

Annual Report Form - WIC  
Evaluation of Nutrition Education Plan FY 2005-2006

WIC Agency: Lane County WIC Program  
Person Completing the Form Jackie Lucas, RD, Breastfeeding Coordinator  
Date: April 6, 2006 Phone: (541) 682-4307

Direct questions to: Sara Goodrich, 971-673-0043

This section asks you to evaluate the nutrition education plan(s) you implemented during fiscal year 2005 - 2006. Answer the questions in "Outcome Evaluation" where a "response" is requested.

Please use the outcome evaluation criteria to assess the activities your agencies did for each Year 2 (i.e. 2005 – 2006) 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: Assess client awareness regarding physical activity and identifying client barriers to getting adequate physical activity by using state provided assessment tool. This activity was **required**.

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

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

**Response:** The staff and client assessments have had a cumulative effect on certifying staff in terms of increasing their awareness of the importance of counseling clients on increasing physical activity and these surveys have encouraged dialogue between staff and clients on this topic. Several additional handouts and resources on physical activity are now available for staff to use with clients. As mentioned in the Nutrition Education Plan for

2006-07, a plan was created for a new class offering to support client education on physical activity.

Activity 2: Using results from staff and client surveys, identify or 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. This activity was **required**.

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

- Identify 3 barriers or ideas you learned 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: The participant survey results showed the following barriers: not enough time, not enough free or low cost physical activity programs for families and not enough information on what activities are developmentally appropriate for young children. To address these barriers, throughout the month of June 2006, an interactive bulletin board promoting physical activity will be displayed in the clinic. The bulletin board will address the barriers by highlighting ways to include activity into daily routines with information on free and low cost activity programs for families and promote the WIC classes that address physical activity. Handouts will be available addressing safe, developmentally appropriate activities for young children. During individual counseling, certifying staff will promote physical activity by addressing families' individual barriers to being active. Children will be offered the opportunity to draw their favorite activity and hang the drawings up throughout the office. By highlighting physical activity throughout the month of June, it will encourage more conversation with parents and caregivers on this topic.

Activity 3: Participate in an organized "Turn off the TV Week" campaign April 2006. This activity was **optional**.

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

- Did your agency participate in “Turn Off the TV Week”? If so, describe what you did. How did it go?
- Do you plan to continue this activity? Why or why not? What resources would you need?
- What advice might you give to other WIC agencies if they were to try this?

**Response:**

Activity 4: Participate in a community event that promotes physical activity. This activity was **optional**.

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

- Did your agency participate in a community event to promote physical activity? If so, describe what you did. How did it go?
- Do you plan to continue this activity? Why or why not? What resources would you need?
- What advice might you give to other WIC agencies if they were to try this?

**Response:** As part of the Physical Activity and Nutrition Grant for Lane County, all Public Health staff and other department staff have been given an opportunity to participate in the Walking Program (10,000 Steps) from February-July 2006. Several WIC staff are participating. The program has been in place for two months, so next steps have not yet been determined, although the level of enthusiasm for this program is very high.

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: Assess client attitudes and behaviors regarding fruit and vegetable consumption using state provided tool. This activity was **required**.

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

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

**Response:** Staff have gathered more recipes and made them available to clients individually and during the 5 A Day class. More ideas on using fruits and vegetables were incorporated into this class. For this quarter, the class is being offered daily (at different times depending on the day of the week) so that many more opportunities exist for clients to attend based on their own scheduling needs.

**Activity 2:** Develop and implement a client centered activity or event during September 2005 in recognition of 5 A Day Month. This activity was **required**.

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

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

**Response:** During the July 2005 staff meeting, ideas were formulated for a client-centered fruit and vegetable activity/event. With the knowledge that potatoes and tomatoes are the most frequently consumed vegetables while orange juice and bananas are the most popular fruits, staff decided that the activity/event would address variety. An interactive bulletin board highlighting 26 fruits and vegetables was created. Participants were invited to play the bulletin board game "Name that Fruit or Vegetable" after which they could self-check their answers for accuracy. A take-home version of the game was available as well. The bulletin board game was targeted to the entire family. In addition to the game, children were offered an opportunity to color a fruit or vegetable cutout. They were able to take the cutout home or hang it up to color the clinic space with wonderful hanging fruit and vegetable cutouts. To add to the festive environment, the waiting area was decorated with fruit and vegetable crepe ornaments. If this activity were to be used again in the future, staff would prefer to add more crepe ornaments to hang throughout the office and the colored cutouts would display better if mounted on cardboard instead of paper.

**Activity 3: Use client fruit and vegetable survey results to develop or modify individual or group nutrition education activities to promote fruit and vegetable consumption. This activity was required.**

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

- Identify 3 client attitudes or behaviors you learned 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:** The participant survey results indicated that clients would like more recipes, more ideas for incorporating fruits and vegetables into meals and different ways to prepare fruits and vegetables. Two new classes were developed with these ideas in mind. Both classes are part of a nutrition mini-burst series. The 5-A-Day class includes facilitated discussion on ways families can increase the amount and variety of fruits and vegetables offered throughout the day. The Power Breakfast class provides ideas on ways to add more fruits and vegetables into the morning meal with fast, easy cooking ideas. Both classes offer a variety of low-cost, easy recipes. Our clients asked for it and staff delivered! The classes are interactive, fast and fun with everyone sharing ideas and learning from each other.

**Activity 4: Develop and implement a staff activity or event during September 2005 in recognition of 5 A Day Month. This activity was optional.**

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

- Did your agency implement a staff activity or event for 5 A Day month?
- How did your agency decide on this activity or event?
- What went well and what would you do differently?

**Response:**

**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: 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. This activity was **required**.

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

**Response:** The new class schedule has significantly increased the availability and accessibility of nutrition education classes. Classes are offered at more and different times of the day and evening and some classes are offered daily throughout the month (at varying times).

**Activity 2: Compare results of client and staff surveys to state nutrition education 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. This activity was required.**

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

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

**Response:** Based on the participant survey responses, the best times of day for classes are between 10:00 a.m. and 3:00 p.m. or after 5:00 p.m. The topics requested by clients include: family activities, portion sizes, breakfast/snack/lunch meal ideas, healthy food ideas, quick/easy recipes,

ways to offer/cook vegetables and feeding the 1-2 year old. Most participants wanted to get the information through hands on workshops, videos, food cooking demos and by sharing with other parents.

A new template for class scheduling was developed using core classes offered monthly and rotating classes offered on a quarterly bases. Additional classes were added to the schedule with varying times. Two other new classes were added (in addition to those mentioned above) that address several of the items that clients requested and these new classes generally focus on feeding 1-2 year old children (these classes are Self-Feeding and Nibble Talk). The classes in the mini-burst series were designed to promote sharing of ideas between parents.

The local guidelines for assurance of quality nutrition education are included in a separate attachment. The guidelines specify that classes are to be conducted in a facilitative manner in order to engage participants, promote client interaction and participation and meet the needs of the clients who are in attendance.

**Activity 3:** Contact your Nutrition Consultant to review your agency's guidelines, then plan and schedule 2<sup>nd</sup> nutrition education offering in preparation for multiple month food instrument issuance. This activity was **required**.

**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> nutrition education plan offerings meet these guidelines?
- Have your 2<sup>nd</sup> nutrition education offerings been scheduled?

**Response:** The state Nutrition Consultant reviewed local guidelines and class scheduling plan during a pre-FLPP planning meeting on October 18, 2005. The plan for offering a full range of core classes on a monthly basis (classes relevant to the specific categories of clients) and quarterly rotating topics follows the local scheduling plan and was implemented for the period of April - December 2006. In addition, a new series of mini-classes (bursts) was established for clients who decline regular classes. The bursts are general nutrition topics which are also rotated on a quarterly basis.

**Activity 4:** Assure staff who teach nutrition education classes complete the Providing Group Nutrition Education module and the appropriate Level 2 training modules. This activity was **required**.

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

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

**Response:** During the months of January through April 2006, all staff completed the Providing Group Nutrition Education module and all level 2 training modules. By the end of April, all staff will have completed all required training modules level 1 and 2.

**Activity 5:** Explore options for developing innovative partnerships for providing nutrition education to clients in your agency. This activity was **optional**.

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

- Did your agency begin a process for developing innovative partnerships for providing nutrition education?
- What did you use to begin the process?
- What will you need to continue?

**Response:**

**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:** WIC staff will have completed role-appropriate sections of the revised Breastfeeding Module. This activity was **required**.

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

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

**Response:** On November 28, 2005, all staff completed the revised Breastfeeding Training Module.

Activity 2: 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. This activity was **required**.

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

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

**Response:** It has been observed that certifying staff are discussing breastfeeding duration issues with clients during appointments more frequently and staff are assisting these clients set goals on breastfeeding duration.

Activity 3: The WIC agency will implement at least one strategy to support client breastfeeding goals. This activity was **required**.

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:** Staff developed a handout of affirming statements to use with clients; the handout was presented and discussed at a certifier staff meeting. This enabled staff to increase their repertoire of effective phrasing to further encourage clients to continue breastfeeding.

In addition, a plan was developed to conduct follow up calls to breastfeeding women during the early postpartum period. The follow up calls will be conducted by a volunteer on a trial basis during May and June 2006. By providing this support at critical periods, individual breastfeeding barriers can be addressed for each participant contacted. In July 2006, staff will assess if the women who received the extra support continue to exclusively or partially breastfeed.

Activity 4: The agency will implement the Breastfeeding Mother-Friendly Employer project and receive designation from the Oregon Department of Human Services. This activity was **optional**.

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

- Did the agency receive the designation of Breastfeeding Mother-Friendly?
- If not, were there components that were achieved?

**Response:**

**Lane County Family Planning Annual Action Plan**  
**4/26/06**

**a) Current Condition:**

We project that by July 1, 2006, the Lane County Public Health (LCPH) Family Planning program will be administratively relocated to the Community Health Center (CHC) of Lane County, a Federally Qualified Health Center (FQHC) under the Human Services Commission (HSC). Both LCPH and the HSC are within the Lane County Department of Health and Human Services. The transition plan is being developed. Transition items include: location of the clinic, staffing, provision of primary care in addition to family planning services, and notification of current and ongoing clients. The change is driven by budget shortfalls.

**b) Goals:**

- Continued provision of family planning client services that meet community needs and provisions of both Title X and the Family Planning Expansion Project (FPEP). At a minimum, maintain current caseload for Family Planning services including Title X and FPEP clients.
- Fiscal sustainability of the Family Planning program
- Integrate the provision of primary health care within the Family Planning program

**c) Activities:**

- Transition management planning group including program managers and supervisors of both LCPH and the HSC/CHC as well as H & HS department administration will complete the planning process including timeline for changes. Timeframe: Ongoing but outline of proposed changes is projected by the end of April, 2006.
- Family Planning clients will be notified of any changes in services (location, care providers, addition of primary care services). Timeframe: Prior to the administrative shift, any service location and provider changes. Will include adequate time for scheduling appointments and records transfers – ideally with at least 1 month before changes occur.
- Regular evaluation (quarterly?) by administrative staff of billing, costs, and revenues.

**d) Evaluation:**

- Standardized unintended pregnancy prevention statistical assessment will indicate that the number of unintended pregnancies prevented by the transitioned Family planning program is equal to or greater than the same measurement under LCPH administration

Fiscal evaluation will show that the transitioned Family Planning program with addition of primary care services is financially sustainable with revenues equal to or exceeding costs.

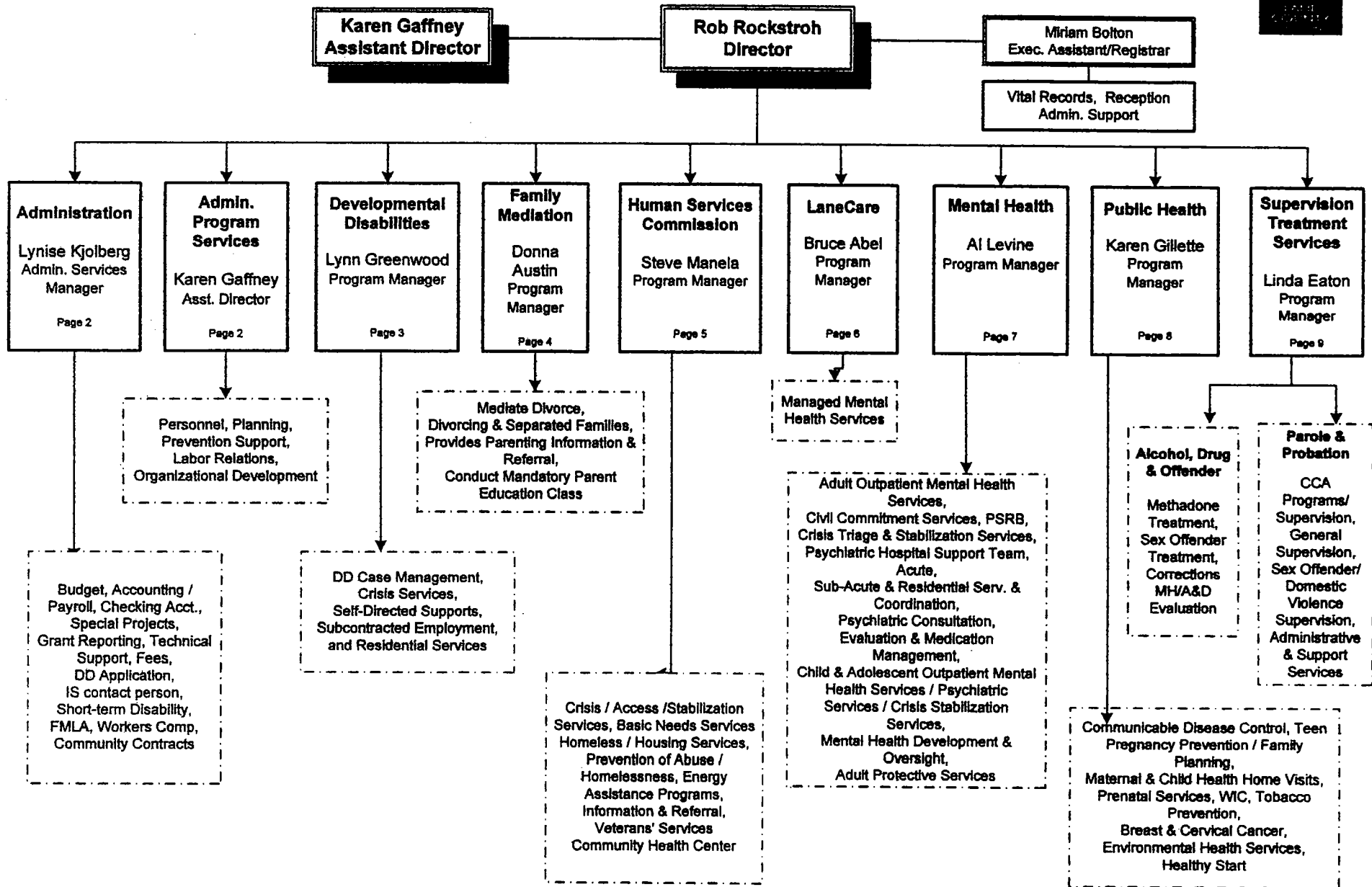
**Maternal and Child Health Programs  
Annual Plan 2006-07**

The Maternal and Child Health Annual Plan for 2006-07 does not include any changes from the 2005-06 Annual Plan. The plan continues to be current.

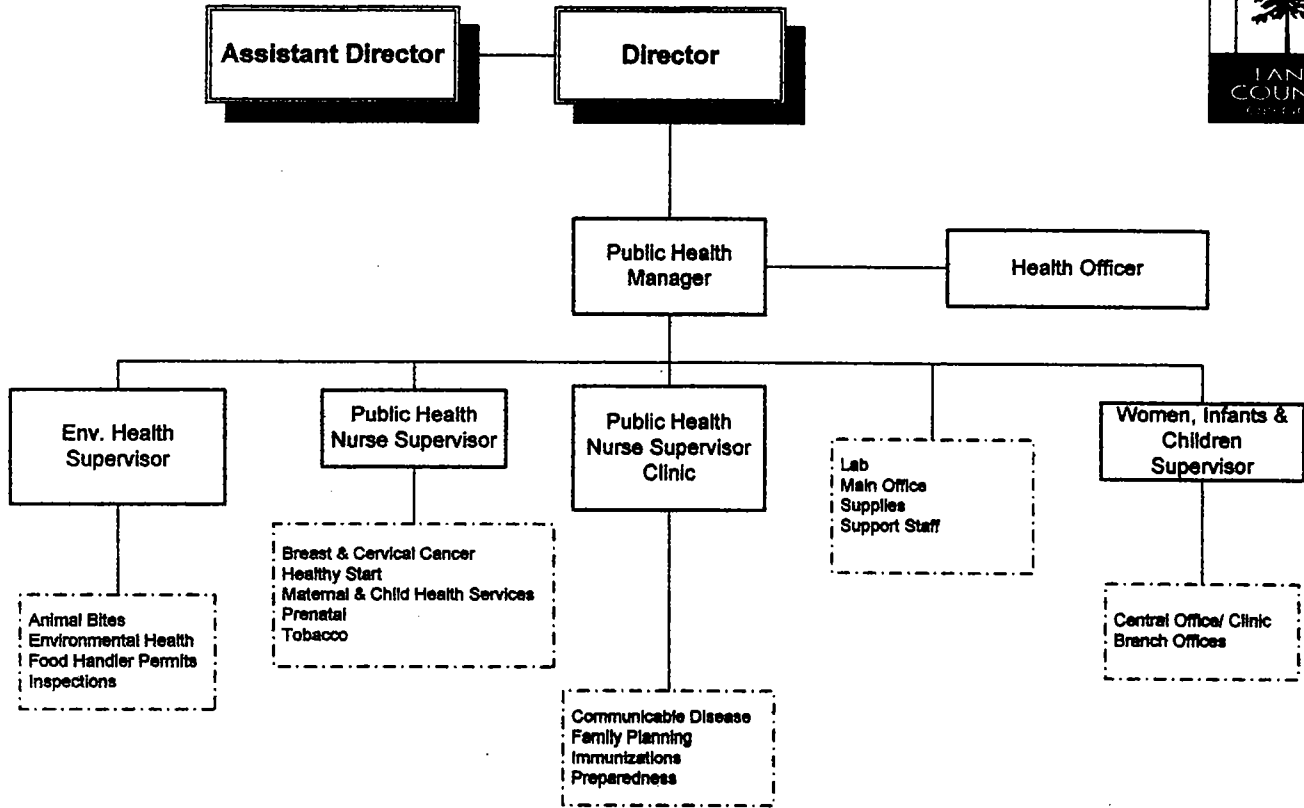
**Budget  
Annual Plan 2006-07**

As requested, the contact name for our Lane County Public Health annual budget is Lynise Kjolberg, Administrative Services Manager, Lane County Department of Health and Human Services, 125 E. 8<sup>th</sup>, Eugene, OR 97401. She can be reached at 541-682-3968.

# Health & Human Services Department Organizational Structure



**Health & Human Services  
Public Health**



## VII. Minimum Standards

Agencies are **required** to complete this section.

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

### Organization

1. Yes  No  A Local Health Authority exists which has accepted the legal responsibilities for public health as defined by Oregon Law.
2. Yes  No  The Local Health Authority meets at least annually to address public health concerns.
3. Yes  No  A current organizational chart exists that defines the authority, structure and function of the local health department; and is reviewed at least annually.
4. Yes  No  Current local health department policies and procedures exist which are reviewed at least annually. **(Note: Policies and procedures exist but are not reviewed on an annual basis. We have H&HS department and program policies and procedures which are reviewed and updated as needed.)**
5. Yes  No  Ongoing community assessment is performed to analyze and evaluate community data. **(Note: A formal community assessment has not been done.)**
6. Yes  No  Written plans are developed with problem statements, objectives, activities, projected services, and evaluation criteria. **(Note: Our H&HS Department has continued to develop performance measures and data collection processes. This is an ongoing county effort and highly valued by our department.)**
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.  
**(Note: a formal review is not completed on an annual basis. Record forms are reviewed and updated as needed.)**
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.

**(Note: all vital records and accompanying documents are maintained in a confidential manner.)**

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. **(Note: Efforts are not reviewed on an annual basis, but as the need arises. The H&HS Department Director works with the District Attorney's Office as needed to collaborate with the work of the Deputy Medical Examiner (Deputy Medical Examiner is a staff member in the District Attorney's Office)).**
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. **(Note: In Lane County, training is provided through the Red Cross and Lane Community College. Information is also available in the Food Handlers Manual through the Lane County Environmental Health office and on-line.)**
50. Yes  No  Public education regarding food borne illness and the importance of reporting suspected food borne illness is provided.
51. Yes N/A  No  Each drinking water system conducts water quality monitoring and maintains testing frequencies based on the size and classification of system.
52. Yes N/A  No  Each drinking water system is monitored for compliance with applicable standards based on system size, type, and epidemiological risk.
53. Yes  N/A  No  Compliance assistance is provided to public water systems that violate requirements.
54. Yes  N/A  No  All drinking water systems that violate maximum contaminant levels are investigated and appropriate actions taken.
55. Yes  N/A  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. **(Note: Through the Lane County Public Works Department, Lane Management Division.)**
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. **(Note: Through the Lane County Public Works Department, Waste Management and Land Management Division.)**

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. **(Note: Through Lane County Sheriff, HazMat, Public Health.)**
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. **(Note: In coordination with Lane County Public Works Department, State Department of Environmental Quality and State Water Program, Public Health.)**
66. Yes  No  All license fees collected by the Local Public Health Authority under ORS 624, 446, and 448 are set and used by the LPHA as required by ORS 624, 446, and 448.

### **Health Education and Health Promotion**

67. Yes  No  Culturally and linguistically appropriate health education components with appropriate materials and methods will be integrated within programs.
68. Yes  No  The health department provides and/or refers to community resources for health education/health promotion.
69. Yes  No  The health department provides leadership in developing community partnerships to provide health education and health promotion resources for the community.
70. Yes  No  Local health department supports healthy behaviors among employees.
71. Yes  No  Local health department supports continued education and training of staff to provide effective health education.
72. Yes  No  All health department facilities are smoke free.

### **Nutrition**

73. Yes  No  Local health department reviews population data to promote appropriate nutritional services.

74. The following health department programs include an assessment of nutritional status:

- a. Yes  No  WIC
- b. Yes  No  Family Planning
- c. Yes  No  Parent and Child Health
- d. Yes  No  Older Adult Health
- e. Yes  No  Corrections Health

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

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

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

### Older Adult Health

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

79. Yes  No  A mechanism exists for intervening where there is reported elder abuse or neglect. **(Note: Staff contact Lane County Senior and Disabled Services.)**

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. **(Note: we do not provide these services directly but do provide referrals and information as needed. We just began this year the Physical Activity and Nutrition Grant for county employees to be more active and healthy – we have an aging workforce. The grant also provides for us to work with other large employers in the county for wellness programs.)**

### 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. **(Note: Through local data and state data on population, U.S. Census.)**
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. **(Note: Through our performance measures and service needs specific to programs.)**
101. Yes  No  The local health department assures that advisory groups reflect the population to be served.
102. Yes  No  The local health department assures that program activities reflect operation plans for provision of culturally and linguistically appropriate services.

### **Health Department Personnel Qualifications**

103. Yes  No  **The local health department Health Administrator meets minimum qualifications:**

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

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

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

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

AND

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

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

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

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

OR

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

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

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

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

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