

Josephine County Public Health Division



2007-2008 Comprehensive Plan

**Action Plan
Attachment A**

**EPIDEMIOLOGY AND CONTROL OF PREVENTABLE DISEASE AND
DISORDERS**

Current condition or problem:

We currently run a solid and flexible communicable disease program that meets all mandated state goals and deliverables. However, given reductions in staffing and ever changing providers in the area, we need to assure that we maintain a strong early detection system, good levels of provider and public education, and prevention activities which reduce morbidity and mortality of reportable communicable diseases.

We will also need to maintain 24/7/52 investigation abilities with decreased staffing levels. Current communicable disease staff includes a .5 FTE Communicable Disease Nurse with other Public Health nurses as back-up to the system for vacations, illness and outbreaks. In addition, our Environmental Health sanitarians investigate foodborne outbreak situations in restaurants and long-term care facilities. Our emergency preparedness coordinator also assists in outbreak investigations as needed and assures that all staff are up-to-date on training and exercise requirements. In addition, all management staff are available to assist in surge with outbreak investigations and take the lead for the 24/7 call system.

Goals:

We are currently at a maintenance level of service delivery that includes increased community awareness and training as our primary objectives for the 2007-2008 fiscal year. To maintain these levels with the changes in Josephine County, we plan to increase provider awareness of reportable diseases through a continued effort of communication. We also plan to increase public education on preventable diseases through consistent messaging to the media. We also need to ensure that all remaining staff have up-to-date knowledge on Communicable disease reporting and prevention, emergency preparedness activities and issues and are consistently receiving the required Incident Command System (ICS) trainings, as per funding resources.

Activities:

Several media activities are available to the Public Health Division and need to be more consistently utilized as information becomes available or changes. We have established good networks with our media providers in the area and can assure that messages needing to reach the public are promoted by the newspaper, radio and television stations. We have also recently incorporated a blast fax system into our process of notifying providers and other community partners of communicable disease issues in the community. We will continue to update and test this system so that it is functional in the need of an actual emergency. By providing these updates through a consistent method, the providers, public and other regional partners will be continually informed of issues related to our response to communicable disease prevention and outbreaks.

To assure staff training levels are consistent, we will be surveying staff knowledge and needs as we move into our new level of staffing to assure that appropriate cross-training is provided to all staff.

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 system provider
- Surveys conducted during annual testing of blast fax system
- Increase in timely reports from providers
- Increased cross-training of staff, as documented

**Action Plan
Attachment B**

PARENT AND CHILD HEALTH SERVICES

Family Planning Program

Current Condition:

Josephine County Public Health is invested in offering quality Family Planning services within the guidelines of the Oregon Family Planning Program. We 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. Though Public Health has found it necessary to eliminate nursing positions as a result of the loss of Federal funding that supports our County government, there will be no anticipated reduction in Family Planning clinic services. Nor do we foresee any changes in staff assigned to clinic services, thus continuity of personnel and service will be assured for our clientele in this essential program.

As a result of budget deficits, we will no longer be in a position to support the School Based Health Center at Illinois Valley High School in Cave Junction; we will lose the opportunity to assess and intervene with those students. We are hopeful that another health provider in the community will accept responsibility for management of the clinic in our absence, for we acknowledge the importance of this service, and we are saddened by this turn of events.

Goals:

Public Health has the following goals for the Family Planning Clinic:

- Assure continued high quality clinical family planning and related preventive health services to improve overall individual and community health.
- Assure ongoing access to a broad range of effective family planning methods and related preventive health services.

Activities:

Public Health is committed to the provision of ongoing reproductive and contraceptive education for staff to assist in the maintenance of a command of standard of care expectations in clinic nursing practice. We intend to participate in conference activities as provided by the Department of Human Services as budget restrictions allow. We encouraged participation in educational offerings provided over the internet. We subscribe to professional periodicals and purchase reference books routinely. We partner with other Family Planning providers in the community in an effort to ensure that service is available to all community residents.

It is our intention to make no changes to the array of family planning methods we currently offer to our clinic clients, and we are open to the possibility of offering other effective methods as they are introduced.

Evaluation:

Staff trainings are tracked and these records are maintained internally. Policy and Procedure Manuals are reviewed and updated as new methods and procedures are introduced, and these documents are accessible to all staff members and reviewers. Data related to our clinic activities is routinely submitted to the Department of Human Services. These statistics will reflect the number of clients seen in our clinic as well as the services provided and the variety of family planning methods provided.

**Action Plan
Attachment B**

PARENT AND CHILD HEALTH SERVICES

Maternal and Child Health Programs

Current Conditions:

Among others, two nursing positions were eliminated in an effort to reduce Public Health dependence upon Josephine County general fund monies, all related to extensive budget deficits as a result of the loss of Federal funding. These two nursing positions were dedicated to Maternal and Child Health program activities: Maternity Case Management and Babies First! Though we have relinquished responsibility for other Public Health nursing programs, and intend to redirect portions of time of remaining nursing staff to Maternal and Child Health programs, we have concerns that these interventions may not be adequate to meet the needs of our community or respond to the referrals we receive.

We are dismayed to find ourselves in this fiscal crisis; however, we are determined to attempt 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. It is our intent to attempt to prioritize referrals and offer services to those with the highest risk factors.

Goals:

In the current fiscal climate, Public Health seeks to maintain an adequate level of nursing service in Maternal and Child Health programs for FY 2007-2008. 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

Activities:

The Maternity Case Management program has developed a curriculum, with an extensive number of inviting handouts, which addresses 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. These goals correlate with and support the goals we have chosen for Maternal and Child Health programs.

Evaluation:

Vital records birth statistics will provide data related to the birth weights and gestational ages of infants born in Josephine County. Information entered onto the Perinatal Data Form, completed with each Maternity Case Management visit, is provided to the Department of Human Services. Information related to visits made to clients in the Babies First! and CaCoon programs is provided to the Department of Human Services through the Client Data Record.

**Action Plan
Attachment C**

ENVIRONMENTAL HEALTH

Current condition or problem:

Josephine County Environmental Health faces a challenging year ahead as a result of the cuts to funding in our County. These cuts have left Environmental Health with a loss of 1.0 FTE; therefore the Environmental Health Supervisor will take on active roles in inspections and licensing leaving less time for internal systems negotiations, partnerships and community education.

Goals:

Our goal in the coming year is to provide all of the mandated services required by the state with the use of no general fund dollars, as per county direction.

Activities:

To accomplish this goal, we will cross train staff to perform administrative functions, assist in outbreaks, and try to provide as much preventative education as possible. In addition, we will be working to increase licensing fees to State and County approved levels.

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. In addition, our EH program is currently down by 1 field FTE, leaving 2.5 FTE including the program supervisor to run all programs and conduct all inspections. 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 efficiency by cross training staff members at the Health Department to handle more of the administrative duties that must be performed. This will free up valuable field time to allow all required inspections to be performed. In addition, there is currently an expected increase in provided Water contract monies. Should this occur, it is our hope to hire an additional .5 to 1.0 FTE to work on water systems inspections alone, which would again, free up valuable field time for the remaining sanitarians. Goals and objectives will be evaluated on an ongoing basis to ensure that Josephine County licenses and inspects all facilities as prescribed in the aforementioned statutes.

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) Sanitarians provide additional education to the public. Training is always provided as part of regular inspections of pools, restaurants, water systems etc. as the inspecting sanitarian sees necessary. Also, sanitarians have been providing food safety classes for WIC classes providing valuable information for that population. Finally, educational packets are sent to all assisted living facilities on a bi-annual basis providing educational material on preventing and mitigating norovirus 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. In the 2007-2008 fiscal year we will be working on standardization with the State Food program which will strengthen our program in regards to statistics gathering, and interpretation.

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 wrap-up or lessons learned session would be conducted in order to critique the outbreak and apply this knowledge to future outbreaks.

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

There are several annual training sessions offered by the state that staff are encouraged to attend. The goal of our EH program in light of the current budgetary constraints is to satisfy the needs of the staffs 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. Currently Josephine County is not standardized by the State Food program. Therefore, standardization is a primary goal in the next year. Standardization of inspectors will greatly add validity to the interpretation of statistics garnered from the Phenix data program. Once standardized, evaluation of our program will focus on risk-based criteria in order to identify facilities that can and should receive additional training and attention.

Description of plans for other public health issues such as air and water quality.

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. In addition, when particulate matter (pm) previously measured and regulated as pm10 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 receives \$8,200 from the DEQ each year for our air quality program. In light of the new requirements, coupled with the loss of county funds, and manpower, it is likely that our resources will not rise to the level required to make appreciable gains in air quality. Therefore, it is our hope that the DEQ will increase funding or lend support by way of manpower to maintain the higher level of regulations.

Water Quality: Josephine County is responsible for regulating 150 Surface and ground water systems. Funding for our water program is expected to double for the next biennium. Therefore, based off of this increase in funding we plan to add another sanitarian to the staff to increase the strength of our water program and to meet new State requirements.

**Action Plan
Attachment D**

HEALTH STATISTICS

Current condition or problem:

We will be losing two Deputy Vital Records registrars as part of the reorganization in Josephine County and the Public Health Division. To meet requirements of this program, we will be training two new deputies in this area, including a new bi-lingual staff member to replace one that we will be losing. We have been able to meet all requirements up to this point, and will now work to make sure that we are able to do so in the future.

Goals:

Our primary goal will be to meet requirements on timeliness and reporting with reduced staffing levels.

Activities:

Our primary activity will be training new staff to perform the roles of staff that are no longer in the department.

Evaluation:

We will have met our goals in this area once staff are adequately trained to provide the required services. We recognize that this may take a full fiscal year to complete due to several areas of training that need to take place.

**Action Plan
Attachment E**

INFORMATION AND REFERRAL

Current condition or problem:

Due to decreased internal services, it will be necessary to increase referrals to outside agencies or regional partners that are able to provide the requested information and services. With this increase in referrals it will be necessary to maintain a reliable referral tracking system to provide adequate data on the process of referrals. In addition, we would continue to provide as much educational information as possible with all internal services. We can continue to utilize free materials as provided by the State and other programs or explore avenues for internet based materials that clients can access from their homes or businesses.

Goals:

Josephine County Public Health Division is considered a leader in health education resources in the community. Though we will not be able to provide the services directly through our department, our goal is to continue to be available to refer citizens to the appropriate programs and information.

Activities:

To adequately refer services, we will continue to assure that our resources are up-to-date and that our community partners are in turn aware of the services that we are able to provide. We will also continue to track referrals to assure that our work is completely documented. It is of continued importance to the department that we document the services that citizens request even if we are no longer able to provide those services out of our department.

Evaluation:

Evaluation will be based on anecdotal data, documentation and community partnerships that are continued through this process of referral.

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 _____Josephine County Public Health Department_____

Training Supervisor(s) and Credentials: Cheryl Kirk, RD and Belle Shepherd, MPH and JCPH WIC coordinator

Staff Development Planned

Based on planned new program initiatives (for example VENA), your program goals, or identified staff needs, what quarterly in-services and or continuing education are planned for existing staff? List the in-services and an objective for quarterly in-services that you plan for July 1, 2007 – June 30, 2008. State provided in-services, trainings and meetings can be included as appropriate.

Quarter	Month	In-Service Topic	In-Service Objective
1	July 2007	Nutrition Risk Module training	Increase staff understanding of risk codes to assure compliance with appropriate use of codes.
2	October 2007	New infant formula	Increase comfort for staff and address concerns voiced by clients surrounding new infant formulas
3	January 2008	Infant Feeding: What's New, and What Does It Mean for WIC	Increase staff comfort with new Infant feeding handouts and theories
4	April 2008	Fresh Fruits and Vegetables Matter	Provide momentum to staff working to incorporate healthy nutrition for summer fruits and vegetables

FY 2007 - 2008 WIC Nutrition Education Plan Form

County/Agency: Josephine County Public Health Department

Person Completing Form: Belle Shepherd, MPH

Date: 6-1-07

Phone Number: 541-474-5334

Email Address: bshepherd@co.josephine.or.us

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

by June 1, 2007

Sara Sloan Goodrich, 971-673-0043

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:

Josephine County Public Health WIC trainers, Cheryl Kirk, RD and Belle Shepherd, MPH attended the Nutrition Risk Module Regional Train-the-Trainer sessions on 4/10/07 in Medford. Cheryl and Belle have scheduled an initial training session for WIC staff on 6/26/07. All WIC staff will attend this one day training to begin to understand and implement the Nutrition Risk Module. Follow-up discussions will be held at weekly staff meetings, and as individual situations involving the new risk codes come to the attention of one of the staff or the RD. It was considered that the program would implement a longer time frame on the training, i.e. weekly meetings. However, the staff opted for a single day training with follow-up discussions to increase their knowledge of utilization of the information as soon as possible.

Staff not attending the session or new staff that start at Josephine County Public Health WIC program after the initial training will be trained individually by one or both of the training coordinators.

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:

Following the implementation of the Nutrition Risk module training, all staff, including certifiers, will evaluate and discuss their needs for future training styles, i.e. one-day vs. ongoing weekly in-services. Upon collection of that information, it will be determined the best way to implement the Dietary Risk Module training for certifiers. Certifiers will complete training prior to the due date of March 31, 2008, preferably soon after the information is made available to the local WIC program. Program staff recognize the value of being trained in the information as soon as it's available to ease their comfort and increase their skill levels in the new information. Staff hired after the March 31, 2008 date will be trained individually by one or both of the training coordinators.

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 for details on participation and content.

Staff name(s): Cheryl Kirk, RD

Email address(s): ckirk@asante.org

Phone Number(s): 541-474-5325

Activity 4:

Identify your agency training supervisor(s) and projected staff in-service training dates and topics for FY 2007-2008. Complete and return Attachment B by May 1, 2007.

Staff will set an in-service training per the schedule on Attachment B. Exact dates of the training will be established closer to the expected training date. Due to the current decrease in staffing in Josephine County and necessary coverage in other areas in the department, it is not possible to set exact training dates at this time. Dates will be forwarded to the State WIC program when they are set by the local WIC program.

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 by September 30, 2007, to determine relevant nutritional health concerns and assure that your nutrition education offerings meet the needs of your WIC population.

Resources include: TWIST Reports, PEDS Data, Oral Health Data, Healthy Active Oregon Communities' Initiatives. Resources will be provided July 2007.

Implementation Plan and Timeline:

As part of the continued compliance review, Josephine County WIC program will begin a review of the above resources to assure that the educational programs offered are meeting the needs of our population in Josephine County. Two areas of information will be collected and cross checked in order to determine the appropriateness of educational services provided:

- 1) Client survey to be conducted in August 2007
- 2) Data of population from various available resources

This information will be reviewed by the WIC Coordinator and the Registered Dietitian to determine if needs are being met in our service delivery. If it is determined that there are services that are not being provided that would be useful to the population, all efforts will be made to meet those needs. These efforts, however, will need to be based on our ability to

provide the requested services based on our funding and staffing levels at the time. If such internal resources are not available, all efforts will be made to have outside entities meet these gaps in services. Any determination on a change in service delivery, referral system usage or inability to meet needs will be reviewed with the State WIC office to ensure compliance to the program goals and expectations.

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

Resources include: Information from Goal 2, Activity 1, Oregon WIC Nutrition Education Guidance

Activity 2A:

By October 31, 2007, submit an Annual Group Nutrition Education schedule for your agency for 2008. Complete and return Attachment C by October 31, 2007. Make copies of the schedule as needed. If your agency does not offer group nutrition education activities, complete Activity 2B.

Implementation Plan and Timeline:

A group activity schedule for 2008 will be submitted by the requested time frame. This schedule will be discussed and formatted by lead staff, the WIC coordinator and the Registered Dietician.

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: N/A

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 develop at least one specific objective and implement at least one 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.

This objective gives you the opportunity to address relevant issues and “customize” activities for your agency. For example, you could utilize findings from the prior 3 Year Nutrition Education Plan to determine the most common barriers to making healthy behavior changes. Develop the objective and activity to address those barriers.

Activity 1:

Local Agency Objective to facilitate healthy behavior change for WIC Staff:

Encourage on-going physical activity and healthy behaviors with WIC and other agency staff.

Local Agency Staff Activity:

Coordinate with new county-wide program on exercise and preventive health and encourage employee attendance and participation through incentives. The current program conducted by our “health committee” provides preventive health lectures at lunch time and promotes activity through a walking program. To encourage further participation with this on-going activity, our program will work towards providing incentives, like movie passes and gift certificates, for staff participation in these events.

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 plan will be implemented throughout the year in coordination with the County wide program. By encouraging healthy behaviors of our own staff, they are further encouraged to promote healthy behaviors to our clients. By coordinating this goal with an on-going program, we are able to save time, money and energy while still accomplishing a valuable goal.

Activity 2:

Local Agency Objective to facilitate healthy behavior change for WIC Clients:

Encourage WIC clients to share their stories on behavior change and how they have succeeded in meeting their goals.

Local Agency Client Activity:

Promote behavior change from peer-to-peer by asking clients to share their stories that have provided them with successful behavior changes. During certain weeks, we will look at asking clients to share personal stories of change with our staff and/or other clients through an anonymous method of story telling.

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 program will be implemented beginning in September 2007 and will be continued if the process is favorable. By sharing information, clients are able to be proud of the changes they've made in their lives and are able to encourage others in similar situations to do the same. This level of sharing promotes a bond among clients and staff.

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 develop 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:

Breastfeeding Objective:

Increase breastfeeding among teen clients.

Breastfeeding Activity supporting the above objective:

Utilize teen friendly methods and stories during WIC classes, WIC sessions and with Home Visiting PHNs to encourage teen clients to breastfeed their newborns.

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 plan will begin in January 2008. We have had some recent stories of improved teen breastfeeding rates that have inspired the program to want to increase these even more. We will verbally survey teen clients that have successfully breast fed for their ideas on how to promote it to their peer group. The success of this program will be primarily anecdotal, however rates of breastfeeding by teens may show some increase through our statistics in the TWIST program.

EVALUATION OF WIC NUTRITION EDUCATION PLAN
FY 2006-2007

WIC Agency: Josephine County Public Health Department
Person Completing Form: Belle Shepherd, MPH, WIC coordinator
Date: 5-23-07 Phone: 541-474-5334

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:

This resource was adapted from a list previously utilized by Three Rivers Community Hospital. It incorporates information regarding activities for Special Olympics, outlying cities like Cave Junction, various community organizations, Private classes and opportunities available in Jackson County. This resource has been well received by clients and is used by staff to point out opportunities that clients may not be aware of. In addition, we provide space for the local "Parents" magazine to drop off monthly materials that are updated by community partners.

Please provide a copy of the resource list your agency developed for clients.
See attachment WIC-a

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:

In April 2006, Sandy Sauve, attended a state workshop on physical activity provided by the Oregon WIC program. Upon return from that program she and other staff developed and implemented two new classes promoting physical activity. These classes were considered by all staff as a great addition to our other programs and clients verbally surveyed were also interested in the classes.

The two classes are “Wiggle, Giggle” and “Mueuete, Mueuete”: an English based and a Spanish based class for children and parents around movement and physical activities. These classes have been a steady part of our calendars since July 2006.

These classes have been primarily full during the whole time they have been offered, with the Spanish class being small due to our smaller population of Spanish speaking clients in Josephine County. Participants have enjoyed the classes, and we will continue to offer them throughout the next fiscal year, with changes being made as per recommendations of clients, staff and other activities that become available.

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:

An excellent resource was developed by the state that has been found to be adequate for our staff and clients in promoting the local resources for fruits and

vegetables in Josephine County. We utilize the state newspaper in classes, promotions for Farmer's Market activities and in our outreach clinics in Cave Junction and Wolf Creek. As we prepare for the beginning of the new Farmer's Market season, we will continue to use that resource as a method of promoting not only local markets, but also regional markets that our clients may choose to use when they are traveling to other areas and are in search of fresh fruits and vegetables.

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

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:

It was determined that the best promotion of the 5 a day program would be the development of classes that would promote growing of fruits and vegetables.

In the fall of 2006, apples and leftover seeds from local gardens were shared with clients during a variety of classes. This process will be increased in the fall of 2007 as a positive push into learning about the availability of local fruits and vegetables.

In April 2007 the first class called "Gardening with Kids" was implemented to a great level of success. The class was full of parents and kids who were given instructions, tools, and equipment to plant their own container gardens of vegetables, including herbs, lettuce, tomatoes, peppers, etc. A second class is to be conducted at the end of May 2007 incorporating supplies from local gardeners that will be at a reduced cost to the WIC program. This class is also slated to be full of families eager to have fun planting and learning about fruits and vegetables that they can grow.

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:

It was discussed during last year's plan that we would explore the idea of having a local physician or health care provider provide a 2nd nutrition education class to WIC participants. In addition, we were going to try to work with a local nursery to provide tips on growing vegetables and encouraging family involvement and increased activity. Neither of the opportunities was successful due to a lack of interest, funds and a change in staffing that slowed down the momentum for this process.

In lieu of these ideas, we instituted a class in May 2007 conducted by one of our Environmental Health Inspectors, Justin Fimbres, to discuss and educate clients on safe food handling and hand washing techniques in their home and camping cooking processes. This class was well attended and provided clients with good information that often can put children in particular at risk of illness related to under cooked meats, cross-contamination and other common issues that occur in cooking – particularly with kids and summertime. This class will be reviewed and discussed by staff and clients attending to determine if this will be a successful class to continue with in the future.

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 WIC staff has been very proactive and flexible in making classes fit well with client needs. As classes are conducted, we request immediate verbal feedback and subsequent anecdotal stories during appointments and then work to meet those suggestions as much as is feasible.

Our breakfast cooking classes are our most attended classes, and are fun for all involved in the number of ways that cooking, eating and sharing can be healthy and fun. For instance, our instructor has given "unusual" ways to clients in eating French toast – with ketchup, dipped in yoghurt or smoothies, etc. These innovative ideas have helped parents and kids explore ways of eating healthy with options for the whole family – and everyone has a great snack before they leave!

Our Spanish only speaking classes are our least attended because our client load is low in that population; however, those classes can provide more one-on-one services to the clients who may seek various ideas of preparing foods while integrating their own culture with local products.

Class ideas, suggestions and formats are discussed at weekly WIC staff meetings and are varied based on these thoughts as are feasible due to money and time available. All instructors look for new and innovative ideas that come through magazines, newspapers and state information. Clients are encouraged to provide feedback about classes they attended during counseling sessions and while they are choosing options for their next class.

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:

The main breastfeeding resource available in our County is Three Rivers Community Hospital (TRCH). While this doesn't provide extensive resources for the community, we have a very strong connection with TRCH and their staff, including one of their Registered Dietitians, Cheryl Kirk, whom we contract with to provide Dietician services with for our clients. This strong connection helps when clients presenting in clinic have direct issues that come up outside of their regular appointments, and we're able to have this discuss specifics with Cheryl or our breastfeeding specialist who works closely with Cheryl.

In addition, we continue to participate in the Sothern Oregon Lactation Association (SOLA) monthly meetings and we continue partnerships with other groups as part of Asante Health Systems. We also have continued, and plan to continue, participating in the Oregon WIC program breast pump program, providing the Breastfeeding hotline to the community and changing our programs as per suggestions from clients and other referring programs.

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:

Our plan to meet this activity involved increasing the breastfeeding promotion and education of clients referred to our Maternity Case Management "Great Beginnings" program. The Public Health Nurses (PHNs) participating in this program have developed specific handouts that they use to promote positive relationships to babies and breastfeeding. Two main handouts used are: "Back to Work" and "Collecting and Storing" that were developed in July 2006. These handouts are used during home visits and the PHNs go over specific information as they relate to the client's needs and interests. In addition, the Great Beginnings program purchased diaper bags that also double as coolers to encourage the collection, storage and proper transportation of breast milk. The WIC program then developed "luggage tags" that are put on the coolers that have names and contacts for the breastfeeding hotline and staff members that they can reach if they have questions.

In addition, there has been a concerted effort to increase the tracking of the referral system, so that all clients referred to WIC, PHNs and from hospitals are included. There has also been an increase in referrals from the local hospital to the breastfeeding pump program in this last fiscal year.

May 23, 2007

Tom Engle, RN
800 NE Oregon, Suite 930
Portland, Or. 97232

Dear Mr. Engle;

Attached you will find final documentation for acceptance of the Intergovernmental Agreement #121015 between the Department of Human Services, Public Health Division and Josephine County for the financing of Public Health Services for fiscal year 2007-2008.

We have accepted this agreement as submitted, however, we will be asking for our first amendment to the agreement to reflect changes in our service delivery for programs that Josephine County Public Health Division is no longer able to provide due to budgetary constraints.

The requested amendment will reflect a decrease in the following program elements:

PE 08 Ryan White – Case Management
PE 08 Ryan White – Support Services
PE 11 STARS
PE 42 School Based Health Centers

Final discussions with the Program Managers in these service areas are still ongoing to assure that community needs are being met. We regret that we will no longer be able to provide these services, but we look forward to working with other community partners who are able to do so in the future.

Sincerely,

Belle S. Shepherd, MPH
Administrator

JOSEPHINE COUNTY PUBLIC HEALTH DEPARTMENT 7/1/07

