

BAKER COUNTY HEALTH DEPARTMENT

**2008 – 2011
Comprehensive Plan**

I. Executive Summary

Baker County Health Department (BCHD) provides essential public health services of epidemiology and control of preventable diseases and disorders, maternal and child health services, family planning, collection and reporting of health statistics, health information and referral services. In addition to essential services, other services are provided such as dental varnish services to pediatric clients, emergency preparedness, health education and promotion.

The BCHD staff includes 15 staff members consisting of an administrator, health officer, five registered nurses one of which is a nursing supervisor, one registered dietitian, and seven support staff. In addition to staff members, BCHD utilizes volunteers and students for special health projects. Many of BCHD staff has received cross training in essential public health services to increase surge capacity. The greatest increase among surge capacity has occurred in communicable disease and emergency preparedness. Thus far, 70% of staff have received communicable disease training and 93% have engaged in preparedness exercises.

In completing a Baker County comprehensive assessment, we have determined that opportunities for growth continue to exist. Data shows that even though Baker County communicable disease rates remain low, preparing for increased disease occurrence is a priority. Preparation includes collaborating with our medical community in reporting of diseases and training BCHD staff. BCHD immunization program has experienced many successes, however opportunities exist to decrease our missed shot rate. This is especially important since Baker County residents rely on BCHD as the primary provider of immunizations. The BCHD Family Planning program serves 60.1% of Baker County women in need, our goal is to provide access and decrease barriers to more women in need through outreach activities. Access to dental care continues to be a challenge, especially for children with Oregon Health Plan coverage, BCHD will assist with access to dental care by providing dental varnish and appropriate referrals. Other areas of focus will be to increase awareness of environmental health services, developing health statistics policies and obtaining tobacco prevention funds. To assist with meeting these needs, we have developed program action plans. We will assess the effectiveness of planned activities by reviewing data and adjusting activities to assure goals are met. The BCHD staff looks forward to addressing these focus areas and collaborating with community partners.

The 2008-2009 budget for BCHD is being finalized and is anticipated to receive final approval by the Board of Commissioners. BCHD relies on state and county general fund dollars, various reimbursement sources and grants. We are in the process of applying for the Oregon Department of Human Services, Public Health Services, Tobacco Prevention & Education Program Grant. The grant will support tobacco prevention activities in Baker County.

II ASSESSMENT

Baker County is located in eastern Oregon and consists of 3,089 square miles. It is bounded to the north by Union and Wallowa Counties, to the west by Grant County, and to the south Malheur County. The area includes the Powder River and the Wallowa Mountains. Baker County was established in September 22, 1862. The average temperature in January is 25.2 degrees Fahrenheit and in July 66.6 degrees Fahrenheit. The chief economic bases are agriculture, forest products, manufacturing and recreation. Recreation includes, the Oregon Trail Interpretive Center and Old Oregon Trail, Sumpter Gold Dredge Park, Sumpter Railroad, Baker City Restored Historic District, various ghost towns, spectacular camping and hiking wilderness areas.

The most recent county estimate data of 2007 lists Baker County as having a population of 16,435. We have experienced a 1.8 decrease from 2000. The largest city in the county is Baker City that has a population of 10,105, an increase of 225 residents since 2000. Approximately 6,330 people live in rural areas of the county. Census data shows the population has remained consistent with approximately 49% male and 50% female. Age distribution by sex is as follows; 0-19 year olds 4,427, 20-39 year olds 3,244, 40-64 year olds 5,885, and residents 65 and older account for 3,185 living in Baker County.

The 2006 US Census Bureau describes the Baker County population consisting of predominately Caucasian 93.4%, Persons of Hispanic or Latino origin 3.2%, American Indian and Alaska Native 1.3%, Asian persons 0.6% and African American 0.3%.

The percentage of Baker County foreign-born persons is 1.8%. High school graduates account for 80.3% of the population. Persons with a bachelor's degree or higher, account for 16.4% of the population. Approximately 3,748 of people 5 years and older have a disability.

The Bureau of Labor Statistics describes Baker County as 1 of 16 severely distressed counties in Oregon. The 16 severely distressed counties are defined as rural. The per capita personal income is \$24,199. Large disparities continue to exist between Oregon counties. An example of a disparity is the Baker County median household income of \$32,500 and the Clackamas County median household income of \$54,743. The percentage of persons below poverty is 15.2% of the population.

Births

The number of Baker County resident births occurred as follows; 2004 = 151 births, in 2005 = 165 births and 2006 = 170 births. In 2006, six infants were born to mothers between the ages of 10-17. Twelve infants were born to mothers between the ages of 18-19, and 152 infants were born to mothers 20 and older.

Seventeen low birth weight infants were born in 2006 or 10% of total births of 2006. This exceeds the Oregon state average of 6.1%. Of the 170 births, 139 women received prenatal care in the first trimester, 82.7% compared to 79.2% of the state average. In

2006 91.7% of pregnant women received adequate prenatal care, the state average is 93.8%. Payment sources for the infants born to mothers in 2006 include, 62 private pay, eight self-pay and 93 covered by the Oregon Health Plan.

Induced abortions for women who reside in Baker County in 2006 preliminary data shows 12 induced abortions, and in 2007 preliminary data shows six induced abortions.

Deaths and Causes of Death

In 2005 total deaths that occurred in Baker County is 255, three of these deaths occurred in infants less than one year old. The median age of death is 79. Life expectancy at birth is 77.1 years.

The leading cause of death is cancer, second leading cause of death is heart disease and the third leading cause of death is chronic lower respiratory disease. Deaths due to alcohol or drug use in 2005 totaled 11; seven of these were from chronic alcoholic liver disease. Of the 255 deaths, 54 or 21% were tobacco linked. The state average of tobacco linked deaths in 2005 is 22%.

Dental

BCHD has taken a collaborative approach in determining unmet dental needs in Baker County. Dental uninsurance rates are 10.3% higher than the state average, only two dentists accept Oregon Health Plan clients. Dental visits to the local emergency department were 2.6 times greater than national trends between 2002-2006. In 2007, BCHD, the medical and dental community developed a partnership with the Oregon Rural Practice-based Research Network (ORPRN) and the OHSU Practice-based Research in Oral Health (PROH) began a collaboration to identify local oral health challenges.

Diabetes

The Behavioral Risk Factor Surveillance System reports that 8.5% of adults were told by a doctor that they have diabetes. Management of diabetes occurs in the primary care setting. Diabetic education involves diet plans, exercise and follow-up.

Communicable Diseases

BCHD continues to have low communicable disease occurrence rates. In 2006, BCHD completed 38 case investigations involving communicable disease and sexually transmitted infections. Of the 38 cases investigated, Chlamydia occurred most frequently, followed by West Nile Virus, and Campylobacteriosis. In 2007, communicable disease case counts remain similar to the 2006 data, with the exception of a decrease in West Nile Virus cases. BCHD has not had a case of active mycobacterium tuberculosis in recent years.

Immunizations

BCHD remains the primary provider of immunizations in Baker County. Primary care providers provide travel vaccines. In the past, primary care providers and our local hospital provided flu vaccine to the community. Often times these doses were provided

on a donation basis, people who could not afford to pay for the vaccine, were still administered a dose. Currently, less providers are offering flu vaccine due to cost of purchasing the vaccine and availability concerns. It is uncertain if primary care providers will continue to provide flu vaccine in the future. There is a growing dependence on BCHD to provide flu vaccine, especially to high populations. BCHD relies on state supplied vaccine due to the high cost. The DHS Immunization Program provides approximately 70% of vaccine administered by BCHD. This has given us a significant opportunity to protect our community providing flu vaccine and also to practice emergency preparedness plans. We hope to continue this practice in the future.

Tobacco Use

The percent of adults who smoke cigarettes in Baker County is 23%, exceeding the state at 20%. In addition, the percentage of babies born to women who smoked while pregnant is 25% in Baker County, exceeding the state at 12%.

82% of Baker County residents believe that people should be protected from secondhand smoke. The Oregon's Smokefree Workplace Law does not protect approximately 150 employees working in Baker County.

Adequacy of Essential Public Health Services:

Epidemiology and control of preventable diseases and disorders

BCHD is committed to providing epidemiology and control of preventable diseases. Our focus has been on increasing surge capacity among staff, developing our policies, engaging our community and community partners through exercises and education.

Many of our staff members have completed communicable disease classes provided by DHS and ICS training provided by FEMA. We have 90% of BCHD staff participate in exercises. We are committed to providing training and education to assure competency in disease response.

We have engaged our community partners in compliance with disease reporting by providing trainings with the assistance of DHS.

In 2007 we have completed greater than 200 community outreach activities pertaining to disease prevention and education. We speak to our adolescent population in schools, travel to drug and alcohol treatment centers on a weekly basis and provided education to various public and private community partners.

Parent and child health services, including family planning

BCHD provides Family Planning, Oregon Mother's Care, Babies First, CaCoon and Immunization services to our community.

The BCHD Family Planning program serves 60.1% of women in need in the county. Of the clients served, 52.8% are uninsured for primary care and 8.5% of clients are unsure of

their insurance status. In addition, 2006 data shows that 90.4% of clients receiving services were below 150% of the federal poverty level. A total of 128 pregnancies among 426 female clients were averted.

The BCHD Immunization program remains the main immunization provider in Baker County. In 2007, we served 90% of children age's 0-36 months. Of these children, 81% have completed the 431331 series. During the past few years we have exceeded the Oregon State average immunization rate. We have received numerous awards that reflect the BCHD team's hard work and dedication. These awards are: "Highest Percentage of Fully Immunized Two-Year Olds among Oregon's Local Health Departments in 2005", "Certificate of Achievement in Public Health for having the Highest Percentage of Two Years Olds Fully Vaccinated in 2006", and a "Certificate of Achievement in Public Health for reaching the National Healthy People 2010" goal of having at least 80% of two year olds fully vaccinated. We have been selected to receive an OPIC award April 2008.

The BCHD team has completed greater than 80 travel immunization clinics in 2007. These clinics were held within Baker City and in the far-reaching rural areas of Baker County. Travel clinics include a partnership with a local physician's clinic, exclusion clinics, school registration clinics and travel flu clinics. The community is supportive of BCHD new leadership role.

BCHD WIC program served 856 women, infants and children in 2007. This is a 4% increase from 2006. WIC is maintaining caseload (478) at target. A new addition to WIC services is providing walk-in clinic days. Clients find value in this arrangement and barriers are decreased. In addition, our WIC staff consists of a part-time registered dietitian. WIC staff has completed outreach activities regarding breast-feeding and nutrition within Baker County. We are in the process of cross-training non-WIC staff to provide additional support.

The BCHD Babies First and CaCoon programs have a significant increase in client visits. We have focused our attention on supporting and training our MCH staff. In addition, an outcome of our work is an increased awareness of the BCHD MCH programs within the Baker County medical community. We are experiencing increased referrals and collaboration from medical offices and our local hospital. We conduct outreach activities to the local Drug and Alcohol treatment center that provides services women in treatment and their children.

Collection and reporting of health statistics

BCHD provides vital statistics services including birth and death recording and registration. Birth certificates are received from our local hospital, St Elizabeth Health Services. Death Certificates are received by hard copy and electronically. We work with Coles Funeral Home, Gray's West & Company Pioneer Chapel and Funeral Home and Tami's Pine Valley Funeral Home. Vital records staff include registrar and deputy registrar, both staff members are full-time employees.

Health information and referral services

BCHD gathers health information and referral resources on an ongoing basis. Resources are gathered and retained in a database. Information is printed and given to clients seeking services. Examples of resources include contact information of local physicians, dentists, food banks, Oregon Health Plan, and counseling services. Frequently clients are referred from other providers to BCHD for resources. In addition, clients receiving BCHD services are screening for needing primary care and resources are given as appropriate.

Environmental health Services

Environmental services are provided to Baker County by Malheur County Environmental Health. Some of these services include restaurant facility inspections, mobile and temporary food operations, swimming pool inspections and review of client complaints. BCHD has developed a communication tool for food service complaints to assist in tracking and follow-up.

Adequacy of Program Services

Dental

BCHD has implemented a dental varnish program and offers Bi-monthly dental varnish clinics to the pediatric community. In addition, dental varnish services are offered to clients enrolled in the Babies First and CaCoon program. We conducted a press release with our local newspaper stating the availability of the service and benefits.

Emergency Preparedness

BCHD staff continues to develop and implement emergency response plans and conduct exercises. Increased staff members have participated in training and competency towards public health emergency response. We continue to collaborate with counties in our region and involve local partners such as Baker County Emergency Management. We have conducted exercises involving the medical community and other emergency response staff.

Health Education and Promotion

BCHD is active in promoting health education and disease prevention activities to the community. We conducted numerous educational activities on topics that pertain to public health services. These include collaboration with DHS to provide education involving rabies with law enforcement, family planning topics of coercion and birth control methods, pandemic flu presentations and sexually transmitted disease prevention topics to local drug and alcohol facilities. In addition, we conduct presentations at local schools. BCHD has established a close working relationship with the local newspaper and have press releases prepared.

Laboratory Services

BCHD currently utilizes Interpath laboratory located in Baker City and regionally in Pendleton. In addition, we utilize the services of Oregon State Public Health Laboratory. BCHD operates under a current CLIA certificate. Laboratory services include family planning services, communicable disease services and sexually transmitted disease services.

Medical Examiner

Baker County receives medical examiner services from local physicians.

Primary Health Care

BCHD does not provide primary care services. BCHD screens clients for primary care needs and makes referrals as appropriate.

III. ACTION PLAN

Epidemiology and Control of Preventable Diseases and Disorders

Current condition – BCHD has the responsibility of reporting communicable diseases through surveillance, investigation and reporting. Routinely, BCHD operates in passive surveillance, receiving reports of disease from the medical community and laboratories. Although laboratories submit reports in a timely manner, reporting inconsistencies exist among the medical community.

Goals

- Increase communicable disease reporting from healthcare providers.
- Maintain and expand outbreak and emergency preparedness planning with community partners.

Activities

- Provide education to local providers and their staff regarding the importance and requirement of reporting communicable diseases
- Assure that local providers and staff are aware of the BCHD after hour reporting procedure (24/7 Protocol).
- Review and analyze communicable disease statistics compiled by DHS, monitoring for emerging trends.
- Provide quarterly disease occurrence updates to the medical community (January, April, July and October of each year and more frequently as needed).
- Provide education to individuals and groups on communicable disease issues. This includes press releases to newspaper on current public health issues.
- Implement the BCHD Active Surveillance Policy and Procedure as needed.

Evaluation

- Monitor the reporting source shown in the BCHD CD Log.

- Monitor for timely reporting from providers.
- Continue quality assurance activities of communicable disease reports and investigations.

Parent and Child Health Services

WIC – see attachment

Family Planning – see attachment

Immunization – see attachment

Maternal and Child Health Programs

Current condition or problem – A limited access to dental care exists for children covered by the Oregon Health Plan (OHP) and those uninsured. Currently, 2 dentists are providing dental services to children on OHP. Parents with limited resources are frequently referred to areas outside of Baker County for dental care.

BCHD began providing dental varnish services to clients enrolled in Babies First and CaCoon programs. Recently, BCHD has expanded its practice and now provides this service to all children with teeth to the age of 4 years old. Clients served after the program expansion has been minimal due to lack of client awareness, lack of trained staff and lack of program promotion.

Goal

- Increase awareness of the BCHD Dental Varnish Program.
- Increase the number of children 9 months to 4 years old receiving dental varnish services at BCHD.
- Cross-train all licensed staff in an oral assessment and application of dental varnish.
- Provide parents with resources and referrals involving available dental services.

Activities

- Provide written material to clients visiting BCHD.
- Offer dental varnish to all children receiving immunizations when teeth present to 48 months of age.
- Provide training to all licensed staff regarding dental assessments and the BCHD dental varnish procedure during nursing meetings.
- Serve on advisory committees or coalitions in Baker County that pertain to dental health.
- Promote a dental home for all children and provide referral information.

Evaluation

- Dental Varnish educational material is available and accessible at BCHD.

- Monitor the number of children receiving dental varnish services at BCHD, assessing for trends.
- All licensed staff have received dental varnish training as documented in the training log

Environmental Health

Current condition or problem – Malheur County Environmental Health provides all environmental health services to Baker County. Some of these services include health inspections, licensing and review of restaurants, public pools and tourist facilities, and assistance with food borne illness disease investigations.

BCHD provides limited education regarding environmental health issues to the community. Clients requesting information are referred to Malheur County Environmental Health.

Goal

- To Increase awareness of environmental health services among BCHD staff.
- Provide resources to clients seeking services.

Activities

- Request and receive staff training provided by Malheur County Environmental Health Services.
- Provide educational materials to Baker County residents seeking information.
- Conduct an outreach activity to promote community awareness of Environmental Health Services, such as a press release.
- Include Malheur County Environmental Services in emergency preparedness activities and outreach activities.

Evaluation

- Educational materials pertaining to environmental health services are available at BCHD.
- Completion of an environmental health outreach activity.
- BCHD staff receives training in environmental health services as documented in training logs.

Health Statistics

Current Condition or problem- BCHD employs 1 registrar and 1 deputy registrar to assist as needed. BCHD receives birth and death information in electronic format and hard copy format. All birth and death certificates are processed in a timely manner. BCHD relies on program manuals as a resource. Program policies and procedures need to be developed.

Goal

- The BCHD registrar and deputy registrar will receive additional training in vital records
- Policies and Procedures will be developed and implemented.

Activities

- BCHD staff will attend training offered by DHS that pertain to birth and death certificates.
- BCHD staff will request assistance from DHS with obtaining policy templates.
- BCHD staff will develop, review and implement policies and procedures that pertain to birth and death certificates.
- BCHD will develop a quality assurance program to provide direction in implementing new systems.

Evaluation

- BCHD will train staff on policies and procedures; training will be documented in the meeting minutes.
- BCHD will assure proper implementation of policies and procedures by quality assurance activities.

Information and Referral

Current Condition or problem – BCHD provides unbiased and accurate information and referrals to clients seeking services. Information is presented through oral presentations and written materials. In addition, information and referrals may be presented in press releases; examples include West Nile Virus dead bird reporting and Baker Vector Control. BCHD receives many referrals from community partnerships regarding activities involving public health services and available community resources.

Goal

- To continue to provide accurate and updated information and referral services.
- To maintain an accurate database of resources.

Activities

- Assure that the information and referral data base remains updated on an annual basis and as changes take place.
- Assure that written information is available upon request.
- Include BCHD information and referral training at staff meetings.

Evaluation

- Documentation of review and update of information and referral data.
- Monitor that written material is available on an ongoing basis.
- Documentation of staff training in meeting minutes.

Other Issues

Tobacco rates in Baker exceed state averages. BCHD is in the process of applying for the DHS Health Promotion and Chronic Disease Prevention, Tobacco Prevention and Education Program Grant. We are working with state officials to develop our action plan and submit for approval.

IV. ADDITIONAL REQUIREMENTS

1. Senate Bill 555

BCHD does not oversee the local commission on children and families. The local comprehensive plan for children aged 0-18 include youth substance abuse, adult substance abuse and the availability of positive activities for youth during nonschool hours. BCHD will provide information and referral to all clients seeking information regarding substance abuse. In addition, we will provide information to the public regarding after school activities as we receive this information.

2. Organization Chart

See attached organizational chart.

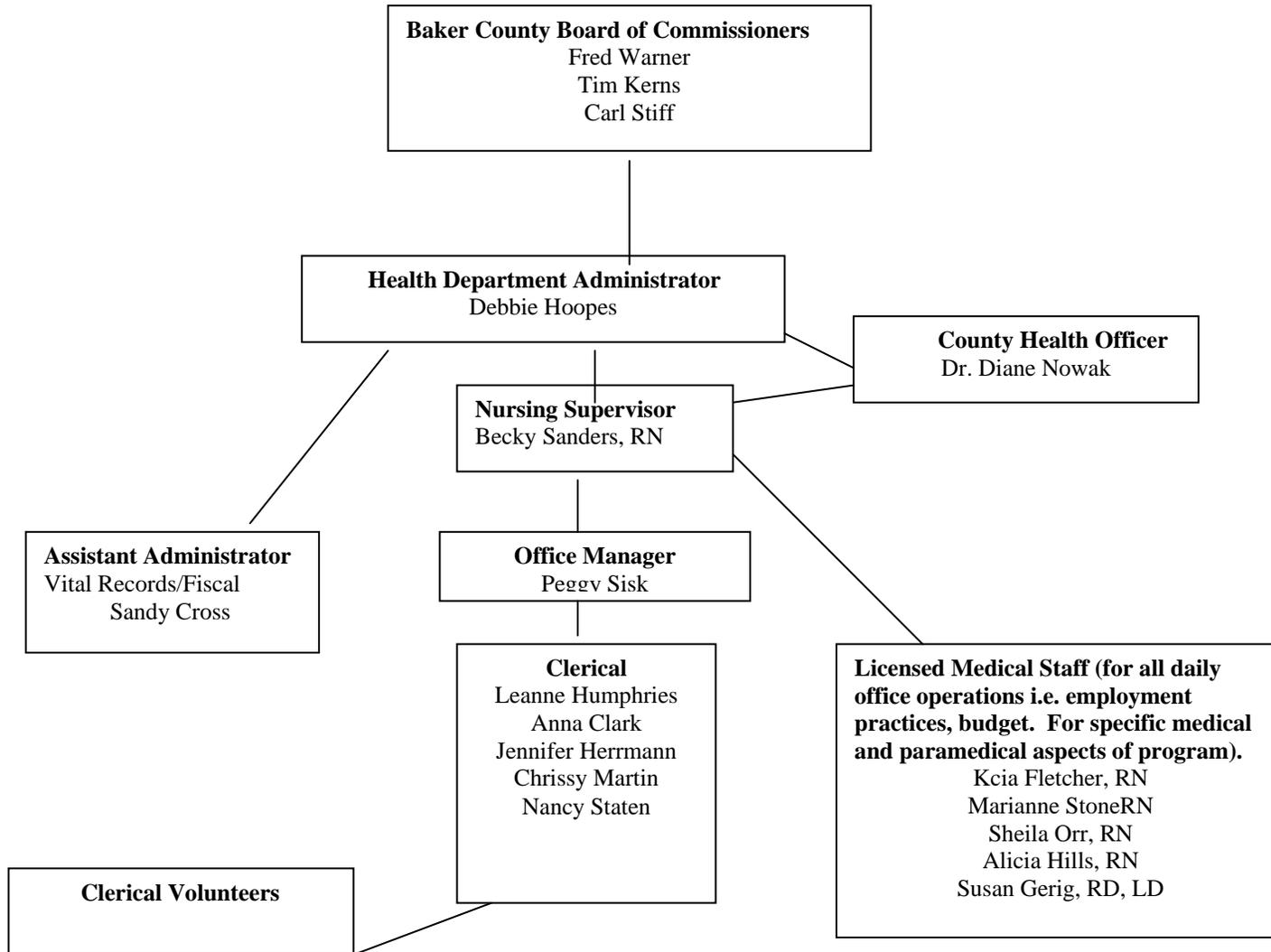
V. UNMET NEEDS

BCHD values competency among our staff members. We acknowledge that a well-trained staff assures that minimum standards are met, systems are implemented correctly and policies and procedures remain updated.

BCHD values the training received from the various DHS programs. In addition, we appreciate the increased regional and online training DHS has provided to rural communities. Through the process of implementing new systems and change, we have discovered that our unmet need is additional training for support staff and fiscal staff. Training that would be helpful include topics involving medical records, fiscal programs, family planning office procedures and vital records.

We are grateful for the support and technical assistance DHS staff has provided to BCHD during the past three years of challenges and processes of change.

ORGANIZATIONAL CHART



Debbie Hoopes, Administrator _____

Date _____

BUDGET CONTACT INFORMATION

WEB SITE: bakercounty.org

CONTACT PERSON: Sandy Cross, Assistant Administrator
541-523-8359 Ext 11
541-403-1128

VII. Minimum Standards - Both

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.
5. Yes No Ongoing community assessment is performed to analyze and evaluate community data.
6. Yes No Written plans are developed with problem statements, objectives, activities, projected services, and evaluation criteria.
7. Yes No Local health officials develop and manage an annual operating budget.
8. Yes No Generally accepted public accounting practices are used for managing funds.
9. Yes No All revenues generated from public health services are allocated to public health programs.
10. Yes No Written personnel policies and procedures are in compliance with federal and state laws and regulations.
11. Yes No Personnel policies and procedures are available for all employees.
12. Yes No All positions have written job descriptions, including minimum qualifications.
13. Yes No Written performance evaluations are done annually.

14. Yes No Evidence of staff development activities exists.
15. Yes No Personnel records for all terminated employees are retained consistently with State Archives rules.
16. Yes No Records include minimum information required by each program.
17. Yes No A records manual of all forms used is reviewed annually.
18. Yes No There is a written policy for maintaining confidentiality of all client records which includes guidelines for release of client information.
19. Yes No Filing and retrieval of health records follow written procedures.
20. Yes No Retention and destruction of records follow written procedures and are consistent with State Archives rules.
21. Yes No Local health department telephone numbers and facilities' addresses are publicized.
22. Yes No Health information and referral services are available during regular business hours.
23. Yes No Written resource information about local health and human services is available, which includes eligibility, enrollment procedures, scope and hours of service. Information is updated as needed.
24. Yes No 100% of birth and death certificates submitted by local health departments are reviewed by the local Registrar for accuracy and completeness per Vital Records office procedures.
25. Yes No To preserve the confidentiality and security of non-public abstracts, all vital records and all accompanying documents are maintained.
26. Yes No Certified copies of registered birth and death certificates are issued within one working day of request.
27. Yes No Vital statistics data, as reported by the Center for Health Statistics, are reviewed annually by local health departments to review accuracy and support ongoing community assessment activities.
28. Yes No A system to obtain reports of deaths of public health significance is in place.

29. Yes No Deaths of public health significance are reported to the local health department by the medical examiner and are investigated by the health department.
30. Yes No Health department administration and county medical examiner review collaborative efforts at least annually.
31. Yes No Staff is knowledgeable of and has participated in the development of the county's emergency plan.
32. Yes No Written policies and procedures exist to guide staff in responding to an emergency.
33. Yes No Staff participate periodically in emergency preparedness exercises and upgrade response plans accordingly.
34. Yes No Written policies and procedures exist to guide staff and volunteers in maintaining appropriate confidentiality standards.
35. Yes No Confidentiality training is included in new employee orientation. Staff includes: employees, both permanent and temporary, volunteers, translators, and any other party in contact with clients, services or information. Staff sign confidentiality statements when hired and at least annually thereafter.
36. Yes No A Client Grievance Procedure is in place with resultant staff training and input to assure that there is a mechanism to address client and staff concerns.

Control of Communicable Diseases

37. Yes No There is a mechanism for reporting communicable disease cases to the health department.
38. Yes No Investigations of reportable conditions and communicable disease cases are conducted, control measures are carried out, investigation report forms are completed and submitted in the manner and time frame specified for the particular disease in the Oregon Communicable Disease Guidelines.
39. Yes No Feedback regarding the outcome of the investigation is provided to the reporting health care provider for each reportable condition or communicable disease case received.

40. Yes No Access to prevention, diagnosis, and treatment services for reportable communicable diseases is assured when relevant to protecting the health of the public.
41. Yes No There is an ongoing/demonstrated effort by the local health department to maintain and/or increase timely reporting of reportable communicable diseases and conditions.
42. Yes No There is a mechanism for reporting and following up on zoonotic diseases to the local health department.
43. Yes No A system exists for the surveillance and analysis of the incidence and prevalence of communicable diseases.
44. Yes No Annual reviews and analysis are conducted of five year averages of incidence rates reported in the Communicable Disease Statistical Summary, and evaluation of data are used for future program planning.
45. Yes No Immunizations for human target populations are available within the local health department jurisdiction.
46. Yes No Rabies immunizations for animal target populations are available within the local health department jurisdiction.

Environmental Health

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

53. Yes No Compliance assistance is provided to public water systems that violate requirements.
54. Yes No All drinking water systems that violate maximum contaminant levels are investigated and appropriate actions taken.
55. Yes No A written plan exists for responding to emergencies involving public water systems.
56. Yes No Information for developing a safe water supply is available to people using on-site individual wells and springs.
57. Yes No A program exists to monitor, issue permits, and inspect on-site sewage disposal systems.
58. Yes No Tourist facilities are licensed and inspected for health and safety risks as required by Chapter 333 Division 12.
59. Yes No School and public facilities food service operations are inspected for health and safety risks.
60. Yes No Public spas and swimming pools are constructed, licensed, and inspected for health and safety risks as required by Chapter 333 Division 12.
61. Yes No A program exists to assure protection of health and the environment for storing, collecting, transporting, and disposing solid waste.
62. Yes No Indoor clean air complaints in licensed facilities are investigated.
63. Yes No Environmental contamination potentially impacting public health or the environment is investigated.
64. Yes No The health and safety of the public is being protected through hazardous incidence investigation and response.
65. Yes No Emergency environmental health and sanitation are provided to include safe drinking water, sewage disposal, food preparation, solid waste disposal, sanitation at shelters, and vector control.
66. Yes No All license fees collected by the Local Public Health Authority under ORS 624, 446, and 448 are set and used by the LPHA as required by ORS 624, 446, and 448.

Health Education and Health Promotion

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

Nutrition

73. Yes No Local health department reviews population data to promote appropriate nutritional services.
74. The following health department programs include an assessment of nutritional status:
- a. Yes No WIC
 - b. Yes No Family Planning
 - c. Yes No Parent and Child Health
 - d. Yes No Older Adult Health
 - e. Yes No Corrections Health
75. Yes No Clients identified at nutritional risk are provided with or referred for appropriate interventions.
76. Yes No Culturally and linguistically appropriate nutritional education and promotion materials and methods are integrated within programs.
77. Yes No Local health department supports continuing education and training of staff to provide effective nutritional education.

Older Adult Health

78. Yes No Health department provides or refers to services that promote detecting chronic diseases and preventing their complications.
79. Yes No A mechanism exists for intervening where there is reported elder abuse or neglect.
80. Yes No Health department maintains a current list of resources and refers for medical care, mental health, transportation, nutritional services, financial services, rehabilitation services, social services, and substance abuse services.
81. Yes No Prevention-oriented services exist for self health care, stress management, nutrition, exercise, medication use, maintaining activities of daily living, injury prevention and safety education.

Parent and Child Health

82. Yes No Perinatal care is provided directly or by referral.
83. Yes No Immunizations are provided for infants, children, adolescents and adults either directly or by referral.
84. Yes No Comprehensive family planning services are provided directly or by referral.
85. Yes No Services for the early detection and follow up of abnormal growth, development and other health problems of infants and children are provided directly or by referral.
86. Yes No Child abuse prevention and treatment services are provided directly or by referral.
87. Yes No There is a system or mechanism in place to assure participation in multi-disciplinary teams addressing abuse and domestic violence.
88. Yes No There is a system in place for identifying and following up on high risk infants.
89. Yes No There is a system in place to follow up on all reported SIDS deaths.

90. Yes No Preventive oral health services are provided directly or by referral.
91. Yes No Use of fluoride is promoted, either through water fluoridation or use of fluoride mouth rinse or tablets.
92. Yes No Injury prevention services are provided within the community.

Primary Health Care

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

Cultural Competency

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

Health Department Personnel Qualifications

103. Yes ___ No X 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 X 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 X No ___ The local health department Environmental Health Supervisor meets minimum qualifications:

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

OR

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

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.

Response to question 27: A vital statistics system will be developed and implemented as described in the action plan.

Response to question 36: The BCHD Grievance Policy is in final draft phase.

Response to question 103:

Response to Question 104: The BCHD Nursing Supervisor will begin working toward receiving a Baccalaureate degree in Fall 2008.

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

Local Public Health Authority

Baker
County

April 10, 2008
Date

**FAMILY PLANNING PROGRAM ANNUAL PLAN FOR
COUNTY PUBLIC HEALTH DEPARTMENT
FY'09**

July 1, 2008 to June 30, 2009

Agency: Baker County Health Department

Contact: Rebecca Sanders

Goal 1: Assure continued high quality clinical family planning and related preventive health services to improve overall individual and community health.

| Problem Statement | Objective(s) | Planned Activities | Evaluation |
|--|--|---|-------------------------------------|
| Currently Baker County Health Department (BCHD) serves 59.5% of WIN. | Increase the WIN served by $\geq 10\%$. | <ul style="list-style-type: none"> Continue to collaborate with other programs at BCHD. Increase availability of walk-in and scheduled appointments. Including evening clinics. | BCHD will serve $\geq 70\%$ of WIN. |
| | Increase community awareness of FP services at BCHD. | <ul style="list-style-type: none"> Outreach and collaboration with local treatment centers regarding family planning services. Create a family planning power point tool to assist with FP presentations. Create a new educational campaign for FP, including newspaper releases and radio announcements. | BCHD will serve $\geq 70\%$ of WIN. |

Goal 2: Assure ongoing access to a broad range of effective family planning methods and related preventive health services.

| Problem Statement | Objective(s) | Planned Activities | Evaluation |
|--------------------------|---------------------|---------------------------|-------------------|
|--------------------------|---------------------|---------------------------|-------------------|

| | | | |
|---|---|--|--|
| Residents of Baker County have decreased awareness of Emergency Contraception (EC) available at BCHD. Although we now supply this method, clients returning to BCHD within the past few years are not aware of this option. | Increase awareness of EC availability for clients seeking services at BCHD. | <ul style="list-style-type: none"> • Provide education to all FP clients receiving services at BCHD. • Offer EC to all FP clients consistently and document. | Chart review will show that 100% of FP clients have received information regarding EC. |
| | Increase staff awareness of methods available, including EC. | <ul style="list-style-type: none"> • Staff training spring 2008. | Completion of staff training. |

Progress on Goals / Activities for FY 08

(Currently in Progress)

| Goal / Objective | Progress on Activities |
|---|--|
| <ul style="list-style-type: none"> • Currently BCHD serves 63.6% of WIN. • BCHD does not provide colorectal cancer screening to women ≥ 40 years of age. | <ul style="list-style-type: none"> • In progress: currently BCHD serves 59.5% of WIN. Plans to increase this number is listed above. • In progress. |
| <ul style="list-style-type: none"> • Not all family planning clients are aware that EC is available at BCHD. • BCHD provides a limited variety of birth control methods to family planning clients (Implementation of the Nuva Ring). | <ul style="list-style-type: none"> • In progress: plans to continue to promote EC is listed above. • A Nuva Ring Protocol was developed. However, due to lack of interest from BCHD FP clients, BCHD has not supplied this method. |

FY 2007-2008 WIC Nutrition Education Plan

Goal 2: Activity 1, Tool

Identifying Community Factors that Influence Health Outcomes

Needs Assessment Method used: Key Informant Interviews: 16 PreNatal and 17 PostPartum WIC participants.

How was assessment conducted: Susan designed simple survey which asked similar questions to both PreNatal and PostPartum Women. Anna called clients and tabulated their responses.

Community factors identified as unique/interesting for our community: Both groups of women believe some women have difficulty taking off their pregnancy weight. Both groups want easy ideas for staying active and feeling fit.

Which of these concerns are relevant to the WIC clients you serve: Both healthy eating and ideas for staying active scored as being important with Post Partum women scoring “fun activities that keep me active matter” on average as as 8.5 out of 10.

What changes, if any, will you make in the approach to nutrition education your agency offers as a result of your needs assessment: We purchased 200 YMCA passes @ \$3.00 each (with year end funds) & we will offer these at 1:1 second nutrition eds that address physical activity benefits.

How do you plan on sharing the results from your needs assessment with staff, community partners and clients: I’ll share this needs assessment and the outcome of it (YMCA passes) with the WIC staff, and it time permits, the entire Baker County Health Department.

FY 2007 - 2008 WIC Nutrition Education Plan Form

County/Agency: Baker County WIC

Person Completing Form: Susan Gerig, RD, LD

Date: 4/25/07

Phone Number: 541-523-8212

Email Address: sgerig@bakercounty.org

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

by May 1, 2007

Sara Sloan Goodrich, 971-673-0043

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:

WIC Coordinator/Local Agency Nutrition Ed Contact will schedule time in August 2007 for local agency certifier staff to complete Nutrition Risk Module. (See Attachment B, WIC Staff Training Plan FY 2007-2008.)

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 Coordinator/Local Agency Nutrition Ed Contact will schedule time in November 2007 for local agency certifier staff to complete Dietary Risk Module. (See Attachment B, WIC Staff Training Plan FY 2007-2008.)

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 for details on participation and content.

Staff name(s): Susan Gerig, RD, LD

Email address(s): sgerig@bakercounty.org

Phone Number(s): 541-523-8212

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.

Agency Training Supervisor: Susan Gerig, RD, LD
sgerig@bakercounty.org
541-523-8212

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 by September 30, 2007, to determine relevant nutritional health concerns and assure that your nutrition education offerings meet the needs of your WIC population.

Resources include: TWIST Reports, PEDS Data, Oral Health Data, Healthy Active Oregon Communities' Initiatives. Resources will be provided July 2007.

Implementation Plan and Timeline:

Local Agency WIC staff will complete a needs assessment of our community by September 30, 2007, to determine relevant nutritional health concerns and assure that our nutrition education offerings meet the needs of our WIC population. This assessment will be completed by using state provided resources that will be provided July 2007.

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

Resources include: Information from Goal 2, Activity 1, Oregon WIC Nutrition Education Guidance.

Activity 2A:

By October 31, 2007, submit an Annual Group Nutrition Education schedule for your agency for 2008. Complete and return Attachment C by October 31, 2007. Make copies of the schedule as needed. If your agency does not offer group nutrition education activities, complete Activity 2B.

Implementation Plan and Timeline:

Local Agency Nutrition Ed Contact will complete by October 31, 2007, an Annual Group Nutrition Education schedule for Baker County WIC for 2008.

Activity 2B:

If your agency does not offer group nutrition education activities, how do you determine 2nd individual nutrition education is appropriate to the individual client's needs?

Response:

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 develop at least one specific objective and implement at least one 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.

This objective gives you the opportunity to address relevant issues and “customize” activities for your agency. For example, you could utilize findings from the prior 3 Year Nutrition Education Plan to determine the most common barriers to making healthy behavior changes. Develop the objective and activity to address those barriers.

Activity 1:

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

Local Agency Staff Activity:

Baker County WIC and Health Department Staff will be offered a chance to participate in a “Minutes for Miles” physical activity of the staff person’s choosing. Staff will log their weekly exercise time, each minute represents a mile. At the monthly health dept. staff meetings, staff will be given updates of the “Miles” logged. Incentives will be given. July will be projected kick-off month.

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.

Objective was chosen to involve WIC/Health Dept staff in an activity that promotes physical activity and simultaneously makes staff accountable for their own activity and the time logged in that activity. Kick-off for this staff activity will be July 2007. To evaluate the activity's effectiveness, there will be monthly updates of minutes of physical activity logged, these minutes will translate into miles on a world map. Map plotting will be updated monthly.

Activity 2:

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

Local Agency Client Activity:

Fruits and Vegetable Classes during issuance of Farmers' Market Coupons.

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.

This objective was chosen to give WIC clients another venue to learn about the benefits of including more veggies & fruits in their daily intake.

The change that we expect to see is an increase in the redemption rate of FDNP coupons for the 2007 season as compared to the previous season.

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

Year 1 Objective: During Plan period, each local agency will develop at least one objective and activity to help improve breastfeeding outcomes for WIC staff or WIC clients.

Consider using findings from the prior 3 Year Nutrition Education Plan to help identify and address common barriers to breastfeeding.

Activity 1:

Breastfeeding Objective:

Improve breastfeeding outcomes for WIC moms by offering Breastfeeding Class twice per month to allow more interested WIC moms the opportunity to make an informed choice regarding the best way to feed their infant.

Breastfeeding Activity supporting the above objective:

“How Will I Feed My Baby?” class will be offered during both a morning and afternoon session each month.

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.

Objective was chosen to allow WIC Moms to consider the benefits of breastfeeding early on in their pregnancy.

We plan to see an increase in the duration of breastfeeding because WIC Moms will be better informed about the best choice for feeding their baby.

Will use TWIST reports to compare Breastfeeding duration rates from previous two years as compared to July 2007- June 2008.

Attachment B

FY 2007-2008 WIC Nutrition Education Plan

Goal 1, Activity 4

WIC Staff Training Plan – 7/1/2007 through 6/30/2008

Agency : Baker County WIC

Training Supervisor(s) and Credentials: Susan Gerig, RD, LD

Staff Development Planned

Based on planned new program initiatives (for example VENA), your program goals, or identified staff needs, what quarterly in-services and or continuing education are planned for existing staff? List the in-services and an objective for quarterly in-services that you plan for July 1, 2007 – June 30, 2008. State provided in-services, trainings and meetings can be included as appropriate.

| Quarter | Month | In-Service Topic | In-Service Objective |
|---------|--------------|-------------------------------------|---|
| 1 | July 2007 | Infant Feeding | Review topics presented in updated infant feeding hand-outs |
| 2 | October 2007 | Completion of Nutrition Risk Module | VENA preparedness for LA Certifiers |
| 3 | January 2007 | Completion of Dietary Risk Module | VENA preparedness for LA Certifiers |
| 4 | May 2008 | OR WIC Key Nutrition Messages | Staff to review/begin to implement Key Nutrition Messages presented at April State WIC Mtg. |

| | | | |
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Attachment C

FY 2007-2008 WIC Nutrition Education Plan

Goal 2, Activity 2A

2008 Group Nutrition Education Schedule

Agency: Baker County WIC Clinic: Baker (01)

| Month(s) | Client Category | Class Topic | Class Title | Brief Description |
|------------------|-----------------------|-----------------|---------------------------|--|
| July 07- June 08 | Pregnant Woman | Breastfeeding | "How Will I Feed My Baby" | Moms discuss benefits of breastfeeding, share questions/concerns, view DVD, "14 Steps to Better Breastfeeding", Moms are encouraged to discuss their answers to previous concerns/questions. |
| July 07-June 08 | Children > or = 24 mo | Storytime | Storytime at WIC | Books are read/discussed that include simple nutrition topics. |
| June 08 | All categories | Farmers' Market | Farmers' Market Class | Benefits of eating the More Matters way, ideas for including more veggies/fruits in meal plan & how to use FM coupons. |

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APPENDIX

Local Health Department: ~~Baker County Health Department~~
Plan A - Continuous Quality Improvement: Improving Missed Shot Rate
Fiscal Years 2008-2011

| Year 1: July 2008 – June 2009 | | | | |
|--|--|--|---|---|
| Objectives | Methods / Tasks | Outcome Measure(s) | Outcome Measure(s) Results¹ | Progress Notes² |
| <p>A. Current Missed shot rate is 14%. Objective is to decreased the missed shot rate 2% each year for 3 years to total 8%.</p> | <ul style="list-style-type: none"> • Request for DHS to provide a training regarding minimum spacing. • Provide staff training regarding contraindications and vaccine spacing. • Defer shots only for true contraindications. • Focus attention to catch up schedules. • Fully screen each client. • Give every shot due. | <ul style="list-style-type: none"> • Assess missed shot rate, determine rate. • Goal of missed shot rate 12%. • Documentation of 100% completed staff training in log. • Assess results of quality assurance activities. • Assess barriers to goal in being met if rate is not 12% or less. | <p>To be completed for the FY 2009 Report</p> | <p>To be completed for the FY 2009 Report</p> |

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

² **Progress Notes** – please include information about the successes and challenges in completing the Methods/Tasks, any information that will help us better understand your progress, and any assistance from DHS that would have helped or will help met these objectives in the future.

| Year 2: July 2009 – June 2010 | | | | |
|---|---|--|---|--|
| Objectives | Methods / Tasks | Outcome Measure(s) | Outcome Measure(s) Results ¹ | Progress Notes ² |
| A. Evaluate plan, decrease missed shot rate by 2% | <ul style="list-style-type: none"> • Provide on going staff training regarding contraindications and spacing of vaccines. • Defer shots only for true contraindications. • Focus attention on catch up schedules. • Fully screen each client. • Give every shot due. | <ul style="list-style-type: none"> • Assess missed shot rate, determine rate. • Goal of missed shot rate 10%. • Documentation of 100% completed staff training in log. • Assess results of quality assurance activities. • Assess barriers to goal in being met if rate is not 10% or less. | To be completed for the FY 2010 Report | To be completed for the FY 2010 Report |

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

² **Progress Notes** – please include information about the successes and challenges in completing the Methods/Tasks, any information that will help us better understand your progress, and any assistance from DHS that would have helped or will help met these objectives in the future.

| Year 3: July 2010 – June 2011 | | | | |
|--|--|--|---|--|
| Objectives | Methods / Tasks | Outcome Measure(s) | Outcome Measure(s) Results¹ | Progress Notes² |
| A. Evaluate Plan, decrease Missed shot rate by 2%. Assess total missed shot rate. | <ul style="list-style-type: none"> • Provide staff training regarding contraindications. • Defer shots only for true Contraindications. • Focus attention on catch up schedules. • Fully screen each client. • Give every shot due. | <ul style="list-style-type: none"> • Assess missed shot rate, determine rate. • Goal of missed shot rate 8%. • Documentation of 100% completed staff training in log. • Assess results of quality assurance activities. • Assess barriers to goal in being met if rate is not 8% or less. | To be completed for the FY 2011 Report | To be completed for the FY 2011 Report |

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

² **Progress Notes** – please include information about the successes and challenges in completing the Methods/Tasks, any information that will help us better understand your progress, and any assistance from DHS that would have helped or will help met these objectives in the future.

APPENDIX

Local Health Department: ~~Baker County Health Department~~ Plan A - Continuous Quality Improvement: Improving Late Start Rate Fiscal Years 2006-2008

| Year 1: July 2005 – June 2006 | | | | |
|--|---|--|---|--|
| Objectives | Methods / Tasks | Outcome Measure(s) | Outcome Measure(s) Results ¹ | Progress Notes ² |
| A. Decrease the Late start rate by 50% over the next 3 years | Identify barriers at BCHD that are causing infants to begin Immunizations late Develop strategies to decrease the late start rate Develop a protocol to prevent Immunizations barriers Provide training to staff regarding decreasing barriers | <ul style="list-style-type: none"> • Determine the number (baseline) of Infants starting Immunizations late due to barriers • Determine late start rate by September 2005 • Develop a Plan by November 2005 • Document 100% of staff training in Immunization barrier prevention | To be completed for the FY 2006 Report | To be completed for the FY 2006 Report |

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

² **Progress Notes** – please include information about the successes and challenges in completing the Methods/Tasks, any information that will help us better understand your progress, and any assistance from DHS that would have helped or will help met these objectives in the future.

| Year 2: July 2006 – June 2007 | | | | |
|---|--|---|---|--|
| Objectives | Methods / Tasks | Outcome Measure(s) | Outcome Measure(s) Results¹ | Progress Notes² |
| A. Evaluate the Plan to improve late start rate of a 50% decrease over 3 years | <ul style="list-style-type: none"> • Reassess Consistency of Immunization barrier prevention Evaluate Staff's understanding of importance of Immunizing on time and barrier prevention Identify new interventions | <ul style="list-style-type: none"> • 75% improvement in Immunization barrier prevention • Late start rate decreased by 25% • Decide efficacy of continuing plan in the next year | To be completed for the FY 2007 Report | To be completed for the FY 2007 Report |

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

² **Progress Notes** – please include information about the successes and challenges in completing the Methods/Tasks, any information that will help us better understand your progress, and any assistance from DHS that would have helped or will help met these objectives in the future.

| Year 3: July 2007 – June 2008 | | | | |
|---|---|--|---|-----------------------------------|
| Objectives | Methods / Tasks | Outcome Measure(s) | Outcome Measure(s) Results¹ | Progress Notes² |
| A. Reevaluate Plan to improve late start rate of 50% decrease over 3 years | <ul style="list-style-type: none"> Continue staff education on barrier prevention Conduct 2 workshops on Standards of Immunization Practices | <ul style="list-style-type: none"> Late start rate decreased by 50% Complete Workshops by October 1, 2007 and April 1, 2008 | Late Start Rate of 2007 Annual Assessment of Immunization Practices is 22%. This is an increase from 2006 at 18%. | |

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

² **Progress Notes** – please include information about the successes and challenges in completing the Methods/Tasks, any information that will help us better understand your progress, and any assistance from DHS that would have helped or will help met these objectives in the future.

APPENDIX

Local Health Department: ~~Baker County Health Department~~
Plan B – Chosen Focus Area: Standards for Child and Adolescent Immunization
Practices #10
Fiscal Years 2008-2011

| Year 1: July 2008 – June 2009 | | | | |
|--|--|--|---|--|
| Objectives | Methods / Tasks | Outcome Measure(s) | Outcome Measure(s) Results¹ | Progress Notes² |
| A. Increase staff knowledge of immunizations. | <ul style="list-style-type: none"> • Attend trainings provided by DHS as the BCHD budget allows. • Provide immunization training on a regular basis at monthly staff meetings. • Assess training needs from staff. • Identify training resources available, such as trainings CDC offers. • Include in trainings review of current standing orders. | <ul style="list-style-type: none"> • Completion of training activities. • Documentation in meeting minutes. • Documentation in staff training logs. | To be completed for the FY 2009 Report | To be completed for the FY 2009 Report |

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

² **Progress Notes** – please include information about the successes and challenges in completing the Methods/Tasks, any information that will help us better understand your progress, and any assistance from DHS that would have helped or will help met these objectives in the future.

| Year 2: July 2009 – June 2010 | | | | |
|---|--|--|---|--|
| Objectives | Methods / Tasks | Outcome Measure(s) | Outcome Measure(s) Results¹ | Progress Notes² |
| A Increase staff knowledge of immunizations. | <ul style="list-style-type: none"> Attend trainings provided by DHS as the BCHD budget allows. Provide immunization training on a regular basis at monthly staff meetings. Assess training needs from staff. Identify training resources available, such as trainings CDC offers. Include in trainings review of current standing orders. | <ul style="list-style-type: none"> Completion of training activities. Documentation in meeting minutes. Documentation in staff training logs. | To be completed for the FY 2010 Report | To be completed for the FY 2010 Report |

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

² **Progress Notes** – please include information about the successes and challenges in completing the Methods/Tasks, any information that will help us better understand your progress, and any assistance from DHS that would have helped or will help met these objectives in the future.

| Year 3: July 2010 – June 2011 | | | | |
|--|--|--|---|--|
| Objectives | Methods / Tasks | Outcome Measure(s) | Outcome Measure(s) Results¹ | Progress Notes² |
| A. Increase staff knowledge of immunizations. | <ul style="list-style-type: none"> Attend trainings provided by DHS as the BCHD budget allows. Provide immunization training on a regular basis at monthly staff meetings. Assess training needs from staff. Identify training resources available, such as trainings CDC offers. Include in trainings review of current standing orders. | <ul style="list-style-type: none"> Completion of training activities. Documentation in meeting minutes. Documentation in staff training logs. | To be completed for the FY 2011 Report | To be completed for the FY 2011 Report |

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

² **Progress Notes** – please include information about the successes and challenges in completing the Methods/Tasks, any information that will help us better understand your progress, and any assistance from DHS that would have helped or will help met these objectives in the future.

Local Health Department: Baker County Health Department
Plan B - Chosen Focus Area: Alert Promotion
Fiscal Years 2006-2008

| Year 1: July 2005 – June 2006 | | | | |
|--|--|---|---|--|
| Objectives | Methods / Tasks | Outcome Measure(s) | Outcome Measure(s) Results ¹ | Progress Notes ² |
| A. Increase Alert use by 50% in Schools and Medical facilities | <p>Assess the level of awareness and use of Alert in Baker County</p> <p>Develop strategies to promote Alert</p> <p>Develop a protocol to screen all School and Medical Facilities at the beginning of Exclusion</p> <p>Provide training to facilities regarding benefits of Alert</p> | <ul style="list-style-type: none"> Determine baseline of percent of Schools and Medical Facilities using Alert <p>Develop a Plan by November 2005</p> <p>Document 50% of staff trained in Schools and Medical Facilities</p> | To be completed for the FY 2006 Report | To be completed for the FY 2006 Report |

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

² **Progress Notes** – please include information about the successes and challenges in completing the Methods/Tasks, any information that will help us better understand your progress, and any assistance from DHS that would have helped or will help met these objectives in the future.

| Year 2: July 2006 – June 2007 | | | | |
|---|--|--|---|--|
| Objectives | Methods / Tasks | Outcome Measure(s) | Outcome Measure(s) Results¹ | Progress Notes² |
| A. Evaluate plan to improve Alert awareness and use in Schools and Medical Facilities by 50% | <ul style="list-style-type: none"> • Reassess Alert use Evaluate understanding of Alert Identify new intervention to promote Alert | <ul style="list-style-type: none"> • 25% improvement in Alert use in Schools and Medical Facilities Decide efficacy of continuing Alert Promotion | To be completed for the FY 2007 Report | To be completed for the FY 2007 Report |
| B. | | | To be completed for the FY 2007 Report | To be completed for the FY 2007 Report |

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

² **Progress Notes** – please include information about the successes and challenges in completing the Methods/Tasks, any information that will help us better understand your progress, and any assistance from DHS that would have helped or will help met these objectives in the future.

| Year 3: July 2007 – June 2008 | | | | |
|---|--|--|---|-----------------------------------|
| Objectives | Methods / Tasks | Outcome Measure(s) | Outcome Measure(s) Results¹ | Progress Notes² |
| A. Reevaluate Plan to Improve Alert awareness and use in Schools and Medical Facilities by 50% | <ul style="list-style-type: none"> Educate School and Medical Facility staff regarding benefits of Alert Conduct 2 training workshops | <ul style="list-style-type: none"> Complete workshops by October 1, 2007 and April 1, 2008 Increased Alert use by 50% in Schools and Medical Facilities | All Activities were completed | All Activities were completed |
| B. | | | | |

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

² **Progress Notes** – please include information about the successes and challenges in completing the Methods/Tasks, any information that will help us better understand your progress, and any assistance from DHS that would have helped or will help met these objectives in the future.

