

I. Executive Summary 2009-10

The budget for Hood River County is still being worked on, the unsettled economic condition at the federal, state and local county level is making the process very difficult. Cuts have been made, but it isn't known how much deeper cuts may have to be. The finalized budget is slated for approval by the Board of Commissioners in June. There have been deep cuts in general fund support of public health as well as other county departments. Staffing levels at the health department continue at a critical level. Program revenues have been flat this year over last, but not enough to offset anticipated cuts in public health preparedness and county general fund support.

The health department is anticipating taking part in the TROCD program for planning. This will be in conjunction with the Hood River County Commission on Children and Families.

Several medical practices in the county have been offering immunization services in the past year and there are now three VFC providers in the county. The health department has seen a significant decrease in the number of 0-2 year old clients served for immunizations. The county immunization rates remain good, so it would appear that these children are being served in their medical home.

The costs of program services for the county medical examiner this year have not exceeded the adopted budget for 2008-09. There has been an average of about 15 hours per month, this remains a variable expense. The increased level of service is greatly appreciated by local law enforcement.

The Health Department continues to provide school health for the countywide district. Providence Hood River Memorial Hospital is a funder for this program along with the school district. We have increased the number of service hours at the high school. We are currently gathering information on what the schools would like to see in services to improve the overall program.

Communicable disease rates remain low; there were a total of 56 reports in 2008 compared to 82 in 2007. Chlamydia remains our most often reported disease, although this number decreased from 46 to 27 in 2008. The county has yet to have a case of West Nile fever. There were 2 cases of Lyme disease reported in 2008.

The Windmaster area has been formed into a special service and urban renewal area to facilitate the construction of the sewer lines in the area. Construction was done in late summer and fall of 2008. It is hoped that federal stimulus funding will be obtained and this would allow for expanded area construction.

Training and exercising for public health preparedness continues. Most plans are complete or at least under development. The decreased funding and changes in use criteria for the federal grant has impacted on our ability to continue with the same level of communicable disease service currently being provided. The 2009 H1N1 flu activity is certainly straining our current capacity.

II. HOOD RIVER COUNTY ASSESSMENT 2006-07

Aging Issues – 12.54% of County residents are 65 years and older. Of those residents 65+ years 16.47% are 85 years and over. This remains steady at about 2% of total population. Yearly death rates remain quite constant. There are currently 2 independent retirement living facilities; four assisted living facilities, 1 nursing home and 1 adult foster care home. Dental care, prescription costs, transportation and housing costs are issues for this age group. There are currently four practicing specialists in internal medicine in Hood River County.

Births – The crude birth rate in 2007 declined to 14.95/1,000. For the year 2007 the age specific birth rate for all women 10-17 years is 21.48/1,000, which is a 6-point increase. The birth rate for total women 18-19 years is 70.31/1,000, which is also an increase. The rate for total women 20+ years is 70.1/1,000. The risk factors of maternal minority race/ethnicity, maternal age 35 and older, and less than 12 years education were all higher than the state average. Birth to an unmarried mother was lower than the state average.

Hood River County was one of the original Oregon Mother's Care counties. Our overall rate for adequate prenatal care has improved since the program came into effect. Our rate for the year 2007 was 95.9%, which is a stable rate. Prenatal care was begun in the first trimester by 80.1% of women in 2007, which is a small decrease from 2006. Sixty nine percent of births were to married women, and is higher than the state average.

Birth defects have remained about constant in Hood River County with very low numbers, generally about 1 per year. Due to the small numbers though this does have profound effect on the statistics. The 2007 percentage of low birth weight babies is 4.9%, which is a stable trend.

There were 42 induced terminations performed for Hood River County women in 2007. There was one abortion performed on girls less than 15 years of age in 2007, the highest number (10) was in women 25-29 years of age.

In 2007 there were 107 first births (33.34%), down from 42/4% in 2006. In 2007 19 mothers (6.0%) indicated they had used tobacco while pregnant, this number is the same as 2006.

Deaths – The most recent finalized data available is for the year 2005.

Median age for deaths in the County for 2005 was 84, which is up by 4 years for both sexes, 80 years for men and 85 years for women. Almost 46% of county deaths occur in those 85 years and older and 69.3% of deaths are to those aged 75 and older. Data for 2005 shows the five leading causes of death in descending orders are: heart disease, cancer, cerebrovascular disease, Alzheimer's disease, and chronic lower respiratory disease. The cancer and heart disease death rates are lower than those of the state. Tobacco related deaths is slightly lower than the state, but not significantly so. In 2008 preliminary data shows most deaths occurred in March, April & January, October & December in that order. Of the 184 preliminary data deaths in 2008, one was in age range 1-9 years, 32 in age range 18-64 and the remaining 151 in those age 65 and older.

In 2005 60% of residents selected cremation as their final disposition. There were 4 unintentional injury deaths to county residents, 5 deaths required autopsy and the medical examiner responded to 14 (8.4%) of deaths.

Diabetes and other Chronic Diseases –

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

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

Communicable Disease (CD) – Hood River County continues to have a low occurrence for CD. There have been no major outbreaks in the past year, although we did experience several incidences of Norovirus in facilities housing the elderly. In 2006 Chlamydia was the most frequently reported disease followed by chronic hepatitis C infection. There were 86 total cases of notifiable diseases or conditions in the county, down from 82 the year before. There were 2 cases of Lyme disease and 3 cases of gonorrhea reported.

Dental – remains a huge problem in this area. Give a Kid a Smile Day was held in February again this year. The format was changed with children being screened and only minor restoration done on that day. More extensive work was done at individual participating dental offices. Over 80 children have been referred for follow-up care and the show rate for appointments has been very high. This is very good, since in the past follow-up care had frequently not been taken advantage of. There is still no acceptance for the idea of fluoridating the water systems in the County. Fluoride treatments are being actively done in Head Start and in the elementary grades of the school district. A dental health coalition continues to look at caries prevention strategies and funding for continued dental care that would include finding dental homes for people in order that they could receive ongoing routine and preventive care as well as much needed urgent care.

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

As of December 2006 68 restraining orders had been issued through the district attorney's office. Another 6 were not granted. Approximately 90% of these cases involved men harming women, 2% were same sex relationships and 8% involved parents and children. This includes adult children and elder abuse as well as parents harming non-adult children. Not much action is available in Hood River County around stalking issues. Orders are very hard to get, since the

order is in place forever. There were 4 petitions made, but none were granted. The alternative used is the sending a “no contact” certified letter with return receipt. There are an average of 2 letters of this type sent per month. If the contact continues the law enforcement is contacted and attempt to get a harassment or other criminal charge filed. Victims and perpetrators are urged to seek counseling, but more people seem to be resistant to this option despite encouragement.

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

Adolescent Health and Risks

Youth Suicide – In 2005 there were 8 documented youth suicide attempts. Data from Oregon Health Teens since 2006 is not yet available.

Sexual Behavior – Youth Survey 2005-6 11th grade data indicated that approximately 44.4% have had sexual intercourse. The breakdown by sex was 41.1% females and 48.1% males. Of these students 18.3% were sixteen years or older at the time of first intercourse. Those reporting first intercourse at 13 years or younger was 9.4%. It was reported that 17.3% had sex with only one person, while 15.5% reported having sex with 2 or 3 people. During the three months prior to the survey 22.2% reported having had sex with only one person. Among students who had ever had sex, 67.8% had been sexually active during the three months prior to the survey. Among students who reported being sexually active 27.1% stated they had used drugs or consumed alcohol prior to intercourse. Among those who have had sex, 62.3% stated they used a condom the last time they had intercourse. Condoms are the most commonly used form of contraception among these teens. Only 22 stated they used no method at all to prevent pregnancy.

Youth Survey 8th grade data indicated that approximately 11.9% have had sexual intercourse. The breakdown by sex was 8.6% females and 15.7% males. Age 13 was the most commonly reported age of first intercourse. During the three months prior to the survey 4.1% reported having had sex with only one person. Among students who had ever had sex, 56.4% had been sexually active during the three months prior to the survey. Among students who reported being sexually active 28.3% stated they had used drugs or consumed alcohol prior to intercourse. Among those who have had sex, 81.1% stated they used a condom the last time they had intercourse. Condoms are the most commonly used form of contraception among these teens. Only 4 stated they used no method at all to prevent pregnancy.

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

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

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

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

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

Community Life – Among 11th graders, 73% stated they liked their neighborhood and 88% said they felt safe there. Among 8th graders, 82% liked their neighborhood and 87% said they felt safe there. When buying alcohol 11th grades state 87% of the time they were very sure or pretty

much true they would be asked for identification and 91% of 8th graders agreed. If a party with alcohol was held only 45% of students felt the police would break up the party. The number was higher among 8th graders, who felt it would happen 63% of the time.

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

Emergency Preparedness – Relationships with other first responders and emergency management have been formed and exercises and communication is shared. Our plan is nearly complete in all areas. Currently taking part with area tabletop and full-scale exercises. In 2009 we are taking an active role in swine flu surveillance and planning and have taken part in Cascadia Peril and local communication exercises.

Foodborne illness & fecal oral illness – we have a very active restaurant inspection program and our food handler classes are taught in person, although we do allow people to use computer-based programs. In 2008 we had 10 complains of foodborne illness reported to us.

All complaints on public restaurants are promptly investigated. We have instituted a “Certificate of Excellence” for food service providers that a score of 95 or above on their inspection. This program has been very widely accepted by the public and the number of qualifying food service establishments has increased.

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

Immunizations – the health department has worked to increase immunization availability through medical home. The assessment data show this is occurring – in 2006 the health department served 71% of children born in the county, in 2007 it had decreased to 56% and in 2008 the percentage was down to 43%. For polio, MMR, Hib, and Hepatitis B vaccine the rate is above the Healthy People 2010 Goal of 90%. We continue to look at re-entering into a delegate agency status with the local FQHC. After reviewing 4508 records, the number of students excluded from school this year was 32 after 256 letters had been sent out to parents.

Injury Morbidity and Mortality – about 2% of deaths in the County for 2005 are due to injury for a rate of 16.55/100,000. Preliminary data for 2008 show the same percentage. Construction and agriculture work are both large employers in the County. There were no homicide or suicide deaths recorded in 2005. Motor vehicle and recreation on Mt. Hood contribute to unintentional injury deaths for non-county residents as well as residents.

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

Liquid and solid waste – the recycling rate for 2007 was and exceeds the minimum of 25% set by the State in 2001. For sub-surface the Windmaster area of the County, just south of the City of Hood River, is under construction for sewer service. Further funding options through the federal economic stimulus program are being pursued. Some farm worker housing throughout the County, is starting to show failure of systems also. The main cause of failure in these cases is overuse of the systems. The number of easily buildable lots in the county has been decreasing requiring the use of more sophisticated alternative subsurface treatment systems.

Medical Examiner – Medical examiner duties continue to be provided by the county health officer and a physician's assistant, acting as deputy medical examiner with back up by the State Medical Examiner's Office and the local Health Officer. The medical examiner has been to the State sponsored training and had been working closely with local law enforcement agencies and district attorney's office. There were 14 medical examiner deaths in 2008.

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

Nutrition – services are offered through the Health Department, Head Start Programs, Oregon State University Extension programs, the local diabetes support group, Providence Hood River Memorial Hospital and a registered dietician in private practice. The registered dietician used by the WIC program is bilingual which has been a real boon, as we do not have to provide translation services. Many county nutrition programs are offered at no cost to participants.

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

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

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

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

Age - the most current figures show 26% of the population to be under 18 years, 61.5% are 18-64 years, 8.6% to be age 65-80, and 3.9% to be 80+ years. This is basically unchanged since 2003. This continues to be the breakdown of population by age.

Race/ethnicity, approximately 95.9% of the residents are white, 1.2% is black, 1.3% is Native American, and 1.7% is Asian/Pacific Islander. Of these races approximately 26% are of Hispanic ethnicity.

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

Among WIC clients in Hood River County are the following co-enrollments; Cascade Locks WIC clients, 0% receive TANF payments, 31% are on OHP, and 38% receive food stamps. Parkdale WIC clients, 1 receives TANF payments, 89% are on OHP and 54% receive food stamps. At the main Hood River WIC clinic, 2% receive TANF payments, 73% are enrolled in OHP and 43% receive food stamps. There was in decrease in the number receiving TANF payments in Cascade Locks. All numbers showed small changes, but are not statistically significant. WIC caseload has increased despite more stringent rules for participation that have been enacted.

Socio-Economic Status – Oregon’s average wage in 2007 was \$39,564. In 2005, Hood River County was designated by the state as a Distressed County, in 2008; this was no longer the case. With the economic downturn, it will be interesting to see if this continues. In 2008, Hood River County showed an unemployment rate of 5.3%, one of the sixth lowest in the state, again, the new data for 2009 will be of great interest. In 2007 Hood River County median household income was \$47,159, and annual personal income was \$29,333. The number and rate for all ages in poverty in 2007 is 2,647 or 12.7%. In recent years the number of low cost housing units has decreased. Apartment buildings have been removed and converted into condominium type housing. Work force affordable housing is in extremely short supply. The county has recently purchased some land and is hoping to contribute to make it available for affordable work force housing.

Safe Drinking Water – drinking water systems are having sanitary surveys done to assure compliance. Training is being offered to operators and regular testing is being done as well as testing needed to meet current conditions. Emergency plans for water systems are also being worked on.

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

Safety Net Medical Services – are provided by the FQHC in town (they also do dental care) and Providence Hood River Memorial Hospital. In 2006 Providence Hood River Memorial Hospital brought a mobile medical unit, dubbed Mission in Motion, into service in the county. This mobile unit is staffed by physician assistants and travels to four different areas in the county. It operates M-F from 11 am to 6 pm and provides primary medical care to patients without a medical home. In addition to providing on site care the staff also assists patients in establishing a medical home for ongoing care. This provision of free care has greatly assisted many full time residents as well as those passing through the area.

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

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

Unintended pregnancy – In 2008 there were 1120 unduplicated clients served in 2202 visits. Of those seen 36.2% were no charge and 75.3% were at or below 100% of the federal poverty level, 24.5% had limited English language proficiency, there were 329 new clients, 11 of the clients were under 15 years of age, 155 clients were between the ages of 15 and 17 years of age. Of the total clients 92.3% were white, 44.6% were Hispanic, and 24.5% had limited English proficiency.

Adequacy of Basic Public Health Services

For fiscal year 2009-2010, there has been further reductions in county general fund support, the budget committee is still meeting so there is no final way of knowing what level of services will be able to be offered in Hood River County in the next fiscal year. Costs of the services offered continue to rise for both salaries and materials and services, utility costs have also seen increases. More of the programs are having to function on a fee driven level.

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

Parent and Child Health Services - Parent and child health services are carried out in home visits, clinic visits, and in the school and daycare settings. Family planning services are offered to all age men and women. The school district currently has a protocol to allow dispensing of contraceptive supplies at the high school and middle schools. We provide screening and assessment services, risk reduction information, and health promotion. We provide Maternity Case Management, Oregon Mother's Care, Babies First, and CaCoon. STARS is being offered in the school district this year. We are serving 106% of women and teens in need in the county in our Family Planning clinic. HRCHD served 1120 unduplicated family planning clients in 2008. HRCHD is no longer the main immunization provider in the County. More young children are getting their immunizations in their medical home. There continues to be no problem with arranging perinatal care for residents.

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

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

Environmental Health Services – Hood River County Health Department employs 1.75 FTE environmental health specialists. Environmental health services are offered to the entire County. These include restaurant and travelers accommodation facility inspections, including all mobile/temporary food operations, subsurface inspections and licensing, inspection of septic pumping businesses, consultation for county residents, water system monitoring, and investigation of citizen complaints, recycling and solid waste disposal. The local environmental health specialists consult with other appropriate agencies for air, water, and soil contamination incidents.

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

Emergency Preparedness – working with Emergency manager and other partners. An ongoing process. We continue to be an active participant in exercises in collaboration with HRSA and local emergency responders. Plans are essentially complete and are being revised as circumstances and requirements change. The plans are also reviewed following incidents and/or exercises to appropriateness.

Health Education and Promotion – the Health Department is active in promoting programs, providing health education in the school district, providing speakers on special interest topics, doing a public information program on radio, working with the local newspaper for coverage and have all sorts of media formats available through the agency. We are working with Healthy Active Hood River County. In 2009-10 the health department will also be partnering with the Commission on Children and Families/Prevention Office for Tobacco Related and Other Chronic Disease planning.

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

Medical examiner – there has been a change in the provider of this service in the past year. The main service provider is a PA backed up by the Health Officer. The causes of deaths were fairly consistent with past years in 2007.

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

Older Adult Health – handled by referral.

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

Shellfish sanitation – N/A

III. Action Plan 2009

CONTROL OF REPORTABLE COMMUNICABLE DISEASES

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

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

Goals –

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

Activities –

- Continual monitoring of reports for emerging trends.
- CD Nurse will continue to provide email and faxed updates to all area providers of current CD issues.
- Health officer will continue to speak at local medical society meetings on reporting.
- Work with local providers on reporting of communicable disease to assure they understand importance of reporting to Health Department.
- Provide capacity for reporting 24/7/52.
- Work one-on-one with staff at local provider offices as needed
- Keep fax and email as well as phone contacts up to date for sending out health alerts as they arise.
- Remind providers how to reach HRCHD staff during closed hours
 - Hood River County 911 Dispatch serves as the notification point for 24/7 contact
 - Health Department staff carry a pager and cell phones with numbers that are on file with Dispatch
 - Health Department after-hours phone messages contain 24/7 contact messages in both English and Spanish
- Keep staffing levels adequate to do investigation, reporting, and institute control measures as specified in the IGS.

- There is an FTE of nursing staff time dedicated to this activity and other staff, both nursing and support staff would be redirected to the activities if needed. Reductions in funding from all sources are making it difficult to keep optimal staffing levels. More programs are increasing the amount of fee for service requirements – environmental health being a prime example.
- Provide education to individuals and groups on CD issues
 - Continue radio programs on public health issues.
 - Continue press releases to newspaper on current public health issues.
- Review and analyze monthly CD statistics compiled by acute and communicable disease program.
- Maintain participation in DHS CD trainings,

Evaluation –

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

Tuberculosis Case Management

Goals –

- Maintain relationships with private providers on issues of reporting tuberculosis to LPHA in a timely manner
- Assure clients with active tuberculosis disease have a primary care provided/medical home
- Assure contact investigation is done for active cases
- Assure DOT administration of medications for active cases
- Completion of treatment for LTBI

Activities –

- Offer education and information of disease reporting to private providers and clinics
- Use contacts in primary care setting to set up referral and appointments for active cases
- Provide needed history and disease information to PCP
- Interview case for names and addresses of contacts
- Follow-up with contacts for testing and any needed further care
- Have staff trained in administering medications and monitoring for possible side effects
- Monitor LTBI clients for compliance in medical regime, provide medications and monitor for possible side effects

Evaluation –

- Monitor case and pharmacy records for compliance in medication consumption
- Completion rate of treatment

PARENT AND CHILD HEALTH

WIC –

- See plans under separate section, program was fully reviewed in 2008 and a USDA review in 2009.
- In-person phone calls are being made to follow-up on no show clients and those clients who do not pick up vouchers as scheduled. Case level for the past rolling 12 months has been at 98%. New WIC hours are 7:30 am to 5:30 pm Monday through Thursday. This change has allowed for better staffing levels. Urgent support for breastfeeding is also available on Fridays, as well as breast pumps if needed. A registered dietician is available to see high risk WIC, and other program clients 12 hours per month.

FAMILY PLANNING –

Current Condition –

The Hood River County Health Department is continuing to reach out to the community in positive ways.

The HRCHD family planning program provides counseling, reproductive health exams, and screening tests and/or treatment for sexually transmitted diseases. We provide appointment visits as well as drop-in availability. Services are available 10 hours per day, 5 days per week. We provide a variety of available birth control methods. In 2008 these services have resulted in averting 295 unintended pregnancies, and serving over 1,100 women in need. Hispanic clients were 43% and teens were 31% of clients served in 2008.

Changes in FPEP enrollment have had less than the anticipated impact on the number of clients served and revenue.

See current plan under separate heading.

DENTAL HEALTH –

Current Condition –

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

Goals –

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

Activities –

- Remain aware and connected to any efforts of getting fluoride into the drinking water systems.

- The dental care coalition has made arrangements for uninsured low-income children to receive needed dental care at no cost. Screening was done at Give a Kid a Smile Day and over 80 children had received care to date.
- Participate on advisory committees that serve agencies concerned with dental health.
- Discuss the importance of good dental health in family and child public health programs.
- Continue to provide toothbrushes and fluoride tablets to appropriate populations. Head Start is doing wet brushing with OTC fluoride preparations.
- Move toward PH home visiting nurses applying fluoride varnish during home visits for qualifying infants and children.

Evaluation –

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

PERINATAL HEALTH

Current Condition –

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

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

Activities –

- Continue to provide Oregon Mother’s Care services to assist women in finding a medical provider and applying for Oregon Health Plan if appropriate.
- Keep community providers aware of program and any increase of need for care.

Evaluation –

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

HEALTH STATISTICS

Current condition

- Birth and death reporting, recording, and registration are provided by the Hood River County Health Department.

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

Goals –

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

Activities –

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

Evaluation –

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

INFORMATION AND REFERRAL

Current condition –

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

Activities –

- Continue to serve on advisory boards for health and social programs
- Keep current lists available to all staff regularly fielding inquiries from the public
- Continue monthly informational radio program and contact with local newspaper
- Provide updates to County Board of Commissioners
- Interview clients to obtain selected background information and establish eligibility to make use of County resources.
- Help clients identify needs that are related to County services, explain and encourage use of community resources to deal with identified problems, and make referrals to sources of help.
- Facilitate enrollment and application to the Oregon Health Plan

Evaluation –

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

ENVIRONMENTAL HEALTH –

Current Condition –

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

Goals:

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

Activities –

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

Evaluation –

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

SAFE WATER

Current condition –

- Domestic water supplies may become contaminated and give rise to communicable disease transmission and/or objectionable taste or odor problems.
- Should the improper disposal or spill of hazardous materials occur in surface waters, associated drinking water supplies would become at risk.

- Inadequate drinking water systems and/or substandard wastewater treatment are factors which potentate the transmission of water-borne illnesses.
- Annually, 15 public water systems are surveyed on site to assure proper construction and operation.
- Routinely required water lab test results are monitored for levels of chemical contaminants and any existence of indicator microorganisms.

Goals –

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

Activities –

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

Evaluation –

- Number of required monitoring and reporting violations identified with public water systems.
- Number of required monitoring and reporting violations identified of public water systems
- Responses to water systems identified in significant noncompliance (SNC) and Alerts with water quality or monitoring standards
- All public water systems are provided with consultation and technical guidance when found in violation of safe water quality standards or who fail to monitor
- Compliance during the Triennial Program Review conducted by the
- Oregon Department of Human Services

Subsurface Liquid Waste Disposal – Windmaster Area

Current Condition –

- Failing subsurface septic systems in the Windmaster area of Hood River County. There are approximately 60 land parcels in this area. Twenty-seven of the systems have been designated as failing. This failure is evidenced by systems backing up into the homes

they “serve”, raw sewerage is being pumped into area ditches, and the ground water is contaminated with untreated or partially treated effluent.

- Construction has begun on the sewer system in the Windmaster area. Addition funds for completion of phase one and to continue with phases 2 & 3 have been applied for through the federal stimulus program.

Goal –

- The goal is to extend the sewer system out into this area and have those residents with failing systems hook on immediately. Sand filters and/or cap and fill could be used as repair for some of the failing systems, but there is no guarantee that these systems would not again fail in time. At a price of up to \$20,000 the sand filter is about the same price as the assessment for the sewer installation would be.

Activities –

- The residents have met with county representatives and product suppliers and have decided to form a special service district and will pursue a system using a combination of gravity and grinder pump technology.
- The special service district has been formed and meetings between the committee, concerned residents and the County continue to take place. .
- Pursuance of funding, loans and grants, for construction of the system.

Evaluation –

- Level of funding and construction completion level.

TOBACCO

- In Hood River County the tobacco program is provided by the County Prevention Specialist, housed in the office of the Commission on Children and Families. There are education, cessation, information and referral services offered. The tobacco report is submitted under a separate cover. Tobacco funds are directed from the Health Department to the CCF. We are collaborating on applying for the TROCD funds for 2009-2010.

BREAST AND CERVICAL CANCER

- Hood River County has been providing services in this program. Need out distances available funding.

WEST NILE VIRUS –

Current condition –

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

Goals –

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

Activities -

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

Evaluation –

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

C. Environmental health -

Hood River County had 90 restaurants, 12 mobile units, 13 bed and breakfast facilities, and 82 temporary restaurants during 2008. For restaurants, 185 inspections were conducted with 45 re-inspections as follow-up to critical violations completed. The most common risk factors (violation) found were in the area of proper temperatures for foods. This includes such things as the rapid cooling of foods and holding temperatures. There were an equal number of violations for contaminated equipment. This can mean cutting boards that are used for raw meats and then for fruits and vegetables. The program received 15 food program complaints and 10 foodborne illness complaints. Follow up action was taken on all complaints received. At such time as there is a complaint or in follow-up to violations found during inspections an active role in technical assistance and instruction is undertaken to help the operator decrease their frequency and/or number of risk factors. There were no foodborne outbreaks that occurred in 2008. In 2008 for enforcement there were 4 failures to comply notices, 4 closure notices, and no voluntary closures among full and limited service food facilities.

Hood River County has 7 licensed pools and 10 licensed spas, 16 travelers accommodations, 13 bed and breakfast lodgings and 3 recreational parks. In total 315 inspections were done in 2008.

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

The environmental health program is also responsible for on site sewage disposal systems. In 2007 a total of 215 permits were issues. A partial breakdown of types includes: 61 site evaluations, 79 repairs and alterations and 55 new construction permits for standard systems.

A major environmental health problem in Hood River County has been the failing on site sewage disposal systems in the Wind Master area. The project has been started; the main lines have been run from the Windmaster Corner south to Orchard Road, east on Airport Drive, west on Barrett Drive. The system is connected to the existing sewer near the high school and is undergoing video testing. Construction has halted pending availability of federal funding.

Environmental Health staffing is 1.75 FTE. We were able to recruit and hire an REHS this spring. Not having to spend time in training has greatly enhanced our program. The EH staff attends trainings and seminars that are offered in order to keep their knowledge base current. Consultation is available to industrial and the public on a walk in and appointment basis. Other resources are consulted if there is not adequate expertise in house.

There is concern about the water quality of the Columbia River, which is heavily used for recreation purposes in Hood River County. We work with DHS on survey information and monitor any EH incidents such as spills.

VII. Minimum Standards

Hood River County Health Department

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

Organization

1. Yes No A Local Health Authority exists which has accepted the legal responsibilities for public health as defined by Oregon Law.
2. Yes No The Local Health Authority meets at least annually to address public health concerns.
3. Yes No A current organizational chart exists that defines the authority, structure and function of the local health department; and is reviewed at least annually.
4. Yes No Current local health department policies and procedures exist which are reviewed at least annually.
5. Yes No Ongoing community assessment is performed to analyze and evaluate community data.
6. Yes No Written plans are developed with problem statements, objectives, activities, projected services, and evaluation criteria.
7. Yes No Local health officials develop and manage an annual operating budget.
8. Yes No Generally accepted public accounting practices are used for managing funds.
9. Yes No All revenues generated from public health services are allocated to public health programs.
10. Yes No Written personnel policies and procedures are in compliance with federal and state laws and regulations.
11. Yes No Personnel policies and procedures are available for all employees.
12. Yes No All positions have written job descriptions, including minimum qualifications.
13. Yes No Written performance evaluations are done annually.

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

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

Control of Communicable Diseases

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

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

Environmental Health

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

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

Health Education and Health Promotion

67. Yes No Culturally and linguistically appropriate health education components with appropriate materials and methods will be integrated within programs.
68. Yes No The health department provides and/or refers to community resources for health education/health promotion.

69. Yes No The health department provides leadership in developing community partnerships to provide health education and health promotion resources for the community.
70. Yes No Local health department supports healthy behaviors among employees.
71. Yes No Local health department supports continued education and training of staff to provide effective health education.
72. Yes No All health department facilities are smoke free.

Nutrition

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

Older Adult Health

78. Yes No Health department provides or refers to services that promote detecting chronic diseases and preventing their complications.
79. Yes No A mechanism exists for intervening where there is reported elder abuse or neglect.
80. Yes No Health department maintains a current list of resources and refers for medical care, mental health, transportation, nutritional services, financial services, rehabilitation services, social services, and substance abuse services.

81. Yes No Prevention-oriented services exist for self health care, stress management, nutrition, exercise, medication use, maintaining activities of daily living, injury prevention and safety education.

Parent and Child Health

82. Yes No Perinatal care is provided directly or by referral.

83. Yes No Immunizations are provided for infants, children, adolescents and adults either directly or by referral.

84. Yes No Comprehensive family planning services are provided directly or by referral.

85. Yes No Services for the early detection and follow up of abnormal growth, development and other health problems of infants and children are provided directly or by referral.

86. Yes No Child abuse prevention and treatment services are provided directly or by referral.

87. Yes No There is a system or mechanism in place to assure participation in multi-disciplinary teams addressing abuse and domestic violence.

88. Yes No There is a system in place for identifying and following up on high risk infants.

89. Yes No There is a system in place to follow up on all reported SIDS deaths.

90. Yes No Preventive oral health services are provided directly or by referral.

91. Yes No Use of fluoride is promoted, either through water fluoridation or use of fluoride mouth rinse or tablets.

92. Yes No Injury prevention services are provided within the community.

Primary Health Care

93. Yes No The local health department identifies barriers to primary health care services.

94. Yes No The local health department participates and provides leadership in community efforts to secure or establish and maintain adequate primary health care.

95. Yes No The local health department advocates for individuals who are prevented from receiving timely and adequate primary health care.
96. Yes No Primary health care services are provided directly or by referral.
97. Yes No The local health department promotes primary health care that is culturally and linguistically appropriate for community members.
98. Yes No The local health department advocates for data collection and analysis for development of population based prevention strategies.

Cultural Competency

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

Health Department Personnel Qualifications

Local health department Health Administrator minimum qualifications:

The Administrator must have a Bachelor degree plus graduate courses (or equivalents) that align with those recommended by the Council on Education for Public Health. These are: Biostatistics, Epidemiology, Environmental health sciences, Health services administration, and Social and behavioral sciences relevant to public health problems. The Administrator must demonstrate at least 3 years of increasing responsibility and experience in public health or a related field.

Answer the following questions:

Administrator name: Ellen Larsen

- Does the Administrator have a Bachelor degree? Yes No
- Does the Administrator have at least 3 years experience in Yes No
public health or a related field?
- Has the Administrator taken a graduate level course in Yes No
biostatistics?
- Has the Administrator taken a graduate level course in Yes No
epidemiology?
- Has the Administrator taken a graduate level course Yes No
in environmental health?
- Has the Administrator taken a graduate level course Yes No
in health services administration?
- Has the Administrator taken a graduate level course in Yes No
social and behavioral sciences relevant to public health problems?

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

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

Administrator needs to take graduate level environmental health course – does currently hold a graduate certificate in Public Health from University of Washington.

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

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

AND

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

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

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

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

OR

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

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

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

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

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



**HOOD RIVER COUNTY HEALTH
DEPARTMENT**

1109 JUNE STREET
HOOD RIVER, OREGON 97031-2093
PHONE (541) 386-1115 • FAX (541) 386-9181

ENVIRONMENTAL HEALTH (541) 387-6885
WIC (541) 387-6882

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

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

May 1, 2009

Tom;

The Hood River County Budget Committee has met and completed work on the budget for FY 2008-09. The Board of Commissioners will formally adopt the budget at their June 15, 2009 meeting.

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

Sincerely,

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

Ellen Larsen, Director

Hood River County Board of County Commissioners

County Administrator

Health Department Director

Supervising RN

W.I.C.

Family Planning

Child Adolescent Health

School Health

Immunization

Communicable Disease

Information/Referral

Office Manager

Clerical

Vital Statistics

Business Services

Support Services

Information/Referrals

Department Operations

Purchasing

Pay Roll

Regulatory
Health Services

Health Officer

Laboratory

Environmental
Health Services

Medical
Examiner

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

Hood River County
Health Department Director

Nurse Supervisor Office Manager

Regulatory Health Services

- Public Health Nurses
- Health Aides II
- Student Nurses
- HRVH Student Interns
- WIC Certifiers
- WIC Clerk

- Accounting Clerk
- Office Specialist II
- School Interns
- HRVH Student Interns

**Chain of Command
HD Director
Supervisors:
OS III**

- Health Officer
- Medical Examiner On call
- Environmental Health Supervisor
- PHEP Coordinator**
- Office Specialist III

**FAMILY PLANNING PROGRAM ANNUAL PLAN FOR
COUNTY PUBLIC HEALTH DEPARTMENT
FY '10**

July 1, 2009 to June 30, 2010

Agency: Hood River
Contact: Patricia Stokes, RN

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

Problem Statement	Objective(s)	Planned Activities	Evaluation
Changes in FPEP enrollment have led to decreased numbers of verified FPEP eligible clients and decreased reimbursement. This decrease, as well as decreases in County General Fund, threatens the ability of this agency to maintain current levels of service.	Maintain current revenue levels from donations in the FP program for the FY 2010.	<p>Continue to use Donation policy consistently with the Title X guidelines.</p> <p>Continue to train and support staff in their efforts to collect donations.</p> <p>Evaluate donation policy for consistency, fairness and effectiveness.</p>	<p>Monitor quarterly and fiscal year end revenue reports.</p> <p>Monitor customer feedback as well as staff feedback about how donation policy is working.</p> <p>Observation of staff interaction with clients.</p>
	Increase the FPEP reimbursement level for FY 2009/2010 by 10% over 2008/2009 level.	<p>Continue to work on outreach activities in order to educate men and women-in-need of available FP services.</p> <p>Encourage clients to bring proper documentation to clinic at the time that appointment is made.</p> <p>Continue to assign a staff member to review all FPEP charts for completeness of enrollment and to follow-up with clients to ensure that proper all required forms are present and completed correctly.</p>	<p>Monitor quarterly and fiscal year end revenue reports.</p> <p>Monitor Ahlers reports for number/type of appointments and services provided.</p> <p>CQI through CVR and chart review.</p>

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

Problem Statement	Objective(s)	Planned Activities	Evaluation
<p>Decreased County GF and FPEP reimbursements threaten current level of materials and services in FP program.</p>	<p>Continue to offer a comparable variety of contraceptive methods as is currently available given the current economic environment</p>	<p>Careful monitoring and control of inventory of methods on-hand, including rotation of stock in order to decrease risk of expiration.</p> <p>Price comparison shopping for receiving the most savings on the ordering of supplies.</p> <p>Research lower-cost OCPs that are comparable to more expensive brands.</p> <p>Ensure appropriate dispensing and billing of supplies through random review of CVRs and pharmacy logs. Monthly review of a minimum of 10% of CVRs will occur.</p> <p>Ensure that State-imposed limits on specific methods be observed closely in order to ensure appropriate reimbursement (ie., Plan B).</p> <p>Ensure careful assessment of client needs in order to decrease waste due to loss of product or request for change in method through continued chart review. Issues will be used to determine staff training needs.</p>	<p>Frequent monitoring of the revenue/expenses of the FP Program</p> <p>Monitor Ahlers reports and pharmacy logs for utilization of specific types of methods to determine those methods that are used most often with the most success.</p> <p>CQI through CVR and chart review.</p> <p>Review of pharmacy logs.</p>

	Continue to provide FP services at the current level.	<p>Continue to offer FP services on a walk-in basis Mon-Fri, 7:30 am to 5:30 pm.</p> <p>Continue to offer FP examination services Mon – Thurs 7:30 am to 5:30 pm on an appointment basis.</p> <p>Continue to offer FP services at County Middle and High Schools.</p> <p>Continue to ensure high quality billing services through random review of CVRs . Monthly review of a minimum of 10% of CVRs will occur.</p>	<p>Frequent monitoring of the revenue/expenses of the FP Program</p> <p>Monitor Ahlers reports for number/type of appointments and services provided.</p> <p>CQI through chart and CVR review.</p>
--	---	--	--

Progress on Goals / Activities for FY 09
(Currently in Progress)

Goal / Objective	Progress on Activities
Maintain current revenue levels from donations in the FP Program	07/08 donation level was \$ 6,401. So far in this fiscal year, we have received \$ 5,947.14 in donations. With one quarter left in the fiscal year, we should meet the level of donations as in the previous fiscal year.
Maintain current FPEP reimbursement level	07/08 FPEP reimbursement was \$ 254,694. As of February, 2009, we have received \$ 137,957 in FPEP reimbursement. Projections show that FPEP reimbursement should reach approx. \$ 184,000. HRCHD budgeted \$ 185,000 FPEP reimbursement for the FY 2009 year. FPEP reimbursement is down this fiscal year.
Increase HPV vaccine administration throughout clinic by 10%	2008 administration of HPV Vaccine was 215 doses. So far in 2009, 202 doses have been administered. With one quarter left in this fiscal year, projected doses should be 252. This would exceed a 10% increase in vaccine doses administered.
Increase adult Hep B vaccine administration throughout the clinic by 10%	2008 administration of Adult Hep B vaccine was 97 doses. So far in 2009, 58 doses have been administered. With one quarter remaining in this fiscal year, projected doses would be 73. This is a decrease of about 24%.

APPENDIX

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

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

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

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

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

Year 2: July 2006 – June 2007

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

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

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

<p>A. Improve DTaP4 rates in 2 year olds in order to improve the 4:3:1:3:3 coverage rate countywide.</p>	<ul style="list-style-type: none"> • Compare our rates with other providers in the county. • Develop awareness bulletin board for lobby around DTaP4. • Work with area providers to increase awareness of DTaP4 rates through hospital staffing meetings as well as mass mailings. • Continue to use accelerated schedule for those children who are behind in immunizations. • WIC staff to continue to provide vaccine assessment on all children in services. 	<ul style="list-style-type: none"> • Increase rate of UTD 2 year olds with DtaP4 to level of 2005-2006 rates (78%) by June, 2009. • Increase in overall 4:3:1:3:3 coverage rate to 80% by June, 2009. 	<p>UTD rate for 2 year olds with DTaP4 is 77%.</p> <p>Overall UTD rate is 77%.</p>	<p>HD rates were examined. Have not yet seen data for other providers for 2008.</p> <p>HD did have a bulletin board in the lobby that had information on the importance of DTaP4 dose.</p> <p>H.O. discussed immunizations, including DTaP at a hospital medical provider staffing meeting.</p> <p>HD continues to use an accelerated schedule for children who are behind in immunizations.</p> <p>WIC staff continue to provide vaccine assessment on all children in services.</p>
---	---	---	--	---

Year 5: July 2009 – June 2010				
Objectives	Methods / Tasks	Outcome Measure(s)	Outcome Measure(s) Results⁷	Progress Notes⁸
A. Improve DtaP4 rates in 2 year olds.	<ul style="list-style-type: none"> • Compare our rates with other providers in the county. • Work with local day care providers to increase awareness of immunization requirements. • Continue to use accelerated schedule for children who are behind in vaccines. • Continue to assess WIC participants for immunization status and refer as needed. 	<ul style="list-style-type: none"> • Increase rate of UTD 2 year olds with DtaP4 to 85% by June 2010. • Increase overall UTD rate for 2 year olds in the county by June 2010. 	To be completed for the FY 2010 Report	To be completed for the FY 2010 Report

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

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

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

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

	<p>*Provide Alert brochures and Alert video to providers and schools not currently using ALERT.</p> <p>*Begin to work with Dr. J. Pennington to look at possibility of electronic transfer of vaccine records to ALERT.</p> <p>*Facilitate Provider signup with Alert.</p> <p>*Use State VFC Health Educators as resources.</p>			<p>Have made Alert brochures and videos available to providers and schools.</p> <p>Have not worked with Dr. Pennington, but will add that to next years plan.</p> <p>Assisted one private provider to signup with Alert by referring to VFC Educator to become a VFC provider!</p>
--	---	--	--	--

<p>B. Have accurate Countywide AFIX assessment by end of three-year plan.</p>	<p>*Work with LCDC to encourage AFIX assessment. *Work with local provider (Dr. James Pennington) to participate in Alert, to work toward AFIX assessment. *Report current AFIX results from HRCHD to all providers. *Create plan to report AFIX results to all providers In the county.</p>	<p>AFIX assessment with LCDC by 4-1-06.</p>	<p>Have not completed AFIX assessment with LCDC.</p>	<p>Will continue to dialogue with Supervisor at LCDC in order to facilitate AFIX.</p> <p>2004 AFIX results reported to local providers by HO at hospital staff meeting.</p>
--	---	---	--	---

Year 2: July 2007 – June 2008				
Objectives	Methods / Tasks	Outcome Measure(s)	Outcome Measure(s) Results¹	Progress Notes²

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

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

<p>A. Assess private provider utilization of Alert by 6/1/2007.</p> <p>B. Increase Alert participation and web use by 2 schools and 1 childcare partner, and 1 private provider by 6/1/2007</p> <p>C. Provide outreach and education to at least one provider and two schools by 6/1/2007.</p> <p>D. Increase Alert participation by Dr. Pennington by 6/1/2007.</p> <p>E. Enroll HRMG in VFC and Alert by 6/1/2007.</p>	<ul style="list-style-type: none"> •Review Participation Report •Compare outcome with baseline rates of provider part. Report. •Distribute Alert brochures and videos to at least one provider and one school •Work with Childcare partners to increase use of Alert in. •Continue to work with schools to access Alert data. •Visit Dr. Pennington's clinic to educate importance of Alert, promote website. •Work with VFC Health Educator to enroll HRMG. •Continue to work with schools to access Alert Data. *Offer trainings on web access for Alert 	<ul style="list-style-type: none"> • Increase in local numbers in alert participation reports and web hits. • Increase in local providers signed up for web access with Alert. • Hood River Medical Group signed up with VFC and Alert • Local trainings in use of Alert hosted by HRCHD 	<ul style="list-style-type: none"> •Number of children's facilities that have accessed ALERT – 3 Number of schools that have accessed ALERT – 4. •Hood River Medical Group is signed up for VFC and ALERT. •Web use of ALERT is documented on the Participation Record for 2007. <p>Increased access of ALERT by childcare facilities in the county.</p>	<p>ALERT access has improved. School district needs to be targeted to increase utilization there. Several schools are using ALERT often, some not at all.</p> <p>Focus on providing targeted outreach to schools.</p> <p>Dr. Pennington has not been approached as of yet. Will focus on that, though he does not deliver many vaccines.</p>
---	---	--	--	--

<p>B. Identify rough baseline for county by end of three-year plan.</p> <p>Continue to work towards accurate Countywide AFIX assessment by end of three-year plan.</p>	<p>Work with LCDC to encourage AFIX assessment</p> <p>Work with CGFM to encourage AFIX assessment</p> <p>Work with Dr. Pennington to encourage AFIX assessment</p> <p>Report current AFIX results from HRCHD to all providers.</p>	<ul style="list-style-type: none"> • Institute annual AFIX measures with HRCHD and LCDC. • Continue to work toward countywide AFIX measure. 	<p>Not completed at this time.</p>	<p>This has not been completed at this time. Working with Sara Beaudrault, VFC/AFIX Program Coordinator to facilitate this.</p>
---	--	---	------------------------------------	---

Year 3: July 2008 – June 2009				
Objectives	Methods / Tasks	Outcome Measure(s)	Outcome Measure(s) Results¹	Progress Notes²

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

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

<p>A. Continue to assess local access of ALERT by children's facilities, schools and medical providers.</p>	<ul style="list-style-type: none"> • Review annual participation report from ALERT. • Provide outreach to providers, schools and children's facilities regarding benefit of using ALERT. 	<ul style="list-style-type: none"> • Increase ALERT participation by local children's facilities and schools by 2 by June, 2009. 	<p>Access to ALERT has increased in the public schools and with private providers. At this time only one private provider and Providence Hospital has not accessed ALERT. 6 schools (public and private) have not used ALERT to access immunization records, and 6 pre-schools have not accessed ALERT.</p>	<p>Participation in ALERT for the County has been reviewed. Review shows that ALERT has been accessed by more sites than in previous years.</p> <p>Will continue to provide outreach to 2 remaining providers, schools and preschools to continue to increase provider use of ALERT.</p>
--	--	---	---	--

<p>B. Have accurate Countywide AFIX assessment by June, 2009</p>	<ul style="list-style-type: none"> • Will work with Sara Beaudrault, VFC/AFIX Coordinator at DHS to facilitate Countywide AFIX assessment. • Work with LCDC, CGFM and HRMG to facilitate countywide AFIX. 	<ul style="list-style-type: none"> • Two of four VFC sites will complete AFIX measure by June, 2009. 	<p>LCDC and HRHD have completed AFIX measures.</p>	<p>LCDC had AFIX measure completed last year. Will continue to encourage AFIX as a County-wide assessment of vaccine status.</p>
<p>Year 5: July 2009 – June 2010</p>				
<p>Objectives</p>	<p>Methods / Tasks</p>	<p>Outcome Measure(s)</p>	<p>Outcome Measure(s) Results¹</p>	<p>Progress Notes²</p>

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

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

<p>A. Continue to encourage use of ALERT by medical providers, schools, preschools and daycares.</p>	<ul style="list-style-type: none"> • Review annual participation report from ALERT. • Provide outreach to providers, schools and children's facilities regarding benefit of using ALERT. • Continue to encourage use of ALERT Registry as standard of care in the County. 	<ul style="list-style-type: none"> • Increase ALERT participation by local children's facilities and schools by 2 by June, 2010. 	<p>To be completed for the FY 2010 Report</p>	<p>To be completed for the FY 2010 Report</p>
<p>B. Have accurate Countywide AFIX assessment by end of three-year plan.</p>	<p>Compile LCDC and HRCHD rates. HRMG and CGFM will complete AFIX measure. Will work with Sara Beaudrault, VFC/AFIX Coordinator at DHS to facilitate Countywide AFIX assessment.</p>	<ul style="list-style-type: none"> • County-Wide AFIX measure will be completed. 	<p>To be completed for the FY 2010 Report</p>	<p>To be completed for the FY 2010 Report</p>

EVALUATION OF WIC NUTRITION EDUCATION PLAN
FY 2008-2009

WIC Agency: Hood River County

Person Completing Form: Patricia Stokes, RN

Date: 3/25/2009 Phone: 541-387-6881

Return this form, attached to email to: sara.e.sloan@state.or.us by May 1, 2009

Please use the outcome evaluation criteria to assess the activities your agencies did for each Year Two Objectives. If your agency was unable to complete an activity please indicate why.

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 WIC Program's Key Nutrition Messages and identify which ones they need additional training on.

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

- How were the WIC Program's Key Nutrition Messages share with staff in your agency?
- Which messages did staff identify as needing additional training on?
- How did this training occur?

Response:

WIC Key Nutrition Messages were discussed during July, 2008 staff meeting. Staff would like more information on oral health issues for pregnant women and their infants. Information on oral health issues for pregnant women and their infants was discussed at August staff meeting.

Activity 2: By March 31, 2009, staff will review the proposed food package changes and:

- *Select at least three food package 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 change.*

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

- How did staff review the proposed food package changes?
- Which nutrition education messages were identified that need to be modified?
- How will these messages be shared with participants?

Response:

Staff participated in the Fresh Choices Conference Call on 10/30/08 to discuss changes. Staff attended OWICA meeting on 12/4 and 12/5/2008 in which food package changes were a topic. Food package changes were discussed at staff meeting on 2/23/2009, and during Cohort 3 training on 3/16/2009. Staff has been conducting anticipatory guidance with clients in regard to upcoming food package changes. In addition, written material and nutrition education classes are being used to educate clients on changes.

Activity 3: Identify your agency training supervisor(s) and staff in-service dates and topics for FY 2008-2009.

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

- Did your agency conduct the staff in-services you identified?
- Were the objectives for each in-service met?
- How do your staff in-services address the core areas of the CPA Competency Model?

The planned In-Service Objectives for all trainings were met, except for the 4th quarter in-service. We decided to change that topic to further discuss food package changes and necessary program updates in order to be ready when the changes occur in August. All trainings were conducted with the Fresh Choices changes in mind.

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 assessment steps from the Dietary Risk Module and identify which ones they need additional training on.

Outcome evaluation: Please address the following questions in your response:

- Did staff review the assessment steps from the Dietary Risk Module?
- Which steps did staff identify as needing additional training on?
- How did this training occur?

Hood River County WIC staff reviewed the assessment steps from the Dietary Risk Module. Staff are familiar with the process and are comfortable with assigning and documenting dietary risks in TWIST. We have regular monthly meetings, and staff continually share ideas/concerns/solutions with one another in relation to risk assignment, food package changes, client centered counseling and anticipatory guidance.

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.

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

- How have staff modified their approach to individual counseling after completing the Nutrition Risk and Dietary Risk Modules?

Hood River County WIC staff have modified their approach to individual counseling by focusing on participant centered services. CPAs encourage participants to talk about their concerns and their ideas about nutritional needs and need for changes. They use open-ended questions, affirmations, reflections and summarizing in order to encourage a collaborative effort between the participant and the CPA. The staff are providing anticipatory guidance, giving participants the opportunity to hear in advance about the changes that will be occurring in the near future.

These changes have been difficult, and we continue to practice and to provide ideas for incorporating these changes into client services. Staff are feeling more confident with their abilities to provide this type of counseling.

Goal 3: Improve the health outcomes of WIC clients and WIC 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 objective and strategy to facilitate healthy behavior change for WIC staff.

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

- Which objective and strategy did your agency select?

- How did your agency decide on this objective and strategy?
- Did the strategy help meet the objective?
- What went well and what would you do differently?

Hood River County Health Department has an active Employee Wellness Program. The objective that we chose was to increase by 5 % the number of HD staff that consume 5 servings of fruits and vegetables daily, by 2012. We chose this objective because we live in a produce-rich area. We wanted to increase availability and promote fruits and vegetables at the HD.

We conducted a survey of all HD staff and found that currently, staff self-reported that 56% of our staff currently consume 5 or more servings of fruits and vegetables per day. We will be supplying the same survey annually as part of our Wellness Program.

As part of the Wellness Program, the Wellness Committee organized Fruit Salad Day (July 8), Fruit/Veggie Day (Sept. 16), and Apple/Pear Tasting (October 16, 2008). All HD staff participated!

Activity 2: Identify your objective and strategy to facilitate healthy behavior change for WIC clients.

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

- Which objective and strategy did your agency select?
- How did your agency decide on this objective and strategy?
- Did the strategy help meet your objective?
- What went well and what would you do differently?

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

Strategy: State and local community coalitions will urge parents to be role models by encouraging them to increase their physical activity,

limit their time in front of the television and provide children with resources that foster active rather than sedentary behavior.

State supplied informational sheets were available at all Exposition classes since October, 2008. In addition, local resources for free or low-cost activities provided to families. We did not complete a participant survey to see if this information has had an impact on actual screen time for children.

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

Year 2 Objective: During plan period, in order to help improve breastfeeding outcomes for WIC participants, 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 objective and strategy to improve breastfeeding outcomes for WIC clients.

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

- Which objective and strategy did your agency select?
- How did your agency decide on this objective and strategy?
- Did the strategy help meet your objective?
- What went well and what would you do differently?

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

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

Providence Memorial Hospital has made some changes. Notably the Family Birthing Center has been expanded. One plan for use of space would be an out-clinic area of the Birthing Center that can be utilized by discharged women and infants for support for breastfeeding, and for sale of supplies

such as nursing bras, nursing shirts, manual pumps, breast pads, etc. The hope is that they will have a lactation specialist available to all women in the county. Currently, one of the hospital nurses is becoming ILBCC Certified, and the hospital has agreed to purchase three Hospital-Grade Breast pumps for the use by non-WIC eligible women in Hood River County. The WIC department is working in collaboration with PHRMH in providing these pumps along with education, tracking, cleaning and storage.

FY 2009 - 2010 WIC Nutrition Education Plan Form

County/Agency: Hood River WIC
Person Completing Form: Patricia Stokes, RN
Date: 4/14/2009
Phone Number: 541-387-6881
Email Address: trish.stokes@ co.hood-river.or.us

Return this form electronically (attached to email) to: sara.e.sloan@state.or.us
by May 1, 2009
Sara Sloan, 971-673-0043

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

Year 3 Objective: During planning period, staff will be able to work with participants to select the food package that is the most appropriate for their individual needs.

Activity 1: Staff will complete the appropriate sections of the new Food Package Assignment Module by December 31, 2009.

Resources: Food Package Assignment Module to be released summer 2009.

Implementation Plan and Timeline:

Staff will have scheduled work time in which to complete the Food Package Assignment Module when it becomes available. Dedicated training times of appropriate length will occur no later than November 30, 2009.

Activity 2: Staff will receive training in the basics of interpreting infant feeding cues in order to better support participants with infant feeding, breastfeeding education and to provide anticipatory guidance when implementing the new WIC food packages by December 31, 2009.

Resources: Sessions on Infant Feeding Cues at the WIC Statewide Meeting June 22-23, 2009.

Implementation Plan and Timeline:

Hood River County WIC Staff will be attending the WIC Statewide Meeting June 22 - 23, 2009 and will attend Infant Feeding Cues Session at that time. In addition, the WIC Staff will participate in State trainings on breastfeeding and anticipatory guidance when implementing new food packages. This has begun and will be on-going throughout this review period.

Activity 3: Each local agency will review and revise as necessary their nutrition education lesson plans and written education materials to assure consistency with the Key Nutrition Messages and changes with the new WIC food packages by August 1, 2009.

Example: Pregnant women will no longer be able to routinely purchase whole milk with their WIC FIs. If the nutrition education materials your agency uses indicates all pregnant women should drink whole milk, those materials would need to be revised.

Implementation Plan and Timeline:

Review of all nutrition education materials will take place beginning May 1, 2009, to be completed by September 15, 2009. A written checklist will be employed in order to assure that all nutrition education lesson plans and all written educational materials match the Key Nutrition Messages and the WIC Food Package changes that will be in effect August 1, 2009.

Activity 4: Identify your agency training supervisor(s) and projected staff in-service training dates and topics for FY 2009-2010. Complete and return Attachment A by May 1, 2009.

Implementation Plan and Timeline:

Staff in-service training dates and topics are listed on Attachment A.

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

Year 3 Objective: During planning, each agency will develop a plan for incorporating participant centered services in their daily clinic activities.

Activity 1: Each agency will identify the core components of participant centered services that are being consistently utilized by staff and which components need further developing by October 31, 2009.

Examples: Use state provided resources such as the Counseling Observation Guide to identify participant centered skills staff are using on a regular basis. Use state provided resources such as self evaluation activities done during Oregon WIC Listens onsite visits to identify skills staff are working on and want to improve on.

Implementation Plan and Timeline:

Hood River County WIC Coordinator and Staff will use the Counseling Observation Guide to assist with identifying participant-centered skills that staff are currently employing during client interactions. Exercises including role-playing will be employed to increase comfort and ease when using this technique, and help identify missed opportunities. Monthly staff meetings will continue to focus on Participant Centered Counseling. Staff will continue to focus on self-evaluation activities and will participate in Oregon WIC Listens trainings that are available. This has already begun and will be on-going throughout this reporting period.

Activity 2: Each agency will implement at least two strategies to promote growth of staff's ability to continue to provide participant centered services by December 31, 2009.

Examples: Using the information from Goal 2, Activity 1, schedule quarterly staff meeting time to review Oregon WIC Listens Continuing Education activities related to participant centered skills staff identified they want to improve on. Schedule time for peer to peer observations to focus on enhancing participant centered services.

Implementation Plan and Timeline:

Hood River County WIC will continue to participate in monthly staff meetings to discuss what is working for them in regard to participant centered services, and what they need to work on. We will be scheduling certifications one day per month so starting in April through December in order to allow staff the opportunity for peer observations to focus on promoting participant centered services. This will begin immediately and will continue through the end of the reporting period. May 1, 2009 through June 30, 2010.

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

Year 3 Objective: During planning period, each agency will develop a plan to consistently promote the Key Nutrition Messages related to Fresh Choices thereby supporting the foundation for health and nutrition of all WIC families.

- *Breastfeeding is a gift of love.*
- *Focus on fruit.*
- *Vary your veggies.*
- *Make half your grains whole.*
- *Serve low-fat milk to adults and children over the age of 2.*

Activity 1: Each agency will implement strategies for promoting the positive changes with Fresh Choices with community partners by October 31, 2009.

Example: Determine which partners in your community are the highest priority to contact such as medical providers, food pantries, breastfeeding coalitions, and/or Head Start programs. Provide a staff in-service, written materials or presentation to those partners regarding Fresh Choices.

Implementation Plan and Timeline:

Hood River County WIC will work with local medical providers, Gorge Grown Food Network, Families First Network, and Head Start by providing written materials and staff training in order for them to share Fresh Choices information with their clientele. This will take place during the Farmer's Market season in

Hood River County beginning the week of June 15th. In addition, WIC will be providing written materials in both English and Spanish at all Farmer's Market events, occurring every Thursday through the harvest season from 4 pm - 7 pm.

Activity 2: Each agency will collaborate with the state WIC Research Analysts for Fresh Choices evaluation by April 30, 2010.

Example: Your agency is a cooperative partner in a state led evaluation of Fresh Choices such as hosting focus groups or administering questionnaires with participants.

Implementation Plan and Timeline:

The Hood River County WIC Department will participate in client surveys or focus groups as requested by the State WIC Research Analysts prior to April 30, 2010.

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

Year 3 Objective: During planning period, each agency will develop a plan to promote breastfeeding exclusivity and duration thereby supporting the foundation for health and nutrition of all WIC families.

Activity 1: Using state provided resources, each agency will assess their breastfeeding promotion and support activities to identify strengths and weaknesses and identify possible strategies for improving their support for breastfeeding exclusivity and duration by December 31, 2009.

Resources: State provided Oregon WIC Breastfeeding Study data, the breastfeeding promotion assessment tool and technical assistance for using the tool. Technical assistance will be provided as needed from the agency's assigned nutrition consultant and/or the state breastfeeding coordinator.

Implementation Plan and Timeline:

Hood River County WIC will utilize the Oregon WIC Breastfeeding study data and the breastfeeding promotion assessment tool in order to identify strengths and weaknesses, as well as strategies for improving breastfeeding exclusivity. This activity will be completed by December 31, 2009.

Activity 2: Each agency will implement at least one identified strategy from Goal 4, Activity 1 in their agency by April 30, 2010.

Implementation Plan and Timeline:

Following completion of the above stated activity, an identified strategy will be implemented in response to the assessment tool to increase breastfeeding exclusivity. This strategy will be implemented prior to April 30, 2010.

LOCAL PROGRAM PLAN FORM

1. BEST PRACTICE OBJECTIVE #1: TOBACCO FREE WORKSITES

2. SMART OBJECTIVE #1:

(Write your SMART Objective here. SMART = Specific, Measurable, Achievable, Relevant, Time-bound)

By **September 1, 2009**, the TPEP and TROCD coordinators will have completed the Healthy Worksites Assessment.

By **June 30, 2010**, tobacco cessation counseling and medications to assist with cessation will be included in employees' benefits package in Hood River County.

By **June 30, 2010**, the Hood River County Health Department will have passed a tobacco-free campus policy.

3. GOAL AREAS FOR THIS OBJECTIVE:

Check the box for each goal area that this objective will address.

- Eliminate or reduce exposure to secondhand smoke**
- Countering pro-tobacco influences**
- Reduce youth access to tobacco**
- Promote quitting**
- Enforcement of tobacco-related local and state laws**
- Reduce the burden of tobacco-related chronic diseases**

4. ACTIVITIES:

Describe, in detail, your plan for achieving this objective.

- Write specific, measurable and sequenced activities
- Provide a start date and end date for each activity
- Include milestones that can be achieved quarterly

Category	Activities
Coordination and Collaboration	By July 15, 2009 TPEP Coordinator will have scheduled a time with human resources to conduct Healthy Worksite Assessment.
	By August 1, 2009 TROCD and TPEP coordinators will have a plan to form a County Employee Worksite Wellness Committee (CEWWC), based on the existing Worksite Wellness Committee of the Hood River County Health Department.

	By September 1, 2009 we will have initiated a discussion with Ellen Larsen, Health Department Director, about making the Health Department a tobacco free property.
	By September 1, 2009 the TPEP/TROCD coordinators will have completed the Healthy Worksites Assessment with the assistance of Hood River County Human Resources.
Assessment	By August 1, 2009 TRODC and TPEP coordinators will have identified at least 5 potential members of the CEWWC. These potential members should represent leaders/representatives of key organizations in the county. There may already be some type of workplace wellness committee in place in the county.
	By October 1, 2009 the CEWWC will determine what tobacco cessation services are available to county employees, in particular, the adequacy of current health insurance coverage for medication and counseling. We will determine if there is data on the number of employees taking advantage of these services and their satisfaction with the current cessation support options.
	By December 1, 2009 the CEWWC will determine if there is a need to survey county employees and/or building site supervisors regarding county benefits and wellness initiatives, as well as willingness to implement tobacco free campus.
	By May 1, 2010 we will have met with the County Commissioners to assess the will to expand tobacco-free Hood River County campuses to include additional County properties.
Community Education and Outreach	By October 1, 2009 , we will make a presentation to the County Commissioners, informing them of our plans to work on making county properties, specifically the Health Department, a tobacco free campus.
	By January 1, 2010 , we will have designed and provided break room flyers for the various county departments listing Quit line information as well as information on accessing county cessation benefits.
	By January 1, 2010 , we will have put information in the county newsletter/ monthly calendar regarding county cessation benefits and quit line information
	Update tobacco information at county prevention office monthly through out the year.
Earned Media/ Media Advocacy	By November 1, 2009 , we will partner with the health department to discuss county tobacco information on the local radio station.
Policy Development, Implementation, and	By March 1, 2010 , Worksite Wellness Committee will provide information to human resources on best practice policies regarding employee benefits

Enforcement	
	By June 1, 2010 we will provide signage for the health department announcing their tobacco free campus.

5. CRITICAL QUESTIONS:

Considering any disparities identified through community assessment, what sectors of the community have been prioritized or targeted for this objective? Provide rationale.

County employees are being targeted with the rationale that the county should be a model of good workplace policies.

What types of technical and/or data assistance do you anticipate needing from staff and partners?

Have other TPEP coordinators surveyed employees? If so, what questions did they ask?

LOCAL PROGRAM PLAN FORM

1. BEST PRACTICE OBJECTIVE #2:

Tobacco Free Hospitals/ Health systems

2. SMART OBJECTIVE #2:

(Write your SMART Objective here. SMART = Specific, Measurable, Achievable, Relevant, Time-bound)

Tobacco Free campus at Providence Hood River Memorial Hospital was established November 2008.

By November 2009 members of the advisory group will meet with key hospital leaders tasked with enforcement of tobacco free campus policy to determine strengths and weaknesses of policy implementation.

3. GOAL AREAS FOR THIS OBJECTIVE:

Check the box for each goal area that this objective will address.

- Eliminate or reduce exposure to secondhand smoke**
- Countering pro-tobacco influences**
- Reduce youth access to tobacco**
- Promote quitting**
- Enforcement of tobacco-related local and state laws**
- Reduce the burden of tobacco-related chronic diseases**

4. ACTIVITIES:

Describe, in detail, your plan for achieving this objective.

- Write specific, measurable and sequenced activities
- Provide a start date and end date for each activity
- Include milestones that can be achieved quarterly

Plan of Action Subcategories:

Category	Activities
Coordination and Collaboration	By November 1, 2009 , members of the hospital advisory group will meet with key hospital leaders tasked with enforcement of tobacco free campus policy
	By February 1, 2010 , hospital staff will meet with representatives

	of the County Health Department to share information of developing a comprehensive tobacco free campus policy.
Assessment	By November 1, 2009 , task force will review strengths and weaknesses of policy implementation for tobacco free campus
	By December 1, 2009 , task force will consider making enhancements to the policy if needed
Community Education and Outreach	By March 1, 2010 , the hospital will modify education and outreach based on results of assessment.
Earned Media/ Media Advocacy	By November 20, 2009 , we will highlight the success of the PHRMH tobacco free campus after 1 year.
Policy Development, Implementation, and Enforcement	By April 1, 2008 , we will document any changes PHRMH has made to it's tobacco free campus policy, based on their assessment of their success after 1 year.

5. CRITICAL QUESTIONS:

Critical Questions:

Considering any disparities identified through community assessment, what sectors of the community have been prioritized or targeted for this objective? Provide rationale.

Hospital and health care providers have been targeted because they are leaders in the community regarding health issues.

What types of technical and/or data assistance do you anticipate needing from staff and partners?

LOCAL PROGRAM PLAN FORM

1. BEST PRACTICE OBJECTIVE:

Tobacco Free Community Colleges

2. SMART OBJECTIVE # 3:

(Write your SMART Objective here. SMART = Specific, Measurable, Achievable, Relevant, Time-bound)

By June 30, 2010, Columbia Gorge Community College will be completely tobacco free.

3. GOAL AREAS FOR THIS OBJECTIVE:

Check the box for each goal area that this objective will address.

- Eliminate or reduce exposure to secondhand smoke**
- Countering pro-tobacco influences**
- Reduce youth access to tobacco**
- Promote quitting**
- Enforcement of tobacco-related local and state laws**
- Reduce the burden of tobacco-related chronic diseases**

4. ACTIVITIES:

Describe, in detail, your plan for achieving this objective.

- Write specific, measurable and sequenced activities
- Provide a start date and end date for each activity
- Include milestones that can be achieved quarterly

Plan of Action Subcategories:

Category	Activities
Coordination and Collaboration	By August 1, 2009 , review tobacco free campus policies from PCC and OCCC as potential models for CGCC.
	By September 1, 2009 , we will meet with Wasco-Sherman County Tobacco Coordinator, Mary Gale Wood, Student Body President, Emily McLean, CGCC President Frank Toda, Facilities Manager, Robb Van Cleave and Chief Academic Office, Susan Wolff to discuss moving forward on Tobacco Free Campus Policy.

Assessment	By October 1, 2009 we will determine most effective ways to communicate tobacco policy to staff and students.
	By November 1, 2009 , identify students who would be willing to submit letters to the editor, HR News and Campus Newsletter
	By November 1, 2009 we will meet with HR Manager to determine what cessation benefits are offered to employees and students
	June 2009, September 2009, December 2009, March 2010 , we will determine where on campus smoking occurs by visiting on at least four occasions and tracking results.
Community Education and Outreach	By September 1, 2009 , we will provide article on tobacco policy and cessation assistance for campus newsletter.
	By September 1, 2009 , Oregon quit line will be advertised on bulletin boards, posters, and student handbook. We will check the bulletin boards in November 2009, January 2010, March 2010, and May 2010 to ensure that information is still available.
Earned Media/Media Advocacy	By January 1, 2010 , work with students to write letters of support for a tobacco free campus.
Policy Development, Implementation, and Enforcement	By September 1, 2009 , we will help facilitate policy development by sharing the ALAO model policy with student leaders and school administrators at all meetings.
	Twice yearly meetings with college once policy is implemented to see if there are any negative consequences, appropriate signage is available and strong link is made to cessation services through the quit line.
	Talk to policy makers at PCC and connect them with Robb Van Cleave at CGCC.

5. CRITICAL QUESTIONS:

Answer the following questions about this objective:

- A. Considering any disparities identified through community assessment, what sectors of the community have been prioritized or targeted for this objective? Provide rationale.

Community college students, high school students attending college, community college employees and visitors. Colleges have been targeted because teens and young adults are prime targets for the tobacco industry.

Tobacco-free campus policies reduce the risk that these targets will start or continue using tobacco.

B. What types of technical and/or data assistance do you anticipate needing from staff and partners?

LOCAL PROGRAM PLAN FORM

1. BEST PRACTICE OBJECTIVE:

Smoke free Multi-Unit Housing

2. SMART OBJECTIVE # 4:

(Write your SMART Objective here. SMART = Specific, Measurable, Achievable, Relevant, Time-bound)

By June 30, 2010, 2 additional multi-family units in Hood River will have a smokefree policy in place.

3. GOAL AREAS FOR THIS OBJECTIVE:

Check the box for each goal area that this objective will address.

4. ACTIVITIES:

Describe, in detail, your plan for achieving this objective.

- Write specific, measurable and sequenced activities
- Provide a start date and end date for each activity
- Include milestones that can be achieved quarterly

Plan of Action Subcategories:

Category	Activities
Coordination and Collaboration	Work with Wasco-Sherman County TPEP coordinator on mutual interests such as the Mid Columbia Housing Authority and the Mid Columbia Rental Owners Association which serve Hood River, Wasco and Sherman County.
	By September 1, 2009 meet with Ruby Mason to partner on ways to effectively interface with Columbia Cascade Housing Corporation on enforcing existing policies and developing stronger smoke free policies on their mutual properties.
Assessment	Contact Diane Laughter by September 1, 2009 , to discuss which existing literature would be most effective for communicating opportunities for HCV landlords.
	By September 1, 2009 , find out when and where local rental association meetings are held.
	By October 1, 2009 , determine which property owners are most influential in the local markets.
	By January 1, 2009 follow up with multi-unit housing properties

	that have adopted no smoking policies to document success and failure of measures.
	By February 1, 2010 , survey at least 5 additional Hood River landlords with the Regional Housing Survey from Health in Sight.
	By June 30, 2010 we will have tracked the adoption of no-smoking rental agreements on the TPEP form and submitted the quarterly results to Diane Laughter.
	By June 30, 2010 we will have tracked the local rental ads and submitted the quarterly results to Diane Laughter.
Community Education and Outreach	By December 1, 2009 , include information on smoke free housing in a landlord mailing.
	By November 1, 2010 , provide 5 additional Hood River landlords (who we have determined to be influential in property management community) with the <i>Landlord Guide to No-Smoking Policies</i> and the smokefreehousingNW.com website.
	By June 30, 2010 , provide information at renters association meeting on benefits of smoke free multi unit housing and distribute pamphlets.
Earned Media/Media Advocacy	Metropolitan Media Group will be contacted for support as needed.
	Media will focus on demand for smoke free housing and the success of local smoke free housing endeavors.
Policy Development, Implementation, and Enforcement	By December 1, 2009 , we will provide sample rental policies to MCHA and other landlords.
	By March 1, 2010 , make a presentation for at least one landlord training and underscore importance of landlord role in marketing, implementing and enforcing an effective smoke free housing policy.

5. CRITICAL QUESTIONS:

Answer the following questions about this objective:

- A. Considering any disparities identified through community assessment, what sectors of the community have been prioritized or targeted for this objective? Provide rationale.

Renters, particularly low income renters, as they have a higher rate of smoking and higher rates of exposure to second hand smoke.

- B. What types of technical and/or data assistance do you anticipate needing from staff and partners?

LOCAL PROGRAM PLAN FORM

1. BEST PRACTICE OBJECTIVE:

Implement Smokefree Workplace Law

2. SMART OBJECTIVE # 5:

(Write your SMART Objective here. SMART = Specific, Measurable, Achievable, Relevant, Time-bound)

By June 30, 2010, Hood River County will have responded to all complaints of violation of the Smokefree Workplace Law according to the protocol specified in the Delegation Agreement.

3. GOAL AREAS FOR THIS OBJECTIVE:

Check the box for each goal area that this objective will address.

- Eliminate or reduce exposure to secondhand smoke**
- Countering pro-tobacco influences**
- Reduce youth access to tobacco**
- Promote quitting**
- Enforcement of tobacco-related local and state laws**
- Reduce the burden of tobacco-related chronic diseases**

4. ACTIVITIES:

Describe, in detail, your plan for achieving this objective.

- Write specific, measurable and sequenced activities
- Provide a start date and end date for each activity
- Include milestones that can be achieved quarterly

Plan of Action Subcategories:

Category	Activities
Coordination and Collaboration	Kimberly Berry, tobacco coordinator will respond to all complaints of violation, as well as conduct all necessary site visits. In the event that Kim Berry is absent from the office, Maija Yasui, prevention coordinator, will fill in or delegate another person to respond to complaints. In the event of staffing changes, difficulties with WEMS and /or questions about enforcement procedures, Jacqueline

	Villnave will be consulted.
	By November 1, 2009 we will assess compliance with posting required signage by HR County businesses. This will be done as an activity by the Hood River Valley High School Health Media Club.
	By December 1, 2009 , we will review all complaints against HR County businesses.
Community Education and Outreach	By August 1, 2009 , we will attend at least 2 business association meetings to follow up on the success of the new Smokefree Workplace Law.
Earned Media/ Media Advocacy	By January 1, 2010 we will work with Metropolitan Media Group to publicize the 1 year anniversary of the enhanced Smokefree Workplace Law.
Policy Development, Implementation, and Enforcement	By September 1, 2009 Kimberly Berry will develop a written record of Hood River County's internal procedures for responding to Smokefree Workplace Law violations. This will prevent misunderstandings and allow for smoother transitions should there be staffing changes in the tobacco program.

5. CRITICAL QUESTIONS:

Answer the following questions about this objective:

- A. Considering any disparities identified through community assessment, what sectors of the community have been prioritized or targeted for this objective? Provide rationale.

- B. What types of technical and/or data assistance do you anticipate needing from staff and partners?

LOCAL PROGRAM PLAN FORM

1. BEST PRACTICE OBJECTIVE:

Build Capacity for Chronic Disease Prevention

2. SMART OBJECTIVE # 6:

(Write your SMART Objective here. SMART = Specific, Measurable, Achievable, Relevant, Time-bound)

By **June 30, 2010**, Kimberly Berry, TPEP Coordinator will attend 5 TROCD Capacity Building Institutes.

3. GOAL AREAS FOR THIS OBJECTIVE:

Check the box for each goal area that this objective will address.

- Eliminate or reduce exposure to secondhand smoke
- Countering pro-tobacco influences
- Reduce youth access to tobacco
- Promote quitting
- Enforcement of tobacco-related local and state laws
- Reduce the burden of tobacco-related chronic diseases

4. ACTIVITIES:

Describe, in detail, your plan for achieving this objective.

- Write specific, measurable and sequenced activities
- Provide a start date and end date for each activity
- Include milestones that can be achieved quarterly

Plan of Action Subcategories:

Category	Activities	Start and End Dates
Coordination and Collaboration	The TPEP and TROCD programs will coordinate by convening the existing community networks and groups that are working around chronic disease and tobacco related issues. These would include, but not be limited to: Healthy Active Hood River	7/1/09-6/30/10

	County (HAHRC), Hood River County Health Department, School Health Advisory Committee (SHAC), Gorge Grown Foods, Next Door Inc, Providence Hood River Memorial Hospital, Hood River County School District, La Clinica del Carino, local business leaders and elected officials. The individual activities and policies used by these groups will be shaped into one more overarching plan for Hood River County.	
Assessment	The TPEP and TROCD programs will collaborate with Hood River County Health Department, Providence Hood River Memorial Hospital and other stakeholders to conduct a Community Assessment. Existing data will be accessed, such as BRFSS and OHT surveys, census information, county death records and disease incidence, aggregate data on student health from Hood River County School District, and private medical providers. County, city, and community groups will be accessed for information on existing and planned development of facilities and outdoor opportunities for activity, such as sports fields, walking and biking paths, availability to year round physical activity venues.	7/1/09-8/1/09
Community Education and Outreach	The TROCD coordinator will be introduced to existing community groups involved in health and tobacco issues where the Health Department and/or TPEP staff are involved. These contacts will be made in order to facilitate bringing interested parties into the Capacity Building Institute framework.	7/1/09-6/30/10
Earned Media/Media Advocacy	TPEP and TROCD will work with Hood River News and local radio station for coverage of policy related activities. The Health Department has a scheduled date monthly on the radio call-in program. This time can be used for education and support of policy change. The Health Department also does regular articles with the newspaper and will access this media for policy articles also.	7/1/09-6/30/10
Policy Development, Implementation, and Enforcement	The Health Department has worked with the Hood River County Prevention Office and TPEP coordinator in the past on policy around smoking. The Health Department will also contribute	7/1/09-6/30/10

	expertise in the area chronic disease and using assessment information work collaboratively on the development of policy for the community good.	

5. CRITICAL QUESTIONS:

Answer the following questions about this objective:

- A. Considering any disparities identified through community assessment, what sectors of the community have been prioritized or targeted for this objective? Provide rationale.

- B. What types of technical and/or data assistance do you anticipate needing from staff and partners?

LOCAL PROGRAM PLAN FORM

1. BEST PRACTICE OBJECTIVE:

Tobacco Free Head Start/ Child Care Programs

2. SMART OBJECTIVE # 7:

(Write your SMART Objective here. SMART = Specific, Measurable, Achievable, Relevant, Time-bound)

By **June 30, 2010**, all of the Hood River County Head Start Programs will have implemented a model tobacco-free policy and a comprehensive tobacco-free program.

By **June 30, 2010**, at least one other child care center will have adopted and implemented a comprehensive tobacco-free program.

3. GOAL AREAS FOR THIS OBJECTIVE:

Check the box for each goal area that this objective will address.

- Eliminate or reduce exposure to secondhand smoke**
- Countering pro-tobacco influences**
- Reduce youth access to tobacco**
- Promote quitting**
- Enforcement of tobacco-related local and state laws**
- Reduce the burden of tobacco-related chronic diseases**

4. ACTIVITIES:

Describe, in detail, your plan for achieving this objective.

- Write specific, measurable and sequenced activities
- Provide a start date and end date for each activity
- Include milestones that can be achieved quarterly

Plan of Action Subcategories:

Category	Activities
Coordination and Collaboration	By August 1, 2009 Contact Andrew Epstein to discuss assessment of Head Start program in Hood River County
	By September 1, 2009 meet with Head Start Health Specialist to discuss current tobacco policies for area Head Start programs.

Assessment	By August 1, 2009 identify key health personnel for Mid Columbia Children’s Council.
	By November 1, 2009 conduct an assessment of the local Head Start programs using the checklist for “Tobacco-Free Environment” Head Start Model Policy.
	By January 1, 2010 , we will meet with the Health Specialist to assess questions and concerns that could be barriers toward the adoption of a comprehensive tobacco free policy.
Community Education and Outreach	By December 1, 2009 we will share with the Head Start Health Specialist(s) educational messages and activities that may best support comprehensive policy implementation.
	By February 1, 2010 we will share the checklist for “Tobacco-Free Environment” Head Start Model Policy with the director of Bambinos child care center.
	Metropolitan Media Group will be contacted for support as needed.
Policy Development, Implementation, and Enforcement	Assist with signage if needed.
	By February 1, 2010 , we will provide Bambinos child care center with Head Start Model policy.

5. CRITICAL QUESTIONS:

Answer the following questions about this objective:

- A. Considering any disparities identified through community assessment, what sectors of the community have been prioritized or targeted for this objective? Provide rationale.

Lower income families that are heavily targeted by the tobacco industry.

- B. What types of technical and/or data assistance do you anticipate needing from staff and partners?

I will need data regarding local head start programs collected by the ALAO and guidance from Andrew Epstein.

LOCAL PROGRAM PLAN FORM

1. BEST PRACTICE OBJECTIVE:

Tobacco Free Outdoor Venues

2. SMART OBJECTIVE # 9:

(Write your SMART Objective here. SMART = Specific, Measurable, Achievable, Relevant, Time-bound)

By June 30, 2010, the Hood River County Fair will be a tobacco free outdoor event.

3. GOAL AREAS FOR THIS OBJECTIVE:

Check the box for each goal area that this objective will address.

- Eliminate or reduce exposure to secondhand smoke**
- Countering pro-tobacco influences**
- Reduce youth access to tobacco**
- Promote quitting**
- Enforcement of tobacco-related local and state laws**
- Reduce the burden of tobacco-related chronic diseases**

4. ACTIVITIES:

Describe, in detail, your plan for achieving this objective.

- Write specific, measurable and sequenced activities
- Provide a start date and end date for each activity
- Include milestones that can be achieved quarterly

Plan of Action Subcategories:

Category	Activities
Coordination and Collaboration	By November 1, 2009 , we will enlist support for a tobacco free county fair from youth organizations that have a stake in the fair. Wy'east middle school students (fair is adjacent to school property), 4-H, OSU Extension Service, the FFA club.
Assessment	By November 1, 2009 , we will meet with key people who are involved with the county fair to determine support for a tobacco free fair. These people will include 4-H, OSU Extension Service, the FFA club.
Community	By December 1, 2009 , have Wy'east students develop a petition

Education and Outreach	to be signed by key supporters of a tobacco free county fair.
	By February 1, 2010 , attend a fair board meeting with youth from key support groups to educate board on benefits of a tobacco free county fair.
Earned Media/ Media Advocacy	By August 1, 2009 have supporters of tobacco free county fair write support letters to fair board and Hood River News.
	By June 1, 2010 , celebrate the fair's decision in Hood River News.
	By June 1, 2010 , write letters to the editor thanking the fair board.
Policy Development, Implementation, and Enforcement	By September 1, 2009 , provide the fair board with a sample policy.
	By June 1, 2010 provide signage to the fair.

5. CRITICAL QUESTIONS:

Answer the following questions about this objective:

- A. Considering any disparities identified through community assessment, what sectors of the community have been prioritized or targeted for this objective? Provide rationale.

- B. What types of technical and/or data assistance do you anticipate needing from staff and partners?



**HOOD RIVER COUNTY HEALTH
DEPARTMENT**
1109 JUNE STREET
HOOD RIVER, OREGON 97031-2093
PHONE (541) 386-1115 • FAX (541) 386-9181

ENVIRONMENTAL HEALTH (541) 387-6885
WIC (541) 387-6882

May 1, 2009

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

RE: FY 2009/FY 2010 Annual Plan for Hood River County

Dear Mr. Engle:

Enclosed is Hood River County's FY 2009-10 Annual Health Plan for continuing State support of Hood River County's public health responsibilities.

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

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

Sincerely,

Ellen Larsen

Ellen Larsen
Hood River County Health Department Administrator