



	<p><b>Reporting Measure B:</b> Vaccine doses recorded in Child Profile in 2008 compared to 2007:</p> <p>HPV vaccine---8,515 doses in 2008  <u>7,022 doses in 2007</u>  1,493 more in 2008 (21%)</p> <p>Rotavirus-----5,746 doses in 2008  <u>2053 doses in 2007</u>  3693 more in 2008 (180%)</p> <p>Varicella -----19,195 doses in 2008  <u>11,866 doses in 2007</u>  7,329 more in 2008 (62%)</p> <p>Influenza----16,034 doses in 2008  <u>12,736 doses in 2007</u>  3,298 more in 2008 (26%)</p>	<p>Year end data for 2009 will be available from DOH later in Feb</p> <p>The following data is comparing Jan to June (first six months) of 2008 to 2009</p> <p><b>HPV vaccine</b>  2008—4460 doses  2009---3355 doses (1105 less)</p> <p><b>Rotavirus vaccine</b>  2008---2508 doses  2009---4053 doses (1545 more)</p> <p><b>Varicella vaccine</b>  2008---8435 doses  2009---8100 doses (335 less)</p> <p><b>Influenza vaccine</b>  2008---3055 doses  2009---3724 doses (669 more)</p>
<p>1.1 Promote Preteen Vaccine Week  01/18/09 -01/24/09</p> <ul style="list-style-type: none"> <li>• Provider alert/letter</li> <li>• Press release</li> <li>• BOH Proclamation</li> <li>• Letters to schools</li> <li>• Info for parents</li> <li>• CCPH Reader Board</li> <li>• CCPH website</li> <li>• Special clinics at providers</li> </ul>	<p>This was the first time Preteen Vaccine week was recognized in Clark County and in the State of Washington:</p>	<p><b>1<sup>st</sup> Quarter</b> :All were accomplished and completed</p>

<p>Newsletter article (FYI, Community Central, DOH IMZ newsletter)</p>		
<p>1.2 Ensure that providers understand and comply with all the requirements in private provider annual contract. PHNs will educate and distribute VFC screening tools through site visits.</p>	<p>1.2 As of 01/01/2009 there are 60 provider clinics that receive vaccine through VFC.</p>	<p><b>1<sup>st</sup> Quarter:</b> As of 4/01/09 there are 59 provider clinics in the VFC program. Four new clinics were enrolled in VFC and CHILD Profile this quarter. PHNs provided 11 site visits for orientation to and monitoring of the new VFC screening tool, 14 visits for technical assistance and 11 visits for education of staff in provider clinics. All clinics received a 3 ring notebook with the most current guidelines and resources for VFC program.</p> <p><b>Year end:</b> Total of 61 clinics enrolled in the VFC program; six new clinics enrolled during the year. A total of 148 PHN clinic visits were made for VFC monitoring, AFIX assessments or AFIX follow-up, education or technical assistance. (refer to “rainbow chart”)</p>
<p>1.3 Provide a community wide training on “Critical Issues in Immunizations” and VFC eligibility for local health care providers</p>	<p>1.3 Training planned for March 26, 2009 8:30 am to 12 noon at Center for Community Health</p>	<p><b>1<sup>st</sup> Quarter:</b> 50 nurses, MAs or other clinic staff attended Training on 3/26/09. Agenda included CDC webcast on “Critical Issues in the IMZ Encounter: parent communication and education, vaccine storage and handling, screening for contraindications, medical emergencies, records and documentation”. CCPH staff also covered new guidelines for VFC screening and Reporting of Communicable Diseases.</p> <p>The Immunization Coalition meeting was held in Feb 2009 with a presentation on the “Adolescent and Adult Action Plan”</p>

		<p>from the WA State IMZ Action Coalition.</p> <p><b>Year end:</b> Bimonthly Immunization Community Coalition meetings (total of 6) with guest speakers and updates on immunizations.</p> <p>Two CDC webcast trainings were facilitated by IQM for community partners and staff from Health care provider offices</p>
<b>Objective 2 – Expand the number of providers entering data into Child Profile.</b>		
<b>Actions (include timelines)</b>	<b>Baseline (if applicable)</b>	<b>Quarterly Progress</b>
2.1 Collaborate with health care providers to use the CHILD Profile recall system to increase child vaccine timeliness and administration. Run 12 CoCASA reports in 2009 to provide clinics with a tool to recall clients and increase completeness of immunization data.		<p><b>1<sup>st</sup> Quarter:</b> Six Co-CASA assessments have been done (3 by each PHN) Results have been reviewed with staff from the provider clinics and suggestions shared on how to improve immunization rates.</p> <p><b>Year end 2009:</b> 13 CoCASA/AFIX assessments have been done with follow-up discussions on how to use the CP recall system to improve immunization rates.</p>
2.2 Contact and visit providers to train them on how to enter data into CHILD Profile either manually or by data exchange.	2.2 As of 01/01/2009 50 out of 60 clinics have contracted with CHILD Profile (83.3%).	<p><b>1<sup>st</sup> Quarter:</b> As of 4/01/09. Four new clinics have been signed up for CHILD Profile for a total of 55. The IQM office assistant is currently recording data into CHILD Profile for 8 small clinics.</p> <p><b>Year end:</b> 5 new clinics signed up for CHILD Profile. Office Assistant for IQM continues to enter immunization data for 8 clinics. PHNs working with DOH consultant on strategies to improve provider usage of CHILD Profile</p>
<b>Objective 3 – Increase the number of children fully immunized (goal of fewer school exemptions and vaccine preventable disease outbreaks)</b>		
<b>Actions (include timelines)</b>	<b>Baseline (if applicable)</b>	<b>Quarterly Progress</b>
3.1 Explore opportunities to educate	3.1 2007-2008 Clark Co exemption rate	<b>1<sup>st</sup> Quarter</b> No work completed on this

<p>school secretaries and parents on required immunizations</p> <ul style="list-style-type: none"> <li>• Articles in school newsletters</li> <li>• Trainings for school staff</li> <li>• Incorporate new CIS forms mandated by DOH</li> </ul>	<p>is 5.5%.</p>	<p>activity during the first quarter. We do have the new Certificate of Exemption form that will go into effect this fall.</p> <p><b>Year end 2009:</b> Work with schools ended up centering around H1N1 vaccine, consulting with school nurses, sending information home with students or using school newsletters for communication with parents, holding H1N1 vaccine clinics in some schools and day care centers.</p>
<p>3.2 Increase the number of children 19 to 35 months of age who have appropriate vaccines in the 4:3:1:3:3:1 series as determined by CoCASA assessments in provider clinics. Plan is to run 12 CoCASA reports in 2009 and then work with providers to incorporate best practices to raise their rates.</p>		<p><b>1<sup>st</sup> Quarter</b> The age cohort for AFIX assessments changed to 24 to 35 months by DOH.</p> <p>Six Co-CASA assessments completed this quarter and results have been reviewed with the staff in the clinics.</p> <p><b>Year end 2009:</b> 13 CoCASAs completed. Each included an AFIX visit too—Assessment, Incentive, Feedback and eXchange of information where PHNs shared results with clinic staff, gave feedback and suggestions and motivation for improvement of imz rates</p>

**Program Measure #2: Improve the timely, complete identification and standard, effective investigation of notifiable conditions per WAC 246-101.**

- II Performance Measure A: Percent of notifiable condition cases reported to the LHJ within the required timeframe (per WAC)
- II Performance Measure B: Percent of notifiable condition cases reported to the LHJ where investigation was initiated within the timeframe specified in the guidelines
- II Performance Measure C: Percent of notifiable condition cases reported to the LHJ with a completed investigation as indicated by completion of “essential fields”

Actions (include timelines)	Baseline (if applicable)	Quarterly Progress
<b>Objective 1 – Increase the percent of notifiable conditions cases reported to LHJ by health care providers and labs within the required timeframe.</b>		
Actions (include timelines)	Baseline (if applicable)	Quarterly progress
<p><b>Main Objective:</b> By 12/31/09, the number of notifiable conditions reported to CCPH within the required timeframe will be increased by 25%</p> <p>7/13/09 Adjustment: For each quarter, Clark County will meet or exceed the statewide average percentage of notifiable conditions reported to CCPH within the required timeframe.</p>	<p>Baseline: 80% (Source: DOH Table 2 – Semi-Annual Report 12/31/08)</p> <p>Quarter 2: State Average=86% (Source: CDES Interim Report Jan-May, 2009)</p> <p>Quarter 3: State Average= 81% (Source: CDES Interim Report July-Oct, 2009)</p> <p>Quarter 4: Not available as of 1/25/10</p>	<p><b>1<sup>st</sup> Quarter:</b> 88% of notifiable conditions were reported to CCPH within the required timeframe.</p> <p><b>2<sup>nd</sup> Quarter:</b> 82% of notifiable conditions were reported to CCPH within the required timeframe.</p> <p><b>3<sup>rd</sup> Quarter:</b> 92% of notifiable conditions were reported to CCPH within the required timeframe.</p> <p><b>4<sup>th</sup> Quarter:</b> 71% Calculated using exported PHIMS data and notifiable conditions guidelines. This low number was largely driven by the number of influenza reports not received within 1 day of diagnosis. Influenza data may not be used in DOH’s final report.</p>
<p>By 12/31/09, the health educator will present 6 trainings/100 providers on the</p>		<p><b>1<sup>st</sup> Quarter</b> -Immunization Training on 3/26/09 – 50 providers including nurses</p>

<p>importance of and procedure for reporting notifiable conditions, including timelines for reporting.</p>		<p>and MAs  -VGE training-2 sessions/11 providers/ 5 facilities  -MRSA for Clark Co Correctional Officers and Clark Co Safety Committee – total of 45 attendees</p> <p><b>Year-end 2009</b>  <b>Health Care Provider Education</b></p> <ul style="list-style-type: none"> <li>• Group presentations for health care providers --10 groups/ 200+ providers</li> <li>• On site visits to clinics (EPT and STD reporting)  27 visits/75 + providers</li> </ul> <p><b>H1N1 Education</b></p> <ul style="list-style-type: none"> <li>• 100+ group presentations reaching 1000's of attendees. Also countless number of mailings, educational materials, media messages, provider alerts created and/or distributed to community and social service agencies, schools and day cares, business and health care provider groups. Worked with PIO team, Liaison office and Outreach Group</li> </ul>
<p>To sustain consistent communication with health care providers, the Health Educator will publish and distributed quarterly issues of <i>Episode</i> (which will include updates on diseases, local rates of reporting and diseases, and interviews with “champion reporters”).</p>		<p><b>1<sup>st</sup> Quarter</b> The spring issue of Epi-Sode was put on hold following a meeting of Health Officers, PIO, CD and Outreach staff and managers where it was determined that we needed to refocus the articles to be more relevant and practical for physicians and mid-level practitioners.</p>

		<p>The group will meet again to develop a calendar of topics, timeline for submission and editing. It was also decided to distribute it regionally, not just in Clark County.</p> <p><b>Year end 2009</b>  One issue of EpiSode was distributed in June 2009 with main article on West Nile Virus. Time line was created with potential topics listed however H1N1 focused work interfered with ability to publish further issues in 2009. First issue in 2010 will include H1N1 highlights and 2009 year end surveillance data. Champion provider criteria was created and presented to CD staff for input and ideas for candidates.</p>
<p>Update provider contact information in the new software program ACT!</p>		<p><b>1<sup>st</sup> Quarter</b> 4 out of the 5 users designated for ACT! have it installed on their desk tops, however it has not been available for our use due to lack of IT support. We may be able to get support directly from the company; this is being researched.</p> <p>A Provider Communication work group has met twice to develop a flow chart of the various communications that go out, to whom, by whom, and how things are sent. Lists of providers have been shared with the goal that they can be combined into one program (ACT!) which could then be broken out according to specialty areas and also have the capability of tracking communications/visits with providers.</p>

		<p><b>Year end 2009</b>  Provider lists were updated, including contact information, during H1N1 response. Definition of provider was broadened during outreach activities to include more than health care providers. Now lists include agencies working with vulnerable populations such as faith based organizations, mental health and social service agencies, food banks. Also schools and child care facilities, day and residential camps, first responders, pharmacies, and other businesses. Due to staff turnover, ACT! users group will need to retrain and regroup in 2010.</p>
To determine how providers want to receive information/communications from Public Health, the team will complete and analyze a provider survey by 6/2009		<p><b>1<sup>st</sup> Quarter</b> CD Health Educator and Student intern met with CD epidemiologist to create draft survey. This will be reviewed with CD staff and Health Officer before being distributed.</p> <p><b>Year end 2009</b>  Survey was postponed due to HPSA survey timing. Survey questions have been determined. Met with staff from IT dept to get technical assistance. Plan is to do survey in 2010 in conjunction with repeat of survey of providers on knowledge, attitude and beliefs about reporting notifiable conditions.</p>
The CD outreach health educator will make contacts with laboratory providers in Clark County to review reporting guidelines by 6/2009		<p><b>1<sup>st</sup> Quarter</b> Some labs are going to electronic reporting.</p> <p><b>Year end 2009:</b> This activity is being done by the CD epidemiologist.</p>
By 12/31/2009, the CD outreach health		<p><b>1<sup>st</sup> Quarter:</b> A presentation on</p>

<p>educator will provide education to 100 students (RN, NP, Family Medicine residents, Chemical Dependency counselors) as future providers and reporters. This education will include reportable conditions including HIV/STDs, timelines for reporting, the EPT program, and other updates as needed.</p>		<p>Tuberculosis 101 and Reporting requirements was provided to 35 Clark College Chemical Dependency students. Training was provided to school nurses by CD staff on reporting clusters and outbreaks. Approximately 15 nurses attended.</p> <p><b>Year end 2009:</b></p> <ul style="list-style-type: none"> <li>• Clark College Student Nurses—45 students</li> <li>• WSU RN to BSN students---35 students (Reporting notifiable conditions, H1N1 and Imz)</li> <li>• Mentored PSU MPH student for her internship</li> </ul> <p>Mentored 2 high school students for community service hours related to STD prevention</p>
<p>By 9/2009, web-based reporting tools will be available on-line at the Clark County Public health web page, along with a current list of reportable conditions.</p>		<p><b>1<sup>st</sup> Quarter</b> -Updated STD case report form now available on CCPH website          -Web page specifically for providers being developed, it will include HIPPA privacy info and CD reporting, Fax report form for CDs other than STDs, Notifiable Conditions poster, provider resources for screening , testing, treating and educational resource they can use with patients.          -consulting with IT staff about possibility of electronic reporting by providers          Website updated. List of reportable conditions is current.</p> <p><b>Year end 2009</b></p>

		<p>*Continued to review and update provider website pages as well as answer requests for information coming in from providers.</p> <p>* During H1N1 response worked with Region IV PIO team to create <a href="http://FluNewsSWWashington.org">FluNewsSWWashington.org website</a>. It continues to be updated and monitored by CCPH staff and Clark Co PIO office staff.</p> <p>* Region IV Public Health initiated social networking site accounts (Facebook and Twitter) and PIO group created messaging, posted and monitored the accounts.</p>
<p>Provide annual mailings to health care providers, hospitals, labs, and veterinarians to identify notifiable conditions and WAC reporting requirements.</p>	<p>Baseline: Health Care Providers, Labs, and Vets: Annually. Hospitals: Not previously done.</p>	<p><b>1<sup>st</sup> Quarter: Completed</b></p> <p>Letter and notifiable conditions poster regarding mandatory reporting mailed to all health care providers, veterinarians, labs, and hospitals February 2009.</p> <p><b>2<sup>nd</sup> Quarter:</b></p>
<p>CD unit staff will reinforce WAC reporting requirements to 50% of health care providers who fail to report notifiable conditions or who report late.</p> <p>Update 7/13/2009: Exclude Chronic Hep B, chronic hep C, influenza, and animal bites from analysis. This will be done for Quarters 3 and 4. Reasoning: Hep B and C are not immediately investigated after receiving report. Influenza-unless unable to complete case report with medical notes the provider is not contacted. Animal Bites-In the case that the provider is not the initial point of contact, CCPH</p>	<p>Baseline: 23% (Excludes STDS) (Source: Monthly internal CD log)</p>	<p><b>1<sup>st</sup> Quarter:</b></p> <p>55%. The CD unit received 306 notifiable conditions reports this quarter, (excluding STD). Of these, Health care providers reported 73 cases (24%). Staff contacted and reviewed reporting WAC reporting requirements with 127 (55%) of the 233 reports not properly reported by 233 (76%) of the notifiable conditions. Of the 76% (233) that were not reported as required.</p> <p><b>2<sup>nd</sup> Quarter:</b> 26%. During this quarter, 306 notifiable conditions were received (excluding STD). Of these, 91 cases (29%) were reported by health care</p>

<p>does not contact the provider unless PEP is warranted.</p>		<p>providers. Of the 71% (215) that were not reported by health care providers, 26% (58) received verbal notification of WAC reporting requirements.</p> <p><b>3<sup>rd</sup> Quarter:</b> 10%. During this quarter, 131 notifiable conditions were received (excluding STDs and others noted). Of these, 14 cases (11%) were reported by health care providers. Of the 89% (117) that were not reported by health care providers, 10% (12) received verbal notification of WAC reporting requirements</p> <p><b>4<sup>th</sup> Quarter:</b> 11%. During this quarter, 68 notifiable conditions were received (excluding STDs and others noted). Of these, 2 cases (3%) were reported by health care providers. Of the 97% (66) that were not reported by health care providers, 11% (7) received verbal notification of WAC reporting requirements.</p>
<p>The Disease Intervention Specialist will send a Health Officer letter with WAC reporting requirements to 90% of health care providers who fail to report notifiable STDs or who report late.</p>	<p>Baseline: 100% (Source: Ongoing documentation of letters sent by DIS)</p>	<p><b>1<sup>st</sup> Quarter:</b> 100% of health care providers who did not report STDs in their patients to CCPH received a faxed letter of WAC reporting requirements.</p> <p><b>2<sup>nd</sup> Quarter:</b> 100% of health care providers who did not report STDs in their patients to CCPH received a faxed letter of WAC reporting requirements.</p> <p><b>3<sup>rd</sup> Quarter:</b> 100% of health care providers who did not report STDs in their</p>

		<p>patients to CCPH received a faxed letter of WAC reporting requirements.</p> <p><b>4<sup>th</sup> Quarter:</b> 100% of health care providers who did not report STDs in their patients to CCPH received a faxed letter of WAC reporting requirements.</p>
All trained CD staff will maintain their skills as evidenced by increased (%) in CD unit timely and complete response to reports of notifiable conditions.	Baseline: Refer to objective 3	See below
<b>Actions (include timelines)</b>	<b>Baseline (if applicable)</b>	<b>Quarterly Progress</b>
<b>Objective 2 – Hire and maintain adequate workforce.</b>		
<b>Actions (include timelines)</b>	<b>Baseline (if applicable)</b>	<b>Quarterly progress</b>
All new staff in the CD unit will receive orientation to CD and PHIMS according to an orientation plan and will receive training on timely reporting and response to reports of notifiable conditions.	Baseline: Refer to objective 3	<p><b>1<sup>st</sup> Quarter :</b>100%. During this quarter, the 2 new CD staff (PHN and Epidemiologist) completed their orientation plans.</p> <p><b>2<sup>nd</sup> Quarter:</b> No new staff in the CD unit this quarter.</p> <p><b>3<sup>rd</sup> Quarter:</b> No new staff in the CD unit this quarter.</p> <p><b>4<sup>th</sup> Quarter:</b> No new staff in the CD unit this quarter.</p>
<b>Actions (include timelines)</b>	<b>Baseline (if applicable)</b>	<b>Quarterly Progress</b>
<b>Objective 3 – Increase the percent of notifiable conditions where the investigation was initiated within the timeframe specified in the “guidelines” for the specific disease.</b>		
<p>Complete monthly internal PHIMS audits that result in:</p> <ul style="list-style-type: none"> <li>○ Provision of feedback to staff</li> <li>○ Provision of training on</li> </ul>	<p>Baseline: 92% (Source: Internal Audit Tool 9/08 – 12/08)</p>	<p><b>1<sup>st</sup> Quarter:</b> Internal audits were completed for January and February of notifiable cases entered into PHIMS. Staff were provided feedback and training on findings.</p>

<p>needed actions</p>		<p><b>2<sup>nd</sup> Quarter:</b> Internal audits were completed for March through June of notifiable cases entered into PHIMS. Staff were provided feedback and training on findings.</p> <p><b>3<sup>rd</sup> Quarter:</b> Internal audits were completed for July through September of notifiable cases entered into PHIMS. Staff were provided feedback and training on findings.</p> <p><b>4<sup>th</sup> Quarter:</b> Internal audits were completed for October through December of notifiable cases entered into PHIMS. Staff were provided feedback and training on findings.</p>
<p>By 12/31/09, demonstrate a 25% increase in the percentage of investigations initiated within the WAC required timeframe.</p> <p>7/13/09 Adjustment: For each quarter, Clark County will meet or exceed the statewide average percentage of disease investigations initiated within the WAC required time frame.</p>	<p>Baseline: 96% (Source: DOH Table 3 – Semi-Annual Report 12/31/08)</p> <p>Quarter 2: State Average = 98%: CDES Interim Report Jan-May 2009, Table 3</p> <p>Quarter 3: State Average = 97%: CDES Interim Report July-Oct 2009, Table 3</p> <p>Quarter 4: State Average not available as of 1/25/10</p>	<p><b>1<sup>st</sup> Quarter:</b> Jan - Feb. 95% of case investigations were initiated within the required timeframes.</p> <p><b>2<sup>nd</sup> Quarter:</b> CCPH 97%-Available in the CDES Interim Report Jan-May 2009, Table 3</p> <p><b>3<sup>rd</sup> Quarter:</b> CCPH 97%- Available in the CDES Interim Report July-Oct 2009, Table 3</p> <p><b>4<sup>th</sup> Quarter:</b> CCPH 97%-Determined by extracting data from Oct 1, 2009 to Dec 31 2009 from PHIMS and analyzing using SPSS.</p>
<p>By 12/31/09, demonstrate a 25% increase in the percentage of investigations with all fields complete in the PHIMS case</p>	<p>Baseline: 72% (Source: DOH Table 4 – Semi-Annual Report 12/31/08)</p>	<p><b>1<sup>st</sup> Quarter:</b> Jan- Feb. 85% of cases entered into PHIMS had all fields complete in the investigation report.</p>

<p>investigation report.</p> <p>7/13/09 Adjustment: For each quarter, Clark County will meet or exceed the statewide average percentage of investigations with all measurement fields complete in the PHIMS case investigation report.</p>	<p>Quarter 2 State Average = 95%: CDES Interim Report Jan-May 2009, Table 4</p> <p>Quarter 3: State Average = 89%: CDES Interim Report July-Oct 2009, Table 4</p> <p>Quarter 4 State average not available as of 1/25/10</p>	<p><b>2<sup>nd</sup> Quarter:</b> 93% of cases entered into PHIMS had all fields complete in the investigation report.</p> <p><b>3<sup>rd</sup> Quarter:</b> 94%-Met objective by exceeding the state average of 89% for this quarter.</p> <p><b>4<sup>th</sup> Quarter:</b> 100%- PHIMS data extraction and analysis for Oct 1, 2009 to Dec 31 2009</p>
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**Performance Measure # 3: Develop and implement effective community and health care system interventions to address obesity and its consequent burden of chronic disease. Interventions may target worksites, schools, communities or primary medical care.**

II Reporting Measure: Number and description of LHJ activities and interventions to address obesity or chronic disease and association risk factors in the community

<b>Provide staffing and Public Health leadership to support recently formed Clark County Food System Council. Provide Public Health assistance and expertise to assist in community food assessment project.</b>			
Objectives	Actions (include timelines)	Baseline (if applicable)	Quarterly Progress
<p>During 2009 provide resources to support Public Health and community activities related to assessing and reporting on community food systems issues.</p>	<ul style="list-style-type: none"> <li>▪ By March, inventory community gardening projects and develop GIS mapping showing community assets and needs.</li> <li>▪ By March, complete new classification system of food stores in Clark County to assist in analysis of access to full scale grocery stores.</li> <li>• By April, PH will develop a report including inventory of resources available in the</li> </ul>	<p>No inventory of gardens or classification system in Clark county</p>	<p><b>2<sup>nd</sup> Quarter:</b></p> <ul style="list-style-type: none"> <li>▪ Initial inventory of community garden projects completed. Investigating methods to maintain and update inventory.</li> <li>▪ Grocery store classification system completed. EH staff reclassified all stores using the new system.</li> <li>▪ Cape survey completed and provided additional information regarding community assets and resources related to obesity</li> </ul>

	<p>community addressing health issues, further assisting in the prioritization of PH community work related to obesity and burden of chronic disease.</p>		<p>prevention  <b>3rd &amp; 4th Quarter</b></p> <ul style="list-style-type: none"> <li>• Shared community gardening inventory with WSU– Master Gardeners for their assessment of community assets/needs</li> <li>• Developed listing of community gardening programs per neighborhood to incorporate into 2010 Report Card</li> </ul>
<p>During 2009, provide staffing support and resources to Clark County Food System Council to assist them in achieving goals and objectives set out in their work plan.</p>	<ul style="list-style-type: none"> <li>▪ 1<sup>st</sup> Quarter, assist council in finalization of work plan activities.</li> <li>▪ 2-4<sup>th</sup> quarter, review feasibility and assign resources as able to support work activities of council.</li> </ul>		<p><b>2<sup>nd</sup> Quarter:</b>  Food System Council work plan approved and activities in progress;</p> <ul style="list-style-type: none"> <li>▪ met with C-Tran and successfully advocated for food component of trip planning</li> <li>▪ planned for a film festival to showcase locally grown foods</li> <li>• provided education and advocacy about urban animals and their relationship to local food security and sustainable food production to Ridgefield, Battleground, Vancouver and Clark County boards.</li> </ul> <p><b>3rd and 4th Quarter:</b>  Continued FSC work activities;</p> <ul style="list-style-type: none"> <li>• Held community food film festival in conjunction with</li> </ul>

			<p>partners</p> <ul style="list-style-type: none"> <li>• Membership provided support to community boards and task forces</li> <li>• Continued community outreach and facilitation of linkages regarding food systems issues.</li> </ul>
<p>Throughout year, review and approve school district applications for fee waivers.</p> <p>Continue to seek grant funding and resources to expand public health and community support for school based interventions related to nutrition and physical activity.</p>	<p>Ongoing reviews</p> <p>January, submit LOI for PH fellow to assist with assessing and mapping safe-routes to schools and engaging schools around safe-routes and walking programs.</p>		<p><b>2<sup>nd</sup> Quarter:</b></p> <ul style="list-style-type: none"> <li>• Reviews of the school district applications for fee waiver is complete</li> <li>• Fellow position not approved</li> </ul> <p><b>3<sup>rd</sup> and 4<sup>th</sup> Quarter:</b></p> <ul style="list-style-type: none"> <li>• Continued review of school district policies and fee waiver approvals.</li> </ul>
<p>During 2009, assist in ongoing development of pedestrian advocacy efforts and walkability issues for Clark County</p>	<p>By September 2009, collaborate with community task force to develop a Clark County model and plan for pedestrian advocacy.</p> <p>Throughout the year, assist Community Choices communication work group to advance pedestrian advocacy and walkability issues.</p>		<p><b>2<sup>nd</sup> Quarter:</b></p> <ul style="list-style-type: none"> <li>• Participating on the Active Transportation task force charged with development of pedestrian advocacy coalition.</li> <li>• Participating on pedestrian and bike committees working on a comprehensive bike and pedestrian plan for Clark County.</li> </ul> <p><b>3<sup>rd</sup> and 4<sup>th</sup> Quarter:</b></p> <ul style="list-style-type: none"> <li>• Continued development of bike and pedestrian master plan</li> <li>• Assisted in hosting</li> </ul>



<p>3) Community participatory based interventions.</p> <p>Throughout 2009, stay abreast of community led interventions and opportunities for community initiatives and collaboratives and provide</p>	<p><b>3<sup>rd</sup>-4<sup>th</sup></b> quarter – implement and evaluate</p> <ul style="list-style-type: none"> <li>Continue seeking grants and resources to assist with neighborhood level interventions focused on policy and physical environments.</li> <li>Participate on community taskforce/advisory boards; Child Care – Enhance grant NWHF – Expanded Vancouver Housing authority grant</li> </ul>		<p>building partners as breastfeeding friendly employers during building World Breastfeeding Week Celebration.</p> <p><b>3<sup>rd</sup> and 4<sup>th</sup> Quarter:</b></p> <ul style="list-style-type: none"> <li>Participated in world breastfeeding week - focus on the importance of breastfeeding during emergencies.</li> <li>Developed plan to train on and use Business Case for Breastfeeding (scheduled for February 2010).</li> </ul> <p><b>2<sup>nd</sup> Quarter:</b> Submitted an LOI for a community capacity grant for work in Fruit Valley neighborhood.</p> <p><b>3<sup>rd</sup> and 4<sup>th</sup> Quarter:</b></p> <ul style="list-style-type: none"> <li>Organized advisory committee to oversee neighborhood work. Received NWHF grant to begin work in January 2010.</li> </ul> <p><b>2<sup>nd</sup> Quarter:</b></p> <ul style="list-style-type: none"> <li>Continued membership on Enhance leadership board.</li> <li>PH entered into agreement with NWHF and Vancouver Housing authority for a needs assessment at Skyline Crest.</li> <li>PH submitted LOI for</li> </ul>
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<p>support/resources as available.</p> <p>Throughout 2009 seek opportunities to support policy and planning changes which lead to healthy community environments and reduction of obesity and related chronic diseases.</p>	<ul style="list-style-type: none"> <li>• <b>1<sup>st</sup> quarter</b> – identify opportunity for input into establishment of benchmarks/measurements related to food and physical activity that government entities are undertaking related to sustainability planning.</li> <li>• <b>2<sup>nd</sup> -4<sup>th</sup> quarter</b> – support PH efforts to undertake additional Health Impact Assessment projects that seek to improve access to healthy foods or access to safe venues for physical activity.</li> </ul>		<p>capacity building on a community collaborative for HIA related to community development.</p> <p><b>3<sup>rd</sup> and 4<sup>th</sup> Quarter:</b></p> <ul style="list-style-type: none"> <li>• Panel member for community planning education forum about HIA</li> <li>• Participated on Fruit Valley sub area plan work group.</li> <li>• Assisted in draft of 2010 Community Report card.</li> <li>• Skyline Crest assessment completed.</li> <li>• Participated on community boards and task forces providing expertise and linkages.</li> </ul>
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