data to promote appropriate nutritional services.
73. 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
74. Yes  No  Clients identified at nutritional risk are provided with or referred for appropriate interventions.
75. Yes  No  Culturally and linguistically appropriate nutritional education and promotion materials and methods are integrated within programs.
76. Yes  No  Local health department supports continuing education and training of staff to provide effective nutritional education.

## **Older Adult Health**

77. Yes  No  Health department provides or refers to services that promote detecting chronic diseases and preventing their complications.
78. Yes  No  A mechanism exists for intervening where there is reported elder abuse or neglect.

79. 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.
80. 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**

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

## **Primary Health Care**

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

## **Cultural Competency**

98. Yes  \_\_\_ No \_\_\_ The local health department develops and maintains a current demographic and cultural profile of the community to identify needs and interventions.
99. 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.
100. Yes  \_\_\_ No \_\_\_ The local health department assures that advisory groups reflect the population to be served.
101. 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**

102. Yes  \_\_\_ No \_\_\_ The local health department Health Administrator meets minimum qualifications:

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

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

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

AND

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

104. 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.

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

Licensed in the State of Oregon as MD 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.

**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.**



Kathleen O'Leary, RN, MPH

Washington County Public Health Administrator

April 30, 2010



PLANNING WORKSHEET #3  
**Program Models, Target Numbers and  
 Goals and Objectives**  
 FY 2011

51  
 PEMS  
 Intervention ID #  
 PEMS generated

**Appendix A: HIV Program Plan**

**Viral Hepatitis Prevention**

|                  | YES | NO | Estimated # of Total Tests | Estimated # of Rapid Tests |
|------------------|-----|----|----------------------------|----------------------------|
| HIV SCREENING    |     | x  |                            |                            |
| TARGETED TESTING | x   |    | 400                        | 375                        |

- Hepatitis A/B Vaccine
- Hepatitis C Screening
- Viral Hepatitis Prevention Education
- Referral: \_ HCV screening\_\_\_\_\_
- Other: \_\_\_\_\_

| PROGRAM MODEL | INTERVENTION NAME                 | TARGET POPULATION(S)  | ACTIVITIES   | PROJECTED NUMBER OF TESTS |
|---------------|-----------------------------------|-----------------------|--|---------------------------|
| <b>CTRS</b>   | HIV Counseling & Testing Services | MSM                   | HIV testing at Beaverton Clinic, Hillsboro Clinic, Washington County Community Corrections | 250                       |
|               |                                   | PWID                  | Washington County Community Corrections, Drug Treatment Facilities                         | 100                       |
|               |                                   | MSM/PWID              | Washington County Community Corrections, Beaverton Clinic, Hillsboro Clinic                | 25                        |
|               |                                   | Partners of PLWH/A    | Beaverton Clinic, Hillsboro Clinic   | 25                        |
|               |                                   | LOCAL SUB-POPULATIONS |  |                           |

PLANNING WORKSHEET #3  
 Program Models, Target Numbers and  
 Goals and Objectives  
 FY 2011

| OBJECTIVE  | CTRS ACTIVITIES   |
|--|---|
| <b>INTERVENTION: CTRS</b>  |   |
| <b>GOAL: Increase the number of high risk individuals who receive HIV tests in FY 2010-11.</b> |   |
| Objective A: In FY 2010 provide 250 HIV tests to MSM.  | <ol style="list-style-type: none"> <li>1. Continue to provide HIV testing services in Spanish</li> <li>2. Maintain high risk HIV clinic testing hours in Beaverton and Hillsboro Clinics</li> </ol>                   |
| Objective B: In FY 2010 provide 100 HIV tests to PWID.   | <ol style="list-style-type: none"> <li>1. Maintain HIV testing hours in Beaverton and Hillsboro Clinics and Community Corrections</li> <li>2. Maintain and distribute comprehensive referral list for PWID</li> </ol> |
| Objective C: In FY 2010 provide 25 HIV tests to PWID/MSM                                       | <ol style="list-style-type: none"> <li>1. Maintain HIV testing hours in Beaverton and Hillsboro Clinics and Community Corrections</li> </ol>  |
| Objective D: In FY 2010 provide 25 tests to partners of PLWH/A                                 | <ol style="list-style-type: none"> <li>1. Maintain HIV testing hours in Beaverton and Hillsboro Clinics and Community Corrections</li> <li>2. Meet with Washington County DIS on a quarterly basis.</li> </ol>        |
| <b>INTERVENTION DELIVERY</b>   |   |



HIV  
PREVENTION  
PROGRAM

PLANNING WORKSHEET #3  
Program Models, Target Numbers and  
Goals and Objectives  
FY 2011

**Planned Number of Cycles (F07)** (Number of times a unique intervention is intended to be delivered in its entirety over the program model period; a cycle is a complete delivery of an intervention to its intended audience.) This can be a number or can be ongoing for interventions delivered continuously. For outreach, provide the number of discrete episodes workers will conduct (e.g., 4 workers x 5 times/week x 48 weeks = 960 cycles)

\_\_\_\_\_ Check if Ongoing:

**Delivery Method (F11)**

- In person
- Internet
- Printed Materials
- Printed Materials – magazine/newspapers
- Printed Materials – pamphlets/brochures
- Printed Materials – poster/billboards
- Radio
- Telephone
- Television
- Video
- Other \_\_\_\_\_

PLANNING WORKSHEET #3  
 Program Models, Target Numbers and  
 Goals and Objectives  
 FY 2011

| PROGRAM MODEL    | INTERVENTION NAME                    | TARGET POPULATION(S)  | ACTIVITIES  | TARGET NUMBER |
|------------------|--------------------------------------|-----------------------|---|---------------|
| Outreach to CTRS | Outreach to HIV Counseling & Testing | MSM                   | CAP, Chicos Latinos, Washington County Pride Project, Adult Bookstores, Just Out, The Portland Mercury, | 500           |
|                  |                                      | PWID                  | Washington County Community Corrections, Drug Treatment Centers   | 200           |
|                  |                                      | MSM/PWID              | Washington County Community Corrections, Drug Treatment Centers   | 50            |
|                  |                                      | Partners of PLWH/A    | Partnership Project, Beaverton Clinic, Hillsboro Clinic   | 50            |
|                  |                                      | LOCAL SUB-POPULATIONS |   |               |

PLANNING WORKSHEET #3  
Program Models, Target Numbers and  
Goals and Objectives  
FY 2011

| OBJECTIVE  | Outreach to CTRS ACTIVITIES  |
|--|--|
| <b>INTERVENTION: Outreach to CTRS</b>  |  |
| <b>GOAL: Improve outreach efforts in Washington County to those at highest risk of HIV infection</b>   |  |
| Objective A: In FY 2010, outreach to 500 MSM.  | <ol style="list-style-type: none"> <li>1. Continue to promote testing services in Just Out and the Mercury newspapers.</li> <li>2. Continue to promote testing services through SH4MC ad.</li> <li>3. Continue to promote testing services in PSEs in Washington County.</li> <li>4. Continue to promote testing services at metro area HIV events (Pride NW, et al.)</li> </ol> |
| Objective B: In FY 2010, outreach to 200 PWID and 50 MSM/PWID.   | <ol style="list-style-type: none"> <li>1. Continue to promote testing services in Washington County Community Corrections and Jail services</li> <li>2. Continue to promote testing services through drug/alcohol treatment providers</li> <li>3. Continue to promote testing services through risk-reduction classes within specific community group settings.</li> </ol>       |
| Objective C: In FY 2010, outreach to 50 partners of PLWH/A.  | <ol style="list-style-type: none"> <li>1. Continue to promote testing services in Just Out and The Mercury newspapers</li> <li>2. Continue to promote testing services through relationship with county DIS</li> <li>3. Continue to promote testing services at metro are HIV events (Pride NW)</li> </ol>   |
| Objective D: In FY 2010, Washington County HIV Prevention program will facilitate a comprehensive community program planning process to re-evaluate HIV prevention efforts in Washington County. | <ol style="list-style-type: none"> <li>1. Develop and facilitate a Washington County HIV team planning retreat by 5/2010.</li> <li>2. Develop work plan for community planning process by 9/2010.</li> <li>3. By 3/2011, based on community feedback and input, develop a 3 year HIV prevention plan to be implemented by 7/2011.</li> </ol>                                     |



HIV  
PREVENTION  
PROGRAM

PLANNING WORKSHEET #3  
Program Models, Target Numbers and  
Goals and Objectives  
FY 2011

INTERVENTION DELIVERY

**Planned Number of Cycles (F07)** (Number of times a unique intervention is intended to be delivered in its entirety over the program model period; a cycle is a complete delivery of an intervention to its intended audience.) This can be a number or can be ongoing for interventions delivered continuously. For outreach, provide the number of discrete episodes workers will conduct (e.g., 4 workers x 5 times/week x 48 weeks = 960 cycles)

\_\_\_\_\_ Check if Ongoing:

**Delivery Method (F11)**

- In person
- Internet
- Printed Materials
- Printed Materials – magazine/newspapers
- Printed Materials – pamphlets/brochures
- Printed Materials – poster/billboards
- Radio
- Telephone
- Television
- Video
- Other \_\_\_\_\_



PLANNING WORKSHEET #3  
1 July 2009 – 30 June 2010  
Program Model  
Target Numbers

| PROGRAM MODEL     | INTERVENTION ACTIVITY                    | TARGET (including Sub-populations) POPULATION (S) | TARGET NUMBER TO REACH | If subcontracting this activity, name SUBCONTRACTOR                               |
|-------------------|--|---|------------------------|---|
| <b>Mpowerment</b> | Number of MSM Outreach Contacts          | Latino MSM  | 200                    | Cascade AIDS Project  |
|                   | Number MSM Attending Mini Groups         | Latino MSM  | 6-8 at any given time  | Cascade AIDS Project  |
|                   | Number of MSM Attending Unified Groups   | Latino MSM  | 2 at any given time    | Cascade AIDS Project (additional MSM in attendance through other funding sources) |
|                   | Number of MSM Encounters at M-Groups     | Latino MSM  | 30                     | Cascade AIDS Project  |
|                   | Number of MSM Encounters at MP events    | Latino MSM  | 120                    | Cascade AIDS Project  |
|                   | Health Communications/Public Information | Latino MSM  | 4/year                 | Cascade AIDS Project  |



PLANNING WORKSHEET #3  
1 July 2009 – 30 June 2010  
Program Model  
Target Numbers

| OBJECTIVE  | Mpowerment ACTIVITIES   |
|--|---|
| <b>INTERVENTION: Chicos Latinos</b>  |   |
| <b>GOAL: Reduce new HIV infections through community building with HIV prevention components</b>                       |   |
| Objective A: To reach 200 Latino MSM promoting Chicos Latinos program through formal and informal outreach             | <ol style="list-style-type: none"> <li>1. Conduct weekly formal outreach to Latino MSM in venues where Latino MSM congregate in the Tri-county area including online outreach</li> <li>2. Conduct twice a month informal outreach to Latino MSM in venues and through social networks reaching Latino MSM</li> <li>3. Provide at least 4 health communication materials catering to Latino MSM throughout the year to promote Chicos</li> </ol> |
| Objective B: Engage 6-8 Latino MSM in core group meetings to plan Chicos events, and reach 30 Latino MSM with M groups | <ol style="list-style-type: none"> <li>1. Hold weekly core group meetings for Latino MSM core group members where event, activities, and outreach events are planned</li> <li>2. Hold monthly unified core group meetings with other Mpowerment core groups to plan joint events</li> <li>3. Host monthly M group meetings to reach 30 Latino MSM with HIV Prevention information that is culturally relevant</li> </ol>                        |
| Objective C: Build community among Latino MSM and engage them in Chicos program  | <ol style="list-style-type: none"> <li>1. Host twice a month social activities and events for Latino MSM as a means of building community.</li> <li>2. Provide a dedicated space (men’s wellness center) for all Chicos events and meetings</li> </ol>  |

PLANNING WORKSHEET #3  
1 July 2009 – 30 June 2010  
Program Model  
Target Numbers

INTERVENTION DELIVERY

**Planned Number of Cycles (F07)** (Number of times a unique intervention is intended to be delivered in its entirety over the program model period; a cycle is a complete delivery of an intervention to its intended audience.) This can be a number or can be ongoing for interventions delivered continuously. For outreach, provide the number of discrete episodes workers will conduct (e.g., 4 workers x 5 times/week x 48 weeks = 960 cycles)

\_\_\_\_\_ Check if Ongoing:

**Delivery Method (F11)**

- In person
- Internet
- Printed Materials
- Printed Materials – magazine/newspapers
- Printed Materials – pamphlets/brochures
- Printed Materials – poster/billboards
- Radio
- Telephone
- Television
- Video
- Other \_\_\_\_\_

## Appendix B: Washington County Tobacco Prevention and Education Program Plan FY 2010-11

|   |  |   |
|---|--|---|
| <b>Grantee:</b> Washington County   |  |   |
| <b>Best Practice Objective:</b> BPO 1, Building Capacity for Chronic Disease Prevention, Early Detection and Self-Management  |  |   |
| <b>SMART Objective:</b> By June 2011 Washington County will have participated in 4 local level collaborative efforts that focus on policy, environmental and/or systems changes to support chronic disease prevention, early detection and self-management. |  |   |
| <b>Critical Question:</b><br>This objective will reduce health disparities in Washington County by identifying populations and communities within Washington County which experience the greatest chronic disease burden.                                   |  |   |
| <b>First Quarter Activities</b><br>(July 1, 2010-Sept. 30, 2010)  |  | <b>First Quarter Report</b><br>(due Oct. 22, 2011)  |
| Coordination & Collaboration  | <ul style="list-style-type: none"> <li>Identify additional community efforts that are moving forward on chronic disease prevention, early detection and or self-management</li> <li>Identify opportunities for collaboration and participation with existing efforts such as Living Well and Tomando through Tuality Healthcare</li> </ul> |   |
| Assessment  | <ul style="list-style-type: none"> <li>Assess expansion opportunities for Living Well and Tomando such as collaboration with Disability, Aging and Veterans Services</li> <li>Identify additional funding opportunities for chronic disease prevention and self-management</li> </ul>  |   |
| Education & Outreach<br>(Development of Local Champions)  | <ul style="list-style-type: none"> <li>Promote local leader trainings for Living Well and Tomando</li> <li>Promote education and awareness of existing Living Well and Tomando class availability</li> </ul>   |   |
| Media Advocacy  | <ul style="list-style-type: none"> <li>Develop and submit a media release related to the new availability of Living Well and Tomando classes, such as new classes at the Forest Grove Senior Center.</li> </ul>  |   |
| Policy Development, Promotion, & Implementation   | <ul style="list-style-type: none"> <li>Continue to apply for capacity building funds to implement a dedicated chronic disease prevention program in Washington County</li> </ul>   |   |
| Promote the Oregon Tobacco Quit Line  | <ul style="list-style-type: none"> <li>Incorporate Quitline number into all materials and media activities.</li> <li>Ensure that Quitline is included in Living Well and Tomando messages</li> </ul>   |   |
| <b>Second Quarter Activities</b><br>(Oct. 1, 2010-Dec. 31, 2010)  |  | <b>Second Quarter Report</b><br>(due Jan. 21, 2011) |

|  |  |   |
|--|--|---|
|  |  |   |
| Coordination & Collaboration                                     | <ul style="list-style-type: none"> <li>Identify opportunities to initiate specific efforts such as a food and nutrition systems strategy (FANSS) committee.</li> <li>Identify potential partners for FANSS</li> </ul>  |   |
| Assessment   | <ul style="list-style-type: none"> <li>Assess interest and potential partnerships for a food and nutrition systems strategy committee</li> <li>Identify additional funding opportunities for chronic disease prevention and self-management</li> </ul>   |   |
| Education & Outreach<br>(Development of Local Champions)         | <ul style="list-style-type: none"> <li>Promote importance of FANSS type collaborations with community partners and local champions</li> <li>Meet with local champions to encourage partnerships and collaborations in chronic disease prevention efforts</li> <li>Educate local champions about the prevalence of chronic disease and the importance of chronic disease prevention programs</li> </ul> |   |
| Media Advocacy   | <ul style="list-style-type: none"> <li>Promote importance of chronic disease prevention programs and highlight existing activities in the local area</li> <li>Develop and submit a media release related to the creation of the FANSS or a similar committee</li> </ul>  |   |
| Policy Development, Promotion, & Implementation                  | <ul style="list-style-type: none"> <li>Discuss opportunities for policy development and implementation in relation to food systems such as farm to schools etc.</li> </ul>   |   |
| Promote the Oregon Tobacco Quit Line                             | <ul style="list-style-type: none"> <li>Include Quitline and importance of tobacco cessation in all materials, messaging and media activities.</li> </ul>   |   |
| <b>Third Quarter Activities</b><br>(Jan. 1, 2011-March 31, 2011) |  | <b>Third Quarter Report</b><br>(due April 22, 2011) |
| Coordination & Collaboration                                     | <ul style="list-style-type: none"> <li>Hold initial meeting of the FANSS or similar coalition</li> <li>Identify schedule for additional meetings</li> <li>Identify additional opportunities to work with community partners such as regional efforts (Fruit and Veggie Coalition, Promotoras Meetings etc)</li> </ul>  |   |
| Assessment   | <ul style="list-style-type: none"> <li>Assess what types of policies would be important and feasible to strive for implementing</li> <li>Assess which partnerships and collaborations would be most effective for participation</li> <li>Identify additional funding opportunities for chronic disease prevention and self-management</li> </ul>   |   |

|   |  |   |
|---|--|---|
| Education & Outreach<br>(Development of Local Champions)          | <ul style="list-style-type: none"> <li>Connect with additional local leaders to educate about the importance of chronic disease prevention policies</li> </ul>   |   |
| Media Advocacy  | None   |   |
| Policy Development, Promotion, & Implementation                   | None   |   |
| Promote the Oregon Tobacco Quit Line                              | <ul style="list-style-type: none"> <li>Include the Quitline number in all promotional materials and any earned media that may occur</li> </ul>   |   |
| <b>Fourth Quarter Activities</b><br>(April 1, 2011-June 30, 2011) |  | <b>Fourth Quarter Report</b><br>(due July 22, 2011) |
| Coordination & Collaboration                                      | <ul style="list-style-type: none"> <li>Host additional meetings of the FANSS or similar coalition</li> <li>Participate in additional groups that are working towards chronic disease prevention</li> </ul> |   |
| Assessment  | <ul style="list-style-type: none"> <li>Identify additional funding opportunities for chronic disease prevention and self-management</li> </ul>   |   |
| Education & Outreach<br>(Development of Local Champions)          | <ul style="list-style-type: none"> <li>Continue to connect with additional local leaders to educate about the importance of chronic disease prevention policies</li> </ul>                                 |   |
| Media Advocacy  | None   |   |
| Policy Development, Promotion, & Implementation                   | None   |   |
| Promote the Oregon Tobacco Quit Line                              | <ul style="list-style-type: none"> <li>Include Quitline and importance of tobacco cessation in all materials, messaging and media activities.</li> </ul>   |   |

|   |   |   |
|---|---|---|
| <b>Grantee:</b> Washington County   |   |   |
| <b>Best Practice Objective:</b> BPO 2, Tobacco-Free Worksites   |   |   |
| <b>SMART Objective:</b> By June 2011 Washington County will have promoted tobacco-free worksites in local government and 5 large employers.   |   |   |
| <b>Critical Question:</b><br>This objective will reduce health disparities in Washington County by ensuring that visitors, clients/customers and staff all have access to tobacco free environments |   |   |
| <b>First Quarter Activities</b><br>(July 1, 2010-Sept. 30, 2010)  |   | <b>First Quarter Report</b><br>(due Oct. 22, 2011)  |
| Coordination & Collaboration  | <ul style="list-style-type: none"> <li>Identify potential employers and local government offices for possible implementation of tobacco-free worksite policies.</li> <li>Identify opportunities for collaboration and participation with existing efforts related to worksite health where the inclusion of tobacco free environments would be appropriate</li> </ul> |   |
| Assessment  | <ul style="list-style-type: none"> <li>Assess possibility of implementation of tobacco-free worksite policies with potential larger employers and local government offices</li> </ul>   |   |
| Education & Outreach<br>(Development of Local Champions)  | <ul style="list-style-type: none"> <li>Promote importance of tobacco-free worksites</li> <li>Educate local champions about the importance of tobacco free worksites</li> </ul>  |   |
| Media Advocacy  | <ul style="list-style-type: none"> <li>Develop and submit a media release related to the importance of tobacco-free worksites, celebrate local leader with successful policies such as Tuality and Pacific University</li> </ul>  |   |
| Policy Development, Promotion, & Implementation   | <ul style="list-style-type: none"> <li>Provide technical support for large employers and local government offices with an interest in tobacco-free and other worksite health related policies</li> </ul>  |   |
| Promote the Oregon Tobacco Quit Line  | <ul style="list-style-type: none"> <li>Incorporate Quitline number into all materials, messages and media activities.</li> <li>Encourage employers and local government to include Quitline in promotion of cessation packages available to employees &amp; visitors</li> </ul>   |   |
| <b>Second Quarter Activities</b><br>(Oct. 1, 2010-Dec. 31, 2010)  |   | <b>Second Quarter Report</b><br>(due Jan. 21, 2011) |
| Coordination & Collaboration  | <ul style="list-style-type: none"> <li>Work with potential employers and local government offices on implementation of tobacco-free worksite policies.</li> </ul>   |   |

|  |  |   |
|--|--|---|
|  | <ul style="list-style-type: none"> <li>Continue to identify opportunities for collaboration and participation with existing efforts related to worksite health where the inclusion of tobacco free environments would be appropriate</li> </ul>  |   |
| Assessment   | <ul style="list-style-type: none"> <li>Assess possibility of implementation of tobacco-free worksite policies with potential larger employers and local government offices</li> </ul>  |   |
| Education & Outreach<br>(Development of Local Champions)         | <ul style="list-style-type: none"> <li>Promote importance of tobacco-free worksites</li> <li>Educate local champions about the importance of tobacco free worksites</li> </ul>   |   |
| Media Advocacy   | <ul style="list-style-type: none"> <li>None</li> </ul>   |   |
| Policy Development, Promotion, & Implementation                  | <ul style="list-style-type: none"> <li>Provide technical support for large employers and local government offices with an interest in tobacco-free and other worksite health related policies</li> </ul>   |   |
| Promote the Oregon Tobacco Quit Line                             | <ul style="list-style-type: none"> <li>Incorporate Quitline number into all materials, messages and media activities.</li> <li>Encourage employers and local government to include Quitline in promotion of cessation packages available to employees &amp; visitors</li> </ul>  |   |
| <b>Third Quarter Activities</b><br>(Jan. 1, 2011-March 31, 2011) |  | <b>Third Quarter Report</b><br>(due April 22, 2011) |
| Coordination & Collaboration                                     | <ul style="list-style-type: none"> <li>Continue to work with potential employers and local government offices on implementation of tobacco-free worksite policies.</li> <li>Continue to identify opportunities for collaboration and participation with existing efforts related to worksite health where the inclusion of tobacco free environments would be appropriate</li> </ul> |   |
| Assessment   | <ul style="list-style-type: none"> <li>Assess possibility of implementation of tobacco-free worksite policies with potential larger employers and local government offices</li> </ul>  |   |
| Education & Outreach<br>(Development of Local Champions)         | <ul style="list-style-type: none"> <li>Promote importance of tobacco-free worksites</li> <li>Educate local champions about the importance of tobacco free worksites</li> </ul>   |   |
| Media Advocacy   | <ul style="list-style-type: none"> <li>None</li> </ul>   |   |
| Policy Development, Promotion, & Implementation                  | <ul style="list-style-type: none"> <li>Provide technical support for large employers and local government offices with an interest in tobacco-free and other worksite health</li> </ul>  |   |

|   |  |   |
|---|--|---|
|   | related policies   |   |
| Promote the Oregon Tobacco Quit Line                              | <ul style="list-style-type: none"> <li>• Incorporate Quitline number into all materials, messages and media activities.</li> <li>• Encourage employers and local government to include Quitline in promotion of cessation packages available to employees &amp; visitors</li> </ul>  |   |
| <b>Fourth Quarter Activities</b><br>(April 1, 2011-June 30, 2011) |  | <b>Fourth Quarter Report</b><br>(due July 22, 2011) |
| Coordination & Collaboration                                      | <ul style="list-style-type: none"> <li>• Complete to work with potential employers and local government offices on implementation of tobacco-free worksite policies.</li> <li>• Continue to identify opportunities for collaboration and participation with existing efforts related to worksite health where the inclusion of tobacco free environments would be appropriate</li> </ul> |   |
| Assessment  | <ul style="list-style-type: none"> <li>• Assess possibility of implementation of tobacco-free worksite policies with potential larger employers and local government offices</li> </ul>  |   |
| Education & Outreach<br>(Development of Local Champions)          | <ul style="list-style-type: none"> <li>• Promote importance of tobacco-free worksites</li> <li>• Educate local champions about the importance of tobacco free worksites</li> </ul>   |   |
| Media Advocacy  | <ul style="list-style-type: none"> <li>• Develop and submit media release that celebrates employers and local government that implemented tobacco-worksite policies</li> </ul>   |   |
| Policy Development,<br>Promotion, & Implementation                | <ul style="list-style-type: none"> <li>• Provide technical support for large employers and local government offices with an interest in tobacco-free and other worksite health related policies</li> </ul>   |   |
| Promote the Oregon Tobacco Quit Line                              | <ul style="list-style-type: none"> <li>• Incorporate Quitline number into all materials, messages and media activities.</li> <li>• Encourage employers and local government to include Quitline in promotion of cessation packages available to employees &amp; visitors</li> </ul>  |   |

|  |  |  |
|--|--|--|
| <b>Grantee:</b> Washington County  |  |  |
| <b>Best Practice Objective:</b> BPO 3, Implement the Indoor Clean Air Act  |  |  |
| <b>SMART Objective:</b> By June 2011 Washington County will have responded to all complaints of violation of the Smokefree Workplace Law according to the protocol specified in the IGA. |  |  |
| <b>Critical Question:</b><br>This objective will reduce health disparities in Washington County by ensuring that members of the public are equally protected from secondhand smoke.      |  |  |
| <b>First Quarter Activities</b><br>(July 1, 2010-Sept. 30, 2010)   |  | <b>First Quarter Report</b><br>(due Oct. 22, 2011) |
| Coordination & Collaboration   | <ul style="list-style-type: none"> <li>• Coordinate with Environmental Health (EH) to receive, document (in hard copy and WEMS) &amp; respond to complaints and violations of the Smokefree Workplace Law</li> <li>• Collaborate with EH staff to report all violations as observed while in the field</li> <li>• Meet with EH monthly to discuss emergent issues related to complaints and violations of the Smokefree Workplace Law</li> </ul>                                       |  |
| Assessment   | <ul style="list-style-type: none"> <li>• Internal tracking of complaints submitted to WEMS in relation to business type and locations (EH)</li> <li>• Assess number of current hookah businesses and tobacco shops in Washington County</li> </ul>   |  |
| Education & Outreach<br>(Development of Local Champions)   | <ul style="list-style-type: none"> <li>• Continue to make Smokefree Workplace Law information available to the public through County website, Dept. web pages and general outreach and ed. efforts (make materials available through OTEC)</li> <li>• Collaborate with EH to tailor education and outreach efforts to specific groups/areas if indicated by internal tracking</li> <li>• Educate existing hookah businesses and tobacco shops about smokefree workplace law</li> </ul> |  |
| Media Advocacy   | <ul style="list-style-type: none"> <li>• Develop and submit media release about hookah lounges and tobacco shops</li> </ul>  |  |
| Policy Development, Promotion, & Implementation  | <ul style="list-style-type: none"> <li>• Ensure that new staff orientation includes training on internal system of response</li> <li>• Review system of protocols and procedures for response to complaints.</li> </ul>  |  |

|  |  |   |
|--|--|---|
| Promote the Oregon Tobacco Quit Line                             | <ul style="list-style-type: none"> <li>Continue to include Quitline information within any Smokefree Workplace Law messages and materials that are distributed</li> </ul>  |   |
| <b>Second Quarter Activities</b><br>(Oct. 1, 2010-Dec. 31, 2010) |  | <b>Second Quarter Report</b><br>(due Jan. 21, 2011) |
| Coordination & Collaboration                                     | <ul style="list-style-type: none"> <li>Coordinate with Environmental Health (EH) to receive, document (in hard copy and WEMS) &amp; respond to complaints and violations of the Smokefree Workplace Law</li> <li>Collaborate with EH staff to report all violations as observed while in the field</li> <li>Meet with EH monthly to discuss emergent issues related to complaints and violations of the Smokefree Workplace Law</li> </ul>                                       |   |
| Assessment   | <ul style="list-style-type: none"> <li>Internal tracking of complaints submitted to WEMS in relation to business type and locations (EH)</li> </ul>  |   |
| Education & Outreach<br>(Development of Local Champions)         | <ul style="list-style-type: none"> <li>Continue to make Smokefree Workplace Law information available to the public through County website, Dept. web pages and general outreach and ed. efforts (make materials available through OTEC)</li> <li>Collaborate with EH to tailor education and outreach efforts to specific groups/areas if indicated by internal tracking</li> <li>Educate existing hookah businesses and tobacco shops about smokefree workplace law</li> </ul> |   |
| Media Advocacy   | <ul style="list-style-type: none"> <li>Message captured in articles related to worksite health</li> </ul>  |   |
| Policy Development, Promotion, & Implementation                  | <ul style="list-style-type: none"> <li>Ensure that new staff orientation includes training on internal system of response</li> <li>Review system of protocols and procedures for response to complaints.</li> </ul>  |   |
| Promote the Oregon Tobacco Quit Line                             | <ul style="list-style-type: none"> <li>Continue to include Quitline information within any Smokefree Workplace Law messages and materials that are distributed</li> </ul>  |   |
| <b>Third Quarter Activities</b><br>(Jan. 1, 2011-March 31, 2011) |  | <b>Third Quarter Report</b><br>(due April 22, 2011) |
| Coordination & Collaboration                                     | <ul style="list-style-type: none"> <li>Coordinate with Environmental Health (EH) to receive, document (in hard copy and WEMS) &amp; respond to complaints and violations of the Smokefree Workplace Law</li> </ul>   |   |

|   |  |   |
|---|--|---|
|   | <ul style="list-style-type: none"> <li>• Collaborate with EH staff to report all violations as observed while in the field</li> <li>• Meet with EH monthly to discuss emergent issues related to complaints and violations of the Smokefree Workplace Law</li> </ul>   |   |
| Assessment  | <ul style="list-style-type: none"> <li>• Internal tracking of complaints submitted to WEMS in relation to business type and locations (EH)</li> </ul>  |   |
| Education & Outreach<br>(Development of Local Champions)          | <ul style="list-style-type: none"> <li>• Continue to make Smokefree Workplace Law information available to the public through County website, Dept. web pages and general outreach and ed. efforts (make materials available through OTEC)</li> <li>• Collaborate with EH to tailor education and outreach efforts to specific groups/areas if indicated by internal tracking</li> <li>• Educate existing hookah businesses and tobacco shops about smokefree workplace law</li> </ul> |   |
| Media Advocacy  | <ul style="list-style-type: none"> <li>• Message captured in articles related to worksite health</li> </ul>  |   |
| Policy Development, Promotion, & Implementation                   | <ul style="list-style-type: none"> <li>• Ensure that new staff orientation includes training on internal system of response</li> <li>• Review system of protocols and procedures for response to complaints.</li> </ul>  |   |
| Promote the Oregon Tobacco Quit Line                              | <ul style="list-style-type: none"> <li>• Continue to include Quitline information within any Smokefree Workplace Law messages and materials that are distributed</li> </ul>  |   |
| <b>Fourth Quarter Activities</b><br>(April 1, 2011-June 30, 2011) |  | <b>Fourth Quarter Report</b><br>(due July 22, 2011) |
| Coordination & Collaboration                                      | <ul style="list-style-type: none"> <li>• Coordinate with Environmental Health (EH) to receive, document (in hard copy and WEMS) &amp; respond to complaints and violations of the Smokefree Workplace Law</li> <li>• Collaborate with EH staff to report all violations as observed while in the field</li> <li>• Meet with EH monthly to discuss emergent issues related to complaints and violations of the Smokefree Workplace Law</li> </ul>                                       |   |
| Assessment  | <ul style="list-style-type: none"> <li>• Internal tracking of complaints submitted to WEMS in relation to business type and locations (EH)</li> </ul>  |   |
| Education & Outreach<br>(Development of Local                     | <ul style="list-style-type: none"> <li>• Continue to make Smokefree Workplace Law information available to the public through County website, Dept. web pages</li> </ul>   |   |

|   |   |  |
|---|---|--|
| Champions)                                      | <p>and general outreach and ed. efforts (make materials available through OTEC)</p> <ul style="list-style-type: none"> <li>• Collaborate with EH to tailor education and outreach efforts to specific groups/areas if indicated by internal tracking</li> <li>• Educate existing hookah businesses and tobacco shops about smokefree workplace law</li> </ul> |  |
| Media Advocacy                                  | <ul style="list-style-type: none"> <li>• Message captured in articles related to worksite health</li> </ul>   |  |
| Policy Development, Promotion, & Implementation | <ul style="list-style-type: none"> <li>• Ensure that new staff orientation includes training on internal system of response</li> <li>• Review system of protocols and procedures for response to complaints.</li> </ul>   |  |
| Promote the Oregon Tobacco Quit Line            | <ul style="list-style-type: none"> <li>• Continue to include Quitline information within any Smokefree Workplace Law messages and materials that are distributed</li> </ul>   |  |

**Staffing and Position Leads for Implementation of the Smokefree Workplace Law (Object #3)**

Public Health (Total FTE 1.1)

Tobacco Program Coordinator – Program Lead (1.0 FTE)

Health Promotions Supervisor – Oversight (0.1 FTE)

Environmental Health (Total FTE .65)

Environmental Health Specialist - Lead for investigation of complaints/violations (0.4 FTE)

Administrative Support Supervisor – Lead for training on WEMS and in documentation process (0.05 FTE)

Administrative Support – Lead for documentation of complaints through WEMS (0.1 FTE)

Environmental Health Supervisor – Oversight (0.1 FTE)

|   |   |   |
|---|---|---|
| <b>Grantee:</b> Washington County   |   |   |
| <b>Best Practice Objective:</b> BPO 4, Smokefree Multi-Unit Housing   |   |   |
| <b>SMART Objective:</b> By June 2011, the proportion of smokefree multi-unit properties in Washington County will have increased 25% from baseline.   |   |   |
| <b>Critical Question:</b><br>This objective will reduce health disparities in Washington County by ensuring that people who live in multiunit housing will have access to tobacco free environments |   |   |
| <b>First Quarter Activities</b><br>(July 1, 2010-Sept. 30, 2010)  |   | <b>First Quarter Report</b><br>(due Oct. 22, 2011)  |
| Coordination & Collaboration  | <ul style="list-style-type: none"> <li>Continue to meet with regional group that work towards tobacco free housing</li> <li>Identify opportunities for collaboration and participation with existing efforts related to healthy housing such as TVF&amp;R, Housing Authority and CDCs</li> <li>Collaborate with regional partners and Health InSight to participate in Spectrum Trade Show</li> </ul> |   |
| Assessment  | <ul style="list-style-type: none"> <li>Continue to conduct and submit smokefree policy and rental ad assessments</li> </ul>   |   |
| Education & Outreach<br>(Development of Local Champions)  | <ul style="list-style-type: none"> <li>Identify local champions such as TVF &amp; R and CDC/Bienstar</li> <li>Educate local champions about the importance of tobacco free housing</li> <li>Outreach to local partners in relation to Spectrum Trade Show</li> </ul>  |   |
| Media Advocacy  | <ul style="list-style-type: none"> <li>Develop and submit a media release related to the Spectrum Trade Show and the regional collaboration in the smokefree housing effort</li> </ul>  |   |
| Policy Development, Promotion, & Implementation   | <ul style="list-style-type: none"> <li>Provide technical support for landlords and property owners with an interest in tobacco-free housing policies</li> </ul>   |   |
| Promote the Oregon Tobacco Quit Line  | <ul style="list-style-type: none"> <li>Incorporate Quitline number into all materials, messages and media activities.</li> <li>Encourage landlords and property owners to include Quitline in promotion of tobacco free housing policy</li> </ul>   |   |
| <b>Second Quarter Activities</b><br>(Oct. 1, 2010-Dec. 31, 2010)  |   | <b>Second Quarter Report</b><br>(due Jan. 21, 2011) |

|  |  |   |
|--|--|---|
| Coordination & Collaboration                                     | <ul style="list-style-type: none"> <li>• Continue to meet with regional group that work towards tobacco free housing</li> <li>• Identify opportunities for collaboration and participation with existing efforts related to healthy housing such as TVF&amp;R, Housing Authority and CDCs</li> <li>• Collaborate with Clackamas County and Health InSight in an effort to conduct a regional low-income property manager training</li> </ul> |   |
| Assessment   | <ul style="list-style-type: none"> <li>• Continue to conduct and submit smokefree policy and rental ad assessments</li> <li>• Assess potential for successful regional low-income property manager training</li> </ul>   |   |
| Education & Outreach<br>(Development of Local Champions)         | <ul style="list-style-type: none"> <li>• Promote regional training in all venues</li> <li>• Educate local champions about the importance of tobacco free housing</li> </ul>  |   |
| Media Advocacy   | <ul style="list-style-type: none"> <li>• Develop and submit a media release related to the regional property manager training</li> </ul>   |   |
| Policy Development, Promotion, & Implementation                  | <ul style="list-style-type: none"> <li>• Provide technical support for landlords and property owners with an interest in tobacco-free housing policies</li> </ul>  |   |
| Promote the Oregon Tobacco Quit Line                             | <ul style="list-style-type: none"> <li>• Incorporate Quitline number into all materials, messages and media activities.</li> <li>• Encourage landlords and property owners to include Quitline in promotion of tobacco free housing policy</li> </ul>  |   |
| <b>Third Quarter Activities</b><br>(Jan. 1, 2011-March 31, 2011) |  | <b>Third Quarter Report</b><br>(due April 22, 2011) |
| Coordination & Collaboration                                     | <ul style="list-style-type: none"> <li>• Continue to meet with regional group that work towards tobacco free housing</li> <li>• Identify opportunities for collaboration and participation with existing efforts related to healthy housing such as TVF&amp;R, Housing Authority and CDCs</li> <li>• Collaborate with Clackamas County and Health InSight in an effort to conduct a regional low-income property manager training</li> </ul> |   |
| Assessment   | <ul style="list-style-type: none"> <li>• Continue to conduct and submit smokefree policy and rental ad assessments</li> </ul>  |   |
| Education & Outreach<br>(Development of Local                    | <ul style="list-style-type: none"> <li>• Promote regional training in all venues</li> <li>• Educate local champions about the importance of tobacco free</li> </ul>  |   |

|   |  |   |
|---|--|---|
| Champions)  | housing  |   |
| Media Advocacy  | <ul style="list-style-type: none"> <li>• Develop and submit a media release related to the regional property manager training</li> </ul>   |   |
| Policy Development, Promotion, & Implementation                   | <ul style="list-style-type: none"> <li>• Provide technical support for landlords and property owners with an interest in tobacco-free housing policies</li> </ul>  |   |
| Promote the Oregon Tobacco Quit Line                              | <ul style="list-style-type: none"> <li>• Incorporate Quitline number into all materials, messages and media activities.</li> <li>• Encourage landlords and property owners to include Quitline in promotion of tobacco free housing policy</li> </ul>  |   |
| <b>Fourth Quarter Activities</b><br>(April 1, 2011-June 30, 2011) |  | <b>Fourth Quarter Report</b><br>(due July 22, 2011) |
| Coordination & Collaboration                                      | <ul style="list-style-type: none"> <li>• Continue to meet with regional group that work towards tobacco free housing</li> <li>• Identify opportunities for collaboration and participation with existing efforts related to healthy housing such as TVF&amp;R, Housing Authority and CDCs</li> <li>• Collaborate with Clackamas County and Health InSight in an effort to conduct a regional low-income property manager training</li> </ul> |   |
| Assessment  | <ul style="list-style-type: none"> <li>• Continue to conduct and submit smokefree policy and rental ad assessments</li> </ul>  |   |
| Education & Outreach<br>(Development of Local Champions)          | <ul style="list-style-type: none"> <li>• Promote regional training in all venues</li> <li>• Educate local champions about the importance of tobacco free housing</li> </ul>  |   |
| Media Advocacy  | <ul style="list-style-type: none"> <li>• Develop and submit a media release related to the regional property manager training</li> </ul>   |   |
| Policy Development, Promotion, & Implementation                   | <ul style="list-style-type: none"> <li>• Provide technical support for landlords and property owners with an interest in tobacco-free housing policies</li> </ul>  |   |
| Promote the Oregon Tobacco Quit Line                              | <ul style="list-style-type: none"> <li>• Incorporate Quitline number into all materials, messages and media activities.</li> <li>• Encourage landlords and property owners to include Quitline in promotion of tobacco free housing policy</li> </ul>  |   |

|   |  |   |
|---|--|---|
| <b>Grantee:</b> Washington County   |  |   |
| <b>Best Practice Objective:</b> BPO 9, Tobacco-free Outdoor Venues  |  |   |
| <b>SMART Objective:</b> By June 2011 Tualatin Hills Parks and Recreation will have passed a comprehensive tobacco-free policy.  |  |   |
| <b>Critical Question:</b><br>This objective will reduce health disparities in Washington County by ensuring that all people who access Tualatin Hills Parks and Recreation facilities and programs will have tobacco-free environments while utilizing THP&D facilities and programs. |  |   |
| <b>First Quarter Activities</b><br>(July 1, 2010-Sept. 30, 2010)  |  | <b>First Quarter Report</b><br>(due Oct. 22, 2011)  |
| Coordination & Collaboration  | None   |   |
| Assessment  | None   |   |
| Education & Outreach<br>(Development of Local Champions)  | None   |   |
| Media Advocacy  | None   |   |
| Policy Development, Promotion,<br>& Implementation  | None   |   |
| Promote the Oregon Tobacco<br>Quit Line   | None   |   |
| <b>Second Quarter Activities</b><br>(Oct. 1, 2010-Dec. 31, 2010)  |  | <b>Second Quarter Report</b><br>(due Jan. 21, 2011) |
| Coordination & Collaboration  | <ul style="list-style-type: none"> <li>Connect with Tualatin Hills Parks and Recreation to discuss process for development and implementation of tobacco-free environments policy</li> </ul>                       |   |
| Assessment  | <ul style="list-style-type: none"> <li>Assess willingness and involvement with THP &amp; D board in regard to tobacco-free environments policy</li> </ul>  |   |
| Education & Outreach<br>(Development of Local Champions)  | <ul style="list-style-type: none"> <li>Conduct education and outreach to THP &amp; D staff as needed in effort to promote process of development and implementation of tobacco-free environments policy</li> </ul> |   |
| Media Advocacy  | None   |   |

|   |   |   |
|---|---|---|
| Policy Development, Promotion, & Implementation                   | None  |   |
| Promote the Oregon Tobacco Quit Line                              | <ul style="list-style-type: none"> <li>Incorporate Quitline number into all materials and messages related to tobacco-free environments discussions</li> </ul>  |   |
| <b>Third Quarter Activities</b><br>(Jan. 1, 2011-March 31, 2011)  |   | <b>Third Quarter Report</b><br>(due April 22, 2011) |
| Coordination & Collaboration                                      | <ul style="list-style-type: none"> <li>Collaborate with Tualatin Hills Parks and Recreation to discuss development and implementation of comprehensive tobacco-free policy</li> <li>Identify additional collaboration opportunities with THP&amp;D related to chronic disease prevention</li> </ul> |   |
| Assessment  | <ul style="list-style-type: none"> <li>Assess potential and extent of tobacco-free environments policy.</li> <li>Identify additional funding opportunities for chronic disease prevention and self-management</li> </ul>  |   |
| Education & Outreach<br>(Development of Local Champions)          | <ul style="list-style-type: none"> <li>Promote importance of tobacco-free policies within organization and board.</li> <li>Education local champions and/or board members regarding importance of tobacco-free policies and aspects of implementation</li> </ul>                                    |   |
| Media Advocacy  | <ul style="list-style-type: none"> <li>Develop and submit media release celebrating tobacco-free outdoor environments policies.</li> </ul>  |   |
| Policy Development, Promotion, & Implementation                   | <ul style="list-style-type: none"> <li>Provide technical assistance and guidance in development and implementation of tobacco-free policy</li> </ul>  |   |
| Promote the Oregon Tobacco Quit Line                              | <ul style="list-style-type: none"> <li>Incorporate Quitline number into all materials and media activities.</li> <li>Ensure that Quitline is included in policy education and promotion messages</li> </ul>   |   |
| <b>Fourth Quarter Activities</b><br>(April 1, 2011-June 30, 2011) |   | <b>Fourth Quarter Report</b><br>(due July 22, 2011) |
| Coordination & Collaboration                                      | <ul style="list-style-type: none"> <li>Collaborate with Tualatin Hills Parks and Recreation to discuss development and implementation of comprehensive tobacco-free policy</li> <li>Identify additional collaboration opportunities with THP&amp;D related to chronic disease prevention</li> </ul> |   |
| Assessment  | <ul style="list-style-type: none"> <li>Assess potential and extent of tobacco-free environments policy.</li> <li>Identify additional funding opportunities for chronic disease prevention and self-management</li> </ul>  |   |
| Education & Outreach<br>(Development of Local                     | <ul style="list-style-type: none"> <li>Promote importance of tobacco-free policies within organization and board.</li> </ul>  |   |

|   |   |  |
|---|---|--|
| Champions)                                      | <ul style="list-style-type: none"> <li>• Education local champions and/or board members regarding importance of tobacco-free policies and aspects of implementation</li> </ul>                                  |  |
| Media Advocacy                                  | <ul style="list-style-type: none"> <li>• Develop and submit media release celebrating tobacco-free outdoor environments policies.</li> </ul>  |  |
| Policy Development, Promotion, & Implementation | <ul style="list-style-type: none"> <li>• Provide technical assistance and guidance in development and implementation of tobacco-free policy</li> </ul>  |  |
| Promote the Oregon Tobacco Quit Line            | <ul style="list-style-type: none"> <li>• Incorporate Quitline number into all materials and media activities.</li> <li>• Ensure that Quitline is included in policy education and promotion messages</li> </ul> |  |

**Appendix C: FY 2010 - 2011 WIC Nutrition Education Plan Form**

**County/Agency:** Washington County  
**Person Completing Form:** Tiare T. Sanna MS, RD  
**Date:** March 18<sup>th</sup> 2010  
**Phone Number:** (503) 846-4913  
**Email Address:** tiare\_sanna@co.washington.or.us

Return this form electronically (attached to email) to: [sara.e.sloan@state.or.us](mailto: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:**

*The Nutrition Program Supervisor (Tiare Sanna) and the Training Supervisor (Jan Apland) will complete the online Participant Centered Education e-Learning Modules in April of 2010. In addition, staff members that play a significant role in the development and implementation of the group education classes at Washington County (Carol McManus, Denise Duyck, Juana Acuna, Alondra Acuna, Maricela Garcia, Ramona Guzman, Christine Shepherd, Marjorie Dreiseszun, and Cenaida Valdivia) will complete both the PCE e-learning module and the post-test (with a score of 90% or better) before August 31, 2010. All other staff (both clerical and counseling staff) will complete the PCE e-Learning Modules and the post-test (with a score of 90% or higher) by December*

*31<sup>st</sup> 2010. All new staff will complete the PCE e-Learning Module as part of their training and orientation to Washington County WIC.*

**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:**

*All Washington County WIC staff (certifiers and clerical) will complete the Participant Centered Education e-Learning Modules and pass the post-test with a score of 90% or higher by December 31<sup>st</sup> 2010. Staff members who play a role in group education development and implementation will be required to complete the PCE e-Learning Module and pass the post-test with a score of 90% or higher by August 31, 2010. Staff was instructed on how to access and use the e-Learning Module at a staff meeting on March 17<sup>th</sup> 2010. Staff members have therefore been given 10 months to work on and complete these modules during available time during the work day. The Training Supervisor will follow-up with staff in August to monitor staff progress in regards to completing the e-Learning modules and will work with the Nutrition Program Supervisor to assess if designated time needs to be set aside for staff in order to allow for completion of the modules by the August 31<sup>st</sup> or December 31<sup>st</sup> deadlines.*

**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 31, 2010.

**Implementation Plan and Timeline including possible staff who will attend a regional training:**

*Washington County will send the following staff to the regional PCE training in the fall of 2010: Carol McManus, Denise Duyck, Juana Acuna, Maricela Garcia, Ramona Guzman, Alondra Acuna, Christine Shepherd, Marjorie Dreiseszun, Jan Apland, and Tiare Sanna. These staff members have been chosen because they play a significant role in the development and implementation of group classes at Washington County. These staff will have the PCE e-Learning module completed prior to August 31<sup>st</sup> 2010. All will be required to pass the post-test with a score of 90% or higher prior to August 31, 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:**

*Washington County completed its first annual “Supporting Breastfeeding through Oregon WIC Listens” checklist in December of*

*2009. The following are strategies that Washington County WIC intends to work on over the next year to help increase breastfeeding support.*

- In December 2009, Washington County started offering a postpartum breastfeeding support group in both English and Spanish. Over the next year we are going to work on making the new groups successful by adequately promoting it to staff and the community. The goal at Washington County WIC's "Breastfeeding Circles" is to create an inviting environment where moms can seek and share advice with both lactation experts and other breastfeeding moms in order to help them meet their own breastfeeding goals. These "Breastfeeding Circles" will hopefully help Washington County WIC's goal of increasing the percentage of moms who are exclusively breastfeeding and increase the duration rates of our breastfeeding WIC mothers.*
- The Nutrition Program Supervisor and the Training Supervisor will continue to educate staff in regards to breastfeeding, specifically supporting breastfeeding moms through the use of participant centered education. This training will be done by providing staff educational materials related to breastfeeding, breastfeeding in-services at staff meetings, and incorporating breastfeeding into several of the case studies that are completed by the WIC staff on a monthly basis. One of the staff in-services will focus specifically on how supplementing with formula can be detrimental to breastfeeding duration and the health risks associated with not exclusively breastfeeding.*
- The Nutrition Program Supervisor will work with HR this year to add breastfeeding knowledge and promotion as part of the official job description for the Nutrition Technicians, Public Health Nutritionist, and Nutrition Program Supervisor.*

**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:**

*Once the prenatal and breastfeeding classes developed by the state are made available, Washington County will compare these to our current prenatal and breastfeeding classes and incorporate the material as needed. Washington County will have this completed by December 31<sup>st</sup> 2010.*

**Goal 3: Strengthen partnerships with organization 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 organization 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:**

*Once the information and registration forms for the Fall 2010 Group Participant Centered Education training is available, Washington County WIC will forward the information along to the following programs:*

*Washington County's Community Health Nurses, Virginia Garcia Memorial Health Centers, Washington County Healthy Start, and Washington County Head Start Programs.*

**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:**

*Once information about accessing the online Breastfeeding Module is made available, Washington County will send information about the online module and the Breastfeeding Basics training to the following programs: Washington County's Community Health Nurses, Virginia Garcia Memorial Health Centers, Washington County Healthy Start, Washington County Health Clinic, Washington County Head Start Programs, and selected pediatric clinics in Washington County.*

**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:**

*Once available, the Nutrition Program Supervisor or Training Supervisor will review with staff how to access the Child Nutrition Module. Washington County staff will review the module as a whole at a designated staff meeting. Staff will then be required to complete the post-test and turn it in to the training supervisor. Staff will be required to pass the test with a score of 90% or higher.*

**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):**

Jan Apland – Training Supervisor

Tiare Sanna – Nutrition Program Supervisor

# **EVALUATION OF WIC NUTRITION EDUCATION PLAN** **FY 2009-2010**

WIC Agency: Washington County

Person Completing Form: Tiare T. Sanna MS, RD

Date: March 25, 2010 Phone: (503) 846-4913

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

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

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

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

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

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

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

Response:

*At a staff meeting on July 29, 2009 the Training Supervisor (Tiare Sanna), provided an in-service going through the Food Package Assignment Module. Staff also completed the post-test for this module. Completion of the module and post-test was documented in TWIST.*

*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:

*Washington County only had one staff member that was not able to attend the 2009 Statewide Meeting. We have talked about infant feeding cues at staff meetings and the staff member was provided handouts and written materials provided by the state.*

*All mothers with feeding questions are directed to the back to speak to a counselor; therefore, we have not incorporated infant feeding cues into “front desk” interactions with participants. We have, however, worked with front desk on how they phrase questions to moms (when finding out why they have come to the WIC office) and a significant number of the clerical staff did attend the infant feeding presentation at the Statewide Meeting. In addition, clerical staff has been in attendance at staff meetings where infant feeding cues have been discussed. We have added messages about infant feeding cues to both our prenatal group screen and both prenatal and postpartum breastfeeding classes and groups. Counselors use the information about infant feeding cues when completing their nutrition assessment and providing education to moms of infants.*

*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?

*All nutrition education lesson plans were reviewed and revised to incorporate the Key Nutrition Messages and support and promote the new WIC food packages. This was accomplished by incorporating short messages into the established nutrition education lesson plans. The topics covered included increasing intake of fruits and vegetables, use of whole grains, and moving to a lower fat dairy option. In addition to the messages given during the group education classes, Washington County developed two DVD presentations that played in the WIC waiting rooms. One played prior to the food package change and had pictures of children and families and the new foods that would be introduced in August 2009. The second DVD was used in the waiting rooms starting in August 2009 and gave a more detailed description of the new foods and how to use the fruit and vegetable vouchers.*

*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><b>Example:</b><br/>Providing Advice</p> <p>Facilitated discussion during October 2009 staff meeting using the Continuing Education materials from Oregon WIC Listens.</p>  | <p><b>Example:</b><br/>This in-service addressed several competencies in the core areas of Communication, Critical Thinking and Nutrition Education</p>   | <p><b>Example:</b><br/>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>Food Package Assignment Module</p> <p>Completed July 29, 2009</p>   | <p>This in-service addressed several competencies in the core areas of WIC Program Overview, Nutrition Assessment Process, Communication, Multi-Cultural Awareness, Critical Thinking, Technological Literacy, and Nutrition Education.</p> | <p>One desired outcome of this in-service was for staff to become more confident in the changes to food package selection and assignment in TWIST related to Fresh Choices.</p>  |
| <p>We did not discuss infant feeding cues in September 2009 as planned due to the need for more discussion on Fresh Choices and the new food package. The staff meeting on September 2, 2009 focused on Fresh Choices.</p> <p>Infant feeding cues is a planned in-service topic for FY 2010-2011</p> | <p>This in-service addressed several competencies in the core areas of WIC Program Overview, Nutrition Assessment Process, Communication, Multi-Cultural Awareness, Critical Thinking, Technological Literacy, and Nutrition Education.</p> | <p>The desired outcome of this in-service was to provide staff with support in selecting and assigning appropriate food packages and educating clients about Fresh Choices and the changes to the food package.</p>                                |
| <p>We did not discuss PCE during our January 2010 meeting as planned. PCE was discussed at our March meeting instead.</p>  | <p>This in-service addressed several competencies in the core areas of WIC Program Overview, Principles of Life-Cycle Nutrition,</p>  | <p>One desired outcome of this in-service was to review nutrition risk code assignment and nutrition assessment of pregnant</p>  |

|  |   |   |
|--|---|---|
| <p>During our staff meeting on February 17, 2010 staff completed a case study in which we reviewed risk code assignment, assessment, appropriate nutrition education, and referrals to appropriate services.</p> | <p>Nutrition Assessment Process, Communication, Critical Thinking, Technological Literacy, Nutrition Education, and Community Resources and Referrals.</p>  | <p>women enrolled in the WIC program.</p> <p>The overall goal of the monthly case studies is to provide continuing education to staff and ensure that all staff are following consistent and correct procedures and providing consistent nutrition education messages.</p>  |
| <p>Breastfeeding Promotion and Education</p> <p>Participant Centered Education</p> <p>Completed March 17, 2009</p>   | <p>This in-service addressed several of the competencies in the core areas of Program Integrity, WIC Program Overview, Principles of Life-Cycle Nutrition, Nutrition Assessment Process, Communication, Multicultural Awareness, Critical Thinking, Technology Literacy, Nutrition Education, and Community Resources and Referrals</p> | <p>One desired outcome of this in-service (breastfeeding case study) was to help staff become more confident in breastfeeding assessment and evaluation, specifically using PCE skills.</p> <p>One outcome of this in-service (PCE) was to reinforce some of the key components of PCE, specifically focusing on completing an assessment prior to providing nutrition education. Staff was also introduced to the PCE e-learning module.</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:

*Staff consistently uses introductions, open-ended questions, affirmations, critical thinking, active listening, probing questions, anticipatory guidance, focusing on participant needs and interests, and helping clients determine their next steps. Part of what made these components the easiest to adopt is that several are related to providing good customer service, something that has been a strong expectation of the staff prior to transition to PCE/OWL. In addition, it seems that our training as a pilot agency had a heavy focus on open-ended questions and having the client's interest lead the education, but may have been a little light on skill building to utilize techniques such as Explore/Offer/Explore and practice completing a thorough assessment prior to offering nutrition education.*

*Core components that staff use, but with less consistency, include setting the agenda, reflections, completing a thorough assessment prior to providing nutrition education, providing a health outcome statement, and summarizing. Adapting this component of PCE has been difficult because staff members are accustomed to providing nutrition education throughout the visit and this habit has been hard to change. Also, as a pilot agency, Washington County received a lot of training on OARS, but there were less skill building activities on how to make sure the assessment is complete prior to providing nutrition education.*

*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:

*In order to maintain the core components of participant centered education, Washington County staff continues to share success stories and difficulties related to counseling WIC clients using PCE. Staff observes how other co-workers counsel and educate and PCE is often discussed at the monthly staff meetings.*

*Starting in December of 2009, Washington County started implementing monthly case studies. These case studies can be used to help increase staff skills related to participant centered education. In addition, all Washington County staff will complete the PCE e-learning module before December 31<sup>st</sup> 2010.*

### **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:

*Washington County met with the following partners to discuss Fresh Choices: Washington County Community Health Nurses, Providence Prenatal Group, Hillsboro Virginia Garcia Health Clinic, and Mountindale Recovery Center. The Nutrition Program Supervisor also attended an MCH Network meeting at St Vincent's to discuss the new food package and will be attending a meeting with Hillsboro Pediatrics in May 2010 to discuss the food package changes and provide an overview of WIC services.*

*All food package changes were discussed alongside the reason and rational behind the change. Most reactions to the changes were very positive and welcomed.*

*Overall, all outreach to discuss Fresh Choices with community partners went really well and there is not anything I would have done significantly different. Materials and handouts provided by the state were very helpful in communicating changes in a clear and positive way.*

*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:

*In April 2009 Washington County WIC helped to complete 250 Nation Food and Nutrition Questionnaires (NATFAN) developed by The Institute for Obesity Research and Program Evaluation at Texas A&M University.*

*We have not utilized information from this survey yet, but plan to do so once we have the results from both the initial survey and the follow-up survey. We hope to use this information to evaluate how Fresh Choices has impacted WIC participant intake.*

#### **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:

*In regards to Washington County's strengths in breastfeeding support we have a breastfeeding supportive environment policy; we are a breastfeeding friendly employer; all staff are well versed in breastfeeding and 50% of the counseling staff have attended an advanced breastfeeding training; there are two IBCLC on staff; we have prenatal and postpartum breastfeeding classes/support groups to provide anticipatory guidance and support to help women achieve their breastfeeding goals; there is an established breastfeeding peer counseling program at Washington County; and any breastfeeding mom who needs assistance with breastfeeding or returning to work/school and breastfeeding can receive that help from a Washington County staff member within one business day (and usually this help can be obtained immediately).*

*In regards to areas where we can strengthen our breastfeeding support we need to incorporate breastfeeding knowledge and support into the Nutrition Technician, Public Health Nutritionist, and Nutrition Program Supervisor job descriptions; we need to work to ensure that more IBCLC time is spent on breastfeeding rather than other WIC duties; and we need to work on a system to contact each breastfeeding mother within 1-2 weeks of delivery to assess how breastfeeding is going rather than wait for mothers to contact the WIC program. In addition, staff is very knowledgeable on the benefits of breastfeeding and how to help a mom successfully achieve her breastfeeding goal, but we need to work to make staff more aware of the health risks associated with not breastfeeding. In 2008-2009 Washington County worked to improve the anticipatory guidance given to moms during the prenatal period in an effort to increase exclusivity and duration. Due to results from the WIC Breastfeeding Study, showing that many women do not seek out breastfeeding help when*

*needed and that most supplementation occurs very early in the postpartum period, Washington County set the goal in 2009-2010 to increase early postpartum support for breastfeeding moms.*

*Through information gathered from the "Supporting Breastfeeding through Oregon WIC Listens" tool, Washington County also determined that the Nutrition Program Supervisor needs to work with HR to add breastfeeding promotion and knowledge to Nutrition Technician, Public Health Nutritionist, and Nutrition Program Supervisor job descriptions; staff must be educated not only on the benefits of breastfeeding, but of the health risks associated with not breastfeeding; and that more IBCLC time must be devoted to breastfeeding support, specifically focusing on contacting mothers in the early postpartum period to offer support, since research from our peer counseling study has shown that few moms will take the initiative in the early postpartum period to contact someone for breastfeeding help.*

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:

*In December 2009, Washington County WIC started offering weekly breastfeeding support groups (Breastfeeding Circle) in English and Spanish. The goal of these groups is to provide moms a welcoming and safe place where they can come and receive breastfeeding support from a breastfeeding expert and connect with other breastfeeding moms. By working with moms early and often in the postpartum period, we hope to decrease formula supplementation, and therefore, increase exclusivity and duration.*

*In addition to the Breastfeeding Circles, starting in the summer/fall of 2009, Washington County also increased efforts during the prenatal period to inform WIC moms (at both classes and individual appointments) that they can walk-in or call at any time to get help with breastfeeding.*

*The next steps we will take will be to continue to promote the Breastfeeding Circles to increase participation in the weekly meetings. We will also work to evaluate the effectiveness of both our breastfeeding classes and the Breastfeeding Circles on their impact on both exclusivity and duration. In addition, we will work with HR to improve job descriptions in relation to breastfeeding and will provide in-services to the staff related to the risk of not breastfeeding and provide them more information and skill building related to infant feeding cues.*

## Attachment A

### FY 2010-2011 WIC Nutrition Education Plan

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

Agency:

Training Supervisor(s) and Credentials:

#### Staff Development Planned

Based on planned program initiatives, your program goals, or identified staff needs, what quarterly in-services and or continuing education are planned for existing staff? List the in-services and an objective for quarterly in-services that you plan for July 1, 2010 – June 30, 2011. State provided in-services, trainings and meetings can be included as appropriate.

| Quarter | Month        | In-Service Topic                                    | In-Service Objective   |
|---------|--------------|---|--|
| 1       | July 2010    | Formula Impact on Breastfeeding and Infant Health   | Review with staff the impact formula supplementation has on breastfeeding success and potential health risks of not exclusively breastfeeding (for both mom and baby). |
| 2       | October 2010 | Infant Behavioral and Feeding Cues                  | Review infant cues with staff so they are better able to assist new parents in decoding their infant's true needs.   |
| 3       | January 2011 | Participant Centered Education in the group setting | Review and development of skills related to participant centered education in the group setting.   |
| 4       | March 2011   | Online Child Nutrition Module                       | Review of topics related to early childhood nutrition and the impact on health outcomes.   |

## 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 |  |   |
| <b>A. Breastfeeding Policies and Procedures</b>  |   |   |   |   |   |  |   |
| 1. Our WIC agency breastfeeding policy affirms the value of breastfeeding and influences all aspects of clinic operations.   |   |   |   | X |   | Washington County has a Breastfeeding Supportive Clinic Environment policy.  | In 2010 the policy needs to be updated to include additional measures that Washington County has currently been doing to promote and support breastfeeding and add additional items that will further support the Mission at Washington County to support breastfeeding as the normal and preferred method of infant feeding. |
| 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 | Washington County is a Breastfeeding Friendly Employer. We have our certificate on display in our Nursing Mother's Room.                     |   |
| 3. Breastfeeding promotion knowledge, skills and attitudes are part of position descriptions and the employee evaluation process.  |   | X |   |   |   | Breastfeeding is not specifically mentioned in the Nutrition Technician or Public Health Nutritionist job descriptions at Washington County. | Work with HR to add breastfeeding promotion and knowledge as part of the official Nutrition Technician and Public Health Nutritionist job description.  |
| <b>B. Staff roles, skills and training</b>   |   |   |   |   |   |  |   |
| 1. All WIC staff use Oregon WIC Listens skills when talking with pregnant women and mothers about breastfeeding.   |   |   |   | X |   | All staff is currently using these skills. They continue to work to improve and become even more effective at breastfeeding support.         | Continue to observe staff to ensure they are using these skills. Offer suggestions where necessary to improve efficacy.   |
| 2. All WIC staff have completed the  |   |   |   |   | X | All Washington County staff has  | Supervisors and training supervisor   |

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

## Supporting Breastfeeding through Oregon WIC Listens

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

| Assessment Area  | Using the key below check the response that describes your agency's readiness level |   |   |   |   | Current Status  | Ideas for Future Efforts  |
|--|---|---|---|---|---|---|---|
|  | 1   | 2 | 3 | 4 | 5 |   |   |
| breastfeeding module level appropriate for their position.   |   |   |   |   |   | <p>completed the module to at least the level appropriate for their position.</p> <p>In addition, staff receive frequent (usually 1-5 per month) e-mails and other forms of information from the training supervisor and Nutrition Program Supervisor related to breastfeeding.</p> | will seek out appropriate continuing education related to breastfeeding and provide these opportunities to staff.   |
| <p>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.<br/>(Note: A sufficient number based on your agency's caseload and the need for breastfeeding services.)</p> |   |   |   |   | X | Washington County has 8 staff members (50% of counseling staff) who have attended an advanced breastfeeding training.   | <p>Work to have at least 75% of the counseling staff attend an advanced training.</p> <p>Have those who attended a training several years ago attend another advanced training.</p> |
| 4. Our WIC agency has an IBCLC on staff.   |   |   |   | X |   | 1.5 FTE on staff; although primary functions are not IBCLC client services.   | <p>Work to get other interested staff members their IBCLC.</p> <p>Work to have IBCLC staff working a higher percentage of their time with breastfeeding mothers.</p>                |
| <b>C. Prenatal Breastfeeding Education and Support</b>   |   |   |   |   |   |   |   |
| 1. WIC staff use Oregon WIC Listens skills to encourage pregnant women to share their hopes and beliefs about breastfeeding and respond accordingly.   |   |   |   | X |   |   | Continue to observe staff to ensure they are using these skills. Offer suggestions where necessary to improve efficacy.   |

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

## Supporting Breastfeeding through Oregon WIC Listens

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

| Assessment Area  | Using the key below check the response that describes your agency's readiness level |   |   |   |   | Current Status   | Ideas for Future Efforts   |
|--|---|---|---|---|---|--|--|
|  | 1   | 2 | 3 | 4 | 5 |  |  |
| 2. WIC staff help women to recognize their own unique strengths which will help them breastfeed successfully.                          |   |   |   | X |   | <p>Staff have appropriate skills needed to encourage and foster a breastfeeding mom's belief in her ability to breastfeed.</p> <p>A facilitative class for moms who have breastfed before helps mothers increase their self confidence in regards to breastfeeding their new babies.</p> | Continue to observe staff to ensure they are using these skills. Offer suggestions where necessary to improve efficacy.  |
| 3. WIC staff prepare women to advocate for themselves and their infants during the hospital or home birth experience.                  |   |   |   | X |   | <p>Included in Breastfeeding Basics class; counselors work with moms to be sure that they know how to advocate for themselves in the hospital at their F3 appointments – but this may not happen as consistently as necessary.</p>   | <p>Work to ensure that all counselors are making sure that moms know how to advocate for themselves in the hospital at their F3 appointments.</p> <p>Make sure that the peer counselors have the tools necessary to help moms advocate for themselves in the hospital.</p> |
| 4. WIC staff encourage women to fully breastfeed, unless contraindicated.  |   |   |   | X |   |  | Continue to observe staff to ensure they are using these skills. Offer suggestions where necessary to improve efficacy.  |
| 5. Women planning to combine breastfeeding and formula feeding are informed of the impact on breastfeeding and potential health risks. |   |   | X |   |   | All staff is knowledgeable about how supplementing affects breastfeeding success and most staff are aware of the risks to formula feeding, but they may  | Plan in-services for 2010 that specifically touch on the risk of supplementing to breastfeeding success and health risks of formula introduction.  |

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

## Supporting Breastfeeding through Oregon WIC Listens

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

| Assessment Area  | Using the key below check the response that describes your agency's readiness level |   |   |   |   | Current Status  | Ideas for Future Efforts   |
|--|---|---|---|---|---|---|--|
|  | 1   | 2 | 3 | 4 | 5 |   |  |
|  |   |   |   |   |   | not know specifics in regards to increased risk %.  |  |
| 6. WIC staff teach women infant behavioral cues and how these relate to breastfeeding success. |   |   | X |   |   | Staff has been introduced to educating about infant behavioral cues. This topic is covered in the breastfeeding classes, but needs to be expanded to the individual counseling sessions and integrated into other infant classes.   | Continue to provide staff in-services and case studies related to infant behavioral cues.<br><br>Incorporate infant feeding cues into more classes and observe staff to make sure they are discussing infant behavior cues at individual appointments. |
| 7. WIC staff help women prepare for breastfeeding after returning to work or school.           |   |   |   | X |   | Women are able to walk in for assistance with back to work/school plans<br><br>Women returning to work or school are provided a PNS when appropriate.<br><br>We have developed material specifically for women who are returning to work/school to help increase their pumping success. | Provide staff with case studies related to pumping and returning to work and school to evaluate their knowledge and monitor the advice being given to breastfeeding moms returning to work/school.   |
| <b>D. Postpartum Education and Support</b>   |   |   |   |   |   |   |  |
| 1. Our WIC agency offers breastfeeding support throughout the postpartum period.               |   |   |   | X |   | Washington County has recently implemented weekly breastfeeding support groups in English and Spanish to promote  | Need to work on making the new group successful by adequately promoting it to staff and the community and creating a good  |

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

## Supporting Breastfeeding through Oregon WIC Listens

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

| Assessment Area  | Using the key below check the response that describes your agency's readiness level |   |   |   |   | Current Status  | Ideas for Future Efforts   |
|--|---|---|---|---|---|---|--|
|  | 1   | 2 | 3 | 4 | 5 |   |  |
|  |   |   |   |   |   | <p>and support breastfeeding success and to increase exclusivity and duration.</p> <p>Peer Counselors at Washington County provide early and ongoing post-partum support to help moms deal with any breastfeeding problems they may be having and/or to provide encouragement.</p> <p>Washington County Informs pregnant moms (at both classes and individual appointments) that they can contact WIC or walk-in for breastfeeding support in the early post-partum period if needed.</p> | experience for families that attend.   |
| 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 |   |   | This is only being done for mothers who have signed up for a peer breastfeeding counselor.  | Brainstorm ways to contact moms who don't have a peer counselor in the first 1-2 weeks with our current staffing and caseload. |
| 3. WIC staff with advanced breastfeeding training are available to assess, assist and/or refer all mothers requesting breastfeeding help within 1 business day of her contacting the WIC office. |   |   |   |   | X | We have a staff member who answers phones that is trained and able to answer breastfeeding questions, moms can walk in to the clinics at any time to speak to   |  |

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

## Supporting Breastfeeding through Oregon WIC Listens

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

| Assessment Area  | Using the key below check the response that describes your agency's readiness level |   |   |   |   | Current Status  | Ideas for Future Efforts  |
|--|---|---|---|---|---|---|---|
|  | 1   | 2 | 3 | 4 | 5 |   |   |
|  |   |   |   |   |   | a counselor regarding breastfeeding questions, we have peer counselors that moms can contact for support, and we have weekly support groups that moms are encouraged to attend.   |   |
| 4. WIC staff encourage and support mothers to fully breastfeed throughout the postpartum period, unless contraindicated.                             |   |   |   | X |   | Washington County WIC staff is aware of the importance of exclusively breastfeeding to both the health of the mother and infant. They have also been given the training to be able to support moms who have indicated they have a desire to breastfeed. Breastfeeding promotion is done at both the pregnancy group screening and at individual appointments. In addition, majority of Washington County clients are scheduled into a breastfeeding class during their pregnancy. | Continue to observe staff to ensure they are using these skills. Offer suggestions where necessary to improve efficacy.   |
| 5. Breastfeeding mothers wanting to combine breastfeeding and formula feeding are informed of the impact on breastfeeding and potential health risks |   |   | X |   |   | Staff routinely talks about the risk of supplementation to milk supply, but are not necessarily providing information about the health risks of formula.  | Provide staff with the tools and material necessary to provide mothers with information so they are able to make informed decisions about supplementing their infants with formula. |

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

## Supporting Breastfeeding through Oregon WIC Listens

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

| Assessment Area   | Using the key below check the response that describes your agency's readiness level |   |   |   |   | Current Status   | Ideas for Future Efforts  |
|---|---|---|---|---|---|--|---|
|   | 1   | 2 | 3 | 4 | 5 |  |   |
| 6. WIC staff teach women about infant behavioral cues and how these relate to breastfeeding success.  |   |   | X |   |   | This is routinely done in the breastfeeding classes, but not consistently in individual appointments.  | Need to work with counselors to ensure that this is being done in the individual counseling sessions.   |
| 7. Our agency provides breast pumps when needed.  |   |   |   |   | X | Walk in pump issuance is available.  |   |
| <b>E. Breastfeeding Food Packages</b>   |   |   |   |   |   |  |   |
| 1. WIC staff assess each pregnant woman's breastfeeding intentions and provide information about how WIC supports breastfeeding including no formula issuance in the first month postpartum.                        |   |   | X |   |   | This is done in the group screen and breastfeeding classes and staff have also been instructed to do this at F3 appointments.  | Observe staff to make sure they are providing this information to prenatal moms who have told us they plan to breastfeed.   |
| 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 |   | <p>Any mother requesting formula needs to speak to a counselor so breastfeeding can be assessed and formula issuance can be kept to a minimum in an effort to preserve breastfeeding.</p> <p>Staff also work with moms who they have assessed may be offering more formula than baby actually needs (overfeeding) and discuss hunger cues, growth grids, infant behavioral cues, stomach size, and sleep patterns.</p> | Observe staff to make sure that they continue to offer the minimum amount of formula (just what she says she is using) to a breastfeeding mom. In addition, observe staff to ensure that they are working with mom to make sure she isn't offering more formula than is needed. |

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

## Supporting Breastfeeding through Oregon WIC Listens

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

| Assessment Area  | Using the key below check the response that describes your agency's readiness level |   |   |   |   | Current Status   | Ideas for Future Efforts   |
|--|---|---|---|---|---|--|--|
|  | 1   | 2 | 3 | 4 | 5 |  |  |
| <b>F. Creating a community that supports breastfeeding.</b>  |   |   |   |   |   |  |  |
| 1. Our agency participates in a local breastfeeding coalition, task force, and/or the statewide Breastfeeding Coalition of Oregon (BCO).             |   |   | X |   |   | We have staff that are members of the BCO, but are not actively participating in calls or meetings currently due to workload.  | Set goal to have at least one staff member participate in BCO calls/meetings in 2010.  |
| 2. Our agency staff collaborate with nurses, lactation staff and physicians at area hospitals to support breastfeeding in the community.             |   |   | X |   |   | We have had meeting in the past with IBCLC staff from St. Vincent's.<br><br>Washington County WIC dietitians will call and speak to doctors to clarify orders that may affect breastfeeding success. | Continue have open communication with health professionals in Washington County in regards to issues related to breastfeeding. |
| 3. Our agency staff communicate with local medical providers on a regular basis to promote breastfeeding and WIC services.                           |   |   | X |   |   |  |  |
| 4. Our agency works with breastfeeding peer support organizations in the community such as La Leche. If no organizations are available, write in N/A |   |   | X |   |   | Washington County has 2 breastfeeding peer counselors (1FTE equivalent).<br><br>We utilize referral information to other community organizations.  |  |
| 5. Our agency promotes breastfeeding through local media.  |   | X |   |   |   |  | Work with public health information officer to provide breastfeeding promotion messages to the Washington County public.       |

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

**Appendix D: Immunization Comprehensive Triennial Plan**

This section will be forwarded on when the plans are due to the State Immunization Program.

## **Appendix E:**

### **Field Team Action Plan Parent and Child Health Services FY 10/11**

There is no update to the current plan.

#### **Current problem:**

56% of Oregon's children have dental decay compared to a national average of 52%. One of every five low income children in Oregon has 7 or more cavities. The Washington County Field Team serves over 600 low income infants and toddlers each year.

#### **Goal:**

Increase prevention of early childhood cavities by implementing a fluoride varnish program.

#### **Activities:**

1. Community Health Nurses will apply fluoride varnish to the teeth of 9-24 month old infants following a Fluoride Varnish protocol.
2. Community Health Nurses will provide health education regarding good oral hygiene practices to all clients receiving home visiting services.
3. Community Health Nurses will provide case management services to assure that clients are able to access and utilize dental care services.
4. Washington County Field Team will coordinate fluoride varnish services with other cavities prevention activities and programs throughout the county.

#### **Evaluation:**

1. Document number of infants and toddlers receiving fluoride varnish.
2. Document number of treatments received.
3. Document number of referrals for dental care—prevention and treatment.

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

July 1, 2010 to June 30, 2011

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

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

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

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

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

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

July 1, 2010 to June 30, 2011

**Agency:** Washington County HHS Public Health  
PhD.

**Contact:** Linda K. Birenbaum, RN,

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

| <b>Problem Statement</b>  | <b>Objective(s)</b>  | <b>Planned Activities</b>   | <b>Evaluation</b>  |
|---|--|---|--|
| While Washington County Public Health only saw 23.6% of women in need there are two other providers in Washington County whose data is not included in this number. | Work with other providers and the State to ascertain what the true percent of women in need who are served in Washington County. | Meet with program supervisors from Planned Parenthood, the 3 Virginia Garcia Memorial Health Clinics and the State Family Planning staff to ascertain the total percent of women in need served in Washington County so as to plan activities that would increase services delivered. | Having a count of total women in need served for Washington County.  |
|   | Increase the percent of women in need served in Washington County.   | Expand outreach activities after discussion with Washington County Health Educator Staff.   | The Family Planning Program FY 09 Data Review will show an increase in Washington County Public Health clients along with Planned Parenthood and Virginia Garcia Memorial Health clinic. |

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

| <b>Problem Statement</b>  | <b>Objective(s)</b>                     | <b>Planned Activities</b>   | <b>Evaluation</b>   |
|---|---|---|---|
| While Washington County currently offers a broad range of contraceptive methods, according to the Family Planning Program –F09 Data Review, we have 16% of the clients with no method of birth control. | Improve Family Planning data collection | Revise Washington County’s CVR and train nurses, NPs and support staff to include only Family Planning Clients. | Fewer STD inaccurately reported as Family Planning clients. |
|   |   | Develop other method of fee collection from STD clients who are not Family Planning Clients.                    | Fewer CT tests not meeting IPP screening criteria.          |

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

## Progress on Goals / Activities for FY 10

(Currently in Progress)

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

| <b>Goal / Objective</b>  | <b>Progress on Activities</b>   |
|--|---|
| <b>Goal 1: Assure continued high quality clinical family planning and related preventive health services to improve overall individual and community health.</b> | Our outreach health educator presents information about family planning to 19 agencies upon request, visits 6 agencies once per month, visits the women’s prison 2 times per month and speaks to the parole and probation women’s group 4 times a year. According to the Family Planning Program FY 09 Data Review Washington County increased our total clients by 2.3% from FY 08 to FY 09. A graduate nursing student developed a method for examining our Family Planning handouts for grade level and for cultural sensitivity. We were able to decrease the reading level on the educational materials that she had reviewed by the nurses from |

|  |   |
|--|---|
|  | <p>college level to an 8<sup>th</sup> grade level, but some still are at a high school level.</p> <p>We also held an information and education community group and the teens were satisfied with the reading level of the 4 brochures we reviewed.</p> <p>While Family Planning is on the Washington County website, it is difficult to find as you have to drill down several levels to find it under services to individuals and families.</p> <p>We did not get the number of referrals counted this year.</p> |
| <p><b>Goal 2: Increase family planning services to teens in need of reproductive health services</b></p> | <p>In FY 08-09 Washington County Public Health clinics saw 872 teens in Hillsboro and 441 in Tigard.</p> <p>We did not get teens surveyed regarding whether they were referred from a SBHC.</p> <p>Our health educator only goes to schools when requested by the schools, so we did not count those, but have talked at the quarterly school nurse meetings about our Teen clinics in Hillsboro and Tigard.</p>  |

**Progress on Title X Expansion Funds:**

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

- Increase the range of contraceptive methods on your formulary and/or the available number of high-end methods (IUDs and Implanon) Sent Nurse practitioner to Implanon training, AHLERS data show 3 inserted.
- Increase the hours of your clinic(s), the number of staff available to see clients, the number of days services are available or offer walk-in appointments \_\_\_\_\_
- Add other related preventive health services, such as diagnosis and treatment of STIs \_\_\_\_\_
- Other objective you identified specifically for your agency Pills, patches, rings, depo, condoms & ECPs are provided to women at Coffee Creek Correctional Institute and while the type of BC have not changed the number of women we see has increased.

# PHEP Workplan for 2010

## Appendix G: Public Health Emergency Preparedness

### Goal 1: Update or develop all necessary Plans and Procedures

| Objectives   | Activities Planned to Meet Objectives   | Lead Staff Member | Status  | Deliverable /Output                                    | Due Date/ Completed Y or N  |
|--|---|-------------------|---|--|---|
| 1. Pan Flu, Mass Prophy and Mass Vax Plans will be revised and approved  | <ul style="list-style-type: none"> <li>○ Review Pan Flu, Mass Prophy and Mass Vax Plans</li> <li>○ Solicit partner input on needed revisions</li> <li>○ Incorporate identified revisions into Plans</li> </ul>  | Sue and John      | Preliminary review                              | Revised and updated plans are approved by stakeholders | 8/10  |
| 2. Develop needed Procedures for: <ul style="list-style-type: none"> <li>○ Severe Winter Weather</li> <li>○ Evacuation</li> <li>○ Green Emergency containers and Sat Phones</li> <li>○ All purchased EP equipment (including tents, POD supplies, and PPE</li> </ul> | <ul style="list-style-type: none"> <li>○ Finalize Severe Weather Policy</li> </ul>  | Sue               | For review at Sept. CHS Supervisors' mtg (both) | Approved Policy/procedures                             | 9/2/10  |
|  | <ul style="list-style-type: none"> <li>○ Finalize Evacuation Procedure</li> </ul>   | Cynthia (ditto)   |   | In process   | Inventory list and procedure posted on inner door of Emergency Containers |
|  | <ul style="list-style-type: none"> <li>○ Organize and Inventory contents of Green Emergency Containers, write procedures for opening and using</li> </ul>   | Cynthia           | In review                                       |  |   |
|  | <ul style="list-style-type: none"> <li>○ Write procedures for locations and use of Satellite Phones, including routine testing</li> <li>○ Inventory and organize PPE in PHEP room on 2<sup>nd</sup> Floor of Facilities Building, write procedures for</li> </ul> | Cynthia           |   | Materials and room organized and                       | Inventory Sheet of all Equipment and                                      |

## PHEP Workplan for 2010

|  |  |              |   |  |  |
|--|--|--------------|---|--|--|
|  | accessing these and POD supplies and tents   |              | labeled 2/22/10; have inventory of all equipment; need procedures | assets owned by HHS, along with location and activation procedure  |  |
| 3. Obtain Project Public Health Ready (PPHR) Recognition | <ul style="list-style-type: none"> <li>○ Participate in regional PPHR workgroup</li> <li>○ Participate in regional PPHR workshop</li> <li>○ Perform LHD Gap Assessment, using PPHR Assessment tool</li> <li>○ Identify appropriate HHS PPHR team members, based on Gap Assessment                             <ul style="list-style-type: none"> <li>--determine scope of work</li> <li>--draft work plan</li> <li>--create letter to notify HHS of project</li> </ul> </li> <li>○ Meet with Rod, KOL to obtain approval for project, team</li> <li>○ Recruit PPHR Team</li> </ul> | Sue, Cynthia | Preliminary stage   | Attend regional workshop when scheduled<br><br>Completed Gap Assessment<br><br>Team Members Identified<br><br><br>Meeting held<br><br>Team on board, first meetings held<br><br>Next steps as identified | 4/29/2010<br><br>4/29/10<br><br>5/15/10<br><br>5/15/10<br><br>6/1/10 |

## PHEP Workplan for 2010

**Goal 2: Able to safely, smoothly and efficiently stand up as many PODs as necessary to deal with an event, on short notice.**

| Objectives  | Activities Planned to Meet Objectives  | Lead Staff Member                                | Status          | Deliverable /Output   | Due Date/ Completed Y or N   |
|---|--|--|-----------------|---|--|
| 1. Facilitate and Support the "POD Squad" workgroup | <ul style="list-style-type: none"> <li>○ Ongoing meetings of the POD Squad</li> </ul>  | Sue, with POD Squad team (John, Sharon, Cynthia) | In Progress     | Products of workgroup are: <ul style="list-style-type: none"> <li>○ Org Chart for POD Operations</li> <li>○ Concept of Operations</li> <li>○ Agency Buy-In</li> <li>○ Identification of POD sites in participating jurisdictions</li> <li>○ Identification of site-specific Incident Management Teams</li> <li>○ POD IMT Deployment Plan</li> </ul> | 2/22/10<br>3/8/10<br>3/15/10<br>4/26/10<br>7/1/10<br>7/1/10<br>Final Plan completion date 6/10 |
| 2. Exercise products of workgroup in a POD          | <ul style="list-style-type: none"> <li>○ Intro and Discussion with IMTs</li> <li>○ Series of TTX with IMT in Fall '10</li> </ul> | Sue, with POD Squad team and partners            | Not yet started | Completed exercises with resulting AAR and IAP  | Discussions 7/10<br>TTX in 10/10   |

## PHEP Workplan for 2010

|  |  |   |   |  |  |
|--|--|---|---|--|--|
| <p>3. Develop RSS Plan</p>   | <ul style="list-style-type: none"> <li>○ Identify appropriate location for RSS activities</li> <li>○ Explore partnership with Central Services             <ul style="list-style-type: none"> <li>▪ Meet with Lorraine B to discuss</li> </ul> </li> <li>○ Document activities from Fall '09 response</li> <li>○ Explore regional application</li> </ul> | <p>John, Sue</p> <p>Sue, John</p> <p>John</p> <p>John, Adrienne</p> | <p>Agreement obtained, Sue P with OCEM assigned</p>                               | <p>Changed—now work with CS, OCEM and Facilities</p> <p>Ongoing meeting scheduled with CS, OCEM and PH</p> | <p>4/10</p> <p>Next meeting 4/26</p> <p>5/10</p> <p>7/10</p> |
| <p>4. Continue work on Push Partner Registry, including application to First Responder Prophylaxis</p> | <ul style="list-style-type: none"> <li>○ Explore use of PPR for First Responder Propy</li> <li>○ Recruit new agencies, businesses into PPR</li> </ul>  | <p>Cynthia, Cristin</p>   | <p>Started, meeting with businesses. Still need work on First Responder piece</p> | <p>Robust list of businesses and First Responder Organizations signed up with PPR; some exercised</p>      | <p>6/10</p>  |

## PHEP Workplan for 2010

### Goal 3: Meet or exceed all State and Federal Grant Requirements

| Objectives   | Activities Planned to Meet Objectives   | Lead Staff Member | Status      | Deliverable /Output  | Due Date/ Completed Y or N   |
|--|---|-------------------|-------------|--|--|
| 1. Complete current '09-'10 TAR (CDC Technical Assistance Review) requirements | <ul style="list-style-type: none"> <li>○ Continue work tracking TAR requirements and county work to satisfy those requirements</li> </ul>   | John              | In progress | Score of 69% or better on TAR review in July 2010  | 7/26/10  |
| 2. Meet all PE 12 and PE 2 deadlines and requirements                          | <ul style="list-style-type: none"> <li>○ Complete required reports, exercises and drills to meet all PE 12 and PE 2 requirements</li> </ul> | Sue, John         |             | Completion of all PE 12, 2 Requirements<br><br>See PE 12 Timeline Requirements for due dates and details | 6/10 for all current year requirements , 6/11 for next FY requirements |

## PHEP Workplan for 2010

### Goal 4: Achieve a highly trained and skilled workforce, able to respond effectively to a Disaster or major event

| Objectives  | Activities Planned to Meet Objectives  | Lead Staff Member | Status  | Deliverable /Output                         | Due Date/ Completed Y or N |
|---|--|-------------------|---|---|----------------------------|
| 1. A comprehensive PH Preparedness Training and Exercise Plan is developed, applicable to entire HHS department | o Complete POD Plan, identify training needs associated with this                      | Sue, Cynthia      | Ongoing   | Completed and approved plan                 | 4/9/10                     |
|   | o Complete PPHR needs assessment   | Sue, Cynthia      |   |   | 4/29/10                    |
|   | o Develop tracking database to track all staff trainings                               | Cynthia           | Working with IT on Wisard db, also MRC db ongoing |   | 4/10                       |
|   | o Migrate completed training into Training Database                                    | Cynthia           |   |   | 6/10                       |
| 2. Specific key initial departmental trainings have been identified and training begun.                         | o PPHR assessment and training module completed  | Sue, Cynthia      |   |   | 3/31/10                    |
|   | o Identify department-wide training gaps   | Sue, Cynthia      |   |   | 6/10                       |
|   | o Identify existing training modules and resources                                     |                   |   |   | 7/10                       |
|   | o Key initial training modules developed or modified and offered to departmental staff |                   |   |   | 9/10                       |
| 3. Participate in the Johns Hopkins Study on willingness  | o Survey<br>o Trainings (if in Training  | Sue               | Preparing   | 80% participation of staff in Survey within | 5/19/2010                  |

4/30/2010

## PHEP Workplan for 2010

|  |   |            |            |                      |          |
|--|---|------------|------------|----------------------|----------|
| of PH Staff to respond in an emergency | Group of study)   |            |            | 4 weeks              |          |
|  | <ul style="list-style-type: none"> <li>○ Re-Surveys</li> <li>○ Develop workplan around study</li> <li>○ Develop communications plan around study</li> </ul> | Sue        | Done       | Completed Workplan   | 4/1/2010 |
|  |   | Sue, Kelly | In process | Completed Comms Plan | 4/9/2010 |

### Goal 5: Integrate HHS staff into County Emergency Operations Center functions

| Objectives   | Activities Planned to Meet Objectives  | Lead Staff Member        | Status    | Deliverable /Output  | Due Date/ Completed Y or N |
|--|--|--------------------------|-----------|--|----------------------------|
| 1. HHS staff roles will be integrated into EOC staffing patterns                         | <ul style="list-style-type: none"> <li>○ Meetings with EOC planning team to identify appropriate positions</li> </ul>  | Sue                      | Ongoing   | Identified roles for HHS staff on EOC staffing pattern<br>Appropriate staff exercised in EOC     | 4/10<br><br>TTX 5/12/10    |
| 2. HHS staff will be identified to fill roles and be appropriately trained and exercised | <ul style="list-style-type: none"> <li>○ Work with Ops team to identify appropriate HHS staff for EOC roles</li> <li>○ Provide needed training for identified staff</li> <li>○ Support HHS staffing of EOC during activations, including upcoming county-wide exercises</li> </ul> | Sue, assisted by Cynthia | Not begun | Trained HHS staff to fulfill needed roles in EOC activations for exercise or real event purposes | 9/10                       |

## PHEP Workplan for 2010

### Goal 6: Develop sustainable and workable plan for integration of MRC volunteers into PHEP and County responses.

| Objectives  | Activities Planned to Meet Objectives   | Lead Staff Member                 | Status                     | Deliverable /Output   | Due Date/ Completed Y or N |
|---|---|-----------------------------------|----------------------------|---|----------------------------|
| 1. Identify realistic roles for MRC volunteers during exercises or events         | o Meeting with H1N1 Medical Operations team leads to determine most appropriate roles in Pandemic response  | Sue, Cynthia                      | Not yet started            | Identified roles for MRC volunteers in a variety of responses and exercises                     | 6/2010                     |
|   | o Work on workers' comp issues with HR  | Sue, Adrienne                     | Ongoing                    | Met with Sara Stevenson, she will have new draft Workers Comp policy by 9/10 (sooner if needed) | 9/10                       |
|   | o Networking with other regional and national MRC coordinators to determine best roles identified by other Units  | Cynthia                           | ongoing                    |   |                            |
|   | o Explore both medical and non-medical options  |                                   | Discussion with KOL needed |   |                            |
| 2. Work with VISTA volunteer to identify best sustainability model for the WC MRC | o Network with other MRCs across the nation to identify 3 best practice models for consideration<br>o Identify most appropriate model from the 3 identified | Cynthia, with new VISTA volunteer | Begin 9/2010               | Sustainability model appropriate for WC MRC   | January 2011               |
| 3. Determine most   | o Identify composition of   | Cynthia,                          | Not yet                    | Identified appropriate  | 9/2010                     |

4/30/2010

# PHEP Workplan for 2010

|  |   |                        |   |   |  |
|--|---|------------------------|---|---|--|
| <p>appropriate composition and qualifications for MRC membership</p> | <p>various MRC units regionally and nationally</p> <ul style="list-style-type: none"> <li>○ Determine best fit between roles identified in first objectives, and qualifications desired.</li> </ul> | <p>VISTA volunteer</p> | <p>started. Begin after objective 1, above, is completed.</p> | <p>composition and minimum qualifications for MRC volunteers.</p> |  |
|--|---|------------------------|---|---|--|