



PUBLIC HEALTH DIVISION  
Office of the State Public Health Director  
Kate Brown, Governor

Oregon  
**Health**  
Authority

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January 15, 2019

Ms. Deborah Kafoury, Chair  
Multnomah County Board of Commissioners  
501 SE Hawthorne, Suite 600  
Portland, OR 97214

Dear Chair Kafoury:

The triennial onsite agency review of Multnomah County Health Department was conducted between February 14 and March 7, 2018. Findings were determined based on compliance with federal and state statutes or rules, the Intergovernmental Agreement for the Financing of Public Health Services and the Intergovernmental Agreement for Environmental Health Services.

A letter listing items that needed correction was sent to you after the review. The Public Health Administrator was provided a document listing the specific items and the time frame for correction.

I am very pleased to write you this letter thanking you and your staff for resolving all the compliance findings.

Sincerely,

Danna Drum  
Strategic Partnerships Lead

Andrew Epstein  
Public Health Systems Consultant

cc: Rachael Banks, Public Health Division Director and Local Public Health Administrator  
Wendy Lear, Co-Interim Health Department Director  
Susheela Jayapal, Multnomah County Commissioner  
Sharon Meiernan, Multnomah County Commissioner  
Lori Stegmann, Multnomah County Commissioner  
Jessica Vega Pederson, Multnomah County Commissioner



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April 30, 2018

Ms. Deborah Kafoury, Chair  
Multnomah County Board of Commissioners  
501 SE Hawthorne, Suite 600  
Portland, OR 97214

Dear Chair Kafoury:

The triennial onsite agency review of Multnomah County Health Department was conducted February 14 through March 7, 2018. The Oregon Health Authority Public Health Division reviewed county public health programs for compliance with state and federal public health laws and compliance with the Intergovernmental Agreement for the Financing of Public Health Services.

The review included the appraisal of items in 17 program areas, listed below. Program areas with compliance findings are indicated with an asterisk.

Administration	Immunizations*
Babies First! and Perinatal	Nurse-Family Partnership*
Civil Rights	Public Health Emergency Preparedness
Communicable Disease	Reproductive Health
Drinking Water Services	Sexually Transmitted Diseases
Fiscal	Tobacco Prevention & Education
Food, Pool and Lodging Health & Safety*	Tuberculosis
Health Officer	Vital Records
HIV Prevention	

An overview report is enclosed, which includes a list of specific compliance findings, quality assurance recommendations related to communicable disease, descriptions of programs, and areas of strength identified throughout the review. We urge you to review the report as it contains important information about your public health programs and their requirements.

Please note that the results of this triennial review are very good. We have shared the results of the review with Wendy Lear, Co-Interim Health Department Director, and Rachael Banks, Public Health Division Director and Local Public Health Administrator. Our team is working closely with Rachael Banks to resolve all findings.

A full report with all documentation from the review will be sent to Rachael Banks. We think the report will be of assistance to your public health staff in their continuing efforts to provide quality public health services to your community.

Overall, agency reviewers find the Multnomah County Health Department to be composed of a committed team of professionals who deliver quality public health services to your community. The citizens of Multnomah County are very fortunate to have this agency providing comprehensive public health services.

We thank you for assuring that all compliance findings are resolved and for your support for the strong public health work Multnomah County Health Department is providing.

Sincerely,



Danna Drum  
Strategic Partnerships Lead



Andrew Epstein  
Local Health Department Consultant

Enclosure

cc: Rachael Banks, Public Health Division Director and Local Public Health Administrator  
Wendy Lear, Co-Interim Health Department Director  
Sharon Meiernan, Multnomah County Commissioner  
Loretta Smith, Multnomah County Commissioner  
Lori Stegmann, Multnomah County Commissioner  
Jessica Vega Pederson, Multnomah County Commissioner



April 30, 2018

## **Multnomah County Health Department Triennial Review Report**

This is an overview report of the February 14 – March 7, 2018 triennial review of Multnomah County Health Department (MCHD). This report is a summary of individual reports from participating programs compiled by the Oregon Health Authority (OHA) Office of the State Public Health Director. Detailed individual reports will be sent to Rachael Banks, Multnomah County Health Department Public Health Division Director and Local Public Health Administrator. We urge you to review this document as it contains important information about your public health programs and their requirements.

MCHD received Federal Funds of \$5,599,454.58 for fiscal year 2017, including \$2,859,686 for the WIC program. MCHD also received \$1,938,849 State General Funds and \$1,612,323 Other State Funds for the same period.

**Report Prepared by:** Andrew Epstein, Local Health Department Consultant,  
Office of the State Public Health Director

## **COMPLIANCE FINDINGS SUMMARY**

### **Administration**

The LPHA is in compliance with all program requirements.

### **Babies First! And Perinatal**

The LPHA is in compliance with all program requirements.

### **Civil Rights**

The LPHA is in compliance with all program requirements.

### **Communicable Disease**

The LPHA is in compliance with all program requirements.

### **Drinking Water Services**

The LPHA is in compliance with all program requirements.

### **Fiscal**

The LPHA is in compliance with all program requirements.

### **Food, Pool and Lodging Health & Safety**

The LPHA must do the following to comply with program requirements:

1. For licensed food facilities, recheck inspections of priority and priority foundation violations are not being conducted in a timely manner, which in most instances should be within 14 days. The LPHA must conduct recheck inspections to determine if timely corrective action has been taken. **Due date to comply: 6/30/2018**

### **Health Officer**

The LPHA is in compliance with all program requirements.

### **HIV Prevention**

The LPHA is in compliance with all program requirements.

### **Immunizations**

The LPHA must do the following to comply with program requirements:

1. Create a policy requiring that all immunizing staff (including the Health Officer signing the standing orders) complete at least one hour of immunization-related continuing education per year. **Due date to comply: 5/9/2018**
2. Work with the Oregon Immunization Program Accountability Specialist (Erin Corrigan) to get Multnomah County's two non-compliant sites (George and Franklin School Based Health Centers) above the 95% accountability mark. **Due date to comply: 6/10/2018**

### **Nurse-Family Partnership (NFP)**

The LPHA must do the following to comply with program requirements:

1. By September 30, 2018, demonstrate that the program is serving a minimum of 283 active families, to be measured by the NFP Efforts to Outcomes Current Caseload Report. Each team has a specific target based on nurse home visitor FTE and will work with the state nurse consultant to assure steady progress toward this goal. In addition, each individual team supervisor will contribute to documentation in the form of Collaborative Support Agreement (CSA) that will outline their plan to reach and maintain caseloads. The state nurse consultant is available to assist with writing the CSA, which must be in place by June 15, 2018. **Due date to comply: 9/30/2018**
2. By June 30, 2018, hold a long-term community advisory board (CAB) meeting, and continue to hold on-going quarterly meetings. Enter CAB meetings into the Efforts to Outcomes Database and submit agenda and meeting outcomes to the State Nurse Consultant no later than two weeks following the meeting. **Due date to comply: 6/30/2018**

### **Public Health Emergency Preparedness**

The LPHA is in compliance with all program requirements.

### **Reproductive Health**

The LPHA is in compliance with all program requirements.

### **Sexually Transmitted Diseases**

The LPHA is in compliance with all program requirements.

### **Tobacco Prevention & Education Program**

The LPHA is in compliance with all program requirements.

### **Tuberculosis**

The LPHA is in compliance with all program requirements.

### **Vital Records**

The LPHA is in compliance with all program requirements.

### **WIC Special Supplemental Nutrition Program for Women, Infants and Children**

The WIC biennial review was conducted in October 2016.

The LPHA must do the following to comply with program requirements:

1. Assure that all staff who provide WIC services complete all required training modules and that they are documented in TWIST (Policy 440). **RESOLVED 2/8/2017**
2. Assure that a connection is made between the participant's eligibility and desired health outcomes (Policy 820). **RESOLVED 4/17/2017**
3. Assure that nutrition education topics discussed with the participant are documented appropriately (Policy 830). **RESOLVED 4/17/2017**

### **WIC Breastfeeding Peer Counseling Program**

The WIC biennial review was conducted in October 2016. The LPHA is in compliance with all program requirements.

### **WIC Farm Direct Nutrition Program (FDNP)**

The WIC biennial review was conducted in October 2016.

The LPHA must do the following to comply with program requirements:

1. Assure that a physical inventory is conducted at least once during the FDNP season or issuance period (Policy 1100). **RESOLVED 1/5/2017**

## **PROGRAM OVERVIEW AND STRENGTHS**

### **Administration and Civil Rights**

The Multnomah County Health Department (MCHD) provides an array of public health services, which are organized into foundational program areas of Environmental Health, Communicable Disease, Health Promotion and Chronic Disease Prevention, and Maternal and Child Health. The Board of County Commissioners (BOCC) is the Local Public Health Authority (LPHA). Wendy Lear and Vanetta Abdellatif are the co-interim Health Department Directors and

Rachael Banks, the Public Health Division Director, is the Local Public Health Administrator. Dr. Paul Lewis is the Health Officer.

Program strengths include:

- MCHD has developed strong public health programs. Current focus includes public health modernization efforts to maintain and strengthen foundational capabilities such as epidemiology, equity and communications.
- MCHD and the BOCC have been leaders in the state in discussing and adopting policy, systems and environmental changes to improve public health. Examples include the County's adoption and implementation of a tobacco retail licensing program, and current efforts with the City of Gresham to adopt an active transportation plan that will include health promoting destinations in the analysis.
- Strong efforts within the foundational capabilities of community engagement and equity have contributed toward the success of public health initiatives. For example, hearings related to tobacco retail licensing were held in multiple languages and briefings were held in different cities, demonstrating broad support for this public health policy.
- Health equity is high priority throughout MCHD, with successes and current efforts including a gender identity and gender expression policy to set a code of standards for employees; assessing needs of trans employees and clients as they interact with MCHD systems; pay differential for culturally specific positions embedded into a union contract; employee resource groups, including one taking the lead on immigrant and refugee issues across the organization; efforts to improve ADA training and accessibility; and continued investment in positions that are equity-focused to support analysis of current efforts and to continue to maintain and improve equity-related policies and practices.

### **Babies First! & Perinatal**

Maternal Child and Family Health at Multnomah County includes the Nurse-Family Partnership (NFP) Home Visiting Program, the Healthy Birth Initiatives Program (which includes both NFP Home Visiting and Babies First! Home Visiting), the Maternal Medical Home Project and activities focused on

breastfeeding and culturally/linguistically appropriate services (CLAS) supported by the Maternal and Child Health Title V Block Grant.

A review of the Babies First! /Healthy Birth Initiative Program (prenatal and infant) was completed. Targeted Case Management was reviewed in the context of the Babies First! Program. The Perinatal and Babies First! review tools were completed.

Program strengths include:

- Experienced and skilled Babies First!/Healthy Birth Initiatives home visiting staff with good support from supervisors.
- Culturally-specific programming including the Healthy Birth Initiatives and the Maternal Medical Home.
- Integration of community health workers into the Babies First! /Healthy Birth Initiatives model.

### **Communicable Disease**

MCHD reported about 200 outbreaks and 7,500 cases during the review period. The work is done by a team of professionals, the Communicable Disease Services (CDS) Investigations and Case Management team, which determines when a disease report meets a public health case definition, identifies people exposed to reportable diseases (contacts), ensures healthcare provider access to necessary lab tests, and coordinates client and contact access to treatment. CDS epidemiologists support the work of teams working on complex outbreaks and program evaluation. CDS epidemiologists design outbreak investigation and conduct analysis to identify the source.

The team is led by experienced epidemiologists and a nursing supervisor. Colleagues in the Oregon Public Health Division (PHD) Acute and Communicable Disease Prevention (ACDP) Program report that team members are engaged, responsive and collaborative. The health officers are very engaged and are responsive to questions from CDS and ACDP. MCHD has a thorough, detailed active surveillance plan that ACDP often shares with other LPHAs to use as a template. Other examples of best practices include working with an area pharmacy chain to ensure availability of rabies prophylaxis and creating toolkits to use when investigating outbreaks in special settings.

### **Drinking Water Services**

The drinking water program provides services to public water systems to reduce health risk and increase compliance with drinking water monitoring and maximum contaminant level requirements. The drinking water program reduces the incidence and risk of waterborne disease and exposure of the public to hazardous substances potentially present in drinking water supplies. Services provided through the drinking water program include investigation of occurrences of waterborne illness, drinking water contamination events, response to spills and emergencies, inspection of water system facilities and investigation of water quality alerts. The drinking water program reports data to OHA Drinking Water Services necessary for program management and to meet federal Environmental Protection Agency Safe Drinking Water Act program requirements.

The drinking water program is in the hands of very competent and professional environmental health specialists. It is well organized and operated, and works cooperatively with state staff to help assure safe drinking water for the 54 water systems it supervises. Water system files were reviewed and displayed a well organized and managed program.

### **Fiscal**

It appears Multnomah County Health Department has sufficient internal controls to adequately safeguard assets, to detect and prevent errors in a timely manner. The operation is fairly organized and efficient with a commitment to quality, fairness and accuracy.

### **Food, Pool and Lodging Health & Safety**

Multnomah County Environmental Health is doing a good job providing Environmental Health services to the community. The inspection rates for licensed facilities are in compliance; during the triennial review period the rates have trended up above 90% in all program areas.

During the field review, staff met all of the required elements of a thorough inspection. Staff exhibited good communication skills with operators and employees of the food service facilities during the field review. Staff is focusing on critical risk factors that are most associated with foodborne illness.

### **Health Officer**

MCHD has a unique regional model in which Dr. Paul Lewis, Health Officer, oversees three deputy Health Officers who support Multnomah, Washington and Clackamas Counties. In addition to providing medical direction, Dr. Lewis has convened partner organizations including hospitals and health care systems at the highest levels around regional response to critical issues including Ebola and other infectious disease. This has resulted in policy agreements and plans for surge capacity to address current and emerging health threats. Dr. Lewis has expanded tri-county coalition work related to opiates and substance abuse. In addition to traditional health care system partners, this coalition also includes representatives from treatment providers, peer advocates, law enforcement, housing and judiciary.

### **HIV Prevention**

MCHD provides HIV prevention services at the HIV Health Service Center in downtown Portland. MCHD subcontracts with Cascade AIDS Project and Outside In to provide comprehensive HIV prevention services to Oregon's priority populations, including men who have sex with men, persons who inject drugs, and partners of persons living with HIV/AIDS. HIV prevalence in Multnomah County is four times higher than its closest comparable county, yet clients from all over Oregon continue to access HIV prevention services through MCHD due to issues of anonymity and fear of being associated with sex and drug sharing behaviors that put individuals at highest risk of contracting HIV.

The reviewer was presented a well-organized workbook thoroughly documenting each aspect of HIV prevention services provided with CDC funds. Attending staff carefully discussed programmatic goals and objectives, strategies of success, areas where capacity building needed to occur and technical needs that had been identified.

### **Immunizations**

MCHD continues to make significant impact in the community through regular outreach and immunization promotion projects. Under the expert direction of Ginni Schmitz and Liem Hoang, immunization program staff go above and beyond to improve the health of Multnomah County residents. Both Ginni and Liem have been strong and enduring advocates for immunizations.

### **Public Health Emergency Preparedness (PHEP)**

MCHD's PHEP program is staffed by the public health administration, represented by Jessica Guernsey during the triennial review. PHEP responds to incidents in conjunction with Emergency Management and community partners, leads the region on Cities Readiness Initiative deliverables, and leads and contributes to the progression of preparedness and resiliency throughout the region and the state.

Robin Holm has been in her position as PHEP Coordinator for over 10 years. She has excelled at planning for and responding to incidents. Melissa McKinney also has extensive knowledge and invaluable community contacts.

The PHEP team creates strong partnerships in the county and the metro region. Because of the robust partnerships and excellent working relationships with community partners, in particular with Emergency Management, the team exemplifies a best practice for other PHEP programs across the state to follow.

### **Nurse Family Partnership ® (NFP)**

NFP is an evidence-based, community health program that serves low-income women pregnant with their first child. It is one of the home visiting programs offered by MCHD. In NFP, each vulnerable new mom is partnered with a registered nurse early in her pregnancy and receives ongoing nurse home visits. It is a life-transforming partnership for the mom and her child. NFP helps families — and the communities they live in — become stronger while saving money for state, local and federal governments. Nurse-Family Partnership goals are:

1. Improve pregnancy outcomes by helping women engage in good preventive health practices, including thorough prenatal care from their healthcare providers, improving their diets, and reducing their use of cigarettes, alcohol and illegal substances;
2. Improve child health and development by helping parents provide responsible and competent care; and
3. Improve the economic self-sufficiency of the family by helping parents develop a vision for their own future, plan future pregnancies, continue their education and find work.

Since beginning the NFP program in 1998, the Multnomah County NFP teams have served nearly 3,000 clients.

Program strengths include:

- **Breastfeeding Outcomes:** Two teams have 100% initiation of breastfeeding at birth, and breastfeeding rates remain high through the length of program services, with 63% of mothers still breastfeeding at 6 months, and 59% breastfeeding at 12 months. This is a significant outcome for a low-income population.
- **Prevention of Subsequent Pregnancies at 6, 12, 18 and 24 months:** Multnomah County's NFP teams' subsequent pregnancy rates are equal to or less than state and national averages.
- **Culturally specific programming integrating NFP within a system of care with Healthy Birth Initiatives and the Maternal Medical Home.**
- **Highly skilled diverse supervision team committed to assuring cultural responsiveness and equity.**

### **Reproductive Health**

MCHD's Federally Qualified Health Centers (FQHC) include seven primary care clinics and seven School-Based Health Centers (SBHCs) that provide reproductive health care. The county also provides health care in four student health centers in K-8 schools and has additional sites for other health and dental care services. All services are close to mass transit.

Providers and staff have been identified for the following languages as interpreters: Spanish, French, German, Arabic, Farsi, Russian, Ukrainian, Mandarin, Cantonese, Vietnamese, Kurdish (Kurmanji), Armenian and Azeri. MCHD clinics have staff that speak multiple languages for translation purposes. Approximately 50 languages are interpreted for patients in the clinics.

Reproductive health services are available Monday through Friday with appointments and walk ins available. MCHD provides clinical services in accordance with National Standards for Quality Family Planning services. MCHD incorporates sexually transmitted infections services into the Reproductive Health program within the scope of family planning.

Data from calendar year 2016 shows that 82.9% of MCHD family planning clients are at or below 138% FPL. 2017 data will not be available until later in 2018.

Medical services were observed during the review as providing client-centered care according to national standards of care, ensuring quality family planning services. Documentation of appropriate education and anticipatory guidance are noted on the Client Visitation Records (CVR) for the encouragement of preventive healthcare.

Teen (10-17 years of age) pregnancy rates in the county decreased 57% from 12.2 per 1000 to 5.3 per 1000 from 2005 to 2015.

There are approximately 11 acute care hospitals in the area. MCHD works with CCOs to ensure patients/clients are referred appropriately. The electronic health record system uses EPIC through OCHIN, providing HIPAA protections while ensuring optimal and seamless care for patients/clients.

MCHD reproductive health medical staff have demonstrated that they provide care in accordance with the United States Preventive Services Task Force (USPSTF) standards. Family planning clinic staff are from a variety of medical specialties. They provide excellent family planning care while emphasizing client-centered care, counseling, education, access to long-acting reversible contraceptives, and referrals when appropriate.

### **Sexually Transmitted Diseases (STD)**

MCHD operates the only public categorical STD clinic in Oregon with an array of STD clinical and preventative services. Due to its central location and established reputation for high-quality STD services, residents of other surrounding counties frequently access services there. While Multnomah County represents roughly 19% of Oregon's population (2017 estimate), it represents a substantial portion of the state's STD morbidity. Forty-one percent of Oregon's gonorrhea cases and 46% of Oregon's early syphilis cases in 2017 were diagnosed in residents of Multnomah County.

Multnomah County's STD program is a regional leader for STD services. Particularly noteworthy are the program's efforts to make STD prevention and care services as low-barrier as possible through a capped per visit fee of \$50, expansion of appointment availability, and efforts to streamline STD clinic services in order to create more efficiencies. Their "Just Checking" model of STD screening performed by non-clinical staff for those who are asymptomatic has been a model for other public health providers throughout Oregon. There is also a strong system

in place for provision of HIV/STD partner services to ensure that contacts to HIV/STD cases are offered appropriate testing, treatment, and follow-up. There is a clear commitment to patient confidentiality and data security throughout the program. Finally, the reviewer was extremely impressed with the level of detail and care that went into the county's preparations for this review. The presentation of supporting documentation and background information was outstanding.

### **Tobacco Prevention & Education Program (TPEP)**

Multnomah County has continued to implement its TPEP program through a comprehensive approach that includes facilitating community partnerships, creating tobacco-free environments, countering pro-tobacco influences, promoting quitting of tobacco among adults and youth, and reducing the burden of tobacco, with a specific focus on culturally-specific communities most impacted by tobacco. Multnomah County has fulfilled all responsibilities related to enforcement of the Oregon Indoor Clean Air Act, including responding to complaints of violation and conducting annual inspections of certified smoke shops in the county.

Multnomah County TPEP has successfully promoted policy and systems change for healthy, tobacco-free environments in a variety of settings, including college campuses and Gresham parks. The program has provided extensive technical assistance to assess and maintain implementation of all tobacco-free policies within Multnomah County.

The program conducts extensive outreach and engagement to decision makers and community leaders regarding the hazards of tobacco (as the leading cause of preventable death in the state) and inhalant delivery systems. This has led to the adoption and successful implementation of comprehensive policies restricting smoke, tobacco and vapor on properties, regulating and licensing the sale of tobacco products, and requiring screening and referral systems within clinical settings.

Program staff continue to establish and maintain strong relationships with a broad range of stakeholders to help advance program objectives and ensure that decision making processes engage a wide variety of perspectives from those most burdened by tobacco. During this review period, TPEP conducted a tobacco retail health equity impact assessment and a tobacco retail licensing rules advisory committee, and passed a county ordinance that addresses availability and promotion of tobacco in the retail setting. The program also conducted a health equity impact assessment

related to raising the minimum legal tobacco sales age to 21. These efforts were all done with a wide variety of stakeholder perspectives and in funded partnership with the Oregon Health Equity Alliance.

Multnomah TPEP works with health systems partners to promote the Quit Line and improve screening and referral systems for tobacco addiction and treatment. An agency-wide clinical policy was passed during the reporting period requiring all clinical-serving programs of Multnomah County to assess and provide treatment for tobacco addiction with a trauma-informed lens.

Program staff participate in all required training and technical assistance activities, and submit work plans and reports in a timely manner. Staff performance on program work demonstrates an ongoing commitment to advancing program efforts toward social norm changes around support of tobacco prevention.

### **Tuberculosis (TB)**

Multnomah County is high incidence for TB compared to other local public health authorities (LPHAs) in Oregon. Multnomah County has an average of 30 TB cases per year and evaluates almost three times the number of B waivers as other LPHAs. TB cases and contact investigations are often high in complexity. There is a multidrug resistant TB case diagnosed in Multnomah County approximately every other year.

Staff are experienced and very knowledgeable about tuberculosis. Multnomah County has successfully managed very complex TB cases with expertise and compassion for the patient. The approach to contact investigations is thoughtful and well implemented with excellent outcomes. Multnomah County is consistently above many of the National TB Indicator Project goals for contacts.

The information needed for the review was well organized. Charting was thorough with good use of Epic to ensure appropriate actions occur. Aside from required TB work, Multnomah County develops innovative solutions to improve the quality of care such as the TB flipbook and Epic TB build out. Multnomah County has a very strong TB program that could serve as a model for others.

### **Vital Records**

Last year Multnomah County was the county of birth for 10,247 infants last year and the registered place of death for 7,191 individuals. The Multnomah County

Office of Vital Records serves their community by offering a local office where certified copies of birth and death records are available to order by authorized individuals. The county is limited to providing this service for the first six months after the event, whether birth or death. Orders placed in this office are typically completed within one day.

The Multnomah County Office of Vital Records is attentive to their customers' needs and staff members actively seek ways to improve their service. Staff members collaborate to ensure all areas of the office operate as smoothly as possible. The Office of Vital Records provides a positive linkage between the community and the state vital records office. Records and reports are handled with careful attention to maintaining security and confidentiality.

### WIC

The WIC biennial review was conducted in October 2016. WIC's mission is to safeguard the health of low-income women, infants, and children up to age 5 who are at nutrition risk by providing nutritious foods to supplement diets, information on healthy eating, and referrals to health care. Delivering high quality nutrition services is essential in not only carrying out this mission, but also ensuring that WIC continues to be the premiere national public health nutrition program. The most recent fact sheet for this local WIC agency can be found on the Oregon WIC website: <http://public.health.oregon.gov/HealthyPeopleFamilies/wic/Pages/annual.aspx>

The following were identified as WIC program strengths:

- Over a 7-month period in 2015 and 2016, Multnomah WIC supervisors met regularly with state staff to take a close look at factors affecting their caseload. The team looked at underserved areas for potential new clinic locations, examined data about which ethnic and racial groups were not participating in WIC, and utilized information obtained from telephone surveys of participants who recently left WIC. Outcomes include: determination of areas to target for bus and bus bench outreach campaign, formation of a WIC QI team to look at scheduling options, implementation of a voice mail option for participants to be able to cancel appointments at all hours, plan to revitalize group nutrition education plans based on responses to the survey.

- Multnomah WIC staff assist the State Compliance Team with resolving investigations by promptly responding to requests for compliance-related information.
- Front desk clerical staff are making a special effort to review key points of Rights and Responsibilities and Participant Signature forms to ensure participant understanding.

### **WIC Breastfeeding Peer Counseling Program**

The Breastfeeding Peer Counseling Program review was completed as part of the WIC biennial review conducted in October 2016. WIC breastfeeding peer counselors are women in the community with personal breastfeeding experience who provide information and support to WIC mothers. The Love N Weigh breastfeeding support group is a valuable public health service, providing families with a familiar place to go for breastfeeding support and help from experienced peer counselors and a skilled International Board Certified Lactation Consultant.

### **WIC Farm Direct Nutrition Program (FDNP)**

The FDNP review was completed as part of the WIC biennial review conducted in October 2016. FDNP provides WIC families with checks once a year to purchase fresh, locally-grown fruits, vegetables and cut herbs directly from local farmers. The program offers a variety of ways for participants to pick up Farm Direct checks including individual appointments and group classes, and at their East County clinic they brought in farmers so that checks could be utilized on site.

## **QUALITY ASSURANCE RECOMMENDATIONS**

### **Communicable Disease**

- Recommend timely interview of acute hepatitis & chronic hepatitis B cases.
- Recommend timely completion of cases.
- Recommend continuing to collect specimens to confirm outbreak etiology.
- Recommend creating an epidemic curve for all potential common source outbreaks.
- Recommend timely completion of outbreak report.