

**Columbia Health District
Public Health Authority**

Annual Plan for Fiscal Year 2006-07

**Submitted April 28, 2006
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I. Executive Summary

The local public health plan for Columbia County and its updates can be found at www.oregon.gov/dhs/ph/lhd/reference.shtml. This year the county submits an update to the comprehensive plan. The requirement for a local public health annual plan is in statute ORS 431.375-431.385 and ORS 431.416, and Oregon Administrative Rule (OAR) Chapter 333, Division 14. ORS 431.375 defines policy for local public health services. Policy states that the public health system in Oregon is to provide basic public health services, that counties can provide or contract responsibility or relinquish these services to the state, and that all public funds utilized for public health services must be approved by the local public health authority.

The Minimum Standards for Local Health Departments states “In the state of Oregon, responsibility for public health protection is shared between the state Department of Human Services, health services section and the local public health authorities. Local and state agencies perform different tasks. They have unique, but complimentary roles and they rely on one another to make the public health system work effectively.” The community should be able to rely upon the partnership between the state and local government.

Were there unlimited amounts of funding, one might expect that most public health needs would be met. The State of Oregon allots only 2.5% of its DHS budget to public health functions at the state and local levels combined. Those funds that reach the local level are for specific programs. In Columbia County, those dollars supplement federal dollars to provide home visits to high risk infants and children, supplement federal dollars that help fund emergency preparedness and communicable disease epidemiological response, and supplement federal dollars that help provide prenatal care for women in need. The state also provides funding to school-based health centers. St. Helen’s school district in Columbia County receives funding that is passed through the local health department for health care to some elementary school students in the district.

The services delivered locally are restricted by funding streams that are provided by both federal and state dollars. Those services are effected by formulas developed at the state level by a state/local partnership. Most funding formulas are developed with input from Conference of Local Health Officials representation.

ORS 431.380 states that the distribution of funds to the local public health authority are to be used for public health services.

ORS 431.385 states that the local annual plan shall be submitted annually to DHS, that DHS shall review and approve/disapprove the plan, and that there shall be an appeals process if the plan is disapproved. It also states that the local Commission on Children and Families shall reference the public health plan in its comprehensive plan (ORS 417.775).

The local public health authority duties according to ORS 431.416 are to:

1. Administer and enforces the rules of the local public health authority and the public health rules and law of DHS
2. Assure activities necessary for the preservation of health or prevention of disease

In the area under its jurisdiction as provided in the annual plan of the authority
Or district are performed. These activities shall include:

- a. epidemiology and control of preventable diseases and disorders
- b. parent and child health services, including family planning clinics)ORS 435.205)
- c. collection and reporting of health statistics
- d. health information and referral
- e. environmental health services

These services are further defined in OAR Chapter 333, Division 14 as well as the Minimum Standards for Local Health Departments document.

The minimum standards document is designed to include elements of the essential public health services as identified by the American Public Health Association publication, Public Health in America, 1994. The document identifies two key concepts: The first is that public health:

1. prevents epidemics and the spread of disease
2. protects against environmental hazards
3. prevents injuries
4. promotes and encourages health behaviors
5. responds to disasters and communities in the recovery phase
6. assures the quality and accessibility of health services

The second key concept is the ten essential public health services that are actually quite limited in Oregon rural counties. Lack of funds can be restrictive in meeting public health needs. Sufficient resources to achieve these standards are necessary for compliance.

The action plan for this year will focus on current programs and their goals, objectives, actions, and evaluation.

II. ASSESSMENT

Columbia Health District public health has addressed several of the Oregon DHS high level outcome goals. We strive to provide early access to prenatal care to every pregnant woman in Columbia County. The health department offers pregnancy testing, clinical prenatal care services, and maternity case management services. The county has no obstetricians practicing in the county, so most identified high risk women are referred to Longview, Washington or to the Portland, Oregon area. Even with working across state and county borders, 83% of Columbia County pregnant women received early prenatal care (2003 data). From 1992 through 2003, there are no significant differences between Columbia County women and women statewide or Columbia County women and Portland urban area women accessing early prenatal care.

Other maternal child health program outcomes for Columbia County include a teen pregnancy rate from 1996 – 2003 that has shown a steady decrease. The 2003 teen pregnancy rate for the county was 4.1/ 1000 teens. The health department has offered the STARS program in four of the five school districts. STARS started in 1996. Decreased funding and other school issues have limited the number of school districts that are now included in the program. The health department also offers

family planning services to women of reproductive age.

Columbia County had an infant mortality rate of 3.7/1000 infants born in 2003. That rate is not statistically reliable given the small number of infants in that category. The statewide rate is 3.8/1000 infants.

The number of Columbia County women who smoke tobacco during pregnancy has decreased from 1992 – 2003. Compared to state and urban area pregnant women, Columbia County women smoke tobacco more during pregnancy (19%) than their counterparts.

Another high level Oregon DHS goal is to decrease the communicable disease rate. The following are a list of selected cases of notifiable diseases for Columbia County from 2004:

- AIDS – 1
- Campylobacteriosis – 9
- Chlamydiosis – 72
- Cryptosporidiosis – 0
- E. coli 0157 – 1
- Giardiasis – 2
- Gonorrhea – 9
- Haemophilus influenza – 0
- Hepatitis A – 0
- Hepatitis B (acute) – 1
- Hepatitis B (chronic) – 1
- Hepatitis C (acute) – 0
- HIV – 1
- HUS – 0
- Legionellosis – 1
- Leprosy – 0
- Listeriosis – 0
- Lyme Disease – 0
- Malaria – 0
- Meningococcal Disease – 1
- Pertussis – 10
- Q Fever – 0
- Rabies, animal – 0
- Relapsing Fever – 0
- Salmonellosis – 3
- Shigellosis – 4
- Early Syphilis – 0
- Tuberculosis – 0
- Tularemia – 0

Vibrio parahaemolyticus – 0
 West Nile – 0
 Yersiniosis – 1

These diseases have different reporting times from laboratories to local health departments, from health departments to the state health division, and individual investigation times vary. The earlier the health department has the information; theoretically, the sooner they can investigate and prevent further infection or at least recommend some preventive and education measures. Of the “Timeline for investigation summary” that the state provides to the counties, all county cases (100%) were reported to the state from the health department within one week. Seventy-six percent of all investigations were initiated on the same day as the report was received. One hundred percent of all investigations were complete within the seven day completion timeline. The action plan will cover areas that we will work on for 2006-2007.

The third Oregon DHS high level outcome that we have addressed is increased access to physical health care. The activities related to this goal have included an in-depth community assessment process, grantwriting activities to continue our pursuit of increased access to health care, a coalition to place a measure on the ballot in November of 2004 to increase health district dollars to build a new hospital, hiring a project management group and an architect firm to design and build our hospital, continued public education regarding the hospital. At this point, the district has purchased land for the hospital and are working hard to make this a reality for our county.

III Action Plan

COMMUNICABLE DISEASE

Condition/Problem	Goals	Activities	Evaluation
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<p>CD Program has an on-call system for 24/7 for reporting of communicable diseases or conditions that need to be reported either immediately or within 24 hours as defined by OAR 333-018-0000 to 333-018-0015</p>	<p>Maintain 24/7 capacity for response by agency on-call system with well-trained staff</p>	<p>Provide quarterly group training sessions with all on-call staff in a mock situation-response mode</p> <p>Conduct weekly testing of on-call staff</p> <p>Encourage staff to attend OR-Epi</p>	<p>Staff will respond in each training exercise according to EPI guidelines for that disease, including accurate completion of the investigation form.</p> <p>System will provide response time of 15 minutes or less between the time a call is placed to system and time that on-call staff contact the caller to the system, at least 90% of the time</p> <p>Staff will attend OR-Epi and other trainings – document in personnel files)</p>
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PRENATAL CARE

Condition/Problem	Goals	Activities	Evaluation
<p>Too few women are receiving adequate prenatal care</p>	<p>Increase the percentage of newborns whose mothers began PNC in their first trimester</p>	<p>Continue to provide prenatal services/assistance with OHP application, prenatal vitamins, WIC appts and maternity case management</p> <p>Provide Maternity Case Management Home Visits</p>	<p>75% of pregnant women receiving services will have adequate prenatal care</p> <p>Document and report number of pregnant women receiving MCM services</p>
<p>Substance Use During Pregnancy</p>	<p>Decrease the use of tobacco and alcohol during pregnancy</p>	<p>Continue Smoke-free Mothers and Babies 5A education/intervention program</p> <p>Refer MCM clients to resources for alcohol and drug issues/problems.</p>	<p>Increase the numbers of pregnant women who do not use tobacco to 80%</p> <p>98% of pregnant women will be alcohol free during pregnancy.</p>

CHILD & ADOLESCENT SERVICES

Condition/Problem	Goals	Activities	Evaluation
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Teen Pregnancy	Decrease Teen Pregnancy Rate	Staff provide birth control, counseling and referral. Prevention Education is provided at every encounter as health histories reveal students' current behaviors and needs STARS Program encourages young teens to delay sexual activity as well as encourages abstinence and refusal skills	The teen pregnancy rate for Columbia County has improved steadily over the last three reporting years. In 2002 the pregnancy rate 6.1; in 2003 the rate was 4.1 and in 2004, 6.6. (Rates per 1,000 girls, aged 10-17 per DHS Health Statistics & Vital Records.) The STARS program involves four of the five school districts within the county.
Use of alcohol, tobacco and other drugs	Decrease teen use of alcohol, tobacco and other drugs	Health history includes questions on issues RN and NP discuss relative issues with individual clients	Individual health chart notes and client goals
Limited access to health care for school age population	Improved access to health care	School-based health services provided in one school district	Yearly statistics indicate use

Sacagawea Health Center

In St. Helens, many children have health insurance but do not get the health care they need due to access problems: high deductibles; unaffordable co-payments; inadequate insurance (no prescription, preventive or mental health coverage); or lack of family support. Still others have no insurance. Children who do not receive preventive or early health care often end up in emergency rooms. Such use of emergency medical services results in increased costs to insurance companies and taxpayers, and increased stress to the child and family.

Sacagawea Health Center (SHC) seeks to remedy these challenges to health care in St. Helens. The only school-based health center in Columbia County, SHC provides a core set of medical and mental health primary care services, as well as preventive health services, for St. Helens School District elementary students and their older siblings. SHC is staffed by licensed health professionals, including a Nurse Practitioner, Master Social Worker and Certified Medical Assistants

In 2004-05, SHC served 379 students with 630 visits. SHC determined that almost 25% of the visits were made by middle and high school students. 2005-06 school year statistics indicate that these numbers will continue or even exceed last year's utilization rate. The primary reasons that students access services at SHC include respiratory illness, immunizations, skin rashes, injuries and mental health.

Students may receive services regardless of their family’s ability to pay. Indeed, 31% of SHC patients have no health insurance. SHC does not charge for services. It remains affordable through donations, in-kind support, corporate contributions and grants. SHC is proud to collaborate with Legacy Health Systems, Columbia Health District Public Health Authority and Columbia Community Mental Health to ensure children’s access to a continuum of health and mental health services in St. Helens. In-kind capital contributions from the St. Helens School District allow SHC to leverage resources to benefit kids.

IMMUNIZATIONS

Condition/Problem	Goals	Activities	Evaluation
Influenza vaccine supply is not adequate for population	Obtain vaccines needed to provide county with adequate protection against preventable diseases/outbreaks	1. Contact community health care providers 2. Staff meeting to decide on ordering needs 3. Place order as soon as eligible	Vaccine ordered and received Vaccine distributed as needed Vaccine given according to standards
Children are now a priority for receiving influenza vaccine and education of new standard needs more publicity	Educate parents on the need for children to receive influenza vaccine each year	Have pamphlets available at office check-in points Referee in article for the three newspapers in the county Encourage clients with children to vaccinate	Yearly statistics on vaccinations given Articles written

INFORMATION and REFERRAL

Condition/Problem	Goals	Activities	Evaluation
CHD Public Health has a website detailing existing public health services	Brochure and website will contain current information	Update program information twice yearly Expand website information Link other resources with CHDPH website	Current information is updated as needed

Clients need additional resources not provided by CHD Public Health	Connect clients with the services they need	Each program develops a pool of resource information. New resource information is shared with managers and staff.	Staff continues to build resource information, make referrals and case management clients.
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ENVIRONMENTAL HEALTH: FOOD SAFETY AND PUBLIC FACILITIES

Condition/Problem	Goals	Activities	Evaluation
Unsafe/unsanitary conditions in licensed public facilities cause or contribute to public health hazards, communicable disease complaints and outbreaks, injuries and death.	<p>Short term: Safe, licensed public facilities for eating, lodging and bathing for Columbia County residents and visitors.</p> <p>Long term: No deaths or injuries and a reduced rate or incidence of communicable disease complaints and outbreaks.</p>	<p>As per delegation agreement, meet licensed public facility standards for inspections, communicable disease investigations and follow-up and accident investigations.</p> <p>Provide face-to-face food handler training for 1,300 food handlers annually.</p> <p>Provide plan review for food service facility construction and remodeling; insure coordination so facilities meet plumbing, electrical and building codes.</p> <p>Provide inspection upon request for daycare facilities, Head Start, schools.</p>	<p>Numbers of:</p> <ul style="list-style-type: none"> -Communicable disease complaint investigations for licensed facilities. -Confirmed communicable disease cases related to licensed facilities -Injuries/deaths reported -Inspections completed -Food handlers trained -Food service plan reviews done.

PUBLIC HEALTH PREPAREDNESS

Condition/Problem	Goal	Activities	Evaluation
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<p>So much to do, so little time and personnel</p>	<p>Participate with all the groups involved in the PHP and emergency preparedness</p> <p>Completed plans will be approved for use</p>	<ol style="list-style-type: none"> 1. Organize PHP team 24/7 call schedules 2. Attend Columbia Co Emergency Planning Assn. Meetings 3. Attend exercise design team meetings 4. Participate in county exercises 5. Participate in interoperability discussions 6. Develop SNS/Mass prophylaxis plan and have it approved by Health District Board and County government 7. Develop Pan Flu Plan and have it approved by the Health District Board and County government 8. Attend regional EPPG meetings 9. Attend CRI meetings 10. Give input into regional surge capacity planning group. 11. Administer Oregon/Han Alert website for the Columbia Health District. 12. Test Oregon Alert system locally six times a year 13. Attend PHP team meetings 14. Keep up-to-date on list serve 15. Training using FEMA website 16. Meet NIMS compliance requirements 	<p>Meeting attendance</p> <p>Plans completed</p> <p>Trainings recorded</p>
<p>Integration of bioterrorism plans into local emergency operations plan</p>	<p>Completion of following public health emergency plans: Strategic National Stockpile; mass dispensing; pandemic flu</p>	<p>Consult with state and local public health staff, Columbia County Emergency Services, regional public health partners, surge capacity planning group</p>	<p>Mass Dispensing Plan included in SNS Plan</p> <p>Pandemic Flu plan complete</p>

Internal Public Health CD/Emergency Planning	Update completion of following procedures: 1. 24/7 after hours 2. Emergency/Adverse Weather 3. Communicable Disease & Investigation 4. Client Isolation/Quarantine agreement 5. Personal Protective Equipment 7. Emergency Planning with regional planning group	Internal Public Health work groups and County district attorney's office working on procedures for implementing isolation & quarantine Quarterly staff training on PPE/CD investigation and 24/7 response Attendance at Or-Epi yearly	- 24/7 after hours: completed and tested weekly -Communicable Disease and Investigation Completed. Used Daily -Client isolation/Quarantine agreement complete. -PPE is in progress
Participation in orientation, tabletop and full scale exercises	Public Health will participate with local emergency management and public safety agencies to develop and conduct exercises related to national and man-made emergencies.	Collaboration with local, regional and state public health, hospital, emergency management and first responders to develop and facilitate exercises.	1. Orientation 2. Tabletop exercises 3. Functional exercises 4. After action reports
Annual/Semi-annual progress reports	Progress reports required by federal funding agencies will reflect status of local planning experts	Provide reports on progress in various planning areas	1. Yearly state review visit. 2. Other reviews by state consultants

III. Action Plan

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

Review current plan posted with DHS;

Columbia County Public Health District has no changes to submit in the information provided in the Family Planning Program Plan for FY 2006. We continue to provide a full range of women's health care which includes; pregnancy testing, Family Planning, Maternity Case Management, Prenatal Care, Babies First, Cacoon, Home Visiting provided by a Registered Nurse , and we have partnered with Sacagawea School Based Health Clinic for ages K-6.

3. Family Planning: Agencies are required to have a plan for each of the following *two goals*:

** For the two goals do either of:

- a. Review your current plan that is posted with DHS; or
 - b. Submit a new plan using the ***problem, goals, activities and evaluation*** format.
- A. Assure continued high quality clinical family planning and related preventive health services to improve overall individual and community health.

Current Condition or Problem:

We have no formal process to evaluate assured continued high quality of clinical family planning services and related preventative health services to improve overall individual and community health.

Goal:

To monitor family planning, preventative health counseling and education topics, and formalize a process to assure that quality services and client concerns are being addressed and documented by providers services at each client visit.

Activity:

Quarterly Chart Review;

- *Randomly select 10-12 charts from clients seen for Family Planning Services within previous quarter.*
- *Charts will be reviewed by Professional staff using the newly developed agency chart review tool.*
- *Process will begin FY; June, 2007.*

Evaluation:

Greater than 90% of charts will demonstrate compliance with all items listed on agency chart review tool.

- B. Reduce risk of unintended pregnancy in local community.

Current Condition or Problem:

There remain barriers for men, women and teens who are seeking reproductive health care and family planning services in our Community because of the poverty level and transportation issues.

Columbia County is a rural community with a limited public transportation, our clients must either travel by their own transportation, walk, use bicycles, pay for a Taxi/Metro West. A majority of our teenage clients must walk to our clinic during school or after school. A problem that we have encountered is that High School

Administrators have been known to call the teen's parents and notify them that the teen has walked to our clinic, making it difficult for them to receive confidential services. (The High School Administrator's allow the students to walk to other businesses without parental notification or consent).

*Pregnancy Rates of Teens by County of Residence, Oregon 2004 shows teen pregnancy rate in Teens age 10-17 as 6.6 per 1000 women in Columbia County (Tied for 4th lowest in the State!). This continues to be below the State average of 9.5%. *Oregon Vital Statistics County Data 2004, DHS, Table 23.*

*"According to the 2000 Census, Columbia County grew 16% between 1989 and 1999." The US Census Bureau found that 9.1% of Columbia County Residents live in Poverty. "This is a 2.5% increase in number of persons living in poverty". "The overall percent of Columbia County population living in poverty decreased from 1989 to 1999, while the number of people living in poverty did not". *Source: US Census, OHCS: Report on Poverty 2004, pg111.*

Columbia County Public Health District takes great pride in providing quality confidential Reproductive Health care education and information to men, women and teens in need seeking services.

*In Columbia County, for teen's aged 13-19, the total of Women in Need (WIN), was 558, of this total we saw 390 of these teens in FY'04. *Columbia County Service Data for Oregon Title X Family Planning Agencies, FY 2004, pg 1.*

*The percentage of Teen Clients served FY'04 was 43.4%, well above the State average of 32.1%. Columbia County had a total of 254 pregnancies averted, FY'04. The male client population served for FY'04 was 3.7%; we were very close to the State average of 4.0%. *Columbia County Service Data for Oregon Title X Family Planning Agencies, FY 2004, pg 3.*

Clinic Services and hours of operation remain limited due to funding and space availability, as funds become available we hope to increase staffing, clinic hours and add a portable for additional space.

Goal:

Our primary goals are to provide access for Men, Women and Teens with access to comprehensive and uniform Health Education information consisting of Family Planning Services, STD education, contraceptive services and ultimately reducing the number of unintended pregnancies and STD's in our community.

Activity:

- Collaborate with District School Nurses, Women's Resource Center and other community access delivery systems and community organizations to provide information and request referrals of clients to FPEP program and information for men, women and teens in need.*
- Extreme flexibility in Family Planning schedule with willingness to see clients on a "walk-in" basis during all hours of clinic operations.*
- As opportunities arise, educate community groups on broad range of reproductive health topics and advocate for the adoption of sound reproductive health awareness and education.*
- Provide the STARS program (Students Today Aren't Ready for Sex) to St. Helens and Vernonia school districts in Columbia County, through Teen leaders trained in the curriculum. There are approximately 270 active*

teens involved in STARS in St. Helens School District and approximately 100 active teens involved in STARS in the Vernonia School District.

Evaluation:

Continued decrease in teen pregnancy.

- 4. Maternal and child Health Programs:** Agencies are required to have a plan or report for this program area. Plans should be based on the following priority State and National goals. Select one goal from 27 listed in I through v below.

**For the selected goal do either of:

- a. Review your current plan that is posted with DHS; or
- b. Submit a new plan using the **problem, goals, activities** and **evaluation** format.
 - i. Perinatal Health
 - d. Decrease prenatal tobacco use

Current Condition or Problem:

Our most difficult problem for pregnant women in Columbia County, is smoking during their pregnancy, or relapsing during the postpartum period. Many of our pregnant women know they should quit, but are lacking the support and tools to help them achieve their smoking cessation goals. A majority of our prenatal clients are motivated to quit smoking during their pregnancy and are in need of the support for smoking cessation and information to help them quit and not relapse. Pregnancy is the best time for a woman to quit smoking. Smoking during pregnancy can cause serious health consequences to the mother and her baby. Statistics show poor birth outcomes such as; low infant birth weights, increased risk of miscarriage, an increased risk of still-births, pre-term births, slower fetal growth, allergies, asthma, ear infections, respiratory illnesses and Sudden Infant Death Syndrome (SIDS).

*Maternal Risk Factors by County of Residence, Oregon 2004 shows Tobacco use in pregnant women in Columbia County was 19.7%, our County ranks 10th highest in the State of Oregon, and above the State average of 12.6%. *Oregon Vital Statistics County Data 2004, DHS, Table 11.*

Goal:

- *Promote smoking cessation during Pregnancy and in the postpartum period.*
- *Provide the Great Start Quit Line and Oregon Tobacco Quit Line phone number and encourage referrals with follow-up at each Prenatal and Postpartum visit.*
- *Decrease SIDS deaths in Columbia County.*

Activity:

- *Document the use of the 5A interventions on the Fair form in each prenatal client record at each visit.*
- *Collaborate with WIC staff, Babies First Nurse and Community Health Nurse each month to discuss smoking prenatal clients and progress or regression in each shared client.*
- *Promote smoking case management tools adapted to each client's individual needs to improve success with smoking cessation during pregnancy and in the Post Partum Period.*
- *Continue to praise clients on progress made and refer to either Great Start Quit Line or Oregon Tobacco Quit Line, or both.*

Evaluation:

- *Nursing Professionals will continue to track the smoking cessation attempts, the interventions, success and regressions at each prenatal visit.*
- *WIC, Family Planning, MCM, and the home visiting nurse programs will track the smoking status of the prenatal clients during pregnancy and postpartum period.*
- *The Oregon Vital Statistics county Data book will not show an increase in number of pregnant women who use tobacco, and will hopefully see a reduction in this number in the next few years.*

Immunization Annual Plan 2006-2007

This year is a continuation of our core Public Health function to continuous quality improvement. We continue to use ALERT and family net. We continued to work with the VFC representatives, public sector liaison to improve participation by private providers in ALERT. They are Clatskanie, OHSU, Legacy, and Vernonia clinics. Judy Gilbert has retired and is no longer submitting to ALERT. We have distributed Dixon thermometers to Clatskanie, Livingston (now closed)and Sacagawea clinics. They now have their vaccines maintained within acceptable ranges.

The state currently has no data to support % of unaccounted for vaccine both for our Public Health and county wide clinics.

We currently have a wide list of schools that participate in ALERT:

1. Clatskanie Elementary School
2. Clatskanie Head Start
3. Clatskanie Middle/High School
4. Columbia City School
5. Columbia County Education Campus

6. ESD Northwest Region
7. ESD Scappoose
8. ESD St. Helens
9. Grant Watts Elementary School
10. Hudson Park Elementary School
11. Lewis and Clark Elementary School
12. McBride Elementary School
13. Mist Elementary School
14. North Columbia Academy
15. Ranier Junior/Senior Academy
16. Scappoose High School
17. Scappoose Middle School
18. Scappoose School District 1J
19. Snoopeeland Child Development Center
20. South Columbia Family School
21. St. Helens High School
22. St. Helens Middle School
23. Technology Learning Center
24. Vernonia High School
25. Vernonia Middle School
26. Vernonia School District
27. Warren Elementary School
28. Washington Elementary School

Our rates for 4th dtaps continues to improve, and is currently at a “very good” 75%.

We plan to continue to work through the matrix of our core Public Health framework during the next fiscal year.

WIC annual plan 2006-2007 including assessment of 2005-2006 Nutrition Education Plan (goal 3, activity2)

1. ✓Client surveys have been administered, collected, and sent to the state WIC office for collation of results.
2. ✓The results of the staff and client surveys related to 2nd nutrition education done by our agency have been reviewed.
3. ✓The top 5 things that we learned from the survey assessment are:
 - a. Clients appreciate the cooking classes.
 - b. Clients appreciate the variety of classes we offer.
 - c. Clients like the interactive classes the most.
 - d. Clients enjoy having their children participate.
 - e. Some clients do not accept the time commitment a class calls for.
4. ✓The top thing that we will take action on is shortening the class time adding more time choices.

Availability/Accessibility

1. ✓A review of the results from our completion of Activities 2, 4 and 8 in the “WIC Coordinator’s FLPP Planning Notebook” reveals the number of clients coming to our clinics and what category. We are still not able to populate the grids on the projected appointments by risk code.
2. ✓We identified changes needed to accommodate FLPP or to meet the need identified in the client surveys to your current NE schedule or procedures, including greater number, topics, times, and space for classes offered.
3. ✓Appropriate second NE is available to all WIC participants. Individual and group education sessions and the provision of information and educational materials designed to improve health status, dietary habits and physical activity habits, and to emphasize the relationships between nutrition, physical activity and health, all in keeping with the individual’s personal, cultural, and socioeconomic preferences are offered.
4. ✓All NE includes face-to-face communication with WIC staff.
5. ✓We have made a reasonable effort to schedule NE at times and locations that enable clients to take part. We have recently lost our nutritionist and are seeking a registered dietitian or nutritionist to see our needy high-risk participants.

Topic and Content

1. vThe review of the results from our completion of Activity 5 and 6 in the “WIC Coordinator’s FLPP Planning Notebook” reveals the core classes we offer regularly and how the quarterly classes will rotate.
2. vWe made necessary changes needed to accommodate FLPP and to meet the needs identified in the client surveys to our current NE schedule and procedures.
3. vClients are seen individually and we offer core classes which target clients in specific categories including NE appropriate for pregnant women, breastfeeding women, infants and children.

Methods

1. vThe results from our completion of Activity 6 in the “WIC Coordinator’s FLPP Planning Notebook” reveal what we do to market NE activities to clients.
2. vWe made changes to accommodate FLPP and to meet the need identified in the client surveys to our current NE schedule and procedures.
3. v We are currently using the best methods to meet our clients’ needs. We are looking at adding non-WIC agencies to provide nutrition education.

Marketing

1. vThe results from our completion of Activity 7 in the “WIC Coordinator’s FLPP Planning Notebook” reveals that we call the classes “activities” and communicate that they are fun, useful, and easily accessible..
2. vAll staff has received training and resources to promote nutrition education.
3. vWe made changes to accommodate FLPP and to meet the needs identified in the client surveys to our current NE schedule and procedures.

Evaluation

- 1. vThe show rate reports for our NE classes show that we are most generally over the state average of 43%. The show rate continues to climb with our advancement of FLPP participation. We had a high of 85% last month at our largest clinic.

FY 2006 - 2007 WIC Nutrition Education Plan

County/Agency: Columbia County
Person Completing Form: Patty Barker
Date: April 17, 2006
Phone Number: 503-3974651x207
Email Address: pbarker@chdpublichealth.com

Return this form electronically (attached to email) to: sara.e.goodrich@state.or.us
by May 1, 2006
Sara Goodrich, 971-673-0043

Overall Mission/Purpose: To impact the success of the WIC family by targeting emerging health issues as identified through national and state data sources.

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

Activity 1: We will assess our 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.

Implementation Plan: we will research and develop a hand out for these opportunities this spring/summer.

Timeline: We will immediately begin to research and develop the handout.

Activity 2: We will make available to clients a 2nd NE opportunity to increase physical activity.

Implementation Plan: we will again offer the fun family fitness class and incorporate opportunities to increase physical activities in our toddler/preschool class.

Timeline: we will include the fun family fitness in our quarterly rotation this year and begin the addition to the toddler preschool class in may 06.

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

Activity 1: We will assess activities and resources in the community to promote fruits and vegetables and provide a list of these activities and resources to WIC clients.

Implementation Plan: we will begin immediate research into our communities activities and resources. We will then develop a handout for our clients

Timeline: we will provide the handouts beginning this summer with the farm direct instrument distribution.

Activity 2: We will develop and implement **client**-centered activity/event by June 2007 in recognition of 5 A Day.

Implementation Plan: we will develop and implement a client centered activity in recognition of five a day.

Timeline: we will implement the activity by June 2007

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

Activity 1: we will explore options for developing innovative partnerships for providing NE to clients in our agency.

Implementation Plan: we will contact the local food banks and explore the options for developing innovative partnerships for providing NE to our clients.

Timeline:we made initial contact with tracy smith, our local community coordinator and she presented at our staff meeting in March 06.

Activity 2: *We will assess your agency's 2nd nutrition education offerings and make changes as needed to improve our show rates.*

Implementation Plan: we will continue to assess our class show rate and make changes as needed to improve our show rates.

Timeline: current assessment of our show rates show a high of 85% in our class here in April 2006.

Goal 4: We will increase breastfeeding duration rates among WIC participants.

Activity 1: We will assess breastfeeding resources available in our community and create and/or update a resource list for clients.

Implementation Plan: will begin immediate research into resources available in our community.

Timeline: we will develop a hand out for our clients by September 2006.

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

Implementation Plan: we will support the clients breastfeeding goal of continuing to breastfeed to aide in returning to a healthy and appropriate pre pregnancy weight by nutrition

education with “free” six week weight check with visual graph of both weight of mom and baby.

Timeline: This incentive program will be included in the hand out developed by September 2006.



