

# **CURRY COUNTY PUBLIC HEALTH**

## **FY 06-07 ANNUAL PLAN**

### **I. Executive Summary**

Curry County Public Health's (CCPH) role is that of community health oversight through assessment of health status and risks, mitigation of risks and poor outcomes, and assurance of adequate healthcare for all citizens. The county's specific financial status, compounded by the State of Oregon's financial situation and the reductions in funding by the Federal government is adversely affecting the ability of CCPH to continue to provide the level of service desired.

Each program is being assessed to determine statutory requirements and contractual obligations in relationship to funding. As a result of this review, Curry County Public Health will no longer be providing Healthy Start services, TB Case Management, or Ryan White Case Management and direct support. Environmental health (including FIPP, Tourist Facilities and Drinking Water), Communicable Disease/Epi, Vital Statistics, Information and Referral, Family Planning, WIC, and Immunizations activities continue to be provided. If specific services are dropped, we work with other community agencies to determine if there is an organization that may be able to provide those services.

A majority (60%) of the residents of Curry County are retired, therefore, services to older adults is a priority focus. Recruitment for an Adult Nurse Practitioner continues to be problematic and impacts our ability to provide services to these citizens. A Chronic Disease Case Management nurse has been hired who can meet some of the needs of this population. Services are provided in collaboration with Coos County Public Health, Curry Health District, and local health care providers.

Public Health Emergency Preparedness dominates a large portion of our effort. Community engagement activities, plan refinement, and exercising of those plans continue.

## II. Assessment

*The county demographics, health issues, and health care services are largely unchanged from the previous year.*

## III. Action Plan

### A. Epidemiology and control of preventable diseases and disorders

*Unchanged.* Due to staffing issues, TB Case Management, Ryan White Case Management and Ryan White direct support are not being provided this year.

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

*Parent and child health services remain unchanged except our participation in the Healthy Start program. Public Health has decided not to provide Healthy Start services due to reductions in funding and a dramatic increase in program requirements. We are working with another community agency to assist them in taking over the Healthy Start program.*

1. Immunization: Agencies are **required** to review their current plan, submit a report about this year, and revise the plan as necessary.

*Attached*

2. WIC: Agencies are **required** to submit Nutrition Education plans and reports.

*Attached*

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

A. Assure continued high quality clinical family planning and related preventive health services to improve overall individual and community health.

*The plan from FY 05-06 remains current for the coming year.*

B. Reduce risk of unintended pregnancy in local community

*The plan from FY 05-06 remains current.*

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.

*See Attachment A.*

### **C. Environmental health**

*There are no changes for this element.*

### **D. Health statistics**

*This remains the same as last year.*

### **E. Information and referral**

*We are continuing to update and improve our website. Website improvements include downloadable forms, general health information topics, and emerging trends information. We will be adding a blog site soon.*

### **F. Other Issues:**

#### **1. Chronic Illness**

*With Curry County's older population, there is a higher prevalence of chronic diseases such as diabetes. A nurse with education and experience in chronic disease case management has been hired. She will be providing diabetic education and support to citizens of Curry County and tribal members from the Smith River Rancheria.*

#### **2. Public Health Preparedness**

*Public Health Emergency Preparedness is an active focus of effort. Collaborative participation with Region 3 partners, County partners, Citizens for Emergency Preparedness, and the business community continues. We assisted the City of Gold Beach manage a "Boil Water" order due to flooding on the Rogue River. The rains of March caused numerous slides on Highway 101. The highway between Gold Beach and Port Orford was effectively cut-off for five days. A contingency plan for providing services in the north end of*

*the county was developed as a result. Plans are being refined and exercised.*

### **3. Breast and Cervical Cancer Program**

*Curry County Public Health has opted out of the 6-month transition period for the BCC Administration/Case Management program. We will continue to be a provider of Pap and Breast exams as part of the Women's health program.*

## **IV. Additional Requirements**

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

*See Attached*

## **VI. Budget**

The annual Public Health budget may be obtained from:

Ken McCune  
Budget Director  
Curry County  
PO Box 746  
Gold Beach, OR 97444  
(541) 247-3233

## VII. Minimum Standards

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

### Organization

1. Yes  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. *Through Public Services Department*
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 **n/a**

75. Yes  No \_\_\_ Clients identified at nutritional risk are provided with or referred for appropriate interventions.

76. Yes  No \_\_\_ Culturally and linguistically appropriate nutritional education and promotion materials and methods are integrated within programs.

77. Yes  No \_\_\_ Local health department supports continuing education and training of staff to provide effective nutritional education.

### **Older Adult Health**

78. Yes  No \_\_\_ Health department provides or refers to services that promote detecting chronic diseases and preventing their complications.

79. Yes  No \_\_\_ A mechanism exists for intervening where there is reported elder abuse or neglect.

80. Yes  No \_\_\_ Health department maintains a current list of resources and refers for medical care, mental health, transportation, nutritional services, financial services, rehabilitation services, social services, and substance abuse services.

81. Yes  No \_\_\_ Prevention-oriented services exist for self health care, stress management, nutrition, exercise, medication use, maintaining activities of daily living, injury prevention and safety education.

### **Parent and Child Health**

82. Yes  No \_\_\_ Perinatal care is provided directly or by referral.

83. Yes  No \_\_\_ Immunizations are provided for infants, children, adolescents and adults either directly or by referral.

84. Yes  No \_\_\_ Comprehensive family planning services are provided directly or by referral.

85. Yes  No \_\_\_ Services for the early detection and follow up of abnormal growth, development and other health problems of infants and children are provided directly or by referral.

86. Yes  No \_\_\_ Child abuse prevention and treatment services are provided directly or by referral.

87. Yes  No \_\_\_ There is a system or mechanism in place to assure participation in multi-disciplinary teams addressing abuse and domestic violence.

88. Yes  No  There is a system in place for identifying and following up on high risk infants.
89. Yes  No  There is a system in place to follow up on all reported SIDS deaths.
90. Yes  No  Preventive oral health services are provided directly or by referral.
91. Yes  No  Use of fluoride is promoted, either through water fluoridation or use of fluoride mouth rinse or tablets.
92. Yes  No  Injury prevention services are provided within the community.

### **Primary Health Care**

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

### **Cultural Competency**

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

## Health Department Personnel Qualifications

**103. Yes X 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.

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

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

AND

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

**105. Yes X No \_\_\_ The local health department Environmental Health Supervisor meets minimum qualifications:**

Registration as a sanitarian in the State of Oregon, pursuant to ORS 700.030, with progressively responsible experience in a public health agency

OR

a Master's degree in an environmental science, public health, public administration or related field with two years progressively responsible experience in a public health agency.

**106. Yes X No \_\_\_ The local health department Health Officer meets minimum qualifications:**

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

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.**

Georganne Greene, Administrator  
Local Public Health Authority

Curry  
County

Apr 28, 2006  
Date

## ATTACHMENT A

### **Maternal/Child Health:**

Curry County Public Health is addressing the goal of increasing access to medical care for children and adolescents. A Pediatric Nurse Practitioner (PNP) is employed by Public Health to provide primary care to any infant, child, or adolescent seeking care. The PNP holds clinics in the three main communities of Curry County: Brookings, Gold Beach, and Port Orford. Providing this service throughout the County helps to reduce travel as a barrier to obtaining care.

The PNP obtained funding to have dental screening performed at each school in the county. Dental education was provided at the time of screening. Day care providers and Head Start were encouraged to bring those children in for screening as well. We now have adequate statistics with which to apply for funding to provide dental care to those needing it.

A grant request was submitted to the Curry Health Foundation for funding of children's dental care. Grant notice was received that \$1600.00 had been awarded to pay for direct dental care for children of low income families. Several other grant applications for further funding are pending.

OFFICE OF FAMILY HEALTH  
COUNTY ANNUAL PLANS FY 2006

**IMMUNIZATION PROGRAM**  
**Information and Instructions**

The following pages are instructions for completing your FY 2003-05 Report and your FY 2006-08 Plan. A completed Annual Plan and Report will include:

- A. Summary of FY 2003-05 Objectives, Activities, and Outcomes; and
- B. FY 2006-08 Plan.

**Please return completed reports and plans by fax or email no later than May 15, 2005 to Jenne Mckibben at:**

Jenne McKibben, Health Educator; 503-731-4020,  
[jenne.mckibben@state.or.us](mailto:jenne.mckibben@state.or.us)  
Fax # 503-731-3095

For questions or assistance on developing your Annual Plan or writing your Report, please contact your Health Educator at 503-731-4020.

**A. Completing your Summary FY 2003-05**

June 2005 is the end of Fiscal Year 2005. This marks the end of this 3-year plan for ALERT Promotion and Vaccine Accountability.

For the years FY's 2003-05, funds were awarded to:

- 1. Develop and implement your Vaccine Accountability Plan;
- 2. Develop and implement your ALERT Promotion Plan;
- 3. Conduct 2 outreach/educational activities; and
- 4. Support immunization screening at WIC sites.

Each objective required local health departments to identify activities and measurable outcomes. We would like to hear about the progress you've made in FY's 2003-05

Vaccine Accountability

Please review your plan for Vaccine Accountability. We can provide you a copy of your plan if you do not have one. Report on the progress of the plan for FY 2003-05 including the Objectives, Activities and Measurable Outcomes.

### ALERT Promotion

Please review your plans for ALERT Promotion. We can provide you a copy of your plan if you do not have one. Report on the progress of the plan for FY 2003-05 including the Objectives, Activities and Measurable Outcomes.

For those who chose to take on a new Core Public Health function challenge in place of the continuation of ALERT Promotion, it is only necessary to report on the Objectives, Activities and Measurable Outcomes for the Core Public Health Function chosen in FY 2005.

### Educational Outreach Activities

Please review your plan for your educational outreach activities. It is only necessary to report on the Objectives, Activities and Measurable Outcomes for these activities in FY 2005.

### WIC/Immunization Integration

Please review your plan to support immunization screening by your local WIC agency. Please report on your activities in FY 2005.

## **B. Annual Plan Objectives FY 2006**

The purpose of this year's Annual Plan funds is to fund programs and activities that increase Core Public Health capacity. We are again asking LHDs to target these Annual Plan funds on Core Public Health functions. Below you will find a matrix that provides a core public health framework, which includes additional options for the upcoming FY2006-08.

Counties are asked to write two different 3-year core function plans, see table in appendix for format. Each plan includes Objectives, Methods/Tasks and Outcome Measures for years 1-3. (FY 2006-08)

1. Core Public Health Function FY 2006-08
  - Plan A: Continuous Quality Improvement Focus Area
  - Plan B: Choice Core Public Health Function Focus Area
  
2. Conduct 2 outreach/educational activities

## Completing your FY 2006 Plan

### 1. Plan A: Core Public Health Function FY 2006-08 ~ Continuous Quality Improvement

Create a 3-year plan to apply a Continuous Quality Improvement (CQI) Process to improve one or more of your AFIX measures. You have a choice of the measure to work on for example a single antigen like Hepatitis B or adult PPV23, a series like 4:3:1, late starts, or missed shots. Plus you may choose your target population such as your health dept, delegate, or a private partner. At this year's Immunization Coordinators Conference in April, you will be receiving your AFIX assessment for the past year. This assessment is a good guide and may help you decide what aspect of your immunization practice to target for the CQI process. This is a new process for many and will be thoroughly discussed at the conference. Many private providers have benefited from the AFIX assessments as well and you may find that these providers may be a good choice to partner with. Examples below may be for either private or public providers.

Focus Area	Potential Activities by Core Public Health Function			State Resources
	Assessment	Assurance	Policy Development	
Using a CQI process, improve at least one AFIX measurement, (e.g.; single antigen rate, series rate, late start rate, missed shots rate, etc...) in one target population (eg. LHD, delegate, or private partner practice; hospital)	<ul style="list-style-type: none"> <li>Assess baseline for chosen measure. (eg. 4<sup>th</sup> DTaP rate, missed shots rate, birth dose hep B rate, PPV23 for adults)</li> <li>Identify current public and private efforts to target this population</li> <li>Determine current clinic or hospital process that influences rate (eg. Recall for 4<sup>th</sup> DTaP, doctor order required for birth dose)</li> <li>Identify key factor to focus on (eg. Assess reminder / recall system, promote standing orders, review missed shots data from IRIS)</li> <li>Define reasonable improvement goal</li> </ul>	<ul style="list-style-type: none"> <li>Educate providers and staff on key issues (e.g., correct spacing for HepB)</li> <li>Implement change in immunization practice (e.g. routine screening at each visit)</li> <li>Provide annual feedback to clinic or hospital staff</li> </ul>	<ul style="list-style-type: none"> <li>Participate in AFIX Certificate of Commitment</li> <li>Partner with hospital or clinic to develop and implement standing orders</li> <li>Develop and implement new appointment protocol (e.g., all 12 month well baby visits scheduled only after 1<sup>st</sup> birthday)</li> <li>Develop and implement reminder/recall protocol for private practice.</li> </ul>	<ul style="list-style-type: none"> <li>Consultation with AFIX staff to review measurements and strategies to focus improvements</li> <li>Annual AFIX Assessment for LHD</li> <li>AFIX Assessment for selected private practices upon request</li> <li>Best Practices "TIPS" sheet</li> <li>DHS Birth Dose standing order pilot project</li> <li>DHS adult flu/pneumococcal standing order hospital project</li> <li>OPIC 4<sup>th</sup> DTaP promotion</li> </ul>

**Plan B: Choice Core Public Health Function Focus Area**

Choose an area of focus from the Core Public Health Function matrix below. Some counties may continue to focus on ALERT Promotion or Vaccine Accountability as you have momentum in those areas and may not have completed your work there. Or you may choose a new focus area like those suggested below. Do not feel constrained by this list of focus areas; they are suggestions to get the discussion going in your health department. If you would like any help with understanding any of these focus areas, please contact your Health Educator.

**Core Public Health Functions Matrix**

Focus Area	Potential Activities by Core Public Health Function			State Resources
	Assessment	Assurance	Policy Development	
<b>ALERT Promotion</b>	<ul style="list-style-type: none"> <li>Assess level of awareness and use of ALERT in your community: do they understand the benefits?</li> <li>Assess how well ALERT is integrated with private clinic practice to limit missed shots and avoid over-immunization</li> </ul>	<ul style="list-style-type: none"> <li>Provider/School ALERT promotion</li> <li>Help providers expand range of data reported</li> <li>Reward ALERT users</li> <li>Assist with e-transfer</li> <li>Develop a demonstration project to show increase in rates for clinics that use ALERT consistently</li> </ul>	<ul style="list-style-type: none"> <li>Assist providers with development of procedures and training for staff use of ALERT</li> <li>Assist school systems with development of procedures for school use of ALERT</li> </ul>	<ul style="list-style-type: none"> <li>List of providers and their level of participation in ALERT</li> <li>List of schools accessing ALERT through the web</li> <li>ALERT Video for clinics</li> <li>ALERT Clinic Training Manual</li> <li>Speakers for community meetings</li> <li>On-site web demos</li> <li>TA for e-transfer</li> </ul>
<b>Vaccine Accountability with Private Partners</b>	<ul style="list-style-type: none"> <li>Assess vaccine unaccountability rates as possible</li> <li>Assess current vaccine handling and management processes</li> </ul>	<ul style="list-style-type: none"> <li>Educate providers on accountability issues</li> <li>Conduct provider storage and handling checks and trainings</li> </ul>	<ul style="list-style-type: none"> <li>Create/modify Standard Operating Procedures (SOPs) for vaccine management</li> <li>Work with providers to develop SOPs</li> </ul>	<ul style="list-style-type: none"> <li>List of current VFC providers, including mailing labels</li> <li>Model SOPs</li> <li>Speakers</li> </ul>
<b>Community-wide AFIX Project</b>	<ul style="list-style-type: none"> <li>Determine current provider ALERT participation as prerequisite for AFIX</li> <li>Identify providers who may benefit from AFIX</li> </ul>	<ul style="list-style-type: none"> <li>Recruit providers to participate in AFIX assessments</li> <li>Participate in feedback sessions</li> <li>Host an AFIX Exchange</li> </ul>	<ul style="list-style-type: none"> <li>Assist providers in development of policies based on AFIX results</li> </ul>	<ul style="list-style-type: none"> <li>AFIX assessments of identified private providers</li> <li>Feedback for providers at LHD-DHS co-hosted feedback session</li> </ul>

Focus Area	Potential Activities by Core Public Health Function			State Resources
	Assessment	Assurance	Policy Development	
Developing and Maintaining Coalitions	<ul style="list-style-type: none"> <li>Identify agencies interested in partnering on immunization to develop or expand your coalition</li> <li>Assess local issues</li> </ul>	<ul style="list-style-type: none"> <li>Host or assist with a coalition meeting</li> <li>Develop immunization resource list and distribute to new partners</li> </ul>	<ul style="list-style-type: none"> <li>Develop by-laws for coalition</li> <li>Develop local immunization standards with coalition partners</li> </ul>	<ul style="list-style-type: none"> <li>Co-host coalition meeting</li> <li>Speakers</li> </ul>
Standards for Pediatric, Adolescent and/or Adult Immunizations	<ul style="list-style-type: none"> <li>Assess LHD's ability to meet immunization standards</li> <li>Identify 1-2 standards to target (e.g, simultaneous vax, screening at each appt)</li> </ul>	<ul style="list-style-type: none"> <li>Implement imm practice changes in LHD</li> <li>Create tip sheet for private providers to improve ability to meet standards</li> </ul>	<ul style="list-style-type: none"> <li>Develop LHD plan to address targeted standard(s)</li> </ul>	<ul style="list-style-type: none"> <li>Copies of the Standards</li> <li>OPIC Health Disparities Resource guide – available Spring 2005 for use in providers' offices</li> </ul>

## 2. Conduct 2 outreach/educational activities

Plan and implement two (2) educational outreach activities (either singly or in collaboration with partners) for parents and/or private providers, designed to raise childhood, adolescent and/or adult immunization rates and reduce barriers to immunization.

FY 2006 Suggested Activities

### **Community Outreach**

Media Campaign:(e.g. TV, Radio, and Newsprint Ads, Local Website Links)

Educational Campaigns in Schools & Daycare Settings

Educational Talks:(e.g. Nursing Homes, Retirement Centers, Correctional Facilities or Other Public Gatherings)

### **Public/Provider Provider Outreach**

Coalition Group Meetings

Educational Talks (e.g., Grand Rounds, County Medical Society Meetings.)

Providing Satellite Linkage to CDC Broadcasts

Provider Materials: (e.g. Development of materials, Mailings to providers)

Outreach to Private Providers (Site Visits)

# APPENDIX

Local Health Department: Curry County

**Plan A - Continuous Quality Improvement: Missed Opportunities Rate w/ Private Partner**

Fiscal Years 2006-2008

Objectives	Methods / Tasks	Outcome Measure(s)	Outcome Measure(s) Results	Progress Notes
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<p>A. Partner w/ one private provider to create and implement a plan to reduce missed opportunity rate by 5% over three years</p>	<ul style="list-style-type: none"> <li>• Assess practice</li> <li>• Assess provider policy and procedure to determine screening of children for missed shots</li> <li>• Communicate ideas to improve missed opportunity rates</li> <li>• Develop plan and protocol to screen every child at every visit for missed shots</li> <li>• Review standard practices of staff on true contraindications</li> <li>• Provide contraindications &amp; precaution poster to providers</li> </ul>	<ul style="list-style-type: none"> <li>• Determine percentage of missed shots through AFIX report 08/18/05</li> <li>• Use AFIX report to determine percentage of children screened by August 2005</li> <li>• Develop plan by December 2005</li> <li>• Contraindications &amp; precaution poster to providers by December 2005</li> </ul>	<ul style="list-style-type: none"> <li>• Assessed practice 10/06/05</li> <li>• Determined no written Policies and Procedures currently in place 10/06/05</li> <li>• Meeting with staff representative in September, December, and January.</li> <li>• Protocol written to screen every child at every visit for missed shots. 01/05/06</li> <li>• Educational material given regarding 4<sup>th</sup> DTaP</li> <li>• Policy signed 03/14/2006</li> <li>• Reviewed standing practices w/ staff on true contraindications and precaution poster provided to practices 10/06/05</li> </ul>	<ul style="list-style-type: none"> <li>• Difficulty meeting with providers due to heavy casework load of both agencies.</li> <li>• Decided to work primarily with staff representative.</li> <li>• No written policy in place.</li> <li>• Collaborated with staff representative to write the policy and procedure.</li> </ul>
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**Plan A - Continuous Quality Improvement: ~~Missed Opportunities Rate w/ Private Partner~~**

Objectives	<u>Methods / Tasks</u>	Outcome Measure(s)	Outcome Measure(s) Results	Progress Notes
<p><b>A.</b> Evaluate partnership with private provider to improve plan to reduce missed opportunity rate by 5% over three years</p>	<ul style="list-style-type: none"> <li>• Reassess consistency of screening children for the missed and needed</li> <li>• Reassess consistency of screening children for the missed and needed</li> <li>• Evaluate clinical staff's understanding of true contraindications</li> <li>• Identify barriers and problems that are causing missed opportunities</li> </ul>	<ul style="list-style-type: none"> <li>• Measure 5% improvement in percentage of children routinely screened</li> <li>• Missed opportunity rate to decrease by 2%</li> <li>• Decide efficiency of continuing plan in the next year</li> </ul>		

**Plan A - Continuous Quality Improvement: ~~Missed Opportunities Rate w/ Private Partner~~**

Objectives	<u>Methods / Tasks</u>	Outcome Measure(s)	Outcome Measure(s) Results	Progress Notes
<p><b>A.</b> Re-evaluate partnership with private partner to improve or reorganize plan to reduce missed opportunity rate in practice by 5% over three years</p>	<ul style="list-style-type: none"> <li>• Educate staff on best methods to work with parents to alleviate concerns or misconceptions</li> <li>• Conduct survey of practitioners to determine educational material best suited for their practice</li> </ul>	<ul style="list-style-type: none"> <li>• Conduct survey of practitioners by October 2007</li> <li>• Educate staff and distribute educational materials by March 2008</li> </ul>		

Local Health Department: Curry County

**Plan B - Chosen Focus Area:** ALERT

Fiscal Years 2006-2008

Objectives	Methods / Tasks	Outcome Measure(s)	Outcome Measure(s) Results	Progress Notes
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<p>A. Identify schools and daycares currently not accessing ALERT. Determine ALERT access barriers by June 2006.</p>	<ul style="list-style-type: none"> <li>• Provide schools and daycares with ALERT promotion materials, offer training for ALERT, assist with e-transfer</li> <li>• assist schools and daycares with development of procedures for school use of ALERT, to assist with exclusion process</li> </ul>	<ul style="list-style-type: none"> <li>• ALERT video to schools</li> <li>• Schools/daycares participating in ALERT will increase by one by June 2006</li> <li>• School will implement procedures by June 2006</li> <li>• Decrease the number of exclusions by 5%</li> </ul>	<ul style="list-style-type: none"> <li>• Provided Alert Promotion Materials.</li> <li>• Offered training to schools and daycares 9/05-2/06</li> <li>• Trained new school personnel in Gold Beach 09/02/05</li> <li>• Reviewed Alert with school personnel in Brookings 11/10/05</li> <li>• Registered one new daycare provider for the Alert system 01/11/06</li> <li>• Developed Policies and Procedures for usage of Alert to assist with exclusion process.</li> </ul>	<ul style="list-style-type: none"> <li>• Success with one new daycare provider registering to use the Alert System.</li> <li>• Good rapport with Brookings school personnel.</li> <li>• After difficulty with school exclusion report, one daycare registered to use Alert.</li> <li>• Increase in exclusions by 1%</li> <li>• Schools mailed letters in 11/05 12/05, f/u phone calls in 12/05 +1/06, PHD sent postcards in 08/05 + 12/05. PHD sent out 5 media releases to local media. Plan for 2006-07 PHD to partner with schools for kindergarten roundup 4/06, 5/06, Media releases sent prior to kindergarten roundup. Will evaluate student immunization records with daycares/schools in 09/06, 11/06</li> </ul>
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				<p><b>Plan for 2006-07</b></p> <p>PHD to partner with schools for kindergarten roundup 4/06, 5/06</p> <p>Media releases sent prior to kindergarten roundup.</p> <p>Will evaluate student immunization records with daycares/schools in 09/06, 11/06</p> <p>Two daycare validation survey will be performed in August, 2006</p>
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**Plan B - Chosen Focus Area: ALERT**

<b>Year 2: July 2006 – June 2007</b>				
<b>Objectives</b>	<b><u>Methods / Tasks</u></b>	<b>Outcome Measure(s)</b>	<b>Outcome Measure(s) Results<sup>1</sup></b>	<b>Progress Notes<sup>2</sup></b>
<b>A.</b> Evaluate schools and daycares to determine the active number of participating schools and daycares working in collaboration with ALERT by June 2007.	<ul style="list-style-type: none"> <li>• Reassess the number of schools and daycares using ALERT</li> <li>• Re-evaluate the ALERT access barriers</li> <li>• Identify and solve problems using the ALERT system</li> <li>• Assess the rate of exclusions</li> </ul>	<ul style="list-style-type: none"> <li>• Increased number of schools and daycares participating in ALERT</li> <li>• Alleviate barriers involving use of ALERT system</li> <li>• Identify the number of school exclusions using the ALERT system</li> </ul>	To be completed for the FY 2007 Report	To be completed for the FY 2007 Report

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

<sup>2</sup> **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.

**Plan B - Chosen Focus Area: ALERT**

<b>Year 3: July 2007 – June 2008</b>				
<b>Objectives</b>	<b><u>Methods / Tasks</u></b>	<b>Outcome Measure(s)</b>	<b>Outcome Measure(s) Results<sup>1</sup></b>	<b>Progress Notes<sup>2</sup></b>
<b>A.</b> Re-evaluate our partnership with schools and daycares using ALERT to improve the percentage of schools and daycares actively participating in ALERT by June 2008.	<ul style="list-style-type: none"> <li>• Conduct workshops and training programs to provide continuing education regarding ALERT to schools and daycares</li> <li>• Review established procedures and revise using updated information</li> <li>• Reassess exclusion process</li> </ul>	<ul style="list-style-type: none"> <li>• Complete workshops and training by October 2008</li> <li>• Procedures to be updated by October 2008</li> <li>• Continued decline of exclusions by 5%</li> </ul>	To be completed for the FY 2008 Report	To be completed for the FY 2008 Report

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

<sup>2</sup> **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 2005 – June 2006**

<b>Activity 1:</b>				
<b>Objectives</b>	<b>Methods / Tasks</b>	<b>Outcome Measure(s)</b>	<b>Outcome Measure(s) Results<sup>1</sup></b>	<b>Progress Notes<sup>2</sup></b>
<b>A.</b> Educational Campaigns to 11 schools and 7 daycares regarding ALERT	<ul style="list-style-type: none"> <li>• Provide information and promotional material to schools and daycares regarding implementation of ALERT to assist in exclusion process</li> </ul>	<ul style="list-style-type: none"> <li>• Increase use of ALERT system through Educational Campaign</li> <li>• 1 Daycare enrolled in 1/11/06</li> </ul>	<p>Packet of educational materials mailed out with exclusion forms and phone calls explaining Alert System.</p> <p>One new daycare provider registered to use Alert 1/11/05</p> <p>2 new school personnel trained 9/2/06</p>	Success with one new daycare provider registering to use the Alert System

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

<sup>2</sup> **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.

<b>Activity 2:</b>				
<b>Objectives</b>	<b>Methods / Tasks</b>	<b>Outcome Measure(s)</b>	<b>Outcome Measure(s) Results<sup>1</sup></b>	<b>Progress Notes<sup>2</sup></b>
<p><b>A.</b> Provide outreach and Educational materials to private providers to decrease the missed opportunities rate by 1% over the next year.</p>	<ul style="list-style-type: none"> <li>• Develop and distribute educational materials to private providers</li> <li>• Use AFIX assessments of those assessed in Curry Co. to compare missed opportunity rates of 2005 and 2006.</li> </ul>	<ul style="list-style-type: none"> <li>• Determine if educational materials are effective in lowering missed opportunities by decreased missed opportunity rate of 1%.</li> </ul>	<p>Educational Materials distributed to 11 Doctors &amp; Medical Providers in Curry County in person regarding missed opportunities and the 4<sup>th</sup> DTaP 12/29/05</p>	<p>Mixed reception by medical personnel. Some were very receptive, while other's were not.</p>

## EVALUATION OF NUTRITION EDUCATION PLAN FY 2005-2006

WIC Agency: Curry County WIC Program

Person Completing Form: Kathie Wills

Date: April 10, 2006

Phone: (541) 247-3271

Return this form, attached to e-mail, to: [sara.e.goodrich@state.or.us](mailto:sara.e.goodrich@state.or.us)

Please use the outcome evaluation criteria to assess the activities your agencies did for each Year 2 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 2 Objective: During plan period, all WIC families will be provided information on the increasing rates of overweight children and adults and be able to make positive lifestyle choices to decrease the risk of overweight.

*Activity 1: (Required) Assess client awareness regarding physical activity and identifying client barriers to getting adequate physical activity by using state provided assessment tool.*

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

- What is one result from the client surveys administered that you have applied in your agency?

Response: By using NE contacts, we implemented use of Meal Planning, Low-Cost and Healthy Meals versus Fast Foods. We also gave information on different and fun ways to exercise.

*Activity 2: (Required) Using results from staff and client surveys, identify/develop and implement at least one clinic activity to promote increased physical activity and increase awareness of the prevalence of overweight among staff and clients.*

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

- Identify 3 barriers or ideas you got from the staff and client surveys.
- What clinic activities did you develop to promote physical activity?
- How did the activities address the barriers or concerns identified in the surveys?

Response:

Barriers: Too much soda pop, juice, and koolaid (high-calorie beverages), Lack of exercise, Many fast food restaurants with low-cost meals.

Clinic Activities: Developed classes on low-cost meals, How much sugar in beverages and alternative beverages, as well as Exercise made Fun, with demonstration using

household items for exercise equipment (cans of vegetables, etc), dancing, marching. Also used handouts.

The activities address the barriers by emphasizing the ease of planning menus that were healthier, but low-cost, how to cut down on sugar in beverages, and how to exercise and enjoy it.

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

Year 2 Objective: During plan period, staff will assess and promote client consumption of fruit and vegetables.

***Activity 1: (Required) Assess client attitudes and behaviors regarding fruit and vegetable consumption using state provided tool.***

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

- What is one result from the client surveys administered that you have applied in your agency?

Response: Assessing surveys, we determined the need to increase fruits and vegetables. We addressed the ease of this by focusing on serving sizes, colorful fruits and vegetables, and how to prepare, using the 5-a-day and Rainbow on a plate materials and visual aids provided by state.

***Activity 2: (Required) Develop and implement client-centered activity/event during September 2005 in recognition of 5 A Day Month.***

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

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

Response:

We decided to use a display board in the clinics, and also brought in a guest speaker for the nutrition education class. By using a display board, we reach a larger number of people. The clients gave a good response to the guest speaker, who discussed a number of fruit and vegetable ideas, including low-cost preparation, how to add color and nutrition to the diet, and serving sizes. The public also gave a good response to the display board.

***Activity 3: (Required) Use client fruit and vegetable survey results to develop or modify individual or group nutrition education activities to promote fruit and vegetable consumption.***

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

- Identify 3 client attitudes or behaviors you got from the surveys.
- What nutrition education activities did your agency develop or modify to promote fruit and vegetable consumption?
- How did the activities address the results from the surveys?

Response:

Client attitudes: High cost of fruits and vegetables, No time to prepare meals, Not familiar with preparing fruit and vegetable dishes.

Nutrition education activities: Developed a nutrition education class on low-cost preparation, how to add color and nutrition to the diet, preparation of fruits and vegetables. The results were well received by the clients, as it addressed their concerns.

### **Goal 3: Increase client participation in 2<sup>nd</sup> nutrition education contacts.**

Year 2 Objective: Assess clients' attitudes/wants/needs and barriers regarding attendance to nutrition education opportunities, develop guidelines for nutrition education in your agency, and develop strategies to increase client participation in nutrition education. During the planning process, consider the impact of implementation of multiple month food instrument issuance (FLPP).

***Activity 1: (Required) Assess client attitudes, needs, and barriers to attendance related to 2<sup>nd</sup> nutrition education using state provided tool.***

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

- What is one result from the client surveys administered that you have applied in your agency?

Response: Assessment from client surveys indicated that clients like classes that they can actively participate in. The second nutrition education contacts are being designed with that in mind, to encourage participation.

***Activity 2: (Required) Compare results of client and staff surveys to State NE minimum standards and develop guidelines for quality nutrition education in your agency. Minimum standards will be set in the areas of availability/accessibility, topic, content, delivery methods, marketing, assessment, and evaluation.***

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

- Identify 5 attitudes, needs, and or barriers you got from the surveys.
- What guidelines did you develop for quality nutrition education?
- How did the guidelines address the results of the surveys?

Response:

Attitudes, needs or barriers: Transportation, Hands-on classes, Options of times classes are offered, Topics that pertain to clients, Larger variety of classes.

Guidelines: Developed classes using client input to give variety of classes, bringing in guest speakers, encouraging hands-on participation. The classes will address the results of the survey by listening to what clients want from their second nutrition education contact.

***Activity 3: (Required) Contact your Nutrition Consultant to review your agency's guidelines, then plan and schedule 2<sup>nd</sup> NE offering in preparation for multiple month FI issuance.***

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

- When did you and your Nutrition Consultant review your guidelines?
- How did your 2<sup>nd</sup> NE Plan offerings meet these guidelines?
- Have your 2<sup>nd</sup> NE offerings been scheduled?

Response: Guidelines were reviewed by Nutrition Consultant at the agency review in June, 2005.

The 2<sup>nd</sup> NE plan was to incorporate class and FI issuance after client attends NE class.

The 2<sup>nd</sup> NE classes are scheduled.

***Activity 4: (Required) Assure staff who teach NE classes complete the Providing Group Nutrition Education module and the appropriate Level 2 training modules.***

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

- Have all staff who teach NE completed the Providing Group Nutrition Education module and the appropriate Level 2 training modules?

Response: All staff who teach NE have completed "Providing Group Nutrition Education" modules and other required modules.

**Goal 4: Increase breastfeeding duration rates among WIC participants by decreasing barriers to breastfeeding.**

Year 2 Objective: During plan period, WIC staff will assess client attitudes, beliefs, and barriers regarding continuing breastfeeding to at least 6 months of age, and implement strategies to support client breastfeeding goals.

***Activity 1: (Required) WIC staff will have completed role-appropriate sections of the revised Breastfeeding Module.***

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

- Have all staff completed role-appropriate sections of the revised Breastfeeding Module?

Response: All WIC staff have completed role-appropriate sections of the BF modules.

***Activity 2: (Required) WIC staff will assess client beliefs, attitudes and barriers regarding continuing breastfeeding to at least 6 months of age by using state provided assessment tool.***

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

- What is one result from the client surveys administered that you have applied in your agency?

Response: The client survey results indicated that many pregnant women thought they would have to stop breastfeeding when they returned to work/school. As a result, we have encouraged breastfeeding and use of a breast pump to avoid having to stop breastfeeding or feed formula when returning to work/school.

***Activity 3: (Required) The WIC agency will implement at least one strategy to support client breastfeeding goals. Examples of possible strategies:***

- ***WIC Certifiers will use the 3-Step Counseling Strategy to help mother's identify their barrier(s) to breastfeeding 6 months.***
- ***Effective open-ended questions.***
- ***Affirming statements.***
- ***Education/counseling strategies.***
- ***Include a goal setting objective that all prenatal women who indicate they plan to breastfeed will identify a goal related to breastfeeding 6 months.***
- ***Include a participant activity during the Breastfeeding Class wherein participants identify at least one barrier they face to breastfeeding at least 6 months. As a group, identify strategies to address these barriers.***
- ***Institute a system for follow-up calls or written messages at critical periods of time when breastfeeding challenges may arise.***

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

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

Response: We implemented strategies to support breastfeeding goals by offering clients the opportunity to participate in a 2<sup>nd</sup> NE class focusing on breastfeeding. Clients were encouraged to identify barriers to breastfeeding, with help solving the different barriers discussed. Clients also were given information on breast pumps available to them and lactation consultant resources.

**FY 2005 - 2006 WIC Nutrition Education Plan**  
***Activity Completion Checklist***

Due Date	Goal	Activity	Complete
9/30/05	<u>Goal 2:</u> Increase the percentage of WIC participants who consume at least five daily servings of vegetables and fruits.	Develop and implement <b>client</b> -centered activity/event during September 2005 in recognition of 5 A Day Month. (Examples include: Bulletin Boards, Newsletters, and Classes).	<b>9/2005 Bulletin Board Done in all 3 clinics</b>
9/30/05	<u>Goal 2:</u> Increase the percentage of WIC participants who consume at least five daily servings of vegetables and fruits.	Develop and implement a <b>staff</b> activity/event during September 2005 in recognition of 5 A Day Month. (Snacks at staff meeting, staff in service tasting new fruits and vegetables).	<b>9/2005 Fruit tray brought to staff meeting</b>
9/30/05	<u>Goal 3:</u> Increase client participation in 2 <sup>nd</sup> nutrition education contacts.	Assess client attitudes, needs, and barriers to attendance related to 2 <sup>nd</sup> nutrition education using state provided tool.	<b>9/2005 Survey Completed</b>
10/31/05	<u>Goal 1:</u> Decrease the risk of obesity among WIC participants by increasing physical activity awareness.	Assess client awareness regarding physical activity and identifying client barriers to getting adequate physical activity by using state provided assessment tool.	<b>10/2005 Survey Completed</b>
10/31/05	<u>Goal 2:</u> Increase the percentage of WIC participants who consume at least five daily servings of vegetables and fruits.	Assess client attitudes and behaviors regarding fruit and vegetable consumption using state provided tool.	<b>10/2005 Survey Completed</b>
12/31/05	<u>Goal 3:</u> Increase client participation in 2 <sup>nd</sup> nutrition education contacts.	Compare results of client and staff surveys to State NE minimum standards and develop guidelines for quality nutrition education in your agency. Minimum standards will be set in the areas of availability/accessibility, topic, content, delivery methods, marketing, assessment, and evaluation.	<b>12/2005 Comparisons showed client participation in 2<sup>nd</sup> nutrition ed contacts to be directly related to topic and content of class.</b>

Due Date	Goal	Activity	Complete
12/31/05	<u>Goal 4</u> : Increase breastfeeding duration rates among WIC participants.	WIC staff will have completed role-appropriate sections of the revised Breastfeeding Module.	<b>12/31/05 Module sections completed</b>
12/31/05	<u>Goal 4</u> : Increase breastfeeding duration rates among WIC participants.	WIC staff will assess client beliefs, attitudes and barriers regarding continuing breastfeeding to least 6 months of age by using state provided assessment tool.	<b>12/2005 Survey Completed</b>
1/31/06	<u>Goal 3</u> : Increase client participation in 2 <sup>nd</sup> nutrition education contacts.	Contact your Nutrition Consultant to review your agency's guidelines, then plan and schedule 2 <sup>nd</sup> NE offering in preparation for multiple month FI issuance.	<b>12/2005 FLPP Consultation</b>
4/30/06 (Optional)	<u>Goal 1</u> : Decrease the risk of obesity among WIC participants by increasing physical activity awareness.	Participate in an organized "Turn off the TV Week" campaign April 2006.	<b>04/6/2006 Posters Displayed in all 3 clinics</b>
6/30/06	<u>Goal 1</u> : Decrease the risk of obesity among WIC participants by increasing physical activity awareness.	Using results from staff and client surveys, identify/develop and implement at least one clinic activity to promote increased physical activity and increase awareness of the prevalence of overweight increase among staff and clients.	<b>04/2006 Developed a Fruit/Vegie Rainbow Class</b>
6/30/06	<u>Goal 2</u> : Increase the percentage of WIC participants who consume at least five daily servings of vegetables and fruits.	Use client fruit and vegetable survey results to develop or modify individual or group nutrition education activities to promote fruit and vegetable consumption.	<b>04/2006 Posters in all 3 clinics, Rainbow class: how to get more fruits/vegies into meals, snacks.</b>
6/30/06	<u>Goal 4</u> : Increase breastfeeding duration rates among WIC participants.	The WIC agency will implement at least one strategy to support client breastfeeding goals.	<b>04/2006 Encourage clients to share positive and negative</b>

Due Date	Goal	Activity	Complete
			<b>breastfeeding experiences during class, provide support through BF consultant, WIC staff.</b>
(Required)	<u>Goal 3:</u> Increase client participation in 2 <sup>nd</sup> nutrition education contacts.	Assure staff who teach NE classes complete the Providing Group Nutrition Education module and the appropriate Level 2 training modules.	<b>7/2005 Modules Completed</b>
(Optional)	<u>Goal 1:</u> Decrease the risk of obesity among WIC participants by increasing physical activity awareness.	Participate in a community event that promotes physical activity.	
(Optional)	<u>Goal 3:</u> Increase client participation in 2 <sup>nd</sup> nutrition education contacts.	Explore the options for developing innovative partnerships for providing NE to clients in your agency.	
(Optional)	<u>Goal 4:</u> Increase breastfeeding duration rates among WIC participants.	The agency will implement the Breastfeeding Mother-Friendly Employer project and receive designation from the Oregon Department of Human Services.	

## FY 2006 - 2007 WIC Nutrition Education Plan

*County/Agency: Curry County WIC Program*

*Person Completing Form: Kathie Wills*

*Date: 04/10/2006*

*Phone Number: 541-247-3377*

*Email Address: willsk@co.curry.or.us*

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

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.

1. Implementation Plan: Will develop a database of safe, developmentally appropriate physical activities in our county, including parks, hiking trails, school playgrounds, gyms, etc.

Timeline: February, 2007

Activity 2: (Required)

Make available to clients a 2<sup>nd</sup> NE opportunity to increase physical activity.

Implementation Plan:

1. To create a second nutritional education class to promote physical activity for WIC clients.

Timeline: April, 2007

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

Activity 1: (Required)

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:

1. Develop a database of activities and resources in the community to promote Fruits and Vegetables and distribute list to WIC clients at Nutrition Education programs.

Timeline: January, 2007

Activity 2: (Required)

Develop and implement **client**-centered activity/event by June 2007 in recognition of 5 A Day.

Implementation Plan:

1. Develop class to demonstrate and create a “smorgasboard” of different fruits and vegetables that clients can sample to encourage a variety.

Timeline: March, 2007

**Goal 3: Increase client participation in 2<sup>nd</sup> nutrition education contacts.**

Activity 1: (Required)

Explore options for developing innovative partnerships for providing NE to clients in your agency.

Implementation Plan:

1. Create a database of organizations and individuals to collaborate with forming creative options for 2 nutrition education contact (class).

Timeline: December, 2006

Activity 2: (Required)

*Assess your agency’s 2<sup>nd</sup> nutrition education offerings and make changes as needed to improve your show rates.*

Implementation Plan:

1. Assess staff and client surveys and develop interactive nutrition education classes using clients' suggestions.
2. Continue to use media releases and reminder phone calls.
3. Develop a client reminder insert for FI folders for the month of 2<sup>nd</sup> NE contact.

Timeline: May, 2007

**Goal 4: Increase breastfeeding duration rates among WIC participants.**

Activity 1: (Required)

Assess breastfeeding resources available in your community and create and/or update a resource list for clients.

Implementation Plan: Create a database of resources available for breastfeeding mothers, including agencies, lactation consultants, websites, phone numbers, etc.

Timeline: July, 2006

Activity 2: (Required)

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

Implementation Plan:

1. At prenatal certification, opened-ended questions will be asked to each pregnant client regarding plans for breastfeeding.
2. If client is receptive, information will be given that includes contact numbers for lactation consultant, availability of breast pumps, and information on breastfeeding.
3. Client will be encouraged to contact WIC when baby is born, and for more information and support.

Timeline: October, 2006

**CURRY COUNTY DIVISION OF PUBLIC HEALTH  
ORGANIZATIONAL CHART**

Curry County Board of Commissioners

Director of Health and Human Services  
David White

Public Health Administrator and Director of Nurses  
Georganne Greene

Public Health  
Advisory Committee

Office Manager (Marlene Dinsmore)

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Clerical/Billing/Vital Stats  
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Sara Koenig, Open Position

Environmental Health  
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Child & Adol. Services  
Patricia Savage, PNP

Adult Services  
(Open) NP

WIC/Immunizations  
Kathie Wills

CaCoon/Babies 1st  
Kelli Brown

CD/Family Planning  
Sherry Cleghorn

Chronic Disease/FP  
Linda Morgan

CD/Family Planning  
Linda Masaki