

**Clatsop County, Oregon
Local Public Health Authority
Annual Plan 07-08**

I. Executive Summary

Clatsop County Health and Human Services has experienced a most challenging year. In the spring of 2006, the Health and Human Services Director was placed on Administrative Leave by the County Manager, and ultimately resigned in May of 2006. The outstanding legal charges relative to the management of Clatsop County services for Developmentally Disabled persons (under HHS) remain to be adjudicated; the trial for individuals involved is now set for September of 2006. The lack of leadership for an extended period within the department had significant consequences for staff. Some employees had great personal loyalty to the absent director, and, as in any personnel matter, clear information about the current status and future of the department was not available to staff.

The Nursing Supervisor was named as “Interim Director” in June 2006 following the resignation of the Director.

In a “cascade effect”, the transfer of County DD services and related funding to a private non-profit provider triggered a fiscal shortfall in the HHS budget, resulting in the layoff of the Business Manager of the department, effective August 30, 2006. In addition, an unrelated personnel action resulted in the abrupt resignation (June 30, 2006) of a senior staff assistant who was heavily involved in processing contracts. Both of these staff positions had been individuals who had long history of employment with the county and much institutional knowledge.

The county recruited for a new HHS Director and received what they considered to be 3 strong candidates for the position. The new Director was hired and began work on September 1st 2006. The organization was determined to have significant weaknesses in all business functions; this was further demonstrated with the identification in February 2007 of large budget deficits (particularly in Family Planning and General Public Health) for the current FY; resultant layoffs included the Nursing Supervisor and .6 of FTE of a PHN as well as the elimination of a PT Family Planning Practitioner and loss of the ability to use casual help for backfill of vacancies

in the current fiscal year. Instability within an organization relative to the layoffs had an effect on staff morale and concern about future instability; these factors have triggered the recent resignation of another .8 of FTE of a PHN.

The new Director has re-organized the department into functional teams and is implementing an integrated team model with the work at hand. Although final approval of the county budget by the County Commissioners will not occur until June 27, 2007, HHS has received strong support from the County Manager's office and the Commissioners, including increased General Fund Support and the approval of two new Management Positions (a Fiscal Coordinator and a Deputy Director) for the department.

Clatsop County HHS is fortunate to have dedicated and experienced HHS employees. Were it not for this skilled workforce and their extraordinary efforts, services at the agency would not have continued. Existing staff are:

- 4.6 FTE of RN
- 2 FT WIC staff
- 2 FT Healthy Families staff
- .8 of a Family Planning Nurse Practitioner
- 1.5 FTE of Environmental Health staff
- 2 FTE fully devoted to CCF work
- .6 FTE of Tobacco Specialist time
- 1 FTE of an AmeriCorps position dedicated to STARS
- 4 FTE of Administrative Support staff

Change has been challenging; the new Director began a focus on receptivity to change with a month long exercise for all staff on "Who Moved My Cheese". This exercise raised issues and allowed assumptions to be aired and addressed.

The department is looking forward to FY 2007-2008 with optimism. We have received County Manager permission to set aside 1.5 hours each Monday AM for meetings, staff training/development, and planning. We have also received permission to close the department during the lunch hour to be able to assure that, with limited staff, we provide required breaks and lunches.

The new “team” approach is generating enthusiasm; teams have begun meeting and have been given information about resources of programs within the team’s scope, required service delivery and contractual obligations within the team’s scope, and data regarding health measures and department performance within the team’s scope. The initial expectation of the teams is for them to use all the information provided to develop priorities and action plans. Data-driven planning with responsible use of available fiscal resources in being emphasized. For most staff, this is the first exposure they have had in familiarity with the department budgets or the data their programs generate.

HHS has begun the utilization of “MaxCars”, a nationally accredited program for allocation of indirect costs, and has implemented defensible indirect cost allocation planning into it’s 2007-2008 Budget. Also, for the first time at the County level, HHS submitted Performance Based Budgeting objectives for Tobacco Prevention; with the work of the newly identified “teams”, the department has plans to submit at least one program/team for Performance Based Budgeting in the 2008-2009 FY.

HHS has requested that they be involved in a study of fee schedules being conducted by an outside contractor with a number of county departments. The department is eager to have costs of service be compared with charges for services in order to make decisions about requests for fee schedule changes formally to the Board of Commissioners as part of a more responsible fiscal approach to our work.

With an awareness of South County resident needs, HHS continues to provide the full scope of department services one day/week in Seaside. In order to make this financially feasible, the lease on our Seaside space was restructured with HHS now acting as a sub-lessee to our county Drug and Alcohol Treatment provider who occupies the same space on the remaining 4 days/week. We achieved cost savings of over \$18,000/year by restructuring our lease with the preservation of one dedicated day of WIC, FP and Immunizations to our south county residents.

Despite the purchase and implementation of “KIPHS” by the department, data and financial reports available via this powerful software are not being accessed and utilized. In addition, significant investment in “KIPHS” training was provided to employees who are no longer employed with the agency. The new Director has participated in “KIPHS” trainings and is now

routinely using data from the system to analyze clinic functions and fiscal performance and is sharing issue specific “KIPHS” data within HHS and with the County Manager and other interested parties. A regular review of “KIPHS” generated reports will be part of the Management Team issues once the new Deputy Directory and Fiscal Coordinator positions are filled.

Relative to financial issues, the agency has employed the services of an accountant via a Temporary Services Agency contract to organize and fully bill all existing contracts. In addition, this person has developed contract flow spreadsheets that will help the Management Team better track requirements and payments from all grant sources in the future. The new Director has identified the fact that all billing is still being submitted manually (versus electronic claims submission) resulting in lengthy claims payment times and, in some cases, outright rejection of claims. Clatsop HHS has now developed a business relationship with a vendor for electronic claims submission and is in the process of submitting test files.

The HHS Department has developed a monthly newsletter to be distributed primarily by electronic means to inform a broad audience of PH partners and others of the relevant work and issues faced within the agency; the newsletter was presented to the Clatsop Board of Commissioners for the first time in June 2007 and received strong interest and support.

II. Assessment

A complete Clatsop County assessment will be submitted at the time of the Triennial Plan in late 2007. Clatsop HHS is actively seeking funding to perform a comprehensive health assessment of Clatsop County utilizing the NACCHO MAPP process as well as dedicated epidemiologist time for the department.

III. Action Plan

A. Epidemiology and control of preventable diseases and disorders

A complete III A Action Plan will be submitted at the time of the Triennial Plan in late 2007.

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

A complete III B Action Plan will be submitted at the time of the Triennial Plan in late 2007.

1. WIC: See Appendix E
2. Maternal and Child Health Programs:

a. The current plan submitted by Clatsop County in 2005 and updated in 2006 with a chosen focus area of ALERT has been reviewed. This is a focus that has been impacted by the layoff of our PHN who was working on Immunization Outreach activities. Clatsop HHS would like to keep the previously proposed plan as the current plan as we look at ways of assessing current status and more fully implement the objectives identified earlier.

C. Environmental health

A complete III C Action Plan will be submitted at the time of the Triennial Plan in late 2007. Local Environmental Health staff have already hosted a visit with state staff to begin preparations for the Triennial Review.

D. Health statistics

A complete III D Action Plan will be submitted at the time of the Triennial Plan in late 2007.

E. Information and referral

A complete III E Action Plan will be submitted at the time of the Triennial Plan in late 2007.

IV. Additional Requirements

Organizational Chart included at end of document.

V. Unmet needs

A complete III V section focusing on Unmet Needs will be submitted at the time of the Triennial Plan in late 2007.

VI. Budget

The Clatsop County HHS Budget is a compilation of 19 separate budgets. Although final budgets have not yet been adopted by the Clatsop County Commissioners, the entire county budget document can be located at:

http://www.co.clatsop.or.us/Assets/Dept_6/PDF/HEALTH%20&%20HUMAN%20SERVICES.pdf

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 A Local Health Authority exists which has accepted the legal responsibilities for public health as defined by Oregon Law.
2. Yes The Local Health Authority meets at least annually to address public health concerns.
3. Yes 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 Current local health department policies and procedures exist which are reviewed at least annually.
5. Yes Ongoing community assessment is performed to analyze and evaluate community data.
6. No Written plans are developed with problem statements, objectives, activities, projected services, and evaluation criteria.
7. Yes Local health officials develop and manage an annual operating budget.
8. Yes Generally accepted public accounting practices are used for managing funds.
9. Yes All revenues generated from public health services are allocated to public health programs.
10. Yes Written personnel policies and procedures are in compliance with federal and state laws and regulations.
11. Yes Personnel policies and procedures are available for all employees.
12. Yes All positions have written job descriptions, including minimum qualifications.
13. Yes Written performance evaluations are done annually.

14. Yes Evidence of staff development activities exists.
15. Yes Personnel records for all terminated employees are retained consistently with State Archives rules.
16. Yes Records include minimum information required by each program.
17. Yes A records manual of all forms used is reviewed annually.
18. Yes There is a written policy for maintaining confidentiality of all client records which includes guidelines for release of client information.
19. Yes Filing and retrieval of health records follow written procedures.
20. Yes Retention and destruction of records follow written procedures and are consistent with State Archives rules.
21. Yes Local health department telephone numbers and facilities' addresses are publicized.
22. Yes Health information and referral services are available during regular business hours.
23. Yes 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 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 To preserve the confidentiality and security of non-public abstracts, all vital records and all accompanying documents are maintained.
26. Yes Certified copies of registered birth and death certificates are issued within one working day of request.
27. Yes 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 A system to obtain reports of deaths of public health significance is in place.

29. Yes 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 Health department administration and county medical examiner review collaborative efforts at least annually.
31. Yes Staff is knowledgeable of and has participated in the development of the county's emergency plan.
32. Yes Written policies and procedures exist to guide staff in responding to an emergency.
33. Yes Staff participate periodically in emergency preparedness exercises and upgrade response plans accordingly.
34. Yes Written policies and procedures exist to guide staff and volunteers in maintaining appropriate confidentiality standards.
35. Yes 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 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 There is a mechanism for reporting communicable disease cases to the health department.
38. Yes 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 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 Access to prevention, diagnosis, and treatment services for reportable communicable diseases is assured when relevant to protecting the health of the public.

- 41. Yes 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 There is a mechanism for reporting and following up on zoonotic diseases to the local health department.
- 43. Yes A system exists for the surveillance and analysis of the incidence and prevalence of communicable diseases.
- 44. Yes 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 Immunizations for human target populations are available within the local health department jurisdiction.
- 46. Yes Rabies immunizations for animal target populations are available within the local health department jurisdiction.

Environmental Health

- 47. Yes Food service facilities are licensed and inspected as required by Chapter 333 Division 12.
- 48. Yes Training is available for food service managers and personnel in the proper methods of storing, preparing, and serving food.
- 49. No Training in first aid for choking is available for food service workers.
- 50. Yes Public education regarding food borne illness and the importance of reporting suspected food borne illness is provided.
- 51. Yes Each drinking water system conducts water quality monitoring and maintains testing frequencies based on the size and classification of system.
- 52. Yes Each drinking water system is monitored for compliance with applicable standards based on system size, type, and epidemiological risk.
- 53. Yes Compliance assistance is provided to public water systems that violate requirements.

- 54. Yes All drinking water systems that violate maximum contaminant levels are investigated and appropriate actions taken.
- 55. Yes A written plan exists for responding to emergencies involving public water systems.
- 56. Yes Information for developing a safe water supply is available to people using on-site individual wells and springs.
- 57. Yes A program exists to monitor, issue permits, and inspect on-site sewage disposal systems.
- 58. Yes Tourist facilities are licensed and inspected for health and safety risks as required by Chapter 333 Division 12.
- 59. Yes School and public facilities food service operations are inspected for health and safety risks.
- 60. Yes Public spas and swimming pools are constructed, licensed, and inspected for health and safety risks as required by Chapter 333 Division 12.
- 61. Yes A program exists to assure protection of health and the environment for storing, collecting, transporting, and disposing solid waste.
- 62. Yes Indoor clean air complaints in licensed facilities are investigated.
- 63. Yes Environmental contamination potentially impacting public health or the environment is investigated.
- 64. Yes The health and safety of the public is being protected through hazardous incidence investigation and response.
- 65. Yes 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 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 Culturally and linguistically appropriate health education components with appropriate materials and methods will be integrated within programs.

- 68. Yes The health department provides and/or refers to community resources for health education/health promotion.
- 69. Yes The health department provides leadership in developing community partnerships to provide health education and health promotion resources for the community.
- 70. Yes Local health department supports healthy behaviors among employees.
- 71. Yes Local health department supports continued education and training of staff to provide effective health education.
- 72. Yes All health department facilities are smoke free.

Nutrition

- 73. Yes 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 WIC
 - b. Yes Family Planning
 - c. Yes Parent and Child Health
 - d. Yes Older Adult Health
 - e. Yes Corrections Health
- 75. Yes Clients identified at nutritional risk are provided with or referred for appropriate interventions.
- 76. Yes Culturally and linguistically appropriate nutritional education and promotion materials and methods are integrated within programs.
- 77. Yes Local health department supports continuing education and training of staff to provide effective nutritional education.

Older Adult Health

- 78. Yes Health department provides or refers to services that promote detecting chronic diseases and preventing their complications.
- 79. Yes A mechanism exists for intervening where there is reported elder abuse or neglect.

- 80. Yes 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 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 Perinatal care is provided directly or by referral.
- 83. Yes Immunizations are provided for infants, children, adolescents and adults either directly or by referral.
- 84. Yes Comprehensive family planning services are provided directly or by referral.
- 85. Yes 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 Child abuse prevention and treatment services are provided directly or by referral.
- 87. Yes There is a system or mechanism in place to assure participation in multi-disciplinary teams addressing abuse and domestic violence.
- 88. Yes There is a system in place for identifying and following up on high risk infants.
- 89. Yes There is a system in place to follow up on all reported SIDS deaths.
- 90. Yes Preventive oral health services are provided directly or by referral.
- 91. Yes Use of fluoride is promoted, either through water fluoridation or use of fluoride mouth rinse or tablets.
- 92. Yes Injury prevention services are provided within the community.

Primary Health Care

93. Yes The local health department identifies barriers to primary health care services.
94. Yes The local health department participates and provides leadership in community efforts to secure or establish and maintain adequate primary health care.
95. Yes The local health department advocates for individuals who are prevented from receiving timely and adequate primary health care.
96. Yes Primary health care services are provided directly or by referral.
97. Yes The local health department promotes primary health care that is culturally and linguistically appropriate for community members.
98. Yes The local health department advocates for data collection and analysis for development of population based prevention strategies.

Cultural Competency

99. Yes The local health department develops and maintains a current demographic and cultural profile of the community to identify needs and interventions.
100. 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 The local health department assures that advisory groups reflect the population to be served.
102. Yes 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 The local health department Health Administrator meets minimum qualifications:**

A Master's degree from an accredited college or university in public health, health administration, public administration, behavioral, social or health science, or related field, plus two years of related experience.

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

104. Yes The local health department Supervising Public Health Nurse meets minimum qualifications:

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

AND

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

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

105. Yes The local health department Environmental Health Supervisor meets minimum qualifications:

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

OR

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

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

106. Yes The local health department Health Officer meets minimum qualifications:

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

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

Agencies are **required** to include with the submitted Annual Plan:

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

Joell England Archibald, RN, MBA Clatsop June 20, 2007

Local Public Health Authority County Date

Appendix E

FY – 2007-2008 WIC Nutrition Education Plan Form

County/Agency: Clatsop County Health and Human Services

Person Completing Form: Joell England Archibald

Date: June 20, 2007

Phone Number: 503-325-8500

Email Address: jarchibald@co.clatsop.or.us

Goal 1: Oregon WIC Staff will have the knowledge to provide quality nutrition education.

Year 1 Objective: During plan period, staff will be able to correctly assess nutrition and dietary risks.

Activity 1: All certifiers will complete the Nutrition Risk Module by December 31, 2007.

Resources: Nutrition Risk Module distributed to all agencies 2/07.

Information provided from Nutrition Risk Module Regional Train-the-Trainer sessions 4/07.

Implementation Plan and Timeline:

All WIC and MCH staff met with Sara Goodrich on April 30, 2007 for a four hour training on the Nutrition Risk Module. All attending completed the requirements and received a certificate of completion which has been placed in their personnel file.

Activity 2: All certifiers will complete the revised Dietary Risk Module (to be released September 2007) by March 31, 2008.

Resources: Information provided from Dietary Risk Module Training.

Implementation Plan and Timeline:

WIC and MCH staff will request similar training with Sara Goodrich on the Dietary Risk Module in January or February of 2008

Activity 3: Each agency will select at least one staff member to participate in a State workgroup to identify key nutrition messages used in WIC and implement strategies for integrating these messages into clinic practices. *See Attachment A.*

Staff name(s): *Tory Sutherland*

Email address(s): *tsutherland@co.clatsop.or.us*

Phone Number(s): *503-325-8500 Ext 1920*

Activity 4: Identify your agency training supervisor(s) and projected staff in-service training dates and topics for FY 2007-2008. *Complete and return Attachment B by May 1, 2007.*

Goal 2: Nutrition Education offered by the local agency will be appropriate to the clients' needs.

Year 1 Objective A: During Plan period, each local agency will implement strategies to provide targeted, quality nutrition education.

Activity 1: Using state provided resources, conduct a needs assessment of your community to determine relevant nutritional health concerns and assure that your nutrition education offerings meet the needs of your WIC population by September 30, 2007.

Resources: TWIST Reports, PEDS Data, Oral Health Data, Healthy Active Oregon Communities' Initiatives,

Implementation Plan and Timeline:

MCH Team will work on this requirement during Monday Team Meetings in order to complete by the September 30, 2007 deadline.

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

Activity 2A: By October 31, 2007, submit an Annual Group Nutrition Education Calendar for your agency for 2008. *Complete and return Attachment C by October 31, 2007.* If your agency does not offer group nutrition education activities, complete Activity 2B.

Implementation Plan and Timeline:

Clatsop County HHS WIC program will submit a Training Education Calendar by the required deadline.

Goal 3: Improve the health outcomes of clients and staff in the local agency service delivery area.

Year 1 Objective: During Plan period, each local agency will select at least one specific objective and activity to help facilitate healthy behavior change for WIC staff and at least one specific objective and activity to help facilitate healthy behavior change for WIC clients. For example, utilize findings from the prior 3 Year Nutrition Education Plan to determine the most common risks/barriers to making healthy behavior changes. Develop the objective and activity to address those risks/barriers.

Activity 1:

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

Increase physical activity during breaks and lunch hours, as well as during hours not at work

Local Agency Staff Activity:

Development of a brochure that lists walking/biking trails and paths in Clatsop County that are suitable for families with young children. Brochure will include directions, distance, and special notations about hills or unpaved terrain which may represent a challenge to use of strollers. MCH Staff will be the “testers” of all the trails, thereby increasing their own physical activity and contributing to the accuracy of the information presented in the brochure.

Implementation Plan and Timeline:

The newly defined “MCH Team” in Clatsop HHS will be asked to take responsibility for this task to be accomplished by steps identified during their team meetings.

Gathering information: Summer of 2007

Assembling brochure: Winter 2007-2008

Distribution of brochure to HHS Employees: March 2008

No such product exists in an area with a wealth of walking trails (the Astoria Riverfront Trail, the SS Prom, Fort Stevens, the Fort to Sea Trail, etc.

Activity 2:

Encourage increased physical activity for pregnant women and families with young children.

Local Agency Client Activity:

Distribution of the staff developed brochure in every WIC interaction in a defined time period, as well as development of an evaluation/feedback measure to use with WIC clients

Implementation Plan and Timeline:

May 2008-October 2008: Distribution of brochures to WIC families

June 2008-December 2008: Evaluation/outcome questions with WIC families to determine if they used the brochures, if they walked one or more of the trails identified, if the family enjoyed the activity, and if they plan to explore any more of the trails identified.

Goal 4: Improve breastfeeding outcomes of clients and staff in the local agency service delivery area.

Year 1 Objective: *Increase breastfeeding duration rates among WIC participants by increasing the amount of factual information that women receive.*

Activity 1:

Local Agency Breastfeeding Objective:

Continue to provide a breast-feeding class taught by an IBCLC at least 6 times annually.

Local Agency Breastfeeding Activity:

Support ongoing staff training and development with breastfeeding education opportunities. Such training should be part of an annual employee training plan for each employee in our MCH team (including WIC).

Implementation Plan and Timeline: Include why this objective was chosen, what you hope to change, how and when you will implement the activity, and how you will evaluate its effectiveness.

Include Breastfeeding class in the Group Nutrition Education Calendar to be submitted to the state in the fall of 2007. Review of staff training plans and certificates of attendance relative to breastfeeding specific content in personnel files will be demonstration of commitment to continuing education.

EVALUATION OF WIC NUTRITION EDUCATION PLAN
FY 2006-2007

WIC Agency: Clatsop

Person Completing Form: LynnMcConnell

Date: March 12, 2007

Phone: 503-3258500

Return this form, attached to e-mail, to: sara.e.goodrich@state.or.us by May 1, 2007.

Please use the outcome evaluation criteria to assess the activities your agencies did for each Year 3 Objective. If your agency was unable to complete an activity, please indicate why.

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

Year 3 Objective: During plan period, all WIC families will be provided information to help them make positive lifestyle choices to decrease the risk of overweight.

Activity 1: (Required) Using the state provided tool, assess your community's resources for safe, developmentally appropriate physical activity opportunities for families and their young children and provide a list of these resources to WIC clients.

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

- Was the community assessment completed and a list of resources provided to WIC clients?
- How did clients respond to the resource list?

Response:

We have not printed a list of community resources.

We review options with families at cert appts and at "quick WIC", of the local recreation districts, the swimming pools and the River walk.

Please provide a copy of the resource list your agency developed for clients.
Not available at this time

Activity 2: (Required) Make available to clients a 2nd NE opportunity to participate in physical activity.

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

- Was a 2nd nutrition education opportunity to increase physical activity made available to clients? If yes, describe what it was.
- How/why did your agency choose this particular 2nd nutrition education opportunity?
- Did your agency create a new opportunity or modify an existing opportunity?
- How did clients respond to this opportunity?
- Will you continue to make this opportunity available in the future?

Response:

At this time our second NE opportunity is the “Quick WIC” format. We arrange play space in the center of the room and have purchased toys and activities for the children to use during that time with encourage large muscle activity.

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

Year 3 Objective: During plan period, staff will promote client consumption of fruits and vegetables.

Activity 1: (Required) Using state provided tool, assess activities and resources in the community to promote fruits and vegetables and provide a list of these activities and resources to WIC clients.

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

- Was the community assessment completed and a list of resources provided to WIC clients?
- How did clients respond to the list?

Response:

We did not create a list of written resources for participants. Certifiers routinely refer to our local Community Store, Produce Market, and Farmer's Market.

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

Activity 2: (Required) Develop and implement a client centered activity/event by June 2007 in recognition of 5 A Day. Examples include: Bulletin Boards, Newsletters, and Classes.

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

- What client centered activity/event did your agency implement in recognition of 5 A Day?
- How did your agency decide on this activity/event?

- What went well and what would you do differently?

Response:

We did not do a 5 A Day Activity

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

Year 3 Objective: During plan period, develop strategies to increase client participation in nutrition education.

Activity 1: (Required) Explore options for developing innovative partnerships for providing NE to clients in your agency.

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

- Did your agency begin a process for developing innovative partnerships for providing NE?
- What did you use to begin the process?

- What will you need to continue?

Response:

We have had training and materials on “Happy Home Meals” provided to our WIC team by our OSU Extension representative.

We have been in consultation with them re: the use of their expertise/class topics and materials in our classes in the future.

Activity 2: (Required) Using state provided tool, assess your agency’s 2nd nutrition education offerings and make changes as needed to improve your show rates.

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

- What nutrition education offerings were identified as most and least attended?
- What changes were made based on the results of your assessment?

Response:

During this year of the transition to “FLPP”, we developed and implemented the “Quick WIC/Health Fair” model. The other class that we have prioritized is the Breastfeeding Class for all pregnant participants.

This has enabled us to make the FLPP transition and maintain our caseload with the existing staff.

Our pre FLPP show rate was approximately 10%. We have been very pleased with the client response to the new requirements and the show rate has increased significantly.

Goal 4: Increase breastfeeding duration rates among WIC participants.

Year 3 Objective: During plan period, staff will promote exclusive breastfeeding for 6 months of age and implement strategies to support client's breastfeeding goals.

Activity 1: (Required) Assess breastfeeding resources available in your community and create and/or update a resource list for clients.

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

- Was an assessment done of the breastfeeding resources available in your community? YES
- Was a community breastfeeding resource list created and/or updated? YES

Response:

See Family Resource Brochure. Breastfeeding support and resource section updated.

Trina Robinson, RN IBLC, did a pilot survey of our MCM/WIC population-respondents were very positive about the BF services they received from our office.

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

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

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

Response:

In October, 2006, 2 Clatsop County PHN's were hired by a local hospital to provide inpatient lactation support. These additional BF support services benefited many WIC participants, increased phone consultation with them after discharge and before their WIC contact, and increased the utilization of Lactina's.