

Crook County Health Department Annual Plan 07-08

I. Executive Summary

Crook County Health Department staff of 7.25 full time employees continue to offer a variety of public health services that help meet essential public health services required by law. This year's plan is an update to the 06-07 plan. A comprehensive plan will be submitted in June 2009 as part of the required triennial review process. Updated plans for the WIC program have been submitted along with a current organization chart and the minimum standard questionnaire completed.

II. Assessment

Plan listed at <http://oregon.gov/DHS/ph/lhd/lhd-annual-plan.shtml> is sufficient.

III. Action Plan

A. Epidemiology and control of preventable diseases and disorders

No substantial changes noted from the plan listed at <http://oregon.gov/DHS/ph/lhd/lhd-annual-plan.shtml>

B. Parent and child health services, including family planning clinics as described in ORS 435.205

No substantial changes noted from the plan listed at <http://oregon.gov/DHS/ph/lhd/lhd-annual-plan.shtml> .

1. WIC:

See Appendix C for 07-08 plan.

2. Maternal and Child Health Programs:

We continue to work on our goals and activities identified in our 2005-2006 annual plan. Ongoing efforts are needed to educate and support tobacco cessation in pregnant smoking mothers, decrease teen pregnancy rates and child abuse, and bike safety promotion.

C. Environmental health

Environmental health not provided by health department in Crook County.

D. Health statistics

No substantial changes from the plan posted at <http://oregon.gov/DHS/ph/lhd/lhd-annual-plan.shtml> .

E. Information and referral

No substantial changes from plan posted at <http://oregon.gov/DHS/ph/lhd/lhd-annual-plan.shtml> .

F. Other Issues

No changes see plan posted at <http://oregon.gov/DHS/ph/lhd/lhd-annual-plan.shtml>

IV. Additional Requirements

Agencies are **required** to include an organizational chart of the local health department with the annual plan.

Senate Bill 555:

Crook County Health Department is not the governing body that oversees the Commission on Child and Families (CCF). Local health department and CCF staff work closely together in planning processes. The director of the health department is a member of the CCF, chair of the early childhood committee and sits on the executive committee for the CCF. A positive cohesive partnership exists between the two entities in Crook County.

V. Unmet needs

No substantial changes from plan posted at
<http://oregon.gov/DHS/ph/lhd/lhd-annual-plan.shtml> .

VI. Budget

A copy of the Crook County 07-08 can be obtained by contacting Crook County Treasurer office at (541)447-6554 or email Kathy.gray@co.crook.or.us.

VII. Minimum Standards

Agencies are **required** to complete this section.

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

Organization

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

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

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

Control of Communicable Diseases

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

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

Environmental Health

47. Yes No Food service facilities are licensed and inspected as required by Chapter 333 Division 12.
48. Yes No Training is available for food service managers and personnel in the proper methods of storing, preparing, and serving food.
49. Yes No Training in first aid for choking is available for food service workers.
50. Yes No Public education regarding food borne illness and the importance of reporting suspected food borne illness is provided.
51. Yes No Each drinking water system conducts water quality monitoring and maintains testing frequencies based on the size and classification of system.
52. Yes No Each drinking water system is monitored for compliance with applicable standards based on system size, type, and epidemiological risk.

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

Health Education and Health Promotion

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

Nutrition

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

Older Adult Health

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

Parent and Child Health

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

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

Primary Health Care

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

Cultural Competency

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

Health Department Personnel Qualifications

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

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

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

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

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

AND

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

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

105. 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.

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

106. 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.

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.

Wendy Perrin
Local Public Health Authority

Crook
County

5/30/07
Date

Appendix A

Data Links

1. Population pyramid, by age and sex:

http://www.censusscope.org/us/s41/chart_age.html

2. Oregon population center:

<http://www.upa.pdx.edu/CPRC/publications/annualorpopulation.html>

3. Federal census center:

<http://quickfacts.census.gov/qfd/states/41000.html>

4. County facts:

<http://bluebook.state.or.us/local/counties/clickmap.htm>

5. Reportable diseases by county, and other disease surveillance data:

<http://oregon.gov/DHS/ph/acd/stats.shtml>

6. County data book:

<http://oregon.gov/DHS/ph/chs/data/cdb.shtml>

7. Chronic disease data:

<http://oregon.gov/DHS/ph/hpcdp/pubs.shtml>

<http://oregon.gov/DHS/ph/hpcdp/index.shtml>

8. Environmental Health licensed facility inspection report:

<http://www.dhs.state.or.us/publichealth/foodsafety/stats.cfm>

9. Youth surveys:

<http://oregon.gov/DHS/ph/chs/youthsurvey/>

10. Benchmark county data:

http://egov.oregon.gov/DAS/OPB/obm_pubs.shtml#Benchmark%20County%20Data%20Books

11. Local economic information:

<http://www.econ.state.or.us/stats.htm>

12. Detailed census tables:

http://factfinder.census.gov/servlet/DatasetMainPageServlet?_program=DEC&_lang=en&_ts=

13. Alcohol and Drug County Data

<http://oregon.gov/DHS/addiction/data/main.shtml#ad>

14. Web-based software for public health assessment

<http://www.oregon.gov/DHS/ph/lhd/vista.pdf>

Appendix B

Currently the local health department Health Administrator does not meet the Oregon State minimum qualifications. Listed below is the plan to acquire the required master's degree.

<u>Task</u>	<u>Time line</u>
Research master degree programs recommended By DHS Community Liaison staff	7/06- ongoing
GRE preparation	6/06-3/08
Take GRE	before 3/08
Apply for selected Master's program(s)	12/08

Appendix C

FY – 2007-2008 WIC Nutrition Education Plan Form

County/Agency: Crook County
Person Completing Form: Wendy Perrin
Date: 5/23/07
Phone Number: (541) 447-5165
Email Address: wperrin@h.co.crook.or.us

Direct questions to: Sara Goodrich, 971-673-0043

This section asks you to write the nutrition education plan(s) for the fiscal year 2006 – 2007 2007-2008.

Goal 1: Oregon WIC Staff will have the knowledge to provide quality nutrition education.

Year 1 Objective: During plan period, staff will be able to correctly assess nutrition and dietary risks.

Activity 1: All certifiers will complete the Nutrition Risk Module by December 31, 2007.

Resources: Nutrition Risk Module distributed to all agencies 2/07.

Information provided from Nutrition Risk Module Regional Train-the-Trainer sessions 4/07.

Implementation Plan and Timeline:

All certifying staff will be complete the module as a group lead by a certifier who attended the regional training. The group will meet and complete the training in November 2007.

Activity 2: All certifiers will complete the revised Dietary Risk Module (to be released September 2007) by March 31, 2008.

Resources: Information provided from Dietary Risk Module Training.

Implementation Plan and Timeline:

All certifying staff will complete the dietary risk module before the end of February 2008 as a group led by the WIC coordinator.

Activity 3: Each agency will select at least one staff member to participate in a State workgroup to identify key nutrition messages used in WIC and implement strategies for integrating these messages into clinic practices. *See Attachment A.*

Staff name(s): Patty Barker, WIC coordinator , Renee Sheehy , WIC clerk

Email address(s): pbarker@h.co.crook.or.us and rsheehy@h.co.crook.or.us

Phone Number(s): (541) 447- 5165

Activity 4: Identify your agency training supervisor(s) and projected staff in-service training dates and topics for FY 2007-2008. *See Attachment B .*

Goal 2: Nutrition Education offered by the local agency will be appropriate to the clients' needs.

Year 1 Objective A: During Plan period, each local agency will implement strategies to provide targeted, quality nutrition education.

Activity 1: Using state provided resources, conduct a needs assessment of your community to determine relevant nutritional health concerns and assure that your nutrition education offerings meet the needs of your WIC population by September 30, 2007.

Resources: TWIST Reports, PEDS Data, Oral Health Data, Healthy Active Oregon Communities' Initiatives,

Implementation Plan and Timeline:

Available reports will be reviewed by WIC staff and a needs assessment will be conducted by Crook County WIC staff in September 2007. By September 30th any new nutritional education offerings will be identified.

Activity 2: Complete Activity 2A or 2B depending upon the type of second nutrition education activities your agency offers.

Activity 2A: By October 31, 2007, submit an Annual Group Nutrition Education Calendar for your agency for 2008. *Complete and return Attachment C by October 31, 2007.* If your agency does not offer group nutrition education activities, complete Activity 2B.

Implementation Plan and Timeline:

The 2008 nutritional education calendar will be created by the WIC coordinator with input from WIC staff and clients and submitted to state before October 31, 2007.

Activity 2B: If your agency does not offer group nutrition education activities, how do you determine 2nd individual nutrition education is appropriate to the individual client's needs?

Response:

Goal 3: Improve the health outcomes of clients and staff in the local agency service delivery area.

Year 1 Objective: During Plan period, each local agency will select at least one specific objective and activity to help facilitate healthy behavior change for WIC staff and at least one specific objective and activity to help facilitate healthy behavior change for WIC clients. For example, utilize findings from the prior 3 Year Nutrition Education Plan to determine the most common risks/barriers to making healthy behavior changes. Develop the objective and activity to address those risks/barriers.

Activity 1:

Local Agency Objective to facilitate healthy behavior change in the WIC Staff:

Increase the consumption of fruits and vegetables of WIC staff.

Local Agency Staff Activity:

At the August staff meeting a schedule will be created to identify staff who will be responsible for bringing in a healthy fruit or vegetable recipe during the monthly staff meeting for all staff to sample.

Implementation Plan and Timeline: Include why this objective was chosen, what you hope to change, how and when you will implement the activity, and how you will evaluate its effectiveness.

This activity was chosen to help encourage healthy eating among staff. At the end of the year staff would have sampled some new recipes and hopefully have a better appreciation of fruit and vegetables. At the end of the year an informal survey will be conducted with WIC staff.

Activity 2:

Local Agency Objective to facilitate healthy behavior change for WIC

Clients:

To increase the physical activity of WIC families.

Local Agency Client Activity:

Clients will be educated on the benefits of physical activity and will be given information on activities to do with kids and the local physical activity option's hand out.

Implementation Plan and Timeline: Include why this objective was chosen, what you hope to change, how and when you will implement the activity, and how you will evaluate its effectiveness.

Promotion of physical activity will help decrease the percentage of obesity and increase the fitness level of WIC clients. The bulletin board in the waiting area will be focused on physical activity a minimum of two times during the year; the physical activity handouts will be available in the waiting room and in the counseling rooms. Clients will be asked in the local survey if WIC has influenced their activity level.

Goal 4: Improve breastfeeding outcomes of clients and staff in the local agency service delivery area.

Year 1 Objective: During Plan period, each local agency will select at least one objective and activity to help improve breastfeeding outcomes for WIC staff or WIC clients. Consider using findings from the prior 3 Year Nutrition Education Plan to help identify and address common barriers to breastfeeding.

Activity 1:

Local Agency Breastfeeding Objective: Increase the number of working mothers who breastfeed emphasizing Crook County employees.

Local Agency Breastfeeding Activity: Implement breastfeeding friendly employer policies and procedures.

Implementation Plan and Timeline: Include why this objective was chosen, what you hope to change, how and when you will implement the activity, and how you will evaluate its effectiveness.

Activity was chosen to help support working breastfeeding mothers and to increase breastfeeding rates in Crook County. Partial implementation done at this time hope to complete the process by 1/08. Evaluation of the activity will be to track the number of women using the room.

**EVALUATION OF WIC NUTRITION EDUCATION PLAN
FY 2006-2007**

**WIC Agency: Crook
County**_____

Person Completing Form: Wendy Perrin_____

Date: 5/21/07_____

Phone: 541 447 5165_____

Return this form, attached to e-mail, to: sara.e.goodrich@state.or.us by May 1, 2007.

Please use the outcome evaluation criteria to assess the activities your agencies did for each Year 3 Objective. If your agency was unable to complete an activity, please indicate why.

Goal 1: Decrease the risk of obesity among WIC participants by increasing physical activity awareness.

Year 3 Objective: During plan period, all WIC families will be provided information to help them make positive lifestyle choices to decrease the risk of overweight.

Activity 1: (Required) Using the state provided tool, assess your community's resources for safe, developmentally appropriate physical activity opportunities for families and their young children and provide a list of these resources to WIC clients.

Outcome evaluation: Please address the following questions in your response.

- Was the community assessment completed and a list of resources provided to WIC clients?
- How did clients respond to the resource list?

Response: Yes the resource list was completed in 12/06. Overall clients are appreciative of the list. We have just started to distribute the list and plan on using at our physical activity classes and with all physical activity promotion.

Please provide a copy of the resource list your agency developed for clients. attached

Activity 2: (Required) Make available to clients a 2nd NE opportunity to participate in physical activity.

Outcome evaluation: Please address the following questions in your response.

- Was a 2nd nutrition education opportunity to increase physical activity made available to clients? If yes, describe what it was.
- How/why did your agency choose this particular 2nd nutrition education opportunity?
- Did your agency create a new opportunity or modify an existing opportunity?
- How did clients respond to this opportunity?
- Will you continue to make this opportunity available in the future?

Response: A new class titled “increasing your physical activity” was created and offered in June, July, and August 2006. This class was chosen to help initiate our WIC clients activity level and to reeducate parents on how to play physically with their children. Yes we will continue to offer this class recreating it as needed.

Activity 3: (Optional) Participate in an organized “Turn Off the TV Week” campaign April 2007.

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

- Did your agency participate in “Turn Off the TV Week”? If yes, describe what you did. How did it go?
- Do you plan to continue this activity? Why or why not? What resources would you need?
- What advice might you give to other WIC agencies if they were to try this?

Response: During the month of April 2007 we handed out written material about “turn off TV week” to clients coming into the office. Yes we will continue to participate in this event with an expanded outreach effort next year.

Activity 4: (Optional) Participate in a community event that promotes physical activity.

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

- Did your agency participate in a community event to promote physical activity? If yes, describe what you did. How did it go?
- Do you plan to continue this activity? Why or why not? What resources would you need?
- What advice might you give to other WIC agencies if they were to try this?

Response:

Goal 2: Increase the percentage of WIC participants who consume at least five daily servings of vegetables and fruits.

Year 3 Objective: During plan period, staff will promote client consumption of fruits and vegetables.

Activity 1: (Required) Using state provided tool, assess activities and resources in the community to promote fruits and vegetables and provide a list of these activities and resources to WIC clients.

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

- Was the community assessment completed and a list of resources provided to WIC clients?
- How did clients respond to the list?

Response: Yes the assessment completed in 2/07. Completed list placed in waiting room and utilized in the physical activity class.

Please provide a copy of the resource list your agency developed for clients. attached

Activity 2: (Required) Develop and implement a client centered activity/event by June 2007 in recognition of 5 A Day. Examples include: Bulletin Boards, Newsletters, and Classes.

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

- What client centered activity/event did your agency implement in recognition of 5 A Day?
- How did your agency decide on this activity/event?
- What went well and what would you do differently?

Response: We had planned on providing an activity at our local farmers market. The farmers market was new to Crook County and not well attended with limited fruit and vegetables offered. We did have farmer's market classes and fruit and vegi class throughout the summer.

Activity 3: (Optional) Participate in a community event that promotes consumption of fruits and vegetables.

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

- Did your agency participate in a community event to promote consumption of fruits and vegetables? If yes, describe what you did. How did it go?
- Do you plan to continue this activity? Why or why not? What resources do you need?

- What advice might you give to other WIC agencies if they were to try this?

Response:

Activity 4: (Optional) Develop and implement a staff activity/event that promotes fruit and vegetable consumption.

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

- Did your agency implement a staff activity/event that promotes fruit and vegetable consumption?
- How did your agency decide on this activity/event?
- What went well and what would you do differently?

Response:

Goal 3: Increase client participation in 2nd nutrition education contacts.

Year 3 Objective: During plan period, develop strategies to increase client participation in nutrition education.

Activity 1: (Required) Explore options for developing innovative partnerships for providing NE to clients in your agency.

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

- Did your agency begin a process for developing innovative partnerships for providing NE?
- What did you use to begin the process?
- What will you need to continue?

Response: New partnerships were explored with one new partnership started with Even Start. Even Start in Crook County is an English as a second language class that is for the adult and child unit. Continued partnerships will be explored.

Activity 2: *(Required) Using state provided tool, assess your agency's 2nd nutrition education offerings and make changes as needed to improve your show rates.*

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

- What nutrition education offerings were identified as most and least attended?
- What changes were made based on the results of your assessment?

Response: Our prenatal classes were the least attended. Our general education classes (fruit and veggie, budget food dollars, healthy snacks and crock pot) seemed to be the classes that were attended the most. A survey was recently conducted asking clients what classes they would like to see. The results of the survey will assist with 2008 class designs. We will rename our classes with titles that are fun and exciting.

Activity 3: *(Optional) Participate in a community event that promotes nutrition education.*

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

- Did your agency participate in a community event that promotes nutrition education? If yes, describe what you did. How did it go?
- Do you plan to continue this activity? Why or why not? What resources would you need?
- What advice might you give to other WIC agencies if they were to try this?

Response:

Activity 4: (Optional) Using state provided resources, conduct a needs assessment of your community to determine relevant nutritional health concerns and assure that your nutrition education offerings meet the needs of your WIC population.

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

- What health concerns did you determine were relevant to your community?
- What strategies are you considering implementing to address those concerns?

Response:

Goal 4: Increase breastfeeding duration rates among WIC participants.

Year 3 Objective: During plan period, staff will promote exclusive breastfeeding for 6 months of age and implement strategies to support client's breastfeeding goals.

Activity 1: (Required) Assess breastfeeding resources available in your community and create and/or update a resource list for clients.

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

- Was an assessment done of the breastfeeding resources available in your community?
- Was a community breastfeeding resource list created and/or updated?

Response: Yes assessment done in 8/06 and resource list updated.

Activity 2: *(Required) The WIC agency will implement at least one new strategy to support client's breastfeeding goals.*

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

- Did your agency implement at least one new strategy to support client's breastfeeding goals?
- How did the strategy address the identified issue?

Response: Identified goal not reached in full. Coordinator who is an IBCLC was not able to contact all moms after birth and provide support. Clients identified by certifiers and intake staff referred to IBCLC who worked with families as needed.

Activity 3: *(Optional) The WIC agency will participate in World Breastfeeding Week to raise the awareness of the importance of exclusively breastfeeding for the first 6 months of life and continue as long as the mother and baby mutually desire.*

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

- Did your agency participate in World Breastfeeding Week? If yes, describe what you did. How did it go?
- What advice might you give to other WIC agencies if they were to try this?

Response: Yes participation in world breastfeeding week was done. Local MD's, the OB nurses, healthy start staff were all supplied with breastfeeding promotion information. WIC breastfeeding moms were mailed certificates thanking them for breastfeeding we provided them with a tote with a breastfeeding message and encouragement pamphlets.

Activity 4: *(Optional) The agency will implement the Breastfeeding Mother-Friendly Employer project and receive designation from the Oregon Department Of Human Services.*

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

- Did the agency receive the designation of Breastfeeding Mother-Friendly?
- If not, were there components that were achieved?

Response: Initial work has been done, room supplies purchased to implement Breastfeeding Friendly Employer project. Last step to be done is go to local commissioners for signature of the agreement.

WIC - Attachment A

FY 2007-2008 WIC Nutrition Education Plan Goal 1, Activity 3

Oregon WIC Key Nutrition Messages

An important component of quality nutrition education is having consistent key messages. Key messages are simple, short messages that can be considered generally universally true for a given population. Key messages will not cover every possible topic, but are broad messages, within which would be topics made specific to a client.

Examples of key messages for each category of WIC clients:

- Pregnant Women: *Early prenatal care is important for the health of mom and baby.*
- Breastfeeding Women: *Breastmilk is the best food for your baby.*
- Non-Breastfeeding Postpartum Women: *Eat enough foods from each of the different categories shown on the food pyramid. (mypyramid.gov)*
- Children: *Limit “screen time” to no more than 2 hours each day after a child is two years old. Before age 2, children should not watch TV.*
- Infants: *Introduce one new solid food at a time.*

FY 2007-2008 NE Plan Activity

During FY 2007-2008, a workgroup consisting of State and Local Agency staff will develop key nutrition messages for the Oregon WIC Program and strategies for integrating the messages into clinic practices. Most of the work this group will do can be done via email or over the phone. The initial activity of identifying nutrition messages for each WIC category will begin in July 2007. The desired outcome from the workgroup is that Oregon WIC Key Nutrition Messages will be completed and presented at the 2008 Statewide Meeting.

WIC - Attachment B
FY 2007-2008 WIC Nutrition Education Plan
Goal 1, Activity 4
WIC Staff Training Plan – 7/1/2007 through 6/30/2008

Agency Crook County

Your Agency's Training Supervisor(s) WIC Coordinator Patty Barker

Training Supervisor Credential(s) RN, BSN

Staff Development Planned

Based on planned new program initiatives, your program goals, or identified staff needs, what quarterly in-services and or continuing education are planned for existing staff? List the in-services and an objective for quarterly in-services that you plan for FFY 2007-2008.

Quarter	Month	In-Service Topic	In-Service Objective
1	September	Breastfeeding	Review breastfeeding rates, review portions of breastfeeding module as refresher, review breastfeeding workplace progress.
2	November	Nutrition risk module training	Complete required module and staff have a good understanding of changes
3	March	Dietary risk module	Complete required module and staff have a good understanding of changes
4	May	Physical activity	Staff will become more educated on importance of activity and inspired to implement regular physical activity

Appendix D

