

Josephine County, Oregon

Board of Commissioners: Simon Hare, Cheryl Walker, Keith Heck

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January 8, 2013

From: Public Health Director

To: Commissioner Walker

Subj: UPDATE TO PUBLIC HEALTH ANNUAL PLAN FOR 2013-2014

1. Background: The requirement for an Annual Plan is in statute (ORS 431.375-431.385 and ORS 431.416) and rule (OAR Chapter 333, Division 14). OAR 333-014-0060(2)(a) refers to CLHO (Conference of Local Health Officials) Standards program indicators as part of the Public Health Department Annual Plan.
2. The Annual Plan is an opportunity for the Local Public Health Authority (LPHA) to describe for both the state public health agency and the local community the goals and strategies to fulfill statutory, contractual, and locally driven obligations. The Board of County Commissioners is the LPHA.
3. I requested an extension to the December 6, 2012 due date so that my new Commissioner liaison could have an opportunity to review Josephine County's plan. A comprehensive plan was developed last year, and only updates are required this year. The new due date to have the Annual Plan submitted to the state is January 15, 2013.

Respectfully,

A handwritten signature in blue ink, appearing to read "Diane Hoover", is written below the "Respectfully," text.

**Received
Josephine County**

JAN - 8 2013

**Board of
Commissioners**

"Partners In Prevention"

"Josephine County is an Affirmative Action/Equal Opportunity Employer and complies with Section 504 of the Rehabilitation Act of 1973"



JOSEPHINE COUNTY PUBLIC HEALTH

ANNUAL PLAN
2013 – 2014 -- Update of 2012



I. Executive Summary

Josephine County Public Health (JCPH) provides programs that meet the five essential public health services of epidemiology and control of preventable diseases, maternal and child health services, family planning, collection and reporting of health statistics, health information and referral services, per ORS 431. Other services that we provide include emergency preparedness, tobacco prevention and education, travel immunizations, animal protection and regulation, juvenile shelter and retention and adult jail health.

***Update:* In the summer of 2012 health services for the adult jail were transferred to an independent contractor and the juvenile shelter was closed for financial reasons.**

JCPH employees 28 staff members. Personnel are committed to improving the health of the community through the promotion of positive health behaviors and the provision of resources to clients and the community at large. JCPH relies on partner and community support to increase awareness on issues of public health importance. Events that affect a portion of the community or the whole community are important to address in an efficient and effective manner in order to minimize spread of disease, fear of risk and general misinformation. Our partners encompass many organizations, and depending on the situation, may include media, schools, businesses, public and private agencies and individual community members. JCPH strives to strengthen and broaden these partnerships on an ongoing basis.

***Update:* Five full-time staff members have been cut and several others reduced to part time status in order to meet the financial goals that the Board of County Commissioners has set for the department.**

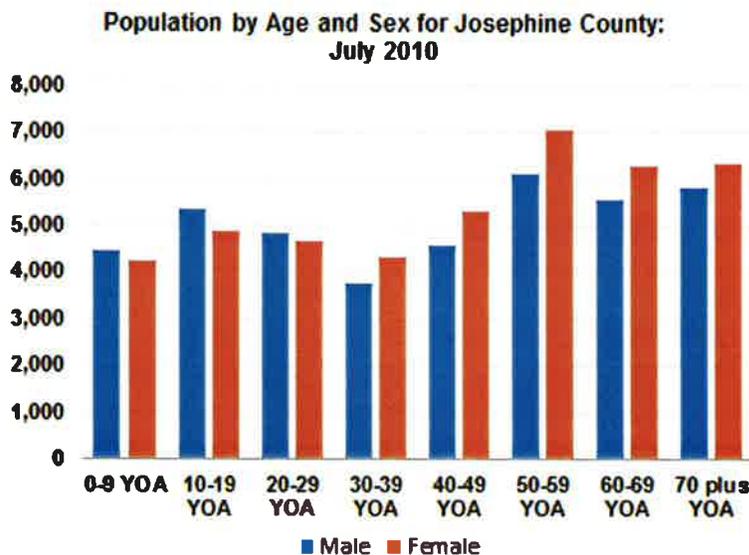
This comprehensive plan addresses issues, concerns and gaps for 2012 to 2013. Funding decreases since 2007 resulted in staffing decreases and “single-person deep” programs. Current county health department number of personnel is about what it was in 1967 when the county population was a third of its current size. With concerted efforts around collaboration, JCPH aspires to continue to provide services to a large under-served population. In addition, JCPH will be working to address specific areas of concern in health for our community members: smoking, marijuana and opioid abuse, and immunization rates. These efforts will entail community collaboration and focus, and JCPH is eager to lead that charge.

II. ASSESSMENT

1. Josephine County Health Issues and Needs:

Population and Demographics:

Josephine County has a population of 83,600 residents according to a report prepared by the Portland State University Population Research Center in March 2011. It is the 11th largest county in the state, with 2.2% of the population. This designates Josephine County as a “mid-size” county, with 11 counties larger in population and 24 counties smaller. The population has continued to climb in Josephine County 2000 – 2010 but at a slower rate than the rest of the state (10.4% vs. 12.4%). Grants Pass is the County seat and is one of two incorporated cities in the county. The other city is Cave Junction, a town of approximately 1,300 people that is located in the Illinois River Valley with a total area population of approximately 17,000. The town is surrounded by mountains with elevations ranging from 1236 feet to 3600 feet above sea level.



Josephine County has a higher population of persons over 65 Years of Age (YOA) (20.9% in 2010) as compared to all of Oregon (13.2%). This rate has continued to climb as the US population ages and as more retirees move into Oregon and Josephine County. Josephine County’s population has less diversity than the State as a whole, with fewer races and ethnic groups represented than in the State. Hispanics comprise the largest ethnic minority group. According to the 2010 Census, the percentage of Hispanic or Latino (of any race) has more than doubled in the two largest cities in Josephine County over the last decade. In response, JCPH is increasing the availability of information written in Spanish and targeting outreach efforts to inform parents who may not be legal residents, that free health insurance is available to their children. (U.S. Census Bureau, 2010 Census, Public Law 94-171 Summary File; 2000 Census, SF1)

According to the 2011 County Health Rankings, Josephine County fails to meet several important social and economic factor benchmarks;

	National Benchmark	Oregon	Josephine County
High School Graduation	92%	74%	70%
Some College	68%	64%	52%
Unemployment	5%	11%	14%
Percent of Children in Poverty	11%	18%	30%
Inadequate Social Support	14%	16%	20%
Single-Parent Households	20%	29%	30%

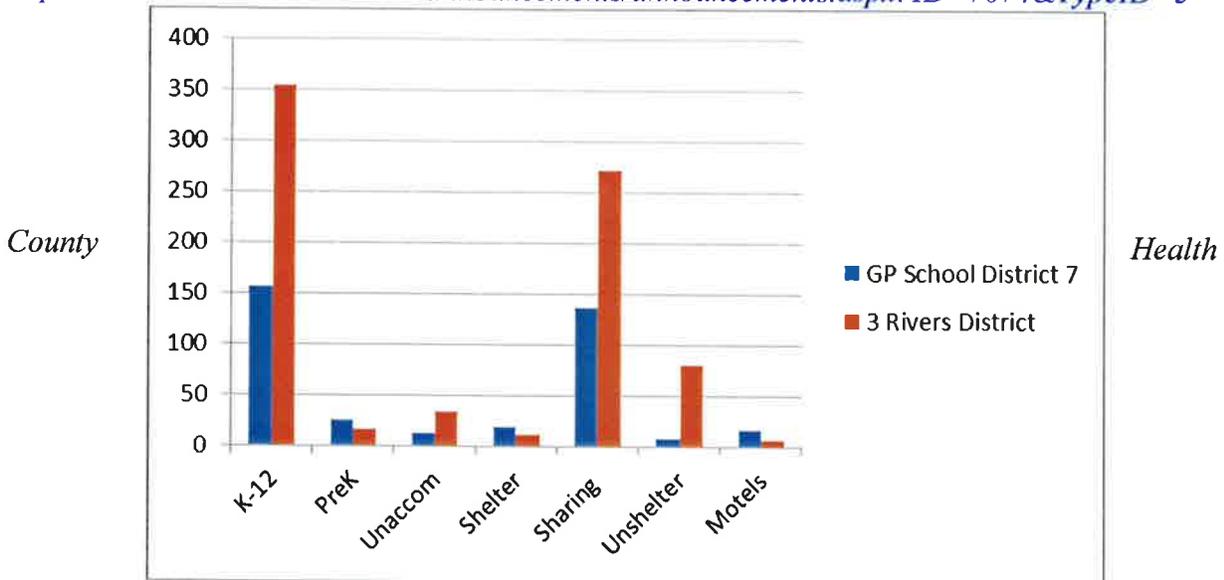
Update: According to the 2012 County Health Rankings, Josephine County still fails to meet several important social and economic factor benchmarks;

	National Benchmark	Oregon	Josephine County
High School Graduation	N/A	66%	64%
Some College	68%	64%	52%
Unemployment	5.4%	10.8%	14.2%
Percent of Children in Poverty	13%	22%	31%
Inadequate Social Support	14%	16%	19%
Single-Parent Households	20%	30%	32%

In the school year 2010- 2011 there were 551 homeless students enrolled in County public schools. This last year was the first time data was widely available on the number of homeless preschoolers in Oregon. With the assistance of Head Start and Oregon Pre-Kindergarten Programs, a total of 1,087 homeless preschoolers (age 3-5) were identified in the State. This number is not included in the K-12 total.

Homeless Student Count: School Year 2010-2011- Josephine County

<http://www.ode.state.or.us/news/announcements/announcements.aspx?ID=7674&TypeID=5>



Rankings as an indicator of health of the community:

The 2011 County Health Rankings from the University of Wisconsin and Robert Wood Johnson Foundation, compared health outcomes and health factors among 33 of 36 Oregon Counties. While the report provides only a snapshot of how healthy a county's residents are, as compared to other counties in Oregon, the data associated with the rankings gives communities a starting point to addressing factors associated with improved health overall. Josephine County ranked 30 out of 33 Counties in both Health Outcomes and Health Factors.

Update: In 2012 Josephine County health ranking improved to 29 of 33 ranked counties.

The Health Outcomes ranking is based on measures of mortality and morbidity. Mortality is based on a measure of premature death: the years of potential life lost prior to age 75. The morbidity rank is based on four measures that are related to quality of life and birth outcomes:

1. Self-reported fair or poor health,
2. Self-reported poor physical health days,
3. Self-reported poor mental health days and,
4. The percent of births with low birth weight.

Josephine County ranked 32nd for mortality and 23rd for morbidity.

The Health Factors ranking is based on four factors:

1. Health behaviors that includes measures of smoking, diet and exercise, alcohol use, and risky sexual behavior;
2. Clinical care, which includes measures of access to care and quality of care,
3. Social and economic factors, that includes measures of education, employment, income, family and social support, and community safety,

4. Physical environment factors, which includes measures of environmental quality and the built environment.

Josephine County ranked 23rd in health behaviors, 7th in clinical care, and 32nd in social and economic factors previously discussed and 5th in physical environment.

	National Benchmark	Oregon	Josephine County
Premature Death before 75 yrs. (per 100,000)	5,564	6,478	9,419
Poor/Fair Health	10%	14%	18%
Poor Mental Health Days	2.3	3.3	4.3
Low Birth Weight	6%	6%	5.1%
Adult Smoking	15%	18%	26%
Adult Obesity	25%	25%	25%
Excessive Drinking	8%	16%	15%
Motor Vehicle Crash Death Rate (per 100,000)	12	14	26
Sexually Transmitted Infections (Chlamydia rate per 100,000 pop.)	83	287	188
Teen Birth Rate (per 1,000 females 15-19 yrs)	22	36	41
Uninsured Adults	13%	21%	18%
Primary Care Provider Ratio-to-Patients	631-to-1	739-to-1	933-to-1
Preventable Hospital Stays for Medicare patients	52	46	9
Medicare Diabetic Screening	89%	85%	85%
Medicare Mammography Screening	74%	65%	69%
Violent Crime Rate (per 100,000 pop.)	100	275	101
Annual # of Unhealthy Air Quality Days due to Particulate Matter	0	12	4
Annual # of Unhealthy Air Quality Days due to Ozone	0	1	0
Access to Healthy Foods	92%	62%	67%
Access to Recreational Facilities (rate of facilities per 100,000 pop.)	17	12	14

Chronic Disease Statistics:

Outside of County Health Rankings data, other sources do not show statistically significant higher rates of chronic conditions among adults, and modifiable chronic disease risk factors in Josephine County residents, with one exception, as compared to the Oregon average.

Age adjusted Prevalence of Selected Chronic Conditions among Adults 2006-2009

Rate	Oregon	Josephine County
Arthritis	26%	26%
Asthma	10%	12%
Heart Attack	3%	3%
Coronary Heart Disease	3%	4%
Stroke	2%	3%
Diabetes	7%	6%
High Blood Pressure	26%	34%
High Blood Cholesterol	33%	43%

Source: <http://public.health.oregon.gov/DiseaseConditions/ChronicDisease/Pages/pubs.aspx>

Note: Numbers have been rounded

Age adjusted rates for Prevalence of Modifiable Chronic Disease Risk Factors 2006-2009

Rate	Oregon	Josephine County
% of Adults who currently smoke cigarettes	17%	25%*
% of Adults who met CDC recommendations of physical activity	56%	59%
% of Adults classified as overweight	36%	36%
% of Adults classified as obese	24%	22%
% of Adults who consumed at least 5 servings of fruits and vegetables per day	27%	23%

Source: <http://public.health.oregon.gov/DiseasesConditions/ChronicDisease/Pages/pubs.aspx>

Note: Numbers have been rounded

*Statistically significant difference compared to Oregon

This data, combined with County Health rankings data, point to issues Josephine County can address to improve the health of its residents. Josephine County Public Health and partners intend to use these rankings to reinvigorate existing community health improvement efforts and initiate community health assessment and planning efforts where none previously existed. Improving health outcomes in a community can lead to increased productivity, increased income and education rates, and increased quality of life.

2. A description of the adequacy of the local public health services.

The Grants Pass office of Josephine County Public Health is open Monday through Friday, 8 a.m. to 11:30 and 1 p.m. to 4:30 p.m. All services are provided during these hours on a walk-in basis, with the exception of some appointments scheduled for Family Planning and Maternal Child Health. Maternal Child Health and WIC services are also available in Cave Junction, and WIC services are available in Wolf Creek. Field services are provided throughout the county by EH, MCH and CD staff as needed. In addition, Public Health provides outreach education and services on weekends at local events and at a JCPH supported immunization event in August. These events incorporate Health education and Promotion, WIC, immunizations, tobacco prevention and communicable disease prevention. JCPH works closely with local media and

social networking sites to provide education to the community on prevention and wellness activities.

Update: Hours that the Public Health Department is open to the public is now Monday through Thursday from 9:00 a.m. to 3:00 p.m., for walk-in services. Appointments are available until 5:30 p.m. Being open to the public during the lunchtime hours has been met very positively by the public.

JCPH remains the largest County in Oregon without budgeted County General Fund support for its clinical, preventive and environmental activities. However, JCPH is creative in building funding and networking opportunities to meet local health needs. JCPH works with local schools, community based organizations, service clubs, health care organizations and other County departments to maximize resources. When possible, JCPH explores grant funding opportunities that assist in addressing local health issues. Two recent grants received by JCPH address dental health in pregnant women and infants and perinatal drug and alcohol use.

Despite best efforts, JCPH remains understaffed and underfunded. These issues can affect overall adequacy of services during long-term events like H1N1, where staffing efforts were redirected to address the issue at hand, and “everyday” functions were put aside. Being consistently under staffed is further impacted during periods of illness, vacation and required training for staff members. Best efforts can be easily thwarted without adequate support and consistency for programs.

3. Provision of five basic Public Health services – (ORS 431.416)

Josephine County Public Health provides the five basic services outlined in statutes and related rules:

Epidemiology and Control of Preventable Diseases:

Josephine County meets the minimum standards for Communicable Disease Control. CD issues are addressed by CD nursing staff, management and in conjunction with EH, Animal Control and local providers as applicable. JCPH has a well-tested system for receiving reports 24/7 and for responding to emergency reports in a prompt manner, and we utilize “blast fax/email” systems to push information out to local health care partners, including providers, clinics, hospital, regional partners, schools, pharmacies and veterinarians.

JCPH continues to meet CD investigations requirements on timeliness of reporting and follow-up. Chlamydia, Hepatitis C and Noro-virus like infections are consistent issues within the County and are addressed per State protocol in a timely manner. JCPH works with media partners to promote prevention activities during times of CD outbreaks, and prior to traditional peaks for certain diseases.

JCPH continues to need additional nursing back up and back up training in all areas of CD to be prepared for outbreaks.

Tuberculosis Case Management

The Josephine County Tuberculosis Program, including its case management element, has endured heavy labor-intensive components this year due to a complicated ill and compromised case. Demands on staff have increased relating to state requirements of this program, which include directly-observed therapy. County staff actively outreaches and works with other counties and law enforcement when necessary to ensure effective investigation and treatment of TB patients who cross county lines and are behaving in a manner contrary to medical protocols.

Tobacco Prevention Education Program & the Local Drug Epidemic

Smoking is the number one preventable cause of disease and death in this county. Most adult smokers start smoking before the age of 18. According to the Josephine County Tobacco Fact Sheet 2011, 26% of all deaths in Josephine County are related to tobacco use. 16,670 adults regularly smoke cigarettes and 59% of smokers attempted to quit last year.

Marijuana is the country's most widely used illicit drug. Nationally, nearly half of all high school seniors report some use of marijuana in their lifetime. Recent studies by the Substance Abuse and Mental Health Services Administration show weekly or more frequent use of marijuana doubles a teen's risk of depression and anxiety and can cause other mental illness.

Percentage of Students that indicated they “never have” done the following:

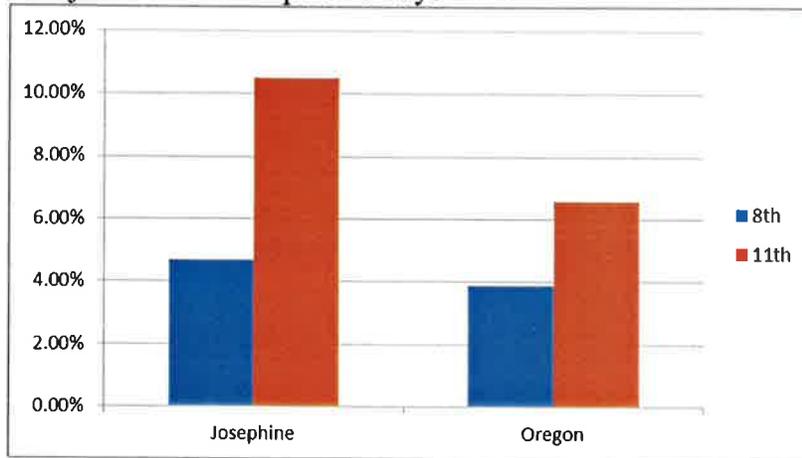
	Grade 8		Grade 11	
	County	State	County	State
Smoked a whole cigarette	78.9	84.6	67.8	72.1
Used tobacco products other than cigarettes	87.4	90.6	69.8	77.8
Had more than a sip or two of alcohol	60.6	62.6	31.1	39.0
Tried marijuana	73.3	80.3	49.7	58.3

Student Wellness Survey 2010

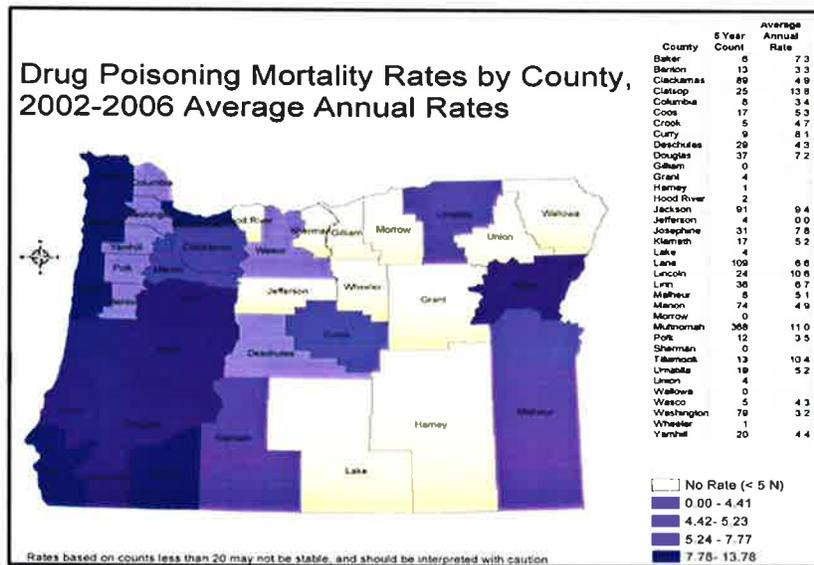
Update: A review of the 2012 Healthy Teens survey indicated similar trends as those above.

During the elementary school years, most children express anti-drug, anti-crime and pro-social attitudes and have difficulty imagining why people use drugs. However, in middle school, as more youth are exposed to others who use cigarettes, alcohol or other drugs, their attitudes often shift toward greater acceptance of these behaviors. That shift in accepting marijuana and drug use in Josephine County far outpaces Oregon and national averages and is a significant public health concern. Josephine County is also at the lead in opioid drug-related deaths.

Marijuana Use in the past 30-days-2010



Student Wellness Survey 2010



From Dr. Katrina Hedberg, MD, MPH, State Epidemiologist

Update 2013:

B. Parent and Child Health Service including Family Planning:

JCPH provides Parent and Child Health Services, including Family planning per the relevant statutes and within the scope of our ability. These services include education, screening and follow up, counseling, referral, or health services for family planning, perinatal care, infants, and children. The programs providing these services are WIC, Immunizations, Maternal Child Health and Home Visiting programs like CaCoon and Babies First!, Family Planning clinic, Breast and Cervical Cancer program, and Oregon MothersCare. All JCPH programs refer both internally and externally to meet the needs of our clients and the community and in doing so, also provide education and information on issues of public health.

While our programs work tightly together and with community partners for wrap around services to children and families, gaps still occur within programs that are underfunded and understaffed. At this time, we are unable to meet all of the requests we receive for home visiting services due to lack of staffing, and therefore have to prioritize, based on need and risk, the clients we are able to serve. In addition, we are only able to staff a Nurse Practitioner in our Family Planning/STI clinic one day a week, which minimizes the number of patients we can see. We do, however, provide walk-in Family Planning services and STI assessments four days a week for clients who meet the guidelines.

Our WIC program is continually growing to the point of accepting three caseload increases in the last two years. We have been able to staff the program to avoid a wait list, which in turn would require additional work to meet the requirements. Our WIC program is active in referring services internally and externally and providing a wide range of educational materials for clients. WIC also actively works with the local Growers Market to promote WIC voucher usage at the markets when available.

C. Collection and Reporting of Health Statistics

JCPH's Vital Records program adequately addresses the statutory requirements for recording and reporting birth and death records. Five staff, including one Spanish speaking staff, is trained in the provision of these services. The program lead has developed a strong rapport with local funeral directors, hospital birth center staff and local physicians to ensure an efficiently run program.

JCPH's understaffing and underfunding specifically affects the area of statistical collection and reporting. Programs are taxed to meet minimum mandates, and with or without experience, have little time to compile reports of local statistical information. This lack of time coupled with the lack of local data severely impacts our ability to have adequate statistical information on the health of our community.

JCPH has collaborated with the local Sheriff's Department and the County Medical Examiner to begin receipt of statistical information related to deaths in the County in 2012. JCPH also takes advantage of data from State and Federal resources as available; however, there is no trained epidemiologist on staff to assist us in compilation of the information. It would be useful to have a position or a shared position to assist in these areas.

D. Health Information and Referral Services

JCPH integrates information and referral into all services and at all areas of service, from front desk to clinic office. Information and referral resources are provided to staff via a variety of means: resource books from local health care partners, internal emails, HAN reports and State press releases, staff trainings from local partners and inter program sharing. A monthly staff meeting allows for sharing of information, resources, and opportunities across programs. We strive to assure that all staff members speaking with the public are updated on information that is

going to the media, rumors that are in the community and appropriate referral information for services outside of Public Health.

JCPH refers clients to services not provided by JCPH. These include, but are not limited to drinking water testing sources, OHP, SNAP program, primary care services, veterinary care services, housing, veteran services, alcohol and drug services, lead paint testing, legal aid, DEQ and other state services, County department resources, etc. In situations where more than one provider is available to perform the service, JCPH provides clients with a list of providers to avoid bias.

E. Environmental Health Services

JCPH's EH program provides the following services: licensure, consultation and complaint investigation of food services, tourist facilities, institutions, public swimming and spa pools, and regulation of water supplies, solid waste and outdoor air quality. The local DEQ program provides services for on-site septic in Josephine County. JCPH currently has 3.5 FTE inspection staff, all with REHS certification and two with FDA standardization certification. Each REHS is cross trained into all of the programs; however, recent reorganization has instituted program leads for more efficiency. The program meets basic mandates, and exceeds them when time and funding allow. Unfortunately, we continually see areas where we can improve services, however are unable to do so due to lack of funding and staff time. Two particular areas in need of more resources are Solid Waste management and Outdoor Air Quality control. We have requested additional funds from our supporters in these areas, and those requests are still pending.

Update: JCPH currently has 2.2 FTE inspection staff.

EH personnel are fully integrated into our Public Health Division programs and actively work with CD on foodborne outbreaks, with Emergency Preparedness on disasters and exercises, with management on public information, and even with WIC in informing clients about risks associated with food temperatures.

4. Adequacy of other services of importance to Josephine County:

Dental Health:

JCPH is participating in a study from the University of Washington's school of Dental Health called *Baby Smiles*. The study follows 400 women in 4 counties through pregnancy and up to 3 years post-partum to determine dental health outcomes based on a "heavy" or "light" motivational interviewing intervention around dental health. In addition, the program offers support to the local community to address the identified barriers to dental care utilization, as are described above. In April 2011, the "Baby Smiles" program coordinators asked JCPH to increase the number of women participating in the program. JCPH anticipates that this new rate of participation will remain consistent in 2012-2013.

Update 2013: The "Baby Smiles" grant will expire in the spring of 2013, reducing departmental revenue by \$60,000.

Emergency Preparedness:

JCPH has a very strong and solid Emergency Preparedness program. The program works extensively with County and City first responder departments, fire service organizations, 911, EMS, Schools, businesses, media and internal programs to assure adequate training and efficiency of planning efforts. The program is funded through State Public Health and additional resources are used, as available, through Federal Department of Justice funds, State Hospital Preparedness Program funds and private grants. The program houses the Josephine County Medical Reserve Corps that is utilized during outbreaks, flu clinics and exercises, as needed. As required, all plans are up to date, and the Emergency Preparedness coordinator assures that they link effectively with other planning efforts in the community. The coordinator sits on the Josephine County Emergency Management Board, the Hospital Emergency Preparedness Board, the Regional Special Needs committee and the Regional Hospital Preparedness Program board. Despite resource constraints, this program is strong because management prioritizes these activities and the coordinator is effective in meeting local and state objectives.

III. ACTION PLANS

A. EPIDEMIOLOGY AND CONTROL OF PREVENTABLE DISEASES AND DISORDERS

Current condition or problem:

Despite resource challenges, our communicable disease program continues to be strong and flexible. Our lead CD nurse works extensively with our Emergency Preparedness Coordinator, our Environmental Health inspectors, and staff nurses to plan strategies for our response to outbreaks, and to provide those interventions when the need arises. While our planning is comprehensive, we continue to lack adequate surge capacity or monetary resources for large outbreaks. The thirty percent decrease in nursing staff that we suffered several years ago remains unchanged; as a result, we are challenged to provide adequate outreach, prevention education, or leadership in promoting community-wide prevention activities to ward off chronic disease.

***Update 2013:* The public health department has been directed by the Board of County Commissioners to limit the amount of immunization services to what can be supported by state funding and anticipated revenue from billable services. Loss of timber revenue has significantly affected the ability of the county to augment the public health department budget as it has in prior years.**

Josephine County Public Health remains capable of meeting each of the Program Element mandates for epidemiological disease investigations for reporting, monitoring, controlling communicable disease; providing testing and consulting services; detection and prevention activities; immunizations to reduce incidence; and collection and analysis of health data to support appropriate interventions. We are a small agency, but it is our size that provides us with one of our strengths: personnel are cross-trained, able to pull together as a team, and are fully prepared to immediately shift focus to respond to issues as they emerge.

Goals:

We will continue to provide CD program activities at the level we have in years past, utilizing support from Environmental Health, Emergency Preparedness, Nursing and management staff. It is our goal to continue to be active in providing consultations to medical providers, notifications to our physician and hospital partners of changing expectations for reporting diseases, and alerts to emerging disease risks in our community. In partnership with Animal Control, we will continue to offer education to providers and to the community, and interventions as necessary to control zoonotic infections. We also plan to continue to provide education to the public on risk reduction efforts to avoid communicable disease infections.

Activities:

We have established excellent networks of communication with our local media providers, and can assure that messages needing to reach the public in a timely manner are promoted by the newspaper, radio, and television stations and through social networking opportunities like Facebook and Twitter. We utilize a “blast fax/email” system in our process of notifying providers and other community partners of communicable disease issues in the community, a method we find effective and timely. Our medical providers have voiced appreciation of the consistency of this method of communication.

Our clinic services are available on a walk-in basis for STI testing and treatment Monday through Thursday and the HIV Alliance provides outreach education, needle exchange and HIV testing in Josephine County on a limited basis. The HIV Alliance Ryan White Case Manager is stationed in our offices, and the continuum of services for this population is seamless across programs. It is anticipated that all HIV services will be largely discontinued in July 2012 due to state-wide budget re-prioritizations.

With appreciation for cultural challenges, we continue to advocate for tobacco-free and smoke-free environments throughout our community. We are unceasing in our attempts to discourage our youth from initiating smoking and chewing habits. We strongly encourage and support smoking cessation for pregnant women and women considering a pregnancy; we provide counseling on the dangers of second-hand and third-hand smoke exposure to families involved in all of our program activities. Tobacco prevention and education is woven throughout the services we provide daily at Public Health.

We will continue to assess our ability to identify contacts and respond appropriately with education and treatment for reportable diseases, as outlined in the Investigative Guidelines. We strive to continue to attempt to improve case finding efforts.

Management Actions Considered

1. **Increased Surveillance for Rabid Animals** – As part of routine surveillance, ODFW field biologists will continue active monitoring and response to reported cases as identified in the previous section above under Rabies Surveillance and Reporting Protocol. This surveillance effort is conducted in cooperation with county health officials particularly with cases involving direct or indirect human contact.

2. Public Information and Education Program – The public education program is ongoing and involves a coordinated effort among all agencies involved. Public information and education starts and is most effective at the local level and should be directed by the County Health and District ODFW offices and personnel.

3. Pet Vaccination Program – In 2011 JCPH collaborated with the State Veterinarian, Jackson County and the Oregon State Extension Service Office to conduct low cost rabies clinics in Cave Junction and Applegate, OR. Over 3,000 animals were vaccinated during the “Don’t Let Rabies Get Your Goat” campaign. The program was so successful that JCPH hopes to hold another series of clinics in the summer of 2012. Another variation on this program would be for hired or agency veterinarians to administer the vaccines during weekend clinics or to go door to door offering the free vaccinations.

Update 2013: During the summer of 2012, JCPH participated in rabies and licensing clinics in collaboration with the Rogue Valley Humane Society and local veterinarians.

Evaluation:

We will use the following tools for evaluation of the effectiveness of our endeavors:

- Anecdotal reports from providers
- Calls and logs from Medical Messenger – our 24/7 telephone answering system provider
- Surveys conducted during annual testing of the blast fax system
- ORPHEUS data and tracking of timeliness of reports
- Increase in timely reports from laboratories and the Electronic Laboratory Reporting system
- Increased training of staff, as documented
- After Action Reports, as utilized

Data and other issues:

Data received from the State in regards to timeliness of attention to communicable diseases from 2007 and 2008 show that we consistently meet requirements. While one outlier exists in the reported data, this was due to inability to connect with one contact of the original case. This situation occurs given the transient nature of at-risk populations. To mediate this issue, we work with the State Health Division and other County partners to meet requirements in contract tracing situations.

Through the *Healthy Communities* grant, JCPH will be working towards greater assessment of other health issues, particularly chronic diseases, which affect our community. The program will help support our ability to compile data, coordinate partners and strengthen expertise in reducing health risks in our community. Per our assessment outlined above, smoking, marijuana and opiate abuse and low immunization rates are primary issues of concern.

B. PARENT AND CHILD HEALTH SERVICES, INCLUDING FAMILY PLANNING CLINICS

Our county residents continue to struggle in a very weak economy. The Josephine County Public Health Parent and Child Health programs provided support and education to families in our communities. Our clients who seek services from one of these programs are often happy eligible for others. For instance, a woman who has positive pregnancy test will be assisted by our Oregon MothersCare (OMC) staff to apply for the OHP to ensure expedited access. Participation in OMC assures that the woman will have referrals to Maternity Case Management (MCM) and to WIC internally, and to essential health providers outside of this agency. Those clients who choose to accept MCM services will have a referral to Babies First! or CaCoon, as appropriate. Client who enter the system through WIC are invited to participate in MCM as well as OMC, if health coverage is still lacking.

Clients flow into the Immunization program from other internal programs, though frequently immunization provides an introduction to all other agency programs. Woven throughout all programs offered at JCPH are the common threads of health education regarding nutrition and physical activity, oral care and caries prevention, tobacco prevention and cessation, alcohol and drug risks, importance of a medical home, disaster preparedness, and intimate partner violence. While some of these topics can be addressed with verbal and print information, others require referrals to specialty providers. We are fortunate to have excellent working relationships with a large number of partner agencies in our community, and we continue to nurture and build upon those relationships to better serve our clientele.

Please find the attached individual Action Plans for programs that fall within this broad category of Parent and Child Health Services: Maternal Child Health Services, Family Planning, Immunizations, and WIC.

Maternal and Child Health Services

Current Conditions:

The loss of County general fund support several years ago required the elimination of nursing positions, and those positions remain unfilled. In addition we have lost another full time nurse due to fiscal restraints. Josephine County Public Health has attempted to continue to offer a level of service equal to previous years in the Maternity Case Management and Babies First! programs, despite this staffing deficit. We continue to have difficulty responding to the increasing numbers of referrals to these programs and difficulty meeting the growing needs in our community as this population struggles with the current economy.

We strive to provide the best service possible, maintaining program integrity, with minimal staffing and support. Public Health is dedicated to this Maternal and Child Health program that nurtures and supports children and families in need. We attempt to offer services to those women and children who appear to be at greatest risk, but fear that many more are in desperate need of support. Discussions related to pending changes in Maternity Case Management and Targeted Case Management program procedures and fiscal management leave us uncertain of the direction these programs, and Josephine County, will take in the future.

Goals:

In the current fiscal climate of 2013, Public Health will seek to maintain an adequate level of nursing service in Maternal and Child Health programs for the near and long-range future. In that we are, historically, dedicated to supporting healthy pregnancies and improving birth outcomes, we choose to focus on the following goals:

- Decrease Intimate Personal Violence (IPV)
- Decrease low birth weight
- Decrease prenatal tobacco use
- Decrease prenatal alcohol or drug use
- Support healthy social-emotional development
- Improve oral health for pregnant women and children

Activities:

We are pleased to be one of 13 counties in Oregon to have received a grant through the Department of Justice to provide an outreach worker to our office. She provides not only to our clients but to our staff, education about intimate partner violence. She is a friendly and a recognizable face to women or men who might be seeking help and are afraid to ask. She can facilitate easy access to the Women's Crisis Team when necessary. She is available to go on home visits with the nurses; she attends WIC's classes, and provides education to our staff about the subject matter.

We will continue to use the curriculum developed in our Maternity Case Management program. This curriculum uses colorful handouts to address the mandatory education topics as well as many other topics suggested by the Department of Human Services. To supplement these materials, we continue to purchase additional brochures as necessary. Understanding the relationship between tobacco use and unhealthy birth outcomes, we utilize education materials that place a heavy focus on the risks of smoking, smoking cessation, and environmental cigarette smoke exposure. Efforts to decrease the use of tobacco, alcohol, and drugs during pregnancy directly support our efforts to decrease the associated rates of low birth weight babies. Josephine County Public Health continues to be a participant in the Health Care Coalition of Southern Oregon (HCCSO), a tri-county consortium with goals to improve the health of women before pregnancy, reduce the number of births of very low birth weight infants, and reduce infant mortality in our counties.

Sharing goals identified by the Josephine County Commission for Children and Families, we have developed and continue to use print materials that encourage Positive Behavior Support concepts and activities. This is an attempt to provide mothers and fathers with concrete tools to promote healthy social-emotional growth and development. These goals correlate with and support the goals we have chosen for Maternal and Child Health programs.

Josephine County Public Health, in an extension of HCCSO activities, is an active member of the Perinatal Task Force (PNTF). As a group we recently decided that with many of the same challenges and concerns, joining forces with our neighbor's PNTF in Jackson County would be more constructive, beneficial and meaningful for both counties. We continue to be pleased with

the level of interest and participation from this group of community partners which include medical providers for women's health and family practice, pediatricians, drug and alcohol rehabilitation providers, educators, managed care, the hospital, women's crisis, mental health and more. Under the guidance of Dr. Ira Chasnoff of the Children's Research Triangle, the trained Task Force member agency personnel use an evidence-based tool to screen all pregnant women for their risks for substance abuse, assess for current use, refer those with substance abuse concerns, and treatment of those women identified.

The PNTF continues to support the Josephine County Public Health participation of the University of Washington's research project to study the effectiveness of brief motivational interviewing to increase utilization of dental care during pregnancy and for the young children of these women. The program is called Baby Smiles and we are pleased to be participating in our third and last year. The program ends in the spring of 2013.

Evaluation:

Vital records birth statistics will provide data related to the birth weights and gestational ages of infants born in Josephine County; similarly, death statistics will provide data related to age and cause of death. Information entered onto ORCHIDS-MDE Encounter/Data Forms, completed with each Maternity Case Management and Babies First! visit, is provided to the Department of Human Services. Data from the Baby Smiles project will ultimately reflect upon the success of the interventions, and will suggest effective approaches as we move forward.

Family Planning Program

Current Condition:

Josephine County Public Health is diligent about preserving the quality of our Family Planning services within the guidelines of the Oregon Family Planning Program. We continue to appreciate the value of supporting the autonomy of women, and men, in our community in controlling personal reproductive health. To this end, we offer nursing services during all business hours and the services of a Nurse Practitioner one day each week. We have limited fiscal resources and would like to increase the hours of services provided by our Nurse Practitioner but without County General Fund support we cannot.

Update 2013: The public health department has been directed by the Board of County Commissioners to limit the amount of family planning services to what can be supported by state funding and estimated revenue from billable services. Loss of timber revenue has significantly affected the ability of the county to augment the public health department budget as it has in prior years.

In January of 2013 the Annual Family Planning Program Plan for FY 2014 will be submitted to the State Program Office.

Maternal and Child Health Services

Current Conditions:

The loss of County general fund support several years ago required the elimination of nursing positions, and those positions remain unfilled. Josephine County Public Health has attempted to continue to offer a level of service equal to previous years in the Maternity Case Management and Babies First! programs, despite this staffing deficit. We continue to have difficulty responding to the increasing numbers of referrals to these programs and difficulty meeting the growing needs in our community as this population struggles with the current economy.

We strive to provide the best service possible, maintaining program integrity, with minimal staffing and support. Public Health is dedicated to these Maternal and Child Health programs that nurture and support children and families in need. We attempt to offer services to those women and children who appear to be at greatest risk, but fear that many more are in desperate need of support. Discussions related to pending changes in Maternity Case Management and Targeted Case Management program procedures and fiscal management leave us uncertain of the direction these programs, and Josephine County, will take in the future.

Goals:

In the current fiscal climate, Public Health seeks to maintain an adequate level of nursing service in Maternal and Child Health programs for the near and long-range future. In that we are, historically, dedicated to supporting healthy pregnancies and improving birth outcomes, we choose to focus on the following goals:

- Decrease low birth weight
- Decrease prenatal tobacco use
- Decrease prenatal alcohol or drug use
- Support healthy social-emotional development
- Improve oral health for pregnant women and children

Activities:

The Maternity Case Management program developed a curriculum, with an extensive number of colorful handouts, which address not only the mandatory education topics, but many of the other topics suggested by the Department of Human Services. To supplement these materials, we purchase additional brochures as necessary. Understanding the relationship between tobacco use and unhealthy birth outcomes, we utilize education materials that place a heavy focus on the risks of smoking, smoking cessation, and environmental cigarette smoke exposure.

Efforts to decrease the use of tobacco, alcohol, and drugs during pregnancy directly support our efforts to decrease the associated rates of low birth weight babies. Public Health is a participant in the Health Care Coalition of Southern Oregon (HCCSO), a tri-county consortium with goals to improve the health of women before pregnancy, reduce the number of births of very low birth weight infants, and reduce infant mortality in our counties.

Sharing goals identified by the Josephine County Commission for Children and Families, we have developed print materials that encourage Positive Behavior Support concepts and activities. This is an attempt to provide mothers and fathers with concrete tools to promote healthy social-

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Josephine County Public Health, in an extension of HCCSO activities, is an active member of the Perinatal Task Force (PNTF). As a group we recently decided that with many of the same challenges and concerns, joining forces with our neighbor's PNTF in Jackson County would be more constructive, beneficial and meaningful for both counties. Under the guidance of Dr. Ira Chasnoff of the Children's Research Triangle, the trained Task Force member agency personnel use an evidence-based tool to screen all pregnant women for their risks for substance abuse, assess for current use, refer those with substance abuse concerns, and promote treatment of those women identified. We are pleased with the level of interest and participation from medical providers, educators, and drug rehabilitation providers who come together regularly to address these and other concerns for this population.

When Josephine County was considered for participation in a University of Washington research project to study the effectiveness of brief motivational interviewing to increase utilization of dental care during pregnancy and for the young children of these women, the PNTF seemed to be an ideal partner in the endeavor. We, as one of the four study counties in Oregon are entering our third and last year of the study, called the *Baby Smiles* program with the continued support of the PNTF.

Evaluation:

Vital records birth statistics will provide data related to the birth weights and gestational ages of infants born in Josephine County; similarly, death statistics will provide data related to age and cause of death. Information entered onto ORCHIDS-MDE Encounter/Data Forms, completed with each Maternity Case Management and Babies First! visit, is provided to the Department of Human Services. Data from the *Baby Smiles* project will ultimately reflect upon the success of the interventions, and will suggest effective approaches as we move forward.

**Action Plan
Attachment C**

ENVIRONMENTAL HEALTH

Current condition or problem:

JCPH currently has 3.25 FTE inspection staff, all with REHS certification and two with FDA standardization certification. Each REHS is cross trained into all of the programs; however, recent reorganization has instituted program leads for more efficiency. The program meets basic mandates, and exceeds them when time and funding allow. Unfortunately, we continually see areas where we can improve services, however are unable to do so due to lack of funding and staff time. Two particular areas in need of more resources are Solid Waste management and Outdoor Air Quality control. We have requested additional funds from our supporters in these areas, but due to pit falls in the economy environmental health programs are suffering. Environmental Health staff continues to develop relationships with local stakeholders in the community, including other Josephine County departments, the Cities of Grants Pass and Cave Junction, the Solid Waste Agency and local waste haulers.

Update2013: JCPH environmental health activities are staffed at 2.20 FTE.

Goal:

The goals for Environmental Health are to ensure compliance with all the mandated services required by the State, and analyze local environmental health issues from a public health perspective to provide services that are needed in the community.

Activities:

By routinely assessing and compiling information we can ensure that state requirements are being met and also use the data to further extrapolate and identify health issues and services that the community needs. Quarterly reports are provided for the County board of health on the following programs and activities:

- Health inspections
- Food handler cards
- Pools/Spas/ Tourist & Travelers accommodations
- Solid Waste
- Air quality
- Drinking Water

Evaluation:

To evaluate the effectiveness we will look to the benchmarks provided by the individual programs that we administer. In addition we will explore alternatives to service delivery at monthly staff meetings and as pending situations occur.

Description of plan to accomplish program requirements: Josephine County Environmental health will provide all of the services that are mandated under ORS 624,448, and 446 in addition to OAR 333-014.

a. Licensure, inspection and enforcement of facilities under ORS 624, 448, and 446.

Currently, Environmental health in Josephine County is limited to providing only mandated services due to the loss of revenue that has previously been provided from the county's general fund. This loss of general funds is in direct relation to the county's loss of federal monies. Our goal in the coming year will be to provide a level of service that is commensurate with meeting State mandates. To achieve this goal, we will focus on training and specialization so that environmental health specialists can become more proficient in the field that they are interested in. Also currently environmental health has included a volunteer to help out with administrative duties to free up valuable field time to allow all required inspections to be performed.

b. Consultation to industry and the public on environmental health matters.

There are a variety of ways that Josephine County relays information to the community and industry. With the current staffing, most educational material will be in the form of brochures and pamphlets provided at the health department. In addition, when a need arises (during a field investigation of solid waste or open burning) Environmental Health Specialists provide additional education to the public. Training is always provided as part of regular inspections of pools, restaurants, and water systems. Also, environmental health specialists have been providing off site food safety classes for non-profit and private industry. Finally, educational packets are sent to all assisted living facilities on a bi-annual basis providing educational material on preventing and mitigating noro-virus outbreaks. Educating our assisted living facilities has become a priority due to the high occurrence of outbreaks that overburden our already understaffed department.

Industry in the form of owner/operators, are assisted by providing information on ServSafe courses, as well as helping water system operators with operational and emergency response plans. To evaluate the effectiveness of our educational programs, we look to different measurable factors depending on the program that is in question. For instance, Air quality educational effectiveness is measured in the decreased incidence of high particulate matter days. Whereas the food program educational effectiveness can be measured by the incidence of violation recurrence.

c. Investigation of complaints and cases of foodborne illness.

Foodborne outbreak investigations are currently handled in cooperation with the State Public Health Division. As the result of staff shortages due to the loss of funding, Environmental Health has cross-trained and developed an incident command system to assist in working through outbreaks. The Communicable disease Nurse, Emergency preparedness coordinator, and EH staff will work together in cooperation with the state to ensure that investigations are conducted in a timely manner. Our goal is to integrate this cooperative relationship in all investigations.

Once an outbreak occurs, our Communicable Disease Nurse becomes the liaison between the state and our Environmental health staff. The EH staff conducts the investigation at the facility or site, while the CD nurse, and Emergency preparedness coordinator as well as the Public Health Administrator will gather information via phone from the individuals affected. The involvement of staff is dictated by the size of the outbreak. Evaluation of the effectiveness of this approach is qualitative. After each outbreak, a “hot wash” or lessons learned session will be conducted in order to critique coordination of the outbreak and apply this knowledge to future events.

d. Staff access to training and satisfaction of training requirements.

There are several annual training sessions offered by the state that staff is encouraged to attend. In light of the current budgetary constraints, the goal of our EH program is to satisfy the needs of our employee’s continuing education requirements while gaining information on the most up to date methods and procedures regarding EH. The evaluation of effectiveness of training can be quantified as the fulfillment of CEUS with regards to the registration requirements. In addition, any training that is attended by staff is passed on to other staff at monthly EH meetings.

e. Reduction of the rate of health and safety violations in licensed facilities and reduction of foodborne illness risk factors in food service facilities.

The reduction of safety violations and foodborne illness risk factors can closely be correlated with the increase of re-inspections or visits conducted on facilities. While Josephine County attempts to educate non-compliant operators, staffing affects our ability to be proactive in this area. We have, however, received “standardization” of our Environmental Health supervisor by the State Food Program. This certification has not been achieved in several years in Josephine County, and should help provide more consistent review of non-compliant operators.

Description of plans for other public health issues such as air, water, and solid waste issues.

Air Quality: Our community is affected by multiple temperature inversions throughout the winter months. These inversions cause stagnant air to remain on the valley floor. Based off of ventilation indexes forecasted by the national weather service, we determine a burn day or no burn day for open burning. Measurements are taken in particulate matter. When particulate matter reaches appreciable levels, a red day or yellow day is called. This is a voluntary curtailment of wood stove use. In the past, a pm10 level was required for regulatory purposes. In November of 2006, the EPA passed new standards for air quality. The new measurements are pm2.5 (particulate matter 2.5 um in size). The result of this requirement is that Josephine County likely will not meet the 98th percentile requirement imposed by the EPA/DEQ in coming years without any enforcement, educational campaigns, or new open burning requirements. Open burning requirements are based off of ventilation indexes and not PM concentration. Therefore, a system that is based on PM is needed. Josephine County currently receives \$13,700 from the DEQ each year for our air quality program, an increase by \$5,000 from previous years. While this increase is useful to meet program requirements, it is not adequate to provide for proactive education and prevention to meet federal standards. JCPH will continue to monitor complaints and illegal burning activities and continue to work with partners and the community to increase awareness of issues.

The Outdoor Air Quality Program Coordinator developed a system of response, enforcement and education with all local fire departments. While this system took significant time and effort this year, the result will be for a more efficient and effective program that involves multiple stakeholders in the County.

Water Quality: Josephine County is responsible for regulating 220 ground water systems. EH will only be able to complete inspections based on reimbursement from the State.

Solid Waste: Josephine County Environmental Health regulates the removal of solid waste on county residential properties in accordance with the Josephine County Solid Waste Ordinance (90-16). When Solid waste is not regularly removed from a site and is allowed to build up on a property it becomes a potential problem. Scattered or accumulated trash and garbage on a property is unsightly, produces unpleasant odors, and provides nesting materials, breeding places or food for disease carriers such as rats, mosquitoes and flies. These items need to be removed or screened so as not to create a nuisance for the people who live in close proximity. Environmental Health receives numerous complaints for solid waste throughout the year. Increased support and funding is imperative to regulate this program. A revised local ordinance has been written and will be submitted to the Board of County Commissioners in 2012.

Our focus in the upcoming fiscal year is to continue to look for revenue to support a much needed program for Josephine County. Environmental Health plans to work on a more comprehensive Solid Waste management program in the County by coordinating with local stakeholders in the community, including other Josephine County departments, the Cities of Grants Pass and Cave Junction, the Solid Waste Agency and local waste haulers. The Solid Waste program will be dependent on additional resources from the County and Solid Waste partners in the County, as well as, consistent staffing in Environmental Health. Solid Waste management is not a State mandated program, and is therefore of lower priority than other program areas, however, it is a big problem in Josephine County.

D. HEALTH STATISTICS

Current condition or problem:

JCPH has a strong and consistent Vital Records program. The Vital Records Registrar, Joanne Jett, has been employed by JCPH for 20 years, and has worked in vital statistics for half of that time. There are three additional Deputy Registrars who assist in carrying out day-to-day functions. Birth and Death certificates are processed on a timely basis, as has been shown in past Triennial reviews. The program has a strong relationship with local mortuary directors, the hospital birthing center staff and local providers. This allows for efficient facilitation of program changes, and necessary corrections.

JCPH lacks in additional capacity to collect and disseminate statistical data on other health issues. While JCPH personnel review State and Regional data for a variety of health issues, there is a lack of ability to compile local information for local use. In addition, local schools have not participated in Oregon Healthy Teens (OHT) surveys in many years, and many data sources quote this information as a resource. In cases where OHT information is used, Josephine County is assigned an “average” statistic for all of Oregon. The lack of local data and the lack of ability to compile data severely limit our capacity in this area.

Goals:

JCPH has identified one short term and one long term goal in this area:

Short term: JCPH has been awarded a grant for *Addressing the Prevention, Early Detection, and Management of Chronic Diseases Phase 1 – Building Public Health Capacity Based on Local Tobacco Control Efforts or Healthy Communities* through the Oregon State Tobacco Education and Prevention program for the 2010-2011 fiscal year. A main focus of this program is to address issues related to chronic disease detection and management. A first step to this effort is to build capacity to collect and utilize appropriate data, as relevant to the program and the community.

Long term: JCPH recognizes the need for more epidemiological support to continue the work of the *Healthy Communities* grant. To this end, JCPH will identify opportunities to work with an epidemiologist on an ongoing basis, either through shared regional services or student internships or other types of rotation.

Activities:

Healthy Communities program: JCPH has identified that our CD nurse will work in collaboration with our TPEP coordinator, management, and community partners to implement this grant. Community partners have been identified as local hospital staff and local managed care organizations. Both organizations have a stake in the health outcomes and have access to data and other resources. The local team, as identified through state requirements, will attend training sessions and planning meetings to address issues as relevant to the citizens of Josephine County. Again, data management, collection and compilation will be a valuable foundation to solidify future work beyond the grant.

Epidemiology support: JCPH management will work with State and Regional partners to identify opportunities for epi support for Josephine County. Partners include State Public Health, local Public Health partners, OHSU, SOU and RCC, local FQHC's and Hospitals. JCPH will identify specific requests that can be met by an epidemiologist.

Evaluation:

Evaluation will include:

- Feedback from the State, regional and internal partners
- Usefulness of resources and data that are captured
- Short and long term health outcome improvement

E. INFORMATION AND REFERRAL

Current condition or problem:

As noted in various sections, Information and Referral are intertwined into all of our program services, and are available in both English and Spanish. This integration supports clients in their need for quick and useful information on a variety of subjects, and easy access to other services either supported by Public Health or outside agencies. The only issue related to the provision of Information and Referral is the lack of resources to meet all requests. Public Health does not have the resources to provide written materials for all requested needs, or in the best manner, as will meet learning styles of various clients. In addition, resources outside of Public Health are also limited in the Josephine County service area.

Goals:

- Maintain internal knowledge of Information and Referrals
- Strengthen partnerships to meet gaps in services

Activities:

JCPH intends to continue working with internal staff to strengthen information and referral skills by providing staff with knowledge and training. JCPH will continue to work with external partners to share information and develop programs that meet the needs of the community.

Evaluation:

Evaluation methods include surveys (formal or informal) of internal staff, partners and clients to assure information and referral requests are being met. This process is ongoing to assure adequate coverage of information throughout the County.

F. PUBLIC HEALTH EMERGENCY PREPAREDNESS

Update: The Josephine County Board of County Commissioners decided to combine the Public Health Emergency Preparedness position with the County one in an effort to improve efficiencies.

Current condition or problem:

JCPH's Emergency Preparedness program is well integrated into CD and EH programs and day-to-day operations that address issues related to planning and exercising for disasters. This includes the integration of Emergency Preparedness activities during Influenza vaccination clinics, during outbreak investigations and during situations that require increased media coordination. JCPH makes all efforts to meet Emergency Preparedness program elements by integrating requirements for other programs, thus providing a more efficient system. Unfortunately, this is also necessary as Emergency Preparedness funding has continued to decrease for many years.

Goals:

- Maintain an efficient, comprehensive program despite funding reductions
- Provide opportunities for training and exercising with multiple partners

Activities:

JCPH will identify opportunities for planning and exercising with partners that have similar requirements, in order to meet both of the goals as identified above. In addition, JCPH will use "real life events," such as outbreaks, to address strengths and weaknesses and meet exercise requirements. JCPH will continue to provide support to the Josephine County Emergency Management Board and the County Emergency Management Department in order to build relationships and opportunities for positive outcomes. JCPH will encourage staff to seek free or low cost training opportunities that meet NIMS requirements per Federal funding. When free or low cost training is not available for a required training, JCPH will identify other methods of maximizing resources to meet the requirements.

Evaluation:

Evaluation occurs through event "hot washes," participant surveys and After Action Reports.

IV. ADDITIONAL REQUIREMENTS

The following documents are included in the Appendix:

- Current Organization Chart of the Josephine County Public Health Department
- WIC Nutrition Education Plan Assessment FY 13-14
- WIC Nutrition Education Plan FY 13- 14

1. Use this section to briefly describe the Board of Health.

Josephine County's Board of Health (BOH) was established in 1937 to address health related issues in the newly formed Josephine County area. The local BOH currently meets 5 times a year, with emergency meetings available as necessary. The BOH is a public advisory board to the Josephine County Board of County Commissioners, and the Public Health Administrator relays requests from the BOH to the BCC, as requested. The Health Officer for Josephine County also provides written reports to the BOH at all meetings, and attends at least one meeting in person annually for updates and program discussion.

The Josephine County BOH meets and exceeds requirements as laid forth in ORS 431.412. Current membership includes two physicians, 2 school district representatives (1 from each school district), 2 nurses, 1 veterinarian, 1 dentist, 1 representative from the Josephine County Board of Commissioners, 1 representative from the Grants Pass City Council, 1 student representative and several members at large. The BOH also acts as the County's Tobacco Advisory Board and Family Planning Advisory Board.

2. Separate from a BOH, Board of Commissioners, the Local Public Health Authority or other similar elected body, is there a Public Health Advisory Board? If so, briefly describe this PHAB and its activities.

No additional Public Health Advisory Board exists in Josephine County. The Public Health Administrator facilitates the Josephine County Emergency Medical Services Board and participates in the Local Public Safety Coordinating Council (LPSCC) per statute. In addition the Administrator, Nursing Supervisor and Environmental Health Supervisor sit on many local boards that address health and safety issues in the community.

Update: The Public Health Director participates on the Community Advisory Boards of both county Coordinated Care Organizations. Additionally, she is a member of the Jefferson Regional Health Alliance and the AllCare governing Boards.

5. SB 555 Local Children's Plan:

The local public health authority (Josephine County Board of County Commissioners) is the governing body for the local Commission for Children and Families (CCF). However, the CCF program is run separately from Public Health programs. As a result, a description of the plan coordination is not included with this document. Josephine County Public Health does work closely with Josephine County CCF, however, and our Nursing Program Supervisor, Linda

Stohlman participates as a voting member on the CCF Council and anticipates working in that capacity to dissolve the CCF in response to Oregon legislature activities in February 2012.

Update: The deadline for dissolving the CCF has been moved to the summer of 2013.

V. UNMET NEEDS

Update: Establishment of two Coordinated Care Organizations (CCO's) within Josephine County has the promise to address unmet community health needs through a system-wide alignment of physical, mental and dental health resources.

As identified in several of the plans above and attached, JCPH is understaffed and underfunded. This leaves our department spread dangerously thin, particularly during long-term outbreak events, as was experienced during the H1N1 epidemic in Fall 2009. While our size enables us to be flexible and well cross-trained, it also prohibits us from addressing many issues in the community that are related to public health. Some of these areas that are not addressed by JCPH are:

- Physical activity promotion and obesity prevention
- Climate change prevention and planning
- Suicide prevention
- Vector control
- Adult drug overdose deaths
- Build environments that encourage healthy behavior
- Chronic disease assessment and intervention

In addition, given more resources, JCPH has identified the following opportunities to meet requests for services:

- Additional outreach clinics in outlying areas including Cave Junction and Williams
- Increased education and outreach to Solid Waste prevalent areas
- Increased ability to respond to requests for services in MCM programs, WIC, Family Planning and STI clinics
- Increased support for HIV outreach and education services
- Stronger community outreach around emergency preparedness activities

VI. BUDGET

Provide name, address, phone number, and if it exists, web address, where we can obtain a copy of the LPHA's public health budget.

Agencies are not required to submit a budget as part of the annual plan; they are **required** to submit the Projected Revenue information and the budget location information.

Contact information for LPHA budget:
Josephine County Public Health Fiscal Staff:
Joanne Jett
541-474-5325
jjett@co.josephine.or.us
www.co.josephine.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?

Organization

1. Yes A Local Health Authority exists which has accepted the legal responsibilities for public health as defined by Oregon Law.
2. Yes The Local Health Authority meets at least annually to address public health concerns.
3. Yes 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 Current local health department policies and procedures exist which are reviewed at least annually.
5. Yes Ongoing community assessment is performed to analyze and evaluate community data.
6. Yes Written plans are developed with problem statements, objectives, activities, projected services, and evaluation criteria.
7. Yes Local health officials develop and manage an annual operating budget.
8. Yes Generally accepted public accounting practices are used for managing funds.
9. Yes All revenues generated from public health services are allocated to public health programs.
10. Yes Written personnel policies and procedures are in compliance with federal and state laws and regulations.
11. Yes Personnel policies and procedures are available for all employees.
12. Yes All positions have written job descriptions, including minimum qualifications.
13. Yes Written performance evaluations are done annually.
14. Yes Evidence of staff development activities exists.
15. Yes Personnel records for all terminated employees are retained consistently with State Archives rules.
16. Yes Records include minimum information required by each program.
17. Yes A records manual of all forms used is reviewed annually.
18. Yes There is a written policy for maintaining confidentiality of all client records which includes guidelines for release of client information.
19. Yes Filing and retrieval of health records follow written procedures.
20. Yes Retention and destruction of records follow written procedures and are consistent with State Archives rules.
21. Yes Local health department telephone numbers and facilities' addresses are publicized.
22. Yes Health information and referral services are available during regular business hours.

23. Yes Written resource information about local health and human services is available, which includes eligibility, enrollment procedures, scope and hours of service. Information is updated as needed.
24. Yes 100% of birth and death certificates submitted by local health departments are reviewed by the local Registrar for accuracy and completeness per Vital Records office procedures.
25. Yes To preserve the confidentiality and security of non-public abstracts, all vital records and all accompanying documents are maintained.
26. Yes Certified copies of registered birth and death certificates are issued within one working day of request.
27. Yes Vital statistics data, as reported by the Center for Health Statistics, are reviewed annually by local health departments to review accuracy and support ongoing community assessment activities.
28. Yes A system to obtain reports of deaths of public health significance is in place.
29. Yes Deaths of public health significance are reported to the local health department by the medical examiner and are investigated by the health department.
30. No Health department administration and county medical examiner review collaborative efforts at least annually.
This relationship needs to be more established, and is part of the improvement plan for the 2013-2014 fiscal year.
31. Yes Staff is knowledgeable of and has participated in the development of the county's emergency plan.
32. Yes Written policies and procedures exist to guide staff in responding to an emergency.
33. Yes Staff participates periodically in emergency preparedness exercises and upgrade response plans accordingly.
34. Yes Written policies and procedures exist to guide staff and volunteers in maintaining appropriate confidentiality standards.
35. Yes Confidentiality training is included in new employee orientation. Staff includes: employees, both permanent and temporary, volunteers, translators, and any other party in contact with clients, services or information. Staff sign confidentiality statements when hired and at least annually thereafter.
36. Yes A Client Grievance Procedure is in place with resultant staff training and input to assure that there is a mechanism to address client and staff concerns.
- Control of Communicable Diseases
37. Yes There is a mechanism for reporting communicable disease cases to the health department.

- 38. Yes Investigations of reportable conditions and communicable disease cases are conducted, control measures are carried out, investigation report forms are completed and submitted in the manner and time frame specified for the particular disease in the Oregon Communicable Disease Guidelines.
- 39. Yes Feedback regarding the outcome of the investigation is provided to the reporting health care provider for each reportable condition or communicable disease case received.
- 40. Yes Access to prevention, diagnosis, and treatment services for reportable communicable diseases is assured when relevant to protecting the health of the public.
- 41. Yes There is an ongoing/demonstrated effort by the local health department to maintain and/or increase timely reporting of reportable communicable diseases and conditions.
- 42. Yes There is a mechanism for reporting and following up on zoonotic diseases to the local health department.
- 43. Yes A system exists for the surveillance and analysis of the incidence and prevalence of communicable diseases.
- 44. Yes Annual reviews and analysis are conducted of five year averages of incidence rates reported in the Communicable Disease Statistical Summary, and evaluation of data are used for future program planning.
- 45. Yes Immunizations for human target populations are available within the local health department jurisdiction.
- 46. Yes Rabies immunizations for animal target populations are available within the local health department jurisdiction.

Environmental Health

- 47. Yes Food service facilities are licensed and inspected as required by Chapter 333 Division 12.
- 48. Yes Training is available for food service managers and personnel in the proper methods of storing, preparing, and serving food.
- 49. Yes Training in first aid for choking is available for food service workers.
Within service area.
- 50. Yes Public education regarding food borne illness and the importance of reporting suspected food borne illness is provided.
- 51. Yes Each drinking water system conducts water quality monitoring and maintains testing frequencies based on the size and classification of system.
- 52. Yes Each drinking water system is monitored for compliance with applicable standards based on system size, type, and epidemiological risk.
- 53. Yes Compliance assistance is provided to public water systems that violate requirements.
- 54. Yes All drinking water systems that violate maximum contaminant levels are investigated and appropriate actions taken.

- 55. Yes A written plan exists for responding to emergencies involving public water systems.
- 56. Yes Information for developing a safe water supply is available to people using on-site individual wells and springs.
- 57. Yes A program exists to monitor, issue permits, and inspect on-site sewage disposal systems. **By local DEQ office.**
- 58. Yes Tourist facilities are licensed and inspected for health and safety risks as required by Chapter 333 Division 12.
- 59. Yes School and public facilities food service operations are inspected for health and safety risks.
- 60. Yes Public spas and swimming pools are constructed, licensed, and inspected for health and safety risks as required by Chapter 333 Division 12.
- 61. Yes A program exists to assure protection of health and the environment for storing, collecting, transporting, and disposing solid waste.
- 62. Yes Indoor clean air complaints in licensed facilities are investigated.
- 63. Yes Environmental contamination potentially impacting public health or the environment is investigated.
- 64. Yes The health and safety of the public is being protected through hazardous incidence investigation and response. **All complaints are investigated; however, there are not enough county resources available for enforcement activities.**
- 65. Yes Emergency environmental health and sanitation are provided to include safe drinking water, sewage disposal, food preparation, solid waste disposal, sanitation at shelters, and vector control.
- 66. Yes All license fees collected by the Local Public Health Authority under ORS 624, 446, and 448 are set and used by the LPHA as required by ORS 624, 446, and 448.

Health Education and Health Promotion

- 67. Yes Culturally and linguistically appropriate health education components with appropriate materials and methods will be integrated within programs.
- 68. Yes The health department provides and/or refers to community resources for health education/health promotion.
- 69. Yes The health department provides leadership in developing community partnerships to provide health education and health promotion resources for the community.
- 70. Yes Local health department supports healthy behaviors among employees.
- 71. Yes Local health department supports continued education and training of staff to provide effective health education.
- 72. Yes All health department facilities are smoke free.

Nutrition

73. Yes Local health department reviews population data to promote appropriate nutritional services.
74. The following health department programs include an assessment of nutritional status:
- a. Yes WIC
 - b. Yes Family Planning
 - c. Yes Parent and Child Health
 - d. Yes Older Adult Health
 - e. N/A Corrections Health
75. Yes Clients identified at nutritional risk are provided with or referred for appropriate interventions.
76. Yes Culturally and linguistically appropriate nutritional education and promotion materials and methods are integrated within programs.
77. Yes Local health department supports continuing education and training of staff to provide effective nutritional education.

Older Adult Health

78. Yes Health department provides or refers to services that promote detecting chronic diseases and preventing their complications.
79. Yes A mechanism exists for intervening where there is reported elder abuse or neglect.
80. Yes Health department maintains a current list of resources and refers for medical care, mental health, transportation, nutritional services, financial services, rehabilitation services, social services, and substance abuse services.
81. Yes Prevention-oriented services exist for self health care, stress management, nutrition, exercise, medication use, maintaining activities of daily living, injury prevention and safety education.

Parent and Child Health

82. Yes Perinatal care is provided directly or by referral.
83. Yes Immunizations are provided for infants, children, adolescents and adults either directly or by referral
84. Yes Comprehensive family planning services are provided directly or by referral.
85. Yes Services for the early detection and follow up of abnormal growth, development and other health problems of infants and children are provided directly or by referral.
86. Yes Child abuse prevention and treatment services are provided directly or by referral.

- 97. Yes There is a system or mechanism in place to assure participation in multi-disciplinary teams addressing abuse and domestic violence.
- 88. Yes There is a system in place for identifying and following up on high risk infants.
- 89. Yes There is a system in place to follow up on all reported SIDS deaths.
- 90. Yes Preventive oral health services are provided directly or by referral.
- 91. Yes Use of fluoride is promoted, either through water fluoridation or use of fluoride mouth rinse or tablets.
- 92. Yes Injury prevention services are provided within the community.

Primary Health Care

- 93. Yes The local health department identifies barriers to primary health care services.
- 94. Yes The local health department participates and provides leadership in community efforts to secure or establish and maintain adequate primary health care.
- 95. Yes The local health department advocates for individuals who are prevented from receiving timely and adequate primary health care.
- 96. Yes Primary health care services are provided directly or by referral.
- 97. Yes The local health department promotes primary health care that is culturally and linguistically appropriate for community members.
- 98. Yes The local health department advocates for data collection and analysis for development of population based prevention strategies.

Cultural Competency

- 99. Yes The local health department develops and maintains a current demographic and cultural profile of the community to identify needs and interventions.
- 100. Yes The local health department develops, implements and promotes a written plan that outlines clear goals, policies and operational plans for provision of culturally and linguistically appropriate services
- 101. Yes The local health department assures that advisory groups reflect the population to be served.
- 102. Yes The local health department assures that program activities reflect operation plans for provision of culturally and linguistically appropriate services.

Health Department Personnel Qualifications

Local health department Health Administrator minimum qualifications:

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

Answer the following questions:

Administrator name: Diane Hoover

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

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

Diane Hoover has earned a BA in Health Care Administration, a Master's degree in Public Administration, and a PhD in Human Services. She has over 28 years of Health Care Administration experience and has been a Fellow in the American College of Healthcare Executives for 25 years. Ms. Hoover will take the missing courses through OHSU/Oregon State University on-line opportunities as time and the budget permits.

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

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

AND

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

Linda Stohlman, Nursing Program Supervisor, is an RN with a BSN, and has 17 years of Public Health experience.

- c. Yes X 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.

Diane Hoover also serves as the Environmental Health supervisor. She has a BA in Health Care Administration, a Master's degree in Public Administration, and a PhD in Human Services. She has over 28 years of Health Care Administration experience and is a Fellow in the American College of Healthcare Executives.

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

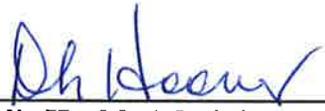
Licensed in the State of Oregon as M.D. or D.O. Two years of practice as licensed physician (two years after internship and/or residency). Training and/or experience in epidemiology and public health.

Jim Shames, MD is full-time health officer for both Josephine and Jackson Counties. He is both AAFP and ABAM certified and has over 21 years of Public Health experience.

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

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


Local Public Health Authority Josephine County 1-15-13 Date


Public Health Administrator Josephine County 1-8-13 Date

EVALUATION OF WIC NUTRITION EDUCATION PLAN
FY 2012-2013

WIC Agency: Josephine County Public Health Department

Person Completing Form: Diane Hoover, Ph.D.

Date: 1/3/13 Phone: 541-474-5334

Return this form, attached to an email to: sara.e.sloan@state.or.us by
December 1, 2013

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

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

Year 3 Objective: During planning period, staff will continue to incorporate participant centered education skills and strategies into group settings.

Activity 1: By March 31, 2013, WIC Training Supervisors will complete the online Group Education Course.

Evaluation: Please address the following questions.

- Did your agency's Training Supervisor(s) complete the online Group Education Course?
- Was the completion date entered into TWIST?

Activity 2: By June 30, 2013, WIC staff who lead group sessions and participated in the regional Participant Centered Groups trainings in 2012-2012 will pass the posttest of the online Group Education Course.

Evaluation: Please address the following question.

- Did staff who lead group sessions and participated in the regional Participant Centered Groups trainings pass the posttest of the online Group Education Course?
- Were completion dates entered into TWIST?

Activity 3: By March 31, 2013, each agency will evaluate at least four nutrition education group sessions and at least one local agency staff in-service using the state provided group session evaluation tool.

The tool is located on the State WIC website:

<https://public.health.oregon.gov/HealthyPeopleFamilies/wic/Documents/orw/pcg-ho-evaluating-session-guides.pdf>

Evaluation: Please address the following questions.

- Did your agency evaluate at least four nutrition education group sessions and at least one local agency staff in-service? **Yes.**
- What changes, if any, were made to the group sessions or staff in-service after completing the evaluations? **The WIC staff identified an opportunity exists in learning to ask more reflective questions during nutrition group services in an effort to generate more interactive dialog between participants.**

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

Year 3 Objective: During planning period, each agency will continue to incorporate participant centered skills and strategies into their group settings to enhance breastfeeding education, promotion and support.

Activity 1: By March 31, 2013, each agency will evaluate at least one prenatal breastfeeding class using the state provided group session evaluation tool. The tool is located on the State WIC website:

<https://public.health.oregon.gov/HealthyPeopleFamilies/wic/Documents/orw/pcg-ho-evaluating-session-guides.pdf>

Evaluation: Please address the following question in your response:

- Did your agency evaluate at least one prenatal breastfeeding class?
Yes.
- What changes, if any, were made to the group session after completing the evaluation? **No changes made.**

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

Year 3 Objective: During planning period, each agency will continue to build partnerships with identified referral organizations in their community.

Activity 1: By September 30, 2012, each agency will review their list of referrals in TWIST and identify at least one unfamiliar organization in order to learn more about the service they provide to WIC participants. By March 31, 2013, each agency will then invite a representative from that organization to give a short presentation about the services they provide at an "All Staff" meeting.

Evaluation: Please address the following questions.

- Which community partner organization(s) did your agency identify to learn more about the services they provide? **Intimate Partner Violence liaison.**
- Was a representative from that organization invited to give a short presentation to WIC staff about their services? **The liaison presented at least 3 times to the entire Public Health Department staff.**
- What went well and what would you do differently? **The staff responded better to more interactive presentations. If we were to repeat the process, we would screen the presentations prior to delivery to ensure that staff that had experienced Intimate Partner Violence were OK with the content.**

Activity 2: By September 30, 2012, each agency will review their list of breastfeeding referrals in TWIST and identify at least one organization that they would like to meet with to strengthen their referrals. By March 31,

2013, each agency will invite a representative from that organization to discuss how they can partner together to enhance breastfeeding support in their community.

Evaluation: Please address the following questions.

- Which community partner organization(s) did your agency identify to strengthen breastfeeding referrals? **3 Rivers Hospital & the Josephine County Breastfeeding Coalition.**
- Was a representative from that organization invited to discuss how they can partner with WIC to enhance breastfeeding support in your community? **Yes.**
- What went well and what would you do differently? **Pump distribution is well coordinated as well as breastfeeding support for local mothers.**

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

Year 3 Objective: During planning period, each agency will continue to increase staff understanding of the factors influencing health outcomes.

Activity 1: By March 31, 2013, each agency will develop and implement a plan to assure staff are communicating health outcomes to participants during certification visits.

Evaluation: Please address the following questions.

- Was a plan developed and implemented to assure a staff is communicating health outcomes to participants during certification visits? [] Yes [] No. If no, please explain why not.
- What went well and what would you do differently? **Participants are more eager to discuss health outcomes that are relevant to**

where they are in the pregnancy/birth/breastfeeding/child care cycle. It can be difficult to get second, third or fourth time parent parents to get interested in the opportunity to learn new material. In future staff meeting we will discuss techniques to overcome this.

Activity 2: Identify your agency training supervisor(s) and projected staff in-service dates and topics for FY 2012-2013.

Evaluation: Please use the table below to address the following.

- Name of Training Supervisor.
- In-service topic and date.
- Method of training.
- Core Competencies addressed (CPA Competency Model Policy 660, Appendix A) and/or Outcome of In-service.

FY 2011-2012 WIC Staff In-services

Name of Training Supervisor: Tanya Wilkerson

In-Service Topic and Date	Method of Training	Core Competencies Addressed/Outcome of In-Service
Example: Post-Partum WIC	Example: E-Module	Example: This in-service addressed several competencies in the areas of serving post-partum women who are WIC clients.
Women's Crisis Center Intimate Partner Violence training	Video & Question & Answers	Staff learned how to ask open ended questions and have conversations to determine if a

		referral to the Women's crisis Center might be appropriate for certain WIC clients.
Referral Training	Reviewed Powerpoint with session guide, reviewed policies 481, 880 and 885. Identified updates made to referral organizations.	Staff learned how to make referrals that might mist effectively improve health outcomes and support participant centered conversations during the certification process.
Civil Rights Training Update	Reviewed training materials and discussed. Case studies were assigned to be completed by next week.	Staff understand civil rights issues and how to be respectful.
Airborne Disease Annual Review	Powerpoint & discussion with communicable disease nurse	Staff understand common communicable diseases & how to protect themselves.
MSDS Training	Discussion & Demonstration of forms	Staff know where the resource is if they become exposed to a potentially hazardous material.
Various Conferences	Multiple	Better overall knowledge of the WIC program and its value.

FY 2013 - 2014 Oregon WIC Nutrition Education Plan Form

County/Agency: Josephine County Public Health Department
Person Completing Form: Diane Hoover, Ph.D.
Date: 1/3/13
Phone Number: 541-474-5334
Email Address: dhoover@co.josephine.or.us

Return this form electronically (attached to email) to: sara.e.sloan@state.or.us
by December 1, 2012
Sara Sloan, 971-673-0043

Goal : **Oregon WIC staff will continue to provide quality participant centered services as the state transitions to eWIC.**

Objective 1: **During planning period, WIC agencies will assure participants are offered and receive the appropriate nutrition education contacts with issuing eWIC benefits.**

Activity 1: By December 1, 2013, each agency will develop and implement a procedure for offering and documenting nutrition education contacts for each participant based on category and risk level while issuing benefits in an eWIC environment.

Note: Information and guidance will be provided by the state office as local agencies prepare for the transition to eWIC.

Implementation Plan and Timeline:

Objective 2: During planning period, Oregon WIC Staff will increase their knowledge in the areas of breastfeeding, baby behavior and the interpretation of infant cues, in order to assist new mothers with infant feeding and breastfeeding support.

Activity 1: By March 31, 2014, all WIC certifiers will complete the new Baby Behavior eLearning online course.

Note: Information about accessing the Baby Behavior eLearning Course will be shared once it becomes available on the DHS Learning Center.

Implementation Plan and Timeline:

Activity 2: By March 31, 2014, all new WIC Staff will complete the Breastfeeding Level 1 eLearning Course.

Note: Information about accessing the Breastfeeding Level 1 eLearning Course will be shared once it becomes available on the DHS Learning Center.

Implementation Plan and Timeline:

Objective 3: **During planning period, each agency will assure staff continue to receive appropriate training to provide quality nutrition and breastfeeding education.**

Activity 1: Identify your agency training supervisor(s) and projected staff in-services dates and topics for FY 2013-2014. Complete and return Attachment A by December 1, 2012.

Implementation Plan and Timeline:

FY 2013-2014 Oregon WIC Nutrition Education Plan

Goal: Oregon WIC staff will continue to provide quality participant centered services as the state transitions to eWIC.

Objective 1: During planning period, WIC agencies will assure participants are offered and receive the appropriate nutrition education contacts with issuing eWIC benefits.

Activity 1: By December 1, 2013, each agency will develop and implement a procedure for offering and documenting nutrition education contacts for each participant based on category and risk level while issuing benefits in an eWIC environment.

Note: Information and guidance will be provided by the state office as local agencies prepare for the transition to eWIC.

Objective 2: During planning period, Oregon WIC Staff will increase their knowledge in the areas of breastfeeding, baby behavior and the interpretation of infant cues, in order to assist new mothers with infant feeding and breastfeeding support.

Activity 1: By March 31, 2014, all appropriate WIC staff will complete the new Baby Behavior eLearning online course.

Activity 2: By March 31, 2014, all new WIC Staff will complete the Breastfeeding Level 1 eLearning Course.

Note: Information about accessing these eLearning Courses will be shared once they become available on the DHS Learning Center.

Objective 3: During planning period, each agency will assure staff continue to receive appropriate training to provide quality nutrition and breastfeeding education.

Activity 1: Identify your agency training supervisor(s) and projected staff in-services dates and topics for FY 2013-2014. Complete and return Attachment A by December 1, 2012.

Attachment A
FY 2013-2014 WIC Nutrition Education Plan
WIC Staff Training Plan – 7/1/2013 through 6/30/2014

Agency:

Training Supervisor(s) and Credentials:

Staff Development Planned

Based on planned program initiatives, your program goals, or identified staff needs, what quarterly in-services and or continuing education are planned for existing staff? List the in-service topic and an objective for quarterly in-services that you plan for July 1, 2013 – June 30, 2014. State provided in-services, trainings and meetings can be included as appropriate.

Quarter	Month	In-Service Topic	In-Service Objective
1	July 2013	Conflict Resolution: A key element in civil rights training	Staff will be able to state how conflict resolution is related to civil rights complaints and describe techniques for conflict resolution.
2	November 2013	Baby Behavior	Review content in Baby Behavior on-line learning module during staff inservice.
3	March 2014	BF Level 1	Review content of BF online learning module during staff inservice
4	May 2014	BF Update	Update staff on BF trends, education and other topics that will be covered in Three Rivers Hospital education.

The End