

2008-2009 Annual Plan

Wallowa County Health Department

**FY 2008-2009 Annual Plan
For Family Health Programs**

Submitted By:
Wallowa County Health Department

4-30-08

Laina Fisher, Administrator

Date

2008-2009 Annual Plan

Table of Contents

I. Executive Summary	3
II. Assessment: Public Health Issues and Needs	4-12
III. Adequacy of Basic Services	13-17
IV. Action Plan	
a. Babies First! Program	19-20
b. Communicable Disease/Preparedness	21-23
c. Breast and Cervical Cancer Program	24-25
d. Environmental Health	26-27
f. Family Planning	28-30
g. Health Statistics	31
h. Immunizations	32-33
i. Information and Referrals	34
j. Parent and Child Health	35-38
k. Teen Pregnancy Prevention	39-40
l. Tobacco	41-53
m. Women, Infant, Children (WIC)	53-61
V. Additional Requirements	
a. Coordination of Annual Plan with Comprehensive Plan for Children, Youth, and Families	63-64
b. Organizational Chart	65
VI. Unmet Needs	67-69
VII. Budget	70-71
VIII. Minimum Standards	72-81

2008-2009 Annual Plan

Wallowa County Health Department

I. EXECUTIVE SUMMARY

The mission of Wallowa County Health Department is to prevent disease and to promote health and the quality of life for all Wallowa County residents, through organized community efforts. We will fulfill our mission by accomplishing the following goals: improving access to health care, protecting the health of county residents, and promoting health.

We will accomplish our goals by completing the activities described in the annual plan. This plan will identify needs of the community, adequacy of services currently provided, action plans for services and programs provided, and a description of the unmet needs for public health in the community. Also included will be the current working budget for fiscal year 2008 – 2009, an evaluation of compliance with the Minimum Standards for Local Health Departments, and a description of the coordination of this plan with the local Comprehensive Plan for Children, Youth and Families.

After development of the annual plan and assessment of the services available in Wallowa County, it was determined that the primary areas of health concern include: access to health care and tobacco/alcohol/and drug cessation programs. Areas of unmet need in the community also include activities for families and youth, and family wage jobs with benefits.

2008-2009 Annual Plan

Wallowa County Health Department

FY 2008-2009 Annual Plan

II. Assessment of Public Health Issues and Needs

2008-2009 Annual Plan

II. Assessment of the Public Health Issues and Needs in Wallowa County

Alcohol and Drug Use

The recent county trends are below the state average for alcohol-related traffic fatalities, and perceived availability of drugs. However, the adult use of alcohol is higher for the county than the state of Oregon. In addition, the use of alcohol and illicit drugs for eighth and eleventh graders in 2002 was higher than the state comparison values. The data indicates a need for alcohol and drug use education and intervention in both the adult and youth populations.

Child Abuse and Domestic Violence

The recent statistics indicate that the county is below the state comparisons in child abuse and neglect numbers and domestic violence arrests.

Communicable Disease

Data is from the Oregon Department of Human Services' Office of Disease Prevention & Epidemiology, Acute and Communicable Disease Prevention: *Monthly Communicable Disease Surveillance Report*, September 2005.

January-September Reported Cases of Notifiable Diseases

	2000	2001	2002	2003	2004	2005
AIDS	0	0	0	1	0	0
Campylobacteriosis	1	1	0	2	3	0
Chlamydia	4	4	0	4	4	6
E. Coli	1	0	0	0	1	0
Giardiasis	0	1	0	0	0	0
Gonorrhea	0	1	0	0	0	0
Lyme	0	1	0	0	0	0
Pertussis	0	0	0	0	0	1
Salmonellosis	1	0	0	0	0	0
Shigellosis	0	0	0	0	1	0
TOTAL	7	8	0	7	9	7

Emergency Preparedness

Because our county has a small population and it is located in rural eastern Oregon, it does not have a high risk for targeted terrorist acts. Emergency risks include motor vehicle accidents involving multiple people, drought, floods, landslides, severe weather, and other natural incidents.

2008-2009 Annual Plan

Environmental Health

According to the Oregon Licensed Facility Statistics Report 2006, Wallowa County had 50 restaraunts, 5 mobile units, 3 pools/spas, 21 traveler's Accomodations, 5 bed and breakfasts, 12 RV parks, 2 organizational camps for a total of 98 facilities in the jurisdiction. One contracted environmental health specialist provides inspections and services for these facilities.

Geography

The geography of Wallowa County makes accessing health care difficult for the residents due to the location, isolation, topography, and sparse population. Wallowa County is located in Northeastern Oregon. Residents must travel at least 5 hours to access larger cities within the state. The surrounding mountain ranges also make the county more isolated. Residents must travel on highways that are crooked, steep, narrow, and hazardous in the winter months. Finally, the sparse population contributes to difficulties accessing health care. According to the Oregon Department of Human Services, the 2004 population of the county was 7,150 people. The county includes an area of approximately 3,153 squares miles resulting in a population density of about 2.3 persons per square mile.

Immunizations

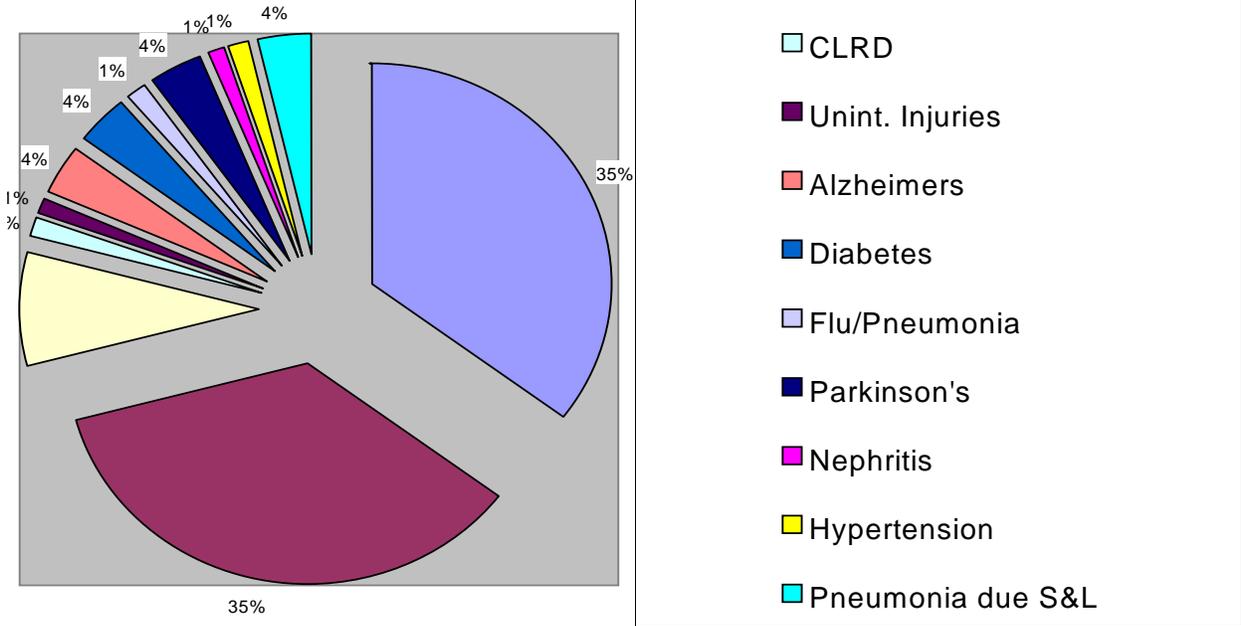
Within the county, there are five clinics that administer immunizations counting the health department. There is one clinic in Wallowa open two days per week, one clinic and the health department in Enterprise open five days per week, and one clinic in Joseph open five days per week. Barriers to immunizations may include: lack of transportation, rural living with decreased traveling in to town, lack of parent education and information, misinformation regarding immunizations, personal/religious beliefs contraindicating vaccinations, and parent work schedules prohibiting keeping appointments. According to the Oregon State Public Health Division 2007 Annual Assessment of Immunization Rates and Practices, Wallowa County Health Department served 33% of the children born in the county. The Percent of 24-35 month olds fully covered in the county with the 4 Dtap:3 Polio:1MMR:3 Hib:3Hep B:1 Varicella series decreased from 69% in 2006 to 57% in 2007. The percent of 24-month olds fully covered with all doses of each vaccine were: Dtap 62%, Polio 86%, MMR 86%, Hib 86%, Hep B 81%, Varicella 76%; the Healthy People 2010 goal for this measure is 90%. 19% of 24-month olds missed shots due and 19% started late. The percent of 2-35 month olds Up to Date at 35 months of age was 57% in 2007 compared to a state average of 71%, 72% in 2006 compared to a state average of 69%, and 82% in 2005 compared to a state average of 74%.

Mental Health

According to the Department of Human Services Client Data Report, 321 Wallowa County residents received mental health services in 2003. This represents almost 5% of the population.

Mortality

Percent of Total Deaths by Cause, 2008-2009

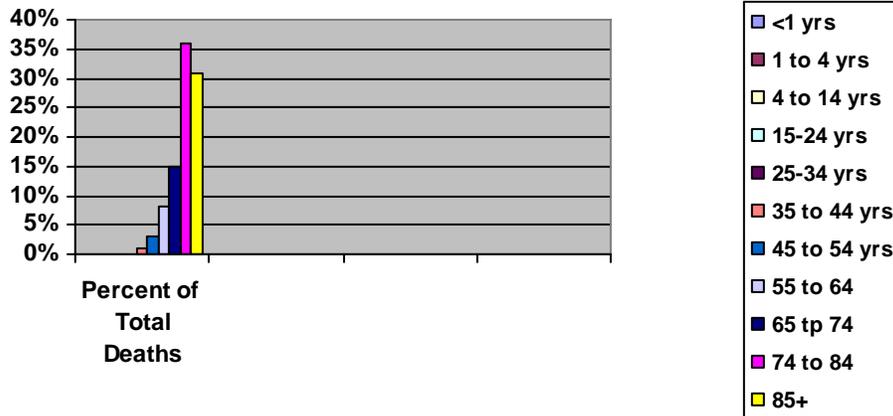


Most of the deaths in the county occur within the 74-84 and 85+ age ranges. Of the 58 deaths in 2004, the Oregon Center for Health Statistics reports that 90% were due to natural causes, 5% suicide, and 5% accidental causes. Heart disease and cancer are the leading causes of death within the county.

2003 Deaths

Wallowa County Deaths	79
The following data is from the 2003 Oregon Vital Statistics County Data Book	

2008-2009 Annual Plan



Population

Analysis of Wallowa County’s population shows that there are approximately equal numbers of males and females. A majority of the population falls into the 20-59 year age range. Furthermore, there are a small number of ethnic minorities residing within the county.

Reproduction

According to the Oregon Department of Human Services, 25% of abortions during 2002 in the county were performed in the teenage population and 5.4% of births were to teenage mothers. In 2003 there were approximately 8 teenage pregnancies compared to an average of 4 from 1996-2000. In 2004 teenage pregnancies were 2 out of 55 births. The low percentage of inadequate prenatal care and low birthweights for 2003 do not indicate a problem within the county. The reported use of tobacco, alcohol, and illicit drugs during pregnancy were higher than the state average according to the 2003 Oregon Vital Statistics County Data.

County Births

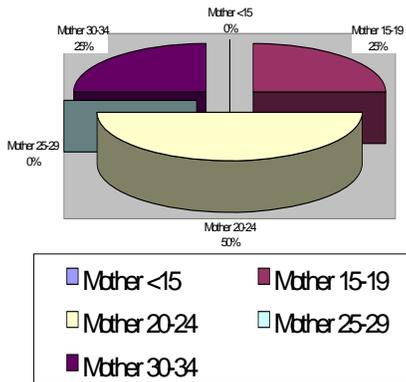
2005 Births compiled from birth certificate registry.

Wallowa County Births	55
La Grande Births to Wallowa County Residents	4
Total 2005 Births	59

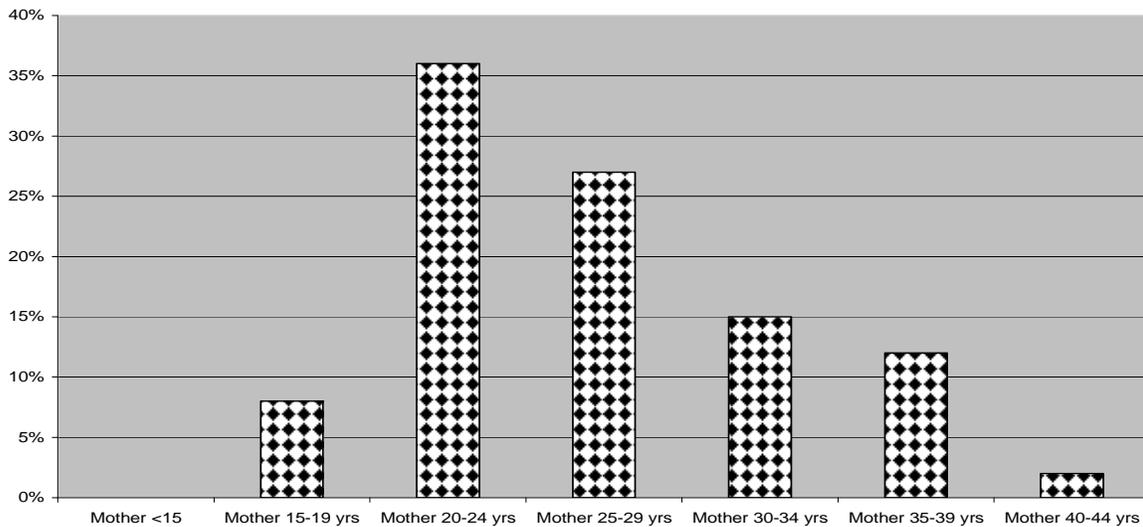
2008-2009 Annual Plan

The following data is from the Oregon Vital Statistics County Data 2003 from the Oregon Department of Human Services

Percentage of Abortions Per Age Group 2002



2003 Percent of Births by Age Group



The birth information is taken from the Oregon Department of Human Services Oregon Vital Statistics County Data 2003.

Risk Factors During Pregnancy

Description (Year 2003)	#	% of Births
Reported use of tobacco in pregnancy	15	23.1
Reported use of alcohol in pregnancy	4	6.3
Reported use of illicit drugs	3	4.5
Number of mothers with prenatal care in 1st trimester	58	87.9
Number of mothers with inadequate prenatal care	1	1.5

2008-2009 Annual Plan

Low birth weight infants	2	3
---------------------------------	----------	----------

	2003				2004					
	Total		15-17	15-19	18-19	Total (ALL AGES)	<15	15-17	15-19	18-19
Wallowa Co. Teen Pregnancies	7		2	7	5					
Wallowa Co. Teen Preg. Rates/1,000 females			11.1	28.6	76.9					
Oregon Teen Preg. Rates/1,000 females (15-19 yrs)	6075		26.4	49.3	84.2					
Wallowa Co. Births to Teens	66 *	20.4		5	5	57				2
Wallowa CO. Birth Rates/1,000 females				20.4	76.9					
Wallowa Co. % of Live births to Unmarried Mothers	27.3			4		8				2
OR % of Live births to Unmarried Mothers	31.7									
Oregon Birth Rates/1,000 females (15-19 yrs)	4116	16.5	16.5		59.2					
Wallowa Co. Total Abortions all ages	13		2	2	0	4	(Not available)			
Wallowa Co. Abortion Rates/1,000 females			11.1	8.2	0					
Wallowa Co. Induced Terminations	7			1						

Socio-Economic Status

In general, Wallowa County's economic status is stressed with a high unemployment rate and a significant percentage of the population below the poverty level. Many of the employed persons within the county are seasonal workers with periods of lay-off. Jobs with benefits are also limited in Wallowa County. The county is traditionally dependent on timber, farming, and ranching with a recent increase in tourist-driven industries. The economic condition directly relates to stress on individuals and families, domestic violence, abuse, alcohol and drug use, food insecurity, and the ability to access and afford health care.

Data for county profiles of economic status are from the Department of Human Services Oregon Children Adults and Families Data Charts-SEPTEMBER 2003

% of Pop. Under age 18	% of Adults over age 65	Unemployment Rate Sept. 2003	Poverty Rate	Per Capita Income	High School Grad Rate	College Degree Rate
23.7%	18.9%	5.8%	14.0%	\$17,276	87.5%	20.3%

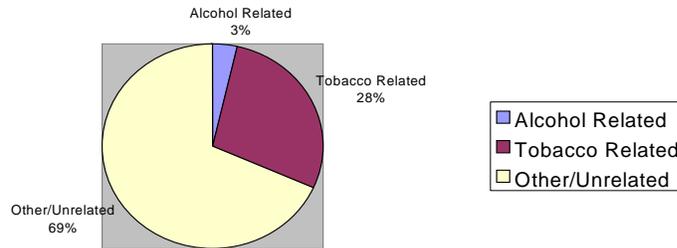
2008-2009 Annual Plan

Tobacco Use

According to the Oregon Department of Human Services, tobacco is a big problem in the county with 20% of adults smoking, 11% of 8th graders, and 27% of 11th graders. Furthermore, 33% of county residents are exposed to secondhand smoke in a typical week.

2008-2009 Annual Plan

Percent of Total Deaths That Were Alcohol or Tobacco Related



2008-2009 Annual Plan

Wallowa County Health Department

III. Adequacy of Services

2008-2009 Annual Plan

III. Adequacy of Services

Wallowa County FY 2005 Health Department Statistics (Data from Department of Human Services, Client Data, TWIST Program, IRIS Program)

Services provided in 2007

<u>Service</u>	<u># Clients Served</u>	<u>Notes</u>
Babies First! a. Ages and Stages Questionnaires b. Home Visits		104 participants in 2005 3 home visits in 2005
WIC	Average Certified Caseload 149, Average Participating 137	Assigned caseload is 135, required 97% is 131
Childhood Immunizations	57% 24-35 mon olds 4:3:1:3:3:1 series; 19% missed shots 19%	69% 24-35 mon olds 4:3:1:3:3:1 series in 2006; 71% state average 19% missed 2006 6% late starts 2006
Flu Shots	Approx. 750	800 ordered
Family Planning a. Total Visits b. Total clients served, unduplicated c. Clients new to program d. Continuing clients b. Negative Pregnancy Tests c. Positive Pregnancy Tests d. Emergency Contraception e. Est. Pregnancies Prevented f. Chlamydia Tests g. Chlam. Treatment: Presumptive h. Chlam. Treatment i. Genital Wart Treatment j. Gonorrhea Tests k. Gonorrhea Treatment l. Male Exams m. Mammography referrals n. Counseling Provided 1. Contraceptive 2. Tobacco 3. Substance Abuse 4. STD/HIV		7/04 to 6/05 a. 738 b. 346 c. 105 d. 241 e. 92 f. 27 g. 36 immediate, 23 future h. 95 i. 118 j. 21 k. 8 l. 16 m. 9 n. 0 o. 4 p. 19 q. 1. 603 2. 271 3. 118 4. 362 5. 501 7. 109

2008-2009 Annual Plan

Prevention		8. 23
5. Nutrition		9. 36
6. Relationship		
Safety		
7. Abstinence		
8. Breast Self Exam		
9. Encourage Parent Involvement		
HIV Testing	10	17 Tests in 2005

Collection and Reporting of Health Statistics

Statistics are collected through various surveys and communicable diseases are reported according to CDC guidelines. All available statistics are filed and available for the public to access. Current collection and reporting services will continue. We may be incorporating more questions on current client data forms or new questionnaires to collect information about the alcohol and drug use of our teenage clients as part of a joint effort with the Wallowa County Task Force for Underage Drinking.

Dental Services

All children are given toothbrushes at WIC appointments. Parents are advised to have at least one appointment with a dentist by age three. Information and education regarding bottle mouth decay, not allowing infants to take a bottle to bed, not giving juice in a bottle, and reduction of high-sugar-drinks for children is provided for all WIC, Babies First!, and CaCoon parents. Two of the local public schools utilize the King Fluoride Program to provide free fluoride rinse and toothbrushes during school hours to students. There is a need to promote the program in all other local schools. All other current services are will be continued.

Emergency Preparedness

The health department has a communications, radiation, chemical, pandemic, SNS, Public Health Appendix to the County Emergency Plan. We currently have a staff person on-call and available after business hours on weeknights and weekends for emergency situations. A mutual aid agreement has been made with Umatilla County and a Regional mutual aid agreement has been approved by commissioners. We are now in the testing and updating phase of planning.

Environmental Health Services

We are contracting our environmental health services with Jennifer Chacon, Environmental Health Specialist. She is available via email and phone during operating hours and comes to the county one to two times per month depending on our needs. The administrative assistant will be completing data entry, fee collection and depositing, and filing. The public can pick up necessary forms from our office and environmental health information is available in the clinic. Food handlers' classes will be offered within the

2008-2009 Annual Plan

county on a regular basis and also available online. At this point, the business owners seem pleased with our ability to serve them and we are more than satisfied with the ability to receive the needed services from Jennifer Chacon in a timely manner.

Epidemiology and Control of Preventable Diseases and Disorders

Services are adequate for control of preventable diseases and disorders for which immunizations are available. According to the statistics, there is a continued need for education regarding Chlamydia and Campylobacteriosis transmission and prevention. There was one case of gonorrhea reported and no cases of syphilis for the past six years. No cases of tuberculosis and one case of AIDS were reported for the last six years. Based on the statistics, gonorrhea, syphilis, and HIV prevention measures are adequate.

Family Planning Services

The current family planning program could be improved by educating the public about our existence and services provided. More people may be able to access the services if contraceptive supplies and counseling were offered during off-site clinic days in Joseph and Wallowa.

Health Education and Health Promotion

Information and personnel to answer questions are currently available during all business hours. The local newspaper and radio are utilized to present information to the public approximately 1-5 times per year. Education and health promotion is provided for all WIC participants, Babies First! participants, and family planning clients. Current services are adequate. There is room for improvement with blood pressure screening clinics, classes to lower cholesterol levels, and diabetes prevention classes and education.

Immunizations

Wallowa County Immunization rates measured below the state average in all categories in 2007.

Health Information and Referral Services

Information and personnel to answer questions are currently available during all business hours. There is a need to develop an authorization for release of information for referral to community partners such as Community Connections, Building Healthy Families, and the Home Visitors Team. There is also a need for new staff training regarding services available from community partners.

Nutrition

The nutrition of children ages birth to five years enrolled in WIC, head start students, and children age birth to three years in Babies First! is currently screened. Nutrition counseling and hemoglobin checks are also provided for family planning clients. These services are adequate for the programs and the number of staff available in our clinic.

Parent and Child Health Services

2008-2009 Annual Plan

Current services will be continued. One program that may enhance services is maternity case management.

2008-2009 Annual Plan

Wallowa County Health Department

IV. Action Plans

2008-2009 Annual Plan

BABIES FIRST!

CURRENT CONDITION or PROBLEM: The purpose of the Babies First! program is to detect developmental delays early in order to initiate referral and early treatment plans to improve the outcome for each individual child. The program includes screening and home visits to help families learn more about their child's development, parenting skills, accessing health care, and how to recognize an important change in their child's health or development.

GOAL: Improve the physical, development, and emotional health of children birth to 3 years old.

Objective #1: Increase participation in the Babies First! program.		
ACTIVITY	When	Evaluation
Send a welcome letter and notification of services to all babies born in the county.	Ongoing	95% of births will receive a welcome letter
Verbally promote program to high risk children.	Ongoing	<ul style="list-style-type: none"> • 90% of birth certificates received indicating high risk will be contacted by phone • 90% of high risk children seen in the clinic for other services will be informed of program
ASQ questionnaires will be sent to all births and families will continue to receive them until they have not responded for 3 consecutive questionnaires.	Ongoing	Spreadsheet of questionnaires sent will be maintained and compared to the birth registry annually
Conduct media campaign to inform public of program existence and services.	Annually	Campaign efforts will be documented
Coordinator will promote program to local partners and physicians/nurse practitioners.	October 2008	<ul style="list-style-type: none"> • Feedback from providers • Increased referrals
Incentives for program participation will be explored such as blankets for babies, drawings, welcome baby packets	September 2008	<ul style="list-style-type: none"> • Comments from other county programs • Input from community partners
Birth bags will be distributed to all new births at the hospital with gifts and health department brochures including the Babies First! Brochure.	Ongoing	<ul style="list-style-type: none"> • Feedback from clients and hospital staff

Objective #2: Increase Staff knowledge for Babies First! Screenings and Home visits.		
ACTIVITY	When	Evaluation
Attend appropriate trainings as available	Ongoing	Documentation of attendance

2008-2009 Annual Plan

Gather developmental educational materials and staff training materials and distribute to home visiting staff.	Ongoing	Increased staff knowledge and comfort with program
--	---------	--

2008-2009 Annual Plan

COMMUNICABLE DISEASE/PREPAREDNESS

CURRENT CONDITION or PROBLEM: The health department must develop the capacity to mobilize all resources within the department as well as leverage those of public and private partners to respond to communicable disease effectively.

GOAL: To be prepared to respond to any emergency or outbreak.

Objective #1: Improve Internal capacity to respond to communicable disease outbreaks, natural disasters, bioterrorism, and environmental health hazards.		
ACTIVITY	When	Evaluation
Build emergency management competency and experience. <ul style="list-style-type: none"> • One full scale SNS and POD exercise • One functional health risk communication exercise 	6/30/09	<ul style="list-style-type: none"> • Submission of scope description to DHS 30 days prior to exercise • Submission of exercise evaluations to DHS • Included in quarterly report • Responders complete NIMS IS-700 • All users enrolled in Learning Management System with training logs maintained • Submission of Training plan and report to DHS
Develop depth in CD Nurse Epidemiology and investigators.	6/30/09	<ul style="list-style-type: none"> • CD 101 for all nursing staff within 1 yr of hire • CD 303 for coordinator
Enhance and Develop CD protocols	Ongoing	
Develop a notification, alert, decision, and activation framework for communicable disease and emergency response including: <ul style="list-style-type: none"> • 24/7 Public telephone line and non-public line for communicable disease and public health emergency reporting • Emergency Public Information Phone line to serve 1% of pop. Within 8 hrs. • Maintain user profiles and roles in HAN and AlertOregon systems 	Ongoing	<ul style="list-style-type: none"> • 95% of reports must be evaluated and acted on within 15 minutes • 100% of CD Case Report Forms sent to DHS by end of calendar week • Quarterly internal phone line testing • Bimonthly AlertOregon testing with 90% complete response • Changes in staff or contact info. Reflected in HAN and Alert Oregon system within 7 days of

2008-2009 Annual Plan

		<p>change</p> <ul style="list-style-type: none"> • 98% of staff have accurate user profiles in HAN and AlertOregon • 90% of staff receive notifications/alerts using HAN/AlertOregon • Included in quarterly report <p>IF a CD or PH Emergency Occurs:</p> <ul style="list-style-type: none"> • Notification of personnel to staff emergency within 60 min. of decision • Personnel physically present to staff within 90 min. of decision to notify • Public info. Issued within 60 min. from activation of EOP • Provide Prophylaxis within 24 hrs of decision to conduct
Evaluate cost/benefits of the Communicable Disease Database and determine whether or not to initiate its use.	6/30/09	

Objective #2: Assure business continuity during an emergency.		
ACTIVITY	When	Evaluation
Develop business continuity competencies and responsibilities.	6/30/09	
Incorporate business continuity plans in <i>ALL-Hazards Wallowa County Emergency Plan.</i>	6/30/09	

GOAL: To protect the health of the community.

Objective #1: Increase disease reporting by local service providers.		
ACTIVITY	When	Evaluation
Contact infection control coordinator at Wallowa Memorial hospital to encourage reporting and promote our services.	Annually	<ul style="list-style-type: none"> • Increased number of reports received from hospital • Feedback from partners

2008-2009 Annual Plan

Contact local service providers to promote our services and offer assistance to enhance reporting systems.	Annually	<ul style="list-style-type: none"> • Increased # of reports from local providers • Feedback from providers
--	----------	--

Objective #2: Complete disease surveillance, investigation, and prevention measures on a regular basis.

ACTIVITY	When	Evaluation
Disease investigation will be conducted for suspected outbreaks.	Ongoing	<ul style="list-style-type: none"> • 90% of suspected outbreaks will initiate investigation within 24 hrs of report • 95% of outbreaks will be reported to DHS within 24 hrs of receipt of report • Reports on 100% of investigations will be sent to DHS within 30 days after the investigation
Disease investigation and management will be provided for non-outbreak cases reported to the health department.	Ongoing	<ul style="list-style-type: none"> • 90% of reported cases will be reported to DHS within their specified timeframes • 95% of cases will have investigation and contact identification initiated within DHS's specified timeframes • 100% of case report forms will be sent to DHS by the end of the calendar week after the investigation • Information and follow-up will be provided to 100% of exposed contacts located
Collaboration with community service providers will be enhanced by determining what treatment, education, and follow-up health care providers have already initiated and what services they want to provide themselves.	Ongoing	<ul style="list-style-type: none"> • Feedback of local providers

2008-2009 Annual Plan

BREAST AND CERVICAL CANCER

CURRENT CONDITION or PROBLEM: Annual exams and mammograms are unaffordable for people without insurance and those who have an unaffordable deductible. When these services are not affordable, women often fail to have them done. Without these exams, early detection of breast and cervical cancer is unlikely. This leads to decreased outcomes for cancer treatment when it is not begun in the early stages of the disease.

GOAL: To increase the number of women age 50-64 years who have an annual exam to improve early detection of breast and cervical cancer.

Objective #1: Increase community outreach for BCC program.		
ACTIVITY	When	Evaluation
Offer the program to all family planning clients within the required age range.	Ongoing	# of women served
Encourage all family planning clients to have an annual exam and repeat pap when required.	Ongoing	Documentation of client education in charts
Offer to schedule an annual for all patients due within the next month who come to the clinic for contraceptive supplies.	Ongoing	
Send reminder letters to all family planning patients due for an annual who can be contacted.	Ongoing	# of reminder letters sent
Maintain a tickler system to track annuals due, follow-up needed for family planning patients.	Ongoing	Evaluation of ease of use, effectiveness
Meet with local providers to promote program.	Annually	# of referrals, provider feedback

GOAL: To continue department participation in educating the community and clients about breast and cervical cancer.

Objective #2: Increase outreach and educational activities for women regarding breast and cervical cancer.		
ACTIVITY	When	Evaluation
Provide education and counseling regarding breast and cervical cancer to all family planning clients.	Ongoing	Increase # of client education regarding self breast exams, annuals, and mammogram referrals from CVR collected data
Teach all female family planning clients how to do breast self-exam.	Ongoing	Chart documentation and increased client education of self breast exam reported in CVR data

2008-2009 Annual Plan

GOAL: To administer the program as effectively and efficiently as possible.

Objective #3: Ensure that program requirements and standards are met.		
ACTIVITY	When	Evaluation
Train new staff regarding program eligibility, paperwork, requirements.	Within 1 month of hire	Staff feedback
Review program requirements and standards.	Annually	

2008-2009 Annual Plan

ENVIRONMENTAL HEALTH PLAN

CURRENT CONDITION or PROBLEM: Wallowa County is responsible for providing environmental health services. We contract with Environmental Health Specialist, Jennifer Chacon. We have an average of 99 facilities including food, tourist, and pool/spa facilities.

GOAL: To provide education, assure safe food, control foodborne disease, and improve safety in the workplace food service and tourist accommodation facilities.

Objective #1 :Enforce state and local environmental health laws and rules.		
ACTIVITY	When	Evaluation
Inspection, licensure, consultation, and complaint investigation of food services, tourist facilities, institutions, and pools/spas to assure conformance with public health standards.	Ongoing	<ul style="list-style-type: none"> • # of violations identified in inspections will decrease • Violations will be re-evaluated according to standards • Violations will be corrected by the facilities within determined guidelines • 100% of complaints will be evaluated • 100% of complaints meeting outbreak criteria will be investigated • 100% of investigations will be documented and reported to state • 100% of required inspections and re-inspections will be completed • 100% of facilities implicated will be inspected or investigated within 1 working day
Inspections completed for restaurants will increase from 64% completed in 2006 to 80% completed in 2008.	Jan-Dec 2008	<ul style="list-style-type: none"> • Completed inspections reported in Oregon's Licensed Facility Statistics Report
Inspections completed for Mobile Units will increase	Jan-Dec	<ul style="list-style-type: none"> • Completed inspections

2008-2009 Annual Plan

from 78% in 2006 to 85% in 2008.	2008	reported in Oregon's Licensed Facility Statistics Report
Inspections completed for Bed and Breakfasts will increase from 20% in 2006 to 80% in 2008.	Jan-Dec 2008	<ul style="list-style-type: none"> Completed inspections reported in Oregon's Licensed Facility Statistics Report

Objective #2: Provide health promotion and prevention education to the public and the food, tourist, and pool/spa facilities.

ACTIVITY	When	Evaluation
Food handlers training and certification will be offered at local classes in addition to online classes.	At least quarterly	<ul style="list-style-type: none"> Documentation of # of people attending classes Feedback from public concerning local classes versus online training Increased # of facilities meeting requirements regarding the # of people with current food handler cards
Information about foodborne illnesses will be available to the public and to the service providers	Ongoing	<ul style="list-style-type: none"> Increased number of people will contact the health department for information

2008-2009 Annual Plan

FAMILY PLANNING

CURRENT CONDITION or PROBLEM: According to the Oregon Department of Human Services, 60% of abortions in the county were performed in the teenage population and 11% of total pregnancies were to teenage mothers. This illustrates a need for increased teen pregnancy prevention measures. In addition, the Chlamydia rate for 2001 was 83.3 per 100,000 people. This indicated a need for Chlamydia prevention and treatment in the County.

GOAL: Improve Health of Adolescents and Women.

Objective #1: To decrease the percent of women experiencing physical abuse by an intimate partner.		
ACTIVITY	When	Evaluation
Patient health history for family planning clients contains a question regarding physical abuse or being hurt by another person. For anyone who answers yes, further information will be gathered and referrals made.	Ongoing	Increased # of visits including abuse/safety education reported from CVR data
Refer any patient experiencing physical abuse or harm to Safe Harbors.	Ongoing	# of referrals
Report any abuse to minors according to guiding laws.	Ongoing	
Post Safe Harbors posters in Exam Rooms and bathrooms.	Ongoing	
Enhance staff capability to respond to clients reported abuse with available training and information.	Ongoing	Documentation of trainings attended
Participate in Multi Disciplinary Team Meetings and play an active role in addressing abuse and violence within families of the community.	Monthly	

Objective #2: Increase the percent of women who have age-appropriate health screenings throughout their lives.		
ACTIVITY	When	Evaluation
Issue pamphlets describing services to local physician's offices to be displayed in waiting rooms.	Ongoing	
Offer to schedule annual exams for all family planning patients due when in the office to pick up contraceptive supplies.	Ongoing	# of family planning appointments, # annuals past due in tickler system
Inform family planning patients that they are required to have an annual exam within 3 months of starting birth control.	Ongoing	Documentation in charts and increased # of patient education provided for delayed exams according to CVR data

Objective #3: Decrease the rate of incidence of Chlamydia per 100,000 females.

2008-2009 Annual Plan

ACTIVITY	When	Evaluation
Provide testing for all at risk patients or those presiding with symptoms.	Ongoing	Documentation in charts, increased # of tests provided, CVR data
Provide education, counseling, and pamphlets about disease prevention, incidence, symptoms, and treatment to all at risk sexually active patients.	Ongoing	Documentation in charts
Provide presumptive treatment for all patients presiding with symptoms..	Ongoing	# of cases tested, treated, and presumptively treated reported in CVR data
Provide treatment and counseling for all sexual partners of patients with positive Chlamydia tests or those presiding with symptoms.	Ongoing	Documentation in charts, disease investigation reports, # partners treated
Follow up on all reports of positive Chlamydia Tests to treat the person and their partner(s).	Ongoing	<ul style="list-style-type: none"> • 90% of cases investigated according to guidelines • 95% of investigation reports sent to DHS within calendar week of report

Objective #4: Decrease the percent of adolescents who report using tobacco, alcohol, or other substances.

ACTIVITY	When	Evaluation
Provide education and counseling for all adolescents answering yes to questions regarding use of these substances.	Ongoing	# of visits including tobacco/substance education according to CVR data
Coordinate community activity for the American Cancer Society's <i>Great American Smokeout</i> .	11/08	Feedback of partners and public
Collaborate with community partners to increase participation in the Great American Smokeout.	Ongoing	Feedback of partners
Provide Oregon Tobacco Quit Line cards to all patients seeking information about tobacco cessation.	Ongoing	
Participate in Wallowa County Taskforce for Underage Drinking	Ongoing	

Objective #5: Decrease the rate of pregnancy per 1,000 teens.

ACTIVITY	When	Evaluation
-----------------	-------------	-------------------

See Teen Pregnancy Prevention Plan pgs

Objective #6: Increase participation in the Family Planning program.

ACTIVITY	WHO	WHEN
Present at medical staffing meeting to inform local	10/08	Feedback of local providers

2008-2009 Annual Plan

physician's of services the health department provides, including Family Planning Services.		
Meet with Healthy Start Home Visitor to discuss services available and affordability to client.	Annually	
Distribute brochures listing services and brief description of programs to community partners.	Ongoing	
Distribute brochures listing services and brief description of programs in Wallowa County Foodbank food boxes.	Annually	

2008-2009 Annual Plan

HEALTH STATISTICS PLAN

CURRENT CONDITION or PROBLEM: The county is responsible for registering birth and death certificates, collecting and analyzing health indicators related to morbidity and mortality, and analyzing the services provided. The health department must determine the needs of the community based on health indicators and determine the services needed based on these health indicators.

GOAL: To provide appropriate care based on the health indicators of the community.

Objective #1: Register and record all county birth and death certificates.		
ACTIVITY	When	Evaluation
All birth and death certificates will be registered within 5 business days of receipt.	As needed	Comparison of date of occurrence and date filed
All birth and death certificates will be recorded including full name and date of birth/death. Each entry will be assigned a file number so that totals for the year-to-date deaths can be easily assessed.	As needed	Review for completeness

Objective #2: Health Indicators for the County will be assessed to determine community health needs.		
ACTIVITY	When	Evaluation
Morbidity and Mortality Statistics will be evaluated.	Annually	Changes in planned activities
Birth statistics will be evaluated.	Annually	Changes in planned activities
Statistics for chronic diseases, communicable diseases, sexually transmitted diseases will be assessed.	Annually	Changes in planned activities
Risk factors will be determined based on reported alcohol use, drug use, and tobacco use.	Annually	Changed in planned activities
Unplanned pregnancy rates, abortion rates, and teenage pregnancies will be evaluated to assess need for increased pregnancy prevention measures.	Annually	Changed in planned activities

Objective #3: The annual plan will be adjusted based on current health indicators to provide appropriate care.		
ACTIVITY	When	Evaluation
Program goals and activities will be changed to meet the latest community trends.	Annually	

2008-2009 Annual Plan

IMMUNIZATION PLAN

CURRENT CONDITION or PROBLEM: Within the county, there are four locations where vaccinations are provided: Wallowa County Health Department, Winding Waters Clinic in Enterprise, Winding Waters Clinic in Wallowa, and Wallowa Mountain Medical Clinic. This makes access to vaccinations difficult for some people. Decreased vaccination rates result in increased risk for contraction of preventable diseases and resulting health effects and deaths.

GOAL: To increase from 57% in 2007 to 70% in 2008 percent of 24-35 month olds up to date at 35 months of age.

Objective #1: To conduct community outreach to increase the immunizations given.		
ACTIVITY	When	Evaluation
Offer training, education and technical assistance to schools prior to exclusion cycle.	January	
Make available a nurse during all office hours to administer immunizations for walk-in clients.	Ongoing	# imm. Appointments and walk-ins
Offer immunization appointments during home visits for patients without access to transportation.	Ongoing	# immunizations given in home
Enter data from immunization appointments in a timely manner.	Within 14 Days	
If immunizations were deferred due to shortage, contact families in a timely manner.	Within 1 month of end of shortage	
Remind clients monthly when they are due for an immunization. A card file is kept and clients overdue for scheduled immunizations are given reminder calls.	Monthly	
Evaluate immunization records prior to WIC appointments. Print record from IRIS or Alert. Shred record after discussing with parent.	Ongoing	# imm. Given at WIC appointments, # appointments scheduled during WIC visits
Offer to administer vaccines at the time of WIC appointments or make appointment at that time.	Ongoing	# appts made/shots given

GOAL: To increase adult immunization rates, especially flu, Tdap, and pneumococcal.

Objective #2: To conduct outreach to the adult community.		
ACTIVITY	When	Evaluation

2008-2009 Annual Plan

Advertise flu shots in Wallowa County Chieftain and on local radio station including who should receive a flu shot, influenza information, benefits of vaccination, effectiveness, flu shot clinic dates and locations.	10/08	# shots given
Post flu shot flyers advertising flu shot clinics and office hours in local post office, stores, and businesses.	10/08	# shots given
Make available a nurse during all office hours to administer immunizations for walk-in clients.	Ongoing	# shots given
Offer traveling flu shot clinics to all businesses, adult foster care facilities, and nursing homes.	10/08 to 12/08	# shots given, # sites visited
Offer flu shot clinics at Enterprise and Wallowa Senior Meal Sites.	10/08 to 12/08	# shots given, # sites visited
Ask clients about Tetanus and pneumonia shots at the time of flu shot visit.	Ongoing	# shots given

GOAL: To continue department participation in educating the community about immunizations.

Objective #1: Increase outreach and educational activities for parents and private providers to increase immunization rates in our county.		
ACTIVITY	When	Evaluation
Participate in periodic radio forums to educate the community about vaccines and preventable diseases.	Annually	Response to forums
Place public announcements in Wallowa County Chieftain about vaccines and preventable diseases.	Annually	Response to announcements

2008-2009 Annual Plan

INFORMATION AND REFERRAL PLAN

CURRENT CONDITION or PROBLEM: Within the county, there are three local physician’s clinics, one hospital, and the Wallowa County Health Department in addition to many community partners that provide services for county residents. Enhanced communication and referrals will improve the services provided to the community and the public awareness of available programs and services.

GOAL: To improve the referral process to community partners and community services.

Objective #1: Increase staff knowledge of available services and community partners.		
ACTIVITY	When	Evaluation
Contact community partners to clarify services available to community members so that accurate information can be provided to patients.	Annually	
Conduct an in-service during staff meeting to discuss services available in the community.	Annually	

Objective #2: To increase the number of referrals to community partners.		
ACTIVITY	When	Evaluation
Offer a referral list with contact numbers for health services, food security resources, dental services, hospital contact numbers, and community partner contact numbers to all patients at the health department.	Ongoing	

2008-2009 Annual Plan

PARENT AND CHILD HEALTH PLAN

CURRENT CONDITION or PROBLEM: The poor economic status of a significant percentage of homes in the community results in decreased access to health care, decreased utilization of health care, and food insecurity. The risk for alcohol use, substance abuse, and violence in the home also increases in stressful financial situations. All of these conditions affect the health of children.

GOAL: Improve general health of Infants and Children.

Objective #1: Screen health of children and provide education and information.		
ACTIVITY	When	Evaluation
Complete height and weight measurements at all WIC, Babies First!, and CaCoon appointments. Offer measurements at all immunization appointments.	Ongoing	# screened, # referred
Assess nutrition and feeding for all children at WIC, Babies First! and CaCoon appointments.	Ongoing	# assessed, # referred
Provide nutrition assessments, height and weight screenings, hemoglobin checks, and blood pressure screenings for all Head Start children.	Ongoing	# screened
Complete hemoglobin checks for all WIC clients age 9 months and older. Refer all results below age guidelines to regular provider and provide pamphlet for iron food sources.	Ongoing	# screened, # referred
Provide vision screenings, hearing screenings, and developmental screenings at all Babies First! and CaCoon appointments.	Ongoing	# screened
Determine if well-baby checks are being completed with regular provider and provide referral information for those who are not having regular check-ups at all WIC, Babies First!, CaCoon, and Immunization appointments.	Ongoing	# referrals made
Refer all patients with medical or general health concerns.	Ongoing	# referrals
Ask if anyone has tried to hurt their child or any family member within the past 6 months at all WIC, Babies First!, and CaCoon appointments.	Ongoing	# reported to DHS, # of clients with concerns, # referrals
Provide counseling and education for all WIC participants who are at risk for overweight or who are overweight according to BMI.	Ongoing	# follow up appts, # referrals
Provide referrals for all families who have problems related to food insecurity.	Ongoing	# referrals
Provide education, counseling, and referrals for adolescents using tobacco, alcohol, or other	Ongoing	# referrals, # family planning visits with education provided

2008-2009 Annual Plan

substances.		for tobacco, drug, alcohol use according to CVR data
Refer all pregnant women to prenatal care and encourage prenatal care in the first trimester.	Ongoing	# referrals, vital statistics data for inadequate prenatal care
Provide prenatal vitamins with folic acid to all pregnant WIC participants. Instruct all other pregnant women to take a PNV with folic acid. Offer PNV to non-WIC clients at a discounted price.	Ongoing	# vitamins issued
Promote breastfeeding in all pregnant family planning clients and WIC participants.	Ongoing	Patient reports of breastfeeding at follow-up appts.
Provide education and information regarding prevention of SIDS for all pregnant women and parents of children age birth to 1 year old.	Ongoing	
Provide home visits for the Healthy Start Program on a referral basis for medical needs and educational needs.	Ongoing	# of referrals
Provide pamphlets, staff training, and information for Healthy Start Program.	Annually	Staff feedback
Participate in Healthy Start meetings.	Ongoing	
Attend Multi- Disciplinary Team Meetings to address child abuse issues and active cases in the community.	Monthly	

GOAL: Improve Dental Health of Children.

Objective #1: To provide dental health information to parents.		
ACTIVITY	When	Evaluation
Discuss dental health at all WIC, Babies First!, and CaCoon appointments.	Ongoing	# Referrals
Provide free toothbrushes for children at all WIC appointments.	Ongoing	
Provide referrals to dental services for all parents of children who do not have a regular dentist or who have not ever had a check-up with a dentist at all WIC, Babies First!, and CaCoon appointments.	Ongoing	# referrals
Encourage all parents of infants to wipe the gums with a cool cloth after feedings prior to development of teeth.	Ongoing	
Discuss benefits of protective sealants on permanent teeth and provide referrals for all WIC families.	Ongoing	# referrals
Offer King Fluoride Program to all schools. Program provides free fluoride rinse and toothbrushes to	Ongoing	# schools participating, # students served

2008-2009 Annual Plan

students.		
Provide training, education materials, fluoride rinse materials, tooth brushes to all schools in King Fluoride Program.	As Needed	
Offer dental health class for children birth to 5 in cooperation with a local hygienist.	Annually	Participant evaluation forms

GOAL: To continue department participation in educating the community about general child health and dental health.

Objective #1: Increase outreach and educational activities for parents about child health and dental health.		
ACTIVITY	When	Evaluation
Complete annual school review to assess immunization status for vaccine preventable diseases. Provide parent information and school staff training as needed.	Annually	# exclusions
Make available pamphlets and parent handouts in the health department about common parent concerns and child health topics.	Ongoing	
Offer specific pamphlets and parent handouts that may be helpful for parents at all WIC, Babies First!, CaCoon, and Immunization appointments.	Ongoing	

GOAL: Improve parenting skills and general parent knowledge related to child health and nutrition.

Objective #1: Provide parent education and related materials.		
ACTIVITY	When	Evaluation
Ask parents if they have any questions or concerns at all WIC, Babies First!, CaCoon, and Immunization appointments.	Ongoing	
Refer all clients who demonstrate need to Building Healthy Families for parenting skills and classes.	Ongoing	# referrals
Post advertisements for parenting classes available in the community in the office.	As available	
Discuss child nutritional requirements, feeding techniques, food preparation, and the food guide pyramid at all WIC appointments and healthy start screenings.	Ongoing	
Offer classes for nutrition topics and health topics to all WIC clients.	Ongoing	# participants attending

2008-2009 Annual Plan

Make available pamphlets and parent handouts in the health department about common parent concerns and child health topics.	Ongoing	
Have staff available during all business hours to answer parent questions.	Ongoing	

2008-2009 Annual Plan

TEEN PREGNANCY PREVENTION PLAN

CURRENT CONDITION or PROBLEM: Wallowa County's teen pregnancy rates are generally below the state average. According to the Oregon Department of Human Services (DHS), the teenage pregnancy rates from 2000-2002 were as follows: 2 in 2000, 1 in 2001, and 3 in 2002. According to our birth certificate registrar and our family planning data, there were 8 pregnancies to females age nineteen years and younger in 2003. Published data from the DHS is not available at this time for 2003.

GOAL: To maintain a teen pregnancy rate lower than the state average.

Objective #1: Collaborate with community partners to establish and maintain a Teen Pregnancy Prevention Coalition.		
ACTIVITY	When	Evaluation
Serve as an active participant and coordinator in initiating and organizing ongoing Teen Pregnancy Prevention Council meetings.	Quarterly	Meeting attendance, activities completed

Objective #2: Increase public awareness and education related to Teen Pregnancy.		
ACTIVITY	When	Evaluation
Work in collaboration with Teen Pregnancy Prevention Council members to conduct a media campaign and increase awareness of the issue. The health department will provide statistics and facts to enhance publications as well as play an active roll in producing the publications.	May 2009	
Work in collaboration with Teen Pregnancy Prevention Council members to increase parent education and provide better communication skills to assist parents in working with their teenagers.	Ongoing	Parents served, referrals, events held
Conduct an activity for Teen Pregnancy Prevention Month	May 2009	Public feedback

Objective #3: Enhance health department services to decrease the teen pregnancy rate.		
ACTIVITY	When	Evaluation
Provide birth control methods and appropriate counseling to all teens requesting it.	Ongoing	# clients served, # new clients, ahlers statistics for # pregnancies averted
Provide emergency contraception to all teens who have had unprotected sex within 72 hours and who do not have any contraindications.	Ongoing	# EC visits, # EC dist. For future use

2008-2009 Annual Plan

Place condoms in the bathroom that can be obtained in a private manner.	Ongoing Staff	# condoms distributed
Provide free condoms and education for proper use to all persons requesting them.	Ongoing	# condoms distributed
Provide free condoms to be distributed by the juvenile department.	As needed	# condoms distributed

2008-2009 Annual Plan

TOBACCO PLAN

County Health Department Grants

Program Contact Information

Tobacco Program Coordinator(s) Name: Laina Fisher, Vivian Tillman

Address: 758 NW 1st Street

City: Enterprise State: Oregon Zip: 97828

Telephone: (541) 426-4848 Fax: (541)=426=3627

E-mail: lfisher@co.wallowa.or.us; vtillman@co.wallowa.or.us

Lead Agency Information*

Lead Agency Name: Wallowa County Health Department

Legal Agency Contact, Director or CEO: Ben Boswell, County Commissioner

Address: 101 S. River Street

City: Enterprise State: Oregon Zip: 97828

Telephone: (541) 426-4543 ext 21 Fax: (541)=426=0582

Consortium Information

If you are applying as a Lead Agency of a Consortium of Counties, list all the counties that are members of the consortium.

N/A

Application Information

Maximum funding requested: \$52,022.87

\$17,272.87 January 2008-June 2008

\$34,750.00 July 2008-June 2009

* If delegating the role of Local Lead Agency as indicated in Proposer Eligibility, Section II, page 5, enter contact information for the designated Local Lead Agency. This information must also be included in the Local Lead Agency Designee Letter along with contact information for the Local Public Health Authority liaison.

2008-2009 Annual Plan

Attachment 1

Please disclose any and all direct and indirect organizational or business relationships between the applicant or its subcontractors, including its owners, parent company or subsidiaries, and companies involved in any way in the production, processing, distribution, promotion, sale or use of tobacco:

NONE

* If delegating the role of Local Lead Agency as indicated in Proposer Eligibility, Section II, page 5, enter contact information for the designated Local Lead Agency. This information must also be included in the Local Lead Agency Designee Letter along with contact information for the Local Public Health Authority liaison.

Attachment 2

Local Tobacco Control Advisory Group

Our vision for a local tobacco prevention advisory group would be to combine the expertise and knowledge of community members, business owners, medical professionals, and social service agencies. The advisory group would meet bimonthly in March, May, July, September, November 2008 and January, March, May 2009 with more frequent meetings as needed.

An invitation to join the local tobacco prevention advisory group will be initiated by the coordinator, to include members from county government, a Federal agency, private business owner, non-profit organizations and appropriate persons related to objective specific areas of assessment, during the grant. The group will consist of 4-8 members.

After a core group is formed, an email survey of possible dates and times will be circulated to fit the schedules of the majority of new members. Meeting agendas and notices will be circulated by email and announced on the radio for two days prior to the date of all bimonthly meetings.

Local Program Plan Form

1. SMART Objective # 1: Tobacco-Free Schools

By June 30, 2009, all Wallowa County Schools will have adopted at least a basic tobacco-free school campus policy. All schools will be encouraged to adopt Gold Standard tobacco policies.

GOAL AREAS FOR THIS OBJECTIVE

Primary: Eliminate Exposure to Secondhand Smoke

Secondary: Promoting Quitting, Counter Pro-Tobacco Influences, Reduce Youth Access to Tobacco

2. PLAN OF ACTION

➤ Coordination and Collaboration

February 2008—June 2009

Form an active local tobacco prevention advisory group, adding and retiring members, as appropriate, to the objective specific area being addressed at specific time lines. (i.e. hospital staff during the assessment of the hospital smoking policy). Regularly host face-to-face meetings on a bimonthly schedule, evaluate coalition members participating, recruit/target the following individuals if they are not already participants: school superintendents, teachers, parents, health care providers and community members.

March 2008—August 2008

Meet with local school administrators in an individual face-to-face meeting to discuss the status of each school. Also, determine how the Wallowa County Health Department can coordinate services.

February 2008—September 2008

Meet with Tobacco prevention coalition members to discuss development of a tobacco-free school campus policy for schools who have not completed the process. Assist schools in evaluating, planning for enforcement, and updating existing policies.

April, June 2008—September 2008

January, March, May 2009—June 2009

Promote the Oregon Quit Line in collaboration with the school employees' superintendents.

➤ Assessment & Research

March 2008

Work with TPEP data analyst to develop an assessment of school employees' attitudes toward tobacco-free school campuses.

➤ **Community Education, Outreach, and Media**

April 2008—July 2008

Conduct 2 educational sessions, with school staff and community members for schools that do not currently have tobacco-free policies, about implementing such programs.

April 2008

Fill out a Media Advocacy Coordination Plan (MAC Plan) for this objective.

➤ **Policy Development**

June 2008—December 2008

Work in coordination with applicable schools to review and adapt a “draft” tobacco-free school campus policy with the assistance of the American Lung Association of Oregon.

Work with schools and tobacco prevention coalition to develop policy and encourage adoption.

➤ **Policy Implementation**

January, February, March 2009

Collaborate with applicable schools for the launching of the new tobacco free school campus policy and enforcement policies for schools with policies in existence.

3. CRITICAL QUESTIONS

A. What sectors of the community will this objective reach?

School staff, school students, parents and families of school students, attendants of public events held on the school campus, persons living in close proximity to a school campus.

B. Are there segments of the population who will not receive benefit from this objective?

Community members who do not have relatives or close contacts attending school and who do not live nearby the school campus or visit the campus for special events.

C. What types of technical and/or data assistance do you anticipate needing from:

1. TPEP staff?

a. Assistance in analyzing data and developing recommendations for school staff.

b. Support and assistance in developing tobacco-free school campus policies.

2. Statewide Capacity Building Programs for Eliminating Disparities.

Page 2

1. SMART Objective # 2: Tobacco-Free Hospital

By June 30, 2009, the Wallowa Memorial Hospital will have adopted a tobacco-free hospital campus policy.

2. GOAL AREAS FOR THIS OBJECTIVE

Primary: Eliminate Exposure to Secondhand Smoke

Secondary: Promoting Quitting

3. PLAN OF ACTION

➤ **Coordination and Collaboration**

March 2008—June 2008

Become actively involved in coordinating a Wallowa County Tobacco Prevention Coalition.

Regularly attend meetings, evaluate coalition members participating, recruit/target the following hospital employees/individuals if they are not already participants:

Administrator, respiratory therapist, human resource manager, patient advocate, and the wellness director.

May 2008—September 2008

Meet with hospital administration to assess the current status of tobacco-free policies as well as attitudes, goals, and barriers to tobacco-free campus policies.

February 2008

Meet with Tobacco prevention coalition members to discuss development of a tobacco-free hospital campus policy.

May, June, July, September 2008

January, March, May 2009

Promote the Oregon Quit Line in collaboration with hospital's employees' wellness director.

➤ **Assessment & Research**

May 2008—October 2008

Work with hospital administration and TPEP data analyst to develop a benefit package and assess hospital employees' attitudes toward a tobacco-free hospital campus. Conduct a walking tour to see where staff presently smokes. Conduct one-on-one, informal discussions with staff, to assess attitudes. Determine hospital protocols for in-patients.

➤ **Community Education, Outreach, and Media**

May 2008—September 2008

Conduct 2 educational sessions with the hospital board about implementing a tobacco-free hospital campus policy.

April 2008

Fill out a Media Advocacy Coordination Plan (MAC Plan) for this objective.

➤ **Policy Development**

June 2008—October 2008

Work to create a “draft” tobacco-free hospital campus policy with the assistance of Step Up materials.

Work with hospital tobacco prevention coalition to develop policies and promote their adoption.

➤ **Policy Implementation**

January 2009—May 2009

Collaborate with Wallowa Memorial Hospital for the launching of the new tobacco free hospital campus policy.

February 2009—March 2009

Coordinate with Hospital Human Resources to plan for the distribution of paycheck stuffers to all hospital employees announcing the start date of the smoke free hospital campus and the Oregon Quit Line phone number.

4. CRITICAL QUESTIONS

A. *What sectors of the community will this objective reach?*
Hospital staff, hospital patients.

B. *Are there segments of the population who will not receive benefit from this objective?*
There are no segments that would not benefit because all community members could potentially be patrons of the hospital at some point.

C. *What types of technical and/or data assistance do you anticipate needing from:*

1. TPEP staff?
 - a. Assistance in analyzing data and developing an assessment for hospital staff.
 - b. Support and assist in developing tobacco-free hospital campus policies.
2. Statewide Capacity Building Programs for Eliminating Disparities?
 - a. Assessment of existing non-smoking policies and programs for hospitals.

Attachment 3

1. SMART Objective # 3: Smoke Free Multi-Unit Housing

By June 30, 2009, 2 Multi-Unit Housing Developments within Wallowa County will have adopted a smoke-free housing policy.

2. GOAL AREAS FOR THIS OBJECTIVE

Primary: Eliminate Exposure to Secondhand Smoke

Secondary: Promoting Quitting, Counter Pro Tobacco Influences, Reduce Youth Access to Tobacco

3. PLAN OF ACTION

➤ **Coordination and Collaboration**

February 2008—May 2008

Actively participate and implement a Wallowa County Tobacco Prevention Coalition. Regularly attend meetings, evaluate coalition members participating, recruit/target the following individuals if they are not already participants: residents of multi-unit housing developments, owners of multi-unit housing developments, health care providers.

May 2008—August 2008

Meet with the owners and residents of multi-unit housing developments to discuss current status, attitudes, goals, and barriers to smoke free housing units.

May 2008—August 2008

Meet with Tobacco prevention coalition members to discuss development of a smoke-free multi-unit housing policy using example policies from American Lung Association of Oregon and www.smokefreehousingNW.org.

➤ **Assessment & Research**

March 2008—July 2008

Analyze TPEP data and assess current status of policies and barriers to multi-unit housing. Conduct one-on-one conversations with land lord and owners assessing their attitude toward smoke-free multi-unit housing.

➤ **Community Education, Outreach, and Media**

April 2008—August 2008

Conduct 2 educational sessions with owners and residents of multi-unit housing developments about implementing such programs.

April 2008

Fill out a Media Advocacy Coordination Plan (MAC Plan) for this objective.

June 2008 – June 2009

Promote the Oregon Quit Line with managers and tenants beginning two months prior to implementation of smoker-free housing policy.

Attachment 3

➤ **Policy Development**

June 2008—February 2009

Work in coordination with housing unit owners to create a smoke-free multi-unit housing policy with the assistance of the American Lung Association of Oregon.

➤ **Policy Implementation**

January 2009—May 2009

Collaborate with multi-unit housing developments for the launching of the new smoke-free policy.

4. CRITICAL QUESTIONS

- A. *What sectors of the community will this objective reach?*
Owners, employees, and residents of multi-unit housing developments as well as persons living in close proximity to them.

- B. *Are there segments of the population who will not receive benefit from this objective?*
Community members who do not have business or personal activities near the multi-unit housing complexes.

- C. What types of technical and/or data assistance do you anticipate needing from:
 - 1. TPEP staff?
 - a. Assistance in analyzing data and developing a survey for residents.
 - b. Support and assistance in developing tobacco-free multi-unit housing policies.

 - 2. Statewide Capacity Building Programs for Eliminating Disparities?
 - a. Assessment of existing non-smoking policies and programs for multi-use housing.

2008-2009 Annual Plan

Attachment 3

1. SMART Objective # 4: Implement the Smoke Free Workplace Law

By July 31, 2008, Wallowa County Health Department will have developed internal systems and protocols for handling complaints related to the Smoke Free Workplace Law.

2. GOAL AREAS FOR THIS OBJECTIVE

Primary: Eliminate/Reduce Exposure to Secondhand Smoke

Secondary: Promoting Quitting, Counter Pro-Tobacco Influences

3. PLAN OF ACTION

➤ Coordination and Collaboration

February 2008—May 2008

Explore options for working with the Environmental Specialist contracted by Wallowa County Health Department in establishing internal enforcement protocols.

March 2008—June 2008

Meet with local law enforcement and county commissioners to discuss coordination and procedures for enforcement of the Indoor Clean Air Act.

February, April, June 2008

January, March, May 2009

Promote the Oregon Quit Line in collaboration with local businesses and employers.

May 2008, August 2008, November 2008, March 2009, May 2009

Meet with local Chamber of Commerce to publish a quarterly column for local businesses about the Oregon Smokefree Law.

➤ Assessment & Research

June 2008 – July 2009

Track complaints of violation and compliance with the Indoor Clean Air Act.

➤ Community Education, Outreach, and Media

May 2008—November 2008

Conduct 2 educational sessions with businesses and community members for guidelines and information regarding the Indoor Clean Air Act.

May 2008 – December 2008

Acquire Indoor Clean Air Act signs, posters, and pamphlets of the general public from TPEP.

March 2008—June 2008

Collect template forms and letters for all enforcement related activity from TPEP.

April 2008

Fill out a Media Advocacy Coordination Plan (MAC Plan) for this objective.

➤ **Policy Development**

February 2008—May 2008

Develop procedures for the Wallowa County Health Department to track complaints of violation and follow-up with compliance issues regarding the Indoor Clean Air Act.

February 2008—June 2008

Develop procedures for Wallowa County Health Department staff to enforce the Indoor Clean Air Act.

➤ **Policy Implementation**

Ongoing

Collaborate with local law enforcement for enforcement of the Indoor Clean Air Act.

4. CRITICAL QUESTIONS

- A. *What sectors of the community will this objective reach?*
Business owners, employees of local businesses, pedestrians in business areas, patrons of local businesses.
- B. *Are there segments of the population who will not receive benefit from this objective?*
No
- C. *What types of technical and/or data assistance do you anticipate needing from:*
 1. TPEP staff?
 - a. Assistance in analyzing data and developing a tracking tool for Wallowa County Health Department enforcement activities.
 - b. Support and assistance in developing staff procedures for enforcement of Indoor Clean Air Act.
 2. Statewide Capacity Building Programs for Eliminating Disparities?
 - a. Assessment of existing non-smoking policies and programs for
 - b. Enforcement of the Indoor Clean Air Act.

1. SMART Objective # 5: Build Capacity for Tobacco Related Chronic Disease

By June 30, 2009, an assessment of the prevalence of all tobacco-related chronic diseases in Wallowa County will be completed.

2. GOAL AREAS FOR THIS OBJECTIVE

Primary: Eliminate Exposure to Secondhand Smoke

Secondary: Promoting Quitting, Counter Pro-Tobacco Influences, Reduce Youth Access to Tobacco

3. PLAN OF ACTION

➤ **Coordination and Collaboration**

February, March, April 2009

Utilize the State Plans and Burden of Disease Reports for asthma, cancer, diabetes, and heart disease and strokes to collect local data.

February, March, April 2009

Work with the Tobacco Prevention Coalition, Wallowa County Commission on Children and Families, Wallowa County Health Care District, and Wallowa County Health Department to identify gaps in local data, assess data, and identify groups that serve people with tobacco related chronic disease.

➤ **Assessment & Research**

February 2008—May 2009

Work with TPEP data analyst to assess available data.

➤ **Community Education, Outreach, and Media**

April 2008—May 2009

Conduct 1 educational session with community members via the local newspaper and radio station regarding local tobacco-related chronic diseases.

April 2009

Fill out a Media Advocacy Coordination Plan (MAC Plan) for this objective.

4. CRITICAL QUESTIONS

A. What sectors of the community will this objective reach?

Persons who use tobacco products and those who are exposed to second-hand smoke.

B. Are there segments of the population who will not receive benefit from this objective?

No

C. What types of technical and/or data assistance do you anticipate needing from:

1. TPEP staff?

a. Assistance in collecting and analyzing data and assistance in developing programs.

2. Statewide Capacity Building Programs for Eliminating Disparities?

a. Assessment of existing non-smoking policies and programs for enforcement of the Indoor Clean Air Act.

~~~~~

2008-2009 Annual Plan

WOMEN, INFANTS, CHILDREN (WIC)

**FY 2008 - 2009 WIC Nutrition Education Plan Form**

*County/Agency: Wallowa County Health Department*

*Person Completing Form: Renita Bollman*

*Date:*

*Phone Number: (541) 426-4848*

*Email Address: [rbollman@co.wallowa.or.us](mailto:rbollman@co.wallowa.or.us)*

Return this form electronically (attached to email) to: [sara.e.sloan@state.or.us](mailto: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:

- 1) The WIC Coordinator will hand out the Oregon WIC Key Nutrition Messages to staff and discuss what they are and their implications to

## 2008-2009 Annual Plan

WIC clients. This will be carried out 2 months after the messages are sent to the WIC Coordinator.

- 2) During a staff in-service in December 2008, the WIC Coordinator/Training Supervisor will review the Key Nutrition Messages and assess the knowledge of staff regarding the Oregon WIC Key Messages using informal discussion and questioning about the basis of these key messages; why they are used, and what they mean to enhance the assessment process of WIC clients. At this time, identification of staff's need for additional training will be discussed.

### 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:

In a staff in-service, WIC Coordinator/Training Supervisor will review the proposed food package changes with staff three months after received from the State. Discussion will include the changes and

## 2008-2009 Annual Plan

how the nutrition education messages address each food package change. It will be discussed as to which messages will remain the same and which messages will need modified. WIC staff will determine which messages they will use to best suit their clients, to clarify WIC's reasoning for changes, and choose messages which reduce client resistance to changes. WIC Coordinator will record staff suggestions and the decided messages will be implemented by March 2009.

### 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.

WIC Coordinator, Renita Bollman/Training Supervisor, Laina Fisher, will perform in-service trainings written in 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.

## 2008-2009 Annual Plan

### Implementation Plan and Timeline:

After receiving the State's Guide "How to Build Skill Level", by September 30, 2008, in a staff meeting the WIC staff will be given the steps for completing the Diet Assessment and the training pages to review and they will be asked to determine where further training is needed.

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:

By November 30, 2008, in a staff meeting, during informal discussion the WIC staff will evaluate how they have modified their approach to individual counseling after completing the Nutrition Risk and Dietary Risk Modules using the State's Guide, "How to Build Skill Level".

### **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: Wallowa County Health Department

## 2008-2009 Annual Plan

Objective: By 2012 there will be a five percent increase in the number of employees who are physically active for 30 minutes a day, at least five days a week.

Strategy: (c) Provide and promote flexible time policies to allow opportunity for physical activity.

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.

- (1) As individuals we each talk about wanting to begin or increase our physical activity and keep it as part of our daily routine. Our hope is to have life style change beginning with changing our physical activity behaviors.
- (2) WIC Coordinator will talk to the Administrator and ask for flexible times for staff to include exercise in their break times by August 2008. Informally encourage one another in office and at staff meetings to exercise 30 minutes a day. Once a month walk to lunch as a group.
- (3) Once every six months at a staff meeting have informal discussion about staff progress in exercise 30 minutes a day 5 days a week. Give a reward for the person who actually achieves this.

### Activity 2:

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

Setting: Home/Household

## 2008-2009 Annual Plan

Objective: By 2012, increase by five percent the number of Oregon adults and children who meet the recommendation for physical activity.

Strategy: (e) Parents should be role models for healthy physical activity and eating.

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.

1) At the looks of our WIC clients; there is quite a few families overweight, and often when the parents are overweight their children are as well. And from observation heavier children move around less and seem to part take more in sedentary type of activities. Would like to see a change in families implementing physical activities into their lifestyles. At the Kids Fair Fall 2008 and during WIC recertification give parents printed handouts on how to be active as a family. Give out handouts on county physical activities available. Give out handouts on healthy eating. Also by August 2008 in WIC certification and recertification sessions assess the parents' activity levels set up in their homes by using a questionnaire to ask about their physical activities and frequency of this exercise and what they eat in a normal 24 hour period, and hand out information about exercise and healthy eating habits and their effects. Evaluate these implementations by November 2008 by repeating the questionnaire used as an assessment tool August 2008. Evaluate if these same parents changed their behavior.

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

## 2008-2009 Annual Plan

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: (d) Health plans, health systems, hospitals and others shall promote breastfeeding campaigns targeting the entire family.

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.

The objective was chosen to improve breastfeeding among the WIC clientele hoping that more mothers will choose to breastfeed. Implementation to attain this objective would be to continue advertising benefits to breastfeeding in the local newspaper and radio during breastfeeding awareness month, continue to have breastfeeding tent/booth at the local rodeo and at the county fair to make the community aware and more accepting of breastfeeding mothers, and continue to have available to clients breastfeeding pumps, breastfeeding classes, and a list of lactation consultants available in the county. Assess an award program to reward exclusive breastfeeding mothers a 3, 6, 9, and 12 months. By June 2009, the number

## 2008-2009 Annual Plan

of WIC clients who choose to exclusively breastfeed will have increased by 2 percent and the current level of breastfeeding initiation will be maintained according to the WIC Statistical information.

### 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:

Training Supervisor(s) and Credentials:

#### 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    | Dietary Risk Module                                                                               | WIC staff will review Diet Assessment Steps and identify which ones they need additional training on.                                                                                                                                                                                                         |
| 2       | September 2008 | Nutrition Risk Module                                                                             | Using the State Guide, “How to build skill level”, the WIC staff will evaluate themselves and identify how they will modify their approach to individual counseling appropriately.                                                                                                                            |
| 3       | December 2008  | WIC Key Nutrition Messages                                                                        | Staff will be able to list new nutrition messages and explain how they will implement them with WIC clients.                                                                                                                                                                                                  |
| 4       | March 2009     | New WIC Food Package Changes and how the Key Nutrition Messages address each food package change. | Increase WIC staff nutrition knowledge related to the revised WIC Food Packages and Oregon WIC’s Key Nutrition Messages. Staff will select three food package modifications and connect the appropriate nutrition message which clarifies WIC reasoning for changes and reduces client resistance to changes. |

## **2008-2009 Annual Plan**

Wallowa County Health Department

### **V. Additional Requirements**

- I. Coordination of Annual Plan with the Local Comprehensive Plan for Children, Youth, and Families submitted by the Wallowa County Commission on Children and Families**

## 2008-2009 Annual Plan

### I. Coordination of annual plan with The Comprehensive Plan for Children, Youth and Families

The County Board of Commissioners governs the local Commission on Children and Families. The health department coordinates the annual plan and all related programs with the Comprehensive Plan for Children, Youth and Families submitted by the Wallowa County Commission on Children and Families.

We participate on all levels of plan development including: acting as a group participant and group facilitator, providing data, completing surveys and interviews, selecting priorities, assisting with vision statement development, and working toward strategy development.

Coordination of our services with this plan is further achieved by assessing the commission's goals, considering their determination of the weaknesses within the county, and adjusting our goals and activities to help meet the needs of the community. Within the commission's plan, there are four goals. These goals include: caring communities, strong & nurturing families, healthy & thriving children, and healthy & thriving youth. We participate in helping meet all four of these goals.

The following tables were taken from the Wallowa County Commission on Children and Families' Comprehensive plan. They summarize the goals and priorities outlined in the plan.

The following tables demonstrate how we are working to meet the priorities established in the commission's plan.

**Goal: Caring Communities**

**Priorities: Increasing Community Engagement and Improving System Integration**

| Community Engagement                                                                                                                                                                                                                            | System Integration                                                                                                                                                                                                                                                                                 |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Participating in Wallowa County Children's Safety Fair to promote safety and wellness.                                                                                                                                                          | We refer clients with transportation needs to Community Connections. We also offer home visits for all patients who can not make appointments in the Health Department.                                                                                                                            |
| Providing culture competency trainings to staff and providing Spanish translators to clients who need them during appointments.                                                                                                                 | Participate in monthly Home Visitors meetings to coordinate services when multiple community partners are providing home visits to the same family.                                                                                                                                                |
| We provide counseling, education, and information to the public for stress management, substance use during pregnancy, alcohol and drug use in youth, adult substance abuse, teen pregnancy prevention, teen pregnancy counseling, tobacco use. | Participate in the development of Healthy Start. The program should be implemented this year. We plan to provide brochures and information, provide training to staff, complete home visits for medical needs or education needs on a referral basis, and complete all data entry for the program. |

**Goal: Strong, nurturing families**

**Priorities: Reducing Poverty, Preventing Violence both Child Maltreatment and Domestic Violence and Reducing Adult Substance Abuse**

| Increase self-sufficiency and reduce poverty                                                                                                                      | Prevent Violence: Domestic Violence and Child Maltreatment                  | Reduce Adult Substance Abuse                                                                           |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------|
| Refer people to community partners to provide food security, rental assistance, utilities assistance, childcare subsidy, and other economic assistance available. | Provide education and training for parenting skills and stress management.  | Refer patients who need substance abuse, tobacco use, or alcohol abuse treatment.                      |
| Provide WIC food dollars.                                                                                                                                         | Refer patients who need respite care and further parenting skills training. | Educate community members about the health effects of tobacco use, alcohol abuse, and substance abuse. |
| Provide WIC food security classes including                                                                                                                       |                                                                             | Provide education and information about                                                                |

## 2008-2009 Annual Plan

|                                                                                                                |  |                                                       |
|----------------------------------------------------------------------------------------------------------------|--|-------------------------------------------------------|
| topics such as saving money shopping for foods, making baby foods, money saving tips for cooking.              |  | alcohol, tobacco, and substance use during pregnancy. |
| Work with parents in Babies First! and CaCoon to teach them responsibility in making and keeping appointments. |  |                                                       |
| Participate in Community Resource Team meetings to provide services to families in crisis or stress.           |  |                                                       |

**Goal: Healthy, thriving children**

**Priorities for children 0-8; Increase Community Engagement, Improve readiness to Learn and the Quality of Childcare, and Improve Health and Child Wellness.**

| Community Engagement                                                    | Childhood care and Readiness to Learn                     | Health and Child Wellness                                                                                                            |
|-------------------------------------------------------------------------|-----------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------|
| Participate in Healthy Start Program                                    | Promote early literacy and educate parents about it.      | Provide education and information to promote substance free pregnancies.                                                             |
| Provide information to the public concerning issues of the young child. | Refer parents to resources for finding quality childcare. | Provide childhood immunizations and screen immunization status at all appointments.                                                  |
|                                                                         | Refer parents for childcare subsidy.                      | Complete school review to determine school-age kids who are not up-to-date on immunizations.                                         |
|                                                                         | Refer children to Head Start.                             | Promote well baby check ups and regular childhood check ups.                                                                         |
|                                                                         |                                                           | Promote dental health and provide dental health education, free toothbrushes to WIC clients, free fluoride to participating schools. |
|                                                                         |                                                           | Provide nutrition information and screenings for children in WIC, Babies First!, CaCoon, and Head Start.                             |

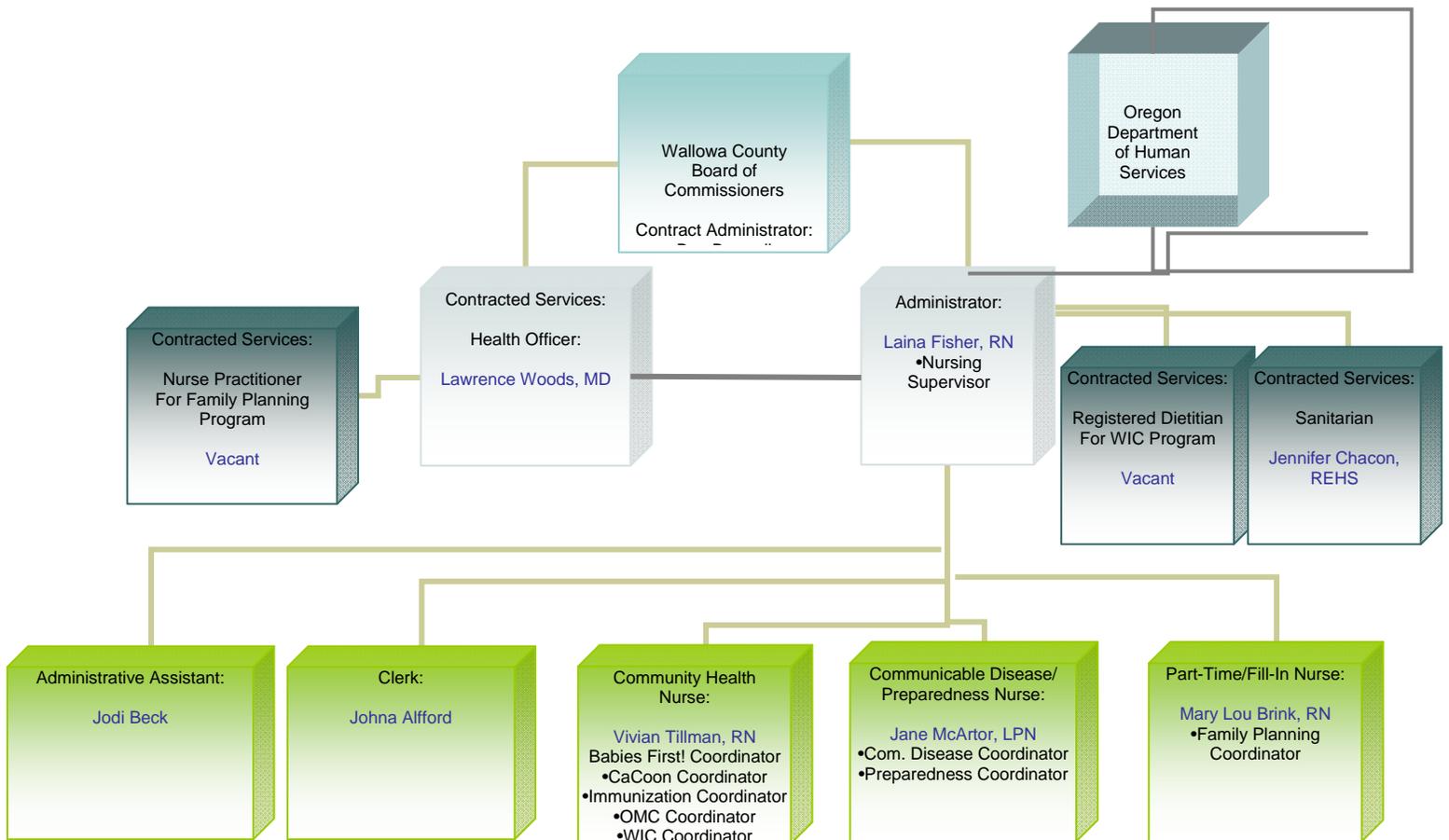
**Goal: Healthy, thriving youth**

**Priorities: Positive Youth Development, Reduce Alcohol, Tobacco and other Drug Use, Maintain Oregon**

**Youth Authority Bed Allocation**

| Positive Youth Development | Reduce Teen Alcohol, tobacco and other drug use                                                                  | Oregon Youth Authority Bed Allocation |
|----------------------------|------------------------------------------------------------------------------------------------------------------|---------------------------------------|
|                            | Provide counseling, education, and information to teens about tobacco, alcohol, and drug use and health effects. |                                       |
|                            | Refer teens needing alcohol, tobacco, or drug treatment.                                                         |                                       |
|                            | Assess unhealthy community norms and provide interventions to address these norms.                               |                                       |

# Wallowa County Health Department Organizational Chart



5/07

**2008-2009 Annual Plan**

Wallowa County Health Department  
Organizational Chart

## **2008-2009 Annual Plan**

Wallowa County Health Department

### **VI. Unmet Needs**

## **2008-2009 Annual Plan**

### Wallowa County Health Department

#### **VI. Unmet Needs**

With the integration of this annual plan, the services we provide, and the services provided by all of our community partners, some unmet community needs will continue to exist. These unmet needs can be organized according to the age group of the people lacking the services: infants and children, adolescents, and adults. In addition, there are also unmet needs for families.

Well baby check-ups and regular visits for children are not attainable for some community members who are not covered by the Oregon Health Plan or other insurance programs and for those families with unaffordable deductibles. There are a low number of physicians providing prenatal care and obstetric services. Furthermore, there is a delay in receiving prenatal care for patients waiting for Oregon Health Plan acceptance. In addition, dental services for low-income families or those with high insurance deductibles are also lacking within the community. The community could also benefit from summer enrichment opportunities for the 0- 8 year old population.

A need for increased violence prevention methods for youth not enrolled in the public school system still exists. Finally, there is no recognized youth suicide prevention program in the county or skill building/stress reduction program for youth and their parents.

Within the adult population, there continues to be a need for diabetes screening and treatment for low-income adults and those people who can't afford to receive these services from a regular provider. However, we can not assist people in accessing or purchasing diabetes testing supplies or medications.

Families need increased alcohol free family activities and crisis shelter for situations not related to domestic violence. In the 2003-2004 unmet needs assessment it was reported that there was no system in the county for safe child exchange or supervised child visitation. A program has been established through Building Healthy Families to meet this need.

Unmet needs for all ages include a residential drug and alcohol treatment option and financial assistance for drug and alcohol treatment for uninsured persons. The county also has a need for increased tobacco cessation classes and programs. There is an

## **2008-2009 Annual Plan**

unhealthy community norm that tolerates and accepts youth drinking, chewing tobacco, and smoking tobacco that needs to be addressed. Unmet needs also include low cost transportation options, employment opportunities, increased positions providing employee benefits, and increased public awareness of community services and resources.

**2008-2009 Annual Plan**

Wallowa County Health Department

**FY 2006-2007 Annual Plan**

**VII. Budget**

**2008-2009 Annual Plan**

**Wallowa County Health Department 2006-2007 Proposed Budget**

|                             | <b>Beg. Fund</b> | <b>Grants</b>    | <b>Fees/ Other</b> | <b>Total Revenue</b> | <b>Salaries /Benefit</b> | <b>Materia ls/Servi ces</b> | <b>Contige ncy /Other</b> | <b>Unapp. Balance</b> | <b>Total Exp</b> |
|-----------------------------|------------------|------------------|--------------------|----------------------|--------------------------|-----------------------------|---------------------------|-----------------------|------------------|
| <b>100</b>                  | <b>\$116,000</b> | <b>0</b>         | <b>\$18,480</b>    | <b>\$134,480</b>     | <b>\$21,296</b>          | <b>\$24,644</b>             | <b>\$32,464</b>           | <b>\$56,076</b>       | <b>\$134,480</b> |
| <b>MCH</b>                  | <b>0</b>         | <b>\$18,940</b>  | <b>0</b>           | <b>\$18,940</b>      | <b>\$17,96</b>           | <b>\$1,034</b>              | <b>0</b>                  | <b>0</b>              | <b>\$18,940</b>  |
| <b>Babies First</b>         | <b>0</b>         | <b>\$4,978</b>   | <b>0</b>           | <b>\$4,978</b>       | <b>\$4,591</b>           | <b>\$387</b>                | <b>0</b>                  | <b>0</b>              | <b>\$4,978</b>   |
| <b>CaCoon</b>               | <b>0</b>         | <b>\$2,884</b>   | <b>0</b>           | <b>\$2,884</b>       | <b>\$2,047</b>           | <b>\$837</b>                | <b>0</b>                  | <b>0</b>              | <b>\$2,884</b>   |
| <b>Perinatal</b>            | <b>0</b>         | <b>\$1,600</b>   | <b>0</b>           | <b>\$1,600</b>       | <b>\$1,167</b>           | <b>\$433</b>                | <b>0</b>                  | <b>0</b>              | <b>\$1,600</b>   |
| <b>SSPH</b>                 | <b>0</b>         | <b>\$8,322</b>   | <b>0</b>           | <b>\$8,322</b>       | <b>\$6,671</b>           | <b>\$1,651</b>              | <b>0</b>                  | <b>0</b>              | <b>\$8,322</b>   |
| <b>WIC</b>                  | <b>0</b>         | <b>\$21,232</b>  | <b>0</b>           | <b>\$21,232</b>      | <b>\$20,037</b>          | <b>\$1,195</b>              | <b>0</b>                  | <b>0</b>              | <b>\$21,232</b>  |
| <b>Family Planning</b>      | <b>0</b>         | <b>\$18,618</b>  | <b>\$36,920</b>    | <b>\$55,538</b>      | <b>\$34,718</b>          | <b>\$20,820</b>             | <b>0</b>                  | <b>0</b>              | <b>\$55,538</b>  |
| <b>HIV</b>                  | <b>0</b>         | <b>0</b>         | <b>0</b>           | <b>0</b>             | <b>0</b>                 | <b>0</b>                    | <b>0</b>                  | <b>0</b>              | <b>0</b>         |
| <b>Immunization</b>         | <b>0</b>         | <b>\$6,528</b>   | <b>\$27,000</b>    | <b>\$33,528</b>      | <b>\$12,758</b>          | <b>\$20,770</b>             | <b>0</b>                  | <b>0</b>              | <b>\$33,528</b>  |
| <b>Preparedness/CD</b>      | <b>0</b>         | <b>\$43,948</b>  | <b>0</b>           | <b>\$43,948</b>      | <b>\$38,612</b>          | <b>\$5,336</b>              | <b>0</b>                  | <b>0</b>              | <b>\$43,948</b>  |
| <b>Environmental Health</b> | <b>0</b>         | <b>0</b>         | <b>\$24,200</b>    | <b>\$24,200</b>      | <b>\$4,028</b>           | <b>\$20,172</b>             | <b>0</b>                  | <b>0</b>              | <b>\$24,200</b>  |
| <b>Tobacco</b>              | <b>0</b>         | <b>\$34,750</b>  | <b>0</b>           | <b>\$34,750</b>      | <b>\$29,756</b>          | <b>\$4,994</b>              | <b>0</b>                  | <b>0</b>              | <b>\$34,750</b>  |
|                             | <b>\$116,000</b> | <b>\$161,800</b> | <b>\$106,600</b>   | <b>\$384,400</b>     | <b>\$193,587</b>         | <b>\$102,273</b>            | <b>\$32,464</b>           | <b>\$56,076</b>       | <b>\$384,400</b> |

## 2008-2009 Annual Plan

### 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.

## 2008-2009 Annual Plan

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.

## **2008-2009 Annual Plan**

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.

## **2008-2009 Annual Plan**

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.

## 2008-2009 Annual Plan

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.

## 2008-2009 Annual Plan

### Health Education and Health Promotion

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

### Nutrition

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

## **2008-2009 Annual Plan**

### **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.

### **2008-2009 Annual Plan**

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.

## 2008-2009 Annual Plan

### Health Department Personnel Qualifications

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

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

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

**104. Yes 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.**

**2008-2009 Annual Plan**

**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.**