

Local Public Health Authority Plan Annual 2007 - 2008

I. Executive Summary

During this reporting period, Clackamas County Community Health Division has engaged in an intensive evaluation of the practices and services within our Division, including Public Health services, with an examination of productivity data and outcome-based measurements. Our goal continues to be to strive to ensure access to healthcare, to protect against threats to health, and to promote health for our residents.

Changes that have occurred within this reporting period include to our Public Health focused services:

- The Breast and Cervical Health Program has been discontinued at the County level but continues at the State level.
- STARS is now provided through a direct contract between the Health Division and Clackamas County's Office of Children and Families; Community Health staff continue to have a role in coordination and facilitation of services, but not direct supervision or budgetary responsibility.
- The community needs assessment process has expanded during this reporting period; the comprehensive update will be part of the Triennial Review and Plan due December 2007.

II. Assessment

The community needs assessment process involves the entire Community Health Division focusing on the multiple needs of both the agency as a whole and the various components, including Public Health. This is a multi-year process and includes Public Health's participation in other community planning processes.

We collect and evaluate health data as it becomes available. We believe there are no significant changes or trends to note at this time. A thorough needs assessment report will be provided with the Triennial Review and Plan, due December 2007.

III. Action Plan

A. Epidemiology and control of preventable diseases and disorders.

No change in plan.

B. Parent and Child Health Services (including family planning)

1. WIC
 - a. FY 2006-2007: Evaluation of WIC Nutrition Education Plan. Flyers/handouts on healthy activities, fruits and vegetables. See **Attachment A**.
 - b. FY 2007-2008: WIC Nutrition Education Plan. See **Attachment B**.
2. Immunization: Plan continues. See attached evaluation updates.
 - a. Plan A: Decreased missed opportunity rates. See **Attachment C**.
 - b. Plan B: Increase Hepatitis B rates. See **Attachment D**.
 - c. Outreach Activities: July 2006 – June 2007. See **Attachment E**.
3. Family Planning: We are working closely with State program staff to assure compliance with each program element. Family Planning staff is reviewing changes and will respond.
4. Perinatal: No change in plan.
5. Infant and Child Health: No change in plan.

C. Environmental health. Plans continue as previously developed.

D. Health statistics. No change at this time.

E. Information and referral. No change in current Information and Referral Plan.

F. Other Issues.

1. Breast and Cervical Health: This program was transferred to State control and is no longer operated as a LPHA service.
2. HIV: No change in plan.
3. Emergency Preparedness: No change. A complete plan will be included with the Triennial Review and Plan.
4. School-Based Health Center: No change in plan.
5. Area Health Education Centers: No change in plan.
6. STARS (Students Today Aren't Ready for Sex): Program was transferred to the Clackamas County Office of Children and Families in July, 2006.

IV. Additional Requirements

1. Organizational Chart: See **Attachment F**.
2. Local Comprehensive Plan for Children Aged 0-18: The LPHA participates in ongoing community planning and activity of the Clackamas County Commission on Children and Families. Services and programs are designed to help meet needs identified through joint needs assessment. The LPHA will participate in the upcoming comprehensive, multi-year planning process currently under development by the Commission.

V. Unmet Needs

No change at this time.

VI. Budget

Karen Slothower, Business Services Manager, is the Budget Officer contact for Clackamas County Community Health Division and can be reached at:

Clackamas County Community Health Division
Public Services Building
2051 Kaen Road, Suite 367
Oregon City, OR 97045

Telephone: 503-742-5300
Email: karens@co.clackamas.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 multidisciplinary 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 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 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 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 No The local health department Health Officer meets minimum qualifications:

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

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

Agencies are required to include with the submitted Annual Plan:

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

Local Public Health Authority

County

Date

ATTACHMENT A

EVALUATION OF WIC NUTRITION EDUCATION PLAN
FY 2006 – 2007

WIC Agency: Clackamas County Community Health Division WIC Program

Person Completing Form: Dana R. Lord, Program Manager

Date: May 9, 2007 Phone: 503-655-8405

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: We utilized staff and OHSU Dietetic interns to compile the lists. We did a list for three distinct areas of the county, Oregon City, Sandy and Molalla. We provide these lists at our Nutrition Fair second education events, at certification when asked or appropriate and in the waiting room at our resource table. We also provide North Clackamas Parks activity publications for our Milwaukie area participants. Participants show interest by taking the lists and staff report that some are not aware of free things in their area to do with their children. We reformatted them and plan on continuing to use them at our Nutrition Fairs.

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: We decided we would incorporate a physical activity component into each area of nutrition education focus activity. We have materials available for each life stage table at our nutrition fair event. We had focused tables in July and August “Fun to be Fit,” “Move that Body” in November and December where we previewed our activity lists, and in April and May we have focused our bulletin boards, nutrition fair tables on physical activity and “More Matters.”

We incorporated this into our annual nutrition education planning session on October 6, 2006. Staff came up with the ideas based on the nutrition education plan and participant assessment.

We have been adding to our existing emphasis on physical activity opportunities that we have been working on over the past three years. We will continue to incorporate this into our nutrition education delivery plans.

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/will 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: We did participate, using materials and ideas from the campaign. We put up a bulletin board in the waiting room, displayed materials and put a sign on our TV/DVD player recognizing turn off the TV week and didn’t play any videos all week.

The idea goes hand in hand with promotion of increasing physical activity for families. It will continue to be part of our messages to parents in nutrition fair events and individual counseling encounters.

Supplies of high quality marketing materials are always of value to the local program.

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: We offered Farmers Market Coupons at the markets which encouraged walking and outdoor activity for the family. Our redemption rates were much higher which means people came out to the markets and walked through them.

Unfortunately the community coalition to promote physical activity disbanded. The grant the hospital system was seeking was not successful.

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: The tool was developed and used much like the activity lists, participants are very positive about the Farmers Markets and are eager to learn about other options they have for free or low cost food.

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: Our focus in September and October 2006 was “5 a day” fruits and vegetable consumption. We created a bulletin board, hung stuffed fabric fruits and vegetables from the ceiling, displayed the large pyramid with the focus on fruits and veggies. Coloring pages with fruits and vegetables and crayons were offered to participants to use while their mothers were discussing topics with the counselors. We displayed child portion sizes for fruits and vegetables.

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: We distributed Farmers Market Coupons at four local markets in Clackamas and Multnomah Counties. It was extremely successful. We were very busy; the participants used the coupons the same day and our redemption went way up. The markets were thrilled we brought in new and younger customers. Staff loved teaching in action.

We are going to deliver Farmers Market Coupons again this year at the markets beginning in July. We would love to sustain this activity but need additional administrative funds to pay staff or recommend the state look at this distribution system state wide and hire summer staff to operate the program. It is another great program with no infrastructure support built in.

If other agencies have the staff and funds to do it we would highly recommend it.

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: Staff provided breakfast and I provided lunch at our all day Nutrition Education Planning Retreat on October 6, 2006. Vegetable and Sausage soup, spinach salad with mandarin oranges, onions and parmesan cheese were on the menu. Each staff meeting we have a potluck before the meeting and have increased our fruit and vegetable choices and reduced the number of low nutrient offerings. This is a subtle change that has occurred as we continue to discuss the importance of fruits and vegetables in every ones diet.

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: We were unsuccessful in developing a joint education strategy. Funding sources are very restrictive and are not conducive to innovative ideas. We also attempted to have a Public Health dentist come talk to staff and hygiene students come to assist with national dental month at our nutrition fairs but that fell through as well.

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: We are using an open access model for second education participation contacts. Although we send out appointment letters it says to come any time between certain hours or call for another day. Keeping schedules up to date is difficult and some folks come on different days. I am unsure of our no show rates reliability. The sense is that we continue to have about 50% show rate for second nutrition education participation. Some clinics are even lower because of low numbers of clients and limited days to access the nutrition fair. Although staff like the current format and participants who come seem to like it the sense from the staff is that we need to offer other alternative days through out the month for contact and pick up. We will be working on this as a focus for our next years planning retreat and will complete a participant evaluation in June 2007. See attached survey.

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: Breastfeeding resources list was up dated, May 2007.

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: The breastfeeding coordinators developed an insert that is given to each pregnant and postpartum woman when they receive their WIC vouchers. This was instituted in October of 2006. Due to major changes and staff turnover at the clinic we have not provided any training for providers on breastfeeding resources.

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:

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:



It's Fun To Be Fit in Molalla

Family Activities

Freyer County Park

3 miles southeast of Molalla on Freyer Park Rd.

(Picnic area, horseshoes, play structure, camping sites.)

Wagonwheel Park

N on Hwy 213 at Molalla River bridge

Skateboard Park

In Leonard Long Memorial Park

N on Molalla Ave between Fire Station and Adult Center

(1 acre park with swings and a play structure)

Fox Park

S on Molalla Ave at 5th St.

(2.3 acres with play structure next to library)

Clark Park

On Shirley St. between High School and Buckaroo Grounds

(9.5 acres with many trees and playground)

Molalla Aquatic Center

432 Frances St

503 759-7946

(Summer swimming lessons and open swim)

Walking Paths and Biking Trails

Sheets Field

West Toliver Rd next to elementary school.

(Includes BMX biking trails and a baseball diamond)

Ivor Davies Trail

Southern Molalla

(Paved walking trail)

Classes and Playgroups

Molalla Community School

503 829-2359 ext 250

(Dance for children 3 ½ and older, fitness days for children, yoga and self-defense for adults)

MOMS

Moms Offering Moms Support

503 829-3213 (Shelley)

(Parenting support through activities, speakers and playgroups)

Healthy Start

Molalla Christian Church, 3rd St & Berkeley St.

(Free playgroup. Call Missy at 503 759-3411.)





It's Fun To Be Fit in Oregon City

Parks and Playgrounds

Canemah Children's Park

815 4th St.

Chopin Park

340 Warner-Parrot Rd.

Hartke Park

556 Hartke Loop

Hillendale Park

19260 Clairmont Way

Park Place Park

16180 Front Ave.

Richard Bloom Tot's Park

802 6th St.

Rivercrest Park

131 Park Drive

Singer Creek Park

569 Holmes Lane (includes walking trails)

Eastham Community Center

1401 7th St.

(Playground and classes for pre-schoolers such as dance and Tae Kwan Do, creative movement)

Outdoor Trails

Environmental Learning Center

19600 S. Molalla Ave. \$2 donation

(One mile of trails with ponds, butterfly garden and observatory)

I-205 Corridor Trail

Follows I-205

(paved walking and biking trail)

Family Activities

Oregon City Swimming Pool

1211 Jackson St.

503 657-8273

End of the Oregon Trail

Interpretive Center

1726 Washington St.

\$9 for adults, \$7 children 5-17, free for children under 5.

Museum of Oregon Territory

211 Tumwater Ave.

\$7 for adults, \$5 for children 5-17, free for children under 5.





It's Fun To Be Fit in Sandy

Family Activities

Mountain Air Mini-Golf

60183 E Sleepy Hollow Rd.

Sandy

503 622-4759

(Old fashioned horse shoes, panning for gold, tee pee parties, a picnic area, snack bar and gift shop.)

Rainbow Trout Farm

53560 E Sylvan Dr.

503 622-5223

(Fishing ponds, price depends on size of fish caught, hospitality room as well.)

Fantasy Forest in Meinig Park

39250 Pioneer Blvd.

(A large wooden play structure for children.)

Gardens of Enchantment

at Oral Hull Park

43233 SE Oral Hull Rd

(The Five Senses Garden is constructed so that a blind person can enjoy a leisurely stroll down the winding paths.)

Sandy Aquatic Center

39055 Pleasant Ave.

(An Olympic-sized swimming pool, open to the public.)

Walking Paths and Nature Trails

Sandy Fitness Path & Nature Trail

At Meinig Park

(The fitness trail is $\frac{3}{4}$ mile long with 20 exercise stations. The nature trail is $1\frac{1}{4}$ miles long.)

Roslyn Lake Park

About 2 miles north of Sandy on Ten Eyck Rd. (Boat rentals, horseshoes, play area, picnic tables.)

Woodland Recreation Site

65670 E Hwy 26

Welches

(480 acre day use area with footpaths for walking.)

Timothy Lake Park

E on Hwy 26 past Government Camp

(Trails, biking, camping and fishing.)





Fruit and Vegetable Resources



Resource	Season	Dates/Times	What's Available	Accessibility	Comments
Harvest Share 503 282-0555 Several locations throughout Clackamas County	Year round	Varies with location	Varies with season	Some locations are more accessible than others. Hours and availability also vary.	Some locations have food pantries in addition to emergency food box.
Canby Saturday Market 1 st Ave between Ivy and Grant St. 503 263-5151	May – October	Saturdays 9 a.m. to 1 p.m.	Varies with season	Outdoor market	Some vendors accept WIC Farmer's Market Coupons
Lake Oswego Farmer's Market 1 st and Evergreen St. 503 697-6590	May – October	Saturdays 8:30 to 1:30	Varies with season	Outdoor market	Free parking at Lake View Village, entrance on 1 st St.
Oregon City Farmer's Market 2051 Kaen Rd 503 557-1622	May – October	Saturdays 9 a.m. to 2 p.m.	Varies with season	Outdoor market Tri-Met Rt. #33	WIC Farmer's Market Coupons & Oregon Trail cards
Generous Ventures 6148 SE 111 th Ave. 503 788-0209	Year round	Mon Wed Fri 10 a.m. to 5 p.m.	Seasonal salvaged fresh produce	On Tri-Met Rt. #71	\$20 per month for twice weekly food package.
Gleaners 13821 Fir St. 503 655-8740	Year round	Monday – Friday 9 a.m. to 3 p.m.	Fresh produce as available	Full wheelchair access Tri-Met Rt. #33	\$20, volunteer a few hours, attend 1 meeting, receive 2 food boxes a week
Community Basket 38982 Pioneer, Sandy 503 668-4746	Year round	3 rd Thursday each month 10 a.m. to 3 p.m.	Fresh produce as available	On SAM (free bus) line	\$15 per year for 1 basket a month
Community Basket 8800 SE 80 th 503 771-7914	Year round	1 st Friday each month 11 a.m. to 1 p.m.	Fresh produce as available	On Tri-Met Rt. #72	\$15 per year for 1 basket a month

ATTACHMENT B

FY 2007 – 2008 WIC NUTRITION EDUCATION PLAN

WIC Agency: Clackamas County Community Health Division

Person Completing Form: Dana R. Lord

Date: May 10, 2007 Phone: 503-655-8405 Email Address: danalor@co.clackamas.or.us

Return this form electronically (attached to email) to: sara.e.goodrich@state.or.us
by May 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: The coordinator and both RD’s participated in the train-the-trainer sessions. We plan to split the staff into three groups, go over highlights and use the state training tools in a “Survivor” competition. Open book allowed and prizes given for winning. Post test will follow. We will tentatively plan this activity for June 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: We have not seen all of the changes and that makes it difficult to make a plan on how we will complete the training. We will plan to train in January 2008.

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): Heidi Bates CPA
Email address(s): heidibat@co.clackamas.or.us
Phone Number(s): 503-722-4929

Staff name(s): Maria Cardenas-Spanish Speaking CPA
Email address(s): mariacar@co.clackamas.or.us
Phone Number(s): 503-722-4929

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.

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: The coordinator with the assistance of the Public Health QI Team will conduct a needs assessment using state provided data and CC Community Health data by September 2007.

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: Annual Group Ed schedule will be submitted by October 31, 2007 following our Annual Nutrition Education Retreat.

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: Nor applicable.

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: Staff will have increased access to fresh fruits and vegetables while in the work setting at least one time per month.

Local Agency Staff Activity:

- Staff who work at the Farmers Markets this season will cover for each other during the session and be allowed 15 minutes to shop for themselves early in the day.
- Innovative fruit and vegetable pot luck options will be encouraged and rewarded by the coordinators and the RDs.
- We will assess the possibility of replacing the vending machines in the clinic staff break room with healthier choices. We will bring it forth from a grass roots staff generated perspective if interest is evident.

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.

In review of the staff survey it was evident that the work environment was not supportive of increasing fruit and vegetable intake by staff. This summer and during the year we will implement the activities. We will re survey the staff in October to see if that perception has changed.

Activity 2: Local Agency Objective to facilitate healthy behavior change for WIC Clients. Clients will be able to set one goal that will reduce one barrier to their family's

ability to consume more fruits and vegetable, during a nutrition education counseling session.

Local Agency Client Activity:

- Staff will practice client centered counseling after training by state in 2008 to assist clients in setting a personal goal for family fruit and vegetable consumption.
- Important fruit and vegetable consumption messages will be incorporated in our Nutrition Fair activities and planning.
- Participate in More Matters campaign activities throughout 2008

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.

Client surveys showed that clients felt that support from others about consuming fruits and vegetables was very important. Comments also said “keep saying” it. We hope to influence clients’ food choices by continuously offering ideas and support for the good choices they do make.

We hope the state provides and conducts a follow-up survey to help evaluate whether the emphasis on Fruit and Vegetable consumption activity of 2006, 2007 and 2008 did indeed affect client behaviors and perceptions.

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

1. Staff will offer and deliver breastfeeding support messages at each participant contact, during the conversion process to the new bid formula.
2. Clackamas County Employees and managers will be able to identify areas in the work place where they can safely and privately pump breast milk during their work hours.

Breastfeeding Activity supporting the above objective:

- New Formula visuals will be next to breastfeeding messages.

- Hand out and mail out message for Thanks for Breastfeeding will be available as well as the formula change message.
- Breast pump availability and resources will be visible in the clinic.
- Bulletin Boards in waiting room will be about breastfeeding and work and healthy lifestyles.
- Form small multidiscipline group to begin the discussions with the county Employee Services Division to establish the county as a Breastfeeding Friendly Employer.

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.

We think it is important that we do not get so involved in formula issues that we send the wrong message to participants. We hope to be seen as a breastfeeding supportive program and organization. We will measure our success by seeing 85% plus initiation rates of breastfeeding for our county.

Year 1: July 2005 – June 2006				
Objectives	Methods / Tasks	Outcome Measure(s)	Outcome Measure(s) Results¹	Progress Notes²
<p>A. Create a plan by June 06 to decrease missed opportunity rates.</p>	<p>Develop plan for reminder/recall system.</p> <p>Develop new well child schedule for clinics.</p> <p>Utilize IRIS and ALERT for forecasting.</p> <p>Educate staff on catch up schedule.</p> <p>Work with Child Care Health Consultant to educate facilities/parents.</p> <p>Continue Immunization Task Force meetings.</p>	<ul style="list-style-type: none"> • Annual AFIX report. • Plan created. • New well child schedule developed. • All staff educated on catch up schedule. 	<ul style="list-style-type: none"> • 2005 missed opportunity rate was 7.2%, a decrease of 8.7% based on annual AFIX report. • Plan created to decrease missed opportunities: 3-year annual plan and achievement of methods/tasks identified in FY 2006 report. • New well child schedule not developed. See Progress Notes. • Primary Care RNs educated on 2006 CDC catch up schedule, new vaccines and vaccine management on 3/15/06. Catch up schedule disseminated via managers to all applicable staff on 3/17/06 with an up date summary from the Immunization Coordinator. 	<ul style="list-style-type: none"> • Draft of plan for recall/reminder system awaiting approval. Goal for plan approval: July 2006. • New well child schedule not developed. Current well child schedule used in clinics is effective in meeting objectives. • Staff in the clinics are utilizing IRIS and ALERT for forecasting. Continuing education will be offered. Training on 3/20/06 for IRIS/ALERT updates completed. Use of IRIS and ALERT will be assessed as part of quarterly audit tool used in our clinics and delegate agencies. • Child Care Health Consultant partnered with to provide education to parents and registered child care facilities throughout 2005-2006. • Immunization Task Force meetings held during 2005. New staff has been added to the task force and meetings will be ongoing through 2006.

¹ **Outcome Measure(s) Results** – please report on the specific Outcome Measure(s) in this table.

² **Progress Notes** – please include information about the successes and challenges in completing the Methods/Tasks, any information that will help us better understand your progress, and any assistance from DHS that would have helped or will help met these objectives in the future.

Year 2: July 2006 – June 2007				
Objectives	Methods / Tasks	Outcome Measure(s)	Outcome Measure(s) Results ³	Progress Notes ⁴
<p>A. Implement plan by June 07 to maintain missed opportunity rates between 5- 7%.</p>	<ul style="list-style-type: none"> • Implement recall/reminder system. • Assess use of IRIS / ALERT for forecasting. • Train clinic staff quarterly on methods to decrease missed opportunities. This may include changes in the immunization schedule and state protocol. Trainings will take place within 30 days of new changes. 	<ul style="list-style-type: none"> • Recall/reminder system implemented in all Clackamas County Clinics by June 2007. • Quarterly audit tool results of 95% compliance for use of IRIS/ALERT for forecasting in county clinics and delegate agencies. • 2 trainings held per year for medical staff. 	<ul style="list-style-type: none"> • Plan for recall/reminder system is on hold. • Results of quarterly audits indicate that 95% of RNs are using ALERT/IRIS to forecast. • Trainings for medical staff conducted on the following dates: 03/15/2006 07/19/2006 • Missed opportunities rate increased to 21% from 7%. 	<ul style="list-style-type: none"> • Based on the results of the state study, we will conduct our own. Will utilize an intern to pilot the system. Focus on ages: 12-18 months. • Training on the IRIS/ALERT forecaster conducted on the following dates: Oregon City Clinic: 2/08/07. Sandy Clinic: 2/13/07 Molalla Clinic: 2/21/07 • E-mail distribution list was created for Immunizations. This distribution list serves those administering vaccines in county clinics. Updates and changes are sent via e-mail at least once a month. • Increase due to many factors: changes in AFIX study criteria; increase in parent refusals per IRIS reports and miscoding VARs. Internal review to be done to identify causes and lower missed opportunity rates.

³ **Outcome Measure(s) Results** – please report on the specific Outcome Measure(s) in this table.

⁴ **Progress Notes** – please include information about the successes and challenges in completing the Methods/Tasks, any information that will help us better understand your progress, and any assistance from DHS that would have helped or will help met these objectives in the future.

Year 3: July 2007 – June 2008				
Objectives	Methods / Tasks	Outcome Measure(s)	Outcome Measure(s) Results⁵	Progress Notes⁶
A. Evaluation of plans effectiveness in maintaining missed opportunity rates between 5-7%.	<ul style="list-style-type: none"> • Randomized chart review of immunization records in all county clinics. • Comparison of AFIX data. • Compliance audit tool used in all county clinics. 	<ul style="list-style-type: none"> • Review of charts for 15% of clients seen per clinic over previous 3 months indicate a decrease in missed opportunity rates. • Missed opportunity rate maintained at 5-7% per annual AFIX report. • Compliance audit result of 95% for integrating methods and practices for decreasing missed opportunity rates. 	To be completed for the FY 2008 Report	To be completed for the FY 2008 Report

⁵ **Outcome Measure(s) Results** – please report on the specific Outcome Measure(s) in this table.

⁶ **Progress Notes** – please include information about the successes and challenges in completing the Methods/Tasks, any information that will help us better understand your progress, and any assistance from DHS that would have helped or will help met these objectives in the future.

Year 1: July 2005 – June 2006				
Objectives	Methods / Tasks	Outcome Measure(s)	Outcome Measure(s) Results⁷	Progress Notes⁸
<p>A. Develop plan by June 06 to increase rates for valid Hepatitis B vaccinations by 5%.</p>	<ul style="list-style-type: none"> • Educate staff on correct spacing of Hep B. • Educate staff on catch up schedule. • Develop plan for reminder / recall system. • Work with Child Care Health Consultant to educate facilities/parents. • Continue Immunization Task Force meetings. 	<ul style="list-style-type: none"> • Developed plan. 	<ul style="list-style-type: none"> • Objective of plan met as valid Hepatitis B vaccination increased by 10% per AFIX data. • Staff education on correct Hepatitis B spacing and 2006 CDC catch up schedule done on 3/15/06. • Please see Plan A for reminder/recall system plan. • Partnership with Child Care Health Consultant to increase Hepatitis B vaccine rates done throughout the year. • Immunization Task Force meetings held in 2005-2006. 	<ul style="list-style-type: none"> • As the objective for this plan has been met, a new plan has been developed for year two: Improving Vaccine Management in County Clinics and Delegate Agencies. Please see year two: Implementation and year three: Evaluation. <p>In June 2005, there was an Immunization Coordinator vacancy that was not filled until December of 2005. From that time and until now, the Maternal Hepatitis B Program has been managed by a CD nurse. Jan Rodriguez, RN, is currently in charge of this program. The current Immunization Coordinator is to be oriented to this program in the Spring of 2006. By this time, she will have completed CD 101 and 303. Decreasing maternal Hepatitis B transmission and increasing Hepatitis B vaccine rates remains an important goal of the immunization program. Measures in place that have led us to achieve our objective will remain.</p>

⁷ **Outcome Measure(s) Results** – please report on the specific Outcome Measure(s) in this table.

⁸ **Progress Notes** – please include information about the successes and challenges in completing the Methods/Tasks, any information that will help us better understand your progress, and any assistance from DHS that would have helped or will help met these objectives in the future.

Improving Vaccine Management Practices in County Clinics and Delegate Agencies

Year 2: July 2006 – June 2007				
Objectives	Methods / Tasks	Outcome Measure(s)	Outcome Measure(s) Results ⁹	Progress Notes ¹⁰
A. Implement plan to improve vaccine management practices.	<ul style="list-style-type: none"> • Implementation of vaccine management protocols. • Education and training of clinic staff on vaccine management protocols. • A Vaccine Accountability Plan will be implemented for each clinic and delegate agency. 	<ul style="list-style-type: none"> • Vaccine Management Protocols approved and on County's intranet by June 2006. • By August 2006, staff will be educated and trained on vaccine management protocols. • Vaccine Accountability Plan for each delegate agency in place by August 2006, as noted by quarterly compliance tool. 	<ul style="list-style-type: none"> • Vaccine Management Protocols on County's intranet: April 2007. • Vaccine Management Training conducted on: 3/15/2006 7/19/2006 • Vaccine Accountability Plans created based on the results of each clinic's quarterly audit. Plans are amended and changed based on progress identified at the next audit. 	<ul style="list-style-type: none"> • All Vaccine Standing Orders on intranet: April 2007. • Trainings to be ongoing throughout 2007. • Quarterly audits are ongoing. Audits are to be reviewed, trainings dates are to be set and infrastructure put in place for continuing with the quarterly audits.

⁹ **Outcome Measure(s) Results** – please report on the specific Outcome Measure(s) in this table.

¹⁰ **Progress Notes** – please include information about the successes and challenges in completing the Methods/Tasks, any information that will help us better understand your progress, and any assistance from DHS that would have helped or will help met these objectives in the future.

Year 3: July 2007 – June 2008				
Objectives	Methods / Tasks	Outcome Measure(s)	Outcome Measure(s) Results¹¹	Progress Notes¹²
A. Evaluate effectiveness of plan to improve vaccine management practices.	<ul style="list-style-type: none"> • Assessment of inventory data for unaccountable and wasted vaccine. • Quarterly compliance tool to assess vaccine management practices. 	<ul style="list-style-type: none"> • Unaccountable and wasted vaccine will be 5% or less. • Quarterly audit tool demonstrates that staff are 98% compliant with the vaccine management protocol. 	To be completed for the FY 2008 Report	To be completed for the FY 2008 Report

¹¹ **Outcome Measure(s) Results** – please report on the specific Outcome Measure(s) in this table.

¹² **Progress Notes** – please include information about the successes and challenges in completing the Methods/Tasks, any information that will help us better understand your progress, and any assistance from DHS that would have helped or will help met these objectives in the future.

Outreach Activities: July 2006 – June 2007

Activity 1:				
Objectives	Methods / Tasks	Outcome Measure(s)	Outcome Measure(s) Results¹³	Progress Notes¹⁴
<p>A. To complete five site visits to private providers within Clackamas County to promote ALERT usage and vaccine management practices.</p>	<ul style="list-style-type: none"> • Work to increase ALERT submission within clinics that have low rates. • Promote electronic submission of immunization records into ALERT. • Utilize state compliance tool as a means to address vaccine management practices and use as an opportunity to provide education and materials as needed. • Work to establish relationships with private providers and act as a resource on immunization-related issues. 	<ul style="list-style-type: none"> • Increased rate of submissions to ALERT database as seen on report from state program. • All five clinics will research possibility of extracting immunization data from software system with potential change from barcode to electronic submission. • Site report to be completed for each clinic visited and will document current practices as well as education and resources provided. • Relationships will be established with a minimum of five private providers. 	<ul style="list-style-type: none"> • Four site visits to private providers completed. • One clinic changed software/billing system to allow for e-transfer. • Site report completed on all four clinics, which documents current practices and what education and resources were provided. • Annual Immunization Provider meeting to occur on June 6, 2007 • First copy of Clackamas County Immunization/CD Newsletter targeted to private providers to be released in May 2007. 	<ul style="list-style-type: none"> • Both verbal and print information was provided to encourage submissions to ALERT and to encourage electronic submission where feasible. • The remaining three clinics see such a low rate of children that they declined consideration of e-transfer. • The purpose of both the Annual Provider Meeting and the newsletter are to effectively communicate new information to private providers in the County, as well as establish relationships between them and Clackamas County Community Health Division.

¹³ **Outcome Measure(s) Results** – please report on the specific Outcome Measure(s) in this table.

¹⁴ **Progress Notes** – please include information about the successes and challenges in completing the Methods/Tasks, any information that will help us better understand your progress, and any assistance from DHS that would have helped or will help met these objectives in the future.

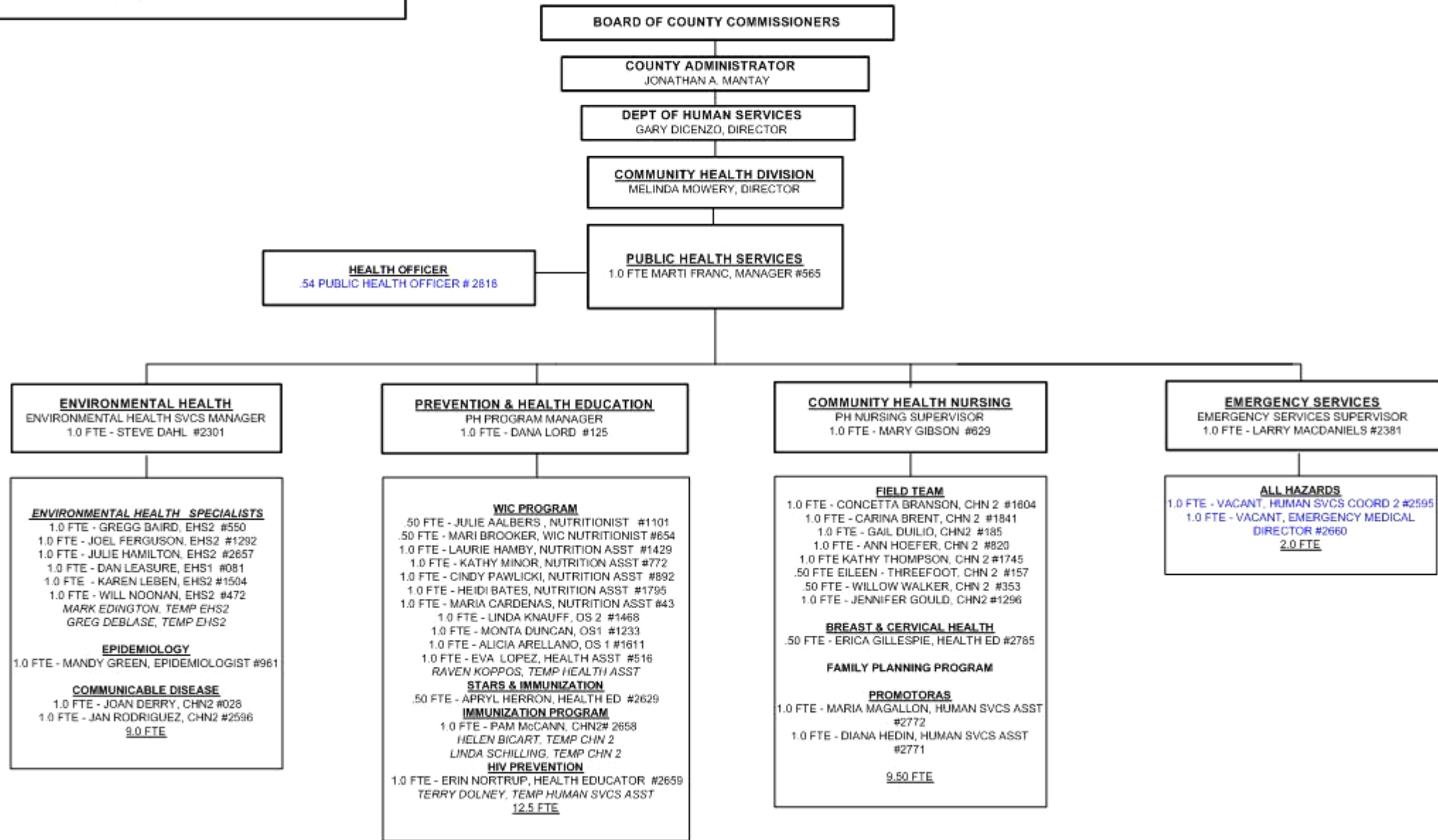
Activity 2:				
Objectives	Methods / Tasks	Outcome Measure(s)	Outcome Measure(s) Results¹⁵	Progress Notes¹⁶
A. Provide education/ outreach to schools and childcare facilities.	<ul style="list-style-type: none"> • Provide two trainings per year to school and childcare staff to address immunization and school exclusion issues including record review, completion of reports and religious and medical exemptions. • Provide 10 site visits to schools and childcare settings to address immunization and school exclusion issues including record review, completion of reports and religious and medical exemptions. • Provide schools and childcare facilities with updated immunization requirements and act as a resource to answer questions. 	<ul style="list-style-type: none"> • Decrease in errors on exclusion reports. • Decrease in delinquent primary review summaries and follow-up reports. • Site report to be completed for each school/facility visited and will document current practices as well as education and resources provided. • Increased knowledge among parents of which immunizations are required for school/facility attendance. • Schools/facilities receive accurate and timely answers to needed questions. 	<ul style="list-style-type: none"> • Two school nurse meetings and one Head Start training provided. • An 11% increase in errors was seen on exclusion reports. • A 33% increase in delinquent reports was seen. • 11 site visits completed to school and child care facilities. Site reports were completed for each and document current practices and education/resources provided. • August 2006: Back-to-school immunization packets mailed to school and childcare facilities. • Spring 2007: School requirement flyers mailed for use in registration packets. • Immunization/CD Newsletter targeted to schools and childcare providers to be released in May 2007. 	<ul style="list-style-type: none"> • Many of the staff who attended these meetings are not the ones who typically have errors on reports and are also not delinquent with their reporting. To address this, we will be providing a 2007 School Exclusion Winter Workshop and will be inviting all school and child care facilities to attend. In addition, we will make phone calls to those with errors/delinquent reporting to encourage them to attend. • We wanted to note that many of the delinquent reports were due to inclement weather as documented in the school and child care facility charts.

¹⁵ **Outcome Measure(s) Results** – please report on the specific Outcome Measure(s) in this table.

¹⁶ **Progress Notes** – please include information about the successes and challenges in completing the Methods/Tasks, any information that will help us better understand your progress, and any assistance from DHS that would have helped or will help met these objectives in the future.

CLACKAMAS COUNTY COMMUNITY
HEALTH
PUBLIC HEALTH SERVICES

DEPARTMENT OF HUMAN SERVICES
Community Health Division
Budget Fiscal Year 2006/2007



38.54 FTE