

Annual Plan  
2010 to 2011



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Wallowa County Health Department  
2010-2011 Annual Plan

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## **I. Executive Summary**

Wallowa County is a rural frontier community in northeastern Oregon. Residents have a great sense of pride in the rural lifestyle and have many benefits to living in this area; however, there are also challenges to living and succeeding in Wallowa County. Wallowa County Health Department is attempting to provide core public health functions and to promote and protect health in Wallowa County with limited funding and staff.

Wallowa County Health department provides a large variety of services including: epidemiology and control of preventable disease and disorders, maternal and child health services, family planning, collection and reporting of health statistics, health information and referral services, emergency preparedness planning, health education and promotion, immunizations, Child Safety Seat distribution, Babies First home visits, CaCoon program for children with disabilities, Tobacco Prevention program, vital statistics registration, environmental health inspections and education, and WIC nutrition supplement and education program. We provide these services and programs with 5 part-time staff members for a total of 3.52 FTE and two contracted personnel. Funding for our programs is comprised of federal and state grants in addition to fees for service. We receive no county general funds.

Because we operate on limited staffing and funding, we are continually exploring ways to increase efficiency, build partnerships within the community, and explore funding options. For the following year, we will continue to provide the basic services that currently exist.

For the following year, some focus areas that the assessment has revealed as a need will include improving childhood immunization rates, addressing access to care issues, participating in a youth issues coalition, implementing a suicide prevention education program, and improving collaboration and partnerships with the medical community.

## **II. Assessment**

### **IIa. Public Health Issues & Needs**

The following data sources were used in conducting the comprehensive assessment of Wallowa County:

- U.S. Census data from 2000 and 2008
- Portland State Population Center Data
- County and state reportable disease data from DHS
- County Data Book
- County Blue Book
- EH licensed facility inspection report
- Most recent Family Planning Program Data
- Most recent AFIX data for Wallowa County
- Most recent Vital Statistics Data
- Tobacco Prevention Coordinator's Tobacco Use and Chronic Disease Assessment Report
- Oregon DHS Report on Alcohol, Illicit Drugs and Mental Health in Wallowa County, Oregon 2000 to 2008

- Wallowa County’s Youth Alcohol Attitudes & Use Survey (YAAU) from the Wallowa Valley Together Project.
- Oregon Tobacco Prevention and Education Program’s Wallowa County Tobacco Fact Sheet 2009.
- Oregon Department of Human Services Overweight, Obesity, Physical Activity, and Nutrition Facts published January 2007.
- Oregon Department of Human Services Burden of Asthma in Oregon 2008.
- U.S. Census Bureau 2005 Small Health Insurance Coverage Status for Counties.
- Wallowa County Commission on Children and Families Comprehensive Plan Update January 2006.
- Oregon Progress Board County Rankings

### **Alcohol Use**

According to the DHS Report on Alcohol, Illicit Drugs and Mental Health in Wallowa County, Oregon 2000 to 2008, the rate of death from Alcohol-Induced Disease per 100,000 in Wallowa County was 11 from 2000 to 2004 and 13 from 2001-2005 compared to 13 from 2000-2004 in Oregon and 13 from 2001-2005 in Oregon. According to the same DHS report, 7% of persons ages 12 and older both in the county and in Oregon had alcohol dependence or abuse in the past year from 2004-2006. From 2004 to 2007, 56% of women and 61% of men age 18 and older reported alcohol use in the past 30 days. From 2004-2007, 21% of females over 18 and 36% of males of that age reported Binge drinking in the past 30 days compared to 10% females in Oregon and 22% males in Oregon. According to the DHS report, in Wallowa County 2006, 33% of 8<sup>th</sup> graders reported drinking alcohol on one or more occasions in the past 30 days and 57% of 11<sup>th</sup> graders; the state rate was 32% for 8<sup>th</sup> graders and 44% for 11<sup>th</sup> graders. In regards to binge drinking by youth in 2006, Wallowa County 8<sup>th</sup> graders reported 13%, Wallowa County 11<sup>th</sup> graders were 44%, Oregon 8<sup>th</sup> graders reported 13%, and Oregon 11<sup>th</sup> graders reported 25%. In 2006, Wallowa County 11<sup>th</sup> graders showed 11% of youth who drove when they had been drinking and Oregon results showed 8%. DHS 2006 reports showed 28% of Wallowa County 8<sup>th</sup> graders reported they were less than 11 years old when they drank for the first time and 20% for Oregon. The 2006 DHS data show 93% of Wallowa County and 80% of Oregon 11<sup>th</sup> graders reporting that it is “Sort of Easy” or “Very Easy” to get some beer, wine, or hard liquor.

The Wallowa Valley Together Project conducted a survey, abbreviated as the YAAU survey, in May and June of 2008 of 8-12 grades. The following results are pulled from that survey. 36.55% of students felt that about half of Wallowa County youth drink alcohol at least once a week and 20.68% chose “Most of them” drink alcohol at least once per week. 29.65% reported that youth their age in Wallowa County typically drink every weekend, 7.58% chose more than 2 days per week, 10.34% once a week, 22.75% a few times a month, 4.82% once or twice a month, 2.75% a few times a year, 2.75% once or twice a year, 2.06% never, 17.93% no answer. When asked how often they typically drink alcohol, 8.96% reported more than 2 days per week, 9.85% once a week, 11.72% a few times a month, 8.27% once a month, 15.86% one or two times a year, 24.13% don’t drink alcohol, and 21.37% had no answer. When asked where they usually get alcohol, 10.34% reported from parent(s)/guardian(s), 6.33% friends parent(s)/guardian(s), 4.13%

from their house or friend's house without parent/guardian permission, 6.33% from friends who are under 21 and have a way to buy it, 13.79% from people they know over 21, .68% ask a stranger, 0 buy, 3.44% steal it, 7.58% other, 28.96% report they don't drink alcohol, 19.31% no answer. When asked about peer pressure to use alcohol, 6.89% often felt it, 24.13% sometimes, 28.27% rarely, 35.17% never, and 5.63% no answer. When asked if they use other drugs with alcohol, 4.13% used stimulants with alcohol, 2.06% used opiates, .68% used hallucinogens, .68% club drugs, 2.06% inhalants, 0% sleep or anti-anxiety medications, 11.03% used marijuana, 8.27% two or more of the categories, 42.06% none at all, 22.06% reported they do not use alcohol, 8.96% no answer.

According to the Oregon Progress Board 2005 data, the rate of alcohol use during pregnancy in Wallowa County was 4.4% compared to 1.4% in rural areas and 1.3% for Oregon.

*Summary: Alcohol use in adults and youth in Wallowa County is more prominent than in the state of Oregon.*

### **Asthma**

The Oregon Department of Human Services Burden of Asthma in Oregon 2008 report lists Wallowa County percentage of adults with asthma as 6.9% compared to Oregon's 9.3%. Data for youth in Wallowa County was not reported due to small numbers, but for Oregon 10.2% of 8<sup>th</sup> graders, 10.4% of 11<sup>th</sup> graders had asthma. Asthma hospital discharge rates per 10,000 residents was 8.4 in Wallowa County with 36 hospitalizations and 6.6 with 11,835 hospitalizations in Oregon.

*Summary: Asthma rates in the county are similar to those of Oregon.*

### **Child Abuse and Domestic Violence**

Oregon DHS reports that in 2005 the rate of domestic disturbance offences per 10,000 was 4 in Wallowa and 47 in Oregon.

According to the 2006 Status of Oregon's Children report, 34 children are victims of child abuse/neglect, 50% of the victims of abuse/neglect are under age 6, and 18 children in the county had been in foster care at least once during the past year. In this same report, abuse and neglect victims per 1,000 ages 0-17 in Wallowa County was a total number of 29, rate of 19.2 compared to an average rate in the previous 5 years of 6.3; this number was 178% worse than Oregon.

*Summary: Child abuse is greater in the county than found in Oregon. Domestic violence rates are lower than in Oregon.*

### **Child Well-being**

In the Oregon Progress Board County Rankings 2005, Wallowa County ranked 6<sup>th</sup> out of 33 counties in the overall child well-being index. Other indicators included: 5/33 in prenatal care, 29/33 for 8<sup>th</sup> grade alcohol use, 7/33 for child abuse, 22/33 for smoking in pregnancy, 3/33 for teen pregnancy.

*Summary: Teen pregnancy, overall child well-being, prenatal care, and child abuse rates in Wallowa County are better than state averages; however, 8<sup>th</sup> grade alcohol use and smoking in pregnancy are greater in Wallowa County than Oregon.*

### **Communicable Disease**

The 2007 Oregon Department of Human Services Communicable Disease Summary reports 2 AIDS/HIV, 6 Chlamydia, 2 Giardiasis, and 1 West Nile case.

*Summary: Communicable disease rates are low in Wallowa County.*

### **Crime**

Wallowa County typically has a low crime rate. In 2006 the rate of crimes against persons per 10,000 was 41 in the county compared to 111 in Oregon. In 2006 the Wallowa County rate of property crimes was 228 per 10,000 population and Oregon's rate was 579 per 10,000 population.

According to the Oregon Progress Board, in 2005 Wallowa County ranked 9<sup>th</sup> out of 33 counties for the overall public safety index. Overall crime ranking was 6/33 and juvenile arrests rank was 11/33.

*Summary: Wallowa County typically has a low crime rate.*

### **Drug Use**

According to Oregon DHS, the rate of death from drug-induced causes in Wallowa County 2001-2005 was 7 per 100,000 and 12 per 100,000 in Oregon. In 2004-2006 3% of Wallowa County persons 12 and older and 3% of Oregonians 12 and older reported drug dependence or abuse. In 2002-2004 22% of Wallowa County persons age 18 to 55 and 22% of Oregon 18-55 year olds reported marijuana or hashish use in the past 30 days, 9% of Wallowa County and 9% of Oregon 18-55 year olds used illicit drugs other than marijuana. For persons 26 and older, in Wallowa County 5% used marijuana or hashish and 6% of Oregonians of that age group reported use, 2% of Wallowa County and 3% of Oregon 26 and older used illicit drugs other than marijuana. In 2006, 4% of Wallowa County and 10% of Oregon 8<sup>th</sup> graders reported marijuana use one or more times in the last 30 days, and 30% of Wallowa County and 19% of Oregon 11<sup>th</sup> graders reported marijuana use. For 2006, 0 8<sup>th</sup> and 11<sup>th</sup> graders in Wallowa County reported illicit drug use. In 2004, 8% of Wallowa County 8<sup>th</sup> graders and 2% of 11<sup>th</sup> graders compared to 6% of Oregon 8<sup>th</sup> graders and 2% of Oregon 11<sup>th</sup> graders reported use of inhalants. For prescription drug use, Wallowa County 11<sup>th</sup> graders reported 22% in 2006 compared to 6% in Oregon. 0% of Wallowa 8<sup>th</sup> graders and 3% of Oregon 8<sup>th</sup> graders reported prescription drug use in 2006. 0% of Wallowa County 8<sup>th</sup> and 11<sup>th</sup> graders reported Stimulant use in 2006.

*Summary: 11<sup>th</sup> grade marijuana use and 11<sup>th</sup> grade prescription drug use are greater than in Oregon. Other rates of drug use are similar to that of the state average.*

### **Education**

According to the Oregon Progress Board, in 2005 the educational index ranking all Oregon Counties showed excellent results for Wallowa County. Wallowa was ranked

1/33 for high school drop out rate, 1/33 for 8<sup>th</sup> grade reading, 3/33 for 8<sup>th</sup> grade math, 2/33 for 3<sup>rd</sup> grade reading, 12/33 for 3<sup>rd</sup> grade math, and 1/33 for overall education index.  
*Summary: Education in Wallowa County is ranked very well.*

### **Emergency Preparedness**

The greatest emergency risks in Wallowa County include motor vehicle accidents with multiple victims, drought, floods, landslides, severe weather, and other natural incidents.

### **Environmental Health**

There were 98 licensed food, pool/spa, and tourist facilities in 2007. 42 foodhandler cards were issued. One contracted Environmental Health Specialist provides inspections and services for these facilities.

*Summary: adequate services are available. There is a low incidence of foodborne illness.*

### **Geography**

Wallowa County covers approximately 3,145.34 square miles with 2.3 persons per square mile. The county is located in the Northeastern corner of Oregon. Travel by two-lane highway of five hours or more is required to reach larger cities within the state. We are bordered by Baker County, Oregon, Union County, Oregon and Asotin County, Washington.

*Summary: Transportation can be a barrier in Wallowa County due to expense, distance, terrain, and severe weather conditions.*

### **Health Insurance Coverage**

The 2005 Health Insurance Coverage Status for Counties report from the U.S. Census Bureau lists 3,876 persons in Wallowa County as insured and 1576 uninsured, for a rate of 28.9% uninsured. The U.S. uninsured rate in 2005 was 17.2%. This study assessed 5,452 persons which was not the entire population of approximately 7100 people. This data was reported for persons at all income levels and both sexes under age 65 years.

*Summary: High uninsured rates threaten the ability for resident to seek healthcare.*

### **Immunizations**

The up-to-date rates for Two year olds in Wallowa County in 2007 was 71.8% compared to a state average of 74.1%. Barriers to immunizations may include: lack of transportation, misinformation regarding immunizations, personal/religious beliefs contraindicating vaccination, and parent work schedules prohibiting keeping appointments.

*Summary: Immunization rates in Wallowa County are lower than the state average.*

### **Mental Health**

Oregon DHS reports in Wallowa County 2004-2006 9% of 18 or older persons had a major depressive episode in the past year and 9% in Oregon reported the same. During the same time period, 12% of Wallowa and 12% of Oregon persons 18 and older, 11% of Wallowa and 24% of Oregon 8<sup>th</sup> graders, 31% of Wallowa and 28% Oregon 11<sup>th</sup> graders, had serious psychological distress within the past year. In 2006, 6% of Wallowa and

15% of Oregon 8<sup>th</sup> graders, 22% of Wallowa and 20% of Oregon 11<sup>th</sup> graders, reported having had a depressive episode in the past year. In 2006 the percent of kindergarteners with adequate social/emotional development was 96% in Wallowa and 93% in Oregon. *Summary: Rates of depression are comparable to Oregon. Services are available in the County. According to reports from community partners, gaps in service include aftercare for drug and alcohol addiction services.*

### **Mortality**

2008 preliminary data from DHS reports 77 deaths with 71 from natural causes, 5 accidents, 1 suicide, 0 homicides. The Oregon Vital Statistics County Data 2005 reports deaths in Wallowa County as being comprised of 76 total deaths, 18 from cancer, 23 heart disease, 3 cerebrovascular disease, 4 chronic lower respiratory disease, 4 unintentional injuries, 3 Alzheimer's, 2 diabetes, 1 flu & pneumonia, 1 suicide, 2 alcohol induced, 2 hypertension, 1 benign neoplasm, 1 septicemia, 1 pneumonia due to solids and liquids, 1 amyotrophic lateral sclerosis, 2 viral hepatitis.

According to the DHS Report on Alcohol, Illicit Drugs and Mental Health in Wallowa County, Oregon 2000 to 2008, motor vehicle crashes are a leading cause of death in Oregon, especially among persons 5 to 34 years old. From 2000 to 2004 the rate of death from Motor Vehicle Crashes in Wallowa County was 17 per 100,000 and 14 per 100,000 in Oregon. From 2001 to 2005 the Motor Vehicle Death Rate in Wallowa County was 19 per 100,000 compared to 14 per 100,000 in Oregon. For Wallowa County in 2000-2004 20% of the motor vehicle deaths were alcohol-involved with 38% alcohol-involved in Oregon. From 2001-2005 17% of motor vehicle deaths in the county were alcohol-involved and 37% of Oregon's deaths by motor vehicle were alcohol-involved.

*Summary: Leading causes of death are heart disease, cancer, tobacco-related illnesses, and motor vehicle accidents.*

### **Obesity**

Oregon Department of Human Services Burden of Asthma in Oregon 2008 report shows the adult obesity percentage as 10-18.9% in Wallowa County and 22% in Oregon.

The Oregon Department of Human Services Overweight, Obesity, Physical Activity, and Nutrition Facts January 2007 report shows that for Wallowa County adults: 37.1% are overweight, 9.9% are obese, 51.8% met the CDC recommendations for physical activity, 26.1% consumed at least 5 servings of fruits and veggies per day. For Wallowa County 8<sup>th</sup> graders, 14.3% are at risk of overweight, 10.2% are overweight, 72% met the physical activity recommendations, 14.6% consumed at least 5 servings of fruits and veggies. For Wallowa County 11<sup>th</sup> graders, 22.6% were at risk of overweight, 3.1% overweight, 47.4% met physical activity recommendations, 15.1% consumed at least 5 fruits and veggies per day. For all ages, the only modifiable risk factor reported with a statistically significant difference compared to Oregon was the adult obesity rate of 9.9% compared to Oregon's 22.1%.

*Summary: Obesity in Wallowa County is less prevalent than in Oregon overall.*

### **Population**

According to the Population Research Center, the population in July 2008 was 7,113 people. 18.8% of the population was in the 0-17 year old age group, 60.1% ages 18-64, and 21.1% 65 and older. The age ranges for Oregon were 23.3% 0-17 years, 63.8% 18-64 years, and 12.9% 65 and older. According to the U.S. Census Bureau, in 2007 97.2% of Wallowa County population was white, 0.1% Black, 0.8% American Indian and Alaska Native, 0.3% Asian. 2.6% of the population was of Hispanic or Latino Origin and 94.7% non-Hispanic. 2.5% of households spoke a language other than English at home.

### **Reproduction**

In 2007 48 infants were born with 45, or 93.8%, reporting to have had adequate prenatal care, and 3, or 6.3%, with inadequate care. The state average is 93.6% with adequate prenatal care and 6.4% without adequate care. The preliminary 2008 report shows 63 births with 1 born to mother age 18-19 and 62 born to mothers 20 years and older.

*Prenatal care and teen pregnancy rates in Wallowa County are very desirable.*

### **Socio-Economic Status**

Wallowa County is traditionally dependant on timber, farming, ranching, and tourism. According to the 2009 Real Estate Center at Texas A&M University, the estimated unemployment rate for February 2009 in Wallowa County is 15.8% with approximately 2,988 unemployed persons. Wallowa County has a large number of seasonal jobs and jobs without benefits for families.

The median household income in 2007 reported by the U.S. Census Bureau was \$38,677 compared to Oregon's \$48,735. 14.4% of persons were below the poverty level in 2007. The home ownership rate in 2000 was 71.8% with a median value of owner-occupied housing units in 2000 of \$111,300.

In the Oregon Progress Report County Rankings 2005, the county rankings for economy index for all Oregon counties places Wallowa County at 16<sup>th</sup> out of 33 for net job growth/loss, 23/33 for per capita income, 33/33 for wages, 29/33 for unemployment, and 29/33 for overall economy index. This data was father for the year 2005.

*Summary: The economic status in Wallowa County is poor with many households living in poverty.*

### **Suicide**

The Oregon DHS Report on Alcohol, Illicit Drugs, and Mental Health in Wallowa County, Oregon 2000 to 2008, reports a rate of suicide per 100,000 in 200-2004 of 17 for Wallowa County and 15 for Oregon. In 2001-2005 the Wallowa County suicide rate was 18 and 15 in Oregon. DHS reports that in 2006 7% of Wallowa County and 5% of Oregon 8<sup>th</sup> graders attempted suicide within the past year. In 2004 15% of Wallowa County and 8% of Oregon 8<sup>th</sup> graders attempted. For 11<sup>th</sup> grade, the percent of youth attempting suicide in 2006 was 6% for Wallowa and 5% for the state. In 2004 14% of Wallowa 11<sup>th</sup> graders and 5% of Oregon 11<sup>th</sup> graders reported attempting suicide within the past year.

*Summary: Suicide rates in Wallowa County are higher than the state average.*

## **Tobacco Use**

The 2009 Wallowa County Tobacco Fact Sheet from the Oregon DHS Tobacco Prevention and Education Program reports tobacco's toll on Wallowa County in one year as 682 adults who regularly smoke cigarettes, 371 people suffering from a serious illness caused by tobacco use, 19 deaths from tobacco use which is 26% of the total county deaths, \$3 million spent on medical care for tobacco-related illnesses, and over \$3 million in productivity lost due to tobacco-related deaths. Tobacco use was reported as 12% of adults in Wallowa County smoking cigarettes and 26% using smokeless tobacco compared to 19% cigarette and 6% smokeless in Oregon. In 2007, Wallowa County had 19% of infants born to mothers who used tobacco in pregnancy compared to 12% in Oregon and 11% in the U.S.

The 2005 the Oregon Progress Board reports that 18.7% of Wallowa County pregnancy women used tobacco during pregnancy compared to 18.4% in rural areas and 12.3% in Oregon.

*Summary: Smoking in Wallowa County has a large impact on health and the cost of healthcare.*

## **Iib. Adequacy of Local Public Health Service**

**Babies First!:** From January 1, 2009 to December 31, 2009 one family was served with 16 visits. From July 2007 to June 2008 3 children/families were served. In 2006, 2 children/families were served.

**CaCoon:** from July 2007 to June 2008 1 child/family was served with 25 visits. No children/families are currently being served in FY 2010.

**Car Seats:** from July 2009 to April 22, 2010 27 car seats were distributed.

**Dental Services:** All children in the WIC program are given toothbrushes at WIC certifications every 6 months. Parents are advised to have at least one appointment with a dentist by age three. Information and education regarding bottle mouth decay, not allowing infants to take a bottle to bed, not giving juice in a bottle, and reduction of high-sugar-drinks for children is provided to WIC, Babies First!, and CaCoon parents. Two of the local public schools utilize the King Fluoride program to provide free fluoride rinse and toothbrushes during school hours to students.

**Family Planning:** from July 2007 to 2008 there were 412 visits, 228 clients, 85 new to the program, 73 estimated pregnancies prevented. There were 251 clients in 2006.

**Flu shots:** In the 2009-2010 flu season, 390 doses of flu vaccine were administered. 148 doses of H1N1 nasal mist were administered at Points of Dispensing (PODS) set up at local public schools.

**Immunizations:** from July 2007 to June 2008 621 vaccinations were given. In 2005 850 were given. The Oregon immunization alert report shows that unduplicated clients were

as follows: 329 in 2008, 854 in 2007, 985 in 2006, 428 in 2005, and 479 in 2004. The Oregon Immunization Program reports an up-to-date rate for two year olds as 71.8% in Wallowa County and 74.1% for Oregon in 2007, 74.2% for Wallowa County and 71% for Oregon in 2006. The 2008 Annual Assessment of Immunization Rates and Practices report from the Oregon State Immunization program reports the health department up-to-date by 24 months of age as 52%, up-to-date but not by 24 months 14%, and up-to-date by 12/1/2008 as 67%. The percent of the population of children assessed to the births in the county that were served by the health department was 45% in 2006, 33% in 2007, and 24% in 2008. Our up to date rate has increased from 2007 to 2008, the missed shots rate decreased from 2007 to 2008, and the late starts decreased from 2007 to 2008. The single vaccine rates for the health department in 2008 were 67% DTaP4, 90% polio, 95% MMR1, 86% Hib3, 95% HepB3, 81% Varicella1, PCV71 81%, PCV72 81%, PCV73 76%, PCV74 71%, HepA1 48%, HepA2 19%. The 2010 Healthy People goal for each individual antigen is 90% UTD at 24 months of age. Herd immunity is achieved for many vaccine preventable diseases at a coverage rate of 90%.

**WIC:** 244 participants from 103 families were served in 2009. \$79,966 was spent at local stores with food instruments in 2009. There were 156 participants in August 2008 with an assigned caseload of 135. \$97,920 spent at the stores in food intruments for 2007. In April 2009, the participating caseload had been maintained at above 100% for a period of time; therefore, our assigned caseload was increased from 135 to 145.

### **Iic. Provision of Five Basic Services**

- a. Epidemiology and control of preventable diseases and disorders:  
24/7 communication procedures are in place for response to diseases and emergencies. All state guidelines and procedures are followed for disease investigation. Three staff are available with CD 101 training, one staff with CD 303, and three staff with ICS training.
  
- b. Parent and child health services, including family planning clinics:  
Wallowa County Health Department provides family planning, Oregon Mother's Care, Babies First, CaCoon, Immunization, and Perinatal Health (Maternity Case Management) services. In addition, we have a Car Passenger Safety Seat program, provide classes to 5<sup>th</sup> and 6<sup>th</sup> grade students in Wallowa for Puberty Education, Provide Suicide Response Classes to the local schools and are working in collaboration with partners to train schools, participate in local Multidisciplinary Team meetings to reduce child abuse, provide classes as requested by schools for sex education. Our services are very adequate for Parent and Child Health Services. See individual programs in IIb, for services data.
  
- c. Collection and reporting of health statistics:  
Vital statistics services for birth and death recording and registration are provided. We currently have four registered staff that are able to complete vital statistics duties. We also entered data for immunizations, Babies First,

CaCoon, WIC, Oregon Mother's Care, Family Planning into the state data systems.

d. Health information and referral:

Wallowa County Health Department has a vast array of resources and health information available. If information that is being sought is unavailable, clients are referred appropriately or the information is gathered and forwarded to clients.

e. Environmental health services:

Food services and traveler's accommodation inspections and licensing are completed by Wallowa County Health Department via contract with an Environmental Health Specialist. Contact via cell phone is available for patients to gather information from the contracted provider and site visits are completed as necessary.

**IId. Adequacy of Other Community Services**

a. Older adult health:

A large amount of health information related to older adult health is available through the health department. Blood pressure checks are available on walk-in, no-charge basis. A diabetes lending library is also available.

b. Suicide Prevention:

In May 2009, the RESPONSE program for youth suicide prevention was implemented in the Wallowa School 7<sup>th</sup> and 8<sup>th</sup> grade classes as well as in-service training for the Wallowa Staff. For the 2009-2010 school year, no RESPONSE classes were completed.

### III. Action Plan

#### 1) Epidemiology and Control of Preventable Diseases and Disorders

##### a. Communicable Disease Investigation and Control

<b>Time Period: July 2010 to June 2011</b>				
<b>GOAL: To respond to 100% of communicable disease cases and outbreaks.</b>				
<b>Objectives</b>	<b>Plan for Methods/ Activities/Practice</b>	<b>Outcome Measure(s)</b>	<b>Outcome Measure(s) Results</b>	<b>Progress Notes</b>
A. Develop depth in CD Nurse Epidemiology and investigation	CD nurse will complete CD 303	Completion of CD 303		
B. Maintain 24/7 contact capabilities.	1. A CD 101 person will be on call 24/7 via pager. 2. Answering machine will instruct callers in 24/7 contact information.	Quarterly 24-7 testing		
<b>Time Period: July 2010 to June 2011</b>				
<b>GOAL: To protect the health of the community.</b>				
<b>Objectives</b>	<b>Plan for Methods/ Activities/Practice</b>	<b>Outcome Measure(s)</b>	<b>Outcome Measure(s) Results</b>	<b>Progress Notes</b>
A .Increase disease reporting by local service providers	Distribute a disease reporting job action sheet to local providers.	% of local providers receiving job action sheet		

<b>Time Period: July 2010 to June 2011</b>				
<b>GOAL: To respond to 100% of communicable disease cases and outbreaks.</b>				
<b>B.</b> Complete disease surveillance, investigation, and response measures according to contract requirements.	1. Disease investigation will be conducted according to contract requirements. 2. Disease investigation and management will be provided for non-outbreak cases. 3. Collaboration with community providers will occur during all disease investigations.	1. 90% of suspected outbreaks will initiate investigation within 24 hrs of report, 95% of outbreaks will be reported to DHS within 24 hrs of receipt of report, reports on 100% of investigations will be sent to DHS within 30 days after investigation. 2. 90% of reported cases will be sent to DHS within specified timeframes, 95% of cases will be investigated and contact identification initiated within DHS' specified timeframes, 100% of case report forms will be sent to DHS by the end of the calendar week, information and follow-up will be provided to 100% of exposed contacts. 3. # of providers contacted		

b. Tuberculosis Case Management

<b>Time Period: July 2010 to June 2011</b>				
<b>GOAL: To provide case management to active TB cases, including Directly Observed Therapy.</b>				
<b>Objectives</b>	<b>Plan for Methods/Activities/Practice</b>	<b>Outcome Measure(s)</b>	<b>Outcome Measure(s) Results</b>	<b>Progress Notes</b>

<b>Time Period: July 2010 to June 2011</b>				
<b>GOAL: To provide case management to active TB cases, including Directly Observed Therapy.</b>				
A Maintain adequate TB case management protocols.	1. Update TB protocols. 2. Disseminate protocols to CD staff.	1. Staff will report increased knowledge of TB case management.  2. Compliance during the Triennial Review in August 2009.		

c. Tobacco Prevention, Education, and Control

d. Chronic Disease Prevention

<b>Time Period: July 2010 to June 2011</b>				
<b>GOAL: Reduce the burden of chronic disease most closely linked to physical inactivity, poor nutrition, and tobacco use.</b>				
Objectives	Plan for Methods/Activities/Practice	Outcome Measure(s)	Outcome Measure(s) Results	Progress Notes
A Complete a community assessment of chronic disease burden.	1. Assess available data. 2. Share data with staff, county commissioners, and community partners.	Evaluation of data.		
B. Increase community awareness of the burden of chronic disease.	1. Conduct 2 media outreaches with chronic disease information.	# of outreach activities completed, description		

## 2) Parent and Child Health Services

a. MCH Block Grant

<b>Time Period: June 2010 to July 2011</b>				
<b>GOAL: To maintain a teen pregnancy rate lower than the state average.</b>				
Objectives	Plan for Methods/Activities/Practice	Outcome Measure(s)	Outcome Measure(s) Results	Progress Notes

**Time Period: June 2010 to July 2011**

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

<p><b>A.</b> Serve as an active participant in the Teen Issues Coalition.</p>	<p>1. Attend quarterly meetings. 2. Participate in teen pregnancy prevention month activities.</p>	<p>1. Attendance of meetings 2. Completion of activity</p>		
<p><b>B.</b> Increase public awareness and education related to Teen Pregnancy.</p>	<p>1. Conduct a media campaign to increase awareness of the issue. 2. Provide teen pregnancy statistics to the Teen Issues Coalition annually. 3. Conduct an activity for teen pregnancy prevention month.</p>	<p>1. Media materials published 2. Teen Issues Coalition feedback 3. Completion of activity</p>		
<p><b>C.</b> Enhance health department services to decrease the teen pregnancy rate.</p>	<p>1. Provide birth control methods and appropriate counseling to all teen requesting it. 2. Provide emergency contraception to all teens who have had unprotected sex within 72 hours. 3. Place condoms in the bathroom that can be obtained in a private manner. 4. Provide free condoms and education for proper use to all person requesting them. 5. Provide free condoms to be distributed by the juvenile department.</p>	<p>1. # teens served 2. # pregnancies averted 3. # clients issued Plan B 4 &amp; 5. # condoms distributed</p>		
<p><b>D.</b> Provide Sex education to teens.</p>	<p>1. Assess school and community readiness for sex education. 2. Evaluate available evidenced based programs. 3. Select and acquire an evidenced based program that is approved by schools and the community 4. Train staff for implementation of program</p>	<p>1. # schools and community members providing input 2. # evidence based programs evaluated 3. Was a program acquired? 4. # of staff prepared to take program to schools/community</p>		

<b>Time Period: June 2010 to July 2011</b>				
<b>GOAL: To maintain a teen pregnancy rate lower than the state average.</b>				
E. Educate 5th and 6 <sup>th</sup> graders about changes of puberty.	1. Complete a Puberty Education Class in Wallowa 5 <sup>th</sup> & 6 <sup>th</sup> grade classes. 2. Offer Puberty Education classes to Enterprise and Joseph schools 3. Complete Puberty Education class in Enterprise and Joseph if accepted	1. Students questions will be answered.  2. Were Enterprise and Joseph Schools Contacted?  3. List of schools class was implemented in		

b. Babies First!

<b>Time Period: July 2010 to June 2011</b>				
<b>GOAL: Improve the early detection of infants and young children at risk of developmental delay and other health related issues.</b>				
<b>Objectives</b>	<b>Plan for Methods/Activities/Practice</b>	<b>Outcome Measure(s)</b>	<b>Outcome Measure(s) Results</b>	<b>Progress Notes</b>
A. Increase participation in the Babies First! Program	1. "Baby Bags" will be distributed to all WC births with the HD brochure and contact information. 2. Promote the program to all WIC participants. 3. Conduct media campaign to inform public of the program. 4. Incentives for program participation will be explored such as blankets for babies, drawings, etc.	1. # of Bags distributed to the hospital 2. # clients served 3. # new clients 4. Goal is to maintain a caseload of 5-8 clients.		

<p><b>B.</b> Implement early screening for physical, developmental, and emotional health of infants.</p>	<p>1. Complete developmental, vision, hearing, health, and nutrition screenings according to program guidelines. 2. Partner with BHF and EI to offer county-wide screenings.</p>	<p>1. # of screenings completed. 2. Chart reviews. 3. ORCHIDS data.</p>		
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**Time Period: July 2010 to June 2011**

**GOAL: Assist families to identify and access community resources.**

Objectives	Plan for Methods/Activities/Practice	Outcome Measure(s)	Outcome Measure(s) Results	Progress Notes
<p><b>A.</b> Maintain appropriate referral capacities.</p>	<p>1. Collaborate with community healthcare providers and partner agencies for referral processes. 2. Document all referrals and follow-up in participant charts.</p>	<p>1# of referrals. 2. Referral follow-ups made. 3. Feedback from healthcare providers and community partners.</p>		

**Time Period: July 2010 to June 2011**

**GOAL: Promote positive parent-child interactions as well as parent education and support.**

Objectives	Plan for Methods/Activities/Practice	Outcome Measure(s)	Outcome Measure(s) Results	Progress Notes
<p><b>B.</b> Provide education and information to parents and guardians regarding development, physical health, and nutrition.</p>	<p>1. Offer breastfeeding support to mother's. 2. Discuss nutrition status and best practices with participants. 3. Offer activities relevant to developmental stages. 4. Discuss findings of all screenings conduct.</p>	<p>Chart review, ORCHIDS data</p>		

<b>Time Period: July 2010 to June 2011</b>				
<b>GOAL: Promote positive parent-child interactions as well as parent education and support.</b>				
<b>B.</b> Promote literacy and parent-child reading activities.	1. Host story time at the health department in collaboration with the Wallowa County Library to model parent-child interaction and promote literacy. Schedule story time in conjunction with WIC days quarterly. 2. Distribute "Book Bags" from the county library with books and activities for families.	# if storytimes completed, # of children attending		

c. CaCoon

<b>Time Period: July 2010 to June 2011</b>				
<b>GOAL: To assist families with children with disabilities in accessing health care.</b>				
<b>Objectives</b>	<b>Plan for Methods/Activities/Practice</b>	<b>Outcome Measure(s)</b>	<b>Outcome Measure(s) Results</b>	<b>Progress Notes</b>
<b>A.</b> Provide case management for families with a child under 21 with a disability.	1. Follow all program policies for delivery of services. 2. Assist families with referrals to specialized medical care, contacting providers, arranging travel, managing multiple care providers, scheduling organization, etc.			

d. Child Passenger Safety

<b>Time Period: July 2010 to June 2011</b>				
<b>GOAL: To prevent traffic fatalities of children under the age of 8.</b>				
<b>Objectives</b>	<b>Plan for Methods/Activities/Practice</b>	<b>Outcome Measure(s)</b>	<b>Outcome Measure(s) Results</b>	<b>Progress Notes</b>

<b>Time Period: July 2010 to June 2011</b>				
<b>GOAL: To prevent traffic fatalities of children under the age of 8.</b>				
<b>A.</b> Decrease barriers to obtaining approved child passenger safety seats in Wallowa County.	1. Work with ODOT to purchase safety seats and maintain adequate stock. 2. Offer safety seats on a sliding scale basis to decrease financial barriers.	# of car seats issued		
<b>B.</b> Eliminate inappropriate use and outdated or dysfunctional car seat use.	1. Host bi-monthly car seat clinics to check installations. 2. Offer installation for all persons purchasing car seats. 3. Offer walk-in car seat checks.	# of car seats discontinued from use and replaced with new car seats		
<b>C.</b> Ensure qualified personnel are available for car seat education and installation checks.	1. Maintain CPS certification for a minimum of 2 staff.	# certified staff		

e. Perinatal Health

<b>Time Period: July 2010 to June 2011</b>				
<b>GOAL: To improve the health of pregnant women.</b>				
<b>Objectives</b>	<b>Plan for Methods/Activities/Practice</b>	<b>Outcome Measure(s)</b>	<b>Outcome Measure(s) Results</b>	<b>Progress Notes</b>
<b>A.</b> Provide Maternity Case Management.	1. Enroll all interested pregnant women in the MCM home visiting program. 2. Follow Program policies.			

f. Women, Infants, Children

## FY 2010 - 2011 WIC Nutrition Education Plan Form

**County/Agency:** Wallowa County Health Department

**Person Completing Form:** Laina Fisher

**Date:** April 22, 2010

**Phone Number:** (541) 426-4848

**Email Address:** lfisher@co.wallowa.or.us

Return this form electronically (attached to email) to: [sara.e.sloan@state.or.us](mailto:sara.e.sloan@state.or.us)  
by May 1, 2010  
Sara Sloan, 971-673-0043

**Goal 1: Oregon WIC Staff will continue to develop their knowledge, skills and abilities for providing quality participant centered services.**

**Year 1 Objective:** During planning period, staff will learn and utilize participant centered education skills and strategies in group settings.

**Activity 1:** WIC Training Supervisors will complete the Participant Centered Education e-Learning Modules by July 31, 2010.

**Implementation Plan and Timeline:**

The WIC Coordinator and certifier will complete the Participant Centered Education e-learning Modules in June 2010 and document completion in TWIST.

**Activity 2:** WIC Certifiers who participated in Oregon WIC Listens training 2007-2009 will pass the posttest of the Participant Centered Education e-Learning Modules by December 31, 2010.

**Implementation Plan and Timeline:**

The WIC Certifier will be ending employment in April 2010. The new hire will complete the Participant Centered Education e-Learning Modules within 30 days of hire. The Administrator/WIC Coordinator will complete the e-Learning Modules By December 31, 2010.

**Activity 3:** Local agency staff will attend a regional Group Participant Centered Education training in the fall of 2010.

**Note:** The training will be especially valuable for WIC staff who lead group nutrition education activities and staff in-service presentations. Each local agency will send at least one staff person to one regional training. Staff attending this training must pass the posttest of the Participant Centered Education e-Learning Modules by August 31, 2010.

**Implementation Plan and Timeline including possible staff who will attend a regional training:**

The WIC certifier will attend a regional Group Participant Centered Education training in the fall of 2010. The WIC Coordinator will document attendance in the personnel file. The Participant centered Education e-learning Module and the post-test will be completed by August 31, 2010 and documented in TWIST by the Coordinator.

A WIC certifier will need to be hired as the current certifier gave two-weeks notice this week (April 21, 2010). If a new certifier is not hired prior to the training, the WIC Coordinator/Administrator will attend.

**Goal 2: Oregon WIC staff will improve breastfeeding support for women in the prenatal and post partum time period.**

**Year 1 Objective:** During planning period, each agency will identify strategies to enhance their breastfeeding education, promotion and support.

**Activity 1:** Each agency will continue to implement strategies identified on the checklist entitled “Supporting Breastfeeding through Oregon WIC Listens” by March 31, 2011.

**Note:** This checklist was sent as a part of the FY 2009-2010 WIC NE Plan and is attached.

**Implementation Plan and Timeline:**

The WIC Certifier will attend a breastfeeding support training or conduct training online by June 30, 2011.

The WIC coordinator will assess steps needed to become a breastfeeding mother friendly employer and complete the application from July 1, 2010 to June 30, 2011.

**Activity 2:** Local agency breastfeeding education will include evidence-based concepts from the state developed Prenatal and Breastfeeding Class by March 31, 2011.

**Note:** The Prenatal and Breastfeeding Class is currently in development by state staff. This class and supporting resources will be shared at the regional Group Participant Centered Education training in the fall of 2010.

**Implementation Plan and Timeline:**

The WIC certifier will attend the Group Participant Centered Education training in the fall of 2010.

Evidence based concepts from the Prenatal and Breastfeeding class will be incorporated in group education activities and individual counseling of WIC participants by March 31, 2011.

Evidence based concepts from the Prenatal and Breastfeeding class will be shared with other staff.

**Goal 3: Strengthen partnerships with organizations that serve WIC populations and provide nutrition and/or breastfeeding education.**

**Year 1 Objective:** During planning period, each agency will identify organizations in their community that serve WIC participants and develop strategies to enhance partnerships with these organizations by offering opportunities to strengthen their nutrition and/or breastfeeding education.

**Activity 1:** Each agency will invite partners that serve WIC participants and provide nutrition education to attend a regional Group Participant Centered Education training fall 2010.

**Note:** Specific training logistics and registration information will be sent out prior to the trainings.

**Implementation Plan and Timeline:**

The WIC coordinator will invite a minimum of 1 partner serving WIC participants to attend the regional Group Participant Centered Education training.

**Activity 2:** Each agency will invite community partners that provide breastfeeding education to WIC participants to attend a Breastfeeding Basics training and/or complete the online Oregon WIC Breastfeeding Module.

**Note:** Specific Breastfeeding Basics training logistics and registration information will be sent out prior to the trainings. Information about accessing the online Breastfeeding Module will be sent out as soon as it is available.

**Implementation Plan and Timeline:**

The WIC coordinator will invite at least 1 partner to complete the online Oregon WIC Breastfeeding Module by November 30, 2010.

**Goal 4: Oregon WIC staff will increase their understanding of the factors influencing health outcomes in order to provide quality nutrition education.**

**Year 1 Objective:** During planning period, each agency will increase staff understanding of the factors influencing health outcomes.

**Activity 1:** Local agency staff will complete the new online Child Nutrition Module by March 31, 2011.

**Implementation Plan and Timeline:**

The WIC certifier will complete the Child Nutrition Module within 30 days of hire.

The WIC coordinator will complete the new online Child Nutrition Module by February 28, 2011.

**Activity 2:** Identify your agency training supervisor(s) and projected staff quarterly in-service training dates and topics for FY 2010-2011. Complete and return Attachment A by May 1, 2010.

**Agency Training Supervisor(s): Laina Fisher**

**Attachment A**

**FY 2010-2011 WIC Nutrition Education Plan**

**WIC Staff Training Plan – 7/1/2010 through 6/30/2011**

Agency: Wallowa County Health Department

Training Supervisor(s) and Credentials: Laina Fisher, RN

i. Staff Development Planned

Based on planned program initiatives, your program goals, or identified staff needs, what quarterly in-services and or continuing education are planned for existing staff? List the in-services and an objective for quarterly in-services that you plan for July 1, 2010 – June 30, 2011. State provided in-services, trainings and meetings can be included as appropriate.

<b>Quarter</b>	<b>Month</b>	<b>In-Service Topic</b>	<b>In-Service Objective</b>
1	September 2010	Breastfeeding mother friendly employer	Staff will learn the steps required to becoming a breastfeeding friendly employer.
2	November 2010	Participant centered education	Attending staff will share lessons learned at Participant Centered Education training.
3	March 2011	Factors influencing health outcomes	WIC staff will be able to list at least 2 factors influencing health outcomes
4	May 2011	Breastfeeding support	WIC staff will be able to identify at least 2 barriers to breastfeeding and list 2 ways to support breastfeeding in WIC participants

g. Family Planning

**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
<p>Teenage population in need of sex education.</p>	<p>1) Provide puberty education to the community teens.</p>	<p>1) Conduct puberty education classes at 3 out of 3 public schools.</p>	<p># classes conducted</p>
	<p>2) Explore funding and program options for evidence based sex education programs.</p>	<p>1) Apply for additional funding for sex education.                      2) Assess available evidence based sex education programs.                      3) Utilize support from the Teen Issues Committee and BHF Prevention Coordinator for funding exploration, assessment of curriculum, contact with schools &amp; parents, and program development                      4) Conduct assessment and planning meetings with local schools                      5) Staff training with selected curriculum</p>	<p>Funding status, curriculum selection made, # meetings with schools, school acceptance/readiness, staff training documented in personnel files</p>

	3) Provide a sex education class to community teens.	1) Conduct a sex education class in 1 out of 3 public schools during the 2010-2011 school year.	Student & teacher evaluations, completion of class
Barriers to accessing family planning services increases risk of unintended pregnancy	1) Maintain accessible clinic hours.	1) Remain open during the lunch hour.	Clinic hours
	2) Increase program awareness.	1) Conduct local media outreach quarterly. 2) Contact Wallowa County school counselor and health teachers to provide program information. 3) Publish FP clinic information on website	# media outreach activities completed, # of new clients in FY 2010, __ out of __ school health teachers contacted, was Wallowa County school counselor contacted?, was website created and maintained?
	3) Increase referrals to FP program.	1) Meet with 2 out of 2 local medical providers to provide program information.	# meetings with medical providers, # of new clients in FY 2010
Wallowa County residents need high quality clinical family planning services	1) Staff will have current knowledge of clinical family planning services, contraceptives, STIs and treatment, and tests provided in the clinic.	1) At least 1 staff person will attend the annual family planning conference. 2) <b>Contraceptive Updates</b> will be circulated to clinic staff for review	Attendance at annual family planning conference

**Goal # 2 To promote awareness and access to Emergency Contraception among Oregonians at risk for unintended pregnancy.**

Problem Statement	Objective(s)	Planned Activities	Evaluation
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FY 2009 Proportion of visits at which female clients received EC for future use was significantly lower than the state average for LHDs.	1) Increase the proportion of visits at which female clients receive EC for future use by 20%.	1) Offer EC for future use during all annual exams and infections checks. 2) Offer EC for future use during initial counseling of all new clients. 3) Offer EC for future use during all BC refills.	FY 2009 WCHD proportion = 0.0% for teens, 1.6% for adults 20+, 1.2% for total. Desired outcome is a total of 22% or greater.
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h. Immunizations

See Wallowa Imm. Annual Plan 09-2011 submitted separately. Available from Wallowa County Health Department 758 NW 1<sup>st</sup> St, Enterprise, OR 97828, (541) 426-4848.

i. Oregon Mother's Care

<b>Time Period: July 2010 to June 2011</b>				
<b>GOAL: To reduce the number of uninsured pregnant women.</b>				
Objectives	Plan for Methods/Activities/Practice	Outcome Measure(s)	Outcome Measure(s) Results	Progress Notes
A. Reduce barriers to OHP application completion.	1. Maintain at least 1 staff person with the capability of assisting with OHP applications. 2. Assist women in the office by appointment or walk-in. 3. Provide an appointment no later than 5 days after initial inquiry or referral. 4. Fax application directly as indicated in program instructions. 5. Follow up on all pending applications and gather materials to re-submit.	# of births to uninsured mothers		
<b>Time Period: July 2010 to June 2011</b>				
<b>GOAL: To increase the number of women receiving adequate prenatal care.</b>				
Objectives	Plan for Methods/Activities/Practice	Outcome Measure(s)	Outcome Measure(s) Results	Progress Notes

<b>Time Period: July 2010 to June 2011</b>				
<b>GOAL: To reduce the number of uninsured pregnant women.</b>				
A. Increase the number of pregnant women with insurance coverage.	1. Complete OHP applications as described above. 2. If non-eligible to OHP, make referrals.	Census Bureau  data for Uninsured		
B. Increase the number of pregnant women accessing early prenatal care.	1. Provide health care provider information to all pregnant women. 2. Call to schedule 1 <sup>st</sup> appointment as needed.	Vital statistics prenatal care reports		

j. Suicide Prevention

<b>Time Period: July 2010 to June 2011</b>				
<b>GOAL: To decrease the rate of youth suicide.</b>				
Objectives	Plan for Methods/Activities/Practice	Outcome Measure(s)	Outcome Measure(s) Results	Progress Notes
A. Provide Tools to youth for approaching peers they are concerned about.	1. Conduct Response Education Class in Wallowa, Enterprise, and Joseph Jr. High Classes.	Class evaluations		
B. Provide tools to schools for suicide prevention education.	1. Work with schools to identify at least 1 key staff person to refer youth to. 2. Provide in-service Response materials to Wallowa, Enterprise, and Joseph schools. 3. Allow the identified staff person to observe the Response class in order to conduct the class in future years.	Teacher/Staff Feedback		

k. Environmental Health

<b>Time Period: July 2010 to June 2011</b>				
<b>GOAL: To reduce environmental health risk factors with the potential to cause disease outbreaks and illness within Wallowa County.</b>				
Objectives	Plan for Methods/Activities/Practice	Outcome Measure(s)	Outcome Measure(s) Results	Progress Notes

**Time Period: July 2010 to June 2011**

**GOAL: To reduce environmental health risk factors with the potential to cause disease outbreaks and illness within Wallowa County.**

<p><b>A.</b> Public health standards for inspection, licensure, consultation, and complaint investigation for food services, tourist facilities, institutions, and pools/spas will be upheld.</p>	<p>1. A Contract with a licensed Environmental Health Specialist will be maintained for environmental health consultations, inspections, public education, and investigations.</p>	<p>1. # of violations in food service establishments 2. # of complaints received and complaints with follow-up occurring 3. # of FBI outbreaks and investigations. 4. Inspections of at least 90% of facilities were occur. 5. Compliance during the Aug 09 triennial program review.</p>		
<p><b>B.</b> Food service workers will have adequate knowledge of best practices for food handling.</p>	<p>1. Food handler classes will be offered. 2. Referral to online food handler testing will be made.</p>	<p>1. # of food handler cards issued. 2. # of violations in food service establishments.</p>		

1. Health Statistics

**Time Period: July 2010 to June 2011**

**GOAL: Vital statistics registration will be accurate, timely, and consistent with program protocols.**

Objectives	Plan for Methods/	Outcome	Outcome Measure(s)	Progress Notes
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<b>Time Period: July 2010 to June 2011</b>				
<b>GOAL: Vital statistics registration will be accurate, timely, and consistent with program protocols.</b>				
	<b>Activities/Practice</b>	<b>Measure(s)</b>	<b>Results</b>	
<b>A.</b> Staff competency will be maintained for vital statistics registration.	1. Maintain a minimum of two trained Vital Statistics Registrars. 2. Job aids will be developed for completion of birth and death certificate registration.			
<b>B.</b> 100% of birth and death certificates will be reviewed by the County Registrar or Deputy registrar for accuracy and completeness.	1. Protocols and guidelines will be reviewed annually by all registrars.	1. Increased staff knowledge of birth and death certificate issuance requirements. 2. Compliance during the Aug 09 triennial program review.		
<b>C.</b> Requests for birth and death certificates will be filled within 1 working day.	1. All registrars will be competent to ensure staff are always available. 2. Adequate supplies & materials will be stocked to ensure printing capabilities.	1. All registrars will be able to demonstrate the ability to print birth and death certificates.		

m. Information and Referral

<b>Time Period: July 2010 to June 2011</b>				
<b>GOAL: To educate the public regarding health indicators and status.</b>				
<b>Objectives</b>	<b>Plan for Methods/Activities/Practice</b>	<b>Outcome Measure(s)</b>	<b>Outcome Measure(s) Results</b>	<b>Progress Notes</b>
<b>A.</b> Develop a website for Wallowa County Health Department.	1. Work with local contractor for website development. 2. Maintain website.	Completion of functioning website.		
<b>B.</b> Publish health indicators on the health department website.	1. Post most recent data for health indicators on website. 2. Evaluate & update website data annually.	Viewer feedback		

**Time Period: July 2010 to June 2011**

**GOAL: To educate the public regarding health indicators and status.**

**Time Period: July 2010 to June 2011**

**GOAL: Educate Wallowa County residents about health department services.**

Objectives	Plan for Methods/ Activities/Practice	Outcome Measure(s)	Outcome Measure(s) Results	Progress Notes
A. Publish information about programs and services on the website.	1. Post program descriptions, and contact info. 2. Add information about all new services within 30 days of implementation once a functioning website is in place.	Viewer feedback		
B. Maintain and distribute informational brochures for health department services.	1. Assess current services brochure annually and make necessary changes. 2. Maintain brochure supplies at local providers, partner agencies. 3. Display brochures at a minimum of 2 public events per year.	# of brochures distributed annually, # of events attended to promote health department programs		

**Time Period: July 2010 to June 2011**

**GOAL: To disseminate information and educational materials for a wide variety of diseases and conditions.**

Objectives	Plan for Methods/ Activities/Practice	Outcome Measure(s)	Outcome Measure(s) Results	Progress Notes
A. Maintain a variety of brochures and educational materials about vaccinations, diseases, and health conditions available for public dissemination.	1. Review brochures annually.			

**Time Period: July 2010 to June 2011**

**GOAL: To assist residents in accessing community resources.**

A. Maintain a current County Referral List	1. Review our referral list flyer annually.			
B. Maintain a current list of Physical Activity Opportunities.	1. Review the physical activities flyer annually.			

<b>Time Period: July 2010 to June 2011</b>				
<b>GOAL: To educate the public regarding health indicators and status.</b>				
C. Actively participate in community partner collaboration in order to be informed of local resources.	1. Attend quarterly Service integration meetings for reports of partner services and activities.	1. Service integration meeting minutes.		

n. Public Health Emergency Preparedness

<b>Time Period: July 2010 to June 2011</b>				
<b>GOAL: To enhance surge capacity and response capabilities for public health emergencies.</b>				
<b>Objectives</b>	<b>Plan for Methods/ Activities/Practice</b>	<b>Outcome Measure(s)</b>	<b>Outcome Measure(s) Results</b>	<b>Progress Notes</b>
A. Continue analysis and corrections to Emergency operations plans.	1. Evaluate the Wallowa County Basic Plan, Public Health Appendix, Mass Prophylaxis, Chemical, Radiation, Health and Medical Annex, Natural Disasters, Communications Annex, Disease Surveillance, Pandemic Influenza, Behavioral Health Plans annually. 2. Collaborate with Wallowa County Emergency Manager on all developments of new plans and changes to existing plans.	1. Compliance during annual program reviews.		

**Time Period: July 2010 to June 2011**

**GOAL: To enhance surge capacity and response capabilities for public health emergencies.**

<p><b>B.</b> Maintain 24/7 response capabilities.</p>	<p>1. Evaluate the 24/7 communications plan annually.                  2. Test HAN user response bi-monthly.                  3. Test 24/7 communications quarterly.                  4. Contact the Sheriff's office to check contact information and protocols quarterly.</p>	<p>1. 95% of reports must be evaluated and acted on within 15 minutes.                  2. Changes in staff contact info reflected in HAN within 7 days                  3. 98% of staff have accurate user profiles in HAN.                  4. 90% of staff receive notifications and alerts in HAN.                  5. Notification of personnel to staff emergency within 60 min. of the decision to respond.                  6. Personnel physically present to staff emergencies within 90 min. of decision to notify.                  7. Public Info. Issued within 60 min. from activation of EOP.                  8. Provide prophylaxis within 24 hrs of decision to conduct.</p>		
<p><b>C.</b> Enhance surge capacity.</p>	<p>1. Establish and maintain mutual aid agreements as applicable.                  2. Maintain volunteer policies and protocols.                  3. Train all health department employees in ICS, communicable disease investigation and response, NIMS, and communication skills.</p>	<p>Compliance in annual program evaluation.</p>		
<p><b>D.</b> Conduct annual exercise of preparedness plans and capabilities according to contract specifications.</p>	<p>1. Conduct exercises according to Three Year Exercise Plan implemented April 2010</p>	<p>Compliance in annual program evaluation.</p>		

**Time Period: July 2010 to June 2011**

**GOAL: To enhance surge capacity and response capabilities for public health emergencies.**

**Time Period: July 2010 to June 2011**

**GOAL: To enhance the health department's interoperable communications capacity.**

<b>Objectives</b>	<b>Plan for Methods/ Activities/Practice</b>	<b>Outcome Measure(s)</b>	<b>Outcome Measure(s) Results</b>	<b>Progress Notes</b>
A. Maintain interoperable radio communication capabilities.	1. Purchase radios in 2010-2011. 2. Utilize radios for all exercises in order to maintain familiarity. 3. Training for all staff annually on radio communications.	Staff Feedback. Staff demonstration of use.		

IV. 2009-2010 Narrative/Evaluation

Babies First:

1 baby was served with 16 visits from January 1, 2009 to December 31, 2009. 6 visits were made from July 1, 2009 to April 22, 2010. No new clients were enrolled. Baby bags were distributed via the Wallowa Memorial Hospital including program brochures.

Child Passenger Safety:

From July 1 2009 to June 30, 2010 27 safety seats were distributed. Car seat clinics were held bi-monthly.

Chronic Disease Prevention:

The Healthy Communities grant was not received. Activities were not completed.

Communicable Disease/Preparedness:

Activities completed except CD 303 was not completed by the coordinator as planned. CD 303 is scheduled during OR EPI mtg in May 2010. CD protocols were assessed and are current. 24/7 communications plan was followed. Cross training of staff, emergency response planning have been conducted. Quarterly contact with infection control at the hospital was conducted. Local providers were contacted during case investigations. Investigations were completed according to policy. According to the Oregon Licensed Facility Report 2007, 1 foodborne illness complaint was received and 1 was inspected.

Environmental Health:

Completed. Phoenix system was used to document contacts and licensures. Food handlers classes were offered and information was available.

Family Planning:

**Progress on Goals / Activities for FY 10**

(Currently in Progress)

The annual plan that was submitted for your agency last year is included in this mailing. Please review it and report on progress meeting your objectives so far this FY.

**Goal 1:** Assure ongoing access to a broad range of effective family planning methods and related preventive health services.

Problem Statement	Objective(s)	Planned Activities	Evaluation
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Increased costs of contraceptives, with decrease in grant reimbursement, threatens our ability to adequately serve our FPEP enrollment.	1) Continue cost comparisons on contraceptives.	Check contraceptive costs thru new outlets for possible cost savings.	1 <sup>st</sup> Qtr FY'10 \$3,509.56 vs \$2,177.18 1 <sup>st</sup> Qtr FY '09 2 <sup>nd</sup> Qtr FY'10 \$4,998 vs \$6,771.68 2 <sup>nd</sup> Qtr FY'09 3 <sup>rd</sup> Qtr FY'10 \$8,009.27 vs \$9,764.98 3 <sup>rd</sup> Qtr FY'09
	2) Use donations for 5% increase of revenue for period ending June 30, 2010.	Train staff to make donation requests. Have a quilt raffle to obtain part of 5% revenue increase.	0 donations received to date April 22, 2010
Barriers to accessing effective methods of birth control increase risk of unwanted pregnancies.	<ol style="list-style-type: none"> <li>1) Maintain flexibility in scheduling and regular office hours to increase accessibility.</li> <li>2) Provide broad range of birth control methods.</li> </ol>	<ol style="list-style-type: none"> <li>1) Remain open during the lunch hour.</li> <li>2) Allow walk-ins for BC and EC.</li> <li>3) Maintain adequate stock of a variety of BC options.</li> </ol>	Available for walk-in's for new starts on birth control and EC to make services of community health very accessible. Health officer is continuing to insert 8-12 IUD's per year. Providing all other current methods of birth control and encouraging use of EC.

**Goal 2:** 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
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Teenage population in need of sex education.	1) Provide information about abstinence, sex education, safe sex, and birth control to county teens.	1) Contact school officials and parents for permission and parameters for education thru schools. 2) Complete sex education session in county schools.	Partially completed. A Puberty Education Class was provided to 4 <sup>th</sup> , 5 <sup>th</sup> , and 6 <sup>th</sup> grade students in Wallowa Public School. Concerns and questions regarding sex and birth control were addressed in addition to puberty education. Enterprise and Joseph schools were not completed.
	2) Providing public meetings for parents.	Have public forum meetings with Q&A for parents and families on services and information at WCHD.	Not completed

**Progress on Title X Expansion Funds:**

Also, a reminder that supplemental “expansion funds” were awarded as part of your agency’s regular Title X grant again this year. These funds were awarded for the purpose of increasing the number of new, low-income clients by expanding the availability of clinical family planning services. Please report any progress on the use of these funds for the following purposes:

- X Increase the range of contraceptive methods on your formulary and/or the available number of high-end methods (IUDs and Implanon)  
Dr. Woods continues to insert from 8-12 IUD’s per year. We still have no clinicians that have the training to insert Implanon.
  
- X Increase the hours of your clinic(s), the number of staff available to see clients, the number of days services are available or offer walk-in appointments.

Wallowa County Health Department hours are 8:00 AM to 4:30 PM Monday thru Thursday and walk-in appointments are always available for all services. The health department is no longer closed for lunch. The noon hour has become our most popular time for walk-ins.

Add other related preventive health services, such as diagnosis and treatment of STIs.

The self collected Chlamydia/GC tests and urine Chlamydia/GC tests have increased our testing and treatment

Other objective you identified specifically for your agency

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#### Health Statistics:

Birth and death certificate registration was completed according to policies. Health indicators were evaluated in March-May 2010 in order to assess services provided and complete this annual plan.

#### Immunization Plan:

See Wallowa Imm. Annual Plan 09-2011 with Evaluation Through April 2010 submitted separately. Shots given reports were unavailable at the time this plan was developed due to database issues. Shots due reminder calls and postcards were not completed as planned due to staff shortage. Will implement in the following year.

#### Information and Referral:

Completed. Brochures for community health care providers, physical activities available, and social services were distributed. A large variety of health information was available in written format and by consult with nurses. For referrals, the list of community service providers was distributed. In addition, MDT, service integration, and Early Childhood Committee meetings were attended which focus on services being provided in our community and allows further information to be gathered for referral use.

#### Teen Pregnancy Prevention:

Partially Completed. Birth control methods and condoms were provided. Teen pregnancy prevention/Youth Issues meetings were attended. A media campaign for teen pregnancy prevention month was not completed. Sex education was not provided in the schools.

#### Tobacco Prevention:

Planned activities and objectives have been completed. Quarterly narratives were submitted with descriptions.

#### Tuberculosis Case Management:

Protocols were updated. No active cases were reported.

WIC:

**WOMEN, INFANTS AND CHILDREN PROGRAM (WIC)**

**EVALUATION OF WIC NUTRITION EDUCATION PLAN**  
**FY 2009-2010**

WIC Agency: Wallowa County Health Department

Person Completing Form: Laina Fisher

Date: April 21, 2010

Phone: (541) 426-4848

Return this form, attached to email to: [sara.e.sloan@state.or.us](mailto:sara.e.sloan@state.or.us) by May 1, 2010

Please use the following evaluation criteria to assess the activities your agencies did for each Year Three 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 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 module by December 31, 2009.*

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

- Did staff complete the module by December 31, 2009?
- Were completion dates entered into TWIST?

Response: Completed August 20, 2009. Not documented in TWIST.

*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.*

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

- How were staff who did not attend the 2009 WIC Statewide Meeting trained on the topic of infant feeding cues?
- How has your agency incorporated the infant cues information into ‘front desk’, one-on-one, and/or group interactions with participants?

Response: WIC certifier had training at the State Wide Meeting and reviewed additional handouts from the speaker on cues, crying, etc. Handouts were available for review by other staff. Implemented training into WIC counseling appointments when discussing the child’s diet/nutrition.

*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.*

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

- Were nutrition education lesson plans and written materials reviewed and revised?
- What changes, if any, were made?

Response: Lesson plans were reviewed in July 2009. No changes were made.

*Activity 4: Identify your agency training supervisor(s) and staff in-service dates and topics for FY 2009-2010.*

Evaluation criteria: Please use the table below to address the following question in your response.

- How did your staff in-services address the core areas of the CPA Competency Model (Policy 660, Appendix A)?
- What was the desired outcome of each in-service?

**FY 2009-2010 WIC Staff In-services**

In-Service Topic and Method of Training	Core Competencies Addressed	Desired Outcome
<b>August 2009</b> <b>Infant Feeding Cues:</b> Handouts were shared.	Recognizing infant feeding cues.	To increase staff ability to support infant feeding, breastfeeding, and new food package implementation. Outcome accomplished.
<b>October 2009</b> <b>Client centered Services:</b> Staff shared information learned from WIC Listens with non-WIC staff.	Implementing WIC Listens	To increase the provision of client centered service in all programs at Wallowa County Health Department. Outcome accomplished.
<b>January 2010</b> <b>Breastfeeding exclusivity:</b> Ideas shared for questioning breastfeeding	Supporting breastfeeding exclusively for 1 year.	To increase staff knowledge of breastfeeding benefits and improve the ability of staff to promote

clients requesting formula, breastfeeding information shared with staff.

**April 2010**

**Key Nutrition Messages:**

Staff shared knowledge from WIC state Meeting, WIC listens, Peer reviews

Providing Key Nutrition Messages

breastfeeding exclusivity. Outcome accomplished.

To improve staff ability to provide the key nutrition messages. Outcome accomplished.

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

Year 3 Objective: During plan period, 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.*

Evaluation criteria: Please address the following questions in your response:

- Which core components of participant centered services are used most consistently with your staff? What has made those the easiest to adopt?
- Which core components have the least buy-in? What are the factors that make these components difficult to adopt?

Response: The core components that are used the most consistently are building rapport and providing nutrition education. These are the easiest to adopt because they have been a part of our services for many years. We strive to make our clinic an accepting environment that is comfortable for clients. The components that have been the most difficult are the open ended questions and probing questions involved in the completing the assessment component and the summarizing steps of Supporting Health Outcomes-Closing the Conversation. The open ended questions and probing questions can be difficult when clients are not engaged making conversation awkward. The summarizing can be difficult because it involves repeating risks and areas that need improvement. It can be uncomfortable for staff to try to support and encourage parents while helping them find areas for improvement.

*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.*

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

- What strategy has been implemented to maintain the core components of participant centered services during a time of change?
- What strategy has been implemented to advance staff skills with participant centered services?

Response: The certifier completed a peer observation in La Grande and with Andrienne Mullock at the Wallowa County Health Department. Non-WIC staff will review the Oregon WIC Listens Champion Notebook to maintain core components during times of change.

### **Goal 3: Improve the health outcomes of WIC clients and WIC 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.

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

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

- Which community partners did your agency select?
- Which strategies did you use to promote the positive changes with Fresh Choices?
- What went well and what would you do differently?

Response: Key messages were included in counseling with WIC families. We partner with the local Head Start. The health department WIC certifier conducts a nutrition assessment for head start children which is the same process as a WIC certification. This assessments included Fresh choices information and setting goals for each student.

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

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

- How did your agency collaborate with the state WIC Research Analysts in evaluating Fresh Choices?
- How were you able to utilize, if appropriate, information collected from your agency?

Response: Collaboration was not completed.

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

Year 3 Objective: During plan 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.

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

- What strengths and weaknesses were identified from your assessment?
- What strategies were identified to improve the support for breastfeeding exclusivity and duration in your agency?

Response: Staff increased their own knowledge of breastfeeding with resources found. Wallowa Memorial Hospital OB Manager Jenny Ward was given instruction sheets to distribute to OB Moms regarding breastfeeding, breast care, pumping & storage, and engorgement. WIC clients received breastfeeding information and referrals to breastfeeding consultants.

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

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

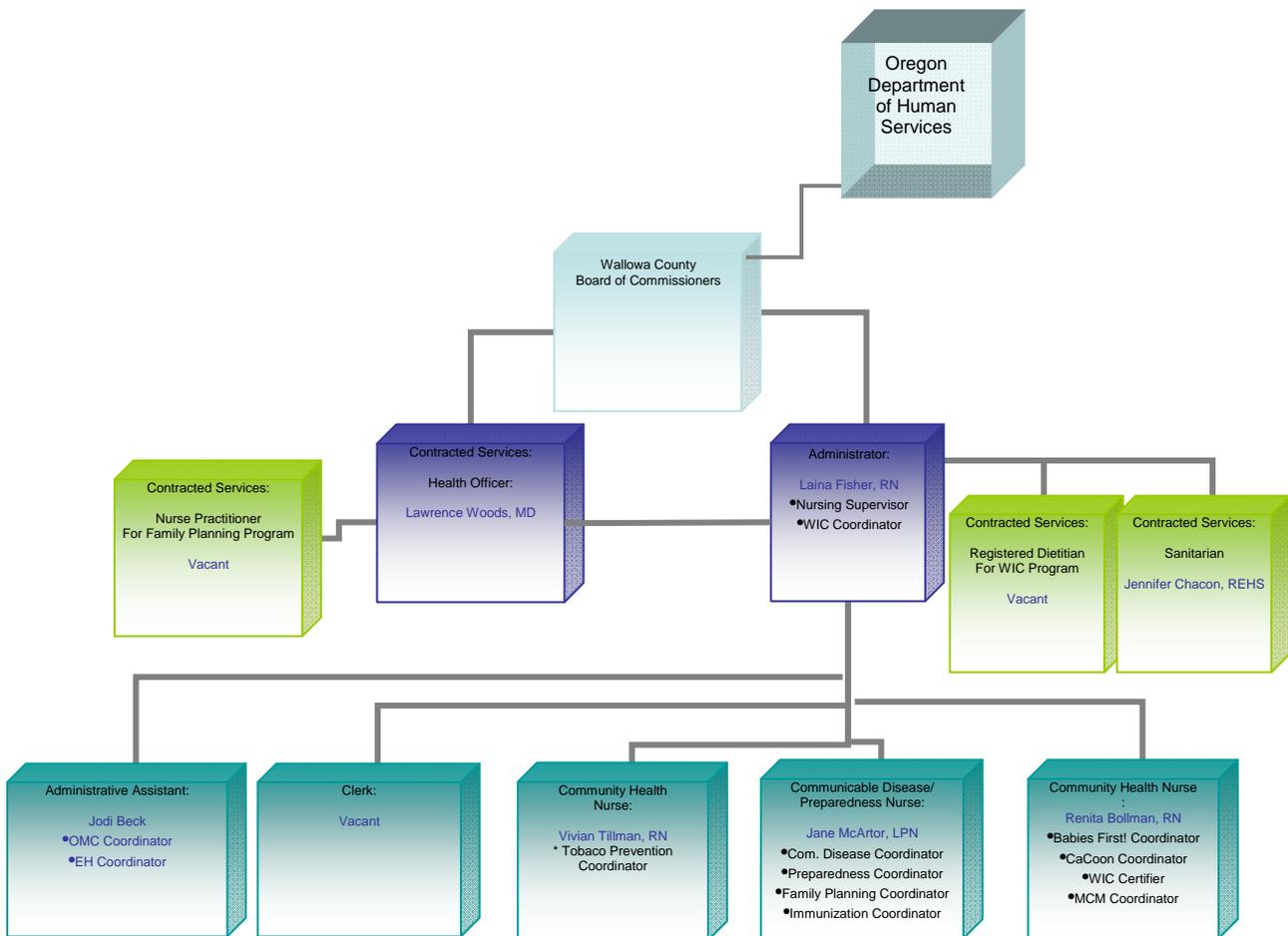
- Which strategy or strategies did your agency implement to improve breastfeeding exclusivity and duration?
- Based on what you saw, what might be a next step to further the progress?

Response: The strategy chosen was to encourage WIC clients to avoid supplementing with formula when breastfeeding. Breastfeeding support and assistance was offered when clients were requesting formula for supplementation, breastfeeding encouragement was offered, milk supply education was provided. A next step may be to assess what breastfeeding information is offered at prenatal classes and support breastfeeding education prenatally.

V. Additional Requirements

a. Organizational Chart

# Wallowa County Health Department Organizational Chart



b. Board of Health

There is currently no local board of health.

c. Public Health Advisory Board

The local county commissioner's serve as the local public health advisory board. The former Teen Pregnancy Prevention Council, now known as the Youth Issues Committee, serves as the Family Planning Advisory Board. There is also a Tobacco Prevention Advisory board for Wallowa County Health Department.

d. Coordination with Comprehensive Plan

The local Commission on Children and Families is governed by the County Board of Commissioners. We participate on all levels of their plan development including: providing data, completing surveys and interviews, selecting priorities, submitting our annual plan to the commission, and working toward strategy development.

Coordination of our services with this plan is further achieved by assessing the commission's goals, considering what they determine our weakness within the community, and adjusting our goals and activities to help meet those needs. Within the Commission's plan, there are four goals: caring communities, strong & nurturing families, healthy & thriving children, and healthy & thriving youth. We participate in meeting all four of these goals.

V. Unmet Needs

Unmet needs determined by this assessment and the Commission on Children and Families Comprehensive plan include: Youth drug and alcohol use, suicide prevention, economic stimulants, youth enrichment activities, mental health services, alcohol and drug addiction services, alcohol and drug use prevention.

VI. Budget

Wallowa County Health Department's anticipated budget approval by the board of commissioners is scheduled in June 2010. Budget information can be obtained from the health department administrator. Contact information:

Laina Fisher, Administrator

Phone: (541) 426-4848

Email: [lfisher@co.wallowa.or.us](mailto:lfisher@co.wallowa.or.us)

Address: 758 NW 1<sup>st</sup> Street, Enterprise, Oregon, 92828

## VII. Minimum Standards

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

### **a. 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.

## **1. 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.

**a. 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.

**ii. 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.

**a. Nutrition**

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

**b. 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.

**i.**

**ii. 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.

### **iii. 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.

### **a. 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.

**b. 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: Laina Fisher

Does the Administrator have a Bachelor degree? Yes  No

Does the Administrator have at least 3 years experience in public health or a related field? Yes  No

Has the Administrator taken a graduate level course in biostatistics? Yes  No

Has the Administrator taken a graduate level course in epidemiology? Yes  No

Has the Administrator taken a graduate level course in environmental health? Yes  No

Has the Administrator taken a graduate level course in health services administration? Yes  No

Has the Administrator taken a graduate level course in social and behavioral sciences relevant to public health problems? Yes  No

**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.**

**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;

ii. 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.**

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

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

Laina Fisher  
Local Public Health Authority

Wallowa  
County

4-22-10  
Date

## **Appendix A**

### **i.Assessment Categories**

- Aging Issues
- Air Quality
- Alcohol & Drug use
- Birth defects
- Births
- Cancer morbidity and mortality
- Chronic disease
- Communicable disease
- Deaths and causes of death
- Dental
- Diabetes
- Domestic Violence
- Elevated blood lead levels
- Emergency preparedness
- Environmental Health
- Food borne illness reports
- Immunizations
- Incidence of fecal-oral transmission of disease
- Injury morbidity and mortality
- Liquid and solid waste issues in the area
- Low birth weight
- Mental health
- Obesity
- Physical activity, diet, and obesity
- Population by
  - Gender
  - Age
  - Race
  - Geography
  - Socio-economic status
- Premature birth
- Prenatal care
- Safe drinking water
- Safety net medical services
- Teen pregnancy
- Tobacco use
- Unintended pregnancy
- Underage drinking

## **Appendix B**

### **Data Links**

1. Population pyramid, by age and sex:

[http://www.censusscope.org/us/s41/chart\\_age.html](http://www.censusscope.org/us/s41/chart_age.html)

2. Oregon population center:

<http://www.pdx.edu/prc/>

3. Federal census center:

<http://quickfacts.census.gov/qfd/states/41000.html>

4. County facts:

<http://bluebook.state.or.us/local/counties/clickmap.htm>

5. Reportable diseases by county, and other disease surveillance data:

<http://oregon.gov/DHS/ph/acd/stats.shtml>

6. County data book:

<http://oregon.gov/DHS/ph/chs/data/cdb.shtml>

7. Chronic disease data:

<http://oregon.gov/DHS/ph/hpcdp/pubs.shtml>

<http://oregon.gov/DHS/ph/hpcdp/index.shtml>

8. Environmental Health licensed facility inspection report:

<http://www.dhs.state.or.us/publichealth/foodsafety/stats.cfm>

9. Youth surveys:

<http://oregon.gov/DHS/ph/chs/youthsurvey/>

10. Benchmark county data:

[http://egov.oregon.gov/DAS/OPB/obm\\_pubs.shtml#Benchmark%20County%20Data%20Books](http://egov.oregon.gov/DAS/OPB/obm_pubs.shtml#Benchmark%20County%20Data%20Books)

11. Detailed census tables:

[http://factfinder.census.gov/servlet/DatasetMainPageServlet?\\_program=DEC&\\_lang=en&\\_ts](http://factfinder.census.gov/servlet/DatasetMainPageServlet?_program=DEC&_lang=en&_ts)

12. Alcohol and Drug County Data

<http://oregon.gov/DHS/addiction/data/main.shtml#ad>

13. Web-based software for public health assessment

<http://www.oregon.gov/DHS/ph/lhd/vista/vista.pdf>

14. Center for Health Statistics

<http://oregon.gov/DHS/ph/chs/index.shtml>

15. Environmental Public Health Tracking

<http://www.oregon.gov/DHS/ph/epht/index.shtml>

**Wallowa County Health Department Immunization Program  
CTP Part A: Continuous Quality Improvement**

Year 1: July 2009-December 2009					
<b>Objectives</b>	<b>Activities</b>	<b>Date Due / Staff Responsible</b>	<b>Outcome Measure(s)</b>	<b>Outcome Measure(s) Results</b>	<b>Progress Notes</b>

**A. Increase the up-to-date rate for 2 year olds (431331) seen at Wallowa County Health Department by 1% a year over the next 3 years**

<input type="checkbox"/> 1) Use most recent AFIX assessment data as the baseline <input type="checkbox"/> 2) Create written procedures on imm activities <input type="checkbox"/> 3) Provide quarterly staff in-service(s) to review and implement: <ul style="list-style-type: none"> <li><input type="checkbox"/> Vaccine administration techniques</li> <li><input type="checkbox"/> Vaccine updates, supply, outbreaks, etc.</li> <li><input type="checkbox"/> Current best practice &amp; standards</li> <li><input type="checkbox"/> Catch up schedule</li> <li><input type="checkbox"/> Use IRIS/ALERT to screen every child seen at every visit</li> <li><input type="checkbox"/> Vaccine safety education and talking to hesitant parents</li> <li><input type="checkbox"/> Entering all doses administered into IRIS within 14 days.</li> <li><input type="checkbox"/> Review yearly AFIX assessment and identify ways to improve practice</li> </ul> <input type="checkbox"/> 4) Provide immunization information to expecting and new mothers. <ul style="list-style-type: none"> <li><input type="checkbox"/> Prenatal classes</li> <li><input type="checkbox"/> Birthing Center</li> </ul> <input type="checkbox"/> 5) Fully screen each patient for imms at every visit and immunize as needed. <input type="checkbox"/> 6) Assure every shot is entered in IRIS/ALERT from clinic and other sites within 14 days of administration. <input type="checkbox"/> 7) Screen for imms at all WIC appts & ensure clients are referred to medical home or LHD immunization clinic <input type="checkbox"/> 8) Develop in-house reminder / recall system <input type="checkbox"/> 9) Give all shots due unless truly contraindicated <input type="checkbox"/> 10) Provide vaccine education to parents <input type="checkbox"/> 11) Parents make next appointments before leaving clinic—appointment card with earliest return date handed to front desk staff <input type="checkbox"/> Provide parents with a written reminder for return to clinic for next scheduled vaccinations.	<p>Date</p> <p>2) By 12/31/09</p> <p>3) 9/09, 12/09</p> <p>4) By 12/31/09</p> <p>5) 7/09-12/09</p> <p>6) 7/09-12/09</p> <p>7) 7/09-12/09</p> <p>8) 7-31-09</p> <p>9) 7/09-12/09</p> <p>10) 7/09-12/09</p> <p>11) 7/09-12/09</p> <p>12) 7/09-12/09</p> <p>13) 7/09-12/09</p>	<p>Staff</p> <p>2) Admin.</p> <p>3) Coord.</p> <p>4) Coord.</p> <p>5) Ad. Assist &amp; Nurses</p> <p>6) Ad. Assist.</p> <p>7) WIC cert.</p> <p>8) Ad. Assist</p> <p>9) Nurses</p> <p>10) Nurses</p> <p>11) Ad. Assist or check in person</p> <p>12) BF Nurse</p> <p>13) Coord.</p>	<p>1) Baseline set</p> <p>2) Protocols written and reviewed by staff on: ____</p> <p>3) Quarterly in-services held on: _____</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Topics covered:</li> <li><input type="checkbox"/> # attendees @ each in-service</li> </ul> <p>4) Contact made with birthing class coordinators/OB clinics and local birthing centers. <ul style="list-style-type: none"> <li><input type="checkbox"/> Info on agreements made</li> <li><input type="checkbox"/> # of Imm handout distributed per site</li> </ul> </p> <p>5) Screening &amp; imms at every visit by all staff</p> <p>6) 2009 timeliness report from OIP improved from __% to __% from 2008</p> <p>7) Training held for WIC staff on ____. Referral form developed and in use</p> <p>8) Recall/reminder system in place and in use on ____</p> <p>9) All staff trained to talk with parents and able to answer questions about vaccine safety</p> <p>11) Set up system to assist parents in making next appointment on ____</p> <p>12) Babies 1<sup>st</sup> CHNs now providing imm education at home visits</p> <p>13) IRIS recall process now standardized</p>	<p>AFIX data is not available at this time.</p>	<p>1) Data not available.</p> <p>2) Procedures completed 10/7/2009</p> <p>3) In-service Sep. 8, 2009 to share vaccine information from immunization conference; October 6, 2009 H1N1 vaccination information and planning; Jan. 19, 2010 school review process in-service</p> <p>4) Nov 2009 contact with hospital birthing center for Hep B testing, reporting, vaccination</p> <p>5) Screenings were completed at WIC, Babies First, CaCoon visits</p> <p>6) AFIX data not available.</p> <p>7) Training held for WIC staff Sep 8, 2009. No referral forms in use.</p> <p>8) State immunization recalls, no local recalls</p> <p>9) Staff trained to talk with parents Sep 8, 2009</p>
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<p><b>B. Decrease the Wallowa Health Department missed shot rate 1% each year for 3 years</b></p>	<ul style="list-style-type: none"> <li><input type="checkbox"/> 1) Use most recent AFIX assessment data as the baseline for missed shot rate</li> <li><input type="checkbox"/> 2) Train staff on ways to decrease missed opportunities. Training to include: <ul style="list-style-type: none"> <li>o Current best practice standards &amp; practices</li> <li>o Using only true contraindications when deferring shots</li> <li>o Catch up schedule</li> <li>o Use IRIS/ALERT to screen every child seen at every visit</li> <li>o Vaccine safety education and talking to hesitant parents</li> <li>o Vaccine administration tips to lessen parent and baby stress</li> <li>o Data entry</li> </ul> </li> <li><input type="checkbox"/> 3) Review IRIS/ALERT reports monthly for shot deferrals and work with staff to minimize missed shots</li> <li><input type="checkbox"/> 4) Fully screen each patient for imms at every visit and immunize as needed.</li> <li><input type="checkbox"/> 5) Provide vaccine education to parents, including: <ul style="list-style-type: none"> <li>o Take home materials on vaccine safety</li> <li>o Simplified immunization schedule for first 2 years</li> </ul> </li> <li><input type="checkbox"/> 6)Assure every shot is entered in IRIS/ALERT from clinic and other sites within 14 days of administration.</li> <li><input type="checkbox"/> 7)Give all shots due unless truly contraindicated</li> <li><input type="checkbox"/> 8)Screen for imms at all WIC appts &amp; make sure clients are referred to HD immunization clinic</li> <li><input type="checkbox"/> 9)Create walk-in process to make imms available for WIC patients on same day as WIC appointment</li> </ul>	<p style="text-align: center;">Due</p> <p>1)7/31/09 2) 9/09  3)7/09-9/09 4) 7/09-12/09 5)7/09-12/09 6)7/09-12/09 7)7/09-12/09 8)7/09-12/09 9)7/09</p>	<p style="text-align: center;">Staff</p> <p>1) coord 2) coord  3)coord 4) Ad Assit, nurses 5) Ad Assist, nurses  6) Coord. 7)nurses  8)WIC staff 9)Coord</p>	<p>1) Baseline set 2)Protocols written and reviewed by staff on: ____ Training(s) held for staff on ____</p> <p>3)Monthly IRIS/ALERT reports reviewed with staff and results shared with staff for discussion 4)Screening &amp; imms at every visit by all staff 5) Vaccine education materials identified and take home packets created. Distribution began on ____</p> <p>6) 6)2009 timeliness report from OIP improved from ____% to ____% from 2008 7)Staff trained and understand policy of giving all shots due unless parent refuses even after education &amp; counseling 8)Process created for same-day WIC referrals to HD for imms 9)2009 Missed Shot rate in AFIX assessment decreased from ____% to ____%</p>	<p>AFIX data not available</p>	<ul style="list-style-type: none"> <li>1) No data available</li> <li>2) Protocols written 10-7-09, staff reviewed &amp; Trained</li> <li>3) Reports not reviewed</li> <li>4) Screenings done at all WIC, Babies First, CaCoon visits</li> <li>5) Vaccine education materials identified. Packets not made. Brochures and VIS forms given on individual basis</li> <li>6) No data</li> <li>7) Staff Trained on giving shots due 9-8-09</li> <li>8) WIC referrals made during WIC certification &amp; appt made at check out or shots given at time of WIC visit</li> <li>9) No data available</li> </ul>
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<b>C. Increase Wallowa Health Department rate of 24 month olds with their 4<sup>th</sup> DTaP by 1% each year over 3 years</b>	<input type="checkbox"/> 1) Create or update policy of giving 4 <sup>th</sup> DTaP dose at 12 months	Due 1)7/09	Staff 1)Coord.	1. Policy created on _____ and reviewed by staff on _____. 2)Training occurred on _____.	No Data Available	1) Policy created 10-7-09 2) In Service 9-8-10 including 4 <sup>th</sup> DTaP 3) No reward plan created due to budget 4) Combination vaccines stocked and administered 5) 4 <sup>th</sup> DTaP Report not used for recall 6) No recall system, state recall postcards in place 7) Shots available M-T 8:00 a.m. – 4:30 p.m. We are now open during the lunch hour.
	<input type="checkbox"/> 2)Provide staff training to include the following: <ul style="list-style-type: none"> <li>o Review policy and consistency of screening children for 4<sup>th</sup> DTaP at 12 months or at minimum spacing after 3<sup>rd</sup> dose</li> <li>o Strategies to improve 4<sup>th</sup> DTaP</li> <li>o Vaccine safety education and talking to hesitant parents</li> <li>o Forecasting all childhood immunizations using IRIS or ALERT.</li> </ul>	2) 10/09	2)Coord.			
	<input type="checkbox"/> 3) Create & implement reward plan to encourage parents to return for 4 <sup>th</sup> DTaP (ex: free t-shirt “up to date at 2”, picture books, coffee coupons, etc.).	3)8/09	3)Coord	3) Plan implemented on _____. # rewards given _____.		
	<input type="checkbox"/> 4) Use combination vaccines (ex. Trihibit, Pentacel) to minimize # shots given at any visit	4) 7/09-12/09	4) Coord.	4) Combination vaccines stocked on _____.		
	<input type="checkbox"/> 5) Use 4 <sup>th</sup> DTaP report in IRIS/ALERT to identify patients lacking 4 <sup>th</sup> dose	5) Monthly	5) Coord	5) Completed on _____		
	<input type="checkbox"/> 6) Design & implement reminder/recall system	6) 7/09	6) Ad Assist	_____		
	<input type="checkbox"/> 7)Decrease barriers by offering shots 4 days-a- week	7) 7/09-12/09	7) Coord.	6) System implemented on _____. Missed shot rate increased from ___% 2008 to ___% 2009. 7) Clinic open and walk ins available 4 days per week?		

Year 2: January 2010-December 2010					
Objectives	Activities	Date Due / Staff Responsible	Outcome Measure(s)	Outcome Measure(s) Results	Progress Notes

<p><b>A. Increase the up-to-date rate for 2 year olds (431331) seen at Wallowa County Health Department by 1% a year over the next 3 years</b></p>	<input type="checkbox"/> 1) Use most recent AFIX assessment data as the baseline <input type="checkbox"/> 2)Continue quarterly staff in-service(s) to review and implement activities listed in year one <input type="checkbox"/> 3)Continue providing immunization information to expecting and new mothers. <input type="checkbox"/> Prenatal classes <input type="checkbox"/> Birthing Center <input type="checkbox"/> 4)Continue screening each patient for imms at every visit and immunize as needed. <input type="checkbox"/> 5)Continue entering every shot into IRIS/ ALERT from clinic and other sites within 14 days of administration. <input type="checkbox"/> 6)Continue screening for imms at all WIC appts & referring to medical home or LHD immunization clinic for shots needed	1)1/10 2)1/10-12/10 3)1/10-12/10 4)1/10-12/10 5)1/10-12/10 6)1/10-12/10	1)Coord. 2)coord. 3)coord. 4)All staff 5)Ad Asst 6)cert.	2)Quarterly in-services held on: _____ <input type="checkbox"/> Topics covered: <input type="checkbox"/> # attendees @ each in-service 3)Continue work with birthing class coordinators/OB clinics and local birthing centers. <input type="checkbox"/> # and names of clinics/centers <input type="checkbox"/> # of Imm handout distributed per site 4)Screening & imms at ever visit by all staff 5)2009 timeliness report from OIP improved from __% to __% from 2009 6)UTD rate increase by __%	<p>To be completed for the CY 2010 Report</p>	1) to be completed after end of year 2) 1-19-10 In Service for School Review Process and vaccine techniques review 3) March 2010 contacted hospital about Hep B status reporting and vaccination 4) Screenings being completed at Babies First, WIC, CaCoon visits to date 5) Data not available 6) Data not available
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<p><b>B. Decrease the Wallowa Health Department missed shot rate 1% each year for 3 years</b></p>	<ul style="list-style-type: none"> <li><input type="checkbox"/> 1) Use most recent AFIX assessment data as the baseline for missed shot rate</li> <li><input type="checkbox"/> 2) Review IRIS/ALERT reports monthly for shot deferrals and work with staff to minimize missed shots</li> <li><input type="checkbox"/> 3) Fully screen each patient for imms at every visit and immunize as needed.</li> <li><input type="checkbox"/> 4) Provide vaccine education to parents, including: <ul style="list-style-type: none"> <li>o Take home materials on vaccine safety</li> <li>o Simplified immunization schedule for first 2 years</li> </ul> </li> <li><input type="checkbox"/> 5)Assure every shot is entered in IRIS/ALERT from clinic and other sites within 14 days of administration.</li> <li><input type="checkbox"/> 6)Give all shots due unless truly contraindicated</li> <li><input type="checkbox"/> 7)Screen for imms at all WIC appts &amp; make sure clients are referred to HD immunization clinic</li> <li><input type="checkbox"/> 8)Create walk-in process to make imms available for WIC patients on same day as WIC appointment</li> </ul>	<p>Due</p> <p>1)7/31/09</p> <p>2) 7/09-9/09</p> <p>3) 7/09-12/09</p> <p>4)7/09-12/09</p> <p>5)7/09-12/09</p> <p>6)7/09-12/09</p> <p>7)7/09-12/09</p> <p>8)7/09</p>	<p>Staff</p> <p>1) coord</p> <p>2) coord</p> <p>3)coord</p> <p>4) Ad Assit, nurses</p> <p>5) Ad Assist, nurses</p> <p>5) Coord.</p> <p>6)nurses</p> <p>7)WIC staff</p> <p>8)Coord</p>	<p>1) Baseline set</p> <p>2)Monthly IRIS/ALERT reports reviewed with staff and results shared with staff for discussion</p> <p>3)Screening &amp; imms at every visit by all staff</p> <p>4) Vaccine education materials identified and take home packets created. Distribution began on _____</p> <p>5)2009 timeliness report from OIP improved from __% to __% from 2008</p> <p>6)Staff trained and understand policy of giving all shots due unless parent refuses even after education &amp; counseling</p> <p>7)Process created for same-day WIC referrals to HD for imms</p> <p>8)2009 Missed Shot rate in AFIX assessment decreased from __% to __%</p>	<p>To be completed for the CY 2010 Report</p>	<ul style="list-style-type: none"> <li>1) Data not available</li> <li>2) Reports not reviewed, to be implemented May 2010</li> <li>3) Screenings completed at WIC, Babies First, CaCoon visits to date</li> <li>4) Take home packets not created. Assessment of client interest and need done on individual basis and information distributed</li> <li>5) Data not available</li> <li>6) Staff trained 9-8-09 and will provide additional training in June 2010</li> <li>7) WIC referrals in place as of September 2009</li> <li>8) Data Not available</li> </ul>
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<p><b>C. Increase Wallowa Health Department rate of 24 month olds with their 4<sup>th</sup> DTaP by 1% over 3 years</b></p>	<input type="checkbox"/> 1) Review of policy for giving 4 <sup>th</sup> DTaP dose at 12 months <input type="checkbox"/> 2) Continue to use reward plan to encourage parents to return for 4 <sup>th</sup> DTaP (ex: free t-shirt “up to date at 2”, picture books, coffee coupons, etc.). <input type="checkbox"/> 3) Continue to use combination vaccines (ex. Trihibit, Pentacel) to minimize # shots given at any visit <input type="checkbox"/> 4) Use 4 <sup>th</sup> DTaP report in IRIS/ALERT to identify patients lacking 4 <sup>th</sup> dose <input type="checkbox"/> 5) Continue reminder/recall system <input type="checkbox"/> 6) Continue to give shots 4 days-a-week	<p>Due</p> <p>1) 7/09 2) 8/09 3) 7/09-12/09 4) Monthly 5) 7/09 6) 7/09-12/09</p>	<p>Staff</p> <p>1) Coord. 2) Coord. 3) Coord 4) Coord. 5) Coord 6) Ad Assist</p>	<p>1. Policy created on _____ and reviewed by staff on _____. 2) Plan implemented on _____. # rewards given _____. 3) Combination vaccines stocked on _____. 4) Completed on _____ 5) System implemented on _____. Missed shot rate increased from ___% 2008 to ___% 2009. 6) Clinic open and walk ins available 4 days per week?</p>	<p>To be completed for the CY 2010 Report</p>	<p>1) Policy created 10-7-09 2) Reward plan not implemented due to budget 3) Combination vaccines stocked since September 2009 4) Not completed. State postcards in place. Reports currently not available 5) No recall system. State postcards in place. 6) Shots available M-T 8:00 a.m.-4:30 p.m. since September 2009. (The office is open at lunch hour)</p>
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**Year 3: January 2011-December 2011**

Objectives	Activities	Date Due / Staff Responsible	Outcome Measure(s)	Outcome Measure(s) Results	Progress Notes
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<b>A. Increase the up-to-date rate for 2 year olds (431331) seen at Wallowa County Health Department by 1% a year over the next 3 years</b>	<input type="checkbox"/> 1)Use most recent AFIX assessment data as the baseline	1)1/11	1) Coord.	2)Quarterly in-services held on:	<p style="text-align: center;">To be completed for the CY 2011 Report</p>	<p style="text-align: center;">To be completed for the CY 2011 Report</p>
	<input type="checkbox"/> 2)Continue quarterly staff in-service(s) to review and implement activities listed in year one	2)1/11-12/11	2)coord.	<input type="checkbox"/> Topics covered: <input type="checkbox"/> # attendees @ each in-service		
	<input type="checkbox"/> 3)Continue providing immunization information to expecting and new mothers. <input type="checkbox"/> Prenatal classes <input type="checkbox"/> Birthing centers	3)1/11-12/11	3)coord.	3)Continue work with birthing class coordinators/OB clinics and local birthing centers. <input type="checkbox"/> # and names of clinics/centers <input type="checkbox"/> # of Imm handout distributed per site		
	<input type="checkbox"/> 4)Continue screening each patient for imms at every visit and immunize as needed.	4)1/11-12/11	4)all staff	4)Screening & imms at ever visit by all staff		
	<input type="checkbox"/> 5)Continue entering every shot into IRIS/ ALERT from clinic and other sites within 14 days of administration.	5)1/11-12/11	5)Ad Asst	5)2009 timeliness report from OIP improved from ___% to ___% from 2009		
	<input type="checkbox"/> 6)Continue screening for imms at all WIC appts & referring to medical home or LHD immunization clinic for shots needed	6)1/11-12/11	6) cert	6)UTD rate increase by ___%		

SAMPLE

<p><b>B. Decrease the Wallowa Health Department missed shot rate 1% each year for 3 years</b></p>	<ul style="list-style-type: none"> <li><input type="checkbox"/> 1) Use most recent AFIX assessment data as the baseline for missed shot rate</li> <li><input type="checkbox"/> 2) Review IRIS/ALERT reports monthly for shot deferrals and work with staff to minimize missed shots</li> <li><input type="checkbox"/> 3) Fully screen each patient for imms at every visit and immunize as needed.</li> <li><input type="checkbox"/> 4) Provide vaccine education to parents, including: <ul style="list-style-type: none"> <li>o Take home materials on vaccine safety</li> <li>o Simplified immunization schedule for first 2 years</li> </ul> </li> <li><input type="checkbox"/> 5) Assure every shot is entered in IRIS/ALERT from clinic and other sites within 14 days of administration.</li> <li><input type="checkbox"/> 6) Give all shots due unless truly contraindicated</li> <li><input type="checkbox"/> 7) Screen for imms at all WIC appts &amp; make sure clients are referred to HD immunization clinic</li> <li><input type="checkbox"/> 8) Create walk-in process to make imms available for WIC patients on same day as WIC appointment</li> </ul>	<p>Due</p> <p>1)7/31/09</p> <p>2)7/09-9/09</p> <p>3) 7/09-12/09</p> <p>4)7/09-12/09</p> <p>5)7/09-12/09</p> <p>6)7/09-12/09</p> <p>7)7/09-12/09</p> <p>8)7/09</p>	<p>Staff</p> <p>1) coord</p> <p>2)coord</p> <p>3) Ad Assit, nurses</p> <p>4) Ad Assist, nurses</p> <p>5) Coord.</p> <p>6)nurses</p> <p>7)WIC staff</p> <p>8)Coord</p>	<p>1) Baseline set</p> <p>2)Monthly IRIS/ALERT reports reviewed with staff and results shared with staff for discussion</p> <p>3)Screening &amp; imms at every visit by all staff</p> <p>4) Vaccine education materials identified and take home packets created. Distribution began on ____</p> <p>5) 6)2009 timeliness report from OIP improved from __% to __% from 2008</p> <p>6)Staff trained and understand policy of giving all shots due unless parent refuses even after education &amp; counseling</p> <p>7)Process created for same-day WIC referrals to HD for imms</p> <p>8)2009 Missed Shot rate in AFIX assessment decreased from __% to __%</p>	<p>To be completed for the CY 2011 Report</p>	<p>To be completed for the CY 2011 Report</p>
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<b>C. Increase Wallowa Health Department rate of 24 month olds with their 4th DTaP by 1% over 3 years</b>	<input type="checkbox"/>	1) Review policy of giving 4th DTaP dose at 12 months	Due 1)7/09	Staff 1)Coord.	1. Policy created on _____ and reviewed by staff on _____.	<p style="text-align: center;">To be completed for the CY 2011 Report</p>	<p style="text-align: center;">To be completed for the CY 2011 Report</p>
	<input type="checkbox"/>	2) Continue reward plan to encourage parents to return for 4th DTaP (ex: free t-shirt "up to date at 2", picture books, coffee coupons, etc.).	2)8/09	2)Coord	2) # rewards given _____.		
	<input type="checkbox"/>	3) Use combination vaccines (ex. Trihibit, Pentacel) to minimize # shots given at any visit	3) 7/09-12/09	3) Coord.	3) Combination vaccines stocked on _____.		
	<input type="checkbox"/>	4) Use 4th DTaP report in IRIS/ALERT to identify patients lacking 4th dose	4) Monthly	4) Coord	4) Completed on _____.		
	<input type="checkbox"/>	6) Utilize reminder/recall system	6) 7/09	6) Ad Assist	6) Missed shot rate increased from ___% 2008 to ___% 2009.		
	<input type="checkbox"/>	7)Continue offering shots 4 days-a-week	7) 7/09-12/09	7) Coord.	7) Clinic open and walk ins available 4 days per week?		
	<input type="checkbox"/>						

SAMPLE

## Wallaqua County Health Department Part B: Community Outreach and Education

**Year 1: July 2009-December 2009**

Objectives	Activities	Date Due / Staff Responsible		Outcome Measure(s)	Outcome Measure(s) Results	Progress Notes
<p>A. Promote AFIX in:</p> <ul style="list-style-type: none"> <li>○ private provider offices</li> <li>○ Delegate Agencies</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> 1) Commit staff time and resources to project</li> <li><input type="checkbox"/> 2) Arrange for OIP assistance with this project</li> <li><input type="checkbox"/> 3) Dedicate staff time to contacting and recruiting 1/3 of providers on list per year for an assessment. Keep recruiting until required # reached.</li> <li><input type="checkbox"/> 4) Keep list of "no-thanks" clinics to contact next year</li> <li><input type="checkbox"/> 5) Work with OIP Health Educator (to set feedback dates, complete other tasks, communicate on project, etc.)</li> <li><input type="checkbox"/> 6) OIP to run assessments and present feedbacks</li> <li><input type="checkbox"/> 7) Provide reminder call to clinic 1 week prior to feedback</li> <li><input type="checkbox"/> 8) Attend feedback sessions and participate in discussion. Be responsible for handing out materials, getting attendance form completed, etc.</li> <li><input type="checkbox"/> 9) Post-feedback, send note of appreciation to provider and recommend annual assessments</li> </ul>	<p>1/09-12/09 for all act.</p>	<p>Coord. For all act</p>	<ul style="list-style-type: none"> <li><input type="checkbox"/> List of providers created and possible clinics to recruit for AFIX identified by ____</li> <li><input type="checkbox"/> OIP committed to provide services on ____</li> <li><input type="checkbox"/> AFIX materials gotten from OIP and CDC. Reviewed by ____</li> <li><input type="checkbox"/> Clinics contacted and educated on benefits of free AFIX assessment &amp; feedback with staff</li> <li><input type="checkbox"/> List updated with 2<sup>nd</sup> year prospects</li> <li><input type="checkbox"/> Monthly and then bi-weekly contact with OIP health educator. Reminder calls made</li> <li><input type="checkbox"/> Number of Feedbacks held               <ul style="list-style-type: none"> <li>○ Name of clinic(s)</li> <li>○ Feedback dates</li> <li>○ # participants at each</li> </ul> </li> </ul> <p>Thank you notes sent post-feedback within 2 weeks of presentation</p>	<p>Data not available</p>	<p>Not completed</p>

<p><b>B. Increase the number of ALERT participants in Wallowa County:</b></p> <ul style="list-style-type: none"> <li>○ private provider offices</li> <li>○ Schools</li> <li>○ Childcare settings</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> 1)Commit staff time and resources to project</li> <li><input type="checkbox"/> 2)Assess the level of use of ALERT in all Wallowa County schools, private practices and day care settings using ALERT participation data available through OIP</li> <li><input type="checkbox"/> 3)Determine which type(s) of agencies to contact and focus effort on</li> <li><input type="checkbox"/> 4)Review current participation &amp; identify clinics needing improvement. Offer assistance to those sites needing help to increase usage</li> <li><input type="checkbox"/> 5)Recruit any site not reporting (Clinics only--encourage electronic reporting).</li> <li><input type="checkbox"/> 6)Determine feasibility and whether to offer incentives</li> <li><input type="checkbox"/> 7)Pick a number or percentage of non-ALERT users to recruit each year for 3 years</li> <li><input type="checkbox"/> 8)Collect promotion materials to be used when contacting &amp; working with facilities</li> <li><input type="checkbox"/> 9)Arrange for ALERT users class &amp; invite players to attend. Use ALERT video, Invite OIP Health Educator to participate <ul style="list-style-type: none"> <li>○ Provide ALERT registration materials to be completed and returned at end of training</li> <li>○ Track attendees' participation in ALERT</li> </ul> </li> <li><input type="checkbox"/> 10)Meet with individual agencies to promote, train and register them for ALERT <ul style="list-style-type: none"> <li>○ Share info about forecasting feature and other benefits of ALERT</li> <li>○ Deliver incentive to office contact</li> <li>○ Share benefits of ALERT during school exclusion</li> </ul> </li> <li><input type="checkbox"/> 11)Compare numbers of ALERT users post recruitments and training to determine yearly increase.</li> </ul>	<p>7/09-12/09 all act.</p>	<p>Coord. For all act.</p>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Staff time committed and project begun on ____</li> <li><input type="checkbox"/> Number of schools, clinics and day care facilities using and NOT using ALERT to forecast determined</li> <li><input type="checkbox"/> Number of clinics not submitting shot records to ALERT determined</li> <li><input type="checkbox"/> Number /percentage of sites chosen per year: ____</li> <li><input type="checkbox"/> Number/percentage of sites contacted: ____</li> <li><input type="checkbox"/> Number and type of sites registering for ALERT: ____</li> <li><input type="checkbox"/> Number of classes and/or individual trainings held: <ul style="list-style-type: none"> <li>○ List of attendees and which facilities they represent</li> </ul> </li> <li><input type="checkbox"/> Number of promotion materials distributed ____clinics, schools and daycare facilities</li> <li><input type="checkbox"/> Number or percentage increase of ALERT participants</li> </ul>	<p style="text-align: center;">Data not available</p>	<ol style="list-style-type: none"> <li>1) staff time committed</li> <li>2) Alert is utilized in 3/3 public schools and 2/2 private medical clinics. 0 private schools and daycares are using Alert.</li> <li>3) No agencies identified. Private schools and childcare have very small #s enrolled. Parents come to the HD to obtain imm. Records.</li> <li>4) No sites identified for improvement</li> <li>5) Clinics are using barcodes</li> <li>6) Incentives not required as Alert is being used at clinics and schools</li> <li>7) No percentage picked</li> <li>8) No promotion materials developed. N/A</li> <li>9) No user class, N/A due to system already in place</li> <li>10)N/A system already in place</li> <li>11)Data not</li> </ol>
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**Year 2: January 2010-December 2010**

Objectives	Activities	Date Due / Staff Responsible		Outcome Measure(s)	Outcome Measure(s) Results	Progress Notes
<p>A. Promote AFIX in:</p> <ul style="list-style-type: none"> <li>○ private provider offices</li> <li>○ Delegate Agencies</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> 1) Continue to commit staff time and resources to project</li> <li><input type="checkbox"/> 2) Arrange for OIP assistance with this project</li> <li><input type="checkbox"/> 3) Dedicate staff time to contacting and recruiting 1/3 of providers on list per year for an assessment. Keep recruiting until required # reached.</li> <li><input type="checkbox"/> 4) Keep list of “no-thanks” clinics to contact next year</li> <li><input type="checkbox"/> 5) Work with OIP Health Educator (to set feedback dates, complete other tasks, communicate on project, etc.)</li> <li><input type="checkbox"/> 6) OIP to run assessments and present feedbacks</li> <li><input type="checkbox"/> 7) Provide reminder call to clinic 1 week prior to feedback</li> <li><input type="checkbox"/> 8) Attend feedback sessions and participate in discussion. Be responsible for handing out materials, getting attendance form completed, etc.</li> <li><input type="checkbox"/> 9) Post-feedback, send note of appreciation to provider and recommend annual assessments</li> </ul>	<p>1/10-12/10 for all act.</p>	<p>Coord. For all act</p>	<ul style="list-style-type: none"> <li><input type="checkbox"/> List of providers created and possible clinics to recruit for AFIX identified by ____</li> <li><input type="checkbox"/> OIP committed to provide services on ____</li> <li><input type="checkbox"/> AFIX materials gotten from OIP and CDC. Reviewed by ____</li> <li><input type="checkbox"/> Clinics contacted and educated on benefits of free AFIX assessment &amp; feedback with staff</li> <li><input type="checkbox"/> List updated with 2<sup>nd</sup> year prospects</li> <li><input type="checkbox"/> Monthly and then bi-weekly contact with OIP health educator Reminder calls made</li> <li><input type="checkbox"/> Number of Feedbacks held                             <ul style="list-style-type: none"> <li>○ Name of clinic(s)</li> <li>○ Feedback dates</li> <li>○ # participants at each</li> </ul> </li> </ul> <p>Thank you notes sent post-feedback within 2 weeks of presentation</p>	<p>To be completed for the CY 2010 Report</p>	<p>To be completed for the CY 2010 Report</p>

SAMPLE

<p><b>B. Increase the number of ALERT participants in Wallowa County:</b></p> <ul style="list-style-type: none"> <li>○ private provider offices</li> <li>○ Schools</li> <li>○ Childcare settings</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> 1)Commit staff time and resources to project</li> <li><input type="checkbox"/> 2)Assess the level of use of ALERT in all Wallowa County schools, private practices and day care settings using ALERT participation data available through OIP</li> <li><input type="checkbox"/> 3)Determine which type(s) of agencies to contact and focus effort on</li> <li><input type="checkbox"/> 4)Review current participation &amp; identify clinics needing improvement. Offer assistance to those sites needing help to increase usage</li> <li><input type="checkbox"/> 5)Recruit any site not reporting (Clinics only--encourage electronic reporting).</li> <li><input type="checkbox"/> 6)Determine feasibility and whether to offer incentives</li> <li><input type="checkbox"/> 7)Pick a number or percentage of non-ALERT users to recruit each year for 3 years</li> <li><input type="checkbox"/> 8)Collect promotion materials to be used when contacting &amp; working with facilities</li> <li><input type="checkbox"/> 9)Arrange for ALERT users class &amp; invite players to attend. Use ALERT video, Invite OIP Health Educator to participate <ul style="list-style-type: none"> <li>○ Provide ALERT registration materials to be completed and returned at end of training</li> <li>○ Track attendees' participation in ALERT</li> </ul> </li> <li><input type="checkbox"/> 10)Meet with individual agencies to promote, train and register them for ALERT <ul style="list-style-type: none"> <li>○ Share info about forecasting feature and other benefits of ALERT</li> <li>○ Deliver incentive to office contact</li> <li>○ Share benefits of ALERT during school exclusion</li> </ul> </li> <li><input type="checkbox"/> 11)Compare numbers of ALERT users post recruitments and training to determine yearly increase.</li> </ul>	<p>1/10 to 12/10 for all act.</p>	<p>Coord. For all act.</p>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Staff time committed and project begun on ____</li> <li><input type="checkbox"/> Number of schools, clinics and day care facilities using and NOT using ALERT to forecast determined</li> <li><input type="checkbox"/> Number of clinics not submitting shot records to ALERT determined</li> <li><input type="checkbox"/> Number /percentage of sites chosen per year: ____</li> <li><input type="checkbox"/> Number/percentage of sites contacted: ____</li> <li><input type="checkbox"/> Number and type of sites registering for ALERT: ____</li> <li><input type="checkbox"/> Number of classes and/or individual trainings held: <ul style="list-style-type: none"> <li>○ List of attendees and which facilities they represent</li> </ul> </li> <li><input type="checkbox"/> Number of promotion materials distributed ____clinics, schools and daycare facilities</li> <li><input type="checkbox"/> Number or percentage increase of ALERT participants</li> </ul>	<p>To be completed for the CY 2010 Report</p>	<p>To be completed for the CY 2010Report</p>
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**Year 3: January 2011-December 2011**

Objectives	Activities	Date Due / Staff Responsible		Outcome Measure(s)	Outcome Measure(s) Results	Progress Notes
<p>A. Promote AFIX in:</p> <ul style="list-style-type: none"> <li>○ private provider offices</li> <li>○ Delegate Agencies</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> 1) Commit staff time and resources to project</li> <li><input type="checkbox"/> 2) Arrange for OIP assistance with this project</li> <li><input type="checkbox"/> 3) Dedicate staff time to contacting and recruiting 1/3 of providers on list per year for an assessment. Keep recruiting until required # reached.</li> <li><input type="checkbox"/> 4) Keep list of “no-thanks” clinics to contact next year</li> <li><input type="checkbox"/> 5) Work with OIP Health Educator (to set feedback dates, complete other tasks, communicate on project, etc.)</li> <li><input type="checkbox"/> 6) OIP to run assessments and present feedbacks</li> <li><input type="checkbox"/> 7) Provide reminder call to clinic 1 week prior to feedback</li> <li><input type="checkbox"/> 8) Attend feedback sessions and participate in discussion. Be responsible for handing out materials, getting attendance form completed, etc.</li> <li><input type="checkbox"/> 9) Post-feedback, send note of appreciation to provider and recommend annual assessments</li> </ul>	<p>1/11 to 12/11 for all act</p>	<p>Coord. For all act</p>	<ul style="list-style-type: none"> <li><input type="checkbox"/> List of providers created and possible clinics to recruit for AFIX identified by ____</li> <li><input type="checkbox"/> OIP committed to provide services on ____</li> <li><input type="checkbox"/> AFIX materials gotten from OIP and CDC. Reviewed by ____</li> <li><input type="checkbox"/> Clinics contacted and educated on benefits of free AFIX assessment &amp; feedback with staff</li> <li><input type="checkbox"/> List updated with 2<sup>nd</sup> year prospects</li> <li><input type="checkbox"/> Monthly and then bi-weekly contact with OIP health educator. Reminder calls made</li> <li><input type="checkbox"/> Number of Feedbacks held                             <ul style="list-style-type: none"> <li>○ Name of clinic(s)</li> <li>○ Feedback dates</li> <li>○ # participants at each</li> </ul> </li> </ul> <p>Thank you notes sent post-feedback within 2 weeks of presentation</p>	<p>To be completed for the CY 2011 Report</p>	<p>To be completed for the CY 2011 Report</p>

<p><b>B. Increase the number of ALERT participants in Wallowa County:</b></p> <ul style="list-style-type: none"> <li>○ private provider offices</li> <li>○ Schools</li> <li>○ Childcare settings</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> 1)Commit staff time and resources to project</li> <li><input type="checkbox"/> 2)Assess the level of use of ALERT in all Wallowa County schools, private practices and day care settings using ALERT participation data available through OIP</li> <li><input type="checkbox"/> 3)Determine which type(s) of agencies to contact and focus effort on</li> <li><input type="checkbox"/> 4)Review current participation &amp; identify clinics needing improvement. Offer assistance to those sites needing help to increase usage</li> <li><input type="checkbox"/> 5)Recruit any site not reporting (Clinics only--encourage electronic reporting).</li> <li><input type="checkbox"/> 6)Determine feasibility and whether to offer incentives</li> <li><input type="checkbox"/> 7)Pick a number or percentage of non-ALERT users to recruit each year for 3 years</li> <li><input type="checkbox"/> 8)Collect promotion materials to be used when contacting &amp; working with facilities</li> <li><input type="checkbox"/> 9)Arrange for ALERT users class &amp; invite players to attend. Use ALERT video, Invite OIP Health Educator to participate <ul style="list-style-type: none"> <li>○ Provide ALERT registration materials to be completed and returned at end of training</li> <li>○ Track attendees' participation in ALERT</li> </ul> </li> <li><input type="checkbox"/> 10)Meet with individual agencies to promote, train and register them for ALERT <ul style="list-style-type: none"> <li>○ Share info about forecasting feature and other benefits of ALERT</li> <li>○ Deliver incentive to office contact</li> <li>○ Share benefits of ALERT during school exclusion</li> </ul> </li> <li><input type="checkbox"/> 11)Compare numbers of ALERT users post recruitments and training to determine yearly increase.</li> </ul>	<p>1/11 to 12/11 all act.</p>	<p>Coord. For all act.</p>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Staff time committed and project begun on ____</li> <li><input type="checkbox"/> Number of schools, clinics and day care facilities using and NOT using ALERT to forecast determined</li> <li><input type="checkbox"/> Number of clinics not submitting shot records to ALERT determined</li> <li><input type="checkbox"/> Number /percentage of sites chosen per year: ____</li> <li><input type="checkbox"/> Number/percentage of sites contacted: ____</li> <li><input type="checkbox"/> Number and type of sites registering for ALERT: ____</li> <li><input type="checkbox"/> Number of classes and/or individual trainings held: <ul style="list-style-type: none"> <li>○ List of attendees and which facilities they represent</li> </ul> </li> <li><input type="checkbox"/> Number of promotion materials distributed ____clinics, schools and daycare facilities</li> <li><input type="checkbox"/> Number or percentage increase of ALERT participants</li> </ul>	<p>To be completed for the CY 2011 Report</p>	<p>To be completed for the CY 2011 Report</p>
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