

2011/2012
Annual Plan Update

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

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I. EXECUTIVE SUMMARY

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

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

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

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

2011-2012 Update: There has been a slight increase in population in Jackson County to a total of 207,010 persons (2009 data), and Medford was listed as the 8th largest city with a population of 77,240. Jackson County Unemployment rates remain higher than the State and National rates at 11.7% as compared to 10.2% (State) and 8.9% (Federal) (Feb 2011), which continues to impact poverty and income rates.

II. ASSESSMENT

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

1. Population

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

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

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

2011-2012 Update: No statistically significant changes, other than previously mentioned.

2. Maternal and Child Health

Table 1
Maternal Child Health Indicators: 2003 to 2008

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

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

teen women. The preliminary rates for 2008 appear to be moving in a favorable direction with a rate of 10.3 per 1,000 teen women.

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

2011-2012 Update: Teen Pregnancy rates have continued to be high in Jackson County: 11.3 per 1000 in 2009 and 11.0 per 1000 in 2010. Though Ashland exemption rates continue to be higher than the State average, collaboration continues with the community to increase access and education. Immunization rates will continue to be monitored to assess the effect of these interventions.

3. Death, Disease, and Injury

Table 2
Major Cause of Death

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

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

2011-2012 Update: There is no statistically significant change in the causes of death in Jackson County. According to the Robert Wood Johnson Foundation funded County Health Rankings, Jackson County ranks 13th among all counties in Oregon in Health Outcomes that includes mortality and morbidity, and ranks 14th in Health Factors that includes Health Behaviors, Clinical Care, Social and Economic Factors and Physical Environment.

4. Safety Net Medical Services

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

2011-2012 Update: no change

5. Environmental Health

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

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

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

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

The aforementioned issues represent the needs of the community to maintain a competent and highly qualified Environmental Health workforce in sufficient numbers to provide essential services that reduce the risk of food and water borne illness, respond

to outbreaks, ensure safe and healthful facilities for public use, maintain clean air, and address a multitude of community health hazards in the community.

2011-2012 Update: no change

6. Public Health

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

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

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

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

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

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

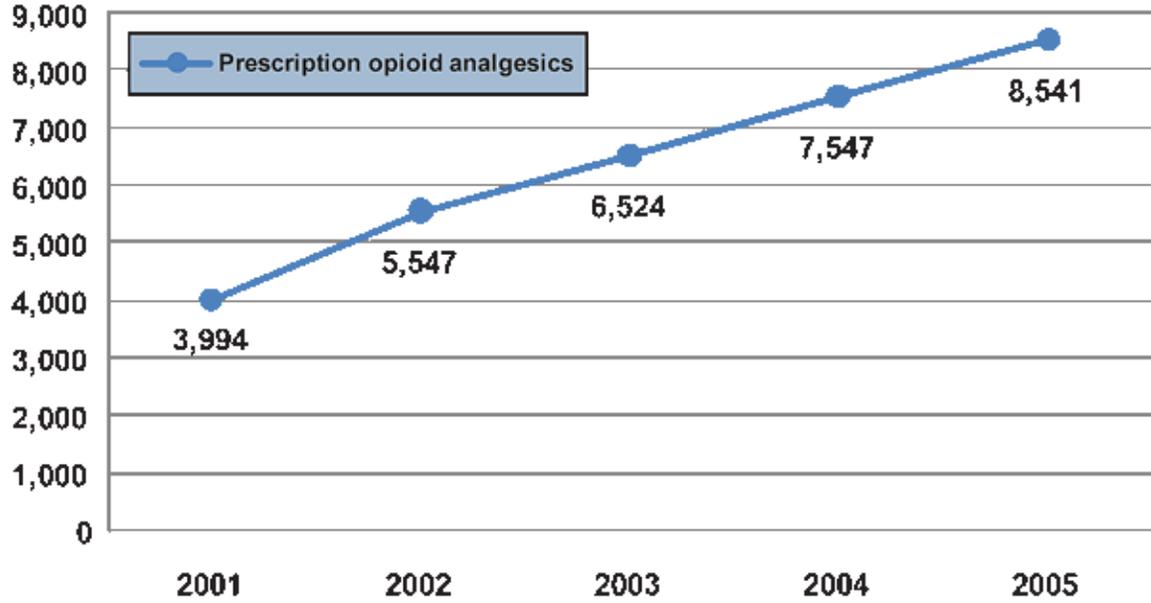
- Grand rounds at all four (4) community hospitals, and in-services at a number of group practices discussing recognition of the problem and providing strategies for safe prescribing
- Collaboration with both of Jackson County FQHCs incorporating education and creation of safe prescribing policies and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

What are our next steps?

- Continue to strengthen the prescribing policies of the FQHCs, and the collaboration between them and the A and D providers. Export that best practice to the rest of our medical community.
- Pursue grant opportunities: CDC Best Practices, NIDA/SAHMSA grants.
- Planning educational programs to increase the number of Buprenorphine (Suboxone) prescribers locally.
- Collaborations underway with A and D providers, FQHCs, County Mental Health, EDs, and managed care organizations to coordinate communication and basic agreements around opioid and benzodiazepine prescribing

2011-2012 Update: Jackson County brought local prescribing physicians together for a collegial meeting to discuss strategies for safer practices this last year. Future plans include a meeting with local dentists to discuss prescribing guidelines, and the establishment of a website for ongoing provider discussion and information sharing.

Graph #1: NIDA: Prescription analgesic deaths nationwide 2001-2005



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

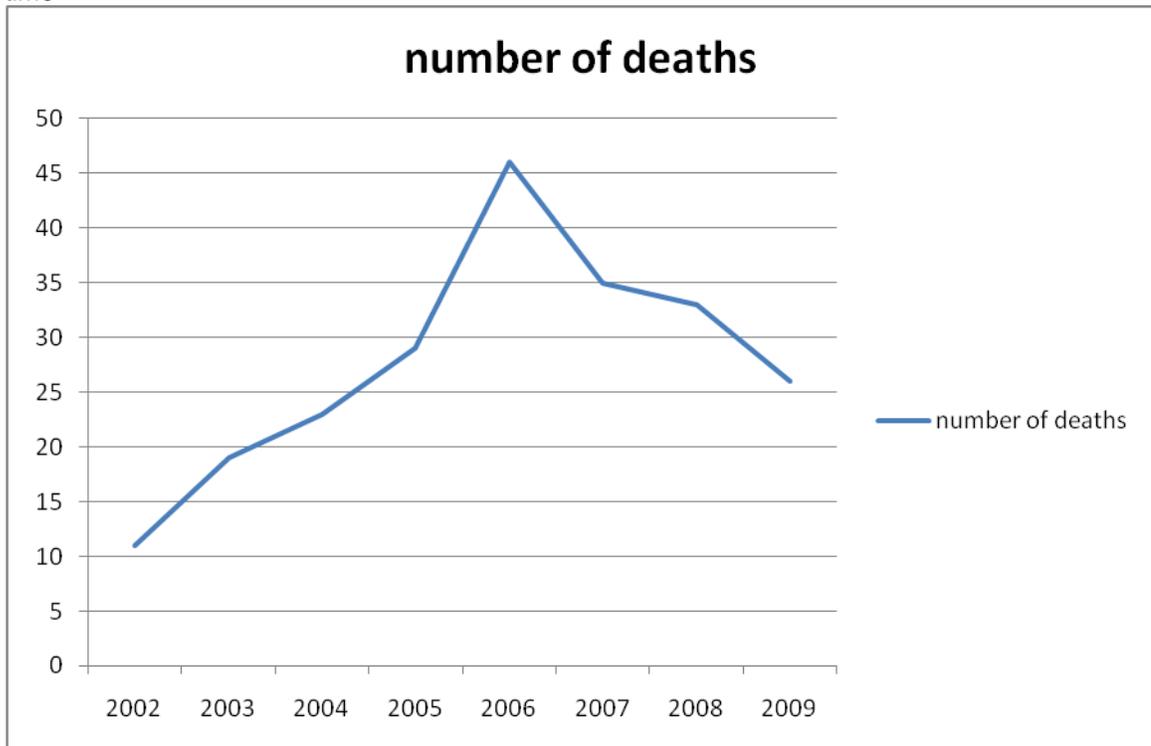
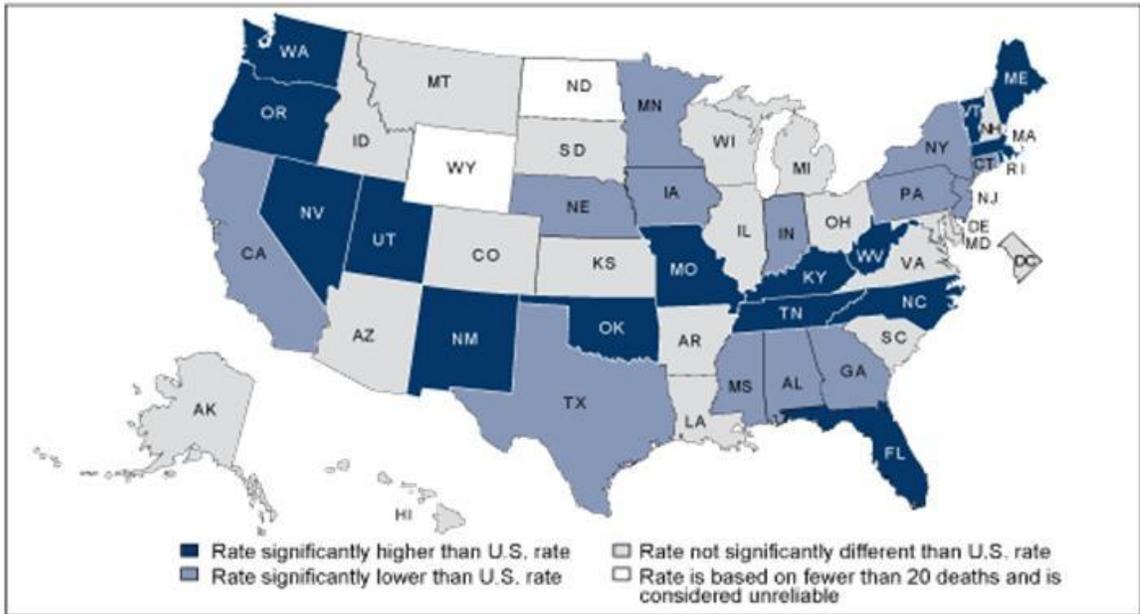


Figure 5. Age-adjusted death rates for poisonings involving opioid analgesics: Comparison of state and U.S. rates: United States, 2006



B. Adequacy of Basic Services

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

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

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

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

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

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

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

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

2011-2012 Update: Jackson County is in its 3rd year of funding for the Healthy Communities, previously named Tobacco Related and other Chronic Disease

Program, funding that promotes policy change and collaboration of efforts to reduce chronic disease through a variety of efforts. The Oral Health program no longer exists at Jackson County due to lack of resources. Oral Health remains an important issue, however, and Jackson County will continue to develop partnerships and systems to address the need of County residents.

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

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

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

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

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

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

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

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

2011-2012 Change: Staff actively participated in emergency preparedness activities related to H1N1, at the local, regional and state level, and have more recently engaged with the partners in Radiation related communication from the Japanese Earthquake and Tsunami of March 2011. While Jackson County does not provide direct services to Older Adult Health programs, we collaborate with community partners on referrals and support for services, including Seniors and Disability Services (RVCOG), and OHSU's Living Well Program.

III. ACTION PLAN

A. ACTION PLAN FOR CONTROL OF REPORTABLE COMMUNICABLE DISEASES

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

Objectives	Action Steps	Responsible Party	Evaluation
Throughout FY 2010/2011 Jackson County's Local Health Department and Authority shall continuously seek to prevent, detect, control, and eradicate communicable disease through immunizations (discussed elsewhere), environmental measures (discussed elsewhere), education, and epidemiological investigation.	1. On a continuous basis, Jackson County's Local Health Authority shall encourage and provide a means for reporting, monitoring, investigating, and controlling communicable disease and other health hazards through coordinated medical and environmental epidemiological intervention.	Victoria Brown, RN, MSN Manager Public Health	100% of licensed medical laboratories in Jackson County will report communicable diseases to the local health department within the time frame prescribed by law.
	A. Investigate all reportable communicable diseases and exercise appropriate follow-up, as indicated.	James Shames, M.D. Health Officer	100% of physicians within Jackson County will report communicable diseases to the local health department within the time frame prescribed by law.
	B. The County's Health Officer shall make special efforts to ensure that the county's physicians are aware of, and comply with, reporting requirements for communicable diseases.		
	2. Maintain appropriate surveillance procedures for newly-emerging viral and bacterial strains.	Mark Orndoff, M.S. Director Health & Human Services	
	3. Assure that all personnel who have epidemiology responsibilities receive at least eight hours of continuing education to update their skills in the public interest.	Victoria Brown, RN, MSN Manager Public Health	All CD nurses and DIS will receive a minimum of eight hours of appropriate continuing education annually.

2011-2012 Update: Staff changes occurred in 1-2011, with Belle Shepherd, MPH replacing Victoria Brown, RN, MSN, as the Manager of Public Health. In addition, Jackson County Public Health will continue with the above services, but also work to promote through public information and education, the services that are provided and available through Public Health and HHS. Communication will be extended both internally and externally to assure that all partners and public members have consistent information.

B. ACTION PLAN FOR TB

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

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

2011-2012 Update: Staff changes occurred in 1-2011, with Belle Shepherd, MPH replacing Victoria Brown, RN, MSN, as the Manager of Public Health. Jackson County continues to work with the Oregon Health Authority, TB control program to meet above guidelines and increase efficiency through use of technology such as state provided video phones for Directly Observed Therapy (DOT), that reduces travel time and costs.

C. ACTION PLAN FOR PARENT AND CHILD HEALTH

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

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

2011-2012 Update: Staff changes occurred in 1-2011, with Belle Shepherd, MPH replacing Victoria Brown, RN, MSN, as the Manager of Public Health. From 2008-2010, 2,613 pregnant women, approximately 75%, in Jackson County were screened with the 4 P's screening tool. Data from Jackson, Josephine and Douglas counties show high levels of alcohol, tobacco and illicit drug use in women in the month before they knew they were pregnant. Screening will continue with this population, and coordinated efforts to reduce use during pregnancy are of primary concern to Jackson County Public Health.

D. ACTION PLAN FOR PERINATAL HEALTH

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

Objectives	Action Steps	Responsible Party	Evaluation
<p>Jackson County's Local Health Department and Authority will work through direct means to promote the health of women of childbearing age, provide timely and comprehensive pre-natal care services, and reduce infant mortality rates through culturally- and linguistically-appropriate service delivery.</p>	<ol style="list-style-type: none"> 1. Provide site-based and home-based maternity case management services to a minimum of two hundred high risk women. 2. A Perinatal Task Force representative of the Perinatal Health Care System will convene bi-monthly to address identified issues. 	<p>Victoria Brown, RN, MSN Manager Public Health</p> <p>Victoria Brown, RN, MSN Manager Public Health</p>	<p>Jackson County's rate for inadequate pre-natal care shall be no more than 6.0 during any calendar year.</p> <p>By 2010, at least 95% of all pregnant women in Jackson County will receive adequate pre-natal care.</p> <p>At no time shall Jackson County's low birth weight infant rate exceed 55.0.</p>

2011-2012 Update: Staff changes occurred in 1-2011, with Belle Shepherd, MPH replacing Victoria Brown, RN, MSN, as the Manager of Public Health. Continue to address issues as listed above through collaboration, education and continuity of services.

E. ACTION PLAN FOR BABIES FIRST!

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

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

2011-2012 Update: Staff changes occurred in 1-2011, with Belle Shepherd, MPH replacing Victoria Brown, RN, MSN, as the Manager of Public Health. Current referral numbers are well above the ability of our minimal staff to serve. 2011-2012 Efforts will be focused on collaborating with partners throughout the community in efforts to reduce costs and duplication of efforts, and to increase ability to see referrals. As funding reductions occur through State and/or Federal programs, it is necessary to increase collaborative and creative efforts to work with community partners.

F. ACTION PLAN FOR ENVIRONMENTAL HEALTH

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

Objectives	Action Steps	Responsible Party	Evaluation
<p>Jackson County's Local Public Health Authority shall be vigilant in its continuous and ongoing efforts to reduce or eliminate environmental health risk factors that have the capacity to cause human suffering, disease, or injuries for Jackson County residents.</p>	<ol style="list-style-type: none"> 1. Maintain a 95% or greater inspection frequency for required inspections of licensed facilities (food service facilities, tourist facilities, and public spas and pools). 2. All re-inspections of uncorrected critical violations in food service facilities will be performed within 14 days of initial inspection. 3. Live-proctored Food Handler Card testing will be made available to the public during weekdays. 4. All potential food or water borne illnesses and outbreaks will be investigated within 24 hours of notification. 5. Public Water Systems: <ol style="list-style-type: none"> (a) All water system surveys will be conducted within the time frame stipulated in the annual survey schedule issued by the DHS Drinking Water Program (DWP). (b) E. coli alerts will be responded to within 24 hours upon staff becoming aware of the alert. 	<p>Jackson Baures Manager Environmental Health</p>	<p>The Program Manager will perform a monthly audit of inspections to determine compliance and take corrective actions.</p> <p>The Program Manager will perform a monthly audit of re-inspections to determine compliance and take corrective actions.</p> <p>The Program Manager will ensure staff is available to conduct food handler testing during weekdays.</p> <p>The Program Manager will perform a monthly audit of all potential food and water borne complaints to determine compliance and take corrective actions.</p> <p>The Program Manager will perform a monthly audit to ensure compliance and take corrective actions.</p>

2011-2012 Update: No significant changes.

G. ACTION PLAN FOR HEALTH STATISTICS

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

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

2011-2012 Update: No significant changes.

H. ACTION PLAN FOR INFORMATION AND REFERRAL

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

Objectives	Action Steps	Responsible Party	Evaluation
<p>Jackson County's Local Health Department and Authority shall establish and maintain at least minimum standards which ensure the public's access to information of a public health nature.</p>	<ol style="list-style-type: none"> 1. Jackson County's Local Health Authority's telephone numbers and facility addresses shall be made available to the general public through listings in the local (generic) phone book, county web page, and other mediums for mass information dissemination. 2. Hours of operation and emergency telephone number contacts shall be posted at the entrances to all facilities operated by the Local Health Authority, in both English and Spanish. 3. General health information and referrals services are made available to the general public during all regular business hours. 4. The Local Health Authority maintains written and annually updated resource information, in both English and Spanish, about the availability of local health and human services, including information pertinent to eligibility, enrollment procedures, scope and hours of service. 5. Health and Human Services web page will be developed to inform the public about services and link them to other related services. 	<p>Mark Orndoff, M.S. Director Health & Human Services</p> <p>Victoria Brown, RN, MSN Manager Public Health</p>	

2011-2012 Update: Staff changes occurred in 1-2011, with Belle Shepherd, MPH replacing Victoria Brown, RN, MSN, as the Manager of Public Health. The PH Manager will work with the HHS Director to assure that all of the above are adequately addressed per community need. Increased partnerships and communication with the public are key methods to assure strong information and referral systems. To that end, Jackson County HHS has developed tools (brochures, videos, information reader boards) to share information on internal services with partners and clients.

I. PUBLIC HEALTH EMERGENCY PREPAREDNESS PLAN

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

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

2011-2012 Update: HHS will continue to meet all PE 12 requirements, engage community stakeholders in planning and implementation of preparedness plans, and develop After Action Reports from exercises and events.

J. ACTION PLAN FOR DIABETES

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

Objectives	Action Steps	Responsible Party	Evaluation
Jackson County's Local Public Health Department and Authority will seek to prevent diabetes where possible and to assure appropriate medical and self-management of persons with diabetes.	<ol style="list-style-type: none"> 100% of all women who participate in family planning services are screened for diabetes, if they meet screening criteria. Diabetes prevention information is included in the educational curriculum for 100% of all participants in the WIC program. Work with Community Health Center and La Clinica to institutionalize referral of diabetic clients to chronic disease self-management classes. 	<p>Victoria Brown, RN M.S.N. Manager Public Health</p> <p>Debbie Mote-Watson, RD Program Manager WIC</p> <p>Victoria Brown, RN M.S.N. Manager Public Health</p>	<p>Fasting capillary blood glucose documented in medical record of women meeting screening criteria.</p> <p>Increased numbers of clients enrolling in CDSM classes.</p>

2011-2012 Update: Staff changes occurred in 1-2011, with Belle Shepherd, MPH replacing Victoria Brown, RN, MSN, as the Manager of Public Health. The above services will be reviewed in the upcoming fiscal year to assure consistency, cost effectiveness, and community need.

K. ACTION PLAN FOR AIDS AND HIV+

Current Condition or Problem:

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

2011-2012 Update: Staff changes occurred in 1-2011, with Belle Shepherd, MPH replacing Victoria Brown, RN, MSN, as the Manager of Public Health. Jackson County relegated it's authority for the HIV Case Management program to the State on 3-1-11. The Case Management program is currently coordinated by HIV Alliance of Eugene, Oregon, that coordinates programs in six other counties. Jackson County PH will host the HIV Alliance RN, and coordinate referrals for streamlined services to clients. Jackson County will continue to provide HIV prevention, outreach and harm reduction services both onsite and through outreach services to at-risk communities.

L. ACTION PLAN FOR CHILD AND ADOLESCENT HEALTH

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

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

2011-2012 Update: Staff changes occurred in 1-2011, with Belle Shepherd, MPH replacing Victoria Brown, RN, MSN, as the Manager of Public Health.

M. ACTION PLAN FOR SAFETY NET PRIMARY HEALTH CARE SERVICES

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

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

2011-2012 Update: Staff changes occurred in 1-2011, with Belle Shepherd, MPH replacing Victoria Brown, RN, MSN, as the Manager of Public Health. Jackson County Public Health will also continue to work with community partners to assure that services address the highest need client issues and reduce duplication and cost

IV. ADDITIONAL REQUIREMENTS

A. Jackson County Board of Health and Public Health Advisory Board:

Per ORS 431.410, the Governing body of the County, or Jackson County Board of Commissioners, is the Board of Health, and they have appointed a Public Health Advisory Board (PHAB) per County Ordinance No. 95-47.

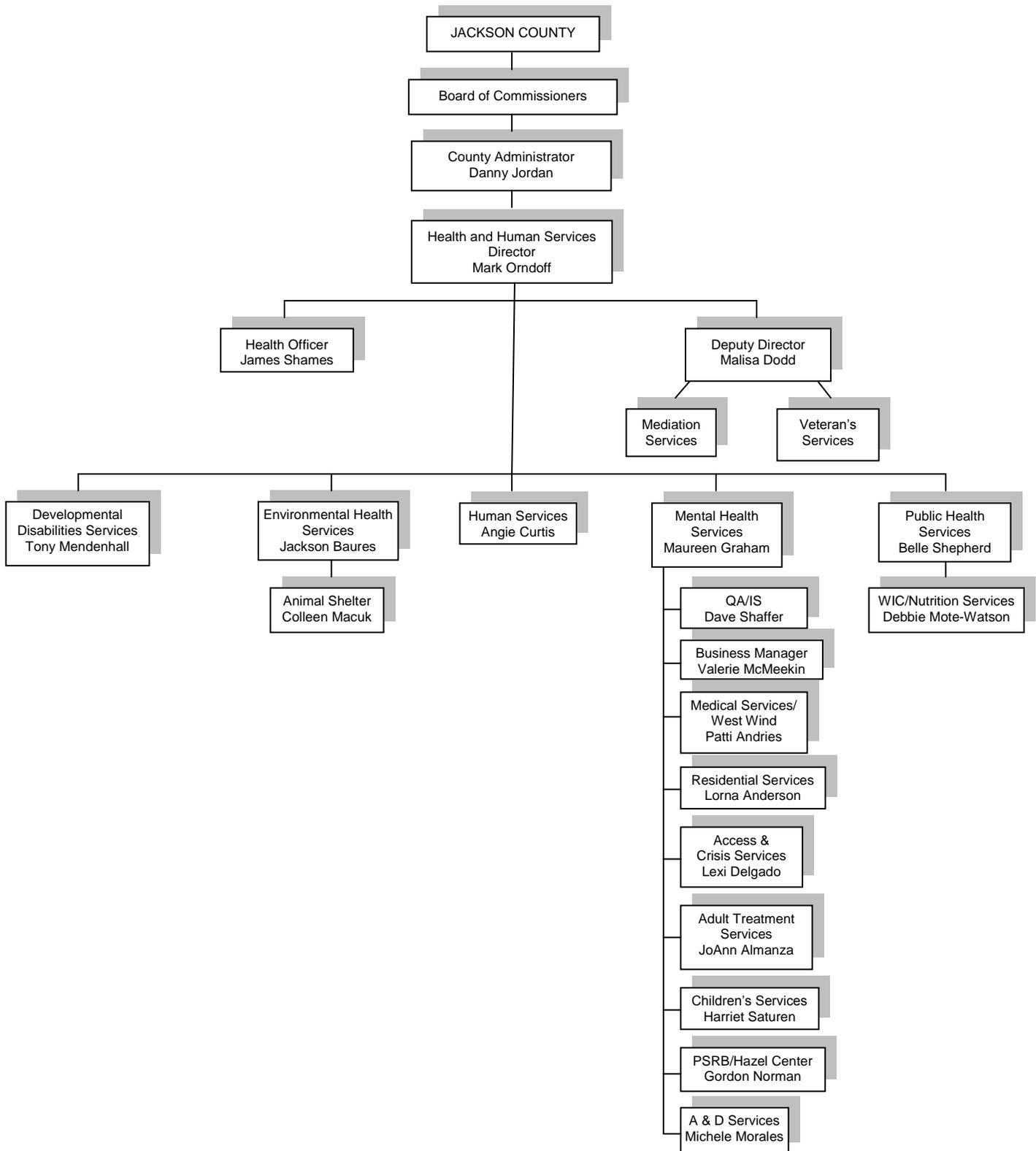
The Health Administrator/HHS Director reports to the County Administrator who reports to the Board of Commissioners (see Organizational Chart). The Board of Commissioners meets for regularly scheduled public meetings, and discuss Health issues that come before them or are emergent.

The Public Health Advisory Board (PHAB) consists of eleven members with four year terms each, all of who are either persons licensed by the State as health care practitioners or are persons who are well informed on public health matters. The PHAB meets every other month to discuss pending and ongoing Public Health and Environmental Health issues in the Jackson County. The PHAB also acts as the Local Tobacco Advisory Board and the Family Planning review Board (meeting Title X recommendations).

Senate Bill 555:

The LPHA, Board of Commissioners, oversees the local Commission for Children and Families program under the Health and Human Services Department. All coordination efforts are met per statute.

B. ORGANIZATIONAL CHART



C. CONTRACTS AND CONTRACTED SERVICES

<p><u>Public Health Contractors</u> Asante dba; RVMC Ashland School District CareOregon</p> <p>Charter Communications Community Health Center DHR #51131 DHS #043153 DHS DHS DHS-OIS DHS #133246 DHS #129801 Health Care Coalition of SO Health Care Coalition of SO Health Care Coalition of SO Harris, Linda MD J. C. School District #6 La Clinica del Valle La Clinica del Valle McKenzie, Patricia (amend) Medford Radiological Group Mid-Rogue Independent Phy. ODS ODS OHA #134462 OHSU OHSU Phoenix-Talent School District Planned Parenthood of SW OR Regence RX Rogue River School District RVCOG RVMC Sierra West Linen Teamworks Vista Pathology</p>	<p>TB X-rays SBHC Allows Jackson Cty. to provide services to CareOregon Members High Speed services in building A Health Educator-Healthy Communities/TPEP Babies First Targeted Case Management Trading Partner Agreement Trading Partner Agreement Medical Provider Enrollment Agreement (FPEP) Business Assoc. Memorandum or Under My Future My Choice CAWEM Prenatal Expansion Program Pay for their data entry person Eliminating Disparities Lease Agreement Reproductive Health Services SBHC Healthy Kids SBHC Transcription services Read TB X-Rays Public Health Services Agreement Participating OR Clinic Participating Clinic-OHP Transfer of Public Employees CaCoon Program Student nurses My Future My Choice J. C. Latina Health coalition Shot Program-Participating Vendor Agreement My Future My Choice Healthy Community Laboratory Services Linen services Inservice Training Pap Smear</p>
<p><u>WIC</u> Gan, Daniel Holzshu, Molly Kingsley OHSU</p>	<p>Translation services Sign language services Dietetic Interns</p>

<p><u>Animal Control Continued</u> Jacksonville Veterinary Hospital Lakeway Veterinary Hospital Lithia Springs Animal Clinic Medford Animal Clinic Medford, City of Mountain View Veterinary Clinic Phoenix Animal Clinic Phoenix Animal Hospital Rogue River Community Center Rosy Ann Veterinary Hospital Rubenstein, Donald Shady Cove, City of Siskiyou Veterinary Hospital Southern Oregon Humane Society Town of Butte Falls West Main Hospital</p>	<p>Medical Services Dog License Sales Dog License Sales Dog License Sales Dead Animal Pick-up Dog License Sales Dog License Sales Animal Medical Services Dog License Sales Dog License Sales Code Enforcement Officer Dead Animal Removal Dog License Sales Dog License Sales Dog License Sales Dog License Sales Dog License Sales</p>
<p><u>Preparedness</u> Amateur Radio Emergency Services Charter Business Networks Charter Business DHS #129363 DHS #133040 PRO I.M. Inc.</p>	<p>Acknowledgement Internet Access Services EH video conference room GIS Data Tool Healthcare Preparedness Program COOP</p>

V. SUMMARY OF UNMET NEEDS AND GAPS IN SERVICE

A. Promoting the Public's Health

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

2011-2012 Update: Resources remain limited for services like Dental Health and Older Adult Health. Jackson County PH will work to strengthen community partnerships to incorporate into our referral stream for clients and their families. In addition, PH will work with partners to identify duplicative efforts and areas to increase efficiency.

B. Environmental Health

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

2011-2012 Update: No change.

VI. BUDGET PRESENTATION

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

VII. MINIMUM STANDARDS

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

Organization

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

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

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

Control of Communicable Diseases

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

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

Environmental Health

- 47 Yes No ___ Food service facilities are licensed and inspected as required by Chapter 333 Division 12.
- 48 Yes No ___ Training is available for food service managers and personnel in the proper methods of storing, preparing, and serving food.
- 49 Yes No ___ Training in first aid for choking is available for food service workers.
- 50 Yes No ___ Public education regarding food borne illness and the importance of reporting suspected food borne illness is provided.
- 51 Yes No ___ Each drinking water system conducts water quality monitoring and maintains testing frequencies based on the size and classification of system. Required. Follow up with operator if not done.
- 52 Yes No ___ Each drinking water system is monitored for compliance with applicable standards based on system size, type, and epidemiological risk.

- 53 Yes No Compliance assistance is provided to public water systems that violate requirements.
- 54 Yes No All drinking water systems that violate maximum contaminant levels are investigated and appropriate actions taken.
- 55 Yes No A written plan 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. **With DEQ as of 2008.**
- 58 Yes No Tourist facilities are licensed and inspected for health and safety risks as required by Chapter 333 Division 12.
- 59 Yes No School and public facilities food service operations are inspected for health and safety risks.
- 60 Yes No Public spas and swimming pools are constructed, licensed, and inspected for health and safety risks as required by Chapter 333 Division 12.
- 61 Yes No A program exists to assure protection of health and the environment for storing, collecting, transporting, and disposing of solid waste. **Administered through County Administration.**
- 62 Yes No Indoor clean air complaints in licensed facilities are investigated.
- 63 Yes No Environmental contamination potentially impacting public health or the environment is investigated.
- 64 Yes No The health and safety of the public is being protected through hazardous incidence investigation and response.
- 65 Yes No Emergency environmental health and sanitation are provided to include safe drinking water, sewage disposal, food preparation, solid waste disposal, sanitation at shelters, and vector control.
- 66 Yes No All license fees collected by the Local Public Health Authority under ORS 624, 446, and 448 are set and used by the LPHA as required by ORS 624, 446, and 448.

Health Education and Health Promotion

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

Nutrition

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

Older Adult Health

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

Parent and Child Health

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

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

Primary Health Care

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

Cultural Competency

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

VIII. HEALTH DEPARTMENT PERSONNEL QUALIFICATIONS

Local health department Health Administrator minimum qualifications:

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

Answer the following questions:

Administrator name: Mark Orndoff, M.S.

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

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

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

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

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

AND

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

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

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

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

OR

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

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

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

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

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

IX. ASSURANCES

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

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


Local Public Health Authority


County
DANNY JORDAN
County Administrator


Date

ATTACHMENT 1

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

DRAFT
Oregon Tobacco Prevention and Education Program
Local Health Department Grants
Jackson County 2011-2012

Application Cover Sheet	
<i>Local Health Department Name</i>	<i>Jackson County Health & Human Services, Public Health Division</i>
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Disclosure of Tobacco Relationships
<i>Oregon Administrative Rules 333-010-0320 requires disclosure of any and all direct and indirect organizational or business relationships between the TPEP grant applicant or its subcontractors, including its owners, parent company or subsidiaries, and companies involved in any way in the production, processing, distribution, promotion, sale or use of tobacco.</i>
<i>Does the Local Health Department have any direct or indirect relationship with tobacco-related companies, as described above?</i>
<input type="checkbox"/> Yes
<input checked="" type="checkbox"/> No
<i>If yes, please disclose any such relationships: N/A</i>

Jackson County TPEP Local Program Plan Form
2011-12

Local Health Department: Jackson County Health & Human Services
Best Practice Objective: BPO # 1, Title: Building Capacity for Chronic Disease Prevention, Early Detection, and Self Management
SMART Objective: By June 2012, Jackson County TPEP Coordinator will participate in collaborative efforts and coordinate with Health Communities Coordinator and the Southwest Regional Support Network Team (SRSNT) to implement a joint workplan. This regional workplan is designed for all SRSNT counties to coordinate their work on Healthy Communities best practice objectives involving chronic disease prevention, early detection, and self management. By June 2012, Jackson County will have implemented and have in place enforcement mechanisms for a new Tobacco Policy and Wellness Policy.
Critical Question: <ol style="list-style-type: none">1. Explain how data describing disparities in health risks and outcomes led you to prioritize the SMART objective, activities or partners identified for this BPO. <p>Chronic disease prevention consists of policy, environmental and systems change, including the availability of infrastructure for early detection and self-management programs. Policy, environmental, and systems changes promote the healthy choice as the easy choice while self management programs provide skills and tools for those in the population already experiencing the burden of chronic disease.</p> <p>The <i>Healthy People, Healthy Places: A Framework for Oregon</i> report identifies the conditions (i.e. policies, environments, and systems) needed so that all people in Oregon live, work, play and learn in communities that support health and optimal quality of life.</p> <p>Local programs have the opportunity to identify populations experiencing the greatest chronic disease burden, and partner with existing local chronic disease prevention, early detection and self-management efforts that seek to address these health equity issues in their communities. Jackson County Government can set a powerful community example and lead the way in creating tobacco-free outdoor environments that address all forms of smoking and smokeless tobacco use on county property, including parking lots, and by providing comprehensive tobacco cessation benefits. These objectives support health equity by supporting a healthy environment for employees and clients seeking government services, and who may be at greater risk for tobacco use and secondhand smoke exposure. Promotion of the Tobacco Quit Line in county facilities will provide a valuable resource for employees and the public to utilize.</p>

First Quarter Activities (July 1, 2011-Sept. 30, 2012)		First Quarter Report (due Oct. 21, 2011)
Coordination & Collaboration	<ul style="list-style-type: none"> ▪ Continue working with Southwest Regional Support Network Team (SRSNT). ▪ Continue working with Southern Oregon Action Forum stakeholders. ▪ Continue to work with SOU Healthy Campus Initiative task forces. ▪ Continue to support Healthy Communities (HC) Coordinator in achieving (HC) BPO's. ▪ Continue to meet monthly with Health & Human Services (HHS) Safety Committee to gather advice on the promotion of health & wellness benefits available to the employees through their health insurance plans. ▪ Continue to meet at least quarterly with the countywide Safety Committee to gather advice on the promotion of health & wellness benefits available to the employees through their health insurance plans. These members serve as their Health & Wellness spokesperson at their respective worksite. 	
Assessment	<ul style="list-style-type: none"> ▪ SRSNT workplan: all counties will identify additional information about where are we at now? (Baseline) A jumping-off point against which to measure progress. For Jackson County some of this information will have been gathered by HC's Coordinator work on HC's BPO #5 and the Southern Oregon Action Forum. 	

	<ul style="list-style-type: none"> ▪ SRSNT workplan: identify success stories/case study of cities, counties, worksites, schools, health systems that would resonant with targeted audiences. (Marilyn & Jane) ▪ SRSNT workplan: identify resources available through the state TPEP, HC programs, CDC, Robert Wood Johnson and other resources. (Heidi & Robin) Each county identify local resources. ▪ Working with HHS Administrator and Medical Health Officer to identify technical assistance needed to support implementation and enforcement mechanisms for a new Tobacco Policy and Wellness Policy. 	
<p>Education & Outreach (Development of Local Champions)</p>	<ul style="list-style-type: none"> • SRSNT workplan: the regional network team agrees on committing to the work of the plan and revises the overarching goal, if need be, and details of the plan. <ul style="list-style-type: none"> ○ Goal: to increase the knowledge of key stakeholders, community partners and others about the understanding of the relevance of economics and how it's related to improving the health of the community as well as individuals (making the case and communicating the case). ○ Outcome: Development of strategies which would include action steps in how to move these concepts into creating sustainable change that impacts the health of the community. • SRSNT workplan: start the development of a interviewing/educational tool to use when talking or meeting with key 	

	<p>stakeholders, community partners and others to gather input into their opinions of the concepts related to the goal of the Key Stakeholders Action Forum (Heather & Connie)</p> <ul style="list-style-type: none"> ▪ Safety Committee Members of each of the 20 department in Jackson County will continue to promote monthly a health & wellness topic to Jackson County employees targeting tobacco cessation, physical activity opportunities, nutrition, arthritis, colorectal education and early detection and self management of chronic diseases. These monthly promotions are tied to the health & wellness insurance benefits available to employees. 	
Media Advocacy	<ul style="list-style-type: none"> ▪ SRSNT workplan: work with Media Contractor to develop short and concise statement that connects health, economic development, sustainability and climate change. These messages will be used throughout the outreach of this BPO. (Jennifer & Leslie) 	
Policy Development, Promotion, & Implementation	<ul style="list-style-type: none"> ▪ Provide technical assistance to County Administration, HHS Administration, Human Resources and Department Directors in enforcing and implementation of the new Tobacco Policy and Wellness Policy. 	
Promote the Oregon Tobacco Quit Line	<ul style="list-style-type: none"> ▪ During meetings with community partners, stakeholders and others discuss and promote how the Quit Line, Living Well, the Arthritis Foundation Exercise Program and Walk with Ease have demonstrated improvements in health status for people who are living with chronic conditions. 	

Second Quarter Activities (Oct. 1, 2011-Dec. 31, 2012)		Second Quarter Report (due Jan. 20, 2012)
Coordination & Collaboration	<ul style="list-style-type: none"> ▪ Continue working with Southwest Regional Support Network Team (SRSNT). ▪ Continue working with Southern Oregon Action Forum stakeholders. ▪ Continue to work with SOU Healthy Campus Initiative task forces. ▪ Continue to support Healthy Communities (HC) Coordinator in achieving (HC) BPO's. ▪ Continue working with new community partners identified from previous quarter work. ▪ Continue to meet monthly with Health & Human Services (HHS) Safety Committee to gather advice on the promotion of health & wellness benefits available to the employees through their health insurance plans. ▪ Continue to meet at least quarterly with the countywide Safety Committee to gather advice on the promotion of health & wellness benefits available to the employees through their health insurance plans. These members serve as their Health & Wellness spokespersons at their respective worksite. 	
Assessment	<ul style="list-style-type: none"> • SRSNT workplan: identify jurisdictions, community partners and others who seem to be ready to work on identifying strategies of how to best incorporate "health in all policies." (All counties) • SRSNT workplan: explore different 	

	<p>options for presenters for the regional Stakeholders Action Forum (Heather & Connie)</p> <ul style="list-style-type: none"> • SRSNT workplan: identify pre-existing groups that are located in other counties and gather contact information. (Heather & Connie) 	
Education & Outreach (Development of Local Champions)	<ul style="list-style-type: none"> ▪ SRSNT workplan: develop a save the date for the regional Stakeholders Action Forum. (All counties) ▪ SRSNT workplan: begin development of the agenda for the regional Stakeholders Action Forum. ▪ SRSNT workplan: with help from the Special Data Analysis Team develop local county Healthy Communities fact sheets. Send to HPCDP Special Data Analysis and Technical Assistance Request Form. ▪ Safety Committee Members of each of the 20 department in Jackson County will continue to promote monthly a health & wellness topic to Jackson County employees targeting tobacco cessation, physical activity opportunities, nutrition, arthritis, colorectal education and early detection and self management of chronic diseases. These monthly promotions are tied to the health & wellness insurance benefits available to employees. 	
Media Advocacy	<ul style="list-style-type: none"> ▪ SRSNT workplan: gather feedback from Public Health Advisory Board and key informants on developed messages and make revision if needed. (All counties) 	
Policy Development, Promotion, &	<ul style="list-style-type: none"> • SRSNT workplan: identify jurisdictions, community and other 	

Implementation	<p>partners who seem to be ready to work on identifying strategies of how to best incorporate “health in all policies.” (All counties)</p> <ul style="list-style-type: none"> ▪ SRSNT workplan: determine linguistics of Stakeholder Action Forum. (Heidi & Robin) ▪ Provide technical assistance to County Administration, HHS Administration, Human Resources and Department Directors in enforcing and implementation of the new Tobacco Policy and Wellness Policy. 	
Promote the Oregon Tobacco Quit Line	<ul style="list-style-type: none"> ▪ During meetings with community partners, stakeholders and others discuss and promote how the Quit Line, Living Well, the Arthritis Foundation Exercise Program and Walk with Ease have demonstrated improvements in health status for people who are living with chronic conditions. 	
Third Quarter Activities (Jan. 1, 2012-March 31, 2012)		Third Quarter Report (due April 20, 2012)
Coordination & Collaboration	<ul style="list-style-type: none"> ▪ Continue working with Southwest Regional Support Network Team (SRSNT). ▪ Continue working with Southern Oregon Action Forum stakeholders. ▪ Continue to work with SOU Healthy Campus Initiative task forces. ▪ Continue to support Healthy Communities (HC) Coordinator in achieving (HC) BPO's. ▪ Continue working with new community partners identified from previous quarter work. ▪ Continue to meet monthly with 	

	<p>Health & Human Services (HHS) Safety Committee to gather advice on the promotion of health & wellness benefits available to the employees through their health insurance plans.</p> <ul style="list-style-type: none"> Continue to meet at least quarterly with the countywide Safety Committee to gather advice on the promotion of health & wellness benefits available to the employees through their health insurance plans. These members serve as their Health & Wellness spokesperson at their respective worksite. 	
Assessment	<ul style="list-style-type: none"> SRSNT workplan: identify entities and/or individuals to invite to the Stakeholder Action Forum. (All Counties) 	
Education & Outreach (Development of Local Champions)	<ul style="list-style-type: none"> SRSNT workplan: invitation sent out to individuals on each county's participation list. Safety Committee Members of each of the 20 department in Jackson County will continue to promote monthly a health & wellness topic to Jackson County employees targeting tobacco cessation, physical activity opportunities, nutrition, arthritis, colorectal education and early detection and self management of chronic diseases. These monthly promotions are tied into the health & wellness insurance benefits available to employees. 	
Media Advocacy	<ul style="list-style-type: none"> SRSNT workplan: Working with media contractor to refine messages and agenda of the regional Stakeholder Action Forum. 	
Policy Development, Promotion, & Implementation	<ul style="list-style-type: none"> Provide technical assistance to County Administration, HHS Administration, Human Resources 	

	and Department Directors in enforcing and implementation of the new Tobacco Policy and Wellness Policy.	
Promote the Oregon Tobacco Quit Line	<ul style="list-style-type: none"> ▪ During meetings with community partners, stakeholders and others discuss and promote how the Quit Line, Living Well, the Arthritis Foundation Exercise Program and Walk with Ease have demonstrated improvements in health status for people who are living with chronic conditions. 	
Fourth Quarter Activities (April 1, 2012-June 30, 2012)		Fourth Quarter Report (due July 20, 2012)
Coordination & Collaboration	<ul style="list-style-type: none"> ▪ Continue working with Southwest Regional Support Network Team (SRSNT). ▪ Continue working with Southern Oregon Action Forum stakeholders. ▪ Continue to work with SOU Healthy Campus Initiative task forces. ▪ Continue to support Healthy Communities (HC) Coordinator in achieving (HC) BPO's. ▪ Continue working with new community partners identified from previous quarter work. ▪ Continue to meet monthly with Health & Human Services (HHS) Safety Committee to gather advice on the promotion of health & wellness benefits available to the employees through their health insurance plans. ▪ Continue to meet at least quarterly with the countywide Safety Committee to gather advice on the promotion of health & wellness 	

	<p>benefits available to the employees through their health insurance plans. These members serve as their Health & Wellness spokesperson at their respective worksite.</p>	
Assessment	<ul style="list-style-type: none"> ▪ SRSNT workplan: develop an evaluation tool for the regional Stakeholder Action Forum. ▪ SRSNT workplan: conduct the evaluation during the regional Stakeholder Action Forum. 	
Education & Outreach (Development of Local Champions)	<ul style="list-style-type: none"> ▪ SRSNT workplan: send out reminders of the regional Stakeholders Action Forum. (All counties) ▪ SRSNT workplan: conduct regional Stakeholder Action Forum. (All counties) ▪ Safety Committee Members of each of the 20 department in Jackson County will continue to promote monthly a health & wellness topic to Jackson County employees targeting tobacco cessation, physical activity opportunities, nutrition, arthritis, colorectal education and early detection and self management of chronic diseases. These monthly promotions are tied into the health & wellness insurance benefits available to employees. 	
Media Advocacy	<ul style="list-style-type: none"> ▪ SRSNT workplan: Work with Media Contractor to develop press release to highlight the Stakeholder Action Forum in order to receive media coverage. (Jennifer & Leslie) 	
Policy Development, Promotion, & Implementation	<ul style="list-style-type: none"> ▪ Provide technical assistance to County Administration, HHS Administration, Human Resources and Department Directors in enforcing and implementation of the new Tobacco Policy and 	

	Wellness Policy.	
Promote the Oregon Tobacco Quit Line	<ul style="list-style-type: none"> ▪ During meetings with community partners, stakeholders and others discuss and promote how the Quit Line, Living Well, the Arthritis Foundation Exercise Program and Walk with Ease have demonstrated improvements in health status for people who are living with chronic conditions. 	

<p>Best Practice Objective: BPO #2, Tobacco-Free Worksites</p>
<p>SMART Objective: By June 2012, the Hazel Center, Residential Mental Health Treatment Center will have adopted a 100% tobacco-free policy for its property.</p> <p>By June 2012, the Addiction Recovery Center (ARC), Addiction & Mental Health Residential Treatment Facility will have a plan in place to adopt a 100% tobacco-free policy for its property.</p>
<p>Critical Question:</p> <p>2. Explain how data describing disparities in health risks and outcomes led you to prioritize the SMART objective, activities or partners identified for this BPO.</p> <p>On average, people with mental health diagnoses are dying 25 years earlier. In many case, these early deaths can be attributed to cardiovascular disease resulting from high blood pressure, elevated blood cholesterol and triglycerides, metabolic disorders, and other cardiovascular risk factors hastened by tobacco use. Although smoking has become more socially unacceptable and prevalence has decreased in the general population, much more needs to be done to assist people with mental illness to quit (NASMHPD, 2006). People with mental health diagnoses purchase almost half of the cigarettes consumed in this country. To address this startling disparity, the Addiction and Mental Health Division (AMH) has established a policy addressing Mental Health tobacco-free treatment settings, cessation resources and supports offered to both consumers and employees. The Addiction and Mental Health Division is supporting and promoting Tobacco Freedom, a component of the AMS and the Public Health’s Wellness Initiative. The Department of Human Services (DHS) Tobacco Cessation Integration Project’s (TCIP) vision is for clients and employees of DHS to have improved health and quality of life due to the elimination of tobacco use and exposure to secondhand smoke. The mission of TCIP is for tobacco use reduction to be an integral part of the work in each division of DHS.</p> <p>In addition, the Addiction and Recovery Center (ARC), also an AMH funded residential Addiction Treatment Center, recognizes the risk associated with all addictions, including tobacco, and has made a commitment to move toward adopting a tobacco-free policy during this fiscal year. There is supportive evidence stating that when an individual addresses tobacco as part of their addiction recovery and treatment plan they are more successful in quitting and the time between relapses are generally longer if at all. ARC supports the concept that a Tobacco Freedom Policy is a step toward assisting individuals to achieve personal health and wellness.</p>

First Quarter Activities (July 1, 2011-Sept. 30, 2012)		First Quarter Report (due Oct. 21, 2011)
Coordination & Collaboration	<ul style="list-style-type: none"> ▪ Continue to meet at least monthly (i.e. phone, in person, e-mail) with Jackson County Mental Health Director, Maureen Graham; Hazel Center's Program Manager, Gordon Norman; Clinical Coordinator Nancy Norman; and other program staff and customers to support the advancement of activities related to the policy listed in this BPO. ▪ Continue collaboration with Jefferson Behavioral Health, Oregon Health Management Services (OHMS) and Mid Rogue Independent Physician Associates in supporting cessation through physical and behavioral health services targeting those with Mental Illness and Addictions. ▪ Continue to meet at least monthly with (i.e. phone, in person, e-mail) with Reba Smith, Director of ARC to advance the development of a 100% tobacco-free policy for its facility (Tobacco Freedom Policy & Plan). ▪ Continue to serve on the sub-committee, Peer Based Resource Workgroup, of the state Tobacco Control Integration Project. ▪ Continue to meet at least quarterly with Jackson County Community Mental Health Tobacco Freedom Project. 	
Assessment	<ul style="list-style-type: none"> ▪ Assess current tobacco policy for the Hazel Center and ARC. ▪ Assess the Hazel Center administrators', employees and customers support for the required Addiction & Mental Health (AMH) Tobacco Freedom Policy. 	

	<ul style="list-style-type: none"> ▪ Determine support from Hazel Center administrator, and employees for additional voluntary changes to strengthen the AMH Tobacco Freedom Policy. ▪ Assess the ARC's administrators', employees and customers support for a voluntary Tobacco Freedom plan and policy adoption. ▪ Assess protocols used for Mental Health Clients accessing the Oregon Quit Line. 	
Education & Outreach (Development of Local Champions)	<ul style="list-style-type: none"> ▪ Coordinate with Jefferson Behavioral Health to continue offering training opportunities for Jackson County Mental Health, Hawthorn Drop In Center, Hazel Center ARC, and other interested AMH facilities. ▪ Jackson County Mental Health, Hawthorn Drop In Center, Hazel Center and ARC will continue offering at least quarterly the Healthy Body Healthy Mind Tobacco Awareness Curriculum. 	
Media Advocacy	<ul style="list-style-type: none"> ▪ Identify any AMH and TCIP state plans for media advocacy for the Tobacco Freedom Initiative. ▪ Share media advocacy plans with Hazel Center. 	
Policy Development, Promotion, & Implementation	<ul style="list-style-type: none"> ▪ If deem appropriate revise Tobacco Freedom policy adoption and implementation timeline for Hazel Center. ▪ Develop tobacco freedom plan and/or revise, if deem appropriate, the Tobacco Freedom policy adoption and implementation timeline for ARC. 	
Promote the Oregon Tobacco Quit Line	<ul style="list-style-type: none"> ▪ Incorporate the Oregon Tobacco Line into existing referral system programs i.e. electronic records, 	

	<p>quality assurance measures.</p> <ul style="list-style-type: none"> ▪ Share with AMH facilities the Quit Line protocols used with Mental Health Clients accessing the Quit Line. 	
<p>Second Quarter Activities (Oct. 1, 2011-Dec. 31, 2012)</p>		<p>Second Quarter Report (due Jan. 20, 2012)</p>
<p>Coordination & Collaboration</p>	<ul style="list-style-type: none"> ▪ Continue to meet at least monthly (i.e. phone, in person, e-mail) with Jackson County Mental Health Director, Maureen Graham; Hazel Center’s Program Manager, Gordon Norman; Clinical Coordinator Nancy Norman; and other program staff and customers to support the advancement activities listed in this BPO. ▪ Continue collaboration with Jefferson Behavioral Health. Oregon Health Management Services (OHMS) and Mid Rogue Independent Physician Associates in supporting cessation through physical and behavioral health services targeting those with Mental Illness and Addictions. ▪ Continue to meet at least monthly with (i.e. phone, in person, e-mail) with Reba Smith, Director of ARC to advance the development of a 100% tobacco-free policy for its facility. ▪ Continue to serve on a sub-committee, Peer Based Resource Workgroup, of the state Tobacco Control Integration Project. ▪ Continue to meet at least quarterly with Jackson County Community Mental Health Tobacco Freedom Project. 	
<p>Assessment</p>	<ul style="list-style-type: none"> ▪ Identify technical assistance needed to support policy adoption and implementation timeline for 	

	<p>Hazel Center.</p> <ul style="list-style-type: none"> ▪ Identify technical assistance needed to support policy adoption plan and implementation timeline for ARC. 	
Education & Outreach (Development of Local Champions)	<ul style="list-style-type: none"> ▪ Encourage staff from Jackson County Mental Health, Hawthorn Drop In Center, Hazel Center, ARC and other interested AMH facilities to attend the Tobacco Freedom policy training for residential facilities, peer specialists and consumers offered in Salem/Wilsonville on Sept 19 and 20, 2011 or in Roseburg September 21 or 22, 2011. ▪ Coordinate with Jefferson Behavioral Health to continue offering training opportunities for Jackson County Mental Health, Hawthorn Drop In Center, Hazel Center ARC, and other interested AMH facilities. 	
Media Advocacy	<ul style="list-style-type: none"> ▪ Determine what kind of media advocacy would be supported by Hazel Center's Administration. 	
Policy Development, Promotion, & Implementation	<ul style="list-style-type: none"> ▪ If deem appropriate, revise Tobacco Freedom policy adoption and implementation timeline for Hazel Center. ▪ If deem appropriate, revise the Tobacco Freedom policy adoption and implementation timeline for ARC. 	
Promote the Oregon Tobacco Quit Line	<ul style="list-style-type: none"> ▪ Continue offering the Oregon Tobacco Line as a resource included in any referral system programs, i.e. electronic records, treatment plans and quality assurance measures. ▪ Incorporate the Quit Line into Peer Based Cessation/Curriculum offered at Hazel Center, Hawthorn Drop In Center, Jackson County 	

	Community Mental Health and the ARC.	
Third Quarter Activities (Jan. 1, 2012-March 31, 2012)		Third Quarter Report (due April 20, 2012)
Coordination & Collaboration	<ul style="list-style-type: none"> ▪ Continue to meet at least monthly (i.e. phone, in person, e-mail) with Jackson County Mental Health Director, Maureen Graham; Hazel Center’s Program Manager, Gordon Norman; Clinical Coordinator Nancy Norman; and other program staff and customers to support the advancement activities listed in this BPO. ▪ Continue collaboration with Jefferson Behavioral Health, Oregon Health Management Services (OHMS) and Mid Rogue Independent Physician Associates in supporting cessation through physical and behavioral health services targeting those with Mental Illness and Addictions. ▪ Continue to meet at least monthly with (i.e. phone, in person, e-mail) with Reba Smith, Director of ARC to advance the development of a 100% tobacco-free policy for its facility. ▪ Continue to serve on a sub-committee, Peer Based Resource Workgroup, of the state Tobacco Control Integration Project. ▪ Continue to meet at least quarterly with Jackson County Community Mental Health Tobacco Freedom Project. 	
Assessment	<ul style="list-style-type: none"> ▪ Identify technical assistance needed to support policy adoption and implementation for Hazel Center. ▪ Identify technical assistance needed to support policy adoption 	

	plan and implementation timeline for ARC.	
Education & Outreach (Development of Local Champions)	<ul style="list-style-type: none"> Coordinate with Jefferson Behavioral Health to continue training opportunities for ARC and other interested AMH facilities. 	
Media Advocacy	<ul style="list-style-type: none"> Determine if ARC's administration is interested in any media advocacy to support their Tobacco Freedom Policy and Plan. 	
Policy Development, Promotion, & Implementation	<ul style="list-style-type: none"> Continue offering Hazel Center technical support during the Tobacco Freedom Policy adoption. Continue offering technical assistance for ARC's Tobacco Freedom Policy adoption and implementation plan. 	
Promote the Oregon Tobacco Quit Line	<ul style="list-style-type: none"> Continue to offer the Quit Line as a resource during Peer Based Cessation/Curriculum classes offered at Hazel Center, Hawthorn Drop In Center, Jackson County Community Mental Health and the ARC. 	
Fourth Quarter Activities (April 1, 2012-June 30, 2012)		Fourth Quarter Report (due July 20, 2012)
Coordination & Collaboration	<ul style="list-style-type: none"> Continue to meet at least monthly (i.e. phone, in person, e-mail) with Jackson County Mental Health Director, Maureen Graham; Hazel Center's Program Manager, Gordon Norman; Clinical Coordinator Nancy Norman; and other program staff and customers to support the advancement activities listed in this BPO. Continue collaboration with Jefferson Behavioral Health, Oregon Health Management Services (OHMS) and Mid Rogue Independent Physician Associates in supporting cessation through physical and behavioral health 	

	<p>services targeting those with Mental Illness and Addictions.</p> <ul style="list-style-type: none"> ▪ Continue to meet at least monthly with (i.e. phone, in person, e-mail) with Reba Smith, Director of ARC, to advance the development of a 100% tobacco-free policy for its facility. ▪ Continue to serve on a sub-committee, Peer Based Resource Workgroup, of the state Tobacco Control Integration Project. ▪ Continue to meet at least quarterly with Jackson County Community Mental Health Tobacco Freedom Project. 	
Assessment	<ul style="list-style-type: none"> ▪ Identify any additional technical assistance needed to support policy adoption and implementation for Hazel Center. ▪ Identify technical assistance needed to support policy adoption plan and implementation timeline for ARC. 	
Education & Outreach (Development of Local Champions)	<ul style="list-style-type: none"> ▪ Encourage Jefferson Behavioral Health to continue offering training opportunities for other interested AMH facilities. 	
Media Advocacy	<ul style="list-style-type: none"> ▪ Continue to offer and encourage media advocacy support for ARC's Tobacco Freedom Policy and Plan. 	
Policy Development, Promotion, & Implementation	<ul style="list-style-type: none"> ▪ Continue offering Hazel Center technical support for the Tobacco Freedom Policy and related activities. ▪ Continue offering technical assistance for ARC's Tobacco Freedom Policy adoption and implementation plan. 	
Promote the Oregon Tobacco Quit Line	<ul style="list-style-type: none"> ▪ Continue to offer the Quit Line as a resource during Peer Based Cessation/Curriculum classes offered at Hazel Center, Hawthorn Drop In Center, Jackson County Community Mental Health and the ARC. 	

Best Practice Objective: BPO #3, Implementing the Indoor Clean Air Act		
SMART Objective: By June 30, 2012 Jackson County will have responded to all complaints of violation of the Indoor Clean Air Act according to the protocol specified in the IGA.		
Critical Question: 3. Explain how data describing disparities in health risks and outcomes led you to prioritize the SMART objective, activities or partners identified for this BPO.		
<p>The Surgeon General released its 30th tobacco-related report since 1964. It describes in detail the specific pathways by which tobacco smoke damages the human body.</p> <p>Enforcement of public health laws is a core function of public health. Working with local businesses to assist them in understanding and complying with the Oregon Indoor Clean Air Act will ensure that smoke-free workplace law compliance is strong, thereby protecting all workers and the public equally from secondhand smoke. Protecting individuals from secondhand smoke is a means to reduce tobacco-related health disparities and promote health equity.</p> <p>Jackson County TPEP Coordinator continues to respond to citizen complaints of violation of the Indoor Clean Air Act according to the protocol specified in the contract with the Oregon Health Authority. As of 1/26/2011 Jackson County has 128 active complaints within the WEMS system.</p>		
First Quarter Activities (July 1, 2011-Sept. 30, 2012)		First Quarter Report (due Oct. 21, 2012)
Coordination & Collaboration	<ul style="list-style-type: none"> ▪ TPEP Coordinator will continue to be the lead worker responsible for responding to complaints of violation and conducting site visits, including using WEMS and maintaining the hard copy file. Belle Shepherd, Public Health Division Program Manager oversees TPEP Coordinator's work on this objective. Ronalie Sweet has been trained in responding to complaints of violation regarding the ICAA following Oregon Administrative Rules, the IGA and DHS procedures, including the Workplace Monitoring System (WEMS). ▪ New employees will be trained in responding to complaints of violation regarding the ICAA following Oregon Administrative Rules, the IGA and DHS procedures, including the Workplace Monitoring System (WEMS). ▪ Weekly LPHA employee(s) will monitor 	

	<p>and maintain WEMS and report to the state TPEP County Liaison if problems have surfaced in using of the WEMS data base.</p> <ul style="list-style-type: none"> ▪ Environmental Health inspectors will continue during a regular inspection, if notes a possible violation of ORS 433.835 through 433.875 or these rules, the inspector shall report the violation to LPHA or DHS. ▪ Develop partnership with the Chamber of Commerce's in Jackson County in order to: <ul style="list-style-type: none"> ➤ Promote support for the law, the importance of protecting people from secondhand smoke and the impact that such laws have on economics, health and social normative behavior. ➤ Promote the Quit Line. 	
Assessment	<ul style="list-style-type: none"> ▪ As requested by DHS/TPEP will participate in DHS/TPEP evaluation activities to study compliance with the law. ▪ Assess the number of Chamber of Commerce's that exist in Jackson County. ▪ Identify what channels of communication the Chamber of Commerce's have for promoting support for the law and promotion of the Oregon Quit Line. Note: this activity is listed during every quarter due to the fact that there are a number of Chamber of Commerce's in Jackson County. There are 13 different jurisdictions in Jackson County. 	
Education & Outreach (Development of Local Champions)	<ul style="list-style-type: none"> ▪ Continue to provide ICAA materials to Environmental Health, businesses, organizations and the public as requested. ▪ Environmental Health will continue to include Indoor Clean Air Act and Quit 	

	<p>line information in the business license renewal process.</p> <ul style="list-style-type: none"> ▪ Continue to provide technical support as requested by citizens and businesses. ▪ Work with Carol Wedman, HHS Administrative Secretary, to update link on the county's website to the ICAA online complaint form and Smokefree Workplace Law website. ▪ Work with the Chamber of Commerce's to post a link to the Smokefree Workplace Law Website. 	
Media Advocacy	<ul style="list-style-type: none"> ▪ Work with the Media Contractor to determine contractor's media plans for promoting ICAA and to identify strategies that would be most effective. Ideally, identify business owners/employee champions who would be willing to express support for the law, the importance of protecting people from secondhand smoke and the impact that such laws have on economics, health and social normative behavior. 	
Policy Development, Promotion, & Implementation	<ul style="list-style-type: none"> ▪ LPHA employees responsible for enforcing the ICAA according to the Oregon Administrative Rules, IGA and DHS procedures will receive an annual review training provided by the DHS liaison and or TPEP Coordinator. ▪ Review internal protocols to determine if procedures are up to date according to the IGA and DHS procedures. ▪ If any businesses in Jackson County have entered a settlement, conduct at least one unannounced site visit to each business during the year. Comply with other settlements and terms required by the state for cited businesses. 	
Promote the Oregon Tobacco Quit Line	<ul style="list-style-type: none"> ▪ Continue using ICAA materials that are inclusive of Quit Line information. 	

	<ul style="list-style-type: none"> ▪ Include messages promoting the benefits of the Quit Line in any media-related activities publicizing the law, educating the public, etc. ▪ Include Quit Line information in educational opportunities offered by the Chamber of Commerce's. 	
Second Quarter Activities (Oct. 1, 2011-Dec. 31, 2012)		Second Quarter Report (due Jan. 20, 2012)
Coordination & Collaboration	<ul style="list-style-type: none"> ▪ Meet with Environmental Health staff to provide updates and to determine improvements to the internal ICAA reporting requirements. 	
Assessment	<ul style="list-style-type: none"> ▪ As requested by DHS/TPEP will participate in DHS/TPEP evaluation activities to study compliance with the law. ▪ Identify what channels of communication the Chamber of Commerce's have for promoting support for the law and promotion of the Oregon Quit Line. 	
Education & Outreach (Development of Local Champions)	<ul style="list-style-type: none"> ▪ Continue to provide ICAA materials to Environmental Health, businesses, organizations and the public as requested. ▪ Continue to provide technical support as requested by citizens and businesses. ▪ Continue to provide technical support to the Chamber of Commerce's in order to: <ul style="list-style-type: none"> ➤ Promote support for the law, the importance of protecting people from secondhand smoke and the impact that such laws have on economics, health and social normative behavior. ➤ Promote the Quit Line. 	
Media Advocacy	<ul style="list-style-type: none"> ▪ Work with the Media Contractor to determine contractor's media plans for promoting ICAA and to identify 	

	<p>strategies that would be most effective. Ideally, identify business owners/employee champions who would be willing to express support for the law, the importance of protecting people from secondhand smoke and the impact that such laws have on economics, health and social normative behavior.</p>	
<p>Policy Development, Promotion, & Implementation</p>	<ul style="list-style-type: none"> ▪ Weekly LPHA employees will continue responding to complaints of violation regarding the ICAA following Oregon Administrative Rules, the IGA and DHS procedures, including the Workplace Monitoring System (WEMS). ▪ If any businesses in Jackson County have entered a settlement, conduct at least one unannounced site visit to each business during the year. Comply with other settlements and terms required by the state for cited businesses. 	
<p>Promote the Oregon Tobacco Quit Line</p>	<ul style="list-style-type: none"> ▪ Continue using ICAA materials that are inclusive of Quit Line information. ▪ Include messages promoting the benefits of the Quit Line in any media-related activities publicizing the law, educating the public, etc. ▪ Include Quit Line information in educational opportunities offered by the Chamber of Commerce's. 	
<p>Third Quarter Activities (Jan. 1, 2012-March 31, 2012)</p>		<p>Third Quarter Report (due April 22, 2012)</p>
<p>Coordination & Collaboration</p>	<ul style="list-style-type: none"> ▪ Continue with coordination and collaboration as stated above. 	
<p>Assessment</p>	<ul style="list-style-type: none"> ▪ As requested by DHS/TPEP will participate in DHS/TPEP evaluation activities to study compliance with the law. ▪ Identify what channels of communication the Chamber of Commerce's have for promoting 	

	support for the law and promotion of the Oregon Quit Line.	
Education & Outreach (Development of Local Champions)	<ul style="list-style-type: none"> ▪ Continue to provide ICAA materials to Environmental Health, businesses, organizations and the public as requested. ▪ Continue to provide technical support as requested by citizens and businesses. ▪ Continue to provide technical support to the Chamber of Commerce's in order to: <ul style="list-style-type: none"> ➤ Promote support for the law, the importance of protecting people from secondhand smoke and the impact that such laws have on economics, health and social normative behavior. ➤ Promote the Quit Line. 	
Media Advocacy	<ul style="list-style-type: none"> ▪ Work with the Media Contractor to determine contractor's media plans for promoting ICAA and to identify strategies that would be most effective. Ideally, identify business owners/employee champions who would be willing to express support for the law, the importance of protecting people from secondhand smoke and the impact that such laws have on economics, health and social normative behavior. 	
Policy Development, Promotion, & Implementation	<ul style="list-style-type: none"> ▪ Weekly LPHA employees will continue responding to complaints of violation regarding the ICAA following Oregon Administrative Rules, the IGA and DHS procedures, including the Workplace Monitoring System (WEMS). ▪ If any businesses in Jackson County have entered a settlement, conduct at least one unannounced site visit to each business during the year. Comply with other settlements and terms required by the state for cited businesses. 	

Promote the Oregon Tobacco Quit Line	<ul style="list-style-type: none"> ▪ Continue using ICAA materials that are inclusive of Quit Line information. ▪ Include messages promoting the benefits of the Quit Line in any media-related activities publicizing the law, educating the public, etc. ▪ Include Quit Line information in educational opportunities offered by the Chamber of Commerce's. 	
Fourth Quarter Activities (April 1, 2012-June 30, 2012)		Fourth Quarter Report (due July 20, 2012)
Coordination & Collaboration	<ul style="list-style-type: none"> ▪ Continue with coordination and collaboration as stated above. 	
Assessment	<ul style="list-style-type: none"> ▪ As requested by DHS/TPEP will participate in DHS/TPEP evaluation activities to study compliance with the law. ▪ Identify what channels of communication the Chamber of Commerce's have for promoting support for the law and promotion of the Oregon Quit Line. 	
Education & Outreach (Development of Local Champions)	<ul style="list-style-type: none"> ▪ Continue to provide ICAA materials to Environmental Health, businesses, organizations and the public as requested. ▪ Continue to provide technical support as requested by citizens and businesses. ▪ Continue to provide technical support to the Chamber of Commerce's in order to: <ul style="list-style-type: none"> ➢ Promote support for the law, the importance of protecting people from secondhand smoke and the impact that such laws have on economics, health and social normative behavior. ➢ Promote the Quit Line. 	

Media Advocacy	<ul style="list-style-type: none"> ▪ Work with the Media Contractor to determine contractor’s media plans for promoting ICAA and to identify strategies that would be most effective. Ideally, identify business owners/employee champions who would be willing to express support for the law, the importance of protecting people from secondhand smoke and the impact that such laws have on economics, health and social normative behavior. 	
Policy Development, Promotion, & Implementation	<ul style="list-style-type: none"> ▪ Weekly LPHA employees will continue responding to complaints of violation regarding the ICAA following Oregon Administrative Rules, the IGA and DHS procedures, including the Workplace Monitoring System (WEMS). ▪ If any businesses in Jackson County have entered a settlement, conduct at least one unannounced site visit to each business during the year. Comply with other settlements and terms required by the state for cited businesses. 	
Promote the Oregon Tobacco Quit Line	<ul style="list-style-type: none"> ▪ Continue using ICAA materials that are inclusive of Quit Line information. ▪ Include messages promoting the benefits of the Quit Line in any media-related activities publicizing the law, educating the public, etc. ▪ Include Quit Line information in educational opportunities offered by the Chamber of Commerce’s. 	

Best Practice Objective: BPO # 4: Smoke-free Multi-Unit Housing		
SMART Objective: By June 2012, two multi-unit housing properties in Jackson County will have adopted no-smoking rules. Southern Oregon Rental Owner Association is a group of rental housing owners and managers who have properties located in both Jackson and Josephine Counties; therefore, coordination of this objective will occur in conjunction with Josephine County Public Health.		
Critical Question: 4. Explain how data describing disparities in health risks and outcomes led you to prioritize the SMART objective, activities or partners identified for this BPO. Multi-unit housing facilities are among the few indoor places where Oregonians continue to be regularly exposed to secondhand smoke. Furthermore, many multiunit housing residents are from vulnerable populations, including people with low incomes, families with young children, young adults, the elderly, people with disabilities, and racial and ethnic minorities. All of these population groups bear a disproportionate burden of tobacco use and tobacco-related chronic diseases. Therefore, working to achieve this objective is critical to reducing tobacco-related disparities and to create health equity.		
First Quarter Activities (July 1, 2011-Sept. 30, 2012)		First Quarter Report (due Oct. 21, 2011)
Coordination & Collaboration	<ul style="list-style-type: none"> ▪ Continue to consult with Diane Laughter, Health In Sight, regarding work plan activities, coordinated statewide efforts and related resources. ▪ Continue to collaborate with Robin Hausen, Josephine County TPEP Coordinator, to provide smoke-free multi-unit technical assistance to property owners, managers and tenants in Jackson & Josephine County. ▪ Continue to consult with and provide technical assistance to Cara Carter, Director Tenant Housing, Jackson County Housing Authority. Cara Carter will continue to serve as a spokesperson for the advancement and implementation of smoke-free property policies. ▪ Continue to consult with and provide technical assistance to Laurel Adams, President of Southern Oregon Rental 	

	<p>Association. Laurel Adams has agreed to serve as an advisor to this BPO.</p> <ul style="list-style-type: none"> ▪ Continue to consult with and to provide technical assistance to David Wright, Owner and Jeff Palodichuck, Senior Property Manager/Real Estate Broker, Commercial Property Management. ▪ Continue to work with and provide technical assistance to Southern Oregon Rental Association. ▪ Continue working relationship with Herb Neelund, President of the Oregon Rental Housing Association. Herb Neelund will continue to serve as a spokesperson for the advancement and implementation of smoke-free property policies. 	
<p>Assessment</p>	<ul style="list-style-type: none"> ▪ Per quarter collect and report the following information to Diane Laughter, Health In Sight: Tracking Form for Multi-Unit Properties that Have Adopted No-Smoking Policies and Rental Ad Tracking Tool. ▪ Quarterly mail Property Owner Marketing and Recruitment Surveys to 50 - 100 property owners. Note: TPEP Coordinator had worked with Diane Laughter to develop a property owner marketing and recruitment survey/questionnaire in December of 2009. It was piloted it in January of 2010 with about 35 property owners. The intent of the survey is to identify owners and numbers of units, if they have a written smoking policy, what types of smoking restrictions do they have on the property if any, and to identify if they would like additional information or technical support for policy advancement. This information is also helpful in collecting the information for the Tracking Form for Multi-Unit Properties that Have Adopted No-Smoking Policies. 	

	<ul style="list-style-type: none"> ▪ Identify relevant secondhand smoke exposure rental data available from the Behavioral Risk Factor Surveillance System. If applicable submit DATA request form. 	
Education & Outreach (Development of Local Champions)	<ul style="list-style-type: none"> ▪ Offer Property Management training. Training will provide property managers an opportunity to network, learn about implementation and enforcement techniques, provide resources to support and enforce a smoke-free policy. ▪ Workings with the above partners (under coordination & collaboration) identify private and public property managers to invite to Property Management training. ▪ Provide technical support for policy advancement to property owners requesting assistance from the Property Owner Marketing and Recruitment Surveys. ▪ Continue to support any DHS/TPEP statewide education opportunities regarding Oregon Smoking Policy Disclosure Law for landlords. 	
Media Advocacy	<ul style="list-style-type: none"> ▪ Work with above partners to promote, via Southern Oregon Rental Owners Association newsletter and /or direct invitations, Property Management trainings. 	
Policy Development, Promotion, & Implementation	<ul style="list-style-type: none"> ▪ Quarterly mail Property Owner Marketing and Recruitment Surveys to 50 - 100 property owners. Follow up via phone, e-mail, group meeting or one-on-one meeting with Property Owners who have returned the surveys and have expressed interest in additional support or information. Provide technical assistance to those seeking a change in their smoking policies. 	
Promote the Oregon Tobacco Quit Line	<ul style="list-style-type: none"> ▪ Quit Line information will be included in all materials developed for 	

	<p>promotion, presentation and resources for Property Management trainings, Property Owner Survey and materials/resources provided to property owners.</p>	
<p>Second Quarter Activities (Oct. 1, 2011-Dec. 31, 2012)</p>		<p>Second Quarter Report (due Jan. 20, 2012)</p>
<p>Coordination & Collaboration</p>	<ul style="list-style-type: none"> ▪ Continue to consult with Diane Laughter, Health In Sight, regarding work plan activities, coordinated statewide efforts and related resources. ▪ Continue to collaborate with Robin Hausen, Josephine County TPEP Coordinator, to provide smoke-free multi-unit technical assistance to property owners, managers and tenants in Jackson & Josephine County. ▪ Continue to consult with and to provide technical assistance to Cara Carter, Director Tenant Housing, Jackson County Housing Authority. ▪ Continue to consult with and provide technical assistance to Laurel Adams, President of Southern Oregon Rental Association. ▪ Continue to consult with and to provide technical assistance to David Wright, Owner, and Jeff Palodichuck, Senior Property Manager/Real Estate Broker, Commercial Property Management. ▪ Continue to work with and to provide technical assistance to Southern Oregon Rental Association. ▪ Continue working relationship with Herb Neelund, President of the Oregon Rental Housing Association. 	
<p>Assessment</p>	<ul style="list-style-type: none"> ▪ Per quarter collect and report the following information to Diane Laughter, Health In Sight: Tracking 	

	<p>Form for Multi-Unit Properties that Have Adopted No-Smoking Policies and Rental Ad Tracking Tool.</p> <ul style="list-style-type: none"> ▪ Quarterly mail Property Owner Marketing and Recruitment Surveys to 50-100 property owners. 	
Education & Outreach (Development of Local Champions)	<ul style="list-style-type: none"> ▪ Provide technical support for policy advancement to property owners requesting assistance from the Property Owner Marketing and Recruitment Surveys. 	
Media Advocacy	<ul style="list-style-type: none"> ▪ Develop a press release highlighting the smokefree policy changes property owners are making based on the data collected from the surveys. 	
Policy Development, Promotion, & Implementation	<ul style="list-style-type: none"> ▪ Quarterly mail Property Owner Marketing and Recruitment Surveys to at least 50 -100 property owners. Follow up via phone, e-mail, group meeting or one-on-one meeting with property owners who have returned the surveys and have expressed interest in additional support or information. Provide technical assistance to those seeking a change in their smoking policies. 	
Promote the Oregon Tobacco Quit Line	<ul style="list-style-type: none"> ▪ Quit Line information will be included in all materials developed for promotion, presentation and resources for Property Management trainings, Property Owner Survey and materials/resources provided to property owners. 	
Third Quarter Activities (Jan. 1, 2012-March 31, 2012)		Third Quarter Report (due April 20, 2012)
Coordination & Collaboration	<ul style="list-style-type: none"> ▪ Continue to consult with Diane Laughter, Health In Sight, regarding work plan activities, coordinated statewide efforts and related resources. ▪ Continue to collaborate with Robin Hausen, Josephine County TPEP Coordinator, to provide smoke-free multi-unit technical assistance to 	

	<p>property owners, managers and tenants in Jackson & Josephine County.</p> <ul style="list-style-type: none"> ▪ Continue to consult with and to provide technical assistance to Cara Carter, Director Tenant Housing, Jackson County Housing Authority. ▪ Continue to consult with and provide technical assistance to Laurel Adams, President of Southern Oregon Rental Association. ▪ Continue to consult with and to provide technical assistance to David Wright, Owner and Jeff Palodichuck, Senior Property Manager/Real Estate Broker, Commercial Property Management. ▪ Continue to work with and to provide technical assistance to Southern Oregon Rental Association. ▪ Continue working relationship with Herb Neelund, President of the Oregon Rental Housing Association. 	
<p>Assessment</p>	<ul style="list-style-type: none"> ▪ Per quarter collect and report the following information to Diane Laughter, Health In Sight: Tracking Form for Multi-Unit Properties that Have Adopted No-Smoking Policies and Rental Ad Tracking Tool. ▪ Quarterly mail Property Owner Marketing and Recruitment Surveys to 50 - 100 property owners. 	
<p>Education & Outreach (Development of Local Champions)</p>	<ul style="list-style-type: none"> ▪ Work with Diane Laughter, Health In Sight and Robin Hausen, Josephine County to further refine the Affordable Housing Presentation. ▪ Provide technical support for policy advancement to property owners requesting assistance from the Property Owner Marketing and Recruitment Surveys. 	

Media Advocacy	<ul style="list-style-type: none"> ▪ Work with above partners to promote, via Southern Oregon Rental Owners Association newsletter and direct invitations the Affordable Housing Presentation. 	
Policy Development, Promotion, & Implementation	<ul style="list-style-type: none"> ▪ Quarterly mail Property Owner Marketing and Recruitment Surveys to at least 50 - 100 property owners. Follow up via phone, e-mail, group meeting or one-on-one meeting with Property Owners who have returned the surveys and have expressed interest in additional support or information. Provide technical assistance to those seeking a change in their smoking policies. 	
Promote the Oregon Tobacco Quit Line	<ul style="list-style-type: none"> ▪ Quit Line information will be included in all materials developed for promotion, presentation and resources for Property Management trainings, Property Owner Survey and materials/resources provided to property owners. 	
Fourth Quarter Activities (April 1, 2012-June 30, 2012)		Fourth Quarter Report (due July 20, 2012)
Coordination & Collaboration	<ul style="list-style-type: none"> ▪ Continue to consult with Diane Laughter, Health In Sight, regarding work plan activities, coordinated statewide efforts and related resources. ▪ Continue to collaborate with Robin Hausen, Josephine County TPEP Coordinator, to provide smoke-free multi-unit technical assistance to property owners, managers and tenants in Jackson & Josephine County. ▪ Continue to consult with and to provide technical assistance to Cara Carter, Director Tenant Housing, and Jackson County Housing Authority. ▪ Continue to consult with and provide technical assistance to Laurel Adams, President of Southern Oregon Rental Association. 	

	<ul style="list-style-type: none"> ▪ Continue to consult with and to provide technical assistance to David Wright, Owner, and Jeff Palodichuck, Senior Property Manager/Real Estate Broker, Commercial Property Management. ▪ Continue to work with and to provide technical assistance to Southern Oregon Rental Association. ▪ Continue to develop working relationship with Herb Neelund, President of the Oregon Rental Housing Association. 	
Assessment	<ul style="list-style-type: none"> ▪ Per quarter, collect and report the following information to Diane Laughter, Health In Sight: Tracking Form for Multi-Unit Properties that Have Adopted No-Smoking Policies and Rental Ad Tracking Tool. ▪ Quarterly mail Property Owner Marketing and Recruitment Surveys to 50 -100 property owners. 	
Education & Outreach (Development of Local Champions)	<ul style="list-style-type: none"> ▪ In coordination with Diane Laughter, Health In Sight, and Robin Hausen, conduct the Affordable Housing Presentation. ▪ Provide technical support for policy advancement to property owners requesting assistance from the Property Owner Marketing and Recruitment Surveys. 	
Media Advocacy	<ul style="list-style-type: none"> ▪ Work with above partners to promote, via Southern Oregon Rental Owners Association, newsletter and direct invitations the Affordable Housing Presentation. ▪ Consider writing a press release inviting the media to the Affordable Housing Presentation. 	
Policy Development, Promotion, &	<ul style="list-style-type: none"> ▪ Quarterly mail Property Owner Marketing and Recruitment Surveys 	

Implementation	to at least 50 - 100 property owners. Follow up via phone, e-mail, group meeting or one-on-one meeting with Property Owners who have returned the surveys and have expressed interest in additional support or information. Provide technical assistance to those seeking a change in their smoking policies.	
Promote the Oregon Tobacco Quit Line	<ul style="list-style-type: none"> ▪ Quit Line information will be included in all materials developed for promotion, presentation and resources for Property Management trainings, Property Owner Survey and materials/resources provided to property owners. 	

DRAFT

**Oregon Healthy Communities Program
Local Health Department Implementation Grants 2011-2012**

<i>Application Cover Sheet</i>	
<i>Local Health Department Name</i>	<i>Jackson County Health & Human Services, Public Health Division</i>
<i>Program Coordinator Name</i>	<i>Leslie Carroll, MUP</i>
<i>Phone</i>	<i>541-774-7884</i>
<i>E-mail</i>	<i>carrollm@jacksoncounty.org</i>
<i>Program Supervisor Name</i>	<i>Belle Shepherd, MSPH</i>
<i>Phone</i>	<i>541-774-8039</i>
<i>E-mail</i>	<i>Shephebs@jacksoncounty.org</i>
<i>Local Health Department Administrator Name</i>	<i>Mark Orndoff</i>
<i>Phone</i>	<i>541-774-7878</i>
<i>E-mail</i>	<i>orndofmj@jacksoncounty.org</i>

CONTRACTS

1. Subcontracted activity: Living Well Program \$2,500

Scope of work: Utilize funds for maintenance of Living Well website, and to support recruitment and marketing of Living Well to prospective participants; participate in program evaluation of referral system used by Jackson County Health and Human Services' Healthy Communities Program.

Deliverables: End of Year copy of website page; End of Year brief notes on recruitment status; End of Year brief notes of meetings with JCHHS HC Program regarding program evaluation of referral system and sustainability strategies.

Time Period: July 1, 2011-June 30, 2012

Supervisor/manager: Healthy Communities Consultant - Leslie Carroll

Name of Contractor: RVCOG

Sole Source

2. Healthy Communities Consultant – Leslie Carroll \$54,353

Scope of work: take lead responsibility for fulfilling the requirements of the Health Communities Program BPOs # 1, 2, and 5 and fully participating in the work of TPEP BPO #1.

Deliverables: Quarterly reports, six month narratives, participation in all required trainings and meetings.

Time Period: July 1, 2011 – June 30, 2012

Supervisor/manager: Jane Stevenson

Name of Contractor: Healthy Community Consultant- Leslie Carroll

Sole Source

Jackson County Local Healthy Communities Program Plan
2011-12

Local Health Department: Jackson County Health and Human Services
Best Practice Objective: BPO # 1, Infrastructure for Self-Management Programs, Early Detection, and Tobacco Cessation Resources
SMART Objective 1: By June 2012, providers including but not limited to La Clinica del Valle, Jackson County Health and Human Services, and the Senior and Disability Services will be systematically referring clients with chronic conditions to the Living Well Program, the Oregon Quit Line, and, if such program is available, the Arthritis Walk With Ease Program.
SMART Objective 2: By June 2012, a program evaluation will be completed related to the Living Well and Oregon Quit Line referral system, focusing on lessons learned, barriers and successes, and sustainability opportunities for the future.
Critical Questions: Explain how data describing disparities in health risks and outcomes led you to prioritize the SMART objective, activities or partners identified for this BPO. 1. Jackson County has suffered a severe economic down turn in the last 3 years. The unemployment rate continues to hover around in the double digits. Many people have lost jobs and medical insurance. Jackson County Health and Human Services, La Clinica del Valle, and Senior & Disability Services are providers to a high number of culturally and economically diverse populations. By making referrals to the Living Well with Chronic Conditions Program and the Oregon Quit Line, as well as to the Arthritis Walk With Ease Program (if it is available), low income and uninsured populations will have access to preventative health care management, thereby reducing the economic stress of emergent care on the Oregon Health Plan and other insuring agencies. Please briefly describe how this work plan is related to your Community Assessment and 3-Year Community Plan. This work plan provides an opportunity to sustain the groundwork laid in the Healthy Communities building capacity phase. This work plan will continue the referral system infrastructure that currently is being implemented by Jackson County Health and Human Services for the Oregon Quit Line and Living Well. We will continue working towards the goal of an effective, systematic referral system with local health clinics. Now that Community Health Center has developed a referral system, we will focus on developing a referral system within La Clinica del Valle. We will also conduct an evaluation of the referral system implemented in 2010-11, to ascertain barriers and successes, and to set the stage for sustainability. The Three Year Community Plan calls for a referral system that reaches outside agencies. We have collaborated with the Rogue Valley Council of Governments (RVCOG) on the ARRA grant to provide a Living Well program involving 5 counties. We will continue to support RVCOG in their efforts, providing \$2,500. This funding will make a discernable difference in the work of Living Well, as it is used to maintain the website

and leverage marketing and recruitment.

Our Three Year Community Assessment found that the HIV/AIDS population was not being served by the Living Well program. The goal of the Three Year Community Plan was to include the HIV/AIDS population in the Living Well program by providing two (2) classes to the HIV/AIDS population this year. In early 2011, due to budgetary issues, the HIV/AIDS program at JCHHS was contracted out to a company in Eugene; as a result, the JCHHS personnel who were trained to lead the Living Well classes are no longer working with HIV clients. The future of this goal is unclear at the moment, but this population still remains a high priority, and we will partner with RVCOG to see if there are available opportunities to extend training to HIV/AIDS clients.

First Quarter Activities (July 1, 2011-Sept. 30, 2011)		First Quarter Report (due Oct. 21, 2011)
Coordination & Collaboration	<ul style="list-style-type: none"> • Meet with TPEP coordinator to review goals for 2011-12 work plans and coordinate our respective work plans. • Meet with Arlene Logan of RVCOG/Living Well, Senior and Disability Services, and Food and Friends to finalize current year ARRA and HC goals, including articulation of sustainability vision/goals. • Provide technical assistance to Food and Friends (Meals on Wheels agency) as needed to assist in their active promotion of the Oregon Quit Line and Living Well during home meal deliveries to shut in seniors. • Provide technical assistance to area senior centers as needed to assist in their active promotion of the Oregon Quit Line and Living Well. • Embark upon a new collaboration with La Clinica del Valle to develop their referral system to the Living Well Program and the Oregon Quit Line. 	

	<ul style="list-style-type: none"> • Meet with intradepartmental agency representatives of Jackson County Health and Human Services and Senior and Disability Services to ensure training needs are met for internal systematic referrals to Living Well and Oregon Quit Line (e.g., training of new staff). • Continue collaboration with Jackson County's Mental Health Department, Family Planning, WIC, MCH, Oregon MothersCare, Immunizations, and TPEP program to facilitate referrals to the Living Well Program and the Oregon Quit Line. • Coordinate 2011-2012 work plan activities with other counties included in the RVCOG, ARRA and HC grants via e-mail, teleconferences and meetings as needed. • Participate in statewide Living Well Network and workgroups as necessary and appropriate. • <i>Arthritis Foundation Exercise Program:</i> "If Jackson County is identified as a priority for an AFEP training this grant cycle, we will help promote and share information about the upcoming training to potential key partners that have the capacity to provide an AFEP program at their organizational site." • <i>Safety Net Clinics:</i> "When a safety net clinic has been identified in Jackson County to provide resources and referral to self-management, we will work with the participating clinic by sharing information about self-management programs and support the development of linkages and referral systems." 	
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Assessment	<ul style="list-style-type: none"> Assess number of community, civic, and faith based organizations which are currently active with the Living Well program in providing support, venues, and volunteers. Identify number of current certified Master Trainers and Leader Trainers. 	
Education & Outreach (Development of Local Champions)	<ul style="list-style-type: none"> Provide education and outreach to stakeholders as necessary and appropriate regarding the Oregon Quit Line and Living Well, as well as colorectal screening and arthritis self management. 	
Media Advocacy	<ul style="list-style-type: none"> Write news article or editorial about the importance of the Living Well and Quit Line referrals and the involvement of La Clinica del Valle, or related topic of value and interest locally. 	
Policy Development, Promotion, & Implementation	<ul style="list-style-type: none"> Work with liaison at La Clinica del Valle to develop the Oregon Quit Line and Living Well referral system policies, as well as colorectal screening and arthritis self-management policies for La Clinica (if such programs are available). 	
Second Quarter Activities (Oct. 1, 2011-Dec. 31, 2011)		Second Quarter Report (due Jan. 20, 2012)
Coordination & Collaboration	<ul style="list-style-type: none"> Continue collaboration with La Clinica del Valle, RVCOG, Food and Friends, Senior and Disability Services, Jackson County's Mental Health Department, Family Planning, WIC, MCH, Oregon MothersCare, Immunizations, and TPEP program to facilitate referrals to the Living Well Program and the Oregon Quit Line. 	

	<ul style="list-style-type: none"> • Provide technical assistance and special focus on La Clinica del Valle during this time period to ensure successful development of their new referral system to the Living Well Program and the Oregon Quit Line. • Participate in statewide Living Well Network and workgroups as necessary and appropriate. • Food and Friends (Meals on Wheels agency) will actively promote the Oregon Quit Line and Living Well during home meal deliveries to shut in seniors. • Area senior centers will continue to offer Living Well workshops at facilities 	
Assessment	<ul style="list-style-type: none"> • Develop and pilot draft program evaluation tool that will be used to assess all partners (health providers, agencies, and programs) involved in making referrals to the Living Well and Quit Line. Assessment will focus on where we are now, barriers and successes, lessons learned, and next steps to achieve sustainability.) • Begin implementing program evaluation. 	
Education & Outreach (Development of Local Champions)	<ul style="list-style-type: none"> • Include cross-collaboration between TPEP and Healthy Communities to ensure that objectives align to advance efforts in both programs. 	
Media Advocacy	<ul style="list-style-type: none"> • Work with TPEP coordinator to promote Oregon Quit Line messaging and promotional opportunities within the participating agencies. 	

	<ul style="list-style-type: none"> • Meet by phone with MET Group to define media assistance necessary to accomplish goals of this BPO. 	
Policy Development, Promotion, & Implementation	<ul style="list-style-type: none"> • Meet with La Clinica del Valle staff to promote the referral system to Living Well and the Oregon Quit Line. • Meet with RVGOG to develop sustainability goals and identify ways public health can support and partner with Living Well long term. 	
Third Quarter Activities (Jan. 1, 2012-March 31, 2012)		Third Quarter Report (due April 20, 2012)
Coordination & Collaboration	<ul style="list-style-type: none"> • Continue collaboration with Community Health Center, RVCOG , Senior and Disability Services, Food and Friends, and Jackson County's Mental Health Department, Family Planning, WIC, MCH, Oregon MothersCare, Immunizations, and TPEP program for referrals to the Living Well Program and the Oregon Quit Line. • Participate in statewide Living Well Network and workgroups as necessary and appropriate. • Share data report from fax line referral to Living Well and Oregon Quit Line with La Clinica del Valle, Senior and Disability Services, RVCOG, and Jackson County Health and Human Service programs in accordance with HIPPA guidelines. 	
Assessment	<ul style="list-style-type: none"> • Continue implementing program evaluation of 2010-11 referral system. 	

Education & Outreach (Development of Local Champions)	<ul style="list-style-type: none"> • Provide community education and outreach to the cardiac and diabetes departments at Asante, Providence Medical Center, and Ashland Community Hospital regarding the Oregon Quit Line and the Living Well program. 	
Media Advocacy	<ul style="list-style-type: none"> • Collaborate with media partners to promote colorectal cancer media campaign. • 	
Policy Development, Promotion, & Implementation	Meet with RVGOG to continue to develop sustainability goals and identify ways stakeholders and partners can support Living Well long term.	
Fourth Quarter Activities (April 1, 2012-June 30, 2012)		Fourth Quarter Report (due July 20, 2012)
Coordination & Collaboration	<ul style="list-style-type: none"> • Continue collaboration with La Clinica del Valley, RVCOG, Foods and Friends, Senior and Disability Services, Jackson County's Mental Health Department, Family Planning, WIC, MCH, Oregon MothersCare, Immunizations, and TPEP program for referrals to the Living Well Program and the Oregon Quit Line • Participate in statewide Living Well Network and workgroups as necessary and appropriate. • Share data reports from fax line referral to Living Well and Oregon Quit Line with La Clinica del Valle in accordance with HIPPA. 	
Assessment	<ul style="list-style-type: none"> • Complete program evaluation for 2010-2011: analyze data and write report. • Assess the readiness of agencies, programs, health providers and others who serve individuals with developmental disabilities to systematically refer clients to a chronic disease self management program. 	

Education & Outreach (Development of Local Champions)	<ul style="list-style-type: none"> • Provide educational session about Living Well and Quit Line referral system to Board of Commissioners and/or PHAB, focusing on findings from the program evaluation. 	
Media Advocacy	<ul style="list-style-type: none"> • Continue to promote the colorectal cancer media campaign. • Disseminate final report of program evaluation for Living Well and Quit Line referral system and share findings with appropriate audiences. 	
Policy Development, Promotion, & Implementation	<ul style="list-style-type: none"> • Develop executive summary of Living Well and Quit Line referral system program evaluation; highlight and share policy opportunities for sustainability. 	

<p>Best Practice Objective: BPO #2, Healthy Worksites</p>
<p>SMART Objective #1: By June 2012, at least one new public or private sector Jackson County school, business or industry will have adopted physical activity policies such as flexible time, affordable gym rates, or other policies that increase access to physical activity in the work place.</p> <p>SMART Objective #2: By June 2012, HC Coordinator will participate in collaborative efforts with the TPEP Coordinator and the Southwest Regional Support Network Team (SRSNT) to implement a joint work plan designed to coordinate work on Healthy Communities best practice objectives involving chronic disease prevention, early detection, and self management.</p> <p>SMART Objective #3: By June 2012, Jackson County will have implemented and have in place enforcement mechanisms for a new Tobacco and Wellness Policy.</p> <p>Jackson County Health and Human Services developed a wellness policy in 2010-11. This policy is in the process of being approved. A key objective in 2011-12 will be to implement and have in place enforcement mechanisms for this policy.</p> <p>New ventures this year will include implementing a joint regional work plan with the TPEP Coordinator and other regional partners designed to coordinate and integrate Healthy Communities work; and partnering with Southern Oregon University's Healthy Campus Initiative. Students and university employees face many health issues and concerns. While some are individual in nature, many have population-level effects and can be effectively addressed by the university community. By working with SOU on this venture, we can have a major impact on potentially thousands of students.</p>

Increasing physical activity and access to healthy food is a key concern for the Healthy Campus Initiative. The Healthy Communities Program Coordinator will partner closely with the “General Health Task Force Committee” to research and create best practices and policies that will assist students and faculty in increasing their level of physical activity, healthy eating, and overall health. Tobacco cessation, alcohol use, and other areas of concern will be addressed by other partners working on this initiative.

Critical Questions:

5. Explain how data describing disparities in health risks and outcomes led you to prioritize the SMART objective, activities or partners identified for this BPO.

Chronic disease prevention consists of policy, environmental and systems change, including the availability of infrastructure for early detection and self-management programs. Policy, environmental and systems changes promote the healthy choice as the easy choice while self-management programs provide skills and tools for those in the population already experiencing the burden of chronic disease.

The *Healthy People, Healthy Places: A Framework for Oregon* report identifies the conditions (i.e., policies, environments, and systems) needed so that all people in Oregon live, work, play and learn in communities that support health and optimal quality of life.

Local programs have the opportunity to identify populations experiencing the greatest chronic disease burden, and partner with existing local chronic disease prevention, early detection, and self-management efforts that seek to address these health equity issues in their communities.

6. Please briefly describe how this work plan is related to your Community Assessment and 3-Year Community Plan.

Worksites provide an ideal setting to support healthy lifestyle choices and risk management for chronic diseases. This work plan fits within our 3 year plan of adopting healthy worksites and implementing changes within Jackson County worksites and schools and puts us on schedule for completion of the 3 year plan.

First Quarter Activities (July 1, 2011-Sept. 30, 2011)		First Quarter Report (due Oct. 21, 2011)
Coordination & Collaboration	<ul style="list-style-type: none"> • TPEP & Healthy Communities Coordinators will continue working with Southern Oregon Action Forum stakeholders. • Healthy Communities Coordinator will participate in regularly scheduled meetings with the Southern Oregon University Healthy Campus Initiative by serving on the “General Health Task Force” which will address physical activity and access to healthy food. 	

	<ul style="list-style-type: none"> • Jackson County government and the Veteran's Administration will promote colorectal, breast, and cervical cancer screening. These will be promoted at least two times during the fiscal year utilizing employee e-mail, payroll stuffer, websites, etc. as deemed appropriate by each participating agency. 	
Assessment	<ul style="list-style-type: none"> • HC Coordinator will assess results of Action Forum related to potential future partnership opportunities. • Working with HHS Administrator and Medical Health Officer, identify technical assistance needed to support implementation and enforcement mechanisms for a new Tobacco Policy and Wellness Policy. 	
Education & Outreach (Development of Local Champions)	<ul style="list-style-type: none"> • Share news of Action Forum and SOU Healthy Campus Initiative with appropriate department managers, community partners, business community, and others. ▪ Safety Committee Members of each of the 20 departments in Jackson County will continue to promote monthly a health & wellness topic to Jackson County employees targeting tobacco cessation, physical activity opportunities, nutrition, arthritis, colorectal education, and early detection and self management of chronic diseases. These monthly promotions are tied into the health & wellness insurance benefits available to employees. 	
Media Advocacy	<ul style="list-style-type: none"> • Write and submit news article or letter to the editor about SOU Healthy Campus Initiative. 	
Policy Development, Promotion, &	<ul style="list-style-type: none"> • Work with SOU to consider inclusion of worksite wellness 	

Implementation	campaigns that include cancer risk reduction, prevention, and early detection messages as well as healthy foods and increased physical activity policies.	
Second Quarter Activities (Oct. 1, 2011-Dec. 31, 2011)		Second Quarter Report (due Jan. 20, 2012)
Coordination & Collaboration	<ul style="list-style-type: none"> • TPEP & Healthy Communities Coordinators will continue working with Southern Oregon Action Forum stakeholders. • Healthy Communities Coordinator will continue to work with the Southern Oregon University Healthy Campus Initiative. • Expand partnerships with private and public sector champions who step forward as result of Action Forum or through other opportunities. • Safety Committee Members of each of the 20 departments in Jackson County will continue to promote monthly a health & wellness topic to Jackson County employees targeting tobacco cessation, physical activity opportunities, nutrition, arthritis, colorectal education and early detection and self-management of chronic diseases. These monthly promotions are tied into the health & wellness insurance benefits available to employees. 	
Assessment	<ul style="list-style-type: none"> • Continue working with HHS Administrator and Medical Health Officer to identify technical assistance needed to support implementation and enforcement mechanisms for a new Tobacco Policy and Wellness Policy. 	
Education & Outreach (Development of Local	<ul style="list-style-type: none"> • During meetings with community partners, stakeholders, and others 	

Champions)	<p>discuss and promote how the Quit Line, Living Well, the Arthritis Foundation Exercise Program, and Walk with Ease have demonstrated improvements in health status for people who are living with chronic conditions.</p> <ul style="list-style-type: none"> ▪ Safety Committee Members of each of the 20 departments in Jackson County will continue to promote monthly a health & wellness topic to Jackson County employees targeting tobacco cessation, physical activity opportunities, nutrition, arthritis, colorectal education, and early detection and self-management of chronic diseases. These monthly promotions are tied into the health & wellness insurance benefits available to employees. 	
Media Advocacy	<ul style="list-style-type: none"> • Promotion of colorectal, cervical, and breast cancer screening begins within Jackson County government. 	
Policy Development, Promotion, & Implementation	<ul style="list-style-type: none"> • Provide technical assistance to SOU Healthy Campus Initiative in establishing new wellness policies. 	
Third Quarter Activities (Jan. 1, 2012-March 31, 2012)		Third Quarter Report (due April 20, 2012)
Coordination & Collaboration	<ul style="list-style-type: none"> • TPEP & Healthy Communities Coordinators will continue working with Southern Oregon Action Forum stakeholders. • During meetings with community partners, stakeholders, and others discuss and promote how the Quit Line, Living Well, the Arthritis Foundation Exercise Program, and Walk with Ease have demonstrated improvements in health status for people who are living with chronic conditions. 	

Assessment	<ul style="list-style-type: none"> • Continue working with HHS Administrator and Medical Health Officer to identify technical assistance needed to support implementation and enforcement mechanisms for a new Tobacco Policy and Wellness Policy. 	
Education & Outreach (Development of Local Champions)	<ul style="list-style-type: none"> ▪ Safety Committee Members of each of the 20 departments in Jackson County will continue to promote monthly a health & wellness topic to Jackson County employees targeting tobacco cessation, physical activity opportunities, nutrition, arthritis, colorectal education, and early detection and self-management of chronic diseases. These monthly promotions are tied into the health & wellness insurance benefits available to employees. • Continue to inform Jackson County department managers of healthy worksite policy developments taking place in other agencies and in the private sector, especially as relates to Action Forum partnerships. 	
Media Advocacy	<ul style="list-style-type: none"> • Write and submit second news article or letter to the editor about SOU Healthy Campus Initiative. 	
Policy Development, Promotion, & Implementation	<ul style="list-style-type: none"> • Provide technical assistance to SOU Healthy Campus Initiative in establishing new wellness policies. 	
Fourth Quarter Activities (April 1, 2012-June 30, 2012)		Fourth Quarter Report (due July 20, 2012)
Coordination & Collaboration	<ul style="list-style-type: none"> • Continue working with the Southern Oregon Action Forum stakeholders • During meetings with community partners, stakeholders and others discuss and promote how the Quit Line, Living Well, the Arthritis 	

	<p>Foundation Exercise Program, and Walk with Ease have demonstrated improvements in health status for people who are living with chronic conditions.</p>	
Assessment	<ul style="list-style-type: none"> • SRSNT work plan: Assist in developing an evaluation tool for the regional Stakeholder Action Forum. • SRSNT work plan: Assist in conducting the evaluation during the regional Stakeholder Action Forum. 	
Education & Outreach (Development of Local Champions)	<ul style="list-style-type: none"> ▪ SRNSNT workplan: Assist in sending out reminders for regional Stakeholders Action Forum. ▪ SRNSNT work plan: Assist in conducting regional Stakeholder Action Forum. ▪ Safety Committee Members of each of the 20 department in Jackson County will continue to promote monthly a health & wellness topic to Jackson County employees targeting tobacco cessation, physical activity opportunities, nutrition, arthritis, colorectal education, and early detection and self-management of chronic diseases. These monthly promotions are tied into the health & wellness insurance benefits available to employees. 	
Media Advocacy	<ul style="list-style-type: none"> • Work with Media Contractor to develop press release to highlight the Stakeholder Action Forum and to receive media coverage. 	
Policy Development, Promotion, & Implementation	<ul style="list-style-type: none"> • Provide technical assistance to SOU Healthy Campus Initiative in establishing new wellness policies. 	

Best Practice Objective: BPO # 5, Every community has access to physical activity opportunities and healthy food choices, and minimizes access to unhealthy options.

SMART Objective: By June 2012, at least two Jackson County municipalities will have written health elements as part of their comprehensive plan documents.

Background information: In Jackson County, 38.6% of adults are overweight, and 20.8% are obese. This is similar to national data, which show that more than two-thirds of adults in the United States – and nearly a third of children and adolescents – are overweight or obese.

Overweight and obesity puts people at risk for serious, even life threatening, health problems. Research demonstrates a strong link between the built environment and eating and physical activity behaviors. Walkable and bikable neighborhoods; safe and accessible parks, trails, and green spaces; access to healthy food; convenient public transit; and other features of the built environment greatly influence the choices people make in their daily lives: these choices, in turn, impact health outcomes.

Obesity affects not just individual personal health, but community economic health and quality of life for everyone. Currently, the trend towards overweight and obesity in Jackson County means that residents are significantly less healthy than they were just a few decades ago. The trend towards obesity in children and young adults means that in the future, Jackson County residents will develop chronic diseases at younger ages, have fewer economically productive years, experience greater absenteeism at work, and incur more health care costs. Over a lifetime, they will likely contribute less time or money to the community.

Increased City Planner and elected official utilization of health elements in city comprehensive planning will lead to increased health and economic vitality for the Rogue Valley.

Critical Questions:

7. Please briefly describe how achieving this objective will reduce health disparities in your community.

People from all income levels, but especially low income individuals and families, have reduced access to opportunities for physical activity on a daily basis as well as reduced access to healthy food. Residents of low income areas find less infrastructure and investment in their neighborhoods relative to safe places to walk, bicycle, and play, and fewer grocery stores.

In Jackson County, 38.6% of adults are overweight, and 20.8% are obese. This is similar to national data, which show that more than two-thirds of adults in the United States – and nearly a third of children and adolescents – are now overweight or obese.

Overweight and obesity puts people at risk for serious, even life threatening, health problems. Although obesity affects everyone, communities of color and lower-income populations are disproportionately affected.

Jackson County population data show that 91.6% of the population is Caucasian, 6.7% is Hispanic/Latina, 1.1% is Asian/Pacific Islander, 1.1% is American Indian/Alaska Native, and .4% is African-American. County economic data show that 14% of Jackson County households are below 100% of the federal poverty level (2004 data) and 12.5% of individuals live below the poverty level. Of nine school districts, five have very high (48%-60%) participation in the free or reduced price school meals program. Even in relatively affluent Ashland School District, over

26% of the children are eligible for free or reduced price school meals.

8. Please briefly describe how this work plan is related to your Community Assessment and 3-Year Community Plan.

This effort builds upon already existing work that has been done in Jackson County, including the Three Year Community Plan, existing city and county land use and transportation planning efforts, and the mission and vision of stakeholder groups who are actively engaged in efforts to improve health, economics, and quality of life for Jackson County residents. We will facilitate a growing understanding of the usefulness of the “health element” in comprehensive plans, and provide technical assistance to municipalities in integrating them into their comprehensive planning documents.

The 3-Year Community Plan includes a key built environment strategy related to increasing physical activity- creation of a trails system. In BPO#5 we will continue with the important trails system goal, but include other evidence based strategies as well, including but not limited to:

- Complete streets policies that ensure roadways are designed with all users in mind, including bicyclists, public transit, and pedestrians of all ages and abilities;
- Economic development and redevelopment policies that enhance community gathering places, mixed use development, transit oriented development, incentives for corner markets to carry healthy food, and options for physical activity;
- Safe routes to bike or walk to school;
- Identification of funding to pay for improved infrastructure (e.g., parks, sidewalks, street lighting, and trails) in low-income neighborhoods and throughout the county.
- Policies and practices to facilitate development of community gardens, farmers markets, and farm stands.

Based upon recommendations of key players in the development of the 3 Year Plan, we will seek a coalition of joint decision makers to work with us on our Action Plan. We will engage decision makers in identifying how they can help improve access to active living and healthy foods from their agency’s or businesses unique vision, mission and scope of work. We will utilize best practices and strategies recommended by the Centers for Disease Control in this work.

First Quarter Activities (July 1, 2011-Sept. 30, 2011)		First Quarter Report (due Oct. 21, 2011)
Coordination & Collaboration	<p>Begin to meet and establish working relationships with local and county governments, community based non-profit organizations, private sector businesses, walking and bicycling advocates, and related groups to share public health vision, best practices, and to identify future coalition members. Groups to target include:</p> <p>Public Health Advisory Board Walkable and bikable communities advocates</p>	

	<p>Local and county government agencies Transportation agencies Planning departments Zoning administrators Land use plan administrators GIS specialists Parks and recreation departments (city and county) Police (safety) Health care providers Health administrators Trails advocates</p>	
Assessment	<p>Review Community Assessment and Three Year Plan and ensure Work Plan utilizes and/or addresses already developed data and ideas.</p>	
Education & Outreach (Development of Local Champions)	<p>Meet with existing champions to identify which stakeholders and potential partners should be contacted first; to identify missing stakeholders or partners; and to identify some important process steps.</p> <p>Begin to identify the types of technical assistance needs desired by stakeholders.</p>	
Media Advocacy	<p>Work with Met Group to devise plan.</p>	
Policy Development, Promotion, & Implementation	<p>Identify existing best practices, policies, models that are appropriate and available for use by Jackson County stakeholders.</p>	

Second Quarter Activities (Oct. 1, 2011-Dec. 31, 2011)		Second Quarter Report (due Jan. 20, 2012)
Coordination & Collaboration	<p>Continue to meet and establish working relationships with partners including:</p> <p>Kelly Madding, Jackson County Planning & Development; Jenna Stanke, Jackson County Roads and Parks; Paige Townsend, Rogue Valley Transit District; Nathan Broom, Rogue Valley Transit District; Physicians (Dr. Murdoch & Dr. Ashley); Mike Montero, Montero Assoc & Pub Hlth Advy Brd; Deborah Ameen, Asante Health System; Phil Messina, City of Central Point; Tom Humphrey, City of Central Point.</p> <p>Attend meetings to develop relationships on built environment issues related to health, including: Walk and Bike Summit, Medford; Healthy Places, Portland</p> <p>Share the vision being developed by JCHHS related to Built Environment and Health with partners and potential stakeholders, and get input in order to craft a relevant plan and pitch.</p>	
Assessment	<p>Identify which cities in the Rogue Valley will be good candidates for review of comprehensive plans and related documents, with the goals of (1) identifying planning strategies that lead to positive health outcomes, (2) developing a health element for inclusion in its comprehensive or general plan.</p>	

<p>Education & Outreach (Development of Local Champions)</p>	<p>Develop a communication packet, including elevator pitch (narrative), JCHHS Healthy Communities BPO #5 vision, JC obesity data, and CDC built environment strategies to prevent obesity.</p> <p>Share healthy community information, CDC/RWJ and other relevant training opportunities, funding opportunities and relevant news with local and county government, transportation planners, walking and biking advocates, business, schools, and other stakeholders as appropriate.</p>	
<p>Media Advocacy</p>	<p>Develop work plan vision and elevator pitch.</p> <p>Engage with media consultant to establish relationship and begin working on a media advocacy plan.</p>	
<p>Policy Development, Promotion, & Implementation</p>	<p>Continue to Identify existing best practices, policies, and models that are appropriate and available for use by Jackson County stakeholders.</p>	
<p>Third Quarter Activities (Jan. 1, 2012-March 31, 2012)</p>		<p>Third Quarter Report (due April 20, 2012)</p>
<p>Coordination & Collaboration</p>	<p>Continue to meet and establish working relationships with partners including:</p> <p>Jackson County Board of Commissioners MPO Technical Advisory Committee Dan Moore, RVMCOG Justin Hurley, Rogue Valley Medical Center Providence Health System Other health systems if identified Len Jacobson, Jackson County GIS/John Sullivan Cara Carter, Housing Authority RVMCOG Policy Committee RVMCOG Director and Transportation planners/others SOPAT Bicycle Transportation Alliance SORED</p>	

	<p>Jackson County Parks Director Developmental Disabilities Advocates City of Medford City of Ashland City of Eagle Point Jacksonville White City and other unincorporated areas</p> <p>Continue to share vision being developed by JCHHS related to Built Environment and Health with partners and potential stakeholders.</p> <p>Continue to share obesity data, healthy community models, CDC/RWJ and other relevant training opportunities, CDC strategies and best practices, funding opportunities and relevant news with local government, county government, transportation planners, walking and biking advocates, and other stakeholders as relationships are developed.</p> <p>Collaborate with Nathan Broom, RVT, on Dan Burden event if the event is scheduled.</p>	
<p>Assessment</p>	<p>Research joint resolution examples and the process required to pass a joint resolution: does each stakeholder have to pass a resolution individually and then also sign a joint resolution? Document and share the process with appropriate JCHHS staff and stakeholders.</p> <p>Review the Rogue Valley MPO Alternative Measures Document and identify overlap with CDC strategies, if any. Briefly share this information with appropriate staff and stakeholders.</p>	
<p>Education & Outreach (Development of Local Champions)</p>	<p>Develop polished version of the communication packet. Include vision, existing resources such as the CDC strategies, Jackson County and national obesity data, model obesity prevention resolution, model comprehensive plan health element.</p>	

Media Advocacy	Develop news article or letter to editor about success of health elements in urban planning and neighborhood design.	
Policy Development, Promotion, & Implementation	<p>Provide a model Health Elements for comprehensive planning documents to stakeholders as appropriate and relevant.</p> <p>Provide a model obesity prevention resolution to stakeholders as appropriate and relevant.</p> <p>Develop 20 minute presentation utilizing the CDC power point and Jackson County obesity data.</p> <p>Schedule presentations with Board of Commissioners and Public Health Advisory Board for 4th quarter.</p> <p>Support the work of (Jenna Stanke, Jackson County Roads and Parks) in getting funding for extending and/or improving the Bear Creek Greenway.</p>	
Fourth Quarter Activities (April 1, 2012-June 30, 2012)		Fourth Quarter Report (due July 20, 2012)
Coordination & Collaboration	Continue to have one-on-one meetings with elected officials, City Council members, community advocates, and others as time allows to share the vision and resources.	
Assessment	Complete review of Central Point's comprehensive and master plans.	
Education & Outreach (Development of Local Champions)	<p>Present CDC Power Point to Jackson County Board of Commissioners and Public Health Advisory Board. (Scheduling done in 3rd quarter.)</p> <p>Work with Jenna Stanke to obtain a public health liaison seat on the Bike-Ped Committee (Medford, Ashland, and County).</p>	
Media Advocacy	Work with Media Contractor to publish articles and press releases, &/or begin to develop a campaign focused on the choices made in 3 rd quarter.	
Policy Development, Promotion, & Implementation	Assist at least two cities in finalizing their health elements.	

DRAFT

**EVALUATION OF WIC NUTRITION EDUCATION PLAN
FY 2010-2011**WIC Agency: Debbie Mote-WatsonPerson Completing Form: SAADate: March 30, 2011 Phone: 541-774-8020Return this form, attached to email to: sara.e.sloan@state.or.us by May 1, 2011

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

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 online Participant Centered Education Module by July 31, 2010.

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

- Did your WIC Training Supervisor complete the module by December July 31, 2010?
- Was the completion date entered into TWIST?

Response: Jackson County's Training Supervisor had already completed this requirement for the Participant Centered Education 3-Learning Module as of last years Nutrition Ed Plan. We were a part of a pilot and received the information before other counties.

Activity 2: WIC certifiers who participated in Oregon WIC Listens training 2008-2009 will pass the post-test of the Participant Centered Education e-Learning Modules by December 31, 2010.

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

- Did all certifiers who participated in Oregon WIC Listens training 2008-2009 pass the post-test of the Participant Centered Education e-Learning Modules by December 31, 2010?

Response: Jackson County was part of Cohort 1 and completed the Oregon WIC Listens training early on. Our WIC Certifier staff did complete and pass the post-test for the Participant Centered Education e-learning Module at a staff meeting on August 31st, 2010. MCH staff that do WIC certifications completed the module by December 31, 2010.

Activity 3: Local agency staff will attend a regional Group Participant Centered training in the fall of 2010. The training will be especially valuable for WIC staff who lead group nutrition education activities.

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

- Which staff from your agency attended a regional Group Participant Centered Education in the fall of 2010?
- How has the staff used the information they received at the training?

Response:

We scheduled all certifiers and peer counselors to attend this training and invited a Head Start Partner, Cheri Horsley, RD, and her Dietetic Intern.

Group PCE skills gained in the training have been incorporated into Nutrition Ed classes in Jackson County, including open ended questions, attempting to have participants share their knowledge with others, and finding out what the group already knows about the topic being covered. It is still a process being developed but is going well.

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.

Activity1: Each agency will continue to implement strategies identified on the checklist entitled "Supporting Breastfeeding through Oregon WIC Listens" by December 31, 2010.

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

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

Response: Jackson County scored 4's and 5's (5 being the highest rank) in 24 of 28 of the criteria listed in the Supporting Breastfeeding through Oregon WIC Listens, so there were many strengths. Weaknesses included:

1. Not yet achieving the state designation as a Breastfeeding Mother Friendly Employer (currently being worked on and should be completed by May 1, 2011)
2. No IBCLC currently on staff (we now have one staff member who successfully passed the IBCLC exam in July 2010 and have another staff member scheduled to take the IBCLC exam July 2011)

3. Lack of promoting breastfeeding through the local media (Jackson County WIC was recently part of an article in the local Medford Mail Tribune on Sunday March 20, 2011 called "Nourishing Trend - Lactation Support programs keep Oregon #1 breastfeeding state in nation")

Strengths: (All of the "5's" are listed below)

Local Agency breastfeeding policies; Certifier job descriptions include breastfeeding promotion, knowledge, skills and attitudes; All staff have completed the appropriate level of the breastfeeding module for their positions; 9 of 12 WIC certifying staff have completed the Advanced Breastfeeding training, as well as one Peer Counselor; WIC staff use Oregon WIC Listens skills to encourage Pregnant Moms to share their hopes and beliefs about breastfeeding, and share information accordingly; WIC staff encourage pregnant women to fully breastfeed unless contraindicated; Women planning to combine breastfeeding and formula feeding are informed on the impact on breastfeeding and potential risks; WIC staff help women prepare for breastfeeding after returning to work or school; WIC staff, with advanced breastfeeding training, are available to assess, assist, or refer mothers requesting breastfeeding help within one business day of her contacting the WIC office; WIC staff encourage and support Mothers to fully breastfeed throughout the postpartum period, unless contraindicated; Our agency provides breast pumps when needed; WIC staff assesses each pregnant woman's breastfeeding intentions, and provides information on how WIC supports breastfeeding including no formula issuance in the first month; 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.

Activity 2: Each local agency will implement components of the Prenatal Breastfeeding Class (currently in development by state staff) in their breastfeeding education activities by March 31, 2011.

No response needed. The Prenatal Breastfeeding Class is still in development.

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

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

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

- Which community partners did your agency invite to attend the Group PCE training fall of 2010?

- How do you feel partnerships with those agencies were enhanced?
- What went well and what would you do differently?

Response: The Nutrition Supervisor from Southern Oregon Head Start and her Dietetic Intern came to the Group PCE training in the fall of 2010. She was invited to the Spring Training but had a scheduling conflict. She is still interested in attending any future training in this area.

Our partnership was enhanced by sharing ideas about classes and how to help participants in both programs. I was invited to their staff meeting shortly after the Regional Group Participant Centered training to share information about WIC, answer their questions about what they hear from their clients, and help support the partnership between our two programs.

The meeting with Head Start went very well, and the employees really appreciated receiving explanations as to the “hows and whys of WIC”, helping to dispel rumors that they hear. I told them that I am always available for questions and any meetings in the future. I think it all went really well so I wouldn’t do anything differently.

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 WIC Breastfeeding Module.

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

- Which community partners did your agency invite to attend a Breastfeeding Basics training and/or complete the online WIC Breastfeeding Module?
- How do you feel partnerships with those agencies were enhanced?
- What went well and what would you do differently?

Respond only if you invited community partners to attend a Breastfeeding Basics training. The online WIC Breastfeeding Course is still in development.

The Early Head Start Health/Nutrition Manager was contacted with this invitation for her staff. They were to attend our Breastfeeding Basics class as well as other course offered related to infants and children 0-3 years old. Class dates and times were provided and staff could contact me if they wanted to attend. A few staff took advantage of this opportunity. One called me back after attending the Breastfeeding class and was so excited. She wanted to volunteer or be a part of our Breastfeeding Peer Counselor Program, but wasn’t able to work it around her schedule with Early Head Start. A couple others came for the information, or wanted to attend the class for their own daughter to get her vouchers (not what this opportunity was intended for).

I'm not sure that this partnership was enhanced any more than the partnership that we currently have. I think it made it a bit challenging having the one staff return to Early Head Start wanting to be a part of something else.

Making the connection on a different level with the Health/Nutrition Manager of Early Head Start was good, vs requesting hemoglobin results only. I think it would have been better to perhaps go and see what they offer already vs. inviting them to come see what we do with Breastfeeding. I don't believe that it was received that we have the "best" and come and learn from us, but it could have been. Just like Oregon WIC Listens, let's try to find out what you know first before giving you a lot of information that you might already be doing. Something else I would do differently is follow-up with the Manager to see if it was helpful. I will do that in the next month or so, to also see if they might be interested in the next phase for FY 11/12 Nutrition Ed Plan.

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 June 30, 2011.

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

- Did/will the appropriate staff complete the new online Child Nutrition Module by June 30, 2011?
- Are the completion dates entered into TWIST?

Response: The Child Nutrition Module was just recently released and will be completed during our staff meeting in April, 2011. All appropriate staff will be invited to participate and the module completion dates will be entered into TWIST immediately following the training.

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

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 2010-2011 WIC Staff In-services

In-Service Topic and Method of Training	Core Competencies Addressed	Desired Outcome
<p>Example: Providing Advice</p> <p>Facilitated discussion during October 2009 staff meeting using the Continuing Education materials from Oregon WIC Listens.</p>	<p>Example: This in-service addressed several competencies in the core areas of Communication, Critical Thinking and Nutrition Education</p>	<p>Example: One desired outcome of this in-service is for staff to feel more comfortable asking permission before giving advice. Another desired outcome is for staff to use the Explore/Offer/Explore technique more consistently.</p>
<p>Participant Centered e-learning Module and the Post Test was done as a group in a staff meeting</p>	<p>This in-service include the following competencies: Communication, Nutrition Assessment process, critical thinking, and Nutrition Education</p>	<p>The desired outcome for this training was to help prepare all staff to attend the Regional Group Centered Nutrition Education module in the fall, and provide the skills needed to have better communication using Participant centered Ed.</p>
<p>Regional Group Participant Centered Education Training in Portland and Roseburg</p>	<p>The competencies addressed at this training included Communication, Nutrition Education, Multicultural Awareness, and Critical thinking</p>	<p>The desired outcome was to be able to provide group nutrition education in a participant centered manner, encouraging participation in the class, learning from each other, and providing information relevant to the participant requests/interests.</p>
<p>Child Nutrition Module</p>	<p>Just recently available. Will complete at our April staff meeting. Core competencies expected to be addressed: Nutrition assessment process, anthropometric and biochemical data collection techniques, communication, multicultural awareness, critical thinking, nutrition education, and community resources and referrals</p>	<p>The desired outcome is to have improved knowledge/confidence for certifier staff to be able to meet the participant/guardian needs appropriately and accurately</p>

Civil Rights Training	This training will be completed in May during a staff meeting. It will address the following core competencies: Multicultural awareness, WIC Program overview, and Communication	The desired outcome of this training includes making sure that all staff are aware of the importance of Civil Rights with all participants, and that it is implemented on a daily basis.
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FY 2011 - 2012 WIC Nutrition Education Plan Form

County/Agency: Jackson County
Person Completing Form: Debbie Mote-Watson
Date: March 31, 2011
Phone Number: 541-774-8020
Email Address: watsondd@jacksoncounty.org

Return this form electronically (attached to email) to: sara.e.sloan@state.or.us
by May 1, 2011
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 2 Objective: During planning period, staff will incorporate participant centered education skills and strategies into group settings.

Activity 1: Local agency staff will attend a regional Group Participant Centered training focusing on content design to be held in the fall of 2011.

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

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

Jackson County WIC Certifiers, Registered Dietitians, WIC Coordinator, Breastfeeding/Peer Counselor Coordinator and Peer Counselor staff will attend the Group Participant Centered training in Grants Pass on October 5, 2011.

Activity 2: Each agency will modify at least one nutrition education group lesson plan from each category of core classes and at least one local agency staff in-service to include PCE skills and strategies by March 31, 2012. Specific PCE skills and strategies were presented during the PCE Groups trainings held Fall 2010 and Spring 2011.

Implementation Plan and Timeline:

Jackson County has already started this process for some of the core classes. We will address this issue at a staff meeting in July 2011 to identify which core classes remain that have not yet been modified to include Group PCE skills, and work as a team to share ideas that have worked so far. We will have a staff in-service by October 2011 that utilizes PCE skills and strategies.

Activity 3: Each agency will develop and implement a plan to familiarize all staff with the content and design of 2nd Nutrition Education options in order to assist participants in selecting the nutrition education experience that would best meet their needs.

Implementation Plan and Timeline:

Jackson County has a plan in place already for this requirement. We have a listing of all classes available to all staff that identifies the name of the class being offered, dates and times, a brief description of the class and what age or category this class is designed for. Certifiers can use this tool to facilitate the decision making process for the WIC participant and their 2nd Nutrition Education options. Clerical staff can use this tool when a client calls in to reschedule a class that might be offered again during their certification period.

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

Year 2 Objective: During planning period, each agency will incorporate participant centered skills and strategies into their group settings to enhance their breastfeeding education, promotion and support.

Activity 1: Each agency will modify at least one prenatal breastfeeding class to include PCE skills and strategies by March 31, 2012. Specific PCE skills and strategies were presented during the PCE Groups trainings held Fall 2010 and Spring 2011.

Implementation Plan and Timeline:

Jackson County was a part of Cohort 1, learning about Participant Centered Education 1:1 in 2009. We then started implementing some of this information into our class setting ahead of the training schedule. The Breastfeeding class was the first class that some of these PCE tools were

used in, and it has incorporated the new tools that we have learned in both the Fall 2010 and the Spring 2011 Group PCE training. This class now includes:

1. Spirit of participant Centered Groups
2. Opening the Session
3. Involving the Group
4. Open-Ended Questions
5. Affirmations
6. Comfortable learning environment
7. Utilizes various learning materials in the class
8. Applies skills when resistance to material is identified
9. Toys are in the corner to accommodate children when present
10. Differing Viewpoints are explored
11. Attempts to deal with disruptive group participants if necessary
12. Uses reflections to acknowledge emotions/issues as they arise
13. Summarizes with each subject as presented, before moving on to next subject.
14. Closes the session with summarizing, opportunities to ask clarifying questions, providing guidance on where participants can get further information, etc.

The Breastfeeding/Peer Counselor Coordinator teaches this class and is able to utilize the tools for correcting misinformation, involving a quiet group, redirecting off topic discussions, and using “Pair Share” to facilitate discussions between attendees to meet and learn from each other.

With all of this experience, she was asked to participate in a group to provide input for the classes being developed by the Oregon WIC Program for the new Breastfeeding Peer Counseling Program. Jackson County’s Peer Counselor Program will present the first of the five new classes this month, April 13, 2011. A new class will be added each of the consecutive four months. These classes will be taught on a rotating basis in order, dependent on each pregnant mother’s due date.

Activity 2: Each agency’s Breastfeeding Coordinator will work with the agency’s Training Supervisor to provide an in-service to staff incorporating participant centered skills to support breastfeeding counseling.

Note: In-service content could include concepts from Biological Nurturing, Breastfeeding Peer Counseling Program – Group Prenatal Series Guide and/or Breastfeeding Basics – Grow and Glow Curriculum. An in-service outline and supporting resource materials developed by state WIC staff will be sent by July 1, 2011.

Implementation Plan and Timeline:

Jackson County started including a breastfeeding update at every monthly staff meeting about six months ago. This month it evolved into an in-service, utilizing group PCE skills and will continue at our monthly staff meetings. The first topic was “Tips on issuing a manual breast pump” and was very well received. Ideas were gathered from those present regarding subjects they would like to cover in future in-services. This first in-service went very well and everyone there is looking forward to learning more at future meetings.

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

Year 2 Objective: During planning period, each agency will continue to develop strategies to enhance partnerships with organizations in their community that serve WIC participants by offering opportunities to strengthen their nutrition and/or breastfeeding education.

Activity 1: Each agency will invite at least one partner that serves WIC participants and provides nutrition education to attend a regional Group Participant Centered Education training focusing on content design to be held fall of 2011.

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

Implementation Plan and Timeline:

Jackson County WIC will invite Southern Oregon Head Start to participate in this Fall training. This will be the third meeting of this series and they were able to participate in the first one. It will help to keep our communication active between our two programs, and allow sharing of topics for a potential future contract between the two programs to meet the 2nd nutrition education requirement for our shared WIC participants.

Activity 2: Each agency will invite at least one community partner that provides breastfeeding education to WIC participants to attend a Breastfeeding Basics – Grow and Glow Training complete the Oregon WIC Breastfeeding Module and/or complete the new online Oregon WIC Breastfeeding Course.

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

Implementation Plan and Timeline:

Jackson County will invite one of our partners that works with breastfeeding families in our area (Early Head Start, Healthy Start, or La Clinica del Valle) to see if they would be interested in this training opportunity. This invitation will go out once the online Breastfeeding Course is available.

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

Year 2 Objective: During planning period, each agency will continue to increase staff understanding of the factors influencing health outcomes.

Activity 1: Each agency will conduct a Health Outcomes staff in-service by March 31, 2012.

Note: An in-service outline and supporting resource materials developed by state WIC staff will be sent by July 1, 2011.

Implementation Plan and Timeline:

Jackson County WIC will conduct the Health Outcomes staff in-service developed by the Oregon WIC staff, utilizing the outline and resource materials by March 31, 2012.

Activity 2: Local agency staff will complete the new online Postpartum Nutrition Course by March 31, 2012.

Implementation Plan and Timeline:

By March 31, 2012 all certifying staff will complete the new online Postpartum Nutrition course as a group in a staff meeting.

Activity 3: Identify your agency training supervisor(s) and projected staff quarterly in-service training dates and topics for FY 2011-2012. Complete and return Attachment A by May 1, 2011.

Agency Training Supervisor(s):

Jackson County's Training Supervisor is Judy Harvey, RD

**FY 2011-2012 WIC Nutrition Education Plan
WIC Staff Training Plan – 7/1/2011 through 6/30/2012**

Agency: Jackson County WIC

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

Staff Development Planned

Based on planned program initiatives, your program goals, or identified staff needs, what quarterly in-services and or continuing education are planned for existing staff? List the in-services and an objective for quarterly in-services that you plan for July 1, 2011 – June 30, 2012. State provided in-services, trainings and meetings can be included as appropriate.

Quarter	Month	In-Service Topic	In-Service Objective
1	July 2011	Providing Breastfeeding Education utilizing PCE skills (specific topic to be determined)	To enhance skills for WIC staff when working with Breastfeeding mothers in Jackson County
2	October 2011	Fall Group PCE training – led by the Oregon WIC Program staff	To build on staff skills relating to presenting information using Participant Centered Education skills in a group setting
3	February 2012	Health Outcome in-service developed by the Oregon WIC Program staff	Increase staff knowledge of the factors influencing health outcomes.
4	May 2012	Civil Rights	Meet annual training requirement

DRAFT

Immunization Comprehensive Triennial Plan

Jackson County Health Department:

Plan A - Continuous Quality Improvement: Reduce Vaccine Preventable Disease

Calendar Years 2009-2011

Due Date:
May 1

Year 1: July 2009-December 2009						
Objectives	Activities	Staff Responsible/ Date Due		Outcome Measure(s)	Outcome Measure(s) Results	Progress Notes
A. Decrease late start rate (LSR) by 3% over the next 3 years	1. Gather educational and motivational immunization information for expecting and new mothers including handouts, free coupons and JCHD refrigerator magnets (JCHD as an accessible immunizer in Jackson County and importance of starting vaccinations on-time).	MS/SB	8/09	1. Material selected, obtained, or created by 8/31/2009 2. At least 5 facilities agreed to have handouts and/ coupons on site by 12/31/09 3. All MCH RNs providing immunization education at home visits to improve vaccine compliance as documented in ORCHIDS. 4. Jackson County HD LSR decreased by 1% by 12/31/2009	50 each to Hospitals 50 to MCH 50 to IMM Completed by 10/30/2009 Alert logins created and training given to 4 MCH RNs. Completed by 1/20/2010. LSR decreased 1% to 18%	Materials and magnets distributed to all three hospitals, all JC maternal child nurses and given to JC pt coming in for first immunizations 2/10/10 ACH used all and requested more magnets. 3/5/10 More magnets requested by ACH birth center, supplies ordered and given -60 to ACH
	2. Distribute above materials to childbirth education classes at all 3 area hospitals, OB clinics, selected providers, midwives, Family Nurturing Center, WIC and Healthy Babies clients through On Track and Mom's Home Program.	MS	12/09			
	3. Conduct a training for all MCH RNs to provide immunization education, reminders and magnets to parents at home visits.	MS	12/09			
B. Late start UTD rate will increase to 44% over next 3 years	1. Request 1 IRIS report listing those receiving 1 DTaP later than 3 months and not returning >3 months.	CI	7/09	1. Late start UTD increased to 37% by Dec. 31, 2009 2. 25% of children received forecasted shots. 3. OAs and 3 RNs trained to use the catch-up schedule by 6/30/09.	Late start UTD rate 31% 16% late starts received shots by 8/09. Catch-up schedule instruction given.	4/27/09 report of 6 children. 3 with 4 th Dtap due after 9/15/09. 1 child had 4 th Dtap 11/27/09. Found 1 4 th Dtap on ALERT. 1/4/10 2 letters sent for Dtap 4 due.
	2. Contact parent regarding need for shots once.	CI	8/09			
	3. Conduct training for 5 OAs and 3 RNs on catch-up schedule use with late starters.	CI	6/09			

Year 1: July 2009-December 2009 – CONTINUED

Objectives	Activities	Staff Responsible/ Date Due		Outcome Measure(s)	Outcome Measure(s) Results	Progress Notes
C. Increase 2 year old up-to-date rate to 68%	1. Run DTaP due report from IRIS 2 times. 2. Contact parent by letter and/or phone with need for shots.	CI	12/09	1. DTaP report run 2 times and parents contacted by 12/31/09 2. UTD rate increased to 68%	Report done 4/2/09 and 1/4/10. UTD rate 66%. Single vaccine rates are all above 71%.	Time priority to H1N1 outbreak and vaccine given Aug. to Dec. 09. DTaP4, polio3, MMR1, hep B3 and varicella rate increased. Hib3 rate decreased.
D. Reduce missed shot rate to 28%	1. Ensure all OAs use IRIS or ALERT to forecast shots for every visit. 2. Instruct OAs when to use codes N04 or no valid history. 3. Run shots not given report 10/09. 4. Provide training to RNs to discuss giving all shots due with parents when N04 coded.	CI	8/09	1. Shots not given report < 30 not forecasted 2. Missed shot rate 28% or lower	From 5/1/09 to 6/30/09 18 shots (8 children) not forecasted. RN's discuss shots due and schedule with parents. Missed shot rate 26%.	Unable to run report 10/09 due to H1N1 outbreak. E-mailed sites to RN's that dealt with vaccine – hesitant parents.

Immunization Comprehensive Triennial Plan

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

Due Date: May 1 Every year

Year 2: January 2010-December 2010						
Objectives	Activities	Staff Responsible/ Date Due	Outcome Measure(s)	Outcome Measure(s) Results	Progress Notes	
A. Decrease late starts by 3 % by 2011	1. Coordinate with WIC staff to provide WIC in-service training for completing immunization screening and referral to medical home or JCHD with every newborn visit	WIC/ MS	2/10 2/10	1. WIC staff in-service completed by 2/28/10 2. WIC contest completed and prize distributed by 4/15/2010	WIC Contest to start 4/12/10 . Start delayed due to staff shortages and H1N1. For months of Feb. and March of 2010, 20 coupons were collected. Magnets given to ACH.	WIC in-service and contest done. Pertussis PSA for KDRV, KTVL, KMVU and KFBI were run in Oct., 2010.
	2. Create contest for WIC certifiers whose clients follow up with immunizations using free coupon.	MS	3/10	3. At least 50 WIC coupons redeemed by 12/31/10		
	3. Engage local MDs to create PSAs to advertise JCHD's ability to provide childhood vaccines to all children in the region regardless of insurance status.	SB	6/10	4. PSAs created and broadcasted on local radio stations by 12/31/2010 5. Late start rate decreased to 18% by 12/31/10		
	4. Broadcast PSAs advertising JCDH Immunization Program on local radio (TV) stations	SB	12/10			
	5. Continue to distribute materials 3 times per year to childbirth education classes at all 3 area hospitals, OB clinics, selected providers, midwives, Family Nurturing Center, WIC and Healthy Babies clients through On Track and Mom's Home Program.	MS	4/1/10 8/01/10 12/01/10	Schedule magnets given to RVMC and ACH (Nov, 2010)		
B. Late start UTD rate will increase to 44% over next 3 years	1. Request IRIS report twice yearly listing those receiving 1 DTaP later than 3 months and not returning >3 months.	CI	4/10 8/10	1. If available, reviewed IRIS reports.	Late start report received 4/9/10. E-mailed accelerated schedule with example.	Most were flu shot only at JCHD. 2 had 4 Dtap, 1 had only 1 Dtap. No parent contacted OA's use IRIS forecast which uses minimum spacing for return.
	2. Continue to contact parents regarding need for shots twice yearly.	CI	6/10 12/10	2. All late starts contacted by 5/31/10 and 11/30/10		
	3. Assess OAs and RNs understanding of catch-up schedule to use with late starters with test cases. Retrain as necessary.	CI	6/10	3. Created test cases for assessing OAs and RNs by 6/1/10 4. OAs and RNs assessed and retrained as necessary by 6/30/10 5. Late start UTD rate increased to 40% by 12/31/10		

Year 2: January 2010-December 2010 – CONTINUED						
Objectives	Activities	Staff Responsible/ Date Due		Outcome Measure(s)	Outcome Measure(s) Results	Progress Notes
C. Increase 2 year old up-to-date rate to 69%	1. Run DTaP due report from IRIS 3 times.	CI	11/10	1. DTaP report run 3 times and parents contacted by 11/30/10 2. UTD rate increased to 69% by 12/31/10	Dtap due report done 1/4/10 & 2/10/10. Dtap due report done 4/7/10 Dtap due report done 7/21 & 8/27/10 & 11/30/10.	5 parents sent letter with ALERT printout 4/14/10. 6 parents sent letter with ALERT printout by 8/31/10.
	2. Contact parent by letter and/or phone with need for shots.	CI	11/10			
D. Reduce missed shot rate to 27%	1. Run shots not given report twice annually.	CI	11/10	1. Not forecasted shots will be < 25 2. Missed shot rate 27% or lower	Shots not given (not forecasted) 3/1-4/16/10 46	4/19/10 e-mailed RN's vaccine ingredient questions (aap.org)
	2. Provide RN's references to discuss vaccine safety and schedule with parents.	CI	5/10			

Immunization Comprehensive Triennial Plan

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

Due Date: May 1 Every year

Year 3: January 2011-December 2011						
Objectives	Activities	Staff Responsible/ Date Due		Outcome Measure(s)	Outcome Measure(s) Results	Progress Notes
A. Decrease late starts by 3 % by 2011	1. Obtain informal feedback from providers and organizations given handouts, coupons and magnets.	MS/ SB	4/11	1. Informal feedback received from providers and organizations by 4/30/11	MS no longer assigned to immunizations. SB out on leave. No information about provider feedback.	
	2. Continue a minimum of two successful activities from previous years as determined by outcome measure(s) results	MS/ SB	6/11	2. Late start rate will decrease to 16% by 2011	Rate not yet available.	
B. Late start UTD rate will increase to 44% over next 3 years	1. Continue to request IRIS report twice yearly listing those receiving 1 DTaP later than 3 months and not returning >3 months.	CI	4/11 8/11	1. Reviewed IRIS report twice yearly.	IRIS not available after 3/31/11. Data will be entered in ALERTIIS.	State staff involved in implementing ALERTIIS and not able to do report.
	2. Continue to contact parents regarding need for shots twice yearly.	CI	6/11 12/11	2. All late starts contacted by 5/31/11 and 11/30/11.	UTD rate not available.	
	3. Use IRIS to track late starts for progress.	CI	7/11	3. Late start UTD increased to 44% by 12/31/11.		

Year 3: January 2011-December 2011 – CONTINUED

Objectives	Activities	Staff Responsible/ Date Due		Outcome Measure(s)	Outcome Measure(s) Results	Progress Notes
C. Increase 2 year old up-to-date rate to 70%	1. Run DTaP due report from IRIS 3 times. 2. Contact parent by letter and/or phone with need for shots.	CI	4/11	1. DTaP report run 3 times and parents contacted by 11/30/10 2. UTD rate increased to 70% by 12/31/10	IRIS not available after 3/31/11. Data will be entered in ALERTIIS. See Dec. 2010 notes. UTD report not available April, 2011.	Dtap due report done 3/15/11. 6 letters sent.
D. Reduce missed shot rate to 26%	1. Run shots not given report twice annually. 2. Survey OAs to verify that all forecasted shots are recommended to parent.	CI	4/11	1. Survey showed 5 OAs who recommend all forecasted shots to parent 2. Missed shot rate 26% or lower	IRIS not available after 3/31/11. Data will be entered in ALERTIIS. This report is not available in this system. Rate for 2010 not yet available.	Parents are advised of all shots due by office assistant. All shots are given that parent agrees to.

DRAFT
FAMILY PLANNING PROGRAM ANNUAL PLAN
FOR FY 2012

July 1, 2011 to June 30, 2012

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

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

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

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

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

**FAMILY PLANNING PROGRAM ANNUAL PLAN FOR
COUNTY PUBLIC HEALTH DEPARTMENT
FY 2012**

July 1, 2011 to June 30, 2012

Agency: Jackson

Contact: Belle Shepherd

Goal # 1

Problem Statement	Objective(s)	Planned Activities	Evaluation
Extend current long term birth control methods, and explore opportunities to expand current methods.	Increase IUD insertions by 5% in 2011-2012 fiscal year	Promote IUD's with current population, and in outreach populations.	Increase of 5%
	Survey clients for additional methods to add to current formulary, including the vaginal ring.	Do survey of clients to assess additional methods. Do survey by January 2012.	Survey completion, number of new methods implemented if survey recommends.

Goal # 4

Problem Statement	Objective(s)	Planned Activities	Evaluation
At risk populations may have difficulty accessing normal clinic hours and locations.	Increase BC use by at-risk populations	Begin outreach activities to local Methadone clinic clients	Increase in clients from Methadone clinic using FP services
		Work with partners to identify other outreach sites that could benefit from BC counseling.	Sites identified for extending FP services.