

May 1, 2008

Mr. Tom Engle
Office of Community Liaison
Oregon Department of Human Services
800 NE Oregon Street, Suite 930
Portland, OR 97232

RE: FY 2007/FY 2008 Annual Plan for Hood River County

Dear Mr. Engle:

Enclosed is Hood River County's FY 2008-09 Annual Health Plan for continuing State support of Hood River County's public health responsibilities.

Included are narrative, fiscal contact information, and minimum standards sections. As requested, this document is being submitted in electronic format. Should you need a signed hard copy, I will happy to send one.

I hope you find these materials satisfactory. Please contact me if you require any further information in support of the Hood River County Annual Plan.

Sincerely,

Ellen Larsen

Ellen Larsen
Hood River County Health Department Administrator



Local Public Health Authority

Hood River County

Annual Plan for FY 2008/2009

Hood River County Health Department
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Updates for 2008/09 are in blue.

I. Executive Summary 2007-08

The budget for Hood River County has been finalized by the budget committee and is slated for approval by the Board of Commissioners in June. There were additional cuts to general fund support of public health as well as other county departments. Staffing levels at the health department continue at a critical level. Program revenues have been somewhat better this year over last, but not enough to offset anticipated cuts in public health preparedness and county general fund support. This year will see the removal of the public health nurse from the WIC program and while this level of staffing is not a requirement it has been a benefit for clients to have assessment and referral expertise as a built in part of the program. The program will be staffed with paraprofessional staff and an RN coordinator.

The health department is anticipating taking part in the BCCP program after its revamping at the state level.

Several medical practices in the county have been offering immunization services in the past year and there are now three VFC providers in the county. The health department has not seen a significant decrease in the number of clients served for immunizations.

The costs of program services for the county medical examiner this year have been lower with fewer cases, but this is always a variable expense. The increased level of service is greatly appreciated by local law enforcement.

The Health Department continues to provide school health for the countywide district. The school health program coordinator has been working actively with schools in the district to engage and educate staff as to services available. There continues to be no space for a school based health center although there is desire for one. The community partners continue to meet to see what solutions can be found in the future. There is increased need for health services in the schools as the number of students with health related protocols has grown substantially. School health is funded through revenue from the school district, Providence Hood River Memorial Hospital, and the health department.

Communicable disease rates remain low, although we did have three cases of gonorrhea reported in 2007. Chlamydia remains our most often reported disease. The county has yet to have a case of West Nile fever, none of the birds submitted for testing have come back positive. Our health officer and our lead communicable disease nurse continue to work closely with the local hospital, labs, and private provider offices to promote understanding of public health concerns and topics, and compliance with reporting.

The Windmaster area has been formed into a special service and urban renewal area with additional funding for sewer construction being sought. Bidding for the construction phase should be done this spring with a hoped for construction start in fall 2008.

Training and exercising for public health preparedness continues. The anticipated cuts and changes in use criteria for the federal grant will have impact on our ability to continue with the same level of communicable disease service currently being provided.

The first goal, and even larger challenge, for the fiscal year 2008/2009 will be to maintain service levels in programs as closely as possible to those provided in FY 2007/2008.

II. HOOD RIVER COUNTY ASSESSMENT 2006-07

Ageing Issues – 12.0% of County residents are 65 years and older. Of those residents 65+ years 18% are 85 years and over. This remains steady at about 2% of total population. Yearly death rates remain quite constant. There are currently 2 independent retirement living facilities, four assisted living facilities, 1 nursing home and 3 adult foster care homes. [In 2008 there is only one licensed foster home in the county.](#) Dental care, prescription costs, transportation and housing costs are issues for this age group. There are currently three practicing specialists in internal medicine in Hood River County. [There are now four internal medicine specialists, although one has a limited practice.](#)

Births – The birth rate in 2005 declined to 13.69/1,000 from 14.75/1000 in 2004. [Birth rate in 2006 is 14.15/1000.](#) The age specific birth rate for all women 10-17 years is 7.0/1,000 ([5.81/1000](#)). The birth rate for total women 18-19 years is 53.0/1,000 ([88.98/1000](#)). The rate for total women 20+ years is 54.0/1,000 ([65.33/100](#)). [The risk factors of maternal minority race/ethnicity, maternal age 35 and older, and less than 12 years education were all higher than the state average.](#) [Birth to an unmarried mother was lower than the state average.](#)

Hood River County was one of the original Oregon Mother's Care counties. Our overall rate for adequate prenatal care has improved since the program came into effect. Our rate for the year 2005 was 95.1%; provisional data for 2006 shows a rate of 95.5%. Prenatal care was begun in the first trimester by 81.5% of women in 2005 and provisional data for 2006 shows 84% ([84.2% in 2006](#)). Seventy-eight ([seventy one](#)) percent of the births were to married women; this number is an increase from 2003, and statistically higher than the state average.

Birth defects have remained about constant in Hood River County with very low numbers, generally about 1 per year. Due to the small numbers though this does have profound effect on the statistics. The 2005 percentage of low birth weight babies is 4.8% and provisionally in 2006 it is 4.0%. ([Low birthweight babies for 2006 equaled 4%, preliminary data for 2007 shows 5%](#))

There were 40 induced terminations performed for Hood River County women in 2005 and preliminary data shows there were 36 terminations through September of 2006. There were no abortions performed on girls less than 15 years of age in 2005.

[In 2006 there were 128 first births \(43.4%\), preliminary data for 2007 shows 106 first births \(34%\). In 2006 19 mothers \(6.3%\) indicated they had used tobacco while pregnant.](#)

Deaths – The most recent finalized data available is for the year 2004.

Median age for deaths in the County for 2004 was 81([80](#)) years for both sexes, 78 ([80](#)) years for men and 84 ([85](#)) years for women. Almost 39% ([46%](#)) of county deaths occur in those 85 years and older and 69% ([70%](#)) of deaths are to those aged 75 and older. Data for 2004 shows the five leading causes of death in descending order are: heart disease, cancer, chronic lower respiratory disease, accidents and tied are Alzheimer's Disease and influenza/pneumonia. ([In 2005 the five leading causes of death were: heart disease, cancer, cerebrovascular disease, Alzheimer's Disease, and Chronic Lower Respiratory Disease.](#)) The cancer rate is lower than that of the state and the heart disease rate is higher than the state. Heart disease is a more common cause of death in Hood River County than in the state. Chronic lower respiratory disease, accidents and influenza/pneumonia are all more common causes of death in Hood River County than in the State. Tobacco related deaths is lower than the state, but not significantly so. Unintentional injury death rate is slightly higher in Hood River County than for

the state. In 2005 preliminary data shows most deaths occurred in April, January, May and November (3-way tie), followed by October and February in that order.

Diabetes and other Chronic Diseases –

Diabetes is the seventh (in 2005 it was the sixth) leading cause of death in Hood River County. There are the same concerns here as in other areas of the State. Our high Hispanic population percentage also impacts our rates. We partner with the local FQHC and Hispanic outreach program for education and outreach. The local Diabetes Association provides most services. We are working with community partners and with our own clients on issues of obesity.

The local Head Start Program is working on screening their students for asthma and other reactive airway diseases. They are developing a screening questionnaire that will also screen for such conditions as enlarged tonsils etc in hope of not ending up with over diagnosis of asthma.

Communicable Disease – Hood River County continues to have a low occurrence for CD. There have been no major outbreaks in the past year. There were no cases of West Nile virus diagnosed and none of the birds submitted for analysis tested positive. In 2006 Chlamydia was the most frequently reported disease followed by Giardiasis. [Data for 2007 shows there were 82 cases of notifiable diseases or conditions in the county. The most common was Chlamydia at 46, second chronic Hepatitis C with 10. There were 4 cases of HIV/AIDS and 3 cases each of Lyme disease and Gonorrhea reported.](#)

Dental – remains a huge problem in this area. Give a Kid a Smile Day was held in February again this year. The format was changed with children being screened and only minor restoration done on that day. More extensive work was done at individual participating dental offices. Despite the fact that the follow up care would be completed free or at a greatly reduced rate, there was a very high no-show rate for the appointments. The local FQHC has a dental program, but there again the no-show rate is very high. There is still no acceptance for the idea of fluoridating the water systems in the County. Fluoride treatments are being actively done in Head Start and in the elementary grades of the school district. [A dental health coalition has been formed and is looking at caries prevention strategies and funding for dental care that would include finding dental homes for people in order that they could receive ongoing routine and preventive care as well as much needed urgent care.](#)

Domestic Violence – Hood River's rate for child abuse and neglect is 11.4/1,000 with a state rate of 13/1,000. There were 65 total victims in 2005. Forty-five of the victims were abuse and neglect cases and 20 were threat of harm. About 0.5% of the County population was involved in domestic violence, harassment and abusive relationships. There continue to be instance of DUII with family members and children in the car. In 2006 a two-year-old girl died in a traffic accident were DUII was involved.

As of December 2006 68 restraining orders had been issued through the district attorney's office. Another 6 were not granted. Approximately 90% of these cases involved men harming women, 2% were same sex relationships and 8% involved parents and children. This includes adult children and elder abuse as well as parents harming non-adult children. Not much action is available in Hood River County around stalking issues. Orders are very hard to get, since the order is in place forever. There were 4 petitions made, but none were granted. The alternative used is the sending a "no contact" certified letter with return receipt. There are an average of 2 letters of this type sent per month. If the contact continues the law enforcement is contacted and attempt to get a harassment or other criminal charge filed. Victims and perpetrators are

urged to seek counseling, but more people seem to be resistant to this option despite encouragement.

Helping Hands Against Violence offers a 30-day sheltering program with a capacity of 6 adults and 12 children. This emergency sheltering is available for 30 days and includes peer counseling, transportation assistance, food vouchers, clothes, etc as needed. Some former clients find that they need to return to the shelter and the program continues to work with victims that have been able to move back into the community. There is about equal usage by Hispanic and Non-Hispanic patrons. Helping Hands also runs a Young Women's Center. This program has 5 rooms available to women and their children. Women without children can also be served depending on circumstances. The ages served are from 16 to 24 years of age. Most clients are 18 years or older, unless legally emancipated. Women can live in this transitional housing for up to one year. The hot line run by Helping Hands receives about 100 calls per month.

Adolescent Health and Risks

Youth Suicide – Oregon Health Teens 2005-2006, 11th Grade data shows that out of 394 responses 31 students (24 female, 7 male) thought seriously about attempting suicide in the last 12 months. Eleven of the students stated they had attempted 1 to 3 times. One female and 2 males stated they had attempted 6 or more times. Of the students indicating attempts 3 stated that they had required treatment by a nurse or doctor. Male students attempts were more likely to required care by a medical professional.

Oregon Health Teens 2005-2006, 8th Grade data shows that out of 467 responses 46 students (34 female, 12 male) thought seriously about attempting suicide in the last 12 months. Fifteen of the students stated they had attempted 1 to 3 times. Two females and 1 male stated they had attempted 6 or more times. Of the students indicating attempts 6 stated that they had required treatment by a nurse or doctor. Female students attempts were slightly more likely to required care by a medical professional.

Sexual Behavior – Youth Survey 11th grade data indicated that approximately 44.4% have had sexual intercourse. The breakdown by sex was 41.1% females and 48.1% males. Of these students 18.3% were sixteen years or older at the time of first intercourse. Those reporting first intercourse at 13 years or younger was 9.4%. It was reported that 17.3% had sex with only one person, while 15.5% reported having sex with 2 or 3 people. During the three months prior to the survey 22.2% reported having had sex with only one person. Among students who had ever had sex, 67.8% had been sexually active during the three months prior to the survey. Among students who reported being sexually active 27.1% stated they had used drugs or consumed alcohol prior to intercourse. Among those who have had sex, 62.3% stated they used a condom the last time they had intercourse. Condoms are the most commonly used form of contraception among these teens. Only 22 stated they used no method at all to prevent pregnancy.

Youth Survey 8th grade data indicated that approximately 11.9% have had sexual intercourse. The breakdown by sex was 8.6% females and 15.7% males. Age 13 was the most commonly reported age of first intercourse. During the three months prior to the survey 4.1% reported having had sex with only one person. Among students who had ever had sex, 56.4% had been sexually active during the three months prior to the survey. Among students who reported being sexually active 28.3% stated they had used drugs or consumed alcohol prior to intercourse. Among those who have had sex, 81.1% stated they used a condom the last time they had

intercourse. Condoms are the most commonly used form of contraception among these teens. Only 4 stated they used no method at all to prevent pregnancy.

Personal Safety – Among students who had ridden a bicycle in the last 12 months 50% of 11th graders and 34.9% of 8th graders said they had not worn a helmet. When riding in a car being driven by someone else 75% of 11th graders and 64.1% of 8th graders stated they always wear a seatbelt. Thirty-four out of 392 students stated they had driven a car after drinking alcohol from 1 to 3 times. Eleven percent of 11th graders and 7% of 8th graders stated that they ridden in a car with another teen that had been drinking. Riding in a car with an adult driver that had been drinking was indicated by 18% of 11th graders and 17% of 8th graders. One 8th one 8th grader and four 11th graders reported carrying a gun to school. Twenty 8th graders and twenty-seven 11th graders reported weapons other than guns. When asked how difficult it would be to get a handgun 31% of 8th graders and 47% of 11th graders stated it would be “very easy” or “sort of easy.”

Human Behavior – 20% of students reported attending high school while they were either drunk or high and 7% attended middle school. About 5.5% reported this had been 12 or more times in the past year in high school and 0.4% in middle school. Seventeen percent of 11th graders and 7% of 8th graders stated that had smoked during the 30 days prior to the survey, with almost 3% of 11th graders and 1% of 8th graders stating that it was every day. Sixty three percent of 11th graders and 71% of 8th graders state that they would not smoke a cigarette even if their best friend offered it to them. Over half of the students in 11th grade and 46% of 8th graders stated it would be very easy to obtain tobacco products. Smokeless tobacco was used by 7% of 11th grade and 1% of 8th grade students during the past 30 days.

During the previous 30 days alcohol had been consumed by 48% of 11th grade and 30% of 8th grade students. The majority of these students started drinking at age 13. Among students who consumed alcohol binge drinking was stated by 26% of 11th grade and 13% of 8th grade students. Over 79% of 11th grade and 61% of 8th grade students stated it would be very easy or sort of easy to obtain alcohol. Drinking at parties was indicated by 40% of 11th graders and 10% of 8th graders. Among students who drink, 6% of 11th graders and 3% of 8th graders missed school due to alcohol consumption.

Drugs – Twenty-three percent of 11th grade and 8% of 8th grade students reported using marijuana in the previous 30 days. The majority was between 13 and 15 years when they first tried marijuana among 11th graders and the most common age for 8th graders was 13 years. Two percent of both 11th and 8th graders stated they used methamphetamines within the previous 30 days. Four percent of 11th graders and 2% of 8th graders stated they had used cocaine in the previous 30 days.

Family Life – Over 90% of students in both 11th and 8th grades responded that it was either very or pretty much true that a parent or other adult in their home always wanted them to do their best. Eighty seven percent of both 11th and 8th grade students responded that there was an adult out side their home or school who always wanted them to do their best.

Community Life – Among 11th graders, 73% stated they liked their neighborhood and 88% said they felt safe there. Among 8th graders, 82% liked their neighborhood and 87% said they felt safe there. When buying alcohol 11th grades state 87% of the time they were very sure or pretty much true they would be asked for identification and 91% of 8th graders agreed. If a party with

alcohol was held only 45% of students felt the police would break up the party. The number was higher among 8th graders, who felt it would happen 63% of the time.

Elevated Lead Levels – there was no reported cases in the past year. Most low-income families live in some of the newest housing units in the County. We are always vigilant about such things as imported Mexican candy containing lead and work with Hispanic food distributors. (To date there continue to be no reported cases of elevated lead levels.)

Emergency Preparedness – we are working with other first responders and emergency management. Our plan is nearly complete in all areas. Currently taking part with area tabletop and full-scale exercises. In September 2006 we participated in a radiation exercise with other responders in the county and in November 2006 we participated in PandOra. This year we are continuing preparedness planning with an emphasis on pandemic influenza, business continuity, family preparedness, and natural disasters.

Food borne illness & fecal oral illness – we have a very active restaurant inspection program and our food handler classes are taught in person. We have a low level of cases reported to us. All complaints on public restaurants are promptly investigated. We are moving forward with a “Certificate of Excellence” for food service providers that a score of 95 or above on their inspection.

Health Education and Promotion - Hood River County Health Department provides the school nursing services to the Hood River County School District. The program is also supported by Providence Hood River Memorial Hospital. La Comunidad Sana provides outreach and education to Spanish speaking residents. Healthy Active Hood River County (HAHRC) is promoting healthy eating habits, including fresh locally grown foods, and physical activity. HAHRC is affiliated with the Health Department. More opportunity to provide health promotion and information on programs offered by various groups in the county would be very helpful to the citizens.

Immunizations – the health department is the main provider for vaccines in the county. We have seen an increase in the number of people opting for only certain shots for their children or limited numbers of shots per visit. There are three VFC providers in the County, in addition to the Health Department. We are also looking at re-entering into a delegate agency status with the local FQHC. The number of students excluded from school this year was 11 after 90 letters had been sent out to parents. Up to date 2 year olds was 78% in 2007, up from 75% in 2006. The number of students excluded was 7 after sending out 92 letters. With the new requirements for Hepatitis A and Tdap during the next school year we are expecting the number of letters and possibly excluded students to increase.

Injury Morbidity and Mortality – about 2% of deaths in the County for 2005 are due to injury for a rate of 14/100,000. Construction and agriculture work are both large employers in the County. There were no homicide or suicide deaths recorded in 2005. Motor vehicle and recreation on Mt. Hood contribute to unintentional injury deaths for non-county residents as well as residents.

Laboratory Services – the local hospital is the only locally located laboratory with CLIA certification about basic levels. There are several laboratories that offer services to local medical providers and have a courier service that runs on a daily basis.

Liquid and solid waste – the recycling rate has increased, we now exceed the minimum set by the State. For sub-surface the Windmaster area of the County, just south of the City of Hood River, remains a problem. There are many failing systems in the area. A citizens group with consultation by City, County, State, and private experts, has looked at alternative system designs and funding opportunities. They have agreed to form a special service district and are looking at a system that will combine gravity and grinder pump options. In early 2007 an administrative law hearing was held to compel the formation of a special service district. The ruling is expected in late April or May of 2007. Further funding options will be pursued. Some farm worker housing throughout the County, is starting to show failure of systems also. The main cause of failure in these cases is overuse of the systems. The number of easily buildable lots in the county has been decreasing requiring the use of more sophisticated alternative subsurface treatment systems. The impact of Measure 37 on development throughout the county has not yet been determined.

Medical Examiner – Since mid 2006 the medical examiner duties have been taken over by a Physician's Assistant acting as deputy medical examiner with back up by the State Medical Examiner's Office and the local Health Officer. The medical examiner has been to the State sponsored training and had been working closely with local law enforcement agencies and district attorney's office. This fiscal year has had a much higher number of unattended deaths than the norm. They have ranged from motor vehicle accidents to accidents on Mt. Hood. [There were 9 medical examiner deaths in 2007.](#)

Mental Health – in FY 2006 Mid-Columbia Center for Living served 785 county residents. Of these residents 33% were children and 67% adults. Service programs were 419 in mental health, 277 in addictions, and 89 in developmental disabilities. Prevention programs served 1935 individuals. An estimated 1,768 individuals in the county have serious mental health needs, and 2,056 need addictions services. Adults over 65 are underserved by about 10% (based on numbers served compared with the general population). System challenges include: overcoming the lack of residential and specialty services, achieving fiscal sustainability, increasing capacity to do early identification and intervention across all age groups, decreasing administrative burden through reducing paperwork and documentation requirements.

Nutrition – services are offered through the Health Department, Head Start Programs, Oregon State University Extension programs, the local diabetes support group, Providence Hood River Memorial Hospital and registered dietitians in private practice. These providers collaborate in order to provide the broadest range of services while decreasing duplication. Many programs are offered at no cost to participants.

Obesity – is a problem as elsewhere in the country. We are collaborating with the local FQHC and Hispanic outreach organization on education, increasing activity, and setting up community gardens. The County also has decreased cost membership opportunities available to its employees. The Health Department has been a key member for Healthy Active Hood River County. This group is working with local food producers to increase consumption of locally grown fruits and vegetables through a farmer's market. Physical activity is promoted as well as emotional well-being. Employees have had guest speakers on assisting clients and themselves to budget and select healthier menus, importance of physical activity and social occasions featuring lower fat and calorie foods.

Travel Medicine – Providence Hood River Memorial Hospital has also started operating a travel clinic so that residents can obtain this service locally.

Population – the proportion of gender, age, race and geography has remained constant. Gender, overall there are approximately 50% males and 50% females. Starting at age 75 years there are significantly more women than men, which would be expected. The percentage between the sexes in the total population is fairly close in all other age groups.

In the Hispanic population the percentage between males and females is within a few percentage points until age 25. In age the group 25-64 years there are 17% more men than women. In the group 65 years and over the percentage changes to 13% more women than men. Some reasons for the great difference in the percentage of men and women in the 25-64 years group may include employment for both sexes (It is very difficult for the older workers to work at as fast a rate as the younger workers. There is also the difficulty, no matter your age or ethnicity, of the standard of living possible on minimum wage and/or season work.); affordable housing and the cost of food and utilities. A single man can live in a group setting with other men and send wages back to Mexico where the buying power is much greater. The money sent to Mexico allows better housing to be constructed for the family for current living conditions and the hope of retirement. [These trends continue.](#)

Age - the most current figures show 27% of the population to be under 18 years, 61% are 18-64 years, 8% to be age 65-80, and 4% to be 80+ years. This is basically unchanged since 2003. [This continues to be the breakdown of population by age.](#)

Race/ethnicity, approximately 96.1% of the residents are white, 1.0% is black, 1.2% is American Indian, and 1.7% is Asian/Pacific Islander. Of these races approximately 25.4% are of Hispanic ethnicity.

Geography, there are 533 square miles in the county with a dimension of approximately 23 miles wide (east/west) and 32 miles long (north/south). Of the 533 square miles approximately $\frac{3}{4}$ are not build-able because of wilderness, national forest, county forest, and scenic areas. There are two incorporated areas accounting for approximately 34% of the population. This is a decrease in the percentage of people living in incorporated areas. There have been several housing developments that have been established in the County. Cascade Locks population is 1115 and is located 20 miles west of the city of Hood River. Travel through the Gorge in the winter months causes many Cascade Locks residents to seek services in the Gresham area. (From 2003-04 assessment)

Among WIC clients in Hood River County are the following co-enrollments; Cascade Locks WIC clients, 19% receive TANF payments, 52% are on OHP, and 38% receive food stamps. Parkdale WIC clients do not receive TANF payments (this is a predominantly Hispanic clinic) 78% are on OHP (primarily children born locally) and 36% receive food stamps. At the main Hood River WIC clinic, 3% receive TANF payments, 76% are enrolled in OHP and 42% receive food stamps. There was an increase in the number receiving TANF payments in Cascade Locks, but a decrease in the number on OHP and Food Stamps. All numbers showed small changes, but are not statistically significant. WIC caseload has decreased since more stringent rules for participation have been enacted.

Socio-Economic Status – In 2005, Hood River County was designated by the state as a Distressed County and has the fourth lowest median wage of \$24,797, which is below the state average. Data for 2005 shows: Natural Resources and Mining employs the largest number of people in the county at 1,879 (highest) with an annual payroll of \$30,429,505 and an average pay of \$16,195. Education and Health Services employs 155 persons with an annual payroll of \$38,253,013 (highest) and average pay of \$25,847. Information employs 144 people with an

annual payroll of \$6,333,612 and average pay of \$43,983 (highest). Leisure and Hospitality employs 1,660 people (2nd highest) with an annual payroll of \$22,122,967 and average pay of \$13,327. The median house price in Hood River County is \$310,000. Houses rent in the price range of \$800-\$1200 per month and apartments rent at about \$600 per month. In recent years the number of low cost housing units has decreased. Apartment buildings have been removed and converted into condominium type housing. Work force affordable housing is in extremely short supply.

Safe Drinking Water – all water systems are in compliance. One County system was voted as having the best tasting water and sells their water to a bottled water vendor in Portland.

Primary Medical Care – there are many options available for primary medical care as well as specialty care. The county has an FQHC. Pregnant women are able to receive prenatal care in the county and most providers accept Medicaid payment.

Safety Net Medical Services – are provided by the FQHC in town (they also do dental care) and Providence Hood River Memorial Hospital. In 2006 Providence Hood River Memorial Hospital brought a mobile medical unit into service in the county. This mobile unit is staffed by physician assistants and travels to four different areas in the county. During the preparedness exercise in November, the health department and hospital partnered to do community based flu shot clinics using the mobile unit. [Providence Hood River Memorial Hospital has a program called Mission in Motion, which is a mobile clinic unit. It operates M-F from 11 am to 6 pm and provides primary medical care to patients without a medical home. It operates in four different areas of the county \(Cascade Locks is served 2 days per week\). In addition to providing on site care the staff also assists patients in establishing a medical home for ongoing care.](#)

A pediatrician has been recruited into the county in response to community desire. He is currently practicing at the local FQHC.

Mental health access is still the hardest. There are community based funding sources to help pay for some counseling services, prescription medications, and medical care.

Unintended pregnancy – data for CY 2005 indicates that 317 unintended pregnancies were averted. The unfortunate aspect at this point is the number of girls aged 10-19 years that are actually seeking pregnancy. This is an extremely hard group to work with and they make up 28.5% of the client base served. Males make up 2.7% of the client base. The proportion of Women in Need served by the Family Planning program is 94.9 compared to the State average of 34.8. Nearly 97% of client visits resulting in the client receiving an equally or more effective method of birth control. There were 1,132 unduplicated clients served in 2005. [In 2007 there were 1192 unduplicated clients served in 2477 visits. Of those seen 31.3% were no charge and 76.35 were at or below 100% of the federal poverty level, 22.3% had limited English language proficiency, there were 403 new clients, 21 of the clients were under 15 years of age, 195 clients were between the ages of 15 and 17 years of age. The theoretical estimate of the number of pregnancies averted was 87 in those 19 years and younger and 208 in those 20 years and older for a total of 295.](#)

Adequacy of Basic Public Health Services

Hood River County, like many other counties in the state is losing revenue from the federal timber dollars. We are still in the midst of budget preparation at the county level. The health department has lost one FTE already in the process. Revenues for many of the programs have decreased while costs for employee salaries and benefits have continued to increase, as have costs for utilities and program supplies. [The fiscal year 2008/09 has seen reductions in public health preparedness funds from the federal government as well as a reduction in available county general fund support. Costs of the services offered continues to rise for both salaries and materials and services.](#)

Epidemiology and control of preventable diseases and disorders - Hood River County continues to have a #1 rating for timeliness of reporting to DHS - OHS. Our CD/BT nurse and health officer are working with the hospital, labs and private providers to promote better reporting. Our health officer is writing a newsletter to all providers, medical and veterinary on diseases, disorders and reporting.

Parent and Child Health Services - Parent and child health services are carried out in home visits, clinic visits, and in the school and daycare settings. Family planning services are offered to all age men and women. The school district currently has a protocol to allow dispensing of contraceptive supplies at the high school and middle schools. We provide screening and assessment services, risk reduction information, and health promotion. We provide Maternity Case Management, Oregon Mother's Care, Babies First, and CaCoon. STARS is being offered in the school district this year. We are serving 93.0% (up from 92.4%) of women and teens in need in the county in our Family Planning clinic. HRCHD served 1158 unduplicated family planning clients in 2005. HRCHD continues to be the main immunization provider in the County. The FQHC provides immunization services and two private practices provide limited immunization services. There continues to be no problem with arranging perinatal care for residents.

Collection and Reporting of Health Statistics – the Health Department is the County Registrar for births and deaths. The Health Department has two bilingual Notary Public staff so we can serve clients needing corrections and paternity affidavits. The current registrar Spanish-speaking. Services are offered in a timely manner. Analysis of statistics and trends are done on an on-going basis. We also have two Spanish-speaking deputy registrars.

Health Information and Referral Services – the Health Department has a close working relationship with other providers of both medical and social services. Mutual referrals are commonplace. The Health Department serves on many other agency advisory boards. All information offered is available in English and Spanish.

Environmental Health Services – Hood River County Health Department employs two full time environmental health specialists. Environmental health services are offered to the entire County. These include restaurant and travelers accommodation facility inspections, including all mobile/temporary food operations, subsurface inspections and licensing, inspection of septic pumping businesses, consultation for county residents, water system monitoring, and investigation of citizen complaints, recycling and solid waste disposal. The local environmental health specialists consult with other appropriate agencies for air, water, and soil contamination incidents.

Adequacy of Program Services –

Dental – see assessment above – still not adequate for children or adults.

Emergency Preparedness – working with Emergency manager and other partners. An ongoing process. We continue to be an active participant in exercises in collaboration with HRSA and local emergency responders. A contractor is currently doing writing of plans.

Health Education and Promotion – the Health Department is active in promoting programs, providing health education in the school district, providing speakers on special interest topics, doing a public information program on radio, working with the local newspaper for coverage and have all sorts of media formats available through the agency. We are working with Healthy Active Hood River County.

Laboratory Services – we are licensed as a waived laboratory. We coordinate with CPHL and other local service providers for needed testing. Laboratory services for family planning and STI services are provided by a facility located in Texas. This facility is selected on quality and timeliness of service as well as cost to the LHA.

Medical examiner – there has been a change in the provider of this service in the past year. The main service provider is a PA backed up by the Health Officer. Hood River County has experienced a higher than normal number of childhood deaths in 2006 as well as other more unusual death circumstances.

Nutrition – there are several providers in the County and the Health Department has a contract with an RD to work with clients in our programs. The RD is paid by the local hospital for her services. We also have the services of a bachelors' prepared nutrition consultant that speaks Spanish.

Older Adult Health – handled by referral.

Primary Health Care – Referrals are made to private providers for primary/acute care for those needing it. The main safety net provider in the county is a federally qualified health center. We frequently partner with them on mutual clients. See also **Safety Net Medical Services**.

Shellfish sanitation – N/A

Hood River County Health Department
1109 June Street
Hood River, OR 97031
(541) 386-1115

Tom Engle
DHS Public Health Division
800 NE Oregon Street, Suite 930
Portland, OR 97232

May 1, 2008

Tom;

The Hood River County Budget Committee has met and completed work on the budget for FY 2008-09. The Board of Commissioners will formally adopt the budget at their June 17, 2008 meeting.

The contact person for the budget is:
Sandra A. Borowy
Finance Director, Hood River County
601 State Street
Hood River, OR 97031
(541) 387-6824

Sincerely,

A handwritten signature in black ink that reads "Ellen Larsen". The signature is written in a cursive style with a large initial "E".

Ellen Larsen, Director

C. Environmental health - Comprehensive

Hood River County had 93 restaurants, 12 mobile units, 13 bed and breakfast facilities, and 18 temporary restaurants during 2007. For restaurants, 186 inspections were conducted with 15 re-inspections as follow-up to critical violations completed. The most common risk factor (violation) found was in the area of proper temperatures for foods. This includes such things as the rapid cooling of foods and holding temperatures. The next most common risk factors (violations) were in the washing of dishes, utensils and the sanitizing of food contact surfaces. The third most common risk factors were in the area of cross contamination of surfaces with cooked and raw foods. Fourth in the list of risk factors had to do with hand washing and hygiene. The program received 12 food program complaints and 32 foodborne illness complaints. Follow up action was taken on all complaints received. At such time as there is a complaint or in follow-up to violations found during inspections an active role in technical assistance and instruction is undertaken to help the operator decrease their frequency and/or number of risk factors. There were no foodborne outbreaks that occurred in 2007. In 2007 for enforcement there were no failure to comply notices, closure notices or voluntary closures among full and limited service food facilities.

Hood River County has 19 licensed pools and spas, 17 travelers accommodations and 3 recreational parks. In total 293 inspections were done in 2007.

There are 25 water systems operating in Hood River County. They are inspected and also receive instruction and technical assistance from the county environmental health staff.

The environmental health program is also responsible for on site sewage disposal systems. In 2007 a total of 147 permits were issues. A partial breakdown of types includes: 30 site evaluations, 30 repairs, 25 major repairs, and 41 new constructions.

A major environmental health problem in Hood River County has been the failing on site sewage disposal systems in the Wind Master area. The project has been designed and should go out to bid this spring with construction hopefully scheduled to begin in the fall. This will represent the achievement of a long term, major goal for the program.

Environmental Health staffing is 1.75 FTE, which is not adequate for all the work required. A portion of the inspections for facilities and on site are contracted out each year. The EH staff attends trainings and seminars that are offered in order to keep their knowledge base current. Consultation is available to industrial and the public on a walk in and appointment basis. Other resources are consulted if there is not adequate expertise in house.

There is concern about the water quality of the Columbia River, which is heavily used for recreation purposes in Hood River County. We have worked with DHS Public Health Division and local interested parties on this topic. Sampling is done and warnings issued as appropriate for this and other bodies of water in the county.

III. Action Plan 2007 (Update for 2008)

CONTROL OF REPORTABLE COMMUNICABLE DISEASES

Current condition – Conduct investigations of sporadic cases and outbreaks, monitor and control communicable disease. Hood River County continues to be a transient community with a large number of summer tourists. As new medical providers join practices, there is a need to orient them to the disease reporting requirements specific to the Hood River County Health Department and Oregon. Encouragement to providers to raise their awareness of the need to call regarding suspect or atypical cases is encouraged.

Labs tend to report more consistently and promptly than providers in Hood River County. Chlamydia is the most commonly reported disease in Hood River County. Enteric, generally parasitic conditions are next most common. There have been no major outbreaks of disease in the last four years.

Goals –

- Carry out investigations in correct and timely manner.
- Maintain “1” ranking for getting report to DHS HS in a timely manner.
- Assure local providers are reporting to Health Department in a timely manner.
- Monitor reporting data for emerging trends
- Receive reports and questions from providers
- Continue reporting education program for area health providers
- Maintain and expand outbreak and bioterrorism planning with community partners.

Activities –

- Continual monitoring of reports for emerging trends.
- CD Nurse will continue to provide email and faxed updates to all area providers of current CD issues.
- Health officer will continue to speak at local medical society meetings on reporting.
- Work with local providers on reporting of communicable disease to assure they understand importance of reporting to Health Department.
- Provided capacity for reporting 24/7/52.
- Work one-on-one with staff at local provider offices as needed
- Keep fax and email as well as phone contacts up to date for sending out health alerts as they arise.
- Remind providers how to reach HRCHD staff during closed hours
 - Hood River County 911 Dispatch serves as the notification point for 24/7 contact
 - Health Department staff carry a pager and cell phones with numbers that are on file with Dispatch
 - Health Department after-hours phone messages contain 24/7 contact messages in both English and Spanish
- Keep staffing levels adequate to do investigation, reporting, and institute control measures as specified in the IGS.
 - There is an FTE of nursing staff time dedicated to this activity and other staff, both nursing and support staff would be redirected to the activities if needed. [Reductions in grant funding and county support is making this more difficult. The county does not receive enough state general fund support for public health to fund a position.](#)

- Provide education to individuals and groups on CD issues
 - Continue radio programs on public health issues.
 - Continue press releases to newspaper on current public health issues.
- Review and analyze monthly CD statistics compiled by DHS OHS.
- Maintain participation in DHS CD trainings,

Evaluation –

- Monitor The Monthly Communicable Disease Surveillance Report for changes in disease and condition report and timeliness of reporting
- Monitor for timely reporting of conditions from providers
- The full implementation of the Multnomah County CD database has provided a mechanism for internal QA/QI monitoring. This program allows the CD nurse to better track cases and provide more timely and consistent feedback to providers.

PARENT AND CHILD HEALTH

WIC –

- Under separate section, program was fully reviewed in 2006.
- In-person phone calls are being made to follow-up on all no show clients and those clients who do not pick up vouchers as scheduled. [The health department is now open to serve clients from 7:30 am to 5:30 pm. The later appointments as well as the “live person” appointment reminder calls have increased our case load substantially.](#)

FAMILY PLANNING –

Current Condition –

The Hood River County Health Department is continuing to reach out to the community in positive ways. Our nurse clinician and the Hispanic Health Services Aide see students at the high school as part of the school health program.

The HRCHD family planning program provides counseling, reproductive health exams, and screening tests and/or treatment for sexually transmitted diseases. We provide appointment visits as well as drop-in availability. The extra hour that the Health Department is now open allows clients greater access to services. We provide a variety of available birth control methods. These services have resulted in averting 317 pregnancies, and serving over 1,201 women in need. Hispanic clients were 43% and teens were 29% of clients served in 2005.

Changes in FPEP enrollment may lead to decreased numbers of verified FPEP eligible clients, and an increase in the number of Title X clients without an increase in the Title X grant award, threatening the ability of this agency to maintain current levels of service. [A staff person has been assigned to assist clients in providing needed documentation for qualification for FPEP services. This has allowed us to keep our caseload of FPEP eligible clients up and receive the resulting revenue.](#)

Goal 1 –

- Assure continued high quality clinical family planning and related preventive health services to improve overall individual and community health.
- Increase revenue from donations by 10% (to \$4180) for the period ending June 30, 2008. [During FY 2007008 the family planning program took in \\$6,899 in donations.](#)
- Maintain number of verified FPEP eligible clients with no more than a 15% decrease over eligibility prior to changes in enrollment procedures. [See note above.](#)

Activities –

- Continue to use donation policy consistent with Title X guidelines.
- Continue to train and support staff in their efforts to collect donations.
- Evaluate donation policy for consistency, fairness and effectiveness.
- Provide staff training in assessment of FPEP eligibility.
- Assign a staff member to review all FPEP charts for completeness and to follow-up with clients to ensure that proper documentation gets into the chart, and that all required forms are present and correctly filled out.
- Encourage clients to bring proper documentation to clinic at time that appointment is made.

Evaluation –

- Quarterly and fiscal year end revenue reports.
- Customer feedback.
- Staff feedback.
- Observation of staff interaction with clients.
- Chart review to look at determination and eligibility.
- Quarterly and fiscal year end revenue reports.
- Review Ahlers Data.
- Review FPEP EOBs.

Current Condition –

- Many Health Department FP and STD clients are not adequately screened for immunization status
- Many health department clients do not have a medical home.

Goal 2 –

- Assure ongoing access to a broad range of effective family planning methods and related preventive health services.
- Appropriately assess all FP and STD clients for immunization status, and refer to immunization services all clients that are recommended to receive vaccination, including HPV Vaccine. Proper documentation of referral, immunization or refusal to appear in 60% of FP and STD charts.
- 75% of Health Department clients that do not indicate a Medical Home will receive a Primary Care Provider Brochure and/or a referral to a Primary Care Provider.

Activities –

- Intake staff will run Immunization Forecast on FP and STD clients prior to being seen. May use IRIS, ALERT, home record, or other sources in order to assess vaccine needs.
- Give VIS forms to all clients prior to immunization.
- Nursing staff will discuss immunization needs with client during visit.

- Nursing staff will provide vaccine services during FP and STD visit if consent is given.
- All vaccines will be given, documented and billed per Immunization Standing Orders
- Update local Primary Care Provider List on a Quarterly basis.
- Give every client that does not indicate a Primary Care Provider on demographic form a Primary Care Provider Brochure.
- Provide ongoing staff training to ensure that proper documentation of referrals and brochure handouts is recorded properly in the client record.

Evaluation –

- Chart review for documentation of immunization assessment and history.
- Chart review for documentation of referral for immunization services.
- Immunization Quality Assurance Review.
- IRIS Vaccination Doses Administered Report.
- Chart review of demographic form in order to assess for documentation of referral and brochure handout.

DENTAL HEALTH –

Current Condition –

There is a large percentage of children that are not getting adequate dental care and have a large number of caries. The problem of severe caries is not limited to the lower socio-economic groups.

Goals –

- Improve the dental health of County residents, especially children.

Activities –

- Remain aware and connected to any efforts of getting fluoride into the drinking water systems.
- Continue to work with community partners for the effective education of consumers on dental health issues. [A dental coalition has been formed to further preventive and care provision activities.](#)
- Serve on advisory committees that serve agencies concerned with dental health.
- Discuss the importance of good dental health in family and child public health programs.
- Continue to provide toothbrushes and fluoride tablets to appropriate populations. Head Start is doing wet brushing with OTC fluoride preparations.
- Move toward PH home visiting nurses applying fluoride varnish during home visits for qualifying infants and children.

Evaluation –

- Most of this data is somewhat incidental from the dentists in the area.
- Keep up with numbers of children being taken to the operating room for major dental renovation.
- Success of wet brushing and fluoride programs in Head Start. This program is very successful, the children and staff both like it a lot. It is too early to tell what real effect it is having.

PERINATAL HEALTH

Current Condition –

At this time there are an adequate number of prenatal care providers in Hood River County. Hood River County Health Department provides Maternity Case Management services to both Medicaid and non-Medicaid enrolled pregnant women. The complexity of services needed has increased tremendously with the difficult issues of alcohol, drugs, mental health and violence. These continue to be ongoing challenges as we strive for healthy pregnancies. Hood River County Health Department is one of the original Oregon Mother's Care providers.

Goal – Improve access to early and adequate prenatal and a medical home, thereby improving pregnancy outcomes and decreasing low birth weight infants.

Activities –

- Continue to provide Oregon Mother's Care services to assist women in finding a medical provider and applying for Oregon Health Plan if appropriate.
- Keep community providers aware of program and any increase of need for care. [Another obstetric practice opened in 2007.](#)

Evaluation –

- Monitor data provided by Office of Health Statistics regarding adequate prenatal care and starting prenatal care in the first trimester of pregnancy.

HEALTH STATISTICS

Current condition

- Birth and death reporting, recording, and registration are provided by the Hood River County Health Department.
- Assessment of mortality and morbidity trends, and other public health statistic information is conducted and analyzed on a routine basis in order to assess the state of health in Hood River County and identify populations at risk for the provision of intervention services.
- The Medical Examiner notifies HRCHD of all child deaths, unusual deaths that may have public health significance, and deaths related to communicable diseases. Child deaths are reviewed by the Hood River County Child Fatality Review Team.

Goals –

- Maintain assurance compliance
- Accept reports of births and deaths as they occur
- One hundred percent (100%) of birth and death certificates that are submitted to the Hood River County Vital Records Office are reviewed by the County Registrar or a Deputy Registrar for accuracy and completeness following established Vital Records Office procedures prior to registration and issuance of certificates.
- Assure accurate, timely and confidential certification of birth and death events.
- 100% of birth and death certificates are provided by next working day of receipt, unless some extenuating circumstance prevents its issuance.
- Analysis of public health information gathered from birth and death certificate data will contribute to proactive intervention to improve public health.

Activities –

- Data collection and analysis of health indicators related to morbidity and mortality
- Birth and death reporting, recording, and registration. [Hood River County is using the electronic birth and death registry system with good result.](#)
- Report deaths to the county elections department for processing as certificates are received
- Analysis of services provided with technical assistance from the Department of Human Services
- Requests from walk-in customers are filled while the customer waits, once the customer's identification has been proven, their right to obtain a copy of the record has been established, and payment made.
- Continue to have a notary public on staff to facilitate activities, especially paternity affidavits and corrections
- Certified copies of registered birth and death certificates are issued within one (1) working day of request.
- Death certificates are usually ordered by the funeral home. These orders are filled the day of request whenever possible.
- Medical examiner will provide reports of unattended deaths
- Provide services in both English and Spanish

Evaluation –

- Percent of birth and death certificates provided within 1 working day of receipt
- Compliance during the Triennial Program Review conducted by the Oregon Department of Human Services

INFORMATION AND REFERRAL

Current condition –

- Hood River County Health Department provides accurate and unbiased information and referral about local health and human services to the citizens of Hood River County.
- Information and referral is provided through response to telephone and walk-in inquiries, providing information and referral information through news releases, presentations, printed materials, one-on-one, and radio.
- HRCHD telephone numbers and facility addresses are listed in phone directories, local newspapers, brochures, local and state websites, and community resource directories.
- The HRCHD reception areas are open from 7:30 AM – 5:30 PM, Monday through Friday.
- HRCHD provides information and referrals that are culturally appropriate.
- HRCHD serves as a local resource to the community for information and statistics concerning the specific public health issues confronting the community.

Activities –

- Continue to serve on advisory boards for health and social programs
- Keep current lists available to all staff regularly fielding inquiries from the public
- Continue monthly informational radio program and contact with local newspaper
- Provide updates to County Board of Commissioners
- Interview clients to obtain selected background information and establish eligibility to make use of County resources.

- Help clients identify needs that are related to County services, explain and encourage use of community resources to deal with identified problems, and make referrals to sources of help.
- Facilitate enrollment and application to the Oregon Health Plan

Evaluation –

- Customer survey regarding services and customer service
- Compliance during the Triennial Program Review conducted by the Oregon Department of Human Services

ENVIRONMENTAL HEALTH –

Current Condition –

- Services in Environmental Health include: state mandated health inspections, licensing & plan review of restaurants, public pools and tourist facilities, certification of food handlers, food borne illness disease investigations, oversight of public drinking water systems, West Nile Virus surveillance and education, environmental health education, disaster response, and general nuisance complaints.

Goals:

- Inspection goals are as follows:
 - Food service facilities a minimum semi annually
 - RV Parks semi annually
 - Pools at least annually
 - Traveler’s accommodations at least biannually
 - Organizational Camps annually
 - Food borne illness complaints are screened and responded to appropriately.
 - Other complaints are responded to based on danger to the health of the public

Activities –

- Inspection, licensure, consultation and complaint investigation of food services, tourist facilities, institutions, public spas and swimming pools, drinking water systems, to assure conformance with public health standards
- Environmental Health assessment and planning
- Food handler training for food service workers in the proper methods of storing, preparing, and serving food
- Review and updating of health and medical preparedness plans to assure adequate response for emergencies
- Information and referral services to the public and governmental agencies.
- Investigation of community health hazards and diseases that potentially associate or relate to food or water
- Liaison with local emergency response planning agencies, oversight of Bioterrorism, Chemical, Radiation, and Health & Medical annexes of the County Disaster Response Plan
- Provides West Nile Virus surveillance and education

Evaluation –

- The number of violations identified in food service establishments

- The number of complaints received concerning licenses facilities
- The number of Foodborne Illness (FBI) complaints received
- The number of FBI outbreaks reported and investigated
- Maintain inspection frequencies of at least 90% in the number of food service facilities, tourist facilities, school and public facilities food service operations, public spas and pools, shelters and correctional facilities
- Compliance during the Triennial Program Review conducted by the Oregon Department of Human Services

SAFE WATER

Current condition –

- Domestic water supplies may become contaminated and give rise to communicable disease transmission and/or objectionable taste or odor problems.
- Should the improper disposal or spill of hazardous materials occur in surface waters, associated drinking water supplies would become at risk.
- Inadequate drinking water systems and/or substandard wastewater treatment are factors which potentiate the transmission of water-borne illnesses.
- Annually, 15 public water systems are surveyed on site to assure proper construction and operation.
- Routinely required water lab test results are monitored for levels of chemical contaminants and any existence of indicator microorganisms.

Goals –

- Advise the general public of water-borne contaminants that may produce health risks from bodily contact (e.g. swimming or wading)
- Follow-up on all disease outbreaks and emergencies including spills that occur in Hood River County
- Complete all of the grant assurances including surveys, alerts, ERP reviews, and SNC management.

Activities –

- Provide technical and compliance assistance to all operators of public drinking water systems when these systems are found to be in violation of public health requirements and safe water quality standards
- Investigate every incident of hazardous chemical spill or contamination; maintain membership in Oregon Emergency Response System (OERS)
- Annual review and update of the Douglas County written plan for responding to emergencies that involve public water systems
- Provide printed and verbal information regarding the development of safe water supplies to people using onsite water wells and springs as requested.
- Disseminate advisories when high levels of e-coli or other bacteria or contact contaminants are discovered in naturally occurring rivers and streams.

Evaluation –

- Number of required monitoring and reporting violations identified with public water systems.
- Number of required monitoring and reporting violations identified of public water systems
- Responses to water systems identified in significant noncompliance (SNC) and Alerts with water quality or monitoring standards

- All public water systems are provided with consultation and technical guidance when found in violation of safe water quality standards or who fail to monitor
- Compliance during the Triennial Program Review conducted by the
- Oregon Department of Human Services

Subsurface Liquid Waste Disposal – Windmaster Area

Current Condition –

- Failing subsurface septic systems in the Windmaster area of Hood River County. There are approximately 60 land parcels in this area. Twenty-seven of the systems are currently failing. This failure is evidenced by systems backing up into the homes they “serve”, raw sewerage is being pumped into area ditches, and the ground water is contaminated with untreated or partially treated effluent.
- Some of the logistical problems in this area are that despite the city sewer line being within about ½ mile of the affected area, it serves the high school; the area is outside of the urban growth boundary. Because of this a special service or local improvement district will have to be formed in order to qualify for funding assistance. Not all of the residents in the area are currently being adversely impacted.

Goal –

- The goal is to extend the sewer system out into this area and have those residents with failing systems hook on immediately. Sand filters and/or cap and fill could be used as repair for some of the failing systems, but there is no guarantee that these systems would not again fail in time. At a price of up to \$20,000 the sand filter is about the same price as the assessment for the sewer installation would be. [Plans for the system have been developed and bidding should occur in spring with a hoped for construction start date in fall 2007.](#)

Activities –

- The residents have met with county representatives and product suppliers and have decided to form a special service district and will pursue a system using a combination of gravity and grinder pump technology.
- An administrative law hearing was held in late January regarding the county’s compelling the formation of a special service district and determining the boundaries of the district.
- Pursuance of funding, loans and grants, for construction of the system.

Evaluation –

- The formation of the special service district and beginning of construction.

TOBACCO

- In Hood River County the tobacco program is provided by the County Prevention Specialist. There are education, cessation, information and referral services offered. The tobacco report is submitted under a separate cover. [The new tobacco funds are being directed to the Hood River County Commission on Children and Families for them to continue the prevention work with tobacco that they have been doing.](#)

BREAST AND CERVICAL CANCER

- Hood River County has collaborated with Wasco/Sherman Health Department for this program in the past and the new procedure for providing services will begin with as-yet to be scheduled training session by the Oregon Department of Human Services. Training will be done in May so that Hood River County can once again provide this service. In the intervening time the health department has been providing exams and Providence Hood River Memorial Hospital has been donating needed mammograms.

WEST NILE VIRUS –

Current condition –

- There have been no recorded instances of humans or birds testing positive for West Nile virus in Hood River County
- Continue monitoring for disease incidence or signal events

Goals –

- Provide education materials and programs to County residents
- Work with State on testing of appropriate birds
- Stay in close contact with private providers and hospital for monitoring disease incidence

Activities -

- Articles in newspaper
- Radio programs in May and July
- Provide information to county residents as requested
- Meet with any interested group for educational programs
- Monitor disease morbidity
- Collect appropriate dead birds and send to lab for testing

Evaluation –

- Number of reported suspect and confirmed cases
- Number of complaint calls about mosquito bites
- Number of dead bird calls

V. Unmet Needs

Many of the unmet needs in Hood River County, have been expressed in previous annual plans and continue to be unresolved.

The State of Oregon continues to experience financial difficulties. Future budget cuts will amplify the current unmet needs of Hood River County. Hood River County relies heavily on revenue generated from selling timber grown on county land. The slump in the housing market has significantly decreased this source of revenue. In addition, the Federal Timber Safety Net dollars have ended which has produced an additional financial blow to the economy affecting all county programs. Staffing levels were already at a critical level and have been cut by another FTE. [FY 2008/09 budget preparation has brought on more cuts in general fund support to public health as well as other county services.](#)

A public health priority - not only in Hood River County but also in the State of Oregon – is the continuing problem of methamphetamine use. Because the impact of methamphetamine is widespread, its use influences child abuse and neglect, families, schools, criminal systems, communicable diseases, drug treatment programs, domestic violence, mental health, pregnancies, dental health, and an individual's ability to learn.

Another unmet need in Hood River County is the lack of individual primary dental care. The local, federally-qualified health provides sliding fee scale dental care, but the number of dentists that accept OHP dental coverage has been decreasing over the last few years. People who are un- or underinsured tend to seek dental care only when in pain. The lack of access may be due to conflicting schedules, priority setting, history of preventive care as a child and habit. Those who do have insurance may see that their children get preventive and routine care, but may not get that for themselves. More mothers than fathers are seen as patients by the dentist that provides care for their children. A great number of people go to a medical doctor only when they are ill and transfer that same method of care to their dental health as well. Dental knowledge on the prevention of caries by parents and caregivers is very lacking. This is an issue that cuts across social and economic groups as well as race and ethnicity. [See previous comments regarding formation of a local dental coalition.](#)

Related to dental care is the lack of fluoride in the water consumed by Hood River County residents. There have been two attempts in the last three years to fluoridate the water, but they have been resoundingly defeated. At this time fluoride efforts are being concentrated on education and individual fluoride use.

Hood River County's current TB funding is insufficient to adequately address suspect TB cases, LTBI treatment, and Directly Observed Therapy. Recommended TB case management processes cost many times more than this county is currently funded.

Despite ongoing efforts at increasing physical activity and promote better eating habits obesity remains one of the highest public health problems our country faces. Continuing issues include inadequate time to fully explore these topics with all clients, use of professionals trained in nutrition and more "scholarships" available for use of physical fitness facilities, particularly during inclement times of the year.

Health effects of non-English speaking mothers on their children. There is a correlation between the health of children and whether or not their mothers can speak English. In our Hispanic population the women are often the last members of the family to gain proficiency in

speaking and comprehending above a very basic level of English. The majority of medical providers in the community are not fluent in Spanish and there is a lack of Spanish language quality health related written information available. The reading level of health information in all languages is a factor also. Not only the direct medical and dental providers, but ancillary personnel and products as well are not readily available in Spanish.

The local hospital nursing staff and medical providers remain very resistant to providing the birth dose of Hepatitis B vaccine. The health department and health officer continue to go before the OB/Peds committee of the hospital to promote this health activity. To date we have not been able to change their practice, but we continue to lobby them whenever the opportunity presents itself.

A school based health center is still a goal for Hood River County. The school district is expressing more support for such a clinic, which would allow county students to get easily available health care. Room in the schools to house such a facility is one of the contributing factors. There is also fear on behalf of the parents and school officials as to what services might be offered on campus at the schools.

A health care facility for the west part of the county, Cascade Locks, is not finding any local or federal funding to move forward. At this time the hospital's mobile medical unit is providing services twice a week. It is not, however, the mission of the mobile unit to provide long term primary care. This leaves the residents in that area still having to travel 20 miles or more for care or go out of state via a toll bridge. [Providence Hood River Memorial Mission in Motion continues to provide care in Cascade Locks. The city of Cascade Locks has approved funds to supplement grant funds for the construction of a new fire station to serve the area.](#)

Senior and aging issues are going to come more to the forefront as the population continues to age. Some of the current problems that we see include help with medication administration and monitoring for those seniors that live independently and do not have family in the area to help them or do not qualify for Senior and Disabled Services. Medicare does not cover enough to meet the needs of some seniors for eyeglasses. Medicare does not cover hearing aides and the amount that civic groups can contribute does not fully meet the need. Dentures and other dental care and access are a problem for this group also. Insurance coverage is generally very low for both rates and the amount of payment.

Mental health services, especially emergency services and services in Spanish are sorely lacking. Drug and Alcohol treatment services in Spanish also need to be more available.

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
N/A 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.

The current Health Department director has been working in public health since 1987, has obtained a BSN and has successfully completed a graduate certificate program through University of Washington. Plans include continued participation in trainings offered by Oregon Public Health and institutions of higher education.

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

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

AND

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

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

105. Yes 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.

Hood River County Board of County Commissioners

County Administrator

Health Department Director

Supervising RN

W.I.C.

Family Planning

Child Adolescent Health

School Health

Immunization

Communicable Disease

Information/Referral

Office Manager

Clerical

Vital Statistics

Business Services

Support Services

Information/Referrals

Department Operations

Purchasing

Regulatory Health Services

Health Officer

Laboratory

Environmental
Health Services

**Medical
Examiner**

Public Health Emergency
Preparedness is provided by co-
ordination between
Communicable Disease and
Environmental Health

Hood River County
Health Department Director 1.0 FTE

Supervising RN
1 FTE

Public Health
Nurses 8.1 FTE

Health Aides II
2.8 FTE

Student
Nurses

HRVH Student
Interns

WIC Certifiers
1.0 FTE

WIC Clerk 1.0 FTE

Office Manager 1 FTE

Accounting
Clerk 1.0 FTE

Office Specialist II 2.8 FTE

School Interns

HRVH Student
Interns

22.90 FTE
26 employees
17 full time
9 part time
12 bilingual
May 2008

Regulatory Health Services

Health Officer 0.2 FTE

Medical Examiner
On call

Environmental Health
Supervisor
1.0 FTE

Environmental Health
Specialist II 1.0 FTE

Office Specialist III
1.0 FTE

APPENDIX

Local Health Department: Hood River County Plan A - Continuous Quality Improvement: Increase DTaP4 UTD rate in 2 year olds Fiscal Years 2006-2010

Year 1: July 2005 – June 2006				
Objectives	Methods / Tasks	Outcome Measure(s)	Outcome Measure(s) Results ¹	Progress Notes ²
A. Increase DTaP4 UTD rates in 2 year olds by 10% by June 2006	<ul style="list-style-type: none"> Assess baseline HRCHD DtaP4 rate in 2 year olds. Reassess Vaccination Education Plan and revise to increase educational efforts around DTaP4. Train staff to set return appointment for DTaP4 at time of DTaP3. 	<ul style="list-style-type: none"> Increase in DTaP4 UTD rates in 2 year olds by 10% as evidenced by AFIX report by 4-1-06. 	DTaP4 UTD rates in 2 year olds in Hood River County increased by 7.7% as evidenced by AFIX report done 4-1-06	<p>2004 UTD rates of DTaP4 in 2 year olds in HRC – 70.2%.</p> <p>Presented Vaccine Education Plan to HRC Staff.</p> <p>Discussed return appointments with staff.</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.

	<ul style="list-style-type: none"> *Train staff to use accelerated schedule to get children UTD on all vaccines. *Use State VFC Health Educators as resources. *See Outreach and Education Plan. *Create a plan to use recall specific to DTaP4. *Participate in Washington Oregon Workgroup (WOW) conference calls. 	<ul style="list-style-type: none"> • 		<p>Staff works with accelerated schedule.</p> <p>PHRMH displayed billboard to raise awareness of need for timely DTaP immunizations in the community.</p> <p>Did not participate in any WOW conference calls.</p>
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Year 2: July 2006 – June 2007

Objectives	Methods / Tasks	Outcome Measure(s)	Outcome Measure(s) Results ¹	Progress Notes ²
<p>A. Continue to increase 2 year old UTD rate for DTaP4</p>	<ul style="list-style-type: none"> • Compare outcome with baseline rates of DTaP4 in 2 year olds. • Determine how methods worked. • Continue to work with staff on appointment setting and recall for DTaP4 • Continue to use accelerated schedule to catch kids up. • Develop bulletin board in waiting room targeting DTaP4. • See Outreach and Education Plan 	<p>DTaP4 UTD rates in HRCHD 2 year olds at 80%.</p>	<p>DTaP4 UTD rate for 2 year olds in HRC is 68% this year, down from 78% according to AFIX Report.</p>	<p>For this reporting cycle, AFIX has changed methods of evaluation, from calculation of number of doses, to calculation of minimum age and spacing. This may account for some variance in % of UTD rates.</p> <p>*Setting appointments for clients for DTaP4 has not been successful to this point. We have lost staff hours and find it difficult to institute.</p> <p>*We do use an accelerated schedule to catch up those 2 year olds who are behind schedule.</p> <p>*We have not yet developed a bulletin board for the waiting room, but will plan on doing that during 2008.</p> <p>*Continue to follow Outreach and Education Plan.</p> <p>*Our rates are comparable with LCDC rates for 2006.</p>

Year 3: July 2007 – June 2008				
Objectives	Methods / Tasks	Outcome Measure(s)	Outcome Measure(s) Results³	Progress Notes⁴
<p>A. Improve DTaP4 rates in 2 year olds in order to improve the 4:3:1:3:3 coverage rate countywide.</p>	<ul style="list-style-type: none"> • Compare our rates with other providers in the county. • Develop awareness bulletin board for lobby around DTaP4. • Work with area providers to increase awareness of DTaP4 rates through hospital staffing meetings as well as mass mailings. • Continue to use accelerated schedule for those children who are behind in immunizations. • WIC staff to use TWIST “vaccines due” button and refer children with immunizations due to clinic. 	<ul style="list-style-type: none"> • Increase rate of UTD 2 year olds with DtaP4 to level of 2005-2006 rates (78%) by June 2008. • Increase in overall 4:3:1:3:3 coverage rate by 1% by June 2008. 	<p>DTaP4 UTD rate is 73% this year as compared to last year’s rate of 68%. UTD rate for 4:3:1:3:3:1 for two year olds is 73% this year, up from 71% last year.</p>	<ul style="list-style-type: none"> •Comparison chart for County Public Health Clinic Immunization Practices for 2007 were used to compare UTD rates for 2 year olds. 30 Oregon counties had lower UTD rates than HR County. •Bulletin board was not completed, but a poster was hung in the reception area. •Immunizations were discussed with particular emphasis on DTaP and TDaP dosing on local radio 3 times this year. •Staff use accelerated schedule whenever appropriate. •WIC Staff always assess for vaccine needs and refer to Immunization clinic.

Year 4: July 2008 – June 2009				
Objectives	Methods / Tasks	Outcome Measure(s)	Outcome Measure(s) Results⁵	Progress Notes⁶

<p>A. Improve DTaP4 rates in 2 year olds in order to improve the 4:3:1:3:3 coverage rate countywide.</p>	<ul style="list-style-type: none"> • Compare our rates with other providers in the county. • Develop awareness bulletin board for lobby around DTaP4. • Work with area providers to increase awareness of DTaP4 rates through hospital staffing meetings as well as mass mailings. • Continue to use accelerated schedule for those children who are behind in immunizations. • WIC staff to continue to provide vaccine assessment on all children in services. 	<ul style="list-style-type: none"> • Increase rate of UTD 2 year olds with DtaP4 to level of 2005-2006 rates (78%) by June, 2009. • Increase in overall 4:3:1:3:3 coverage rate to 80% by June, 2009. 		
<p>B. Investigate issues with double-entry of Vaccines Not Given.</p>	<ul style="list-style-type: none"> • Work with State Immi Program to examine data entry procedures to assess for double-entry of reasons for not giving vaccine doseages. • Scheduled staff training on procedure of data entry of vaccines 		<p>To be completed for the FY 2009 Report</p>	<p>To be completed for the FY 2009 Report</p>

<p>D. Provide follow up data on one perinatal hepatitis B case.</p>	<p>Children who start late in order to identify barriers to vaccination at recommended age.</p> <ul style="list-style-type: none"> • Provide staff training and support regarding follow-up for Perinatal Hep B. • Provide follow up information on 1 perinatal Hep B case. 	<ul style="list-style-type: none"> • Provide follow up information on 100% of Perinatal Hepatitis B cases within a reasonable time following vaccination and titre testing. 	<p>To be completed for the FY 2009 Report</p>	<p>Completed in 2007</p>
<p>Year 5: July 2009 – June 2010</p>				
<p>Objectives</p>	<p>Methods / Tasks</p>	<p>Outcome Measure(s)</p>	<p>Outcome Measure(s) Results⁷</p>	<p>Progress Notes⁸</p>
<p>A. Improve DtaP4 rates in 2 year olds.</p>	<ul style="list-style-type: none"> • Compare our rates with other providers in the county. • Review Plan and make changes as needed. 	<ul style="list-style-type: none"> • Increase rate of UTD 2 year olds with DtaP4 to 85% by June 2010. 	<p>To be completed for the FY 2010 Report</p>	<p>To be completed for the FY 2010 Report</p>

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

Year 1: July 2006 – June 2007				
Objectives	Methods / Tasks	Outcome Measure(s)	Outcome Measure(s) Results ¹	Progress Notes ²
A. Increase County-wide participation in Alert.	* Assess usage of Alert data in the county through the HRC Private Site Participation Report, and the HRC School Web Usage Report. *Target provider offices and schools that are not currently using Alert.	<ul style="list-style-type: none"> Increased number of providers accessing information on Alert Website, as evidence by Private Site Participation Report to include all schools and all providers in the next reporting period. Increase provider input to ALERT by one, as evidenced by Private Site Participation Report. 	<p>Increased number of providers accessing Alert to: Schools – 6 Childcare Facilities – 2</p> <p>Increased provider input to Alert by one.</p>	We have distributed Alert brochures to all Childcare Facilities and Health care providers in the county. We will continue to discuss Alert when meeting with providers and schools.

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.

	<p>*Provide Alert brochures and Alert video to providers and schools not currently using ALERT.</p> <p>*Begin to work with Dr. J. Pennington to look at possibility of electronic transfer of vaccine records to ALERT.</p> <p>*Facilitate Provider signup with Alert.</p> <p>*Use State VFC Health Educators as resources.</p>			<p>Have made Alert brochures and videos available to providers and schools.</p> <p>Have not worked with Dr. Pennington, but will add that to next years plan.</p> <p>Assisted one private provider to signup with Alert by referring to VFC Educator to become a VFC provider!</p>
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<p>B. Have accurate Countywide AFIX assessment by end of three-year plan.</p>	<p>*Work with LCDC to encourage AFIX assessment. *Work with local provider (Dr. James Pennington) to participate in Alert, to work toward AFIX assessment. *Report current AFIX results from HRCHD to all providers. *Create plan to report AFIX results to all providers In the county.</p>	<p>AFIX assessment with LCDC by 4-1-06.</p>	<p>Have not completed AFIX assessment with LCDC.</p>	<p>Will continue to dialogue with Supervisor at LCDC in order to facilitate AFIX.</p> <p>2004 AFIX results reported to local providers by HO at hospital staff meeting.</p>
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Year 2: July 2007 – June 2008				
Objectives	Methods / Tasks	Outcome Measure(s)	Outcome Measure(s) Results ¹	Progress Notes ²

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.

<p>A. Assess private provider utilization of Alert by 6/1/2007.</p> <p>B. Increase Alert participation and web use by 2 schools and 1 childcare partner, and 1 private provider by 6/1/2007</p> <p>C. Provide outreach and education to at least one provider and two schools by 6/1/2007.</p> <p>D. Increase Alert participation by Dr. Pennington by 6/1/2007.</p> <p>E. Enroll HRMG in VFC and Alert by 6/1/2007.</p>	<ul style="list-style-type: none"> •Review Participation Report •Compare outcome with baseline rates of provider part. Report. •Distribute Alert brochures and videos to at least one provider and one school •Work with Childcare partners to increase use of Alert in. •Continue to work with schools to access Alert data. •Visit Dr. Pennington's clinic to educate importance of Alert, promote website. •Work with VFC Health Educator to enroll HRMG. •Continue to work with schools to access Alert Data. *Offer trainings on web access for Alert 	<ul style="list-style-type: none"> • Increase in local numbers in alert participation reports and web hits. • Increase in local providers signed up for web access with Alert. • Hood River Medical Group signed up with VFC and Alert • Local trainings in use of Alert hosted by HRCHD 	<ul style="list-style-type: none"> •Number of children's facilities that have accessed ALERT – 3 Number of schools that have accessed ALERT – 4. •Hood River Medical Group is signed up for VFC and ALERT. •Web use of ALERT is documented on the Participation Record for 2007. <p>Increased access of ALERT by childcare facilities in the county.</p>	<p>ALERT access has improved. School district needs to be targeted to increase utilization there. Several schools are using ALERT often, some not at all.</p> <p>Focus on providing targeted outreach to schools.</p> <p>Dr. Pennington has not been approached as of yet. Will focus on that, though he does not deliver many vaccines.</p>
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<p>B. Identify rough baseline for county by end of three-year plan.</p> <p>Continue to work towards accurate Countywide AFIX assessment by end of three-year plan.</p>	<p>Work with LCDC to encourage AFIX assessment</p> <p>Work with CGFM to encourage AFIX assessment</p> <p>Work with Dr. Pennington to encourage AFIX assessment</p> <p>Report current AFIX results from HRCHD to all providers.</p>	<ul style="list-style-type: none"> • Institute annual AFIX measures with HRCHD and LCDC. • Continue to work toward countywide AFIX measure. 	<p>Not completed at this time.</p>	<p>This has not been completed at this time. Working with Sara Beaudrault, VFC/AFIX Program Coordinator to facilitate this.</p>
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Year 3: July 2008 – June 2009				
Objectives	Methods / Tasks	Outcome Measure(s)	Outcome Measure(s) Results¹	Progress Notes²
A. Continue to assess local access of ALERT by children's facilities, schools and medical providers.	<ul style="list-style-type: none"> • Review annual participation report from ALERT. • Provide outreach to providers, schools and children's facilities regarding benefit of using ALERT. • 	<ul style="list-style-type: none"> • Increase ALERT participation by local children's facilities and schools by 2 by June, 2009. 	To be completed for the FY 2008 Report	To be completed for the FY 2008 Report
B. Have accurate Countywide AFIX assessment by June, 2009	<ul style="list-style-type: none"> • Will work with Sara Beaudrault, VFC/AFIX Coordinator at DHS to facilitate Countywide AFIX assessment. • Work with LCDC, CGFM and HRMG to facilitate countywide AFIX. 	<ul style="list-style-type: none"> • County wide AFIX measure completed by 6/30/2009 	To be completed for the FY 2008 Report	To be completed for the FY 2008 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 5: July 2009 – June 2010				
Objectives	Methods / Tasks	Outcome Measure(s)	Outcome Measure(s) Results¹	Progress Notes²
A. Continue to assess and revise plan from 2005-2009 in order to increase provider participation in Alert.	<ul style="list-style-type: none"> • Reassess outcomes from 2005-2009. *Reassess methods from 2005-2009. *Determine how well methods worked. *Compare outcomes with objective measure 	<ul style="list-style-type: none"> • Revise previous years plan. 	To be completed for the FY 2010 Report	To be completed for the FY 2010 Report
B. Have accurate Countywide AFIX assessment by end of three-year plan.	Compile LCDC and HRCHD rates.	<ul style="list-style-type: none"> • Revise previous years plan 	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.

FY 2008 - 2009 WIC Nutrition Education Plan Form

County/Agency: Hood River County

Person Completing Form: Patricia Stokes

Date: May 1, 2008

Phone Number: 541-387-6881

Email Address: trish.stokes@co.hood-river.or.us

Return this form electronically (attached to email) to: sara.e.sloan@state.or.us
by May 1, 2008
Sara Sloan, 971-673-0043

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

Year 2 Objective: During plan period, through informal discussions, staff in-services and/or targeted trainings, staff will be able to describe the general content of the new WIC food packages and begin to connect how these changes may influence current nutrition education messages.

Activity 1:

By October 31, 2008, staff will review the Oregon WIC Key Nutrition Messages and identify which one's they need additional training on.

Resources: American Academy of Pediatrics, MyPyramid.gov, Maternal and Child Health Oral health website – <http://www.mchoralhealth.org/Openwide/> Information from the 2008 WIC Statewide meeting.

Implementation Plan and Timeline:

During our July staff meeting, WIC staff will review the Oregon Key Nutrition Messages and identify topics of interest/need. The training supervisor will then prepare and provide additional information on the topics for subsequent staff meetings in August and September.

Activity 2:

By March 31, 2009, staff will review the proposed food packages changes and:

- Select at least three food packages modifications (for example, addition of new foods, reduction of current foods, elimination of current foods for a specific category),
- Review current nutrition education messages most closely connected to those modifications, and
- Determine which messages will remain the same and which messages may need to be modified to clarify WIC's reasoning for the change and/or reduce client resistance to the change.

Resources: WIC Works Website WIC food package materials, Information from the 2008 WIC Statewide meeting, State provided materials.

Implementation Plan and Timeline:

At our February, 2009 meeting, the staff will review the food package changes, as well as the Fresh Choices 2009 Status Report updates. We will discuss how the changes will affect our educational messages and what we need to update in order provide appropriate messages for the new packages

Activity 3:

Identify your agency training supervisor(s) and projected staff in-service training dates and topics for FY 2008-2009. Complete and return Attachment A by May 1, 2008.

See Attachment A

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

Year 2 Objective: During Plan period, each agency will assess staff knowledge and skill level to identify areas of training needed to provide participant centered services.

Activity 1:

By September 30, 2008, staff will review the diet assessment steps from the Dietary Risk Module and identify which ones they need additional training on.

Implementation Plan and Timeline:

At the September staff meeting, the Hood River County WIC staff will use the state provided guidance and assessment tool to identify steps from the Dietary Risk Module that staff need additional training and/or practice with. The training supervisor will use the assessment results and will provide training during the November staff meeting.

Activity 2: By November 30, 2008, staff will evaluate how they have modified their approach to individual counseling after completing the Nutrition Risk and Dietary Risk Modules.

Resources include: State provided guidance and assessment tools.

Implementation Plan and Timeline:

At the November staff meeting, the Hood River County WIC staff will share how they have modified their approach to individual counseling after completing the Nutrition Risk and Dietary Risk Modules. We will provide role play and give examples. The results of the state provided guidance and assessment tools will be reviewed.

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

Year 2 Objective: During Plan period, in order to help facilitate healthy behavior change for WIC staff and WIC clients, each local agency will select at least one objective and implement at least one strategy from the Statewide Physical Activity and Nutrition Plan 2007-2012.

Activity 1:

Identify your setting, objective and strategy to facilitate healthy behavior change for WIC staff.

Setting: Worksite

Objective: By 2012, increase by five percent the number of employees of the Hood River County Health Department that consume five servings of fruits and vegetables per day.

Strategy: Increase availability and promotion of fruits and vegetables at the Health Department.

Resource: Attachment B - A Healthy Active Oregon: Statewide Physical Activity and Nutrition Plan 2007-2012, Recommended Objectives and Strategies

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

We chose this objective because the department has been active in Employee Wellness activities for three years, and this objective enhances the program that is already in place. We would like to promote healthy food choices on a daily basis and at worksite events and meetings. At our August, 2008 staff meeting, we will provide a staff survey asking centered on the number of fruits and vegetables consumed daily, as well as preferences, and provide education around increasing the number of servings daily to meet recommendations. In addition, we will provide our annual apple and pear tasting activities during local harvest season.

Activity 2:

Identify your setting, objective and strategy to facilitate healthy behavior change for WIC clients.

Setting: Home/Household

Objective: By 2012, decrease television and other screen time for children. Specifically, reduce by two percent the number of children ages 2 – 18 who have more than two hours a day of screen time and work to ensure children 2 years and younger have no screen time.

Strategy: State and local community coalitions will urge parents to be role models by encouraging them to increase their physical activity, limit their time in front of the television and provide children with resources that foster active rather than sedentary behavior.

Resource: Attachment B - A Healthy Active Oregon: Statewide Physical Activity and Nutrition Plan 2007-2012, Recommended Objectives and Strategies

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

This objective was chosen because of the effects that excessive screen time and physical inactivity has on children and families. The Hood River County WIC will encourage families to be physically active and educate families of the effects of excessive screen time. Hood River WIC will provide information on screen time at all Exposition education contacts and to community partners starting October 1, 2008. In addition, a local list of free or low cost resources for community activities that promote physical activity will be made available by October 1, 2008.

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

Year 1 Objective: During Plan period, in order to help improve breastfeeding outcomes for WIC participants, each local agency will select at least one setting, objective and implement at least one strategy from the Statewide Physical Activity and Nutrition Plan 2007-2012.

Resource: Attachment B - A Healthy Active Oregon: Statewide Physical Activity and Nutrition Plan 2007-2012, Recommended Objectives and Strategies

Activity 1:

Setting: Home/Household

Objective: By 2012, maintain the current level of breastfeeding initiation and increase by two percent a year the number of mothers who breastfeed exclusively for the first six months of a child's life.

Strategy: Continue to provide breastfeeding consultation in the clinic, hospital and home settings to improve breastfeeding outcomes. Work with community partners to continue breastfeeding promotion.

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

This objective was chosen because breastfeeding is the best nutritional source for infants. It is important to encourage and support families in their efforts to initiate and continue breastfeeding for at least the first six months of an infant's life. Hood River County WIC, through the donations of Providence Hood River Memorial Hospital, will provide Providence-owned loaner breast pumps to women in the region who do not qualify for WIC services by July 30, 2008. There are currently no local providers for the rental of breast pumps for women outside of WIC. In addition, Hood River County WIC will continue to work with local providers to support women's efforts to initiate and continue breastfeeding by providing qualified staff to assist with breastfeeding issues.

Attachment A

FY 2008-2009 WIC Nutrition Education Plan

Goal 1, Activity 3

WIC Staff Training Plan – 7/1/2008 through 6/30/2009

Agency: Hood River County WIC

Training Supervisor(s) and Credentials: Patricia Stokes, RN

Staff Development Planned

Based on planned new program initiatives (for example Oregon WIC Listens, new WIC food packages), 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, 2008 – June 30, 2009. State provided in-services, trainings and meetings can be included as appropriate.

Quarter	Month	In-Service Topic	In-Service Objective
1	August, 2008	Key Nutrition Message Training	Clarify Key Messages as identified in July Staff Meeting
2	November, 2008	Dietary Risk and Nutrition Risk Module Training	To identify how approach has been modified because of Dietary and Nutrition Risk Modules. Assessment results will be presented.
3	February, 2009	Food Package Changes	Clarify Food Package Changes and how they affect education messages.
4	April, 2009	Strategies for decreasing screen time/increasing physical activity	Identify strategies to give to clients to encourage increase activity/decreased screen time.

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

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



Local Public Health Authority

Hood River County
County

May 1, 2008
Date