

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

Update May 2011

Washington County Health and Human Services
155 N. First Ave.
Hillsboro, OR 97124

Washington County Comprehensive Plan 2010-13
Update May 2011
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I. Executive Summary:

Washington County Health and Human Services is submitting this FY 2011 / 2012 update to the 2010 / 2011 comprehensive Annual Plan as required by ORS 431.375–431.385 and ORS 431.416 and rule OAR Chapter 333, Division 14. The required activities necessary for the preservation of health or prevention of disease that includes epidemiology and control of preventable diseases; parent and child health services including family planning; environmental health services; collection and reporting of health statistics; and health information and referral are provided.

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

Unmet needs have also been identified in this plan. Developing a chronic disease prevention program is a continued need in Washington County. Capacity to conduct effective community assessments and program evaluation are also needed. Obtaining the tools to support staff work and accountability has been identified but remain unfunded. We have started a process to transition to electronic medical record implementation. Due to funding constraints, this will be a multi-year process

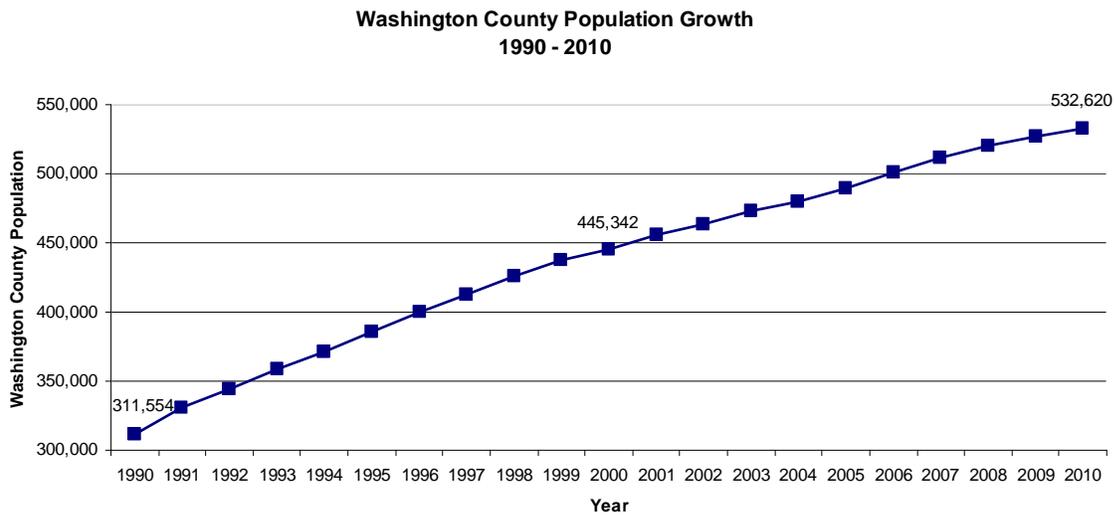
Responding to federal and state health care reform, public health leadership has convened local leadership from mental health, the hospitals and health plans that serve Washington County, and the Federally Qualified Health Center to evolve together. In addition, public health leadership is working with the leadership from the other metro counties and the hospital association and health systems to explore the feasibility of shared community needs assessment.

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

II. Assessment:

Washington County is one of three counties making up the Portland metropolitan area, located west of Portland. The county spans 727 square miles and is the second largest county by population in Oregon. The population has grown by approximately 70% since 1990, reaching nearly 533,000 in 2010 (Figure 1)¹. The majority of this growth is from births though there is also considerable migration into the county. Washington County is home to the fifth and sixth largest cities in the state (Hillsboro and Beaverton), with Hillsboro recently surpassing Beaverton in size. The county also encompasses large amounts of rural space.

Figure 1. Washington County Population Growth, 1990-2010



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

Washington County has a relatively young population compared to the state's average, with considerably more individuals in the 0-14 and 20-50 age groups (Figure 3)³. Though Washington County has a comparatively young population overall, there were over 50,000 individuals (10% of the population) aged 65 years and older in 2009. Given the longer life expectancy at birth (Figure 4)⁴, overall population growth in the county, and an aging population nationwide, we can expect the number of individuals in that age group to grow.

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

² US Census. 2008 American Community Survey (ACS). Accessed at http://factfinder.census.gov/servlet/DatasetMainPageServlet?_program=ACS&_submenuId=datasets_2&_lang=en

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

⁴ OR CHS VistaPHw.

Figure 2. Race/Ethnicity in Washington County, 2008

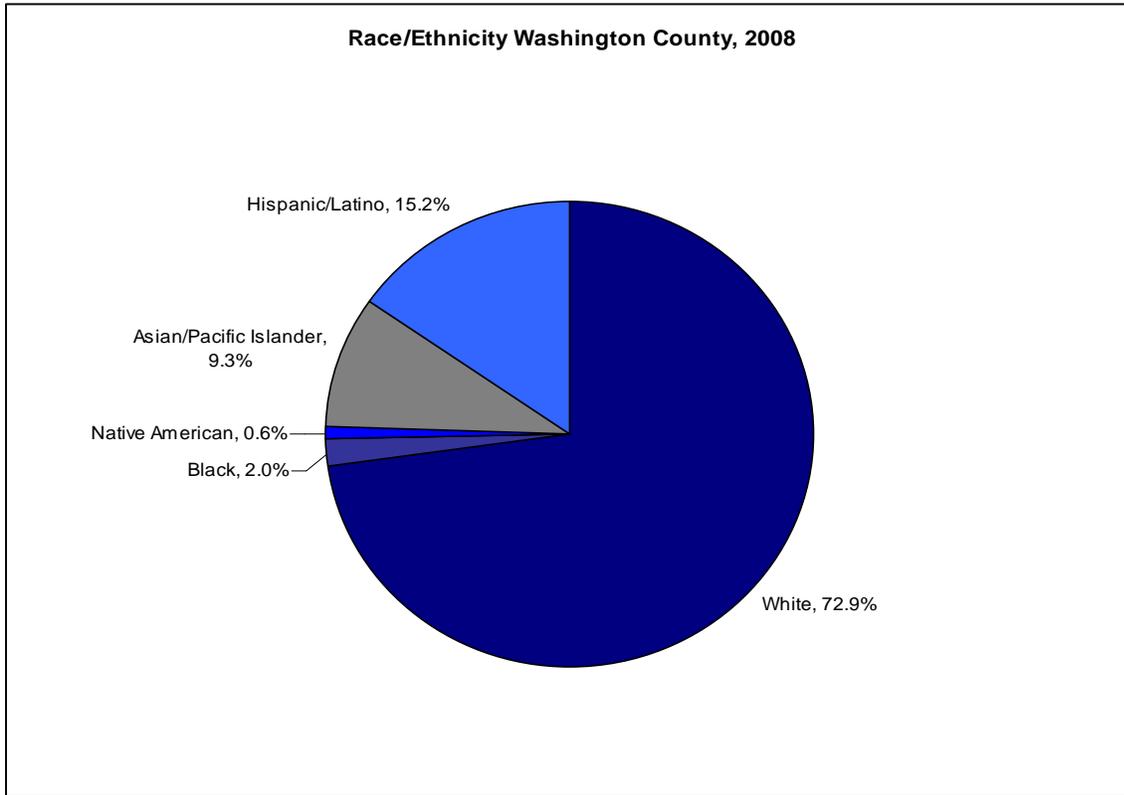


Figure 3. Population by Age Group, Washington County vs. Oregon, 2009

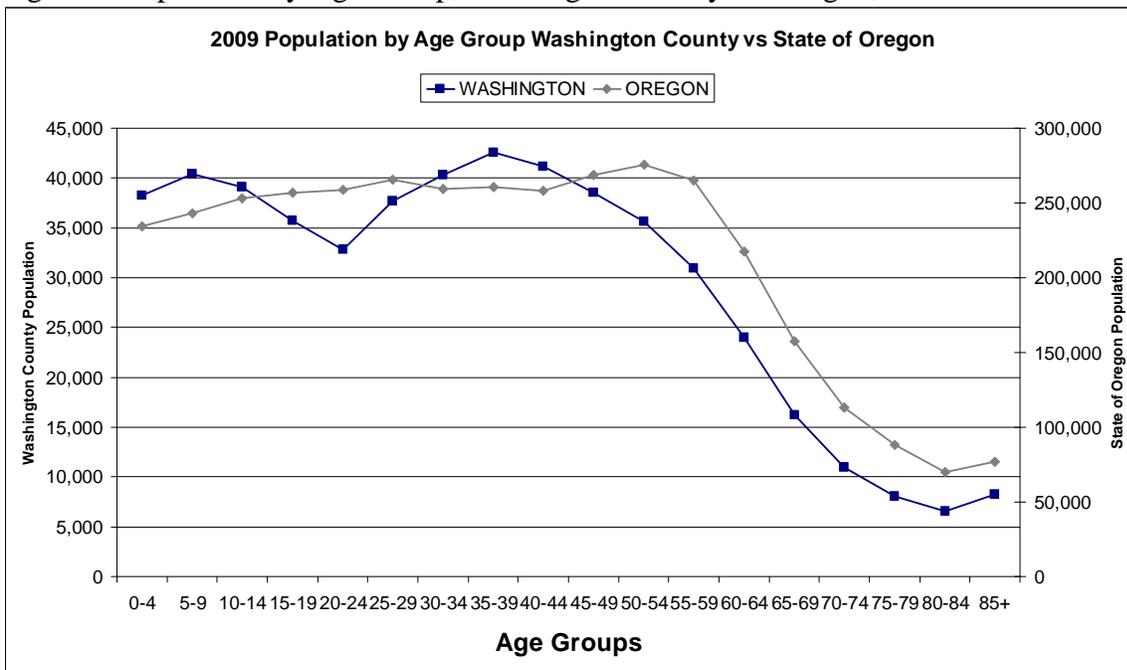
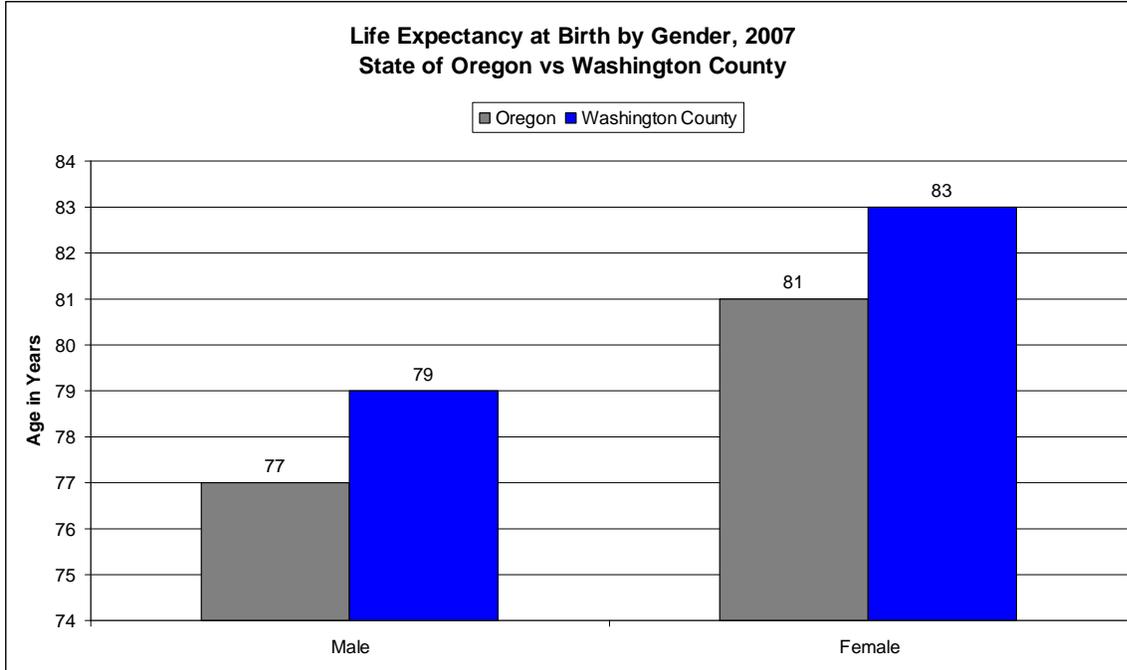


Figure 4. Life Expectancy at Birth by Gender, 2007



Our young and diverse (racially, ethnically, socioeconomically) population contributes to making the county’s birth rate one of the highest in the state, with nearly 8,000 births a year (Table 1)⁵. The teen pregnancy rate has been similar to the state’s average since 1998 (Figure 5)⁶. In 2006 there was an increase in pregnancies in the 10-14 year old age group⁷, which was not seen again in 2007.

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

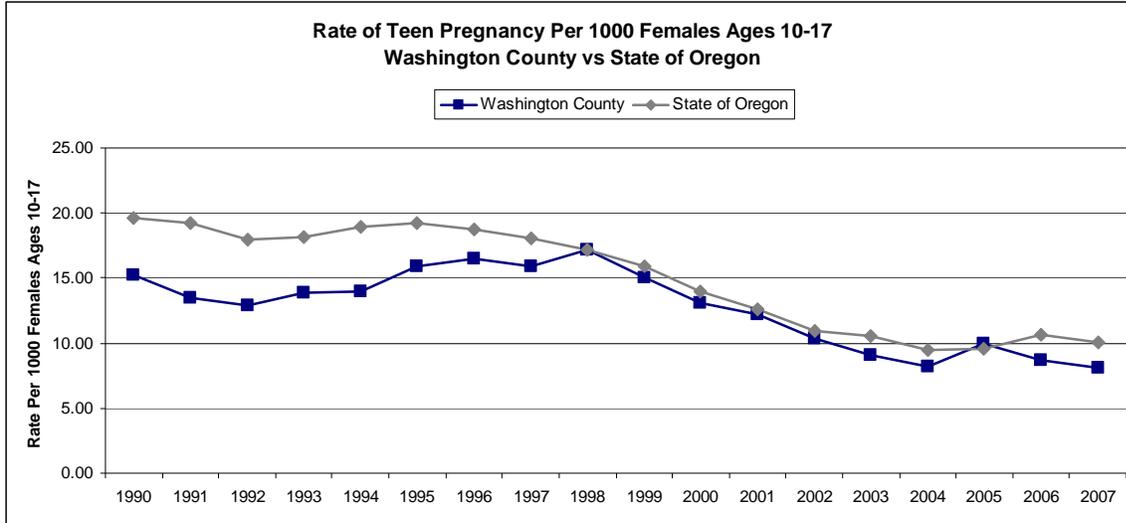
	2000	2001	2002	2003	2004	2005	2006	2007
Washington County								
Births	7564	7509	7568	7630	7615	7533	7808	7883
Birth Rate*	16.8	16.5	16.3	16.1	15.9	15.4	15.60	15.42
Oregon								
Birth Rate*	13.3	13.0	12.9	13.0	12.8	12.6	13.20	13.20

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

⁵ OR CHS VistaPHw.

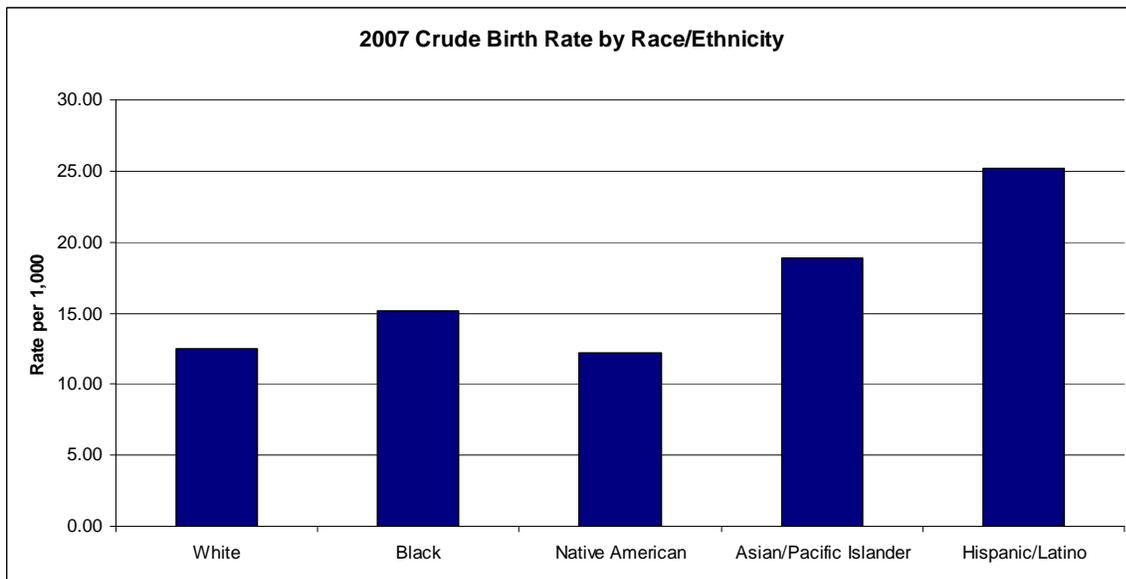
⁶ OR CHS VistaPHw.

⁷ OR CHS VistaPHw.



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

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



Considering the high birth rates, prenatal care and pregnancy outcomes are of particular interest to Washington County public health. Prenatal care starts during the first trimester for over 85% of births in Washington County, consistently higher than the state average (Figure 7)⁹. Despite this, the county still has an increasing number of low birth weight babies, similar to the state average (Figure 8)¹⁰.

⁸ OR CHS VistaPHw.

⁹ OR CHS VistaPHw.

¹⁰ OR CHS VistaPHw.

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

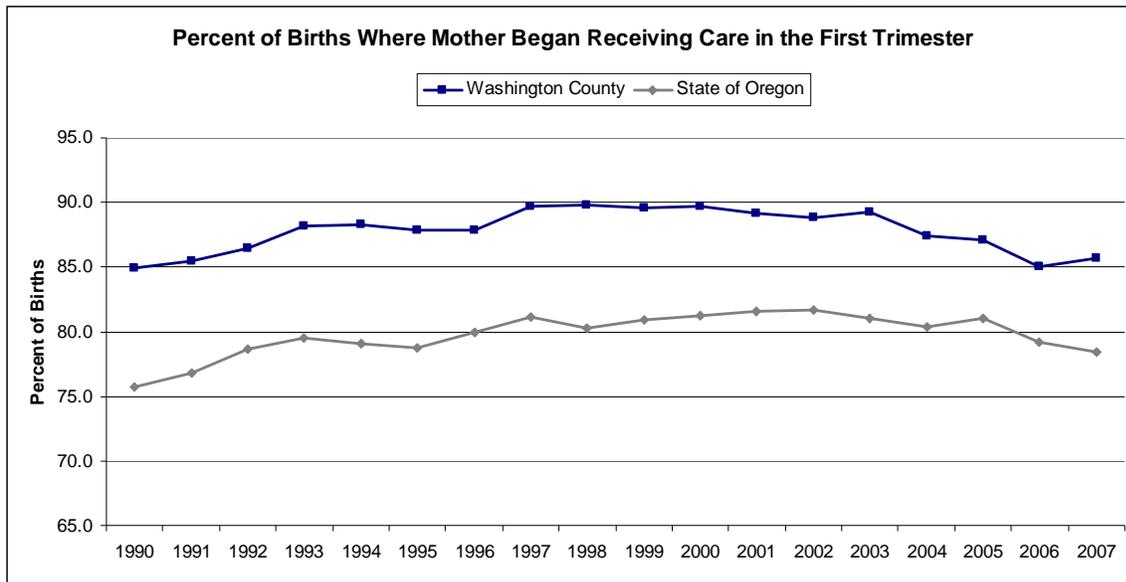
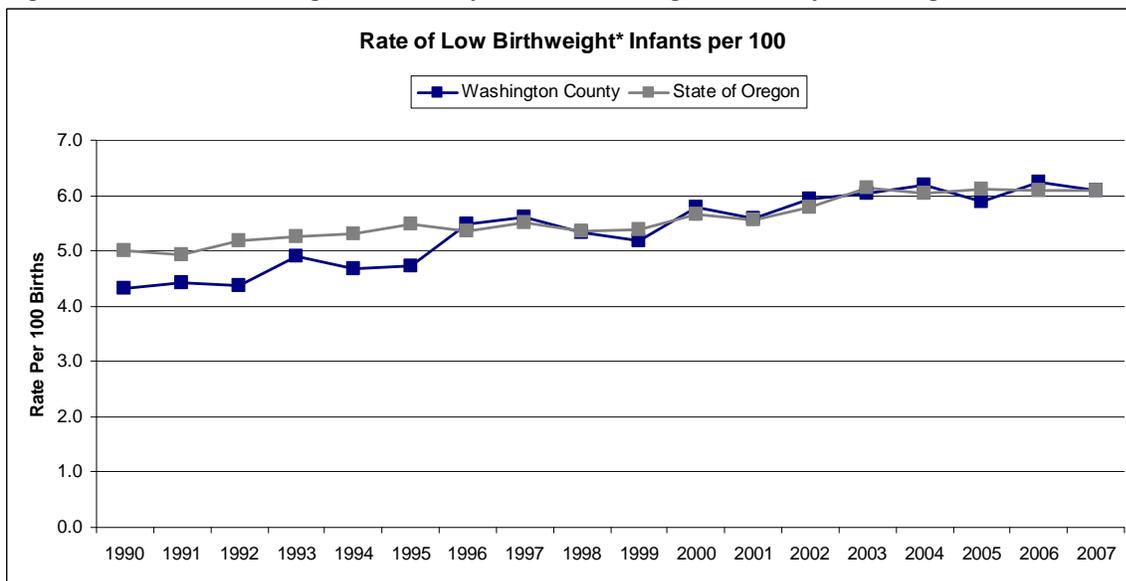


Figure 8. Low Birth weight Infants by Year, Washington County vs. Oregon



Washington County is diverse in measures beyond race and ethnicity. These measures include education, employment, poverty status, and access to care. Jobs in the county range from the high-tech corridor to migrant farm work. Approximately 19% of those 18-24 years of age have less than a high school education (compared to 17% statewide). While 38% of the county's 25 years and older population have college degrees (29% statewide), 10% did not have a high school diploma (11% statewide) and another 52% did not have at least a 4 year college degree

(60% statewide) in 2009. There are also striking differences by race and ethnicity (Table 2)¹¹. Since education is a social determinant of health, this is an issue that needs addressing.

Population	Total	Asian	White	Hispanic
Less than high school	10%	7%	5%	42%
High school graduate/some college/ Associate's degree	52%	35%	55%	45%
Bachelor's degree	25%	34%	27%	9%
Graduate or Professional degree	13%	24%	13%	5%

Although more people are employed, annual unemployment rates only decreased from 9.3% to 9.1% from 2009 to 2010¹². The median household income in 2009 was \$60,963, but 10% of the population still lives below 100% of the poverty level and 26% of the population lives below 200% of the poverty level. This includes 12.7% of the county's children, aged 17 and under living below the poverty level¹³. Approximately 39% of the county's children were eligible for free or reduced lunch during the 2010-2011 school year. This varies greatly from district to district (range of 17% - 58%) and even more so school to school (range of 4% - 89%)¹⁴. During the 2011 homeless count, 1,356 adults and children were indentified as homeless in Washington County¹⁵.

According to the 2009 American Community Survey, 15% of Washington County residents do not have health insurance (compared to 17% of residents statewide). Another 18% have public insurance (compared to 27% of residents statewide)¹⁶.

Access to primary care has been a long identified priority within the county. In 2008, about 13% of adults report not having a primary care provider, 8% report not being able to go to the doctor when they needed to during the last year because of cost, and 15% have not been to the doctor for a routine checkup in the last 2 years¹⁷. The rate of primary care providers per 100,000 population was 105.8 in 2008¹⁸.

The local WIC program serves a caseload of approximately 13,000 with daily requests for new appointments. Washington County's public health nurse home visiting service continually balances caseloads based on high risk versus higher risk, providing service to over 1205 families through more than 6657 home visits (7854 provider visits) in 2010. The Healthy Start program

¹¹ US Census, 2008 ACS.

¹² Oregon Employment Department Local Area Employment Statistics.
<http://www.qualityinfo.org/olmisj/labforce?key=startregion&areacode=4101000000>

¹³ US Census, 2009 ACS.

¹⁴ Oregon Department of Education. Accessed at <http://www.ode.state.or.us/sfda/reports/r0061Select.asp>

¹⁵ 2011 Point-in-Time Homeless Count. Accessed at <http://www.co.washington.or.us/Housing/10-year-plan-to-end-homelessness.cfm>

¹⁶ US Census, 2008 ACS.

¹⁷ US Centers for Disease Control and Prevention (CDC). Behavioral Risk Factor Surveillance System (BRFSS). Accessed at www.cdc.gov/brfss

¹⁸ Healthindicators.gov

focuses on the needs of new parents, providing services to 360 families in 2010. During the fiscal year 2009-2010 the Healthy Start program provided these services though they had to cut one of the service providers. They are working at capacity and have managed to increase their annual retention.

Clinical services including family planning, sexually transmitted disease screening, HIV testing and counseling, immunization, and teen health services are offered in Hillsboro, Beaverton, and Tigard. In 2009, 73% (66% statewide) of 24-35 month olds were up to date on their immunizations¹⁹. Reporting from public as well as private providers tells us that Washington County typically has the second or third highest number of HIV, Chlamydia, gonorrhea, and early syphilis cases in the state. In 2009 there were 481 HIV cases; 1,266 Chlamydia cases; 88 gonorrhea cases; and 10 early syphilis cases²⁰. Outreach to high risk populations is prioritized.

The communicable disease program is responsible for investigating reportable enteric disease (253 cases in 2009), respiratory disease (48 cases, including tuberculosis), and Hepatitis B and C (106 cases). Other reportable diseases (see Table 3), includes suspected reportable diseases (i.e. meningitis and tuberculosis), and food borne disease outbreak investigations that are conducted collaboratively with environmental health specialists. Washington County typically has the second or third highest number of active tuberculosis (TB) cases in the state. In addition to managing active TB cases and worksite investigations, the team also provides preventive latent tuberculosis treatment and services.

Table 3. Reported communicable diseases, Washington County, 2009.

AIDS/HIV	481	Legionellosis	3
Campylobacteriosis	99	Listeriosis	1
Chlamydiosis	1266	Lyme disease	2
Cryptosporidiosis	23	Malaria	3
STEC (<i>E. coli</i> O157)	8	Meningococcal disease	4
Giardiasis	36	Pertussis	21
Gonorrhea	88	Rabies, animal	0
<i>Haemophilus influenzae</i>	5	Salmonellosis	71
Hepatitis A	5	Shigellosis	10
Hepatitis B (acute)	11	Early Syphilis	10
Hepatitis B (chronic)	95	Tuberculosis	19
Hepatitis C (acute)	0	West Nile	0
HUS	0	Yersiniosis	3

According to the 2008 Behavioral Risk Factor Surveillance System, the majority of Washington County adults think of themselves in good health overall, with 86% reporting good, very good or excellent health. Approximately 22% indicated that they are limited in some way by physical, mental, or emotional problems²¹. The 2009 American Community Survey reports approximately

¹⁹ Oregon Immunization Program. ALERT registry. <http://www.oregon.gov/DHS/ph/imm/alert/index.shtml>

²⁰ Oregon Public Health. Acute and Communicable Diseases (ACD). Accessed at <http://www.oregon.gov/DHS/ph/acd/stats.shtml>

²¹ CDC. BRFSS.

90% of residents being free from disability. Approximately 5% of the county's population report having a physical disability, 4% a mental disability, 2% having self-care difficulty and 4% having independent living difficulty²².

There were a total of 2,831 deaths in Washington County in 2007. The leading cause of death in 2007 was cancer (22%), followed by heart disease (21%), stroke (6%), Alzheimer's disease (5%), lung disease (5%) and diabetes (4%). Unintentional injury, suicide, and homicide accounted for approximately 8% of deaths²³. During 2004-2006 an average annual rate of 346 per 100,000 hospitalizations were injury related²⁴.

The majority of Washington County adults are overweight or obese and less than one-third meet the daily recommendation for fruit and vegetable consumption. During 2005-2007, 25% of adults reported high blood pressure and 35% reported high cholesterol. During that same time, 27% of adults reported arthritis, 9% reported asthma and 8% reported diabetes. In response to the increasing burden of chronic disease in the community, the county has been working to build capacity for a chronic disease prevention program. During FY 2010-11 Washington County Public Health received a *Health Communities* grant to support the county in the development of a work plan to address the local burden of chronic diseases related to tobacco use, physical inactivity and poor nutrition. The goal of this program is to advance policies, establish and develop environments and systems that promote health, and prevent and manage chronic diseases.

By early June 2011, Washington County Public Health along with the Washington County Community Health Action Response Team will complete a community health assessment and develop a community action plan that utilizes best practice interventions in addressing the prevention and management of chronic diseases. This plan will be implemented through June 2014.

²² US Census, ACS.

²³ OR CHS VistaPHw.

²⁴ Oregon Injury and Violence Prevention Program. Accessed at <http://www.oregon.gov/DHS/ph/ipe/index.shtml>

III. Action Plans:

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

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

1. CD/TB

Current Conditions:

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

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

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

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

In January 2011, the Environmental Health (EH) program moved under the umbrella of the Public Health Division in HHS. This restructuring of EH within public health is strengthening the collaborative relationship between the CD and EH programs. The CD and EH program staff and supervisors work collaboratively and effectively on disease outbreaks that involve EH inspected facilities or events. The CD program also provides consultation to the EH program on animal bites.

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

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

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

WCDHHS has a highly skilled, competent and knowledgeable TB team to manage these medically complex patients and investigations. Staffs have attended nationally recognized TB trainings. The TB program has established solid working relationships with area providers who manage the primary care for these patients. One medical group was awarded the 2011 Washington County Public Health Award for their role in the medical management of some of the county’s most complex TB patients.

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

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

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

The 2009 – 2010 H1N1 influenza pandemic was a challenge for all public health programs in WCDHHS. However, the skilled and competent CD team provided valuable assistance in surveillance, disease reporting and detection, data analysis, and outbreak

and case investigation activities during the pandemic. Relationships with school districts, hospitals, laboratories, community health care providers other county health departments and the state Public Health Division were strengthened to gain a better understanding of the pandemic as well as other aspects of influenza detection, reporting, epidemiology, testing, treatment and surveillance activities.

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

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

Goal: Provide effective communicable disease services that include investigation, surveillance, case management and prevention activities as well as providing a safe work environment for staff and clients.

Objectives	Methods	Outcome measures	Updates: May 2011
Expand & improve the employee health program provided to WCDHHS Public Health Division employees.	<ol style="list-style-type: none"> 1. Ensure that procedures are in place and consistently followed. 2. Ensure employee records are stored in a secure location. 	<ol style="list-style-type: none"> 1. By July 2010, the program will be fully operational. 2. Documentation that 100% of new employees have completed required vaccines, tests and BBP training within specified time frames. 	The employee health program is fully operational effective June 2010. Dedicated FTE from a CHN on the CD team monitors employee vaccines, tests and trainings using a database.
Maintain current resources and references for TB case management and CD investigations	Ensure that CD & TB standing orders are reviewed annually and signed by Health Officer.	Standing orders will consistently be current and available to staff.	The CD and TB standing orders are currently being updated. Updated TB orders are a collaborative effort with the tri-county health officers and TB programs.
Implement transition to ORPHEUS, the new CD database	Sign ORPHEUS Security Policies and Procedures Communicable disease staff attend training on ORPHEUS	All required documents are in place. All staff trained and effectively using the new system	ORPHEUS was implemented in January 2011. All CD users have received training and continue to become familiar with system.
Review communicable disease data to insure	At least quarterly, review communicable disease data	Quarterly reviews of communicable disease data to assure CQI.	Using ORPHEUS, the CD program supervisor shares

completeness	used in required data fields for completeness	Complete data rates meet benchmarks.	monthly QA reports with staff to ensure state program assurances are met.
Increase cross-cultural effectiveness within the communicable disease program	CD staff will participate in all available cross-cultural effectiveness training	Documentation of trainings and staff attendance. Staff will demonstrate increased cross-cultural understanding and effectiveness.	Ongoing; staff has attended a number of trainings and workshops throughout the year.

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

Goal: To meet or exceed state performance measures in the identification of mother/infant pairs at WCDHHS in the Perinatal Hepatitis B Program.

Objectives	Methods	Outcome Measures	Updates: May 2011
Assess all Hepatitis B lab reports for pregnancy status of females of child bearing age (15-45yrs of age) and investigate according to current Acute and Communicable Disease Program (ACDP) Investigative Guidelines as they are reported to the WCDHHS CD Program.	Twice monthly QA audits of hepatitis B cases reported to the LHD.	100% of hepatitis B reports of females of child-bearing age are assessed pregnancy status.	Ongoing. All Hepatitis B laboratory reports for females of child bearing age within ORPHEUS have been assessed for pregnancy status
Obtain timely reports from the State of Oregon Electronic Birth Registry System (EBRS).	LHD will work with State ACDP staff in obtaining quarterly reports from the EBRS.	100% of EBRS reports are reviewed and appropriate follow-up is accomplished.	Quarterly EBRS reports are sent and reviewed by the Perinatal Hepatitis B Program CD nurse.

Outreach to providers to increase reporting of Hepatitis B mother.

Develop letter to ob-gyn providers emphasizing importance of retesting pregnant mothers for Hepatitis B who have already been reported as HBsAg/HBeAg positive

Outreach to 100% of providers who are identified as not reporting or retesting

WCDHHS CD program is not aware of providers who do not report or retest individuals.

Develop spreadsheet that tracks all providers who do not report/retest.
Send letter to providers who do not report/retest

2. HIV and Sexually Transmitted Infections (STI)

Current Conditions: STI

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

Current Conditions: HIV Prevention

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

Goal: Reduce the transmission of HIV in Washington County.

Objectives	Methods	Outcome Measures	Updates : May 2011
<p>Increase the number of MSM in Washington County who access high-risk HIV counseling and testing services</p>	<ol style="list-style-type: none"> 1. Post HIV prevention information, including information promoting walk-in HIV testing and counseling services, on CraigList. 2. Post HIV prevention information, including information promoting walk-in HIV testing and counseling services in PSE in Washington County 	<p>HIV prevention posting is published on CraigsList and updated weekly Increased numbers of individuals at highest risk are accessing testing. Testing and Counseling information is posted at local PSE and updated bi-monthly MSM self-report on survey preceding Counseling and Testing Referral Services</p>	<p>In 2/11, Washington County contracted with CAP to provide CTRS and outreach to CTRS (internet) at the Beaverton and Hillsboro high risk testing sites. CAP will continue to provide these services through 6/30/11.</p>
<p>Washington County HIV prevention program will facilitate a comprehensive community program planning process to re-evaluate HIV prevention efforts in Washington County.</p>	<ol style="list-style-type: none"> 1. Develop and facilitate a Washington County HIV team planning retreat by 5/2010. 2. Develop work plan for community planning process by 9/2010. 3. Implement planning process 4. By 3/2011, based on community feedback and input, develop a 3 year HIV prevention plan to be implemented by 7/2011. 	<p>A comprehensive HIV program plan for FY 2011-15 is developed and being implemented.</p>	<p>In FY 2010-11, Washington County contracted with Cascade AIDS Project and an outside consultant to conduct a community assessment related to HIV prevention needs. Assessment was completed on 3/31/11. On 3/31/11, Washington County submitted an HIV program plan to the state HIV program based on findings of community needs assessment. In May 2011, Washington County and Clackamas County will submit an RFP for HIV CTRS and outreach to CTRS for FY 2011-12.</p>
<p>Increase cross-cultural effectiveness within the HIV prevention team</p>	<p>HIV prevention team will participate in all available cross-cultural trainings</p>	<p>Documentation of trainings and staff attendance. Staff will demonstrate increased cross-cultural understanding and effectiveness.</p>	<p>Ongoing: staff has attended a number of trainings and workshops throughout the year.</p>

3. Chronic Disease

Current Conditions: Chronic disease prevention

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

Goal: Reduce the burden of chronic disease in Washington County through the development of a chronic disease prevention program.

Objectives

Build capacity and develop the foundation for a chronic disease program

Identify and develop additional resources to ensure competency and consistency in chronic disease prevention approach

Provide countywide visibility as a leader in chronic disease prevention

Methods

Organize coalition of community partners to form Advisory Council.

Seek program funding and continue capacity building efforts under the guidance of our new Chronic Disease Prevention Advisory Council.

Develop trained and competent staff to serve as a resource for programs and staff working towards a chronic disease prevention program goal

Collaborate with county departments outside of public health (HR, Facilities, EH) to

Outcome Measures

Active advisory council in place with committed program funding for program implementation.

Chronic disease prevention messages and information are incorporated into all public health processes and programs

All Washington County owned or occupied properties are smoke free by 2013 through intra-county

Updates: May 2011

In September 2010, Washington County formed a Community Health Action Response Team (CHART) comprised of 20 community partners to address chronic disease prevention; CHART completed community health assessment in February 2011; CHART on target to complete community action plan by 5/27/11.

Staff have attended a number of chronic disease trainings and workshops to improve best practice efforts; some public health programs have incorporated chronic disease prevention objectives in planning

Ongoing; This objective identified as a priority by the CHART in FY 2011-12.

through policy implementation

address chronic disease prevention elements such as smoke free county campus

collaborations and partnerships

B. MATERNAL/CHILD HEALTH

1. Home Visiting Programs

Current Conditions: Nurse Home Visiting

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

Goal: Improve the quality assurance practices with the Maternal and Child Health Field Team

Objectives

1. Establish performance measures

Methods

- a. Identify program goals for both perinatal and child health home visit programs
- b. Identify individual and program performance measures
- c. Train CHN staff to standardize service delivery around key performance measures
- d. Document delivery of key activities in Orchids

Outcome Measures

After March 1, 2010 and ongoing (Note: Orchids reports contained design flaws that prevented accurate retrieval of data. As soon as these reports are replaced by Crystal reports the following measure will be implemented):
Reports will be run every six months by performance measure and CHN

Updates: May 2011

Crystal Reports were completed in January 2011. Baseline reports were run in January 2011. Next set of reports due in July 2011.

2. Incorporate performance measures into the competency based performance appraisal

- a. Compare baseline data to six month data
- b. Meet with CHN every six months to discuss ability to meet performance measures
- c. Write annual competency based performance appraisal which includes information

After March 1, 2010 and ongoing: (Once the Crystal reports are available):
a. Reports are reviewed every six months
b. Meetings with CHN’s are held and documented
c. Performance appraisals are completed annually and are on file

Delays in completion of Crystal Reports resulted in delays in ability to run reports.

Will be able to initiate activities in July 2011.

on CHN's ability to meet performance measures

<p>3. Increase number of Field Team clients receiving and completing Satisfaction Surveys</p>	<p>a. Update Client Satisfaction Surveys b. Encourage staff to distribute Satisfaction Surveys c. Plan random mailings of Satisfaction Surveys to families closed to service</p>	<p>Increase annual number of surveys returned to 10% of clients served or 100 clients annually</p>	<p>In Fall 2010, all families have been sent a survey when their child was closed to FT services. The number of completed surveys has doubled since that time. There should be an increase to 100 completed surveys annually by 12/11.</p>
<p>4. Implement an electronic medical record system.</p>	<p>a. Host a demonstration of the Omaha Model. b. Participate as a member of the Public Health EMR committee c. Assure that Field Team goals, objectives and performance measures are incorporated into the EMR work plans</p>	<p>Ongoing after March 1, 2010: a. Field Team reps are present at each meeting b. Field Team "homework" is submitted on time c. Final EMR product reflects the collection and documentation of information needed to support FT goals, objectives, and performance measures.</p>	<p>Despite having completed all activities and measures, an EMR has not been implemented for the Field Team primarily due to budgetary issues.</p>
<p>5. Explore the implementation of Nurse Family Partnership—an evidence based "best practice" model of MCH home visiting</p>	<p>a. Explore funding options b. Explore innovative partnerships c. Monitor the NFP website and other NFP related links</p>	<p>March 1, 2010 and ongoing: Field Team nursing supervisor makes NFP implementation a major work plan priority</p>	<p>Met with Kristin Rogers from NFP in November 2010. Plans on hold due to program future and potential budget constraints.</p>
<p>Increase the cross-cultural effectiveness of the maternal and child health field team.</p>	<p>MCH staff will attend all available cross-cultural trainings.</p>	<p>Documentation of trainings and staff attendance. Staff will demonstrate increased cross-cultural understanding and effectiveness.</p>	<p>Ongoing; staff have attended a number of trainings and workshops throughout the year.</p>

Current Conditions: Healthy Start (formerly New Parent Network)

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

Goal: To promote positive health outcomes for children and adults by connecting families to primary health care providers, monitoring immunization rates and providing ongoing information and resources related to nutrition and childhood obesity.

Objectives

All families enrolled in Healthy Start will receive ongoing training in nutrition, with a focus on childhood obesity, using the Parents As Teachers Nutrition and Fitness curriculum.

Methods

All families enrolled in the program will receive nutritional information during the home visits using the Parents as Teachers Nutrition and Fitness curriculum. Families will receive nutritional information and information to support the child’s health and nutritional development.

Outcome Measures

All Family Support Plans will include at least one goal related to childhood nutrition. Plans are reviewed by on site supervisors at six month intervals.

Updates: May 2011

This objective has been met; Continued implementation through 2012.

<p>A minimum of 90% of children enrolled in Healthy Start will be up to date on their immunizations.</p>	<p>Conduct periodic reviews of immunization records and Alert reports.</p> <p>100% of the immunization records for children enrolled in the program will be reviewed annually.</p>	<p>90% of children enrolled in Healthy Start will be up to date on their immunizations.</p>	<p>88% of children enrolled have all immunizations and an additional 8% have some immunizations; continued implementation through 2012.</p>
<p>90% of the children enrolled in Healthy Start will have a primary health care provider.</p>	<p>All families will be assessed to see if they have a primary care provider and referrals will be made and tracked for those who lack a provider.</p> <p>Status of provider and referrals to health care providers will be reviewed twice yearly during the case plan review.</p>	<p>90 % of children enrolled in Healthy Start will have a primary health care provider.</p>	<p>98% of children enrolled in Healthy Start have a primary care provider; ongoing implementation through 2012.</p>
<p>100% of Healthy Start staff will be trained in county emergency preparedness activities.</p>	<p>All staff will participate in quarterly call down drills. In addition all staff will be familiar with the current Continuity of Operations Plan.</p>	<p>Participation will be tracked on the Call Down Information form. Any updates/ revisions to the COOP plan will be reviewed with staff within two weeks of the revision.</p>	<p>This objective has been met; continued implementation through 2012.</p>
<p>100% of Healthy Start staff will participate in cross cultural awareness activities annually.</p>	<p>All staff will receive cross cultural training provided by Washington County. In addition all staff will participate in Healthy Families America Cultural Sensitivity Training and complete the Cultural Sensitivity Survey annually.</p>	<p>Documentation of trainings and staff attendance. Staff will demonstrate increased cross-cultural understanding and effectiveness.</p>	<p>This objective has been met; continued implementation through 2012.</p>

3. Clinic Services Updated May 2011

Current Conditions:

The Washington County Family Planning Program provides contraceptive services and supplies, reproductive health exams, and screening tests and/or treatment for sexually transmitted diseases. These services are available 40 hours a week in two clinic sites (Hillsboro and Beaverton). Due to budget issues, an additional site (Tigard) has had to decrease available hours from 32 to 24 hours a week. Services are available by appointment. A teen-friendly clinic is available 4 hours a week in Hillsboro and Tigard and is a walk-in, evening clinic. Evening appointments are available one day a week in Beaverton. Culturally appropriate services are provided by Spanish-speaking staff; interpreters for other languages are also available

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

Objectives

Increase the percentage of women in need who access family planning services in Washington County.

Methods

Meet with program supervisors from Planned Parenthood, Virginia Garcia Memorial Health Centers and the state family planning staff to plan activities that would increase the provision of family planning services.

Outcome Measures

Increase the percentage of women in need who receive family planning services in Washington County from 20.7% in 2009 to 50% in 2011-12.

Increase the number of teens who access family planning services

In collaboration with the health promotions team, expand education and outreach to women in need of family planning services in Washington County.

Continue to ensure health education opportunities in each weekly teen clinic; work with Health Promotions team to promote awareness of teen clinic services with local high schools, drug and alcohol treatment centers and alternative high schools.

In 2008-09, Washington County served 719 teens in our Hillsboro Clinic location and 432 teens in our Tigard location.

In 2009-10, Washington County served 822 teens in our Hillsboro Clinic location and 413 teens in our Tigard Clinic location.

In 2010-11, Washington County will see an increase

Increase the number of females leaving their family planning visit with the Plan B Method to 95%.

Train nurses, NPs, support staff and health educators to ensure that all female clients leave the clinic with the Plan B method.

of teens in the Hillsboro Clinic location to 915 and 475 teens in the Tigard Clinic location.

95 % of females leaving their family planning appointment will have the Plan B Method.

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

Objectives

Improve family planning data collection to ensure that 95% of all family planning clients leave their family planning visit with a birth control method that is equally or more effective than their current one.

Methods

Revise Washington County's CVR training plan. Train nurses, NPs and support staff to ensure that correct information is being entered.

Implement electronic health record program that will improve methods of data collection for both the family planning and STD programs.

Outcome Measures

Currently 86% of all family planning clients leave their family planning visit with a birth control method that is equally or more effective than their current one.

1. Immunizations

Current Conditions: Immunization

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

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

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

Goal: Increase immunization law compliance with childcare facilities; increase HPV vaccination rates in women aged 19-26 years

Objectives	Methods	Outcome Measures	Updates: May 2011
Conduct random compliance visits to certified childcare facilities to review immunization records.	Review immunization records, Primary Review procedures, ALERT status and CIS supply with childcare facility staff	90% of childcare facilities visited will have up to date immunization records on file in their facility.	Conduct three validation surveys with Oregon Immunization Program upon program recommendation. One-third of records are randomly pulled for review and follow-up corrections.
Increase HPV usage among STD/FP clients ages 19-26.	<p>Visit at least two (2) childcare facilities per quarter throughout the year.</p> <p>Promote HPV special project among PCC Rock Creek and Pacific University uninsured and underinsured students.</p>	500 women between the ages of 19-26 who are seen in the STD or FP clinic complete the HPV vaccine series by 12/31/10.	<p>Visited three childcare facilities in Washington County. Continue future reviews based on size, primary review issues and due date.</p> <p>Ordered 500 doses in a three dose series for women. Ordered additional 280 doses to complete 2nd and 3rd dose series for those women who started program before 12/31/10.</p>
	Send past STD/FP patients a reminder card if medical record shows no HPV vaccine record.		780 doses of Human Papilloma Virus (HPV) were dispensed
	Communicate HPV special project with VGMHC		Set-up reminder card and phone call via all three clinics for January through April 2011 for special project HPV patients only.
	Provide in-service to WIC staff for potential in-reach to WIC clients.		Shared information with Virginia Garcia Memorial Health Center and Merlo Station High School School-Based Health Center
	Develop promotional flyer in English and Spanish for distribution.		Conducted in-service training with WIC team and shared promotional materials

Promote service online through Community Action.

Distributed promotional flyers to clinics, PCC-Rock Creek campus, WIC patients and a number of other community events.

Promotion of services made with Community Action Organization list serve and website.

2. Women, Infants, and Children

Current Conditions:

Between 1/201 and 12/2010 Washington County WIC saw 6380 children between the ages of 2 and 5. Of those children, 1205 (18.9%) had BMI's between the 85th % and the 95th% and 950 (14.9%) had BMI's at or above the 95th percentile.

Breastfeeding Rates:

2009 Pediatric Nutrition Surveillance Survey:

Initiation rate	94.3%
95.3%	
Any Breastfeeding at 6 months	51.5%
51%	
Any Breastfeeding at 12 months	33.2%
34.9%	
Exclusively Breastfeeding at 3 months	45.4%
46.3%	
Exclusively Breastfeeding at 6 months	37.6%
40.2%	

2010 Pediatric Nutrition Surveillance Survey

Initiation rate
Any Breastfeeding at 6 months
Any Breastfeeding at 12 months
Exclusively Breastfeeding at 3 months
Exclusively Breastfeeding at 6 months

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

These data show some changes from 2009. Breastfeeding initiation increased by 1%. Any breastfeeding decreased by 0.04% at 6 months and increased by 1.7% at 12 months. Exclusive breastfeeding increased by 0.9% at 3 months and increased by 2.6% at 6 months.

Goal: Provide nutrition assessment and education to WIC participants; provide vouchers to support healthy food choices for WIC families; refer participants to other partner agencies as needed.

Objectives	Methods	Outcome Measures	Updates: May 2011
Reduce the number of children on the WIC program whose BMI falls above the 85 th %.	<ol style="list-style-type: none"> <li data-bbox="525 649 966 1242">1. Conduct monthly facilitated group classes, taught by registered dietitians, which are specifically targeted towards children who are overweight or at-risk for becoming overweight. These classes have a physical activity component for the children in conjunction with a facilitated group discussion with the parents focused on decreasing behaviors that increase the risk of obesity. <li data-bbox="525 1274 966 1458">2. WIC will continue to implement Fresh Choices food package changes, such as offering only low-fat milk after 2 years of age, 	Reduce the number of children on the WIC program whose BMI falls above the 85 th % by 1.5%.	<p data-bbox="1505 649 2030 836">WIC continues to conduct monthly facilitated group classes which are specifically targeted to promote and increase in physical activity among WIC participants and their children.</p> <p data-bbox="1505 1242 2030 1356">Ongoing; This also includes vegetable cash vouchers. This will help support WIC key nutrition messages.</p>

introduction of whole grains, and addition of fresh fruit and vegetable cash vouchers, will help to support WIC key nutrition messages related to decreasing obesity and related chronic health issues.

3. The registered dietitians on staff will continue to closely monitor the growth charts of children on the WIC program whose BMI falls above the 85th% and is trending upward. They will continue to assess changes in feeding behavior and physical activity that will improve the child's BMI and decrease health risks associated with high body weight and rapid weight gain.

Increase breastfeeding duration among WIC participants.

1. Develop a breastfeeding support group which will be lead by the IBCLC on staff and the WIC peer counselors. The overall goal of this support group will be to provide support, encouragement, and information to new mothers in an effort to increase both breastfeeding exclusivity

Duration of breast feeding for at least 6 months among WIC participants increases to 55%.

Duration of breast feeding for at least 12 months among WIC participants increase to 35%.

WIC will continue to hold post-partum breastfeeding support groups to provide support, encouragement and information to new mothers in an effort to increase both breastfeeding exclusivity and duration rates in the WIC population. WIC staff will continue to work to increase the number of participants utilizing these support groups.

and duration rates of the WIC population.

2. WIC staff will receive training in the basics of interpreting infant feeding cues at the WIC statewide meeting in June and during a staff in-service in September at the Washington County WIC clinic. These skills will enable the staff to more effectively help moms interpret their infants' cues, and therefore, enable them to be more successful and confident in their breastfeeding experience.
3. Education during the prenatal period will focus on providing anticipatory guidance to mothers to help them understand normal newborn behavior and physiology, which in turn, will promote breastfeeding success.
4. Breastfeeding support groups will continue to be incorporated into services provided to WIC participants with an emphasis on increasing the number of participants.

WIC staff received training in the basics of interpreting infant feeding cues at the WIC statewide meeting in June 2010. These skills have helped enable staff to more effectively help moms interpret their infants' cues and therefore, enable them to be more successful and confident in their breastfeeding experience.

The Public Health Lactation Consultant will provide in-services and mentoring to WIC staff to improve their skills and confidence in working with WIC mothers, especially during the early post-partum period when breastfeeding issues are most common.

5. Newborn characteristics (stomach size, sleep cycle, weight loss/gain) and behaviors are incorporated into the breastfeeding classes offered at the WIC program. In addition, all WIC staff have been educated (and will receive ongoing training) related to these topics so that they are able to effectively provide information to mothers during individual counseling sessions.

Ongoing; WIC staff will continue to receive trainings on these topics.

The breastfeeding peer counselor program will provide intensive prenatal education related to pregnancy, parenting and breastfeeding to 17% of pregnant women on the Washington County WIC program. The goal of these prenatal groups is to provide anticipatory guidance to mothers in an effort to increase breastfeeding exclusivity and duration. Ongoing; staff continue to receive cross-cultural training

Increase cross-cultural effectiveness within the WIC team

All WIC and WIC support staff will attend all available cross-cultural trainings.

Documentation of trainings and staff attendance. Staff will demonstrate increased cross-cultural understanding and effectiveness.

5. Other issues

C. Environmental Health

Services provided by Environmental Health include health inspections, licensing, and plan review of restaurants, public swimming pools, and tourist facilities; inspections and plan review of school, and child care facilities; food-borne disease investigations; certification of food handlers and training of food service managers; inspection and permitting of on-site sewage

disposal systems; oversight of community drinking water systems; investigation of complaints related to the Indoor Clean Air Act; West Nile Virus surveillance, mosquito control and education; environmental health education; and animal bite investigations.

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

1. Food borne Illness Reduction

Current Conditions: Food borne illness reduction

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

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

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

Goal: To reduce food borne illness risk factors identified in the FDA Voluntary Program Standard's Baseline Survey conducted by the county found to have the highest percentage of observation out of compliance in the county.

Objectives

To improve industry awareness of the importance of controlling food borne illness risk factors.

Methods

Baseline findings will be shared with industry through newsletter publications. The newsletter will include information on the importance of reducing food

Outcome Measures

The FDA risk factor survey will be performed again in 2013. The findings in 2013 will be compared with the 2008-09 baseline findings to measure risk factor incidence.

Updates: May 2011

To date, two newsletters have been sent to industry highlighting personal hygiene and temperature control issues.

borne illness risk factors and interventions to reduce risk.

To improve personal hygiene compliance in restaurants.

Inspection staff is working to improve evaluating personal hygiene compliance during inspections -- including using inspection time to observe hygiene practices, providing good documentation of all personal hygiene issue(s) identified during inspections on inspection reports, improving personal hygiene education during inspections, and conducting appropriate enforcement when necessary.

The FDA risk factor survey will be performed again in 2013. The findings in 2013 will be compared with the 2008-09 baseline findings to measure risk factor incidence.

Personal hygiene violations were cited at 9% of semi-annual inspections in 2008 and 19% of semi-annual inspections in 2010 indicating more focus on observing employee hygiene during inspections.

To increase the number of restaurants that have written employee illness policies related to restricting ill food service workers.

The EHS Net project in Oregon has developed a brochure and poster related to the importance not allowing food workers to work when ill. Staff is distributing brochures and posters during inspections and brochures were mailed to restaurants with license renewal information.

The FDA risk factor survey will be performed again in 2013. The findings in 2013 will be compared with the 2008-09 baseline findings to measure risk factor incidence.

Ongoing

To improve time/temperature compliance in restaurants.

Inspection staff is working to improve evaluating time/temperature compliance during inspections -- including using inspection time to observe hygiene practices, providing good documentation of all time/temperature issue(s) identified during inspections on inspection reports, improving time/temperature education during inspections, and conducting appropriate enforcement when necessary.

The FDA risk factor survey will be performed again in 2013. The findings in 2013 will be compared with the 2008-09 baseline findings to measure risk factor incidence.

Time/temperature violations were cited at 42% of semi-annual inspections in 2008 and at 47% of semi-annual inspections in 2010 indicating more focus on observing food time/temperature relationships during inspections. Percentages do not factor in if a time/temperature activity was not part of a facility's operation or the practice was not observed during the inspection.

To assure consistent compliance and enforcement activities result in appropriate follow-up action for out of control risk factors in a timely manner.

Maintain current state standardization certification of supervisory staff.

Conduct file reviews to assure proper violation documentation and follow up activities

Measure outcomes using tools in the FDA voluntary program standards to measure --appropriate violation citing, documentation of on-site corrections, appropriate follow-up actions including any necessary enforcement actions, and oral communication skills.

Two staff have been standardized by the state in 2011 and one more is due in 4/11.

Supervisory field observational evaluation of staff field inspections at selected facilities.

2. Waste Water

Current Conditions:

The on-site waste water (septic tank) program files are currently hard copy paper files. The program needs to preserve the integrity of current files that are not replicated elsewhere. Automated services to provide uniformity in administrative office

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

Goal: Complete imaging of existing records to assure preservation of records and to improve customer service. Completion target date is at the end of 2011

Objectives	Methods	Outcome Measures	Updates: May 2011
Preserve existing records	Complete imaging of existing files (over 40,000 records) with Laserfische software by the end of 2011.	Measurement is not easily quantifiable—the goal is reduce office administrative time and improving customer satisfaction.	Ongoing; objective may not be met by 12/ 2011 due to intensive staff time required to meet objective.
Assure HIPPA and Privacy Information is identified and either blocked or redacted from information available to the public.	Remove medical information associated with hardship connections from paper files. Block all files required by ORS 192 to have owner names suppress.	Measurement is not easily quantifiable—the goal is the assurance of maintaining appropriate levels of confidentiality.	Ongoing
Provide web access to information.	Redact all telephone and e-mail information from files. Implement a coordinated access to program historic documents and current permitting services by the end of 2011. Time line is dependent on support from Information Services.	Measurement is not easily quantifiable—the goal is reduce office administrative time and improving customer satisfaction.	Ongoing; objective to be met by 12/2011.
Automate new applications	Implement Permits Plus automated permitting system	Measurement is not easily quantifiable—the goal is reduce office	Ongoing; Implementation of system expected by 5/2011

by the end of 2011—time line is dependent on Information Services implementation. administrative time and improving customer satisfaction.

3. Second Hand Tobacco Smoke

Current Conditions

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

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

Goal: To eliminate second hand tobacco smoke exposure in the work place

Objectives	Methods	Outcome Measures	Updates: May 2011
Assure staff receives adequate training related to the smoke free workplace law and training on complaint intake and investigation	Attended required TPEP training, continue to train new staff in protocols and procedures when necessary	Document training	Ongoing
Assure that enforcement work is coordinated with tobacco prevention activities	Regularly meet with county tobacco coordinator regarding issues of overlap and continued coordination	Continued collaboration	Ongoing; program supervisors meet regularly for continued collaboration
Assure that complaint follow-up is effective	Complaints investigation and follow up activity as required by ORTPEP in addition to specific County documentation and tracking	Incidence of complaints and remediation over time (desired out come reduction in complaints and need for remediation plans)	Ongoing; There were 161 complaints filed in 2009 and 78 complaints filed in 2010, approximately half of the number of complaints in 2008

Goal: To eliminate exposure secondhand smoke.

Objectives	Methods	Outcome Measures
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To provide property owners with information and technical assistance on the implementation of smoke free property policies.

Utilize assessment data in strategic planning for outreach and education with county tobacco coordinator.

Participate in development and distribution of Washington County Smoke free Housing Fact Sheet

Completed

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

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

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

D. Health Statistics

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

E. Information and Referral

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

F. Public Health Emergency Preparedness

Current Conditions: Emergency Preparedness

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

Goal: Department of Health and Human Services staff has the knowledge and resources to respond to an emergency or major event.

Objectives

Plans and procedures are in place for emergency event responses.

Activities

- Pandemic Flu, Mass Prophylaxis, and Mass Vaccination plans

Measures

- 100% of plans and procedures are in place and have been exercised by December 2011.

Updates: May 2011

100 % of plans will be reviewed, revised and updated by 12/2011.

<p>Have the capability to safely, smoothly, and efficiently stand up as many Points of Dispensing (PODs) as necessary to respond to an event on short notice.</p>	<ul style="list-style-type: none"> revised and approved • Develop procedures for severe winter weather; evacuation; green emergency containers and sat phones; and other preparedness equipment • Obtain Project Public Health Ready (PPHR) Recognition • Facilitate and support the “POD Squad” workgroup • Exercise “POD Squad” products • Develop RSS Plan • Continue work on Push Partner Registry, including application to First Responder Prophylaxis 	<ul style="list-style-type: none"> • PPHR Recognition obtained by June 2011. • Recommendations from workgroup have been incorporated into POD planning by June 2010. • Successful implementation of POD stand up completed by June 2011. 	<p>Mass Prophylaxis plan, Point Of Dispensing (POD) plan , Push Partner plan and Public Health annex plan to be exercised by 6/2011</p> <p>PPHR recognition application to be submitted by 9/2011.</p>
<p>DHHS has a highly trained and skilled workforce that is able to respond effectively to an emergency or major event.</p>	<ul style="list-style-type: none"> • Complete development of a comprehensive Public Health Preparedness Training and Exercise Plan • Identify and facilitate staff participation in departmental trainings • Just in Time trainings completed for all staff positions. 	<p>100% of DHHS staff knows that they have a role in emergency response.</p>	<p>To be completed by 7/1/2011</p>
<p>DHHS staff is integrated into County Emergency Operations Center (EOC) functions.</p>	<ul style="list-style-type: none"> • Develop plan for DHHS staff roles integration into EOC 	<p>100% of identified staff trained for participation in EOC by June 2011.</p>	<p>!00% of staff will be identified by 6/2011 Training and exercises will commence in 6/2011 and will be ongoing</p>

Sustainable and workable plan for integration of Medical Reserve Corps (MRC) volunteers into Public Health Emergency Preparedness and County responses.

- staffing patterns
- Identify DHHS staff to fill roles and have those staff trained and exercised
- Identify roles for MRC volunteers during exercises and events
- Identify sustainability model for Washington County MRC
- Determine appropriate composition and qualifications for MRC membership

Role and sustainability plans for MRC volunteers in place by July 2011.

Sustainability model has been identified and implementation will commence through 8/2012.

MRC roles, composition and qualifications and credentialing for Washington County

IV. Additional Requirements

SB555:

Washington County's Commission on Children and Families is under the governance of Washington County Department of Health and Human Services, the Local Public Health Authority

431.410 Boards of Health for counties:

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

V. Unmet needs

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

Washington County Public Health began planning for national public health accreditation in late fall of 2009 by completing of a baseline self assessment survey of the local standards and measures drafted by the Public Health Accreditation Board. In August 2010 welcomed an AmeriCorps VISTA member who works closely with public health leadership in accreditation planning efforts. Specifically those efforts have included: engaging and assisting public health leadership in working toward accreditation; developing a comprehensive plan to meet accreditation standards and designing and developing a document repository. Washington County's commitment to accreditation continues with monthly accreditation planning and updates with public health leadership as well as the renewal of an AmeriCorps VISTA member to assist in accreditation efforts over the next two years.

Monitor health status to identify community health problems:

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

Inform, educate and empower people about health issues:

Underrepresented communities and special populations: Washington County's refugee and immigrant population continues to grow in size and complexity. In an effort to address the needs of these communities, Washington County Public Health has renewed relationships with organizations such as the Immigrant and Refugee Community Organization (IRCO) as well as the Parish Health Outreach Program with Providence Health systems. Utilizing recent funding opportunities through the Office of Multicultural Health and Services, Washington County is actively participating in the planning and implementation of health equity strategies that address community accessibility, access to health care, healthy, active living and civic engagement in culturally effective ways.

Mobilize community partnerships to identify and solve health issues:

Chronic Disease Prevention Program Planning: Washington County continues to work towards the development and implementation of a chronic disease prevention program that seeks program funding and continued capacity building efforts under the guidance of our Washington County Community Health Action Response Team (CHART). The CHART is leading efforts in the development of sustainable, comprehensive strategies that engage community partners and community residents to make Washington County a healthier place to live, work and play. Utilizing *Healthy Communities* funding, the Washington County CHART completed a community health assessment in February 2011 and the subsequent Community Action Plan (CAP) will be completed by May 2011. The CAP highlights systems and environmental changes within a number of sectors in the county and is highly collaborative in nature with goals such as farm to school initiatives, supporting tobacco-free environments policies and promoting physical activity opportunities for children. Despite the discontinuation of state funding, Washington County is committed to continued collaboration with community partners and exploring funding opportunities that will support the implementation of the CAP.

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

Assure a competent public health and personal healthcare workforce

Implementing cross-cultural effectiveness: Providing culturally appropriate services and operating effectively across cultural differences requires an organizational development approach that integrates principals and philosophies throughout the organization. Washington County Public Health leadership is committed to creating an organization that values and adapts to diversity and works to continually expand cultural knowledge and resources. Washington County continues to work with community based organization that have expertise in cultural effectiveness and has provided training opportunities for public health staff throughout the year.

Facilitated leadership opportunities: Washington County Public Health is dedicated to building skilled and sustainable leadership capacity within the

organization. Many public health managers and supervisors have participated in facilitated leadership workshops taught by Multnomah County Health Department staff. The public health leadership team has adopted facilitated leadership practices and is applying those principles in our work throughout the public health division.

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

Program evaluation and monitoring outcomes: Program evaluation activities are essential in determining program improvements and resource allocation. Program evaluation offers the opportunity to gain insight, improve program practice, assess effects and build capacity within public health programs. There is a need to improve program evaluation skills among the public health program supervisors.

Electronic Health Records System:

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

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

VI. Budget

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

Linden Chin, Senior Management Analyst
Washington County Department of
Health and Human Services
Administrative Services Division
155 N. First Ave. MS-4
Hillsboro, OR 97124

mailto:linden_chin@co.washington.or.us

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?

I. 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.

1. Yes No Written performance evaluations are done annually.
2. Yes No Evidence of staff development activities exists.
3. Yes No Personnel records for all terminated employees are retained consistently with State Archives rules.
4. Yes No Records include minimum information required by each program.
5. Yes No A records manual of all forms used is reviewed annually.
6. Yes No There is a written policy for maintaining confidentiality of all client records which includes guidelines for release of client information.
7. Yes No Filing and retrieval of health records follow written procedures.
8. Yes No Retention and destruction of records follow written procedures and are consistent with State Archives rules.
9. Yes No Local health department telephone numbers and facilities' addresses are publicized.
10. Yes No Health information and referral services are available during regular business hours.
11. 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.
12. 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.
13. Yes No To preserve the confidentiality and security of non-public abstracts, all vital records and all accompanying documents are maintained.
14. Yes No Certified copies of registered birth and death certificates are issued within one working day of request.
15. 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.
16. Yes No A system to obtain reports of deaths of public health significance is in place.

17. 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.
18. Yes No Health department administration and county medical examiner review collaborative efforts at least annually.
19. Yes No Staff is knowledgeable of and has participated in the development of the county's emergency plan.
20. Yes No Written policies and procedures exist to guide staff in responding to an emergency.
21. Yes No Staff participate periodically in emergency preparedness exercises and upgrade response plans accordingly.
22. Yes No Written policies and procedures exist to guide staff and volunteers in maintaining appropriate confidentiality standards.
23. 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.
24. 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

25. Yes No There is a mechanism for reporting communicable disease cases to the health department.
26. 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.
27. 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.
28. Yes No Access to prevention, diagnosis, and treatment services for reportable communicable diseases is assured when relevant to protecting the health of the public.

29. 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.
30. Yes No There is a mechanism for reporting and following up on zoonotic diseases to the local health department.
31. Yes No A system exists for the surveillance and analysis of the incidence and prevalence of communicable diseases.
32. 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.
33. Yes No Immunizations for human target populations are available within the local health department jurisdiction.
34. Yes No Rabies immunizations for animal target populations are available within the local health department jurisdiction.

Environmental Health

35. Yes No Food service facilities are licensed and inspected as required by Chapter 333 Division 12.
36. Yes No Training is available for food service managers and personnel in the proper methods of storing, preparing, and serving food.
37. Yes No Training in first aid for choking is available for food service workers.
38. Yes No Public education regarding food borne illness and the importance of reporting suspected food borne illness is provided.
39. Yes No Each drinking water system conducts water quality monitoring and maintains testing frequencies based on the size and classification of system.
40. Yes No Each drinking water system is monitored for compliance with applicable standards based on system size, type, and epidemiological risk.
41. Yes No Compliance assistance is provided to public water systems that violate requirements.
42. Yes No All drinking water systems that violate maximum contaminant levels are investigated and appropriate actions taken.

43. Yes No A written plan exists for responding to emergencies involving public water systems.
44. Yes No Information for developing a safe water supply is available to people using on-site individual wells and springs.
45. Yes No A program exists to monitor, issue permits, and inspect on-site sewage disposal systems.
46. Yes No Tourist facilities are licensed and inspected for health and safety risks as required by Chapter 333 Division 12.
47. Yes No School and public facilities food service operations are inspected for health and safety risks.
48. Yes No Public spas and swimming pools are constructed, licensed, and inspected for health and safety risks as required by Chapter 333 Division 12.
49. Yes No A program exists to assure protection of health and the environment for storing, collecting, transporting, and disposing solid waste.
50. Yes No Indoor clean air complaints in licensed facilities are investigated.
51. Yes No Environmental contamination potentially impacting public health or the environment is investigated.
52. Yes No The health and safety of the public is being protected through hazardous incidence investigation and response.
53. 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.
54. 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

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

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

Nutrition

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

Older Adult Health

66. Yes No Health department provides or refers to services that promote detecting chronic diseases and preventing their complications.
67. Yes No A mechanism exists for intervening where there is reported elder abuse or neglect.
68. 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.

69. 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

70. Yes No Perinatal care is provided directly or by referral.

71. Yes No Immunizations are provided for infants, children, adolescents and adults either directly or by referral.

72. Yes No Comprehensive family planning services are provided directly or by referral.

73. 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.

74. Yes No Child abuse prevention and treatment services are provided directly or by referral.

75. Yes No There is a system or mechanism in place to assure participation in multi-disciplinary teams addressing abuse and domestic violence.

76. Yes No There is a system in place for identifying and following up on high risk infants.

77. Yes No There is a system in place to follow up on all reported SIDS deaths.

78. Yes No Preventive oral health services are provided directly or by referral.

79. Yes No Use of fluoride is promoted, either through water fluoridation or use of fluoride mouth rinse or tablets.

80. Yes No Injury prevention services are provided within the community.

Primary Health Care

81. Yes No The local health department identifies barriers to primary health care services.

82. Yes No The local health department participates and provides leadership in community efforts to secure or establish and maintain adequate primary health care.

83. Yes No The local health department advocates for individuals who are prevented from receiving timely and adequate primary health care.
84. Yes No Primary health care services are provided directly or by referral.
85. Yes No The local health department promotes primary health care that is culturally and linguistically appropriate for community members.
86. Yes No The local health department advocates for data collection and analysis for development of population based prevention strategies.

Cultural Competency

87. Yes No The local health department develops and maintains a current demographic and cultural profile of the community to identify needs and interventions.
88. 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.
89. Yes No The local health department assures that advisory groups reflect the population to be served.
90. Yes No The local health department assures that program activities reflect operation plans for provision of culturally and linguistically appropriate services.

II. 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: Kathleen O’Leary, RN, MPH

- | | |
|---|---|
| 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 checked="" type="checkbox"/> No <input type="checkbox"/> |
| Has the Administrator taken a graduate level course in epidemiology? | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| Has the Administrator taken a graduate level course in environmental health? | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| Has the Administrator taken a graduate level course in health services administration? | Yes <input checked="" type="checkbox"/> No <input 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.

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

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

AND

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

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

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

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

OR

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

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

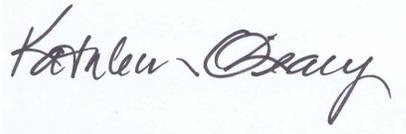
- d. Yes No The local health department Health Officer meets minimum qualifications:

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

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

Agencies are required to include with the submitted Annual Plan:

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

A handwritten signature in black ink on a light blue background. The signature reads "Kathleen Gray" in a cursive script.

Local Public Health Authority

Washington County 05/02/11
County Date

**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: Washington County HHS Public Health

Contact: Michele Karaffa, RN

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

Problem Statement	Objective(s)	Planned Activities	Evaluation
While Washington County Public Health only saw 20.7% of women in need in 2009 there are two other providers in Washington County whose data is not included in this number.	Work with other providers and the State to ascertain what the true percent of women in need who are served in Washington County.	Meet with program supervisors from Planned Parenthood, the 3 Virginia Garcia Memorial Health Clinics and the State Family Planning staff to ascertain the total percent of women in need served in Washington County so as to plan activities that would increase services delivered	Percentage of women in need in Washington County is known and accurate.
	Increase the percent of women in need served in Washington County.	Expand outreach activities after discussion with Washington County Health Educator Staff.	The Family Planning Program FY10 data review will show an increase in the percentage of women in need served in Washington County

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

Problem Statement	Objective(s)	Planned Activities	Evaluation
While Washington County currently offers a broad range of contraceptive methods, according to the Family Planning Program –FY 10 Data Review, we have 14% of the Family Planning clients who do not leave the visit with a birth control method that is equally or more effective	Improve Family Planning data collection	Revise Washington County’s CVR and train nurses, NPs and support staff to include only Family Planning Clients.	Fewer STD inaccurately reported as Family Planning clients.
		Implement electronic health record program that will provide a better method of data collection for the Family Planning and STD programs.	Accurate data on Family Planning and STD programs.

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

Progress on Goals / Activities for FY 2011
(Currently in Progress)

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

Goal / Objective	Progress on Activities
Goal 1: Assure continued high quality clinical family planning and related preventive health services to improve overall individual and community health	The Washington County family planning program has two part-time health educators as well as two full time AmeriCorps members that primarily focus on reproductive health outreach and education. In addition to the Smart Start program that takes place at the Coffee Creek Correctional Facility at least two times per month, our health educators meet with community based organizations include drug and alcohol treatments centers, domestic violence centers, residential treatment centers, parole and probation, girls groups, high school and middle school health classes, and mental health agencies with the intent of reproductive health education as well as referral to Washington County for reproductive health services. Throughout the year, the health education team participates in a

	<p>number of community-based events to promote clinic services as well as provide health education. We reach approximately 500 individuals per month in our outreach and education efforts.</p>
<p>Goal 2: Increase family planning services to teens in need of reproductive health services</p>	<p>In FY 08-09 Washington County Public Health clinics saw 719 teens in Hillsboro and 432 in Tigard.</p> <p>We did not get teens surveyed regarding whether they were referred from a SBHC.</p> <p>Both the health educators and the AmeriCorps members spend time visiting with high school counseling offices, SBHCs and health classes ensuring that students, staff and teachers have the most up to date information about clinic services as well as reproductive health. We promote the walk-in teen clinics as well as clinic services offered by appointment. In addition, we spend time at alternative high schools and private high schools sharing the same health education messages and clinic referrals.</p>



PLANNING WORKSHEET #3
PROGRAM MODELS, TARGET NUMBERS, ACTIVITIES AND OBJECTIVES
FY 2012 **APPENDIX B**

Types of HIV Testing	Yes	No	Est. # of Conventional HIV Tests	Est. # Rapid HIV Tests	
HIV Screening		x			
Targeted HIV Testing	x		25	275	
Types of Viral Hepatitis Activities	Yes	No	Activity Estimates		
Hepatitis A/B Vaccinations		x	# of adult vaccinations provided annually		
Hepatitis C Screening		x	# of hepatitis C screening tests annually		
Viral Hepatitis Prevention Education					
Individual Level Education		x	# of individuals educated annually		
Small Group Level Education	x		# of groups and # of individuals annually	Groups: 25	Individuals: 500
Other, please describe					

HIV Program Models and Annual Target Numbers				
CDC Program Model	Intervention Name	Target Population(s)	Major Activities /Objectives	Projected # of Annual HIV Tests
CTRS	HIV Counseling and Testing	MSM	HIV testing at a location in Washington County	120
		PWID	HIV testing at community corrections in Washington County	125
		Sub-population(s) or populations of concern		
		<i>Partners of PLWHIV/AIDS</i>	HIV testing at a location in Washington County	30
		Other identified sub-populations or populations of concern (please specify)		



PLANNING WORKSHEET #3
PROGRAM MODELS, TARGET NUMBERS, ACTIVITIES AND OBJECTIVES
FY 2012 **APPENDIX B**

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Intervention Name:	Projected # of Annual HIV Tests
Major Activities/Objectives:	SMART Process Objectives (Specific Measureable, Achievable, Realistic and Time Based)
1. In FY 2011, provide 120 HIV tests to MSM.	1.
	2.
	3.
	4.
	5.
2. In FY 2011, provide 125 HIV tests to PWID.	1.
	2.
	3.
	4.
	5.
3. In FY 2011, provide 30 tests to partners of PLWHIV/AIDS.	1.
	2.
	3.
	4.



PLANNING WORKSHEET #3
PROGRAM MODELS, TARGET NUMBERS, ACTIVITIES AND OBJECTIVES
FY 2012 **APPENDIX B**

		5.		
CDC Program Model	Intervention Name	Target Population(s)	Major Activities /Objectives	Projected # of Annual HIV Tests
Outreach	Outreach to HIV Counseling and Testing	PLWHIV/AIDS	Conduct internet outreach, adult video and bookstores; work with DIS	30
		MSM	Conduct internet outreach, adult video and bookstores	120
		PWID	Conduct outreach in community corrections	125
		Sub-population(s) or populations of concern		
		<i>Partners of PLWHIV/AIDS</i>		
		Partners of PWID		
		Other identified sub-populations or populations of concern (please specify)		
Health Communication/ Public Information		PLWHIV/AIDS		
		MSM		
		PWID		
		Sub-population(s) or populations of concern		
		<i>Partners of PLWHIV/AIDS</i>		
		Partners of PWID		



PLANNING WORKSHEET #3
PROGRAM MODELS, TARGET NUMBERS, ACTIVITIES AND OBJECTIVES
FY 2012 **APPENDIX B**

		Other identified sub-populations or populations of concern (please specify)		

Intervention Name:	
Major Activities/Objectives:	SMART Process Objectives (Specific Measurable, Achievable, Realistic and Time Based)
1.	1.
	2.
	3.
	4.
	5.
2.	1.
	2.
	3.
	4.
	5.
3.	1.
	2.



PLANNING WORKSHEET #3
PROGRAM MODELS, TARGET NUMBERS, ACTIVITIES AND OBJECTIVES
FY 2012 **APPENDIX B**

	3.
	4.

Intervention Name:	
Major Activities/Objectives:	SMART Process Objectives (Specific Measureable, Achievable, Realistic and Time Based)
4	1.
	2.
	3.
	4.
	5.
5.	1.
	2.
	3.
	4.
	5.
6.	1.
	2.



PLANNING WORKSHEET #3
PROGRAM MODELS, TARGET NUMBERS, ACTIVITIES AND OBJECTIVES
FY 2012 **APPENDIX B**

	3.	
	4.	



PLANNING WORKSHEET #3
PROGRAM MODELS, TARGET NUMBERS, ACTIVITIES AND OBJECTIVES
FY 2012 **APPENDIX B**

HIV Program Models and Annual Target Numbers				
CDC Program Model	Intervention Name	Target Population(s)	Major Activities /Objectives	Projected # of Annual HIV Tests
Health Education/Risk Reduction	Oregon Harm Reduction: Education	PLWHIV/AIDS		
		MSM		
		PWID		
		Sub-population(s) or populations of concern		
		<i>Partners of PLWHIV/AIDS</i>		
		Partners of PWID		
		Other identified sub-populations or populations of concern (please specify)		
Health Education/Risk Reduction	Oregon Harm Reduction: Syringe Support Program	PLWHIV/AIDS		
		MSM		
		PWID		
		Sub-population(s) or populations of concern		
		Other identified sub-populations or populations of concern (please specify)		



PLANNING WORKSHEET #3
PROGRAM MODELS, TARGET NUMBERS, ACTIVITIES AND OBJECTIVES
FY 2012 **APPENDIX B**

Intervention Name:	
Major Activities/Objectives:	SMART Process Objectives (Specific Measureable, Achievable, Realistic and Time Based)
1	1.
	2.
	3.
	4.
	5.
2.	1.
	2.
	3.
	4.
	5.
3.	1.
	2.
	3.
	4.
	5.



PLANNING WORKSHEET #3
PROGRAM MODELS, TARGET NUMBERS, ACTIVITIES AND OBJECTIVES
FY 2012 **APPENDIX B**

Intervention Name:	
Major Activities/Objectives:	SMART Process Objectives (Specific Measureable, Achievable, Realistic and Time Based)
4.	1.
	2.
	3.
	4.
	5.
5.	1.
	2.
	3.
	4.
	5.
6.	1.
	2.
	3.
	4.
	5.



PLANNING WORKSHEET #3
PROGRAM MODELS, TARGET NUMBERS, ACTIVITIES AND OBJECTIVES
FY 2012 **APPENDIX B**

HIV Program Models and Annual Target Numbers				
CDC Program Model	Intervention Name (for example: Healthy Relationships, Community Promise, Mpowerment, SNS)	Target Population(s)	Major Activities /Objectives	Projected # of Annual HIV Tests
Health Education/Risk Reduction		PLWHIV/AIDS		
		MSM		
		PWID		
		Sub-population(s) or populations of concern		
		Other identified sub-populations or populations of concern (please specify)		
Health Communication/ Public Information		PLWHIV/AIDS		
		MSM		
		PWID		
		Sub-population(s) or populations of concern		



PLANNING WORKSHEET #3
PROGRAM MODELS, TARGET NUMBERS, ACTIVITIES AND OBJECTIVES
FY 2012 **APPENDIX B**

Intervention Name:	
Major Activities/Objectives:	SMART Process Objectives (Specific Measureable, Achievable, Realistic and Time Based)
1.	1.
	2.
	3.
	4.
	5.
2.	1.
	2.
	3.
	4.
	5.
3.	1.
	2.
	3.
	4.



PLANNING WORKSHEET #3
PROGRAM MODELS, TARGET NUMBERS, ACTIVITIES AND OBJECTIVES
FY 2012 **APPENDIX B**

Intervention Name:	
Major Activities/Objectives:	SMART Process Objectives (Specific Measureable, Achievable, Realistic and Time Based)
1.	1.
	2.
	3.
	4.
	5.
2.	1.
	2.
	3.
	4.
	5.
3.	1.
	2.
	3.
	4.

This sheet will be completed during the program planning meeting with Oregon HIV Prevention Program Staff.



PLANNING WORKSHEET #3
PROGRAM MODELS, TARGET NUMBERS, ACTIVITIES AND OBJECTIVES
FY 2012 **APPENDIX B**

Intervention Name	Specific information for PEMS Regarding Intervention		
	Planned # of Cycles	Planned Delivery Methods	
Outreach to CTRS		<input type="checkbox"/> In person <input type="checkbox"/> Internet <input type="checkbox"/> Printed materials – magazines/newspapers <input type="checkbox"/> Printed materials- pamphlets/brochures <input type="checkbox"/> Printed materials – posters/billboards	<input type="checkbox"/> Radio <input type="checkbox"/> Television <input type="checkbox"/> Video <input type="checkbox"/> Other: _____
		<input type="checkbox"/> In person <input type="checkbox"/> Internet <input type="checkbox"/> Printed materials – magazines/newspapers <input type="checkbox"/> Printed materials- pamphlets/brochures <input type="checkbox"/> Printed materials – posters/billboards	<input type="checkbox"/> Radio <input type="checkbox"/> Television <input type="checkbox"/> Video <input type="checkbox"/> Other: _____
		<input type="checkbox"/> In person <input type="checkbox"/> Internet <input type="checkbox"/> Printed materials – magazines/newspapers <input type="checkbox"/> Printed materials- pamphlets/brochures <input type="checkbox"/> Printed materials – posters/billboards	<input type="checkbox"/> Radio <input type="checkbox"/> Television <input type="checkbox"/> Video <input type="checkbox"/> Other: _____
		<input type="checkbox"/> In person <input type="checkbox"/> Internet <input type="checkbox"/> Printed materials – magazines/newspapers <input type="checkbox"/> Printed materials- pamphlets/brochures <input type="checkbox"/> Printed materials – posters/billboards	<input type="checkbox"/> Radio <input type="checkbox"/> Television <input type="checkbox"/> Video <input type="checkbox"/> Other: _____

Immunization Comprehensive Triennial Plan

Due Date: May 1
Every year

Local Health Department:

Plan A - Continuous Quality Improvement: Reduce Vaccine Preventable Disease

Calendar Years 2010-2012

Year 1: June, 2010 – May, 2011						
Objectives	Activities	Date Due / Staff Responsible		Outcome Measure(s)	Outcome Measure(s) Results	Progress Notes
A. Partner with OPIC, Pacific University in organizing IM Roundtable Workshop	Workshop agenda will focus on IM information for MD's , RN's & MA's in Washington Co.	10/10	GR	Hold all day workshop for at least 100 attendees	Successful 120 attendance from private clinics (50), public clinics (14) & schools (11) etc. Held at PCC-Rock Creek	Other Roundtable held in Pendleton, OR Evaluation showed 93% rated roundtable either a 4 or 5. Full agenda covered VFC, ALERT, school law, IM updates and clinical competence
B. Coordinate HPV Special Project for women 19-26 years old	Partnership with PCC-Rock Creek & Pacific Univ. in FG to promote HPV vaccine. Work in conjunction with VGMHC to promote HPV.	12/10	GR Intern & EC, RN	Dispense 1500 doses by December 31, 2010	Developed two flyers in English & Spanish to promote HPV Special Project. Distributed in clinics, PCC-Rock Creek and via VGMHC Ordered 280 additional doses to complete 2 nd & 3 rd doses for women who started the program prior to 12/31/10	Pacific University Student Health Center ended up with a separate state contract for HPV so they are pursuing this independently PCC-Rock Creek, Women's Resource Center trained staff to promote HPV special project State relaxed eligibility requirements so client did not have to have FP services at time of vaccination

Immunization Comprehensive Triennial Plan

Local Health Department: Plan B – Community Outreach and Education Calendar Years 2010-2012

Due Date: May 1
Every year

Year 1: June 2010-May, 2011						
Objectives	Activities	Date Due / Staff Responsible		Outcome Measure(s)	Outcome Measure(s) Results	Progress Notes
A. Conduct random visits to certified childcare facilities	Review immunizations records, Primary Review Procedures, state requirements and CIS supplies	Due 8/2010	Staff GR	Visit at least two certified childcare facilities	Visited three certified childcare facilities in Hillsboro area. Reviewed IM guidelines, state requirements and answered questions	Continue to set aside time to visit childcare facilities to assist them with Primary Review. Response has been positive. Topics such as ALERT, CIS forms and exemptions were discussed.
B. Conduct & promote outreach immunization activities	Promotional activities may include Elliot the Elephant in parades, special events, back-to-school, booth vender, kindergarten round-ups and school presentations	12/10	GR intern	Participate in at least six outreach activities involving IM education and promotion	Hillsboro Farmer's Market (3), PSU presentations, Hillsboro Roundtable, Washington Co. Fair, Kindergarten Roundups, Hines Nursery Health Fair, Veterans Fair Stand Down, Homeless Connect Shelter (Sonrise Church)	Participated in 15-20 outreach activities involving many community events. These will be ongoing activities to promote immunizations

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Goal 1: Update or develop all necessary Plans and Procedures

Objectives	Activities Planned to Meet Objectives	Lead Staff Member	Status	Deliverable /Output	Due Date/ Completed Y or N
1. Pan Flu, PH Annex, Mass Prophy and Mass Vax Plans will be revised and approved	<ol style="list-style-type: none"> 1. Review Pan Flu, PH Annex, Mass Prophy and Mass Vax Plans 2. Solicit partner input on needed revisions 3. Incorporate identified revisions into Plans 	Sue and John	Still working on preliminary reviews on plans, and in connection with PPHR	Revised and updated plans are approved by stakeholders	5/11
2. Develop needed Procedures for: <ul style="list-style-type: none"> o Severe Winter Weather o Evacuation o Green Emergency containers and Sat Phones o All purchased EP equipment (including tents, POD supplies, and PPE) 	<ol style="list-style-type: none"> 1. Finalize Severe Weather Policy 2. Finalize Evacuation Procedure 3. Organize and Inventory contents of Green Emergency Containers, write procedures for opening and using 4. Write procedures for locations and use of Satellite Phones, including routine testing 5. Inventory and organize PPE in PHEP room on 2nd Floor of Facilities Building, write procedures for accessing these and POD supplies and tents 	Sue Cynthia (ditto) Cynthia Cynthia Cynthia, temp	1 and 2. Bring to May CHS meeting for approval 3. Inventory completed, needs updated on all containers 4. Implemented 5. Done; need procedures	1 and 2. Approved Policy/procedures 3. Inventory list and procedure posted on inner door of Emergency Containers 4. Approved procedure, training plan implemented 5. Inventory Sheet of all Equipment and assets owned by HHS, along with location and	4/11 3/15/11 Ongoing support 3/11

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				activation procedure	
3. Obtain Project Public Health Ready (PPHR) Recognition	<ul style="list-style-type: none"> ○ Participate in regional PPHR workgroup ○ Participate in regional PPHR workshop ○ Perform LHD Gap Assessment, using PPHR Assessment tool ○ Identify appropriate HHS PPHR team members, based on Gap Assessment <ul style="list-style-type: none"> --determine scope of work --draft work plan --create letter to notify HHS of project ○ Meet with Rod, KOL to obtain approval for project, team ○ Recruit PPHR Team 	Sue, Cynthia	<p>Initial Stages done. Need to work on in-house training, update plans.</p> <p>Determine other stakeholders, solicit input and feedback.</p>	Team Members Identified	Submission due to state 6/11

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Goal 2: Develop and Implement Strategies to Increase Community Engagement in Preparedness Activities, and Enhance Community Resilience (including Special Needs and Vulnerable Populations)

Objectives	Activities Planned to Meet Objectives	Lead Staff Member	Status	Deliverable /Output	Due Date/ Completed Y or N
Develop strategies to enhance community preparedness and resilience <i>**Regional Objective**</i>	<ol style="list-style-type: none"> 1. Define community resilience 2. Research evidence-based practices to increase community resilience and engagement 	Sue, Cynthia		Recommended best practices for increasing community engagement and resilience.	
Engage citizens and community groups in emergency preparedness to allow greater efficiency and wider range of efforts. <i>**Regional Objective**</i>	<ol style="list-style-type: none"> 1. Develop community education plan and curricula based on best practices from first objective 2. Work with OCEM to leverage and coordinate efforts 3. Work regionally to leverage and coordinate efforts 4. Connect with IRCO and other community groups to identify community leaders 5. Use community leaders as advocates to train communities 	Cynthia, Sue	Pending completion of above	<ol style="list-style-type: none"> 1. Community training curricula developed 2. Resource Kit and Training materials developed for use by community trainers 	<p>9/2011</p> <p>10/11</p>

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Goal 3: Able to safely, smoothly and efficiently stand up as many PODs as necessary to deal with an event, on short notice.

Objectives	Activities Planned to Meet Objectives	Lead Staff Member	Status	Deliverable /Output	Due Date/ Completed Y or N
1. Facilitate and Support the "POD Squad" workgroup	Ongoing meetings of the POD Squad	Sue, with POD Squad team (John, Sharon, Cynthia)	Almost completed. Plan in final draft, JAS are being reviewed. Next steps are to meet with leadership at each city jurisdiction, will wait for new Health Officer.	Products of workgroup are: <ul style="list-style-type: none"> ○ Org Chart for POD Operations ○ Concept of Operations ○ Agency Buy-In ○ Identification of POD sites in participating jurisdictions ○ Identification of site-specific Incident Management Teams ○ POD IMT Deployment Plan 	Final Plan completion date 3/11 Roll-out to leadership dependant on PH Leadership availability. June or July 2011?
2. Exercise products of workgroup in a POD	1. Intro and Discussion with IMTs 2. Series of TTX with IMT in	Sue, with POD Squad team and	Not yet started, waiting on	Completed exercises with resulting AAR and IAP	Discussions 7/11 – 8/11 TTX in

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	Fall '11	partners	above		10/11?
3. Develop RSS Plan	1. Work with CS, OCEM and Facilities to complete RSS Plan, JAS, SOP	John, Sue		Completed and approved RSS Plan and JAS Plan exercised during CRI exercise 6/9/11	5/11 6/11
4. Continue work on Push Partner Registry, including application to First Responder Prophylaxis <i>**Regional Objective**</i>	1. Explore use of PPR for First Responder Prophy 2. Recruit new agencies, businesses into PPR 3. Hire temp to update PPR list	Cynthia, Cristin		Robust and updated list of businesses and First Responder Organizations signed up with PPR Few participants exercised during CRI exercise 6/11	4/11 6/8/11

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Goal 4: Meet or exceed all State and Federal Grant Requirements

Objectives	Activities Planned to Meet Objectives	Lead Staff Member	Status	Deliverable /Output	Due Date/ Completed Y or N
1. Complete current '09-'10 TAR (CDC Technical Assistance Review) requirements	Continue work tracking TAR requirements and county work to satisfy those requirements	John	ongoing	Score of 69 or better on TAR review in July 2011	7/11
2. Meet all PE 12 and PE 2 deadlines and requirements	Complete required reports, exercises and drills to meet all PE 12 and PE 2 requirements	Sue, John	ongoing	Completion of all PE 12, 2 Requirements See PE 12 Timeline Requirements for due dates and details	6/11 for all current year requirements

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Goal 5: Achieve a highly trained and skilled workforce, able to respond effectively to a disaster or major event

Objectives	Activities Planned to Meet Objectives	Lead Staff Member	Status	Deliverable /Output	Due Date/ Completed Y or N
A comprehensive PH Preparedness Training and Exercise Plan is developed, applicable to entire HHS department	1. Complete POD Plan, identify training needs associated with this	Sue, Cynthia	Ongoing	Completed and approved plan	4/11
	2. Develop tracking database to track all staff trainings	Cynthia	Working with IT, HR	Training database fully functional and ready to populate	?4/11
	3. Migrate completed training into Training Database	Cynthia	Info needs migrated	with appropriate employee trainings (past and current)	6/11
Specific key initial departmental trainings have been identified and training begun.	<ol style="list-style-type: none"> 1. Identify department-wide training gaps 2. Identify existing training modules and resources 3. Key initial training modules developed or modified and offered to departmental staff 	<p>Sue, Cynthia</p> <p>Sue, Cynthia</p>	<p>Resources and plans in place.</p> <p>Initial Team trainings begun.</p>	<p>Training modules developed</p> <p>Online modules and resources developed</p> <p>CHS-wide TTX 11/30/11 at 5th Wed.</p>	ongoing
Develop regional training plan for PH staff, in order to leverage regional PHEP efforts.	1. Coordinated regional training plan and offerings	Regional PHEP coord. (JS lead)	ongoing	Regional training schedule	9/2011

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

Objectives	Activities Planned to Meet Objectives	Lead Staff Member	Status	Deliverable /Output	Due Date/ Completed Y or N
1. HHS staff roles will be integrated into EOC staffing patterns	Meetings with EOC planning team to identify appropriate positions	Sue	Ongoing	Identified roles for HHS staff on EOC staffing pattern Appropriate staff exercised in EOC	ongoing
2. HHS staff will be identified to fill roles and be appropriately trained and exercised	<ol style="list-style-type: none"> 1. Work with Ops team to identify appropriate HHS staff for EOC roles 2. Provide needed training for identified staff 3. Support HHS staffing of EOC during activations, including upcoming county-wide exercises 	Sue, assisted by Cynthia	Not begun	Trained HHS staff to fulfill needed roles in EOC activations for exercise or real event purposes HHS Participation in County-wide FSX 5/11	County exercise 5/11/11

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

Objectives	Activities Planned to Meet Objectives	Lead Staff Member	Status	Deliverable /Output	Due Date/ Completed Y or N
1. Define and utilize common roles and job descriptions of volunteers across PDX metro region <i>**Regional Objective**</i>	Work with regional MRC Coordinators to define and agree on common roles and job descriptions	Cynthia, Zumana (regional MRC coordinator), other regional MRC coord.	ongoing	Identified roles for MRC volunteers in a variety of responses and exercises	9/11
2. Develop and implement common regional activation protocols, vetting process, training and exercising opportunities across Portland metro region <i>**Regional Objective**</i>	Work with regional MRC Coordinators to define and implement SOPs and protocols, training and exercise opportunities and requirements.	Cynthia, Zumana (regional MRC coordinator), other regional MRC coord.	ongoing	SOPs, protocols, and defined and approved processes for MRC volunteers. Common training and exercise schedule.	9/11
3. Work with VISTA volunteer to identify best sustainability model for the WC MRC	1. Network with other MRCs across the nation to identify 3 best practice models for consideration 2. Identify most appropriate model from the 3 identified	Cynthia, with new VISTA volunteer	Desired model identified 3/11	Sustainability model appropriate for WC MRC	5/11

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	3. Recruit MRC volunteers to form core of 3 Taskforces				
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Washington County Tobacco Prevention and Education Program Plan
FY 2011-12

Appendix E

Grantee: Washington County	
Best Practice Objective: BPO 1, Building Capacity for Chronic Disease Prevention, Early Detection and Self-Management	
SMART Objective: From July 2011 to June 2012 Washington County will promote self-management programs including Living Well, Tomando, AFEP or Walk With Ease and the Quit Line through networks, partnerships and referrals at least 6 times.	
Critical Question: This objective will reduce health disparities in Washington County by identifying populations and communities within Washington County which experience the greatest chronic disease burden with particular focus on low SES and the elderly.	
First Quarter Activities (July 1, 2011-Sept. 30, 2011)	
First Quarter Report (due Oct. 21, 2011)	
Coordination & Collaboration	<ul style="list-style-type: none"> • Identify additional community efforts that are moving forward on chronic disease prevention, early detection and or self-management • Identify opportunities for collaboration with existing efforts such as Living Well and Tomando through Tuality, Providence and DAVS. • Coordinate with Tuality, based on the outcome of their AFEP pilot, potential areas for promotion of AFEP program.
Assessment	<ul style="list-style-type: none"> • Assess expansion opportunities for Living Well and Tomando such as collaboration with other community institutions or organizations • Identify additional funding opportunities for chronic disease prevention and self-management
Education & Outreach (Development of Local Champions)	<ul style="list-style-type: none"> • Promote local leader trainings for Living Well and Tomando • Promote education and awareness of existing Living Well and Tomando class availability • Promote Arthritis Aquatic class in Hillsboro and other classes in other locations if offered
Media Advocacy	<ul style="list-style-type: none"> • Develop and submit a media release related to the new availability of Living Well and Tomando classes, when offered.
Policy Development, Promotion, & Implementation	<ul style="list-style-type: none"> • Continue to apply for additional funds to implement a dedicated chronic disease prevention plan in Washington County
Promote the Oregon Tobacco Quit Line	<ul style="list-style-type: none"> • Incorporate Quitline number into all materials and media activities. • Ensure that Quitline is included in Living Well and Tomando msgs.
Second Quarter Activities	
Second Quarter Report	

(Oct. 1, 2011-Dec. 31, 2011)		(due Jan. 20, 2012)
Coordination & Collaboration	<ul style="list-style-type: none"> Continue to work with Tuality, Providence and DAVS to promote Living Well and Tomando in all possible venues 	
Assessment	<ul style="list-style-type: none"> Identify additional funding opportunities for chronic disease prevention and self-management 	
Education & Outreach (Development of Local Champions)	<ul style="list-style-type: none"> Meet with local champions to encourage partnerships and collaborations in chronic disease prevention efforts Educate local champions about the prevalence of chronic disease and the importance of chronic disease prevention programs Continue to promote Arthritis Aquatic class in Hillsboro and other AF classes and locations if offered 	
Media Advocacy	<ul style="list-style-type: none"> Promote importance of chronic disease prevention programs and highlight existing activities in the local area 	
Policy Development, Promotion, & Implementation	<ul style="list-style-type: none"> None 	
Promote the Oregon Tobacco Quit Line	<ul style="list-style-type: none"> Include Quitline and importance of tobacco cessation in all materials, messaging and media activities. 	
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 work with Tuality, Providence, DAVS and new partners to promote Living Well and Tomando in all possible venues 	
Assessment	<ul style="list-style-type: none"> Assess which partnerships and collaborations would be most effective for participation Identify additional funding opportunities for chronic disease prevention and self-management 	
Education & Outreach (Development of Local Champions)	<ul style="list-style-type: none"> Connect with additional local leaders to educate about the importance of chronic disease prevention policies and self-management program Continue to promote Arthritis Aquatic class in Hillsboro and other AF classes and locations if offered 	
Media Advocacy	<ul style="list-style-type: none"> Develop and submit a media release related to chronic disease prevention and self management work related to Living Well and Tomando being offered in new venues 	

Policy Development, Promotion, & Implementation	None	
Promote the Oregon Tobacco Quit Line	<ul style="list-style-type: none"> • Include the Quitline number in all promotional materials and any earned media that may occur 	
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 work with Tuality to promote Living Well and Tomando in all possible venues 	
Assessment	<ul style="list-style-type: none"> • Identify additional funding opportunities for chronic disease prevention and self-management 	
Education & Outreach (Development of Local Champions)	<ul style="list-style-type: none"> • Continue to connect with additional local leaders to educate about the importance of chronic disease prevention policies • Continue to promote Arthritis Aquatic class in Hillsboro and other AF classes and locations if offered 	
Media Advocacy	<ul style="list-style-type: none"> • Develop and submit a media release related to chronic disease prevention and self management work related to Living Well, Tomando and any other locally existing programs 	
Policy Development, Promotion, & Implementation	None	
Promote the Oregon Tobacco Quit Line	<ul style="list-style-type: none"> • Include Quitline and importance of tobacco cessation in all materials, messaging and media activities. 	

Grantee: Washington County		
Best Practice Objective: BPO 2, Tobacco-Free Worksites		
SMART Objective: By June 2012 the City of Tualatin will have adopted a 100% tobacco-free worksite policy for all properties.		
Critical Question: This objective will reduce health disparities in the City of Tualatin by ensuring that visitors, clients/customers and staff all have access to tobacco free environments, including parks, the commons and the farmer's market which accepts WIC vouchers.		
First Quarter Activities (July 1, 2011-Sept. 30, 2011)		First Quarter Report (due Oct. 21, 2011)
Coordination & Collaboration	<ul style="list-style-type: none"> Identify appropriate support within Tualatin city management. Identify opportunities for collaboration and participation with existing efforts related to worksite health where the inclusion of tobacco free environments would be appropriate, such as the City of Tualatin's Fit City Challenge. 	
Assessment	<ul style="list-style-type: none"> Assess possibility of implementation of tobacco-free worksite policies for the City of Tualatin's Commons and Farmer's Market. 	
Education & Outreach (Development of Local Champions)	<ul style="list-style-type: none"> None 	
Media Advocacy	<ul style="list-style-type: none"> None 	
Policy Development, Promotion, & Implementation	<ul style="list-style-type: none"> None 	
Promote the Oregon Tobacco Quit Line	<ul style="list-style-type: none"> Incorporate Quitline number into all materials, messages and media activities. Encourage all facets of city government to include Quitline where appropriate 	
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 to work with City of Tualatin offices on implementation of tobacco-free worksite policies. 	
Assessment	<ul style="list-style-type: none"> None 	

Education & Outreach (Development of Local Champions)	<ul style="list-style-type: none"> Promote importance of tobacco-free worksites Educate local champions about the importance of tobacco free worksites, such as the Mayor and City Manager of Tualatin 	
Media Advocacy	<ul style="list-style-type: none"> None 	
Policy Development, Promotion, & Implementation	<ul style="list-style-type: none"> None 	
Promote the Oregon Tobacco Quit Line	<ul style="list-style-type: none"> Incorporate Quitline number into all materials, messages and media activities. Encourage all facets of city government to include Quitline where appropriate 	
Third Quarter Activities (Jan. 1, 2012-March 31, 2012)		Third Quarter Report (due April 22, 2012)
Coordination & Collaboration	<ul style="list-style-type: none"> Continue to identify opportunities for collaboration and participation with existing efforts related to worksite health where the inclusion of tobacco free environments would be appropriate 	
Assessment	<ul style="list-style-type: none"> None 	
Education & Outreach (Development of Local Champions)	<ul style="list-style-type: none"> None 	
Media Advocacy	<ul style="list-style-type: none"> Develop and submit a media release related to the importance of tobacco-free worksites, celebrate local leader with successful policies such as the City of Tualatin 	
Policy Development, Promotion, & Implementation	<ul style="list-style-type: none"> Work with City of Tualatin on development of tobacco-free property policy 	
Promote the Oregon Tobacco Quit Line	<ul style="list-style-type: none"> Incorporate Quitline number into all materials, messages and media activities. Encourage all facets of city government to include Quitline where appropriate 	
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 identify opportunities for collaboration and participation with existing efforts related to worksite health where the inclusion of 	

	tobacco free environments would be appropriate	
Assessment	<ul style="list-style-type: none"> • None 	
Education & Outreach (Development of Local Champions)	<ul style="list-style-type: none"> • None 	
Media Advocacy	<ul style="list-style-type: none"> • None 	
Policy Development, Promotion, & Implementation	<ul style="list-style-type: none"> • Continue to provide technical support for City of Tualatin's City manager in regards to a Smokefree Commons policy. 	
Promote the Oregon Tobacco Quit Line	<ul style="list-style-type: none"> • Incorporate Quitline number into all materials, messages and media activities. • Encourage all facets of city government to include Quitline where appropriate 	

Grantee: Washington County		
Best Practice Objective: BPO 3, Implement the Indoor Clean Air Act		
SMART Objective: By June 2012 Washington County will have responded to all complaints of violation of the Smokefree Workplace Law according to the protocol specified in the IGA.		
Critical Question: This objective will reduce health disparities in Washington County by ensuring that members of the public are equally protected from secondhand smoke.		
First Quarter Activities (July 1, 2011-Sept. 30, 2011)		First Quarter Report (due Oct. 21, 2011)
Coordination & Collaboration	<ul style="list-style-type: none"> • Coordinate with Environmental Health (EH) to receive, document (in hard copy and WEMS) & respond to complaints and violations of the Smokefree Workplace Law • Collaborate with EH staff to report all violations as observed while in the field • Meet with EH monthly to discuss emergent issues related to complaints and violations of the Smokefree Workplace Law 	
Assessment	<ul style="list-style-type: none"> • Internal tracking of complaints submitted to WEMS in relation to business type and locations (EH) • Assess number of current hookah businesses and tobacco shops in Washington County 	
Education & Outreach (Development of Local Champions)	<ul style="list-style-type: none"> • Continue to make Smokefree Workplace Law information available to the public through County website, Dept. web pages and general outreach and ed. efforts (make materials available through OTEC) • Collaborate with EH to tailor education and outreach efforts to specific groups/areas if indicated by internal tracking • Educate existing hookah businesses and tobacco shops about smokefree workplace law 	
Media Advocacy	<ul style="list-style-type: none"> • Develop and submit media release about hookah lounges and tobacco shops to educate business owners about the need for certification 	
Policy Development, Promotion, & Implementation	<ul style="list-style-type: none"> • Ensure that new staff orientation includes training on internal system of response • Review system of protocols and procedures for response to complaints. 	

Promote the Oregon Tobacco Quit Line	<ul style="list-style-type: none"> Continue to include Quitline information within any Smokefree Workplace Law messages and materials that are distributed 	
Second Quarter Activities (Oct. 1, 2011-Dec. 31, 2011)		Second Quarter Report (due Jan. 20, 2012)
Coordination & Collaboration	<ul style="list-style-type: none"> Coordinate with Environmental Health (EH) to receive, document (in hard copy and WEMS) & respond to complaints and violations of the Smokefree Workplace Law Collaborate with EH staff to report all violations as observed while in the field Meet with EH monthly to discuss emergent issues related to complaints and violations of the Smokefree Workplace Law 	
Assessment	<ul style="list-style-type: none"> Internal tracking of complaints submitted to WEMS in relation to business type and locations (EH) 	
Education & Outreach (Development of Local Champions)	<ul style="list-style-type: none"> Continue to make Smokefree Workplace Law information available to the public through County website, Dept. web pages and general outreach and ed. efforts (make materials available through OTEC) Collaborate with EH to tailor education and outreach efforts to specific groups/areas if indicated by internal tracking Educate existing hookah businesses and tobacco shops about smokefree workplace law 	
Media Advocacy	<ul style="list-style-type: none"> None 	
Policy Development, Promotion, & Implementation	<ul style="list-style-type: none"> Ensure that new staff orientation includes training on internal system of response Review system of protocols and procedures for response to complaints. 	
Promote the Oregon Tobacco Quit Line	<ul style="list-style-type: none"> Continue to include Quitline information within any Smokefree Workplace Law messages and materials that are distributed 	
Third Quarter Activities (Jan. 1, 2012-March 31, 2012)		Third Quarter Report (due April 20, 2012)
Coordination & Collaboration	<ul style="list-style-type: none"> Coordinate with Environmental Health (EH) to receive, document (in hard copy and WEMS) & respond to complaints and violations of the Smokefree Workplace Law Collaborate with EH staff to report all violations as observed while in the field 	

	<ul style="list-style-type: none"> • Meet with EH monthly to discuss emergent issues related to complaints and violations of the Smokefree Workplace Law 	
Assessment	<ul style="list-style-type: none"> • Internal tracking of complaints submitted to WEMS in relation to business type and locations (EH) 	
Education & Outreach (Development of Local Champions)	<ul style="list-style-type: none"> • Continue to make Smokefree Workplace Law information available to the public through County website, Dept. web pages and general outreach and ed. efforts (make materials available through OTEC) • Collaborate with EH to tailor education and outreach efforts to specific groups/areas if indicated by internal tracking • Educate existing hookah businesses and tobacco shops about smokefree workplace law 	
Media Advocacy	<ul style="list-style-type: none"> • Include success of OICAA in worksite health related media article (see BPO#2, 3rd Q.) 	
Policy Development, Promotion, & Implementation	<ul style="list-style-type: none"> • Ensure that new staff orientation includes training on internal system of response • Review system of protocols and procedures for response to complaints. 	
Promote the Oregon Tobacco Quit Line	<ul style="list-style-type: none"> • Continue to include Quitline information within any Smokefree Workplace Law messages and materials that are distributed 	
Fourth Quarter Activities (April 1, 2012-June 30, 2012)		Fourth Quarter Report (due July 20, 2012)
Coordination & Collaboration	<ul style="list-style-type: none"> • Coordinate with Environmental Health (EH) to receive, document (in hard copy and WEMS) & respond to complaints and violations of the Smokefree Workplace Law • Collaborate with EH staff to report all violations as observed while in the field • Meet with EH monthly to discuss emergent issues related to complaints and violations of the Smokefree Workplace Law 	
Assessment	<ul style="list-style-type: none"> • Internal tracking of complaints submitted to WEMS in relation to business type and locations (EH) 	
Education & Outreach (Development of Local Champions)	<ul style="list-style-type: none"> • Continue to make Smokefree Workplace Law information available to the public through County website, Dept. web pages and general outreach and ed. efforts (make materials available through OTEC) • Collaborate with EH to tailor education and outreach efforts to 	

	specific groups/areas if indicated by internal tracking <ul style="list-style-type: none"> Educate existing hookah businesses and tobacco shops about smokefree workplace law 	
Media Advocacy	<ul style="list-style-type: none"> None 	
Policy Development, Promotion, & Implementation	<ul style="list-style-type: none"> Ensure that new staff orientation includes training on internal system of response Review system of protocols and procedures for response to complaints. 	
Promote the Oregon Tobacco Quit Line	<ul style="list-style-type: none"> Continue to include Quitline information within any Smokefree Workplace Law messages and materials that are distributed 	

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

Public Health (Total FTE 1.4)

Tobacco Program Coordinator – Program Lead (1.0 FTE)

Health Promotions Supervisor – Oversight (0.4 FTE)

Environmental Health (Total FTE .62)

Environmental Health Specialist - Lead for investigation of complaints/violations (0.3 FTE)

Administrative Support – Lead for documentation of complaints through WEMS (0.2 FTE)

Environmental Health Public Health Supervisor – Oversight (0.1 FTE)

Environmental Health Educator – Outreach and education for enforcement (.02 FTE)

Grantee: Washington County		
Best Practice Objective: BPO 4, Smokefree Multi-Unit Housing		
SMART Objective: By June 2012, 50% (16) of subsidized multi-unit housing properties in Washington County will have adopted no-smoking rules for their properties.		
Critical Question: This objective will reduce health disparities in Washington County by ensuring that people who live in multiunit housing will have access to tobacco free environments		
First Quarter Activities (July 1, 2011-Sept. 30, 2011)		First Quarter Report (due Oct. 21, 2011)
Coordination & Collaboration	<ul style="list-style-type: none"> • Continue to meet with regional group that work towards tobacco free housing (TFH) • Identify opportunities for collaboration and participation with existing efforts related to healthy housing such as Tualatin Valley Fire & Rescue (TVF&R) and Community Development Corporations (CDCs) • Collaborate with regional partners and Health InSight (HI) to participate in Spectrum Trade Show 	•
Assessment	<ul style="list-style-type: none"> • Complete and submit first quarter trackmultiunitprop and rentadtrack reports to HI 	•
Education & Outreach (Development of Local Champions)	<ul style="list-style-type: none"> • Identify local champions such as TVF & R and CDCs • Educate local champions about the importance of TFH • Outreach to local partners in relation to Spectrum Trade Show 	•
Media Advocacy	<ul style="list-style-type: none"> • Develop and submit a media release related to the Spectrum Trade Show and the regional collaboration in the smokefree housing effort 	•
Policy Development, Promotion, & Implementation	<ul style="list-style-type: none"> • Provide technical support for landlords and property owners with an interest in tobacco-free housing policies 	
Promote the Oregon Tobacco Quit Line	<ul style="list-style-type: none"> • Incorporate Quitline number into all materials, messages and media activities. • Encourage landlords and property owners to include Quitline in promotion of tobacco free housing policy 	
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 to meet with regional group that work towards TFH • Identify opportunities for collaboration and participation with 	

	existing efforts related to healthy housing such as TVF&R and CDCs	
Assessment	<ul style="list-style-type: none"> • Complete and submit second quarter trackmultiunitprop and rentadtrack reports to HI 	
Education & Outreach (Development of Local Champions)	<ul style="list-style-type: none"> • Promote regional training in all venues • Educate local champions about the importance of TFH 	
Media Advocacy	<ul style="list-style-type: none"> • Develop and submit a media release related to the regional property manager training 	
Policy Development, Promotion, & Implementation	<ul style="list-style-type: none"> • Provide technical support for landlords and property owners with an interest in tobacco-free housing policies 	
Promote the Oregon Tobacco Quit Line	<ul style="list-style-type: none"> • Incorporate Quitline number into all materials, messages and media activities. • Encourage landlords and property owners to include Quitline in promotion of tobacco free housing policy 	
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 with regional group that work towards TFH • Identify opportunities for collaboration and participation with existing efforts related to healthy housing such as TVF&R and CDCs 	
Assessment	<ul style="list-style-type: none"> • Complete and submit third quarter trackmultiunitprop and rentadtrack reports to HI 	
Education & Outreach (Development of Local Champions)	<ul style="list-style-type: none"> • Promote regional training in all venues • Educate local champions about the importance of TFH 	
Media Advocacy	<ul style="list-style-type: none"> • Develop and submit a media release related to the regional property manager training 	
Policy Development, Promotion, & Implementation	<ul style="list-style-type: none"> • Provide technical support for landlords and property owners with an interest in tobacco-free housing policies 	
Promote the Oregon Tobacco Quit Line	<ul style="list-style-type: none"> • Incorporate Quitline number into all materials, messages and media activities. • Encourage landlords and property owners to include Quitline in promotion of tobacco free housing policy 	

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 with regional group that work towards tobacco free housing • Identify opportunities for collaboration and participation with existing efforts related to healthy housing such as TVF&R and CDCs 	
Assessment	<ul style="list-style-type: none"> • Complete and submit fourth quarter trackmultiunitprop and rentadtrack reports to HI 	
Education & Outreach (Development of Local Champions)	<ul style="list-style-type: none"> • Promote regional training in all venues • Educate local champions about the importance of TFH 	
Media Advocacy	<ul style="list-style-type: none"> • Develop and submit a media release related to the regional property manager training 	
Policy Development, Promotion, & Implementation	<ul style="list-style-type: none"> • Provide technical support for landlords and property owners with an interest in TFH policies 	
Promote the Oregon Tobacco Quit Line	<ul style="list-style-type: none"> • Incorporate Quitline number into all materials, messages and media activities. • Encourage landlords and property owners to include Quitline in promotion of TFH policy 	

Grantee: Washington County		
Best Practice Objective: BPO 9 ₁ , Tobacco-free Outdoor Venues		
SMART Objective: By June 2012 Tualatin Hills Parks and Recreation will have passed a comprehensive tobacco-free policy.		
Critical Question: This objective will reduce health disparities in Washington County by ensuring that all people who access Tualatin Hills Parks and Recreation facilities and programs will have tobacco-free environments while utilizing THP&D facilities and programs.		
First Quarter Activities (July 1, 2011-Sept. 30, 2011)		First Quarter Report (due Oct. 21, 2011)
Coordination & Collaboration	None	
Assessment	None	
Education & Outreach (Development of Local Champions)	None	
Media Advocacy	None	
Policy Development, Promotion, & Implementation	None	
Promote the Oregon Tobacco Quit Line	None	
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 to connect with Tualatin Hills Parks and Recreation (THPR) to discuss process for development and implementation of tobacco-free environments policy 	
Assessment	<ul style="list-style-type: none"> Continue to assess willingness and involvement with THPR board in regard to tobacco-free environments policy Identify potential for user group assessment in regard to passing TF policy 	
Education & Outreach (Development of Local Champions)	<ul style="list-style-type: none"> Conduct education and outreach to THPR staff and public as needed in effort to promote process of development and implementation of tobacco-free environments policy 	

Media Advocacy	None	
Policy Development, Promotion, & Implementation	None	
Promote the Oregon Tobacco Quit Line	<ul style="list-style-type: none"> • Incorporate Quitline number into all materials and messages related to tobacco-free environments discussions 	
Third Quarter Activities (Jan. 1, 2012-March 31, 2012)		Third Quarter Report (due April 20, 2012)
Coordination & Collaboration	<ul style="list-style-type: none"> • Collaborate with THPR to discuss development and implementation of comprehensive tobacco-free policy • Identify additional collaboration opportunities with THPR related to chronic disease prevention 	
Assessment	<ul style="list-style-type: none"> • Assess potential and extent of tobacco-free environments policy. • Conduct user group attitude assessment to demonstrate support for the policy • Identify additional funding opportunities for chronic disease prevention and self-management 	
Education & Outreach (Development of Local Champions)	<ul style="list-style-type: none"> • Promote importance of tobacco-free policies within organization and board. • Education local champions and/or board members regarding importance of tobacco-free policies and aspects of implementation 	
Media Advocacy	<ul style="list-style-type: none"> • Develop and submit media release celebrating existing tobacco-free outdoor environments policies. 	
Policy Development, Promotion, & Implementation	<ul style="list-style-type: none"> • Provide technical assistance and guidance in development and implementation of tobacco-free policy 	
Promote the Oregon Tobacco Quit Line	<ul style="list-style-type: none"> • Incorporate Quitline number into all materials and media activities. • Ensure that Quitline is included in policy education and promotion messages 	
Fourth Quarter Activities (April 1, 2012-June 30, 2012)		Fourth Quarter Report (due July 20, 2012)
Coordination & Collaboration	<ul style="list-style-type: none"> • Collaborate with THPR to discuss development and implementation of comprehensive tobacco-free policy • Identify additional collaboration opportunities with THPR related to chronic disease prevention 	

Assessment	<ul style="list-style-type: none"> • Assess potential and extent of tobacco-free environments policy. • Identify additional funding opportunities for chronic disease prevention and self-management 	
Education & Outreach (Development of Local Champions)	<ul style="list-style-type: none"> • Promote importance of tobacco-free policies within organization and board. • Education local champions and/or board members regarding importance of tobacco-free policies and aspects of implementation 	
Media Advocacy	<ul style="list-style-type: none"> • Develop and submit media release celebrating new tobacco-free outdoor environments policy. 	
Policy Development, Promotion, & Implementation	<ul style="list-style-type: none"> • Provide technical assistance and guidance in development and implementation of tobacco-free policy 	
Promote the Oregon Tobacco Quit Line	<ul style="list-style-type: none"> • Incorporate Quitline number into all materials and media activities. • Ensure that Quitline is included in policy education and promotion messages 	

Grantee: Washington County		
Best Practice Objective: BPO 9 ₂ , Tobacco-free Outdoor Venues		
SMART Objective: By June 2012 the Washington County Fair Complex will have passed a comprehensive tobacco-free policy.		
Critical Question: This objective will reduce health disparities in Washington County by ensuring that all people who access the Washington County Fair Complex will have tobacco-free environments while utilizing the facilities.		
First Quarter Activities (July 1, 2011-Sept. 30, 2011)		First Quarter Report (due Oct. 21, 2011)
Coordination & Collaboration	None	
Assessment	None	
Education & Outreach (Development of Local Champions)	None	
Media Advocacy	None	
Policy Development, Promotion, & Implementation	None	
Promote the Oregon Tobacco Quit Line	None	
Second Quarter Activities (Oct. 1, 2011-Dec. 31, 2011)		Second Quarter Report (due Jan. 20, 2012)
Coordination & Collaboration	<ul style="list-style-type: none"> Connect with Washington County Fair Complex (WCFC) to discuss process for development and implementation of tobacco-free environments policy 	
Assessment	<ul style="list-style-type: none"> Assess willingness and involvement with WCFC board in regard to tobacco-free environments policy Identify potential for user group assessment in regard to passing TF policy 	
Education & Outreach (Development of Local Champions)	<ul style="list-style-type: none"> Conduct education and outreach to WCFC staff and public as needed in effort to promote process of development and implementation of tobacco-free environments policy 	

Media Advocacy	None	
Policy Development, Promotion, & Implementation	None	
Promote the Oregon Tobacco Quit Line	<ul style="list-style-type: none"> • Incorporate Quitline number into all materials and messages related to tobacco-free environments discussions 	
Third Quarter Activities (Jan. 1, 2012-March 31, 2012)		Third Quarter Report (due April 20, 2012)
Coordination & Collaboration	<ul style="list-style-type: none"> • Collaborate with WCFC to discuss development and implementation of comprehensive tobacco-free policy • Identify additional collaboration opportunities with WCFC related to chronic disease prevention 	
Assessment	<ul style="list-style-type: none"> • Assess potential and extent of tobacco-free environments policy. • Conduct user group attitude assessment to demonstrate support for the policy 	
Education & Outreach (Development of Local Champions)	<ul style="list-style-type: none"> • Promote importance of tobacco-free policies within organization and board. • Educate local champions and/or board members regarding importance of tobacco-free policies and aspects of implementation 	
Media Advocacy	None	
Policy Development, Promotion, & Implementation	None	
Promote the Oregon Tobacco Quit Line	<ul style="list-style-type: none"> • Incorporate Quitline number into all materials and media activities. • Ensure that Quitline is included in policy education and promotion messages 	
Fourth Quarter Activities (April 1, 2012-June 30, 2012)		Fourth Quarter Report (due July 20, 2012)
Coordination & Collaboration	<ul style="list-style-type: none"> • Collaborate with WCFC to discuss development and implementation of comprehensive tobacco-free policy • Identify additional collaboration opportunities with WCFC related to chronic disease prevention such as potential for requirements for food vendors 	
Assessment	<ul style="list-style-type: none"> • Assess potential and extent of tobacco-free environments policy. 	

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

FY 2011 - 2012 WIC Nutrition Education Plan Form

County/Agency: Washington County
Person Completing Form: Tiare T. Sanna MS, RD
Date: April 4th, 2011
Phone Number: 503-846-4913
Email Address: tiare_sanna@co.washington.or.us

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

Washington County WIC staff members who are instrumental in both teaching and development of group nutrition education classes at Washington County will attend the PCE group training on October 14th in Portland. The group will be made up of staff members who attended past PCE group trainings at the state. These include Tiare Sanna (Nutrition Program Supervisor), Jan Apland (Sr. Public

Health Dietitian), Jeanette Howard (BFPC Coordinator), Maricela Garcia, Denise Duyck, Carol McManus, Juana Acuna, Christine Shepherd, Cenaida Valdivia, Marjorie Dreiseszun, Barbara Esparza (PC), and Audra Taber (PC). In addition, we will also invite Safia Mohamed, from the field team staff, as she helps Christine Shepherd with our Somali group education.

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:

Washington County has been slowly altering our group nutrition education classes to incorporate more PCE skills and strategies. By March 31st 2012, Washington County will have restructured our power point core classes to provide more participant centered education. These classes include “From Infant to Toddler” and “Tooth Time”. The power point presentations will be redone so that they are used more to guide discussion rather than to provide education to the WIC participants. The core class for our birth to 6 months age group is already in a facilitative learning format. For this class and other group education classes, staff will work to continue improving their PCE skills in the group setting by using strategies discussed at the Group PCE trainings. For the 2012 class schedule, we will be replacing our “Healthy Me Healthy You” power point class with a new general education class. This class will be developed using PCE group strategies.

Washington County will also continue to use PCE skills during staff in-services. This year we have been having our Public Health Lactation consultant lead discussions on the importance of breastfeeding support and providing effective breastfeeding education. She had the staff develop the topics to discuss and she acted as a facilitator rather than trainer as staff discussed breastfeeding education and how to better serve pregnant and breastfeeding women in Washington County. We will continue these discussions/in-services into FY 2011-2012. For other staff

in-services for the year, the training supervisor will work with staff to determine which topics are most relevant and necessary for them to be able to perform their job effectively. She will then utilize PCE skills developed at the PCE group trainings to outline the in-services for the WIC staff.

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:

The new classes, revised outlines, and class menu for the 2012 year will be discussed at the November 2011 or December 2011 staff meeting. During this meeting, class teachers will discuss the topics that are covered in each class and review the class outlines. In addition, a few of the classes will be demonstrated to the staff at large.

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:

Washington County has two prenatal breastfeeding classes. One class is the Nursing Mothers Group. This is a facilitative group discussion for mothers who have breastfed in the past either successfully or unsuccessfully. This class already implements many strategies of PCE. The women sit in a circle and share experiences and direct the conversation, with the WIC staff acting as the facilitator and breastfeeding expert. Staff members who teach this class will continue to increase their PCE skills related to providing education in a group setting. They will work to create a respectful and welcoming environment where adults feel safe and confident to share their experiences and knowledge. In addition, they will increase their skills accommodating children in groups, exploring different viewpoints among group participants, and correcting misinformation respectfully in a group setting.

The Nutrition Program Supervisor, the Sr. Public Health Dietitian, and the Public Health Lactation Consultant will work together to incorporate more PCE strategies into the Breastfeeding Basics class. Some staff members teach this class using a power point presentation. We will either work with those staff to wean them off of using the power point or modify the power point so that it serves more to direct discussion than to educate. We will adjust the outline to allow for more group discussion. We will also incorporate the Prenatal Breastfeeding Class developed by the state WIC staff.

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:

Washington County has already started to have our Public Health Lactation Consultant facilitate group discussions about breastfeeding education and support.

She had the staff develop the topics to discuss and she acted as the facilitator rather than trainer as staff discussed breastfeeding education and how to better serve pregnant and breastfeeding women. We will continue these discussions/in-services into FY 2011-2012, having her conduct at least two more breastfeeding in-services during staff meetings between July 2011 and June 2012. One of these in-services will be further discussion on biological nurturing and laid back nursing to follow-up with education that staff receives at the NWA conference in May 2011. The other will focus on increasing staff confidence in supporting the breastfeeding mother with early postpartum concerns.

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 last 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:

Washington County WIC will invite Safia Mohamed, with the Washington County field team, to attend the Group PCE training in October of 2011. Safia helps Christine Shepherd provide group education to our Somali clients.

In addition, once more of the online modules are complete, Washington County will share information on how to access the modules to the Washington County Healthy Start, Field Team, and Early Intervention staff.

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:

Washington County WIC will provide registration information to the supervisors of the Field team and Healthy Start for breastfeeding trainings sponsored by the State WIC program.

Once the breastfeeding online course is available, Washington County WIC will provide the Field Team and Healthy Start staff with information about accessing the course.

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:

The Nutrition Program Supervisor or the Sr. Public Health Dietitian will present the state developed in-service at our January 2012 staff meeting to increase staff's understanding of the factors influencing health outcomes. In addition, the Nutrition Program Supervisor and the Public Health Dietitian will continue to provide monthly in-services at staff meetings and encourage discussions at morning huddles to help increase staff knowledge and comfort level with nutrition, breastfeeding, and other behavioral factors that affect health outcomes in an effort to increase the effectiveness of nutrition education provided by Washington County WIC staff.

The Nutrition Program Supervisor and training supervisor will also pass along reports, articles, and/or materials to staff relating to improving health outcomes among our target population.

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

Implementation Plan and Timeline:

All Washington County WIC staff will complete the online Postpartum Nutrition course by March 31, 2012. The training supervisor will monitor to ensure that all staff complete the post-test with a score of 90% or higher.

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): Jan Apland

Appendix 2F

Attachment A

FY 2011-2012 WIC Nutrition Education Plan

WIC Staff Training Plan – 7/1/2011 through 6/30/2012

Agency:

Training Supervisor(s) and Credentials: Jan Apland MS, RD, IBCLC

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	Formula Impact on Breastfeeding and Infant Health	Review with staff the impact formula supplementation has on breastfeeding success and the potential health risks of not exclusively breastfeeding (for both mom and baby).
2	October 2011	Increasing breastfeeding assessment and education skills	Increase staff confidence in dealing with breastfeeding complications that occur in the early postpartum period.
3	January 2012	Factors influencing health outcomes	Conduct a facilitated group discussion to increase knowledge and awareness of factors that affect health outcomes, specifically those that affect our target population.
4	March 2012	Prenatal	Review concepts from the online Prenatal Nutrition modules; discuss

			how birth practices can affect breastfeeding.
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