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May 1, 2011

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

RE: FY 2011/FY 2012 Annual Plan for Hood River County

Dear Mr. Engle:

Enclosed is Hood River County's FY 2010-11 Annual Health Plan for continuing State support of Hood River County's public health responsibilities. The plan includes updates as appropriate to the comprehensive plan submitted in 2010.

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

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

Sincerely,

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

Ellen Larsen
Hood River County Health Department Director

I. Executive Summary 2011012
Hood River County Health Department

Severe limitations in county level funding were enacted last year. While the economic outlook has not vastly improved and the county budget is still under consideration, it is not anticipated that further deep cuts will need to be made for the upcoming fiscal year. After several years of not conducting any timber sales, a major financial resource for the county, due to low timber prices, sales are planned for the new fiscal year. This will put income back into the dwindling timber fund. The health department continues with a lower than previous staffing level, a full time nurse that left in August of last year has not been replaced. This has made our coverage level very shallow and caused heavy workload during recent communicable disease work.

This has been a good year for collaboration in the county. The health department worked in coordination with the local hospital on a community assessment. This is a combination of the TROCD planning grant and the new requirement of community assessments for hospitals. The hospital has done assessment in the past, but this year there was a much more prominent public health emphasis this year. Preliminary results from both assessments are showing the impact of chronic disease, nutrition and exercise on residents as the leading concerns. The county and collaborators are also working on a health impact assessment for a 32 acre plot of land owned by the park and recreation district. The main uses being considered for this land would help address the assessment findings.

Health information exchange, electronic medical records and coordinated care organizations are being discussed by a group of providers, including the hospital and health department. The meetings are known as Better Health in Busy Town. The health reform and changes in health insurance coverage and funding are prompting a collaborative and unified look at care provision in the county. Some practices are concerned with being able to provide the needed level of care for their current patient base as well as taking on new patients, especially those with no insurance.

The sewer installation in the Windmaster area has been completed and the adoption rate has been quite good. All but one of the phase one hook ups has been accomplished and approximately 75% of the total hook ups have been made.

Some minor work on accreditation continues, but the reduced staffing has made this a difficult task to undertake.

At this time the health department plans to continue with current levels of services. This of course may be changed when the final federal funding level is determined and the great unknown of what will be involved in the changes being considered by the Oregon legislature – funding and programmatic changes are both putting offered services at risk.

II. HOOD RIVER COUNTY ASSESSMENT 2010-2011 Update 2011-12

Hood River County is working closely with Providence Hood River Memorial Hospital, Next Door Inc., and Oregon State University Extension to carry out a comprehensive community health assessment. The results are being compiled at this time. The results and plan will be available for the next annual plan cycle. The county is also collaborating with Nuestra Comunidad Sana (a program of Next Door Inc., Oregon State University Extension and Hood River Valley Parks and Recreation District on a Health Impact Assessment for possible uses for 32 acres of land making up Barrett Park. This information will also be available for the next annual plan cycle.

General County Information and Population – Hood River County (HRC) was established June 23, 1908 as the 34th county in the state. The City of Hood River was first platted in 1881 and has served as the county seat. The one other incorporated city in the county is Cascade Locks. These two incorporated areas account for approximately 34% of the population. In 1964 HRC adopted the home rule form of government. The Board of Commissioners has 5 elected members who appoint a county administrator. The county is 533 sq. miles in area with dimensions of approximately 23 miles wide (east/west) and 32 miles long (north/south). Of the 533 square miles approximately $\frac{3}{4}$ are not build-able because of wilderness, national forest, county forest, and scenic areas. Average temperatures are 33°F in January and 72°F in July with annual precipitation of 30.85". Travel through the Gorge in the winter months causes many Cascade Locks residents to seek services in the Gresham area.

Major economic activities are agriculture, food processing, forest products and recreation. Main crops, grown on more than 14,000 acres of commercial orchard land include apples, cherries, peaches, pears, and vineyards. Recreation activities include snowboarding and skiing on Mt Hood, fishing, yachting, windsurfing, biking, hiking, mountaineering, and kite boarding.

The county carries on an enterprise timber operation located within the county as well as owning land to the east. February 2010 data shows that most nonfarm jobs in the county are in the private sector with almost one-quarter being in the leisure and hospitality sector. Trade, transportation, and utilities is the next most frequent category. Manufacturing is a major employer with windsurfing and other outdoor equipment being a major product. Education and health services and local government complete the top employment types. Average wages in 2007 for public and private was \$26,444. Median household income was \$47,159 and in 2006 per capita personal income was \$29,333. In 2007 the median gross rent was \$660; the median home value was \$271,300 and median monthly owner occupied housing costs were \$1,348. The 2005 poverty percentage in the county was 13.6% for all ages. Estimated median household income in 2009 was \$46,605, as compared with \$48,457 for Oregon. Estimated per capita income in 2009:\$23,502.

In April 2010 WIC clients in Hood River County have the following co-enrollments; Cascade Locks, 13% receive TANF payments, 31% are on OHP, and 50% receive food stamps. Parkdale clients, 0% receives TANF payments, 96% are on OHP and 69% receive food stamps. At the main Hood River clinic, 3% receive TANF payments, 77% are enrolled in OHP and 51% receive

food stamps. All numbers show increases in the rates of co-enrollment. WIC caseload has decreased during the last year. Due to budgetary constraints the WIC program will be moving back in to the main HD building. The added space for the program has been nice, but reduced staffing levels have resulted in a decrease in the quality of service and support for the WIC staff. When the move back into the main building is accomplished other HD staff will be able to assist with checking WIC clients in, printing vouchers and making reminder telephone calls. Starting in August 2010 caseload numbers started undergoing a decline. March of 2011 has shown a slight increase in caseload for the first time since August. The move of the WIC program back into the main building of the Health Department has taken some adjustments of business practices. All front office clerical staff have been trained to be able to check WIC participants in and work with certifiers on printing food instruments. There were 669 families served during 2010. Among moms 97.8 started out breastfeeding their infants. In 2010 the value of redeemed food instruments at 8 authorized retailers was \$546,214. There was another \$14,932 redeemed with 15 farmers located at the one farmer's market and 10 farm stands located throughout the valley. In April 2011 56% of WIC clients were co-enrolled in food stamps, 82% in Oregon Health Plan and 3% in TANF. Despite outreach the WIC caseload in Cascade Locks remains very low; currently only two families are being served.

In recent years the number of low cost housing units has decreased. Apartment buildings have been removed and converted into condominium type housing. Work force affordable housing is in extremely short supply. A private group Cottage Housing LLC is building a variety of home types both inside the Hood River city limits and in the county within the urban growth boundary. The county has purchased land and will be signing it over to Columbia Cascade Housing with the idea of apartment units being constructed. HRC is also partnering with Columbia Cascade Housing Corporation on a home repair program. The program will make up to \$30,000 available at no interest with deferred payments in order that homeowners can make needed health and safety repair to their homes using local contractors. Estimated median house or condo values in 2009: \$325,914 as compared to an Oregon value of \$257,400. Mean house prices in 2009 – All housing units: \$348,151; detached houses: \$376,999; townhouses or other attached units: \$389,827; mobile homes: \$57,383. Median gross rent in 2009: \$646. Forty new “affordable housing” apartments will be available for occupancy in May. There were over 200 applications by tenants.

The recent downturn in the global economy has greatly impacted the timber market, a key source of income for county government activity. The 2010-2011 FY budget will include a 20% decrease in county general fund activity. This will impact all county departments. The County is planning to conduct a timber sale this year after several years of not holding sales due to the low prices for timber. This will not have an immediate impact on county general fund.

Primary Health Care - Providence Hood River Memorial Hospital (PHRMH) is a Trauma Designation Level 3 facility. There are 25 licensed beds and an active medical staff of 67. In 2009 there were 420 births (not all to Hood River County residents), 1,665 admissions, and 9,418 emergency department visits. Charity and unpaid community benefit costs in the Gorge Service Area for 2008 was \$4,113,000. Figures for 2009 are expected to be 40% higher. The health department receives funding to assist in providing school health services to Hood River

County School District. PHRMH is JCAHO accredited. PHRMH also has a mobile health unit providing services at a variety of locations around the county five days per week. The mobile unit provides non-emergency care and assists patients in finding a permanent medical home. In 2009 the hospital expanded to include five operating rooms including a dedicated C-section suite, 18 private patient rooms for same-day surgery services. Upgrades were also done to the birthing center and diagnostic imaging center. Clinical services are also offered in a range of specialties. These clinical services have reduced the number of people required to commute to Portland for care.

The county has an FQHC. Pregnant women are able to receive prenatal care in the county and most providers accept Medicaid payment.

In the 2010 County Health Rankings funded by Robert Wood Johnson Foundation and compiled by University of Wisconsin, Population Health Institute was published. Out of all counties in Oregon; Hood River County ranked fifth in Health Outcomes (second in the 2011 rankings) and fourth in Health Factors (fifth in 2011 rankings). As part of the Health Outcomes Rankings; Hood River County ranked sixth in both Mortality (ranked third in 2011) and Morbidity (ranked second in 2011). In the category of Health Factors Rankings Hood River County was fifth in Health Behaviors (ranked seventh in 2011), first in Clinical Care (ranked fourth in 2011), and fourth in both Social and Economic Factors (ranked fifth in 2011) and Physical Environment (ranked first in 2011). More information on county health rankings can be found at www.countyhealthrankings.org/oregon

1. Public Health Issues

Ageing Issues – Population estimates for 2009 showed 12.8% of County residents are 65 years and older. Estimates of population for 2008 show of those residents 65+ years 16.2% are 85 years and over. This remains steady at about 2% of total population. Yearly death rates remain quite constant. There are currently 2 independent retirement living facilities; four assisted living facilities, and 1 nursing home. Dental care, prescription costs, transportation and housing costs are issues for this age group. Though not only associated with older citizens there are currently five practicing internal medicine physicians, a urologist, two orthopedists, and a dialysis center in Hood River County full time. Additionally there are five cardiologists, a rheumatologist, two ophthalmologists, a nephrologist, and a specialist in hematology/oncology that have office hours in Hood River.

Air Quality – geography of the Columbia River Gorge causes frequent winds to blow through the area, however in 1999, Hood River County ranked fairly low for air quality compared to the country, although it ranked better among different counties in the state. Since 1999 many of the agricultural businesses have changed from using diesel fueled smudge pots to fans and propane fueled smudge pots to prevent frost damage to fruit crops in the spring. Of the companies listed as the biggest pollutant emitters all but one are no longer in business. Not much data is collected on air quality in Hood River County.

Births – Year to date data for 2009 shows that there were 279 births to Hood River County Residents (274 births in 2010). There has been a decreasing tendency since 2007. The crude birth rate in 2007 declined to 14.95/1,000. For the year 2007 the age specific birth rate for all women 10-17 years is 21.48/1,000, which is a 6-point increase. The birth rate for total women 18-19 years is 70.31/1,000, which is also an increase. The rate for total women 20+ years is 70.1/1,000. The risk factors of maternal minority race/ethnicity, maternal age 35 and older, and less than 12 years education were all higher than the state average. Births to an unmarried mother were lower than the state average.

Hood River County was one of the original Oregon Mother's Care counties. Our overall rate for adequate prenatal care has improved since the program came into effect. Our rate for the year to date 2009 was 98.2% which shows a slight increase over 2007. Prenatal care was begun in the first trimester by 80.8% of women in 2009. Births to married women in 2009 YTD data shows 71.0% which remains higher than the state average.

Birth defects have remained about constant in Hood River County with very low numbers, generally about 1 per year. Due to the small numbers this does have profound effect on the statistics. The 2008 preliminary percentage of low birth weight babies is 20 out of 294 births (6.8%) which is a slight increase from 2007. YTD 2009 data indicates that there were 8 LBW babies for 2.9%, which is a decrease from 2008. Preliminary data for 2008 indicates that 26.5% of births were C-Section and YTD data for 2009 shows 24.8%.

There were 41 induced terminations performed for Hood River County women in 2008. There were no abortions performed on girls less than 15 years of age in 2008, the highest number (12) was in women 25-29 years of age and 4 in women 40-44 years of age.

In 2008 there were 101 first births (36.2%) up from 33.34% in 2007. In 2007 19 mothers (6.0%) indicated they had used tobacco while pregnant, this number is the same as 2006. Data for 2008 tobacco use is not available.

Communicable Disease – Remains largely unchanged. There were however, two cases of measles in spring 2011. Hood River County continues to have a low occurrence for CD. There have been no major outbreaks in the past year. In 2008 and 2009 Chlamydia continued to be the most frequently reported disease. There were 56 total cases of notifiable diseases or conditions in the county in 2008 and 76 in 2009. The number of cases of Chlamydia almost doubled from 2008 to 2009. There were 2 cases of active tuberculosis in the county in 2009, both of these cases completed treatment using direct observed therapy for their entire course of management. There were an additional two cases of tuberculosis in 2010. Hood River County continues to maintain a high level of compliance for timely reporting of notifiable conditions to Oregon State Public Health Division.

H1N1 influenza activity in the county was marked by 5 hospitalizations and 2 deaths. The deaths occurred at the hospital emergency department in non-admitted persons. Both were male and in the 20-40 year age range. Approximately 4000 doses of H1N1 vaccine were administered in the county and there is an impression of higher than usual uptake of seasonal flu vaccine. A mass H1N1 vaccine clinic was held at a local facility with collaboration between the health

department, hospital and federally qualified health center. Further planning meetings involving law enforcement, emergency responders, medical providers have been held, an MOU is in place for facility use in the future for mass clinics as needed.

Deaths – The most recent finalized data available is for the year 2006. Data for 2007 and 2008 is preliminary. Median age for deaths in the County for 2006 was 84, 80 years for men and 86 years for women. Almost 47.7% of county deaths occur in those 85 years and older and 71.5% of deaths are to those aged 75 and older. Data for 2006 shows the four leading causes of death in descending orders are: heart disease, cancer, cerebrovascular disease, and unintentional injury. The cancer death rate remains below the state average, but the rates for heart disease, cerebrovascular disease and unintentional injuries are higher those of the state. Tobacco related deaths are reported as being significantly lower than the state. In 2008 preliminary data shows most deaths occurred in March, April & January, October & December in that order. Of the 184 preliminary data deaths in 2008, one was in age range 1-9 years, 32 in age range 18-64 and the remaining 151 in those aged 65 and older. YTD data for 2009 indicates that over 755 of deaths in the county occurred in those aged 65 years and older, there was 1 death in 1-9 years and 2 aged 10-17.

In 2006 39% of residents selected cremation, as their final disposition, down from 60% in 2005, 32% were removed out of state, but that is not unusual for a border county. There were 11 unintentional injury deaths to county residents (5 motor vehicle accidents, 3 falls and 1 drowning), 7 deaths required autopsy and the medical examiner responded to 29 (16%) of deaths. The majority were determined to be from natural causes, as opposed to external causes. YTD data for 2009 indicates of 167 county resident deaths 94.6% were from natural causes, 3% accidental and 2% suicide. There were 173 deaths that occurred in Hood River County in 2009 (YTD) of those 22 involved the medical examiner and of those 10 were autopsied. The health officer for the county serves as the medical examiner and is assisted by a deputy medical examiner.

Dental – remains a huge problem in this area. Give a Kid a Smile Day will be held on February 5 this year. The format was changed with children being screened and only minor restoration done on that day. In response to the high level of dental care need the Gorge Dental Access Coalition (GDAC) was formed. The Health Department has taken on the role of receiving referrals, assessing for need and any pre-existing source of payment, scheduling appointments and providing follow-up to assure attendance at appointments. Over 100 children have been referred for follow-up care and the show rate for appointments has been very high. There is still no acceptance for the idea of fluoridating the water systems in the County. Fluoride treatments are being actively done in Head Start and in the elementary grades of the school district. GDAC continues to look at caries prevention strategies and funding for continued dental care which would include finding dental homes for people in order that they could receive ongoing routine and preventive care as well as much needed urgent care. GDAC is also going to look at the possibility of expanding the services offered to other populations than just children. ODS is also looking at a program that would offer dental coverage to children, ages 6-12 years, currently not covered by dental insurance. The work of GDAC has brought about a decrease in the number of children needing extensive dental care. The need continues for adults.

Diabetes and other Chronic Diseases –

Diabetes is the tenth leading cause of death in 2006, down from being the sixth leading cause of death in Hood River County in 2005. There are the same concerns here as in other areas of the State. Our high Hispanic population percentage also impacts our rates; however only 5.6% of the county population aged 65 year plus are Hispanic. We partner with the local FQHC and Hispanic outreach program for education and outreach. The local Diabetes Association provides most services. We are working with community partners and with our own clients on issues of obesity throughout the lifespan.

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

Hood River County will be applying for assessment and planning funds from the Healthy Communities Program. Healthy Active Hood River County (HAHRC) is a local group that promotes physical activity, especially those geared toward entire family participation and healthy nutrition. There is a farmers market and a Saturday market that offer fresh locally produced foods seasonally. These fresh foods are also included in food bank distribution when available.

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

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

Helping Hands Against Violence offers a 30-day sheltering program with a capacity of 6 adults and 12 children. This emergency sheltering is available for 30 days and includes peer counseling, transportation assistance, food vouchers, clothes, etc as needed. Some former clients find that they need to return to the shelter and the program continues to work with victims that have been able to move back into the community. There is about equal usage by Hispanic and Non-Hispanic patrons. Helping Hands also runs a Young Women's Center. This program has 5 rooms available to women and their children. Women without children can also be served

depending on circumstances. The ages served are from 16 to 24 years of age. Most clients are 18 years or older, unless legally emancipated. Women can live in this transitional housing for up to one year. The hot line run by Helping Hands receives about 100 calls per month.

Crime in Hood River County in 2006 showed overall crime to be less than the state and other rural areas averages. This was true also for crimes against people and property crimes. Behavioral crimes, such as weapon laws, drug laws, gambling crimes against family, DUII, liquor laws etc was higher than the state average, but lower than other rural area average. Juvenile arrests for crimes against persons is less than the state and rural average, juvenile arrests for property crimes is significantly less than the state and other rural averages, percent of juveniles with a new criminal referral to a county juvenile department within 12 months of the initial criminal offense is just less than the state and rural averages.

Child abuse rate in Hood River County increased in 2009 by more than double from 2008 rates. Out of a total of 125 assessments, 43 were founded and 62 were unfounded. Incidence showed 22 cases of neglect, 14 cases of physical abuse, 6 cases of sexual abuse and sexual exploitation and 41 cases of threat of harm. Most children were served in their homes with a minimal (3) increase in the number of children in foster care. For the year 2009 twenty-six children were placed in foster care and twenty-two children exited foster care. Fifty-eight children in the county experienced at least one day of foster care during 2009.

Elevated Blood Lead Levels – there have been no reports of elevated lead levels in the past year for adults or children. Although there are a number of older homes in Hood River County and a fairly high poverty level, most low income housing is newer constructions. Fewer agricultural workers are coming to the county and living in orchard housing, much of which has been replaced over the last few years. Of greater concern than lead paint is the presence of lead in pottery, candy, home remedies, and toys that come into the area. The health department is part of the health advisory board for the local Head Start and migrant Head Start programs. Both programs and the local pediatrician are using the screening questionnaire, but little actual testing has been done.

Emergency Preparedness – the prolonged incidence of H1N1 influenza provided many opportunities to practice our preparedness plans. A mass vaccine clinic was held, staff was moved from usual tasks to flu related work, and further planning activities were carried out with community partners that have not been active participants in the past. Hood River County continues to take part in state-wide preparedness exercises and activities.

Environmental Health – foodborne illness & fecal oral illness – we have a very active restaurant inspection program. We continue to offer food handler classes taught in person, but are seeing an increase in the number using computer-based programs. In 2009 we had approximately 15 complaints of foodborne illness reported to us and another 20 complaints of concern regarding different food service establishments. All complaints on public restaurants are promptly investigated. We have instituted a “Certificate of Excellence” for food service providers that a score of 95 or above on their inspection. This program has been very widely accepted by the public with the results being published in the newspaper semi-annually. There

have been no major foodborne illness outbreaks in the past year. There has been less incidence of norovirus type illness reported.

Onsite Wastewater Management – the county has many residences with septic systems, the environmental health program conducts evaluations, inspections, licensing and follow up on potentially failing systems. The Windmaster area of the county, just south of the urban growth area has been formed into a special sewer district and an urban renewal district to assist in payment of costs to those living in the affected area. Construction of the main infrastructure sewer lines was completed in fall of 2009; connections began in spring of 2010. Those properties with failing onsite systems are required to be connected to the sewer line by July of 2010. All other residents in the district must be connected by 2013. Part of the system is able to use gravity to move effluent, grinder pumps are being required by other properties.

Adolescent Health and Risks

Youth Suicide – Data for Hood River County covering 2004-2006 showed 24 attempts for a rate of 311 per 100,000 which is thin the highest 25% quartile. This may be a reflection of the distribution of health care resources and access to the resources, as well as reporting compliance as much as actual attempts. The YRBS reported that 14.9% of 8th graders and 16/3% of 11th graders contemplated suicide in the last 12 months. Among 8th graders 3.9% had made one attempt and 2.1% had made 2-3 attempts. Among 11th graders 4.0% had made one attempt and 1.7% had made 2-3 attempts.

Sexual Behavior – Youth Survey 2007-8 11th grade data indicated that approximately 50.9% have had sexual intercourse. The breakdown by sex was 50% females and 51.9% males. Of these students 24.3% were sixteen years or older at the time of first intercourse. Those reporting first intercourse at 13 years or younger was 4.2%. The majority of both 8th and 11th grade students stated they only had sex with only one person. Among students who reported being sexually active most stated they had not used drugs or consumed alcohol prior to intercourse. Among those who have had sex, 71% of 8th graders and 59.7% stated they used a condom the last time they had intercourse. Among 8th graders 74.5% and 85.3% of 11th graders used some form of contraception. Youth Survey 8th grade data indicated that approximately 11.9% have had sexual intercourse. The breakdown by sex was 8.6% females and 15.7% males. Age 13 was the most commonly reported age of first intercourse.

Personal Safety –When riding in a car being driven by someone else 70.5% of 11th graders and 62.9% of 8th graders stated they always wear a seatbelt. Among 11th graders 17.8% and 14% of 8th graders stated that they ridden in a car with a driver that had been drinking. Harassment was reported by 30.9% of 11th graders and 38.2% 8th graders. In the 8th grade the major issues were comments on appearance (clothes, acne, etc) and sexual comments. Among 11th graders “other reasons” was the leading response followed by race or ethnic origin. Students stayed away from school from 1-3 days due to not feeling safe, at the rate of 3.9% in 8th grade and 2.5% in 11th grade. Most students in both 8th and 11th grades reported that they had not changed homes more than 1-2 times since kindergarten, if ever. Most students in both grades did not think there was a lot of crime in their neighborhood and they feel safe there. Most also reported that none of their close friends have been arrested in the past 12 months.

Human Behavior – Smoking – 14.4% of 11th graders and 4.6% decrease of 8th graders stated that had smoked during the 30 days prior to the survey (this is a decrease from previous survey data), with 2% of 11th graders and 2.1% of 8th graders stating that it was every day. Sixty seven percent of 11th graders and 71.4% of 8th graders state that they would definitely not smoke a cigarette even if their best friend offered it to them (this is an increase from last survey). Over half (59.9%) of the students in 11th grade and 29.2% of 8th graders stated it would be very easy to obtain tobacco products. Smokeless tobacco was used by 5.1% of 11th grade and 2.8% of 8th grade students during the past 30 days.

During the previous 30 days alcohol had been consumed by 45.4% of 11th grade and 31% of 8th grade students. Among students who consumed alcohol binge drinking was stated by 24.5% of 11th grade and 10.4% of 8th grade students. Over 83.6% of 11th grade and 66.2% of 8th grade students stated it would be very easy or sort of easy to obtain alcohol. This is an increase for both age groups from the last survey. Among students who drink, 5.3% of 11th graders and 7.2% of 8th graders missed school due to alcohol consumption.

Drugs – Twenty percent of 11th grade and 8.7% of 8th grade students reported using marijuana in the previous 30 days. The majority were between 15 and 16 years when they first tried marijuana among 11th graders and the most common age for 8th graders was 12 and 13 years. Zero percent of 8th graders stated they used methamphetamines within the previous 30 days and 1.2% of 11th graders. Three percent of 11th graders and 0.5% of 8th graders stated they had used cocaine in the previous 30 days.

Family Life – Over 95% of students in both 11th and 8th grades responded that it was either very or pretty much true that a parent or other adult in their home always wanted them to do their best. Fortunately this is an increase over the previous survey. Seventy six percent of 8th graders and 80% of 11th graders responded that there was at least one teacher or other adult outside their home who really cares about them.

Community Life – Among 11th graders, 82.2% stated they liked their neighborhood and 89.1% said they felt safe there. Among 8th graders, 84.6% liked their neighborhood and 90.5% said they felt safe there. This is an increase in positive responses since the last survey. When buying alcohol 11th grades state 92.1% of the time they were very sure or pretty much true they would be asked for identification and 89.8% of 8th graders agreed. If a party with alcohol was held only 55% of students felt the police would break up the party. The number was higher among 8th graders, who felt it would happen 67.5% of the time.

Health Education and Promotion - Hood River County Health Department provides the school nursing services to the Hood River County School District. The program is also supported by Providence Hood River Memorial Hospital. La Comunidad Sana provides outreach and education to Spanish speaking residents. The health department is also a partner with several schools of nursing and community colleges to provide clinical experience for LPN and RN students; we also work with MA students and medical office specialists.

Immunizations – as a result of the 2010 immunization review process there were 377 exclusions issued. One each for MMR before one year, Varicella before one year and vaccine dates before date of birth, the remainder were; 47 for no records and 327 for incomplete immunizations. The 327 letters sent represent 575 missing antigens. There were 16 students that were actually excluded from attendance; all were in the incomplete immunizations category. The most frequent antigens were Hepatitis A and Tdap; these are the newest vaccines to be added to the exclusion cycle. Due to the shortage of Hib vaccine the requirement was altered for this exclusion cycle. This shortage may also be a factor in the number of missed shots. Providence Hood River Memorial Hospital is now taking part in the Perinatal Hepatitis B program. Administration of the vaccine is now part of the standing orders and parents have to opt out of their newborn receiving the vaccine. This change has been a long time in coming. The up-to-date levels for the county continue to be greater than the state average. Data for 2009 is not yet available due to the high volume of H1N1 influenza vaccine data. More children are receiving their immunizations in their medical home. We will be working with the immunization program in the roll out and adoption of the new ALERT IIS tracking system. In 2009 HRC immunization rates were 74.1% for 6 completed vaccines; the statewide rate was 65.5%. Our rate (82.6%) of WIC clients is higher than the state average (66.9%). Hood River County also has a higher percentage (83.1%) of immunization clients enrolled in Medicaid than the state (67.4%). In the recently completed school and children’s facility primary review Hood River County had a religious exemption rate of 5.1% and a medical exemption rate of 0.1%. The religious exemption rate was highest (12.2%) for children’s facilities, serving children 19 month to prekindergarten and lowest (4.2%) in the 7th grade. The state percentages show the same trend, but have a much lower rate (5.9%) in children’s facilities.

Injury Morbidity and Mortality – In 2006 final data shows an injury death rate of 52.1 and a suicide rate of 9.5. Preliminary data for 2007 shows an injury death rate of 23.6 and a suicide rate of 14.2. There were no homicides in 2006 or 2007. Both of the suicides in 2006 were males and firearm use was the cause of death. Year to date data for 1008 shows an accidental death rate of 27.9, suicide rate of 4.6 and a homicide rate of 9.3. YTD for 2009 indicates an accidental death rate of 22.8, suicide of 13.7 and homicide of 4.6. Motor vehicle deaths and deaths on Mt. Hood account for the majority of accidental deaths. Winter conditions on both the roads and Mt Hood are contributing factors in the accidental deaths. Hood River County has quite a few non-fatal injuries, there is no hard data available, but with agriculture and construction being major areas of employment and the wide variety of sports and recreational activities injuries follow.

Laboratory Services – the local hospital is the only locally located laboratory with CLIA certification above basic levels. There are several laboratories that offer services to local medical providers and have a courier service that runs on a daily basis. The courier service instituted by the Oregon State Public Health Laboratory has been a big boon to the health department being able to get specimens to the lab in a timely manner at no direct cost to the department.

Liquid and solid waste – Liquid and Solid Waste – The Hood River Wasteshed’s Opportunity to Recycle Program was in full compliance in 2009 and was assigned the status of Approved on

February 25, 2010. Hood River Wasteshed also earned the 2% credits for Waste Prevention, Reuse and Composting for 2009. Hood River County continues to see a high number of failures of On-Site Wastewater Treatment Systems associated with farm worker housing. Failures of these systems are due to a number of causes including the age of the systems, under sizing of the systems, and mistreatment of the systems by the users. We are also experiencing a high number of permits for tank replacement due to the use of steel tanks on most systems that were installed in the seventies and early eighties. The use of Alternative Treatment systems continues to increase with the development of smaller lots and lots with high temporary groundwater.

Mental Health – services are provided by the tri-county non-profit Mid Columbia Center for Living, Providence Gorge Counseling and Treatment Center as well as a variety private practice providers. Services are available for addictions, mental health, and those with developmental delay. Access to in-patient treatment beds remains a challenge, as do services to adults over 65 years. Mental Health, particularly for lower income clients, continues to have problems with financial stability. The availability of services in Spanish has improved some in recent years, but language and financial resources for this segment of the population remain issues.

Alcohol and drug usage – 149 DUII assessments were done in HRC during 2009, 79% were male and 21% female. Of these assessments 38% were repeat offenses, 36% were aged 21-30 years, 51% were 31-65 years and 13% were under 21 years. Alcohol accounted for 94% of the DUII assessments, marijuana was 4% and prescriptions drugs were 2%. For those cited for Alcohol DUII 33% stated they also use tobacco.

Nutrition – services are offered through the Health Department, Head Start Programs, Oregon State University Extension programs, the local diabetes support group, Providence Hood River Memorial Hospital and a registered dietician in private practice. The WIC program continues to contract with a bilingual registered dietician. The dietician is also available to provide staff training and services to other health department programs. Many county nutrition programs are offered at no cost to participants.

Plans are being developed to have a community school in the mid-valley area. Part of the planning is for nutrition education including food preparation classes. It is hoped that the space will be available by fall of 2010. The WIC program plans to collaborate with this new resource.

Physical Activity, Diet, and Obesity – Healthy Active Hood River County (HAHRC) promotes physical activities for entire families as well as people of all fitness levels. The goal of HAHRC is: To make the healthy choice the easy choice for all residents of Hood River County. This involves not only promotion of physical activity, but also making healthy eating and drinking choices. The group brings together representatives from the medical community, schools, residents committee, business, and exercise programs. HAHRC allows the networking of these groups and individuals for support with grant applications, exchanging ideas, sharing contacts and advice to promote innovations. The county forestry department has land available in several areas around the county with trails for hiking and biking. The county has also had a grant for trail maintenance.

There are a number of community gardens in the county for the promotion of local fresh food production. Some of the gardens are part of a variety of sponsorship and research projects. More than forty families are involved in a project looking at health outcomes for those growing part of their own food.

Population –Overall the increase in population from 1990(16,903) to 2000 (20,411) was 20.75%. Hood River County has about 0.5% of the state population.

Gender - Data for 2008 shows that gender, overall there are approximately 49% males and 51% females. Starting at age 65 years there are more women than men, which would be expected. At age 85 plus years the population is 66% female. The percentage between the sexes in the total population is fairly close in all other age groups.

Age - the most current figures show 26% of the population to be under 18 years, 62% are 18-64 years, 9% to be age 65-80, and 4% to be 80+ years. This is basically unchanged since 2003.

Race/ethnicity - approximately 96% of the residents are white, 1% is black, 1% is Native American, and 2% is Asian/Pacific Islander. Of these races approximately 26% are of Hispanic ethnicity. This remains unchanged since 2006.

Safe Drinking Water – drinking water systems are having sanitary surveys done to assure compliance. Training is being offered to operators and regular testing is being done as well as testing needed to meet current conditions. The EH program has already earned almost all of the money available for drinking water work. There are currently 15 active water systems in Hood River County.

Teen Pregnancy – Births to teens in HRC in 2007 were below state rates for those less than 15 years (9.3/10.1) , 15-17 years (22.1/25.7), higher in 18-19 years (101.3/86.8) and lower again for the overall ages 15-19 years (45.5/50.1). These rates are not significantly different from state rates. There is not rolling rate data neither for 2009-10 nor for 2007-2009. This may be a function of small numbers that can breach confidentiality.

Unintended pregnancy –In 2009 there were 1132 unduplicated clients served in 2222 visits. Of those seen 35.5% were no charge and 78.6% were at or below 100% of the federal poverty level, 53.3% qualified for service under the FPEP program, there were 379 new clients, and 753 continuing clients, 13 of the clients were under 15 years of age, 155 clients were between the ages of 15 and 17 years of age. Of the total clients 93.6% were white and 46.9% were Hispanic.

2. Adequacy of Basic Public Health Services

All services offered by Hood River County are available in both English and Spanish. Our staff is 40% bilingual/bicultural and our health officer is also fluent in Spanish.

For fiscal year 2010-2011, there will be further reductions in county general fund support; the budget committee is still meeting so there is no final way of knowing what level of services will be able to be offered in Hood River County in the next fiscal year. Costs of the services offered continue to rise for both salaries and materials and services, utility costs have also seen increases. More of the programs have to function on a fee driven level. There are limits of how high fees can be raised in an effort to support program activity. All county union contracts are also open for negotiation at this time, so there are many unanswered questions at this time regarding service levels. During the last 4 months of FY 2009-10 an unpaid leave day was taken each month by the entire county.

Maintenance of continued adequacy of local public health services will be more dependent on the continuing support of federal, state and grant funds. Historically HRC has had a very rich level of county general fund support.

3. Five Basic Services

- a. **Epidemiology and control of preventable diseases and disorders** - Hood River County continues to have a #1 rating for timeliness of reporting to Oregon Public Health Division. The HD worked closely with the hospital, labs and private providers during the H1N1 influenza activities. Reporting from labs and providers has improved over the last several years. There have been three cases of active tuberculosis in the past year. The cases are not epi-linked. Limited client resources and transportation required a lot of work by the HD to complete treatment. Fortunately the clients have been cooperative regarding treatment. Immunizations are available on a walk-in basis at the health department, special mass clinics are held as appropriate (e.g.; influenza). There have been two cases of measles in the county this spring. This involved contacts in Oregon and Washington. Collaboration was done between the counties involved, Oregon Public Health and CDC. Due to good vaccine coverage and investigation there have been no further cases reported.
- b. **Parent and Child Health Services** - Parent and child health services are carried out in home visits, clinic visits, and in the school and daycare settings. Services include; at minimum, education, screening, follow-up, counseling, and referral. We provide Maternity Case Management, WIC, Family Planning, Oregon Mother's Care, Babies First, and CaCoon, school health, immunization services, and perinatal services.

Family planning services are offered to all age men and women. The school district currently has a protocol to allow dispensing of contraceptive supplies at the high school and middle schools. We provide screening and assessment services, consultation, medical examinations, risk reduction information, and health promotion. The latest report available shows we are serving 106% of women and teens in need in

the county in our Family Planning clinic. HRCHD served 1132 unduplicated family planning clients in 2009. Any client has the right to decline family planning services/treatment. In 2010 1084 clients were served in 2132 visits.

HRCHD is no longer the main immunization provider in the County. Most private medical providers of now registered with the VFC program resulting in more young children getting their immunizations in their medical home.

Through Providence Charitable Care, OHP and the FQHC in the county prenatal care is available to all pregnant women. This prevents women who have not received perinatal services from presenting at the hospital for birth. Providence Hood River Memorial Hospital underwent a remodel in 2009 and greatly improved the birthing center, including the addition of a dedicated surgery suite for C-sections. In 2010 there were 422 births at Providence Hood River Memorial Hospital. Not all of these births were to county residents. The hospital's catchment area includes more than just the county.

- c. **Collection and Reporting of Health Statistics** – the Health Department is the County Registrar for births and deaths. Services include reporting, recording and registration. The Health Department has four bilingual Notary Public staff so we can serve clients needing corrections and paternity affidavits. The current registrar is Spanish-speaking. Services are offered in a timely manner. Analysis of statistics and trends are done on an on-going basis. We also have two Spanish-speaking deputy registrars. All records, both paper and electronic are stored in a secure manner. Certificate requests are generally filled immediately. Monitoring and analysis of records, especially death records are done.
- d. **Health Information and Referral Services** – the Health Department is active in maintaining strong partnerships with community resources in order to have current health related information. Mutual referrals are commonplace. The Health Department serves on many partner agency advisory boards. All information offered is available in English and Spanish. Some activities include; program promotion, health education in the school district, providing speakers on special interest topics, doing a public information program on local radio, working with the local newspaper for coverage and making appropriate referrals as needed and/or requested.
- e. **Environmental health services** – Hood River County Health Department employs 1.75 FTE environmental health specialists. Environmental health services are offered to the entire County. Services include inspection, licensure, consultation and complaint investigation of food service facilities, mobile units and temporary food facilities, tourist facilities, public swimming and spa pools, regulation of water supplies, solid waste and on-site sewage disposal systems. The local environmental health specialists consult with other appropriate agencies for air, water, and soil contamination incidents. The food program has made a real effort in the last year to bring all food service providers into compliance with statutes, rules and program guidelines. This has required a vast amount of public relations and education work.

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

Emergency Preparedness – See above under assessment. We continue to be an active participant in exercises in collaboration with HRSA and local emergency responders. Plans are complete and are being revised as circumstances and requirements change. The plans are also reviewed following incidents and/or exercises to appropriateness.

Laboratory Services – the health department is licensed as a provider performed microscopy laboratory. We coordinate with OSPHL and other local service providers for needed testing. Laboratory services for family planning and STI services are provided by a facility located in Texas. This facility is selected on quality and timeliness of service as well as cost to the LPHA.

Medical examiner – the health officer serves as the county medical examiner. The main service provider is a PA in consultation with the Health Officer. The PA has attended a number of trainings offered by the State Medical Examiner’s office and has a very strong working relationship with the county district attorney and law enforcement agencies.

Older Adult Health – handled by referral.

Primary Health Care – Referrals are made to private providers for primary/acute care for those needing it. The main safety net provider in the county is a federally qualified health center and Providence Hood River Memorial Hospital.

III. **Action Plan 2010**

Updates for 2011-12

CONTROL OF REPORTABLE COMMUNICABLE DISEASES

Current condition – Hood River County continues to have a fairly low rate of communicable diseases. The tourist/recreation activity in the county remains a large source of challenge. Many cases are in the area for a short time only so investigation can be difficult. Providers have improved in their reporting to the health department. Conduct investigations of sporadic cases and outbreaks, monitor and control communicable disease. Hood River County continues to be a transient community with a large number of summer tourists. As new medical providers join practices, there is a need to orient them to the disease reporting requirements specific to the Hood River County Health Department and Oregon. Encouragement to providers to raise their awareness of the need to call regarding suspect or atypical cases is encouraged.

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

During the past year the health department has converted to using the ORPHEUS system for communicable disease reporting. HRCHD has been part of electronic lab reporting for a number of years.

Goals –

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

Activities –

- Continual monitoring of reports for emerging trends.
- CD Nurse will continue to provide email and faxed updates to all area providers of current CD issues.
- Health officer will continue to speak at local medical society meetings on reporting.
- Work with local providers on reporting of communicable disease to assure they understand importance of reporting to Health Department.
- Provide capacity for reporting 24/7/52.
- Work one-on-one with staff at local provider offices as needed
- Keep fax and email as well as phone contacts up to date for sending out health alerts as they arise.
- Remind providers how to reach HRCHD staff during closed hours
 - Hood River County 911 Dispatch serves as the notification point for 24/7 contact

- Health Department staff carry a pager and cell phones with numbers that are on file with Dispatch
- Health Department after-hours phone messages contain 24/7 contact messages in both English and Spanish
- Keep staffing levels adequate to do investigation, reporting, and institute control measures as specified in the IGS.
 - There is an FTE of nursing staff time dedicated to this activity and other staff; both nursing and support staff would be redirected to the activities if needed. Reductions in funding from all sources are making it difficult to keep optimal staffing levels. More programs are increasing the amount of fee for service requirements – environmental health being a prime example.
- Provide education to individuals and groups on CD issues
 - Continue radio programs on public health issues.
 - Continue press releases to newspaper on current public health issues.
- Review and analyze monthly CD statistics compiled by acute and communicable disease program.
- Maintain participation in DHS CD trainings,

Evaluation –

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

Current Condition –

Hood River County Health Department is transitioning to the ORPHEUS system for electronic disease/condition reporting

Goals –

- Complete ongoing training of staff in use of ORPHEUS
- Make all reports electronically
- Maintain high level of timely reporting

Evaluation –

- Number of staff registered to use and using ORPHEUS on a regular basis
- Monitor reports available for timeliness of reporting
- Reports have been submitted in the required timeframe.

Tuberculosis Case Management

Current Condition or Problem –

- After 5 years of no active tuberculosis cases, Hood River County has had 3 active cases in the past year.
- A great deal of time and resources is involved in the treatment and case management of these individuals.

Goals –

- Assure clients with active tuberculosis disease have a primary care provided/medical home
- Assure contact investigation is done for active cases
- Assure DOT administration of medications for active cases
- Completion of treatment for LTBI and active disease

Activities –

- Use contacts in primary care setting to set up referral and appointments for active cases who do not already have a medical home
- Provide needed history and disease information to PCP
- Arrange for DOT for active cases, including incentives if appropriate and available
- Interview case for names and addresses of contacts
- Coordinate with other jurisdictions as needed for follow-up of case investigation.
- Follow-up with contacts for testing and any needed further care
- Have staff trained in administering medications and monitoring for possible side effects
- Monitor LTBI clients for compliance in medical regime, provide medications and monitor for possible side effects

Evaluation –

- Monitor case and pharmacy records for compliance in medication consumption
- Completion rate of treatment
- There were 2 cases of tuberculosis reported in 2010 – treatment was completed through direct observed therapy.

TOBACCO PREVENTION, EDUCATION AND CONTROL

Current Condition –

Hood River County has a strong TPEP program. There has been a higher than desired turnover in staff in the position of coordinator.

Goals

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

Specific Objectives

- By September 9th, 2011, Hood River County will have participated in 2 Local Level collaborative efforts that focus on policy, environmental, and systems changes to support chronic disease prevention, early detection, and or self management.
- By June 30, 2011, Hood River County will work with Ellen Larson Public Health Administrator to develop a plan for sharing available chronic disease prevalence data and the link between chronic diseases and tobacco use/exposure with decision-makers (some board committee?).
- By June 2011, 1 local government building campus will have adopted a 100% free tobacco campus
- By June 2011- Hood River County will have responded to all complaints of violation of the Smoke Free Work Place Law according to the protocol specified in the Delegation Agreement.
- By June 30, 2011, Hood River County will have responded to all complaints of violation of the Smoke free Workplace Law according to the protocol specified in the Delegation Agreement.
- By June 30, 2011, the proportion of smoke free multi-unit properties in Hood river County will have increased 25% from baseline
- By December, 2010, Columbia Gorge Community College a will have reviewed existing tobacco-free campus policy and
- By June 2010 La Clinica del Cariño Community Family Health will have adopted a 100% tobacco free campus
- By June 30, 2011, the Hood River County Fair will passed a tobacco –free policy

See attached TPEP plan.

PARENT AND CHILD HEALTH

WIC –

- See plans under separate section. Program was fully reviewed in 2010.
- The WIC program will be moving back into the main health department facility in FY 2010-11. Reductions in staff levels make this move necessary. Other HD staff will be able to assist WIC staff with check in, reminder calls, and FI printing.

IMMUNIZATION -

- See attached Immunization Plan

MCH BLOCK GRANT –

Current Condition –

There currently is not a school-based health center (SBHC) in Hood River County. Transportation is a problem for families living outside the immediate area surrounding the City of Hood River. The mobile health unit provided by Providence Hood River Memorial Hospital has helped provide health care, but it is not designed to be a medical home. A SBHC could provide medical care to students in the county, but the school district has expressed desire to

only support a model that would be able to make services available to all schools, not for instance, just to the high school. The majority of the school buildings do not have consistent space available for school health nursing activities, let alone the space required for a clinical services. Current policies do not allow for a mobile health unit to be used as a SCHC, but there is ample data showing how will “Mission in Motion” works in the county

Goals -

- Support the optimal health outcomes for women during the perinatal time period, infants, children and adolescents.
- Establishment of a SBHC in the county

Activities –

- Maintain contact with funding opportunities for planning grants of SBHC
- Work with school district and other community partners regarding service provision models

Evaluation –

- Presence of a planning grant for a SBHC

FAMILY PLANNING –

Current Condition –

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

The HRCHD family planning program provides counseling, reproductive health exams, and screening tests and/or treatment for sexually transmitted diseases. We provide appointment visits as well as drop-in availability. Due to budget shortfall, exam services will be available 32 hours per week. Refills, counseling, etc will continue to be available five days per week. We provide a variety of available birth control methods. In 2009 these services have resulted in averting 170 unintended pregnancies, 68 in teens and 102 in those aged 20 years and above, and serving over 1,937 women in need (WIN is defined as females between 13 & 44 years of aged, fertile, sexually active, neither intentionally pregnant nor trying to become pregnant, & at income of <250% FPL). Hispanic clients were 46.8% and teens were 27% of clients served in 2009. Based on population estimates approximately 64.2% of sexually active females, aged 15-17 were served. Data for 2009 also shows a decrease in the number of 18-19 year old teens being served, there was a decrease in this demographic all over the state, however the decline in HRC was larger than the state average. Births in the 18-19 year age group are higher than the state average. Of clients served by HRC family planning program, 93.5% are below 150% FPL, nearly 79% are at or below 100% FPL, and 91.2% are uninsured for primary care. This statistic is also borne out by the County Health Rankings.

See current plan under separate heading.

DENTAL HEALTH –

Current Condition –

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

Fluoride tablets are being provided in all public elementary schools.

Goals –

- Improve the dental health of County residents, especially children. This goal continues, although some headway has been made.
- Maintain new higher rate of fluoride distribution in schools.

Activities –

- Remain aware and connected to any efforts of getting fluoride into the drinking water systems.
- The dental care coalition (Gorge Dental Access Coalition [GDAC]) has made arrangements for uninsured low-income children to receive needed dental care at no cost. Screening is done primarily at Give a Kid a Smile Day and about 130 children had received care to date. Every effort is also made to get these children into a dental home.
- Participate on advisory committees that serve agencies concerned with dental health.
- Discuss the importance of good dental health in family and child public health programs.
- Continue to provide toothbrushes and fluoride tablets to appropriate populations.
- Continue to serve as the referral and case management provider for GDAC.

Evaluation –

- Data is kept on referrals and kept appointment rates.
- Keep up with numbers of children being taken to the operating room for major dental renovation.
- Usage of GDAC program has decreased. Give a Kid a Smile Day is seeing numbers about half of previous levels. Activities contributing to this decrease are:
 - Preventive messaging and activities (sealants etc)
 - Primary care provider training on checking for oral health
 - Healthy Kids insurance coverage including dental
 - ODS voucher program for uninsured children, modeled on the GDAC program

ENVIRONMENTAL HEALTH –

Current Condition –

- Services in Environmental Health include: state mandated health inspections, licensing & plan review of restaurants, public pools and tourist facilities, certification of food handlers, food borne illness disease investigations, oversight of public drinking water systems, and education, environmental health education, disaster response, and general nuisance complaints. Review by Oregon Public Health Division found the food program to be in compliance with the delegation agreement. All activities of the environmental health program are housed in and supervised by the health department.

Goals:

- Protect the health of the public through licensing and inspection
- Maintain inspection levels in accordance with delegation agreement
- Educate owners and operators on facility requirements

Activities –

- Inspection, licensure, consultation and complaint investigation of food services, tourist facilities, institutions, public spas and swimming pools, drinking water systems, to assure conformance with public health standards
- Work toward State Standardization for food service inspections
- Environmental Health assessment and planning
- Review and updating of health and medical preparedness plans to assure adequate response for emergencies
- Investigation of community health hazards and diseases that potentially associate or relate to food or water, as well as air quality

Evaluation –

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

SAFE WATER**Current condition –**

The program was reviewed in April 2010 and found to be in compliance with the delegation agreement with state of Oregon. The program is currently monitoring 18 water systems, five systems have been completed in the last 12 months, and 3 follow-ups to compliance issues were have been done.

Some of the systems in the county are aging and in need of upgrades to maintain water quality, consultation is being provided to these systems. Any lab results that are found to be outside of acceptable levels are followed up on

Goals –

- Advise the general public of water-borne contaminants that may produce health risks from bodily contact (e.g. swimming or wading) as they occur
- Follow-up on all disease outbreaks and emergencies including spills that occur in Hood River County

- Complete all of the program assurances including surveys, alerts, ERP reviews, and SNC management.
- Complete system surveys as required

Activities –

- Provide technical and compliance assistance to all operators of public drinking water systems when these systems are found to be in violation of public health requirements and safe water quality standards
- Investigate incidents of hazardous chemical spill or contamination; maintain membership in Oregon Emergency Response System (OERS)
- Annual review and update of the county written plan for responding to emergencies that involve public water systems
- Provide printed and verbal information regarding the development of safe water supplies to people using onsite water wells and springs as requested.
- Disseminate advisories when high levels of e-coli or other bacteria or contact contaminants are discovered in naturally occurring rivers and streams.
- Complete four system surveys by the end of September 2010

Evaluation –

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

Solid Waste –

Current Condition –

Hood River County is a member of Tri-County Hazardous Waste and Recycling Program. HRC has met Wasteshed goals for recycling.

Goals –

- Maintain mandated recycling levels
- Plan for hazardous waste collection events on a semi-annual basis
- Assist Hood River Garbage Company to continue home sharps recycling program

Activities –

- Advertise household hazardous waste events
- Keep recycling information on website up to date

Evaluation –

- Annual Wasteshed report on solid waste and recycling activities
- Report for 2010 was approved with 6% in Recover Rate Credits
- Household hazardous waste collection is conducted on a monthly basis.
- Backyard composting bins are available

Subsurface Liquid Waste Disposal – Windmaster Area

Current Condition –

- Failing subsurface septic systems in the Windmaster area of Hood River County. There are approximately 60 land parcels in this area. Twenty-seven of the systems have been designated as failing. This failure is evidenced by systems backing up into the homes they “serve”, raw sewerage is being pumped into area ditches, and the ground water is contaminated with untreated or partially treated effluent.
- Construction has been completed on the main lines sewer system in the Windmaster area. A special service district and an urban renewal district have been formed. Properties in the area with documented failing on-site systems are to be connected to the sewer system by summer of 2010. All properties in the health overlay area are to be connected to the sewer by 2013. Financial assistance is available for property owners, including those required to have grinder pumps.

Goal –

- Connection of properties in the Windmaster Sewer District to the extended sewer lines

Activities –

- Oversee the proper decommissioning of septic tanks as properties connect to the sewer
- Provide consultation and education regarding sewer connections and requirements
- Encourage timely connection

Evaluation –

- Number of connections made to sewer as outlined in the district
- All but one property owner for the initial sewer connection group has completed the work
- There are approximately 120 properties in the area that are to be connected to the sewer by 2013, of those about 75% of properties have already connected.

HEALTH STATISTICS

Current condition

- Birth and death reporting, recording, and registration are provided by the Hood River County Health Department.
- Assessment of mortality and morbidity trends and other public health statistic information is conducted and analyzed on a routine basis in order to assess the state of health in Hood River County and identify populations at risk for the provision of intervention services.

- The Medical Examiner notifies HRCHD of all child deaths, unusual deaths that may have public health significance, and deaths related to communicable diseases. Child deaths are reviewed by the Hood River County Child Fatality Review Team.
- Compliance with delegation agreement was found in April 2010 review.

Goals –

- Maintain assurance compliance
- Conduct a community health assessment
- Accept reports of births and deaths as they occur
- One hundred percent (100%) of birth and death certificates that are submitted to the Hood River County Vital Records Office are reviewed by the County Registrar or a Deputy Registrar for accuracy and completeness following established Vital Records Office procedures prior to registration and issuance of certificates.
- Assure accurate, timely and confidential certification of birth and death events.
- Analysis of public health information gathered from birth and death certificate data will contribute to proactive intervention to improve public health.
- Use health statistics to guide public health programs

Activities –

- Data collection and analysis of health indicators related to morbidity and mortality
- Birth and death reporting, recording, and registration via the web based state program.
- Report deaths to the county elections department for processing as certificates are received
- Analysis of services provided with technical assistance from the Department of Human Services
- Requests from walk-in customers are filled while the customer waits, once the customer's identification has been proven, their right to obtain a copy of the record has been established, and payment made.
- Continue to have a notary public on staff to facilitate activities, especially paternity affidavits and corrections
- Medical examiner will provide reports of unattended deaths
- Provide services in both English and Spanish
- Continue to collaborate with local and statewide partners to move toward a comprehensive health assessment of the county

Evaluation –

- Percent of birth and death certificates provided within 1 working day of receipt
- Compliance during the Triennial Program Review conducted by the Oregon Department of Human Services
- Progress toward comprehensive community health assessment
- In 2010 Hood River County HD issued 1034 certificates to fill 394 requests. The average completion was 1 day.

INFORMATION AND REFERRAL

Current condition –

Hood River County Health Department provides accurate and unbiased information and referral about local health and human services to the citizens of Hood River County. Information is available to all residents, especially those with special needs. All information is available in English and Spanish. Information and referral is provided through response to telephone and walk-in inquiries, providing information and referral information through news releases, presentations, printed materials, one-on-one, and radio. HRCHD telephone numbers and facility addresses are listed in phone directories, local newspapers, brochures, local and state websites, and community resource directories.

Due to budget cut backs the HRCHD reception areas are open from 8:00 AM – 5:00 PM, Monday through Friday.

Activities –

- Continue to serve on advisory boards for health and social programs
- Keep current lists available to all staff regularly
- Continue monthly informational radio program and contact with local newspaper
- Provide updates to County Board of Commissioners
- Help clients identify needs that are related to County services, explain and encourage use of community resources to deal with identified problems, and make referrals to sources of help.
- Facilitate enrollment and application to the Oregon Health Plan
- Participate in updating of Resource Guide
- Keep pertinent information up to date on website

Evaluation –

- Accuracy of information available to the public
- Compliance during the Triennial Program Review conducted by the Oregon Department of Human Services
- Public receives need information to manage their needs for health and social services

PUBLIC HEALTH EMERGENCY PREPAREDNESS**Current condition –**

Planning is now done for all-hazard scenarios. H1N1 influenza activity in the county supplied an opportunity to exercise and evaluate many of our plans, including coping with power outages, generator use and safeguarding vaccine. Plans are in place and are being reviewed to assure they are appropriate and contemporary. An MOU is now in place for a facility to be used for mass dispensing events.

Goals –

- Keep plans up to date and revised as needed
- Continue meetings and collaboration with partners begun during H1N1 influenza activity

Activities –

- Continue to work with county emergency manager, first responders, hospital, law enforcement and private providers
- Conduct exercises in accordance with PE 12 requirements
- Complete after action reports for exercises and events
- Continue training for responses

Evaluation –

- Evidence of completed exercises
- Evidence of reports on actual events
- Effectiveness of training received by staff as evidenced by their role in exercises and events
- H1N1 activities were carried out as planned, collaborating with partners. Communication and planning activities are continuing.
- Measles case work was conducted using appropriate ICS forms and after action reporting

**Oregon Healthy Communities Program
Local Health Department Implementation Grants 2011-2012**

Application Cover Sheet	
Local Health Department Name	Hood River County Health Department
Program Coordinator Name	Shaun Anderson
Phone	541-387-6890
E-mail	Shaun.Anderson@co.hood-river.or.us
Program Supervisor Name	Commission on Children and Families Joella Dethman
Phone	541-386-2500
E-mail	Joella.Dethman@co.hood-river.or.us
Local Health Department Administrator Name	Ellen Larsen
Phone	541-386-9181
E-mail	Ellen.Larsen@co.hood-river.or.us

Local Tobacco Control Advisory Group

Briefly summarize how community leaders were consulted to select the strategic direction and priorities, including those related to reducing health disparities, for the Local Program Plan for this grant application. Add rows as needed.

Community Leader, Partner, Stakeholder or other Advisor consulted Name of individual	Name of Organization	Briefly describe how this Advisory Group member helped guide the development of the Local Program Plan.	If applicable, note the BPO(s) in which this individual or organization will continue to be involved.
Ellen Larsen	Health Department	Ellen provides constant feedback on work plan objectives. Both her experience and longevity in the community extend important relationships and influence policy change.	All BPO's
Lorena Sprager	La Clinica del Carino, The Next Door Inc.	Lorena vice chair of Healthy Active Hood River County Coalition. She is a Health Promotion manager at La Clinica del Carino serving Hispanic/farm workers/low income. Health Promotion. Lorena provides private consultation on cultural diversity. Both of these roles focus on chronic disease prevention and services targeted	BPO#1

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		populations.	
Rena Whittaker	Providence Hood River Memorial Hospital Foundation	Executive director for the foundation and raises money for vouchers related to pre screening colorectal and breast cancer. She helps guide in the area of chronic disease prevention by collaboration efforts.	BPO #1
Maija Yasui	Hood River County Commission on Children and Families Prevention Specialist	Heads the ATOD coalition. She is able to provide past and present data as well as establish key relationships in the community	All BPO's
Joella Dethman	Director of Commission on Children and Families	Sets county wide Strategic Prevention plan for youth zero to twenty-four years old and families. She sits on the Head Start Advisory Board and Resource Directory 211 Board.	All BPO's
Ruby Mason	Mid Columbia Housing Authority	Ruby support local plan and is an advocate for tobacco free housing in HUD Housing	BPO#4

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Dr. Frank Toda	Columbia Gorge Community College President	Direct and support Columbia Gorge Community College Assessment of student desire and movement to strengthen tobacco free policy.	BPO #5
Elise Venusti	Chief Executive Officer La Clinica del Carino	Supports 100% tobacco free campus. Continued conversation and development of timeline and policy	BPO# 14
Ron Rivers	Hood River County Commissioner	Supports tobacco free County Fair commitment for advocacy for tobacco free county property.	BPO#9
Ellen Mallon	Hood River County Health Department	Public health team- collaborate efforts on tobacco prevention /chronic disease prevention. Representative on the Healthy Active Hood River County Coalition	BPO#1
Deirdre Kasberger	County Juvenile Department Director	Supports tobacco free efforts. She is juvenile enforcement of MIPT and providing alternative consequences	BPO#2

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<p>Bob Dais</p>	<p>Assistant Superintendent</p>	<p>Advocate on tobacco free campuses. Supportive of tobacco free fair and Columbia Gorge Community College</p>	<p>All BPO's</p>
<p>Sue Samet</p>	<p>Mid- Columbia Council of Governments Living Well program</p>	<p>Mid Columbia facilitates Living Well Program involved with Chronic disease and prevention. We meet with representatives once a month to discuss tobacco prevention focus in the work place</p>	<p>BPO#1</p>
<p>Janet Hamada</p>	<p>Next Door Inc. Director</p>	<p>Janet is the executive Director of The Next Door Inc. meet monthly to discuss prevention focus as well as ways to strengthen policies around reducing health disparities. The Next Door Inc. provides the community with programs such as New Parent Services, Nuestra Comunidad Sana (outreach to Latino health</p>	<p>BPO#1</p>

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Mary- Gayle Wood	Wasco County Tobacco Prevention Coordinator	Shared housing management companies that we share in both counties. She will work to promote policy change in both housing, health systems, and community college	BPO#4, 5, 14
Mark England- RN	Clinical Services Director at La Clinica del Carino	Mark is an advocate for a tobacco free campus and is a key stake holder.	BPO#14
Jesus Acosta	OSU Extension, 4-H	Jesus supports a tobacco free county fair and can be influential with the fair board. He will represent the youth sector-4H at fair	BPO#9
BARB SEATTER	Ex. Director of Mid Columbia Center for Living	Barb supports tobacco prevention efforts and ATOD coalition- supportive of tobacco free campus at MCCFL	BPO#14

Local Health Department TPEP Grant
Local Program Plan Form 2011-12

Local Health Department: Hood River County
Best Practice Objective: BPO # 1 Building Capacity for Chronic Disease Prevention, Early Detection, and Self-Management
SMART Objective: By June 2012...Hood River County will promote self-management programs including Living Well/Tomando Control de Su Salud, Arthritis Foundation Exercise Program and the Quit line through networks/partnerships/referrals using 5 different media types.
Critical Question: 1. Explain how data describing disparities in health risks and outcomes led you to prioritize the SMART objective,

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activities or partners identified for this BPO.

Working collaboratively with the chronic disease prevention gives tobacco prevention an avenue to support environmental policy change. Hood River Public Health actively works in the community to assess tobacco related chronic disease issues such as cardiovascular disease, rheumatoid arthritis, asthma, and it exacerbates other chronic diseases such as diabetes. OSU extension provides Living Well classes and Providence Health Systems also has programs around cessation and chronic disease prevention. A partnering nonprofit The Next Door Inc. provides services to the Latino Community as coordinating Hispanic outreach with La Clinica del Carino and health promotions.

First Quarter Activities (July 1, 2011-Sept. 30, 2012)		First Quarter Report (due Oct. 21, 2011)
Coordination & Collaboration	<ul style="list-style-type: none"> • Contact Providence Health systems and collaborate with voucher program manager for pre-screening which include colorectal cancer and breast cancer. • Face to Face meeting with new director of OSU Extension Dani Peters about developing ways to connect tobacco use risk factors and chronic disease in agency programs. • Face to face with Lauren Fein of OSU Extension to develop ways to promoting early detection and self-management efforts • Contact AAA director Bill Larson director of the Living Well Program seeking interest and collaboration around assessing future of living well Workshops. 	
Assessment	<ul style="list-style-type: none"> • Review and document Hood River County insurance coverage for colorectal, breast, and cervical coverage • Review assessment data from the change tool to identify organizations for follow-up and networking 	

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Education & Outreach (Development of Local Champions)	<ul style="list-style-type: none"> • Meet with the Next Door Inc- Nicole Mejia and Lorena Sprager on reviewing the change tool assessment data. 	
Media Advocacy	<ul style="list-style-type: none"> • Work with MET Group media staff to plan promotion of self management national campaigns on colorectal cancer and arthritis foundation exercise. 	
Policy Development, Promotion, & Implementation	<ul style="list-style-type: none"> • Identify and support partners by attending key meetings such as Commission/ Area on Aging where policy and procedures are implemented. 	
Promote the Oregon Tobacco Quit Line	<ul style="list-style-type: none"> • Add accessibility to Quit line by adding "Click to Quit" link onto County website. • When discussing results of change tool assessment provide Quit line material at all meetings. • Add accessibility to 211 and the prevention magazine. 	
Second Quarter Activities (Oct. 1, 2011-Dec. 31, 2012)		Second Quarter Report (due Jan. 20, 2012)
Coordination & Collaboration	<ul style="list-style-type: none"> • Meet with Providence Health Systems Rena Whittaker on ways to promote chronic disease prevention efforts and share building capacity assessment results. • Attend faith community's coalition meeting to 	

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	<p>discuss resources already promoting prevention, early detection, and self management of chronic disease.</p>	
<p>Assessment</p>	<ul style="list-style-type: none"> • Work with Public Health Administrator to identify gaps in colorectal, breast, and cervical coverage and link the voucher program implemented at PHRMH • Assess completed Living Well programs in Hood River County • Review Hood River Counties tobacco Quit line reports and assess focus on getting Quit line material out. 	
<p>Education & Outreach (Development of Local Champions)</p>	<ul style="list-style-type: none"> • Present information at Commission meeting on link between prevention and tobacco use in order to prevent onset and further complications of chronic disease in our community. • Share Quit line reports with Hood River County schools for accessing parents of kids. 	
<p>Media Advocacy</p>	<ul style="list-style-type: none"> • Work with The Next Door Inc's Nicole Mejia on developing "personal stories" on successes with health promotion programs prevention newsletter. 	
<p>Policy Development, Promotion, & Implementation</p>		
<p>Promote the Oregon Tobacco Quit Line</p>	<ul style="list-style-type: none"> • Distribute Quit Line information at Faith Connection meetings while discussing chronic disease information. 	

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Third Quarter Activities (Jan. 1, 2012-March 31, 2012)		Third Quarter Report (due April 20, 2012)
Coordination & Collaboration		
Assessment		
Education & Outreach (Development of Local Champions)	<ul style="list-style-type: none"> • Work with LPHD on reviewing assessment on Quit line reports to see where we can strengthen referrals 	
Media Advocacy		
Policy Development, Promotion, & Implementation	<ul style="list-style-type: none"> • Research with LPHD to identify additional funding opportunities for prevention and early detection. 	
Promote the Oregon Tobacco Quit Line		
Fourth Quarter Activities (April 1, 2012-June 30, 2012)		Fourth Quarter Report (due July 20, 2012)
Coordination & Collaboration		
Assessment		
Education & Outreach (Development of Local Champions)		
Media Advocacy		

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Policy Development, Promotion, & Implementation		
Promote the Oregon Tobacco Quit Line	<ul style="list-style-type: none"> • Contact Arthritis Exercise program coordinator and seek ways to promote Quit line information • Work with The Next Door staff on getting Quit line material implemented into already existing programs. 	

Local Health Department TPEP Grant

Local Program Plan Form 2011-12

<p>Local Health Department: Hood River County</p>
<p>Best Practice Objective: BPO # 2 Tobacco Free Worksites</p>
<p>SMART Objective: By June 2012...will have implemented at least one tobacco-free County property</p>
<p>Critical Question:</p> <ol style="list-style-type: none"> 2. Explain how data describing disparities in health risks and outcomes led you to prioritize the SMART objective, activities or partners identified for this BPO.

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Critical Question: By having stronger policies for Hood River County Worksites will be key for developing community support providing a healthier environment to members of the community. Hood River County properties are accessed by all community members and by supporting a tobacco free work place it promotes the suggested norm that creates a Healthier Hood River County. The large cliental that access services at Hood River County Public health are individuals with a lower socio-economic status. Providing people with tobacco free environments as well as supporting cessation and Quit Line opportunities with hopes of decreasing health risks.

First Quarter Activities (July 1, 2011-Sept. 30, 2012)		First Quarter Report (due Oct. 21, 2011)
Coordination & Collaboration	<ul style="list-style-type: none"> • Contact state worksite wellness coordinator Dawn Robbins to coordinate activities already going on in our community • Face to face with Denise Ford in Human Resources to gain support for moving on 100% tobacco free campus. Share results of change tool assessment. 	
Assessment	<ul style="list-style-type: none"> • Attend County Department Head meeting to assess which department will mostly likely go 100% tobacco free referencing change tool assessment • Review resources for adopting a tobacco-free workplace including “making it your business”, toolkit. • Research surveys used by other counties from TPEP to conduct with Hood River County employees. 	

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Education & Outreach (Development of Local Champions)	<ul style="list-style-type: none"> • Develop story with Ellen Larson Health Department Administrator on positive results from going 100% tobacco free from County Health Department and steps of moving policy 	
Media Advocacy	<ul style="list-style-type: none"> • Work with Met group on creating story for county newsletter promoting tobacco free properties. 	
Policy Development, Promotion, & Implementation		
Promote the Oregon Tobacco Quit Line	<ul style="list-style-type: none"> • Distribute posters and Quit line cards in each County building in Hood River throughout year. 	
Second Quarter Activities (Oct. 1, 2011-Dec. 31, 2012)		Second Quarter Report (due Jan. 20, 2012)
Coordination & Collaboration	<ul style="list-style-type: none"> • Meet with Ellen Larson Hood River Health Department Director on learning best practices with already going tobacco free 	
Assessment	<ul style="list-style-type: none"> • Analyze the results from the Healthy worksite assessment • Review resources for adopting a tobacco-free workplace including “making it your business”, toolkit. • Work with Administration Secretary Sandi Lain on distributing survey to all county employees. 	
Education & Outreach (Development of Local	<ul style="list-style-type: none"> • Work with the Hood River County administrator Dave Meriwether to act as a spokesperson for 	

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Champions)	<p>the Healthy Worksite initiative.</p> <ul style="list-style-type: none"> • Work with identified county property manager in prioritizing steps on creation and implementation of tobacco policy. 	
Media Advocacy	<ul style="list-style-type: none"> • Contact pediatrician Michelle Beaman on writing op-ed supporting tobacco free county properties. 	
Policy Development, Promotion, & Implementation	<ul style="list-style-type: none"> • Identify and prioritize policy changes that are needed to support tobacco-free worksites for Hood River County Health Service 	
Promote the Oregon Tobacco Quit Line	<ul style="list-style-type: none"> • Contact Administrator Sandi Lain and submit article for monthly newsletter promoting cessation benefits and Quit line. 	
Third Quarter Activities (Jan. 1, 2012-March 31, 2012)		Third Quarter Report (due April 20, 2012)
Coordination & Collaboration	<ul style="list-style-type: none"> • Face to face meeting with commissioner Ron Rivers on support for tobacco free county campuses. 	
Assessment	<ul style="list-style-type: none"> • Identify gaps that are identified from survey, policy review and worksite assessment • Review survey results and create talking points for presentation to employees. 	
Education & Outreach (Development of Local Champions)	<ul style="list-style-type: none"> • Present survey results to County safety committee 	

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Media Advocacy	<ul style="list-style-type: none"> • Develop article and submit to Hood River News on importance of Tobacco Free Worksites. • Work with MET group on creating media attention around county property going tobacco free. 	
Policy Development, Promotion, & Implementation	<ul style="list-style-type: none"> • Work with Administrators to develop proper wording on proposed policy for 100% tobacco free property. • Provide technical assistance with sample policies to identified Hood River County worksite who is interested in adopting and implementing tobacco-free worksite policies. 	
Promote the Oregon Tobacco Quit Line	<ul style="list-style-type: none"> • Promote the Oregon Quit line to all employees and describe briefly the services available during employee meetings 	
Fourth Quarter Activities (April 1, 2012-June 30, 2012)		Fourth Quarter Report (due July 20, 2012)
Coordination & Collaboration		
Assessment	<ul style="list-style-type: none"> • In the case of fallback from 100% tobacco free County property we will survey county opinion on stronger protections from second hand smoke which includes increase feet from building per ordinance. 	
Education & Outreach (Development of Local Champions)	<ul style="list-style-type: none"> • Identify champion of policy change to celebrate. 	

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Media Advocacy	<ul style="list-style-type: none">• Work with MET Group to develop article in Hood River News on Policy change in County	
Policy Development, Promotion, & Implementation		
Promote the Oregon Tobacco Quit Line	Promote the Oregon Quit line to all employees and describe briefly the services available during employee meetings	

Local Health Department TPEP Grant

Local Program Plan Form 2011-12

Local Health Department: Hood River County		
Best Practice Objective: BPO # 3 Implement Indoor Clean Air Act		
SMART Objective: By June 2012... LPHA will have responded to all complaints of violation of the smoke free Workplace law according to the protocol specified in the IGA		
<p>Critical Question:</p> <p>3. Explain how data describing disparities in health risks and outcomes led you to prioritize the SMART objective, activities or partners identified for this BPO.</p> <p>The Indoor Clean Air Act does and will continue to protect the public from second hand smoke in Hood River County. All complaints and violations help support the environmental change that is happening in Hood River. Smoking in public places endangers youth and families which increasing health risks. By reducing the exposure to second hand smoke for all people, tobacco-related health disparities may be reduced in Hood River County.</p>		
First Quarter Activities (July 1, 2011-Sept. 30, 2012)		First Quarter Report (due Oct. 21, 2011)
Coordination & Collaboration	<ul style="list-style-type: none"> • Respond to complaints of violation via WEMS, while maintaining a hard copy file, and conducting site visits when appropriate. • In the case of an extended absence Maija 	

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	<p>Yasui will fill in or delegate another person to respond to complaints and coordinate with state liaison Jacqueline Villnave.</p> <ul style="list-style-type: none"> • Continue the process of sending a copy of the Complaint Details for each complaint to the Health Administrator, as well as a copy of the IRL if applicable. 	
Assessment	<ul style="list-style-type: none"> • Engage with DHS/TPEP in evaluation activities to study compliance with the law 	
Education & Outreach (Development of Local Champions)	<ul style="list-style-type: none"> • In the event of staffing changes, difficulties with WEMS and questions about enforcement procedures, Jacqueline Villnave will be consulted 	
Media Advocacy	<ul style="list-style-type: none"> • Submit article in local paper to publicize the smoke free law by educating the public. 	
Policy Development, Promotion, & Implementation	<ul style="list-style-type: none"> • Explore and assess procedures for public education and responding to inquiries and complaints of violation of the Smoke free 	
Promote the Oregon Tobacco Quit Line	<ul style="list-style-type: none"> • Provide quit line materials during compliance activities. 	
Second Quarter Activities (Oct. 1, 2011-Dec. 31, 2012)		Second Quarter Report (due Jan. 20, 2012)
Coordination & Collaboration	<ul style="list-style-type: none"> • Respond to complaints of violation via WEMS, while maintaining a hard copy file, and conducting site visits when appropriate. • In the case of an extended absence Maija Yasui will fill in or delegate another person to 	

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	<p>respond to complaints and coordinate with state liaison Jacqueline Villnave.</p> <ul style="list-style-type: none"> • Continue the process of sending a copy of the Complaint Details for each complaint to the Health Administrator, as well as a copy of the IRL if applicable. • Attend Coffee Clatter (downtown business) meetings to discuss information about state efforts on closing ICAA loop holes. 	
Assessment	<ul style="list-style-type: none"> • Engage with DHS/TPEP in evaluation activities to study compliance with the law 	
Education & Outreach (Development of Local Champions)	<ul style="list-style-type: none"> • Work with Devon Wells Fire Marshall to post link on website to the Smoke Free Workplace Law. • In the event of staffing changes, difficulties with WEMS and questions about enforcement procedures, Jacqueline Villnave will be consulted 	
Media Advocacy		
Policy Development, Promotion, & Implementation	<ul style="list-style-type: none"> • Explore and assess procedures for public education and responding to inquiries and complaints of violation of the Smoke free 	
Promote the Oregon Tobacco Quit Line	<ul style="list-style-type: none"> • Provide Quit line material at all compliance activities. 	

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Third Quarter Activities (Jan. 1, 2012-March 31, 2012)		Third Quarter Report (due April 20, 2012)
Coordination & Collaboration	<ul style="list-style-type: none"> • Respond to complaints of violation via WEMS, while maintaining a hard copy file, and conducting site visits when appropriate. • In the case of an extended absence Maija Yasui will fill in or delegate another person to respond to complaints and coordinate with state liaison Jacqueline Villnave. • Continue the process of sending a copy of the Complaint Details for each complaint to the Health Administrator, as well as a copy of the IRL if applicable. 	
Assessment	<ul style="list-style-type: none"> • Engage with DHS/TPEP in evaluation activities to study compliance with the law. 	
Education & Outreach (Development of Local Champions)	<ul style="list-style-type: none"> • Work with Chamber of Commerce to post link on website to the Smoke Free Workplace Law. • In the event of staffing changes, difficulties with WEMS and questions about enforcement procedures, Jacqueline Villnave will be consulted 	
Media Advocacy		
Policy Development, Promotion, & Implementation	<ul style="list-style-type: none"> • Explore and assess procedures for public education and responding to inquiries and complaints of violation of the Smoke free 	

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Promote the Oregon Tobacco Quit Line	<ul style="list-style-type: none"> • Provide quit line materials during compliance activities. 	
Fourth Quarter Activities (April 1, 2012-June 30, 2012)		Fourth Quarter Report (due July 20, 2012)
Coordination & Collaboration	<ul style="list-style-type: none"> • Respond to complaints of violation via WEMS, while maintaining a hard copy file, and conducting site visits when appropriate. • In the case of an extended absence Maija Yasui will fill in or delegate another person to respond to complaints and coordinate with state liaison Jacqueline Villnave. • Continue the process of sending a copy of the Complaint Details for each complaint to the Health Administrator, as well as a copy of the IRL if applicable. 	
Assessment	<ul style="list-style-type: none"> • Engage with DHS/TPEP in evaluation activities to study compliance with the law 	
Education & Outreach (Development of Local Champions)	<ul style="list-style-type: none"> • In the event of staffing changes, difficulties with WEMS and questions about enforcement procedures, Jacqueline Villnave will be consulted 	
Media Advocacy		
Policy Development, Promotion, & Implementation	<ul style="list-style-type: none"> • Make sure all procedures related to this objective are documented in writing and clear. 	
Promote the Oregon Tobacco Quit Line	<ul style="list-style-type: none"> • Provide quit line materials during compliance activities. 	

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Local Program Plan Form 2011-12

Local Health Department: Hood River County	
Best Practice Objective: BPO # 4 Smoke Free Multi-Unit Housing	
SMART Objective: By June 2012..., Two additional multi unit housing property in Hood River County will have adapted/strengthened no-smoking rules/policies.	
Critical Question:	
<p>4. Explain how data describing disparities in health risks and outcomes led you to prioritize the SMART objective, activities or partners identified for this BPO.</p>	
<p>Our focus is to reduce tobacco use and exposure in Mutli Unit housing as well as vacation rental s in the community. Hood River is an established vacation spot and we want to follow community norms for the vacation rental industry by encouraging and supporting them in promoting no-smoking policies as an amenity. By achieving an increase in tobacco-free multi unit housing we are decreasing exposure to second hand smoke and other chronic conditions. Statewide, two-thirds of rental households include at least one person for whom the danger of secondhand smoke should be a particularly elevated concern. The elderly, children, or those with a heart or lung condition. The smoking at Columbia View Apartments located in Cascade Locks which is one of the highest poverty areas in the Hood River County as well as youth that are exposed to second hand smoke. We have an established relationship with the property management team. Hood River Columbia View Apartments is a low income housing community. I</p>	
First Quarter Activities (July 1, 2011-Sept. 30, 2012)	First Quarter Report (due Oct. 21, 2011)

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<p>Coordination & Collaboration</p>	<ul style="list-style-type: none"> • Collaborate with Health In Sight and TPEP Coordinator-coordination on MU Housing and Vacation Rental Properties • Participate in RSN Quarterly calls and meetings • Participate in Vacation Rental Quarterly calls. • Collaborate with Wasco County Mary Gayle on shared rental property management and trade associations. • Explore collaboration opportunities with fire departments in Hood River and Wasco County and with Diane Laughter • Join Chamber of Commerce and attend meetings • Contact Pearl Cummings Neel Management Regional Manager on Cascade Locks Columbia View Apartments. • Attend Oregon Rental housing Association meetings to network and build relationships with property owners and managers. 	
<p>Assessment</p>	<ul style="list-style-type: none"> • Participate in statewide evaluation • Participate in rental ad tracking tool • Identify which multi unit housing complex could benefit from a tenant survey 	
<p>Education & Outreach (Development of Local Champions)</p>	<ul style="list-style-type: none"> • Face to face visits with local landlords to discuss success and barriers of current policies who have already adapted a tobacco free policy. • Meet with Martha Yanez from Columbia View Apartments in Hood River to discuss strengthening of policy and to develop local 	

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	<p>champion of housing. Identify individuals who have benefitted from the policy.</p> <ul style="list-style-type: none"> • Contact Hood River Arends apartment complex landlord Toni Ybarra to discuss current tobacco policy and assess desire to strengthen policy. Discuss possible tenant survey. Identify individuals who have benefitted from the policy. • Work with property owners (as requested) to educate tenants about the policy change and the Oregon Tobacco Quit Line through posters, flyers, tenant newsletters or newspaper. 	
<p>Media Advocacy</p>	<ul style="list-style-type: none"> • We will highlight Hood River Crossing Apartment complex in local paper on tobacco free policy. Work with manager to identify individual who could be benefitting from policy. • Promote smoke free MU Quarterly in ATOD newsletter 	
<p>Policy Development, Promotion, & Implementation</p>	<ul style="list-style-type: none"> • Provide tools to landlords as they adopt tobacco-free policies • Provide “smoke-free building” and “smoke-free property” stickers for properties who adopt policies 	
<p>Promote the Oregon Tobacco Quit Line</p>	<ul style="list-style-type: none"> • Distribute Quit line material to local landlords upon request. • Promote Quit line with Oregon rental housing Association newsletter 	

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Second Quarter Activities (Oct. 1, 2011-Dec. 31, 2012)		Second Quarter Report (due Jan. 20, 2012)
Coordination & Collaboration	<ul style="list-style-type: none"> • Collaborate with Health In Sight and TPEP Coordinator-coordination on MU Housing and Vacation Rental Properties • Participate in RSN Quarterly calls and meetings • Participate in Vacation Rental Quarterly calls. • Collaborate with Wasco County Mary Gayle on shared rental property management and trade associations. • Attend Oregon Rental housing Association meetings to network and build relationships with property owners and managers. 	
Assessment	<ul style="list-style-type: none"> • Participate in statewide evaluation Tracking Form for multi Unit properties and • Complete Quarterly Rental ad tracking tool. • As requested assist property managers in conducting survey to tenants. • Talk to landlord managers to seek interest in conducting tenant surveys to explore policy opportunities. 	
Education & Outreach (Development of Local Champions)	<ul style="list-style-type: none"> • Work with property owners (as requested) to educate tenants about the policy change and the Oregon Tobacco Quit Line through posters, flyers, tenant newsletters or newspaper. 	
Media Advocacy		

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<p>Policy Development, Promotion, & Implementation</p>	<ul style="list-style-type: none"> • Provide “smoke-free building” and “smoke-free property” stickers for properties who adopt policies 	
<p>Promote the Oregon Tobacco Quit Line</p>	<p>Collaborate with Wasco County TPEP coordinator Mary Gayle on communicating with Ruby Mason from Mid Columbia Housing Authority to promote Quit Line information on newsletters, websites.</p>	
<p>Third Quarter Activities (Jan. 1, 2012-March 31, 2012)</p>		<p>Third Quarter Report (due April 20, 2012)</p>
<p>Coordination & Collaboration</p>	<ul style="list-style-type: none"> • Health Insight and TPEP Coordinator-coordination on MU Housing and Vacation Rental Properties • Participate in RSN Quarterly calls and meetings • Participate in Vacation Rental Quarterly calls. • Collaborate with Wasco County Mary Gayle on shared rental property management and trade associations. • Attend Oregon Rental housing Association meetings to network and build relationships with property owners and managers. 	
<p>Assessment</p>	<ul style="list-style-type: none"> • Participate in statewide evaluation Tracking Form for multi Unit properties • Complete Quarterly Rental ad tracking tool. • Share results of assessment per request 	

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<p>Education & Outreach (Development of Local Champions)</p>	<ul style="list-style-type: none"> • Collaborate with Wasco County Tobacco Coordinator Mary Gayle on ways to engage and train shared property managers • Invite Maria Yanez to meeting with Arends apartment manager to discuss positives in going tobacco free. • Work with property owners (as requested) to educate tenants about the policy change and the Oregon Tobacco Quit Line through posters, flyers, tenant newsletters or newspaper. • 	
<p>Media Advocacy</p>		
<p>Policy Development, Promotion, & Implementation</p>	<ul style="list-style-type: none"> • Provide “smoke-free building” and “smoke-free property” stickers for properties who adopt policies 	
<p>Promote the Oregon Tobacco Quit Line</p>	<ul style="list-style-type: none"> • Face to face meeting with Hood river County commissioner and Copper West Real-estate Maui Meyer on providing Quit line material in all rentals. 	
<p>Fourth Quarter Activities (April 1, 2012-June 30, 2012)</p>	<p>Fourth Quarter Report (due July 20, 2012)</p>	
<p>Coordination & Collaboration</p>	<ul style="list-style-type: none"> • Coordinate with Health in Sight and TPEP Coordinator-coordination on MU Housing and Vacation Rental Properties • Participate in RSN Quarterly calls and meetings • Participate in Vacation Rental Quarterly calls. 	

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	<ul style="list-style-type: none"> • Collaborate with Wasco County Mary Gayle on shared rental property management and shared trade associations. • Attend Oregon Rental housing Association meetings to network and build relationships with property owners and managers. 	
Assessment	<ul style="list-style-type: none"> • Participate in statewide evaluation Tracking Form for multi Unit properties • Complete Quarterly Rental ad tracking tool. 	
Education & Outreach (Development of Local Champions)	<ul style="list-style-type: none"> • Work with property owners (as requested) to educate tenants about the policy change and the Oregon Tobacco Quit Line through posters, flyers, tenant newsletters or newspaper. 	
Media Advocacy		
Policy Development, Promotion, & Implementation	<ul style="list-style-type: none"> • Provide “smoke-free building” and “smoke-free property” stickers for properties who adopt policies 	
Promote the Oregon Tobacco Quit Line	Distribute and educate local landlords about State Quit line material and access.	

Best Practice Objective: BPO # 5 Tobacco- Free Community Colleges		
SMART Objective: BY June 2012, the Columbia Gorge Community College in Hood River County will have identified a date for implementation of a Tobacco Free Campus.		
Critical Question:		
5. Explain how data describing disparities in health risks and outcomes led you to prioritize the SMART objective, activities or partners identified for this BPO.		
<p>Creating a stronger policy reduces the risks of second-hand smoke exposure and to provide a healthier environment for students, faculty, staff and visitors. Columbia Gorge Community College 2008 survey stated that 41% of students used tobacco who answered the question “do you currently use tobacco”. Columbia Gorge College is the only college campus in the Gorge. Oregon 2007 survey states that one in five students said they have experienced some immediate health impact from secondhand smoke exposure.</p>		
First Quarter Activities (July 1, 2011-Sept. 30, 2012)		First Quarter Report (due Oct. 21, 2011)
Coordination & Collaboration	<ul style="list-style-type: none"> • Meet with Wasco County TPEP Coordinator Mary Gayle Wood to plan and schedule responsibilities for the first quarter. • Work with Shayna Dahl CGCC Student Life Advisor/ Student Affairs Coordinator and gain more student support for the 100% tobacco free campus 	
Assessment	<ul style="list-style-type: none"> • Compile Spring 2011 CGCC student survey data. 	
Education & Outreach (Development of Local Champions)	<ul style="list-style-type: none"> • Develop student support and local champions from past High school Health Media club who 	

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	are attending local college, Lily Renteria, Ramon Martinez, Maribel Vidal	
Media Advocacy		
Policy Development, Promotion, & Implementation	<ul style="list-style-type: none"> • Review Oregon colleges written tobacco free policies to share with developing champions and college staff. • Schedule meeting with CGCC president Frank Toda on results from the student survey and timeline for projected policy implementation. 	
Promote the Oregon Tobacco Quit Line	<ul style="list-style-type: none"> • Distribute Quit line material to college campus quarterly on bulletin boards. . 	
Second Quarter Activities (Oct. 1, 2011-Dec. 31, 2012)		Second Quarter Report (due Jan. 20, 2012)
Coordination & Collaboration	<ul style="list-style-type: none"> • Meet with Wasco County TPEP Coordinator Mary Gayle Wood to plan and schedule responsibilities for the second quarter. • Continue work with Shayna Dahl on strengthening tobacco free campus support by scheduling appropriate student group presentations. 	
Assessment		
Education & Outreach (Development of Local Champions)	<ul style="list-style-type: none"> • Give presentation to at least two student groups at CGCC based on results from the spring 2011 tobacco survey to gain support. 	
Media Advocacy	<ul style="list-style-type: none"> • Seek assistance with MET group to develop a local media campaign based on survey results and possible timeline for implementation. 	

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Policy Development, Promotion, & Implementation	<ul style="list-style-type: none"> • Research and collect examples of 100% tobacco free college policies to share with college president Frank Toda. 	
Promote the Oregon Tobacco Quit Line	<ul style="list-style-type: none"> • Distribute Quit line material to college campus quarterly. 	
Third Quarter Activities (Jan. 1, 2012-March 31, 2012)		Third Quarter Report (due April 20, 2012)
Coordination & Collaboration	<ul style="list-style-type: none"> • Meet with Wasco County TPEP Coordinator Mary Gayle Wood to plan and schedule responsibilities for the third quarter. 	
Assessment		
Education & Outreach (Development of Local Champions)	<ul style="list-style-type: none"> • Meet with College Board on results of survey and projected Timeline for policy implementation 	
Media Advocacy		
Policy Development, Promotion, & Implementation	<ul style="list-style-type: none"> • Review model polices and share with President Frank Today creating a new policy for college. 	
Promote the Oregon Tobacco Quit Line	<ul style="list-style-type: none"> • Distribute Quit line material to college campus quarterly. 	
Fourth Quarter Activities (April 1, 2012-June 30, 2012)		Fourth Quarter Report (due July 20, 2012)
Coordination & Collaboration	<ul style="list-style-type: none"> • Meet with Wasco County TPEP Coordinator Mary Gayle Wood to plan and schedule responsibilities for the fourth quarter. 	
Assessment		

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Education & Outreach (Development of Local Champions)		
Media Advocacy	<ul style="list-style-type: none"> • Work with MET Group on creating a Media Advocacy plan announcing Tobacco free Property. 	
Policy Development, Promotion, & Implementation		
Promote the Oregon Tobacco Quit Line	<ul style="list-style-type: none"> • Distribute Quit line material to college campus quarterly. 	

Local Health Department: Hood River County
Best Practice Objective: BPO # 5 Tobacco- Free Outdoor Venues
SMART Objective: BY June 2012, Hood River County Fair will have implemented a tobacco-free policy By June 2012, Cascade Locks Port Park will have adopted a tobacco free policy
<p>Critical Question:</p> <p>6. Explain how data describing disparities in health risks and outcomes led you to prioritize the SMART objective, activities or partners identified for this BPO.</p> <p>Hood River County Fair has a disproportionate number of Hispanics and people living in poverty in county that use tobacco based on Providence Hood River. Cascade Locks Port Park in Hood River County will reduce the visibility and exposure to second hand smoke. The Port has a “Movies in the Park” event which may have an attendance of 150-300 people public. A policy for this event would address the issue of health disparities by. Cascade locks have the highest poverty rate in the county.</p>

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First Quarter Activities (July 1, 2011-Sept. 30, 2012)		First Quarter Report (due Oct. 21, 2011)
Coordination & Collaboration	<ul style="list-style-type: none"> • Coordinate with Fair Board manager Clara Rice on steps to encourage a tobacco free fair. • Participate on the Outdoor Venues committee calls through TPEP quarterly to gain ideas on fro m other counties. 	
Assessment	<ul style="list-style-type: none"> • Attend Hood River fair board quarterly meeting and assess implementation of Fair signage. • Collaborate with Regional Support Network quarterly on lessons learned regarding local county fairs and parks 	
Education & Outreach (Development of Local Champions)	<ul style="list-style-type: none"> • Coordinate with Rachel Burand at Cascade Locks Port providing information on gaining support for tobacco free movies in the park. 	
Media Advocacy	<ul style="list-style-type: none"> • Research resources on TPEP connections website for talking points for parks • Submit article in Hood River News and Prevention news letter thanking fair board for policy implementation. 	
Policy Development, Promotion, & Implementation	<ul style="list-style-type: none"> • Research tobacco-free venue policies on TPEP website regarding implementation plan including enforcement and education. • Provide consultation to Cascade Locks Port on Developing a Policy for local events • Provide fair board with sample policies. 	
Promote the Oregon Tobacco Quit Line	<ul style="list-style-type: none"> • Distribute Quit line information to Cascade Locks Port buildings upon request • Contact Next Door Inc to promote Quit line 	

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	material at local booth at upcoming fair.	
Second Quarter Activities (Oct. 1, 2011-Dec. 31, 2012)		Second Quarter Report (due Jan. 20, 2012)
Coordination & Collaboration	<ul style="list-style-type: none"> • Work with Healthy Active Hood River County Coalition to support for a tobacco free fair and Cascade Locks tobacco free events. • Participate on the Outdoor Venues committee calls through TPEP quarterly to gain ideas on from other counties. • Attend Cascade Locks action team meeting to discuss tobacco free events at Cascade Locks Port Park. 	
Assessment	<ul style="list-style-type: none"> • Attend Hood River fair board quarterly meeting and assess implementation and opportunities for strengthening tobacco free fair. 	
Education & Outreach (Development of Local Champions)		
Media Advocacy	<ul style="list-style-type: none"> • Work with Wyeast Health Media Club members to write letter to the editor thanking them for tobacco free fair. • Research resources on TPEP connections website for talking points for parks. • Work with Cascade Locks Health Media club on developing media around supporting tobacco free events in park 	
Policy Development, Promotion, & Implementation	<ul style="list-style-type: none"> • Attend Port of Cascade Locks meeting and present example policies that could be 	

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	<p>adopted</p> <ul style="list-style-type: none"> • Research tobacco-free venue policies on TPEP website regarding implementation plan including enforcement and education. 	
Promote the Oregon Tobacco Quit Line	<ul style="list-style-type: none"> • Distribute Quit line information to Cascade Locks Port buildings upon request 	
<p>Third Quarter Activities (Jan. 1, 2012-March 31, 2012)</p>		<p>Third Quarter Report (due April 20, 2012)</p>
Coordination & Collaboration	<ul style="list-style-type: none"> • Work with Healthy Active Hood River County Coalition to develop support for a tobacco free fair and cascade Locks events. • Participate on the Outdoor Venues committee calls through TPEP quarterly to gain ideas on from other counties. 	
Assessment	<ul style="list-style-type: none"> • Attend Hood River fair board quarterly meeting and assess implementation for a tobacco free fair. 	
Education & Outreach (Development of Local Champions)		
Media Advocacy	<ul style="list-style-type: none"> • Research resources on TPEP connections website for talking points for parks and county fairs. 	
Policy Development, Promotion, & Implementation	<ul style="list-style-type: none"> • Research tobacco-free venue policies on TPEP website regarding implementation plan including enforcement and education. 	

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Promote the Oregon Tobacco Quit Line	<ul style="list-style-type: none"> • Distribute Quit line information to Cascade Locks Port buildings upon request • Develop activities to publicize Quit line if County Fair goes move to go tobacco free. 	
Fourth Quarter Activities (April 1, 2012-June 30, 2012)		Fourth Quarter Report (due July 20, 2012)
Coordination & Collaboration	<ul style="list-style-type: none"> • Work with Healthy Active Hood River County Coalition to develop implementation for a tobacco free fair. • Participate on the Outdoor Venues committee calls through TPEP quarterly to gain ideas on from other counties. 	
Assessment		
Education & Outreach (Development of Local Champions)		
Media Advocacy	<ul style="list-style-type: none"> • Research resources on TPEP connections website for talking points for parks and county fairs. 	
Policy Development, Promotion, & Implementation	<ul style="list-style-type: none"> • Provide consultation to Cascade Locks Port on completion of Policy for family events in park. 	
Promote the Oregon Tobacco Quit Line	<ul style="list-style-type: none"> • Distribute Quit line information to Cascade Locks Port buildings upon request 	

Local Health Department: Hood River County		
Best Practice Objective: BPO # 14 Tobacco Free Hospitals and Health Systems		
SMART Objective: BY June 2012, La Clinica del Carino will have implemented a 100% tobacco free campus		
<p>Critical Question:</p> <p>7. Explain how data describing disparities in health risks and outcomes led you to prioritize the SMART objective, activities or partners identified for this BPO.</p> <p>According to the January 2011 Oregon Tobacco Facts and Laws, nearly 32% of Oregonian's who smoke do not have health insurance. An additional 37% of people who smoke are covered by Medicaid and the Oregon Health Plan. Many health providers will not serve Medicaid and OHP clients; La Clinica serves this disparate population and Hood River serves 7700 residents who would otherwise not receive services.</p>		
First Quarter Activities (July 1, 2011-Sept. 30, 2012)		First Quarter Report (due Oct. 21, 2011)
Coordination & Collaboration	<ul style="list-style-type: none"> • Meet with Wasco County TPEP Coordinator Mary-Gayle Wood to schedule and plan responsibilities for the first quarter. • Collaborate with RN Mark England on outcome of board meeting about timeline of implementation of tobacco free campus 	

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	<ul style="list-style-type: none"> • Meet with La Clinica staff that does diabetes education and lifestyle change support to better understand patient base. • Research Oregon Primary Care Association to offer to support to La Clinica on improving referral to cessation 	
Assessment	<ul style="list-style-type: none"> • Determine what cessation benefits are currently available to employees and family members who have a medical benefit. • Determine what cessation benefits are available to employee and family members who have medical coverage. 	
Education & Outreach (Development of Local Champions)	<ul style="list-style-type: none"> • Meet with management team members and other employees at La Clinica as specified by the director to cultivate support for process and policy change. • Meet with Mary Gayle Wood to develop education for both counties involved in projected policy change. • Gather input from the employees. 	
Media Advocacy		
Policy Development, Promotion, & Implementation	<ul style="list-style-type: none"> • 	
Promote the Oregon Tobacco Quit Line	<ul style="list-style-type: none"> • Distribute Quit line material to La CLinica upon request 	
Second Quarter Activities (Oct. 1, 2011-Dec. 31, 2012)		Second Quarter Report (due Jan. 20, 2012)

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<p>Coordination & Collaboration</p>	<ul style="list-style-type: none"> • Meet with Wasco County TPEP Coordinator Mary-Gayle Wood to schedule and plan responsibilities for the second quarter. • Make presentation at La Clinica staff meeting on the supporting on the value of supporting a tobacco free campus for employees and clients. 	
<p>Assessment</p>	<ul style="list-style-type: none"> • Determine locations of recommended sign placement and language for the signs for the property 	
<p>Education & Outreach (Development of Local Champions)</p>	<ul style="list-style-type: none"> • Communication to La Clinica staff and patients on cessation benefits. • Share findings about Primary Care association with La Clinica Director Elise Venusti and Mark England. 	
<p>Media Advocacy</p>	<ul style="list-style-type: none"> • Develop media attention including newspaper article and employee check inserts and patient reminders preparing for policy change. • Meet with Clinical Services Director Mark England on finding an employee or patient who would be willing to be featured in a newspaper story prior to policy change. 	
<p>Policy Development, Promotion, & Implementation</p>	<ul style="list-style-type: none"> • Meet with Ellen Larsen to establish community partnership with LCDC on the process of implementing policy. • Draft a sample tobacco-free policy 	
<p>Promote the Oregon Tobacco Quit Line</p>	<ul style="list-style-type: none"> • Distribute Quit Line material to LCDC upon request. 	

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Third Quarter Activities (Jan. 1, 2012-March 31, 2012)		Third Quarter Report (due April 20, 2012)
Coordination & Collaboration	<ul style="list-style-type: none"> • Meet with Wasco County TPEP Coordinator Mary-Gayle Wood to schedule and plan responsibilities for the second quarter. 	
Assessment		
Education & Outreach (Development of Local Champions)	<ul style="list-style-type: none"> • Work with LCDC staff to engage conversation with patients on ways to transition policy change. 	
Media Advocacy	<ul style="list-style-type: none"> • Contact MET group to assist in writing a special interest story for local newspaper and announcing policy change date. 	
Policy Development, Promotion, & Implementation		
Promote the Oregon Tobacco Quit Line	<ul style="list-style-type: none"> • Include the quit line information in earned media. 	
Fourth Quarter Activities (April 1, 2012-June 30, 2012)		Fourth Quarter Report (due July 20, 2012)
Coordination & Collaboration		
Assessment	<ul style="list-style-type: none"> • Determine how to track effectiveness of policy change at La Clinica del Carino with staff 	
Education & Outreach (Development of Local Champions)	<ul style="list-style-type: none"> • Develop award for LaClinica del Carino for annual celebration. 	

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Media Advocacy		
Policy Development, Promotion, & Implementation		
Promote the Oregon Tobacco Quit Line	<ul style="list-style-type: none">• Distribute Quit line material to MCCFL on request	



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

ENVIRONMENTAL HEALTH (541) 387-6885
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Hood River County Health Department
1109 June Street
Hood River, OR 97031
(541) 386-1115

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

May 1, 2011

Tom;

The Hood River County Budget Committee has met and is nearing completion on the budget for FY 2011-12. The Board of Commissioners plans to formally adopt the budget at their June 20, 2011 meeting.

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

Sincerely,

A handwritten signature in black ink that reads "Ellen Larsen".

Ellen Larsen, Director

IV ADDITIONAL REQUIRMENTS

ORGANIZATIONAL CHART

See attached

BOARD OF HEALTH

Local public health authority lies with the Hood River County Board of Commissioners (BOC). The BOC delegates the responsibility for this assurance to the Hood River County Health Department. Regular meetings of the BOC are held on the third Monday of the month with a work session proceeding the regular meeting. Meetings are held in the first floor conference room of the County Business Administration Building, located at 601 State Street, Hood River, OR. Meetings are conducted according to a prepared agenda that lists the principal subjects. Pursuant to ORS 192.640, the BOC may consider and take action of subjects that are not listed on the agenda. The health department has straightforward access to both the county administrator and BOC. Updates are given to the BOC at least semiannually and more frequently as needed or desired.

ADVISORY BOARD

Input is taken by the Board of County Commissioners and the health department as to practices and policies from a variety of community venues. There is not a separately established Health Advisory Board at this time.

TRIENNIAL REVIEW

The regularly scheduled triennial review was conducted in April of 2010. All areas are in compliance at this time.

SENATE BILL 555

The Health Department director is an active member of the Hood River County Commission on Children and Families. Other health department staff members attend regular meetings with community partners including HRCCCF on issues related to families with children, their needs and services offered.

Planning is done by groups that review their member composition twice a year to identify areas where representation is lacking, determining potential barriers to participation. Then potential members are personally recruited for their expertise. Written plans are developed with cooperative and complimentary relevant information and the plans are then shared between agencies and board for comment.

See attached summary of Hood River County Commission on Children and Families comprehensive plan.

V. Unmet Needs

Updates for 2011-12 plan

Many of the unmet needs in Hood River County have been expressed in previous annual plans and continue to be unresolved. Inadequate funding for basic public health services is causing the further eroding of the level of services available. The enterprise timber activities pursued by the county have not been up to previous levels and this is greatly curtailing the amount of county general fund support for all county departments. The library will no longer be funded by the library after July 1, 2010. There is a library operating levy up for vote in May. The library levy was defeated in May, but did pass in November of 2010. Details on how to operate the library are being worked out and they have a hopefully opening date projected for July 1, 2011.

Food Insecurity

With the decrease in employment available in Hood River County the level of food insecurity has grown. FISH Food Bank, an all volunteer organization, has been operating since 1969. FISH provides a three day emergency supply of food once per month. Anyone needing food assistance and lives in Hood River County can register. FISH has seen a 100% increase in need in the last 10 years. The number of families served has remained consistent; the largest current increases have been in 20-30 year old males and those who are homeless. Home deliveries of food are being made to 13 people; this is also an area of increase. On average FISH spends \$3.88 per person and there were 15,121 people served in 2009. This figure accounts only for food purchased by FISH. There are food donation campaigns throughout the year in the county; food is donated by local farmers, both independently, and through Gorge Grown Foods. Food is also donated by local markets. The number of older residents seeking assistance has also increased. This is not true in the small community of Parkdale in the southern part of the county due to the lack of anonymity and self-esteem. As of March 31, 2010 fifty-six percent of students attending Hood River County Schools were on free and reduced meal programs. As of April 2011 55% of students are on free and reduced lunch program, this is out of an enrollment of 3,929 students.

Accreditation

Hood River County Health Department would like to pursue accreditation but the decreased staffing and funding levels may necessitate this activity being delayed for the foreseeable future. The health department is continuing to work slowly toward this goal, but reduced staffing levels and resources are limiting factors.

Dental Care

Through the activities of Gorge Dental Access Coalition (GDAC) using funding from Oregon Health Plan, Providence Hood River Memorial Hospital Foundation and donations by local dental providers the dental care needs of children are being met to a much greater degree. The need is now greatest in the adult and senior population. Possible plans to address this adult need are being discussed by the GDAC members.

Birth Dose Hepatitis B vaccine

This is the other area of success for previous need. This is now an opt out part of routine newborn hospital care.

Health Care Facility Cascade Locks

This continues to be an area of need. It is somewhat ameliorated by the Mission in Motion mobile medical unit. The mobile unit is not able to provide comprehensive care or serve as a medical home for residents in Cascade Locks. The lack of regular public transportation in the county makes access to care an ongoing issue. The mobile health unit will cease operation as of July 1, 2011. The community is currently working on plans for what type of care delivery system may replace the mobile unit. There is also a question of what level of service can realistically be provided to a community of 1110 residents. At this time there is still no facility to house medical services.

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?

I. Organization

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

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

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

Control of Communicable Diseases

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

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

Environmental Health

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

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

Health Education and Health Promotion

67. Yes No Culturally and linguistically appropriate health education components with appropriate materials and methods will be integrated within programs.
68. Yes No The health department provides and/or refers to community resources for health education/health promotion.
69. Yes No The health department provides leadership in developing community partnerships to provide health education and health promotion resources for the community.
70. Yes No Local health department supports healthy behaviors among employees.

71. Yes No Local health department supports continued education and training of staff to provide effective health education.

72. Yes No All health department facilities are smoke free.

Nutrition

73. Yes No Local health department reviews population data to promote appropriate nutritional services.

74. The following health department programs include an assessment of nutritional status:

- a. Yes No WIC
- b. Yes No Family Planning
- c. Yes No Parent and Child Health
- d. Yes No Older Adult Health
- e. Yes No Corrections Health – N/A

75. Yes No Clients identified at nutritional risk are provided with or referred for appropriate interventions.

76. Yes No Culturally and linguistically appropriate nutritional education and promotion materials and methods are integrated within programs.

77. Yes No Local health department supports continuing education and training of staff to provide effective nutritional education.

Older Adult Health

78. Yes No Health department provides or refers to services that promote detecting chronic diseases and preventing their complications.

79. Yes No A mechanism exists for intervening where there is reported elder abuse or neglect.

80. Yes No Health department maintains a current list of resources and refers for medical care, mental health, transportation, nutritional services, financial services, rehabilitation services, social services, and substance abuse services.

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

Parent and Child Health

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

Primary Health Care

93. Yes No The local health department identifies barriers to primary health care services.
94. Yes No The local health department participates and provides leadership in community efforts to secure or establish and maintain adequate primary health care.
95. Yes No The local health department advocates for individuals who are prevented from receiving timely and adequate primary health care.
96. Yes No Primary health care services are provided directly or by referral.

97. Yes No The local health department promotes primary health care that is culturally and linguistically appropriate for community members.

98. Yes No The local health department advocates for data collection and analysis for development of population based prevention strategies.

Cultural Competency

99. Yes No The local health department develops and maintains a current demographic and cultural profile of the community to identify needs and interventions.

100. Yes No The local health department develops, implements and promotes a written plan that outlines clear goals, policies and operational plans for provision of culturally and linguistically appropriate services.

101. Yes No The local health department assures that advisory groups reflect the population to be served.

102. Yes No The local health department assures that program activities reflect operation plans for provision of culturally and linguistically appropriate services.

II. Health Department Personnel Qualifications

Local health department Health Administrator minimum qualifications:

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

Answer the following questions:

Administrator name: ELLEN LARSEN RN

Does the Administrator have a Bachelor degree?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Does the Administrator have at least 3 years experience in public health or a related field?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Has the Administrator taken a graduate level course in biostatistics?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Has the Administrator taken a graduate level course in epidemiology?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Has the Administrator taken a graduate level course in environmental health?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Has the Administrator taken a graduate level course in health services administration?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Has the Administrator taken a graduate level course in social and behavioral sciences relevant to public health problems?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

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

Health Department Administrator has a Graduate Certificate in Public Health from University of Washington - 1999

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

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

AND

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

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.

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.

Hood River County Board of Commissioners

County Administrator

Health Department Director

Supervising Nurse

- WIC
- Family Planning
- Child/Adolescent Health
- School Health
- Immunization
- Information/Referral
- Communicable Disease

Office Manager

- Clerical
- Vital Statistics
- Business Services
- Support Services
- Information/Referral
- Department Operations
- Purchasing
- Payroll

Regulatory Health Services

- Health Officer
- Laboratory
- Environmental Health Services
- Medical Examiner

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

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



Local Public Health Authority

Hood River County
County

May 1, 2011
Date

EVALUATION OF WIC NUTRITION EDUCATION PLAN
FY 2010-2011

WIC Agency: Hood River County Health Department

Person Completing Form: Patricia Elliott, RN

Date: 4/26/2011 Phone: 541-387-6881

Return this form, attached to email to: sara.e.sloan@state.or.us by May 1, 2011

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

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 online Participant Centered Education Module by July 31, 2010.

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

- Did your WIC Training Supervisor complete the module by December July 31, 2010?
- Was the completion date entered into TWIST?

Response:

The WIC Training Supervisor completed the Participant Centered Education Module on 9/21/2010. Completion date is entered into TWIST.

Activity 2: WIC certifiers who participated in Oregon WIC Listens training 2008-2009 will pass the posttest of the Participant Centered Education e-Learning Modules by December 31, 2010.

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

- Did all certifiers who participated in Oregon WIC Listens training 2008-2009 pass the posttest of the Participant Centered Education e-Learning Modules by December 31, 2010?

Response:

All certifiers completed the Participant Centered Education e-Learning Module on 9/21/2010, and successfully passed the posttest. Completion date is entered into TWIST.

Activity 3: Local agency staff will attend a regional Group Participant Centered training in the fall of 2010. The training will be especially valuable for WIC staff who lead group nutrition education activities.

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

- Which staff from your agency attended a regional Group Participant Centered Education in the fall of 2010?
- How have those staff used the information they received at the training?

Response:

Jenny Chairez and Maribel Martinez attended the regional Group Participant Centered Education training on October 4, 2010, and also on February 23, 2011. Staff continue to use PCE techniques to engage and build rapport with clients that they see in group classroom settings. In addition, WIC staff and partnering agency staff who also attended the regional Group Participant Centered Education training, continue to work collaboratively to meet the nutritional educational needs of WIC enrolled clients.

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 December 31, 2010.

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:

Hood River County WIC surveyed local and regional partnering agencies to assess interest in re-forming a breastfeeding coalition. Area strengths include a number of IBCLC staff already providing support in the region. In addition, provider and agency interest in providing additional supports is high. One strategy that was identified to improve area supports for exclusive breastfeeding and duration is to form an area breastfeeding coalition that involves stakeholders to provide goal-setting, activities and interventions.

Activity 2: Each local agency will implement components of the Prenatal Breastfeeding Class (currently in development by state staff) in their breastfeeding education activities by March 31, 2011.

No response needed. The Prenatal Breastfeeding Class is still in development.

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 strengthen partnerships with these organizations by offering opportunities for 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.

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

- Which community partners did your agency invite to attend the Group PCE training fall of 2010?
- How do you feel partnerships with those agencies were enhanced?
- What went well and what would you do differently?

Response:

Hood River WIC staff provided outreach to partnering agencies that provide breastfeeding support to WIC clients. Staff from Providence Hood River Memorial Hospital prenatal education and lactation support, and staff from Head Start attended the Group PCE training on October 4, 2010 with local WIC staff. Because of this shared opportunity, professional relationships were enhanced, benefitting both the agencies and the clients that access services through those agencies. Communication has been improved, and common goals have been identified.

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 WIC Breastfeeding Module.

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

- Which community partners did your agency invite to attend a Breastfeeding Basics training and/or complete the online WIC Breastfeeding Module?
- How do you feel partnerships with those agencies were enhanced?
- What went well and what would you do differently?

Response only if you invited community partners to attend a Breastfeeding Basics training. The online WIC Breastfeeding Course is still in development.

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 June 30, 2011.

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

- Did/will the appropriate staff complete the new online Child Nutrition Module by June 30, 2011?
- Are the completion dates entered into TWIST?

Response:

Online Child Nutrition Module will be completed by the Training Coordinator and all WIC Certifiers. Completion dates will be entered into TWIST upon completion.

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

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 2010-2011 WIC Staff In-services

In-Service Topic and Method of Training	Core Competencies Addressed	Desired Outcome
<p>PCE Modules follow-up</p> <p>Facilitated discussion during September, 2010 staff meeting regarding the PCE Modules completed by staff, using the posttest questions as a tool.</p>	<p>This in-service addressed several competencies in the core areas of nutrition assessment, communication, nutrition education, multicultural awareness and critical thinking.</p>	<p>The desired outcome of this in-service is for staff to be more comfortable with the information contained in the PCE Modules, and allow for discussion of skills involved and to provide feedback and practice.</p>
<p>Regional Group Participant Centered Education Training follow up during November, 2010 staff meeting.</p>	<p>This in-service addressed the areas of communication, nutritional education, multicultural awareness and critical thinking.</p>	<p>To improve delivery of group nutrition classes, and to better utilize community partners in the education process of our shared clients.</p>
<p>Strategies for supporting breastfeeding locally.</p>	<p>This in-service addressed communication.</p>	<p>To gain insight into the goals/objectives of the Columbia Gorge Breastfeeding Coalition.</p>
<p>On-line Child Nutrition Module follow-up</p>	<p>This in-service will address Principles of nutritional assessment, nutritional education, communication and critical thinking.</p>	<p>To provide an opportunity to discuss as a group the online module.</p>

FY 2011 - 2012 WIC Nutrition Education Plan Form

County/Agency: Hood River

Person Completing Form: Patricia Elliott

Date: 4/25/2011

Phone Number: 541-387-6881

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

Return this form electronically (attached to email) to: sara.e.sloan@state.or.us
by May 1, 2011
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 2 Objective: During planning period, staff will incorporate participant centered education skills and strategies into group settings.

Activity 1: Local agency staff will attend a regional Group Participant Centered training focusing on content design to be held in the fall of 2011.

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

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

Hood River County WIC Staff will attend regional Group Participant Centered training focused on content design in the fall of 2011. We are currently waiting for notification of training dates and locations.

Activity 2: Each agency will modify at least one nutrition education group lesson plan from each category of core classes and at least one local agency staff in-service to include PCE skills and strategies by March 31, 2012. Specific PCE skills and strategies were presented during regional PCE Groups trainings held Fall 2010 and Spring 2011.

Implementation Plan and Timeline:

Hood River WIC CPA staff will meet with WIC coordinator, breastfeeding coordinator and RD to review group nutrition education lesson plans and modify those lesson plans to include PCE skills that include: opening the session, involving the group, using open-ended questions, affirmations, reflections, summarizing, and closing the session.

The August staff meeting will be used to provide a staff in-service on using PCE skills and strategies in the group setting.

Activity 3: Each agency will develop and implement a plan to familiarize all staff with the content and design of 2nd Nutrition Education options in order to assist participants in selecting the nutrition education experience that would best meet their needs.

Implementation Plan and Timeline:

Hood River WIC staff will review 2nd Nutrition Education options during the October , 2011 staff development meeting. This will be addressed in conjunction with the NE group lesson plan review and modification.

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

Year 2 Objective: During planning period, each agency will incorporate participant centered skills and strategies into their group settings to enhance their breastfeeding education, promotion and support.

Activity 1: Each agency will modify at least one prenatal breastfeeding class to include PCE skills and strategies by March 31, 2012. Specific PCE skills and strategies were presented during the PCE Groups trainings held Fall 2010 and Spring 2011.

Implementation Plan and Timeline:

Hood River WIC CPA staff will meet with WIC coordinator, breastfeeding coordinator and RD to review the prenatal breastfeeding group nutrition education lesson plan and modify the lesson plan to include PCE skills that include: opening the session, involving the group, using open-ended questions, affirmations, reflections, summarizing, and closing the session, as presented during the regional Group Participant trainings held in the fall of 2010, and the spring of 2011. This will be completed during the October, 2011 staff in-service.

Activity 2: Each agency's Breastfeeding Coordinator will work with the agency's Training Supervisor to provide an in-service to staff incorporating participant centered skills to support breastfeeding counseling.

Note: In-service content could include concepts from Biological Nurturing, Breastfeeding Peer Counseling Program – Group Prenatal Series Guide and/or Breastfeeding Basics – Grow and Glow Curriculum. An in-service outline and supporting resource materials developed by state WIC staff will be sent by July 1, 2011.

Implementation Plan and Timeline:

Hood River WIC staff will participate in an in-service provided by the breastfeeding coordinator. Following completion of this in-service, the staff will be able to demonstrate improved PCE skills in supporting breastfeeding counseling. The in-service will use approved curriculum and supporting resource materials as provided by the state WIC staff. This in-service will be provided during the August, 2011 staff meeting.

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

Year 2 Objective: During planning period, each agency will continue to develop strategies to enhance partnerships with organizations in their community that serve WIC participants by offering opportunities to strengthen their nutrition and/or breastfeeding education.

Activity 1: Each agency will invite at least one partner that serves WIC participants and provides nutrition education to attend a regional

Group Participant Centered Education training focusing on content design to be held fall of 2011.

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

Implementation Plan and Timeline:

Hood River WIC will extend an invitation to partners who provide nutrition education to attend a regional Group Participant Centered Education training focusing on content design that will be held in the fall of 2011. That invitation will be extended when notification is received of the date/time/location of the training.

Activity 2: Each agency will invite at least one community partner that provides breastfeeding education to WIC participants to attend a Breastfeeding Basics – Grow and Glow Training complete the Oregon WIC Breastfeeding Module and/or complete the new online Oregon WIC Breastfeeding Course.

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

Implementation Plan and Timeline:

Hood River WIC will extend an invitation to partners that provide breastfeeding education to attend a Breastfeeding Basics training, orient them to the Oregon WIC Breastfeeding Module and the new online Oregon WIC Breastfeeding Course when that is available.

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

Year 2 Objective: During planning period, each agency will continue to increase staff understanding of the factors influencing health outcomes.

Activity 1: Each agency will conduct a Health Outcomes staff in-service by March 31, 2012.

Note: An in-service outline and supporting resource materials developed by state WIC staff will be sent by July 1, 2011.

Implementation Plan and Timeline:

Hood River WIC will provide a staff in-service on Health Outcomes during the January, 2012 staff meeting, using materials provided by the state WIC Program.

Activity 2: Local agency staff will complete the new online Postpartum Nutrition Course by March 31, 2012.

Implementation Plan and Timeline:

All Hood River WIC staff will complete the new online Postpartum Nutrition Course by March 31, 2012. Completion dates will be documented in TWIST.

Activity 3: Identify your agency training supervisor(s) and projected staff quarterly in-service training dates and topics for FY 2011-2012. Complete and return Attachment A by May 1, 2011.

Agency Training Supervisor(s):

Patricia Elliott, RN

Attachment A

FY 2011-2012 WIC Nutrition Education Plan

WIC Staff Training Plan – 7/1/2011 through 6/30/2012

Agency: Hood River

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

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, 2011 – June 30, 2012. State provided in-services, trainings and meetings can be included as appropriate.

Quarter	Month	In-Service Topic	In-Service Objective
1	August, 2011	Incorporating PCE skills using materials from Oregon WIC Listens to support your client in Breastfeeding	To become more comfortable using PCE skills in a wide variety of teaching topics, and to better support clients in successful breastfeeding.
2	October, 2011	2 nd NE option review and NE group lesson plan review. To include IBCLC and RD.	To discuss options for clients to meet 2 nd NE requirement and to modify group classes to include PCE skills and strategies.
3	January, 2012	Health Outcomes	Increase staff understanding of factors that influence health outcomes.
4	March, 2012	On-line Postpartum Nutrition Course	Increase staff understanding of factors that influence health outcomes.

Immunization Comprehensive Triennial Plan

**Due Date: May 1
Every year**

**Local Health Department: Hood River County Health Department
Plan A - Continuous Quality Improvement: Reduce Vaccine Preventable Disease
Calendar Years 2010-2012**

Year 1: July 2010-December 2010					
Objectives	Activities	Date Due / Staff Responsible	Outcome Measure(s)	Outcome Measure(s) Results	Progress Notes

<p>A. Increase the up-to-date rate for 2 year olds (4:3:1:3:3:1) seen at the Hood River County Health Department by 3% over the next 3 years.</p>	<ul style="list-style-type: none"> •Use most recent AFIX data as baseline. •Provide quarterly staff in-services to review and implement <ul style="list-style-type: none"> •Vaccine updates •Best practices •AFIX data •hesitant parents •Provide immunization information to pregnant mothers. •Screen for immis at all WIC appts and refer. •Provide vaccine education to parents. •Make return appt . 	Oct	TE	<ul style="list-style-type: none"> •Baseline data reviewed, including up-to-date and missed shot information. •Provide outreach material for WIC and MCM, Babies First home visitors. •WIC to continue to screen for immis. •All staff trained to talk to parents and able to answer questions about vaccine safety. •Nurses record “Next Shot Due Date” on Lifetime record and point it out to parents. Offer appointment card. 	<p>*2009 UTD rate for 4:3:1:3:3:1 was 75%. Missed shots per visit increased by 3% to 17%.</p> <p>*Outreach material containing immunization information was provided for WIC, MCM, Babies First and CaCoon programs.</p> <p>*WIC screens children for immunization status and refers to imm. Clinic.</p> <p>**“Next Shot Due” space is completed on Lifetime Immunization record.</p>	<p>*This is a decrease in the overall UTD rate by 2% and the missed shot rate from 14% to 17% from the previous year. The national HIB shortage may have impacted this percentage. Waiting for 2010 data.</p> <p>*Completed.</p> <p>*Completed.</p> <p>*Completed.</p>
		1/4;y	TE			
		On-going	Nursing			
		On going	WIC			
		On going	Nursing			

B. Decrease the Hood River Health Department missed shot rate 1% each year for 3 years.	<ul style="list-style-type: none"> •Use most recent AFIX data as baseline. Provide quarterly staff in-services to review and implement <ul style="list-style-type: none"> •Vaccine updates •Best practices •AFIX data •hesitant parents 	Oct	TE	<ul style="list-style-type: none"> •Baseline data reviewed, including up-to-date and missed shot information. •Monthly IRIS/ALERT reports reviewed with staff followed by discussion. •Vaccine education materials identified and take home packets created. •Staff trained and understand policy of giving all shots due unless parent refuses even after education and counseling. 	<ul style="list-style-type: none"> *Missed shot rate increased in 2009 to 17% (from 14%) *Immunization reports findings reviewed with staff during staffing discussions related to immunization. *Did not complete this task. *Staff in-service provided. 	<ul style="list-style-type: none"> *May have been impacted by national HIB shortage. Waiting for 2010 date. *Completed. Will continue this as an on-going activity. *Did not complete this task. *Completed. Will continue this as an ongoing educational need.
	<ul style="list-style-type: none"> •Review IRIS/ALERT reports monthly for shot deferrals and work with staff to minimize missed shots 	1/4ly	TE			
	<ul style="list-style-type: none"> •Provide vaccine education to parents including take home materials on vaccine safety and simplified immunization schedule. •Give all shots due at time of visit unless contraindicated. 	On going	TE			
		On going	Nursing			
		On going	Nursing			

Immunization Comprehensive Triennial Plan

Due Date: May 1
Every year

Local Health Department:

Plan A - Continuous Quality Improvement: Reduce Vaccine Preventable Disease

Calendar Years 2010-2012

Year 2: January-December 2011						
Objectives	Activities	Date Due / Staff Responsible		Outcome Measure(s)	Outcome Measure(s) Results	Progress Notes
<p>A. Increase the up-to-date rate for 2 year olds (4:3:1:3:3:1) seen at the Hood River County Health Department by 3% over the next 3 years.</p>				<ul style="list-style-type: none"> •Baseline data reviewed, including up-to-date and missed shot information. •Provide outreach material for WIC and MCM, Babies First home visitors. •WIC to continue to screen for immis. •All staff trained to talk to parents and able to answer questions about vaccine safety. •Nurses record "Next Shot Due Date" on Lifetime record and point it out to parents. Offer appointment card. 	<p>To be completed for the CY 2011 Report</p>	<p>To be completed for the CY 2011 Report</p>

<p>B. . Decrease the Hood River Health Department missed shot rate 1% each year for 3 years</p>			<p>Baseline data reviewed, including up-to-date and missed shot information.</p> <ul style="list-style-type: none"> •Monthly IRIS/ALERT reports reviewed with staff followed by discussion. •Vaccine education materials identified and take home packets created. •Staff trained and understand policy of giving all shots due unless parent refuses even after education and counseling 	<p>To be completed for the CY 2011 Report</p>	<p>To be completed for the CY 2011 Report</p>
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Immunization Comprehensive Triennial Plan

Due Date: May 1
Every year

Local Health Department:

Plan A - Continuous Quality Improvement: Reduce Vaccine Preventable Disease

Calendar Years 2010-2012

Year 3: January-December 2012						
Objectives	Activities	Date Due / Staff Responsible		Outcome Measure(s)	Outcome Measure(s) Results	Progress Notes
A. Increase the up-to-date rate for 2 year olds (4:3:1:3:3:1) seen at the Hood River County Health Department by 3% over the next 3 years.				<ul style="list-style-type: none"> •Baseline data reviewed, including up-to-date and missed shot information. •Provide outreach material for WIC and MCM, Babies First home visitors. •WIC to continue to screen for immis. •All staff trained to talk to parents and able to answer questions about vaccine safety. •Nurses record "Next Shot Due Date" on Lifetime record and point it out to parents. Offer appointment card. 	To be completed for the CY 2012 Report	To be completed for the CY 2012 Report

<p>B. . Decrease the Hood River Health Department missed shot rate 1% each year for 3 years</p>			<p>Baseline data reviewed, including up-to-date and missed shot information.</p> <ul style="list-style-type: none"> •Monthly IRIS/ALERT reports reviewed with staff followed by discussion. •Vaccine education materials identified and take home packets created. •Staff trained and understand policy of giving all shots due unless parent refuses even after education and counseling 	<p>To be completed for the CY 2012 Report</p>	<p>To be completed for the CY 2012 Report</p>
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Immunization Comprehensive Triennial Plan

**Local Health Department: Hood River County Health Department
Plan B – Community Outreach and Education
Calendar Years 2010-2012**

**Due Date: May 1
Every year**

Year 1: July 2010-December 2010						
Objectives	Activities	Date Due / Staff Responsible		Outcome Measure(s)	Outcome Measure(s) Results	Progress Notes
A. Provide AFIX exchange for Hood River County VFC and non-VFC providers.	<ul style="list-style-type: none"> • Commit staff time and resources to project. • Identify Hood River County VFC providers. • Contact state Immi staff • Decide date/time for information exchange. • Work with OIP staff to complete AFIX assessments. • Send invitations • Host event and do introductions. • Evaluate event • Set up date for following year. 	Jan Jan Jan Jan Feb Apri	TE	<ul style="list-style-type: none"> • Pre-event activities completed, schedule set. • AFIX assessment completed. • Evaluation of event and modification for following years events completed. • Pre-planning for following year. 	Not Completed.	Will continue with this objective through the next reporting period.

Immunization Comprehensive Triennial Plan

**Local Health Department:
Plan B – Community Outreach and Education
Calendar Years 2010-2012**

Due Date: May 1 Every year

Year 2: January-December 2011						
Objectives	Activities	Date Due / Staff Responsible		Outcome Measure(s)	Outcome Measure(s) Results	Progress Notes
		Due	Staff			
A. Provide AFIX exchange for Hood River County VFC and non-VFC providers.				<ul style="list-style-type: none"> •Pre-event activities completed, schedule set. •AFIX assessment completed. •Evaluation of event and modification for following years events completed. •Pre-planning for following year. 	To be completed for the CY 2011 Report	To be completed for the CY 2011 Report

Immunization Comprehensive Triennial Plan

**Local Health Department:
Plan B – Community Outreach and Education
Calendar Years 2009-2011**

**Due Date: May 1
Every year**

Year 3: January-December 2012						
Objectives	Activities	Date Due / Staff Responsible		Outcome Measure(s)	Outcome Measure(s) Results	Progress Notes
A. Provide AFIX exchange for Hood River County VFC and non-VFC providers.		Due	Staff	<ul style="list-style-type: none"> •Pre-event activities completed, schedule set. •AFIX assessment completed. •Evaluation of event and modification for following years events completed. •Pre-planning for following year. 	To be completed for the CY 2012 Report	To be completed for the CY 2012 Report

**FAMILY PLANNING PROGRAM ANNUAL PLAN
FOR FY 2012**

July 1, 2011 to June 30, 2012

As a condition of Title X, funding agencies are required to have a plan for their Family Planning Program, which includes objectives that meet SMART requirements (**S**pecific, **M**easurable, **A**chievable, **R**ealistic, and **T**ime-Bound) In order to address state goals in the Title X grant application, we are asking each agency to **choose two** of the following four goals and identify how they will be addressed in the coming fiscal year:

- Goal 1:** Assure continued high quality clinical family planning and related preventive health services to improve overall individual and community health.
- Goal 2:** Assure ongoing access to a broad range of effective family planning methods and related preventive health services.
- Goal 3:** To promote awareness and access to Emergency Contraception among Oregonians at risk for unintended pregnancy.
- Goal 4:** To direct services to address disparities among Oregon's high priority and underserved populations, including Hispanics, limited English proficient (LEP), Native Americans, African Americans, Asian Americans, rural communities, men, uninsured and persons with disabilities.

The format to use for submitting the annual plan is provided below. Please include the following four components in addressing these goals:

1. **Problem Statement** – For each of two chosen goals, briefly describe the current situation in your county that will be addressed by that particular goal. The data provided may be helpful with this.
2. **Objective(s)** – Write one or more objectives for each goal. The objective(s) should be realistic for the resources you have available and measurable in some way. An objective checklist has been provided for your reference.
3. **Planned Activities** – Briefly describe one or more activities you plan to conduct in order to achieve your objective(s).
4. **Evaluation** – Briefly describe how you will evaluate the success of your activities and objectives, including data collection and sources.

This document is being forwarded electronically to each Family Planning Coordinator so that it can be completed and returned via file attachment. Specific agency data will also be included to help with local agency planning. If you have any questions, please contact Carol Elliot (971 673-0362) or Cheryl Connell (541 265-2248 x443).

**FAMILY PLANNING PROGRAM ANNUAL PLAN FOR
COUNTY PUBLIC HEALTH DEPARTMENT
FY 2012**

July 1, 2011 to June 30, 2012

Agency: Hood River County Health Department Contact: Patricia Elliott, RN

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
The percentage of males being served in FP clinic in FY 2010 was 0.8% of total clients in Hood River County. The state average is 6.6% of total clients.	Increase FP services to males by 1% by the end of FY.	<ul style="list-style-type: none"> *Market vasectomy program in new venues such as movie theater, local news media, radio. *Increase outreach to local providers about vasectomy program. *Recruit additional vasectomy providers locally. *Continue to provide healthy sexuality education with emphasis on male responsibility in prevention of pregnancy and STIs. * Review CVRs to ensure that data is being submitted as required. 	<ul style="list-style-type: none"> *Monitor Ahlers data on a quarterly basis. *Provide surveys to existing male clients in order to improve outreach. * Survey vasectomy providers for program satisfaction.

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

Problem Statement	Objective(s)	Planned Activities	Evaluation
The proportion of visits at which female clients received EC for future use in FY 2010 at the Hood River County Health Department for teens and adults was 21.4%, which is below the state average of 23.8%	Increase distribution of EC by 2.4% by end of FY 2011.	* Offer EC to each client at each visit. * Give EC brochures/handout to each client at each visit. * Document acceptance or refusal in client chart.	*Review Ahlers data on quarterly basis. *Review FP charts as part of regular CQI plan on a monthly basis for documentation of EC being offered.

Objectives checklist: findings?

- Does the objective relate to the goal and needs assessment
- Is the objective clear in terms of what, how, when and where the situation will be changed?
- Are the targets measurable?
- Is the objective feasible within the stated time frame and appropriately limited in scope?

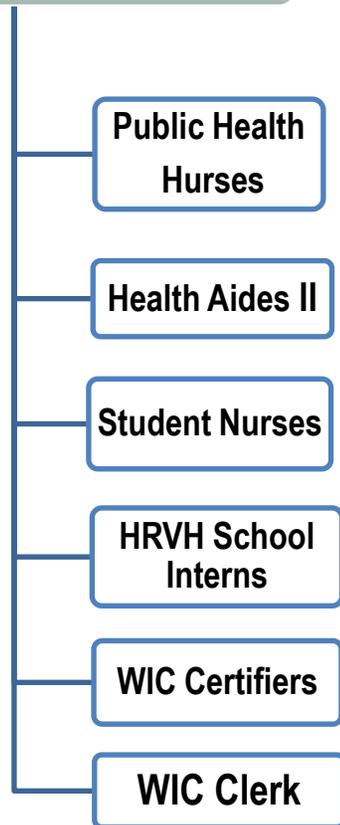
Progress on Goals / Activities for FY 2011
(Currently in Progress)

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.

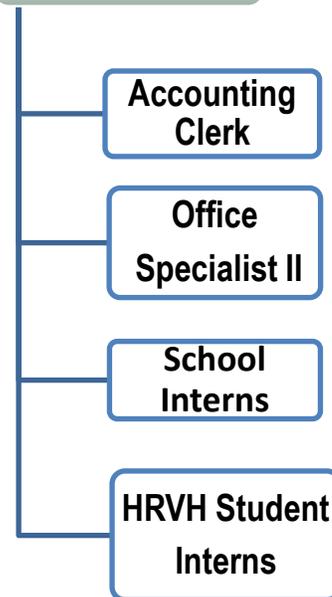
Goal / Objective	Progress on Activities
Decrease clinician appointment time in order to maintain current patient numbers per week with the loss of 8 clinician hours per week.	Appointment length has not been changed at this point. Clients are being encouraged to come early for their appointments to complete paperwork. Appointment schedule has been reconfigured to maximize clinician time. Two exam rooms are available for clinician.
Continue to provide an assortment of BCMS through FY.	Review of pharmacy log has been completed, and three types of OCPs have been phased out because of low utilization. Low-income program provided my manufacturer is being utilized to acquire Mirena when possible. Frequent monitoring of pharmacy log is on-going.

Hood River County Health Department Director

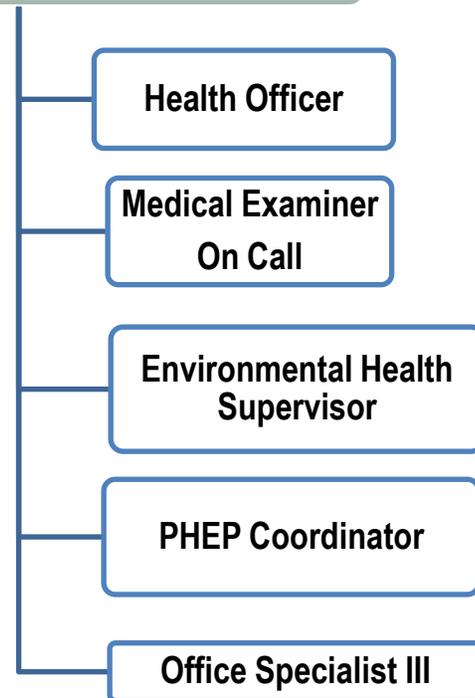
Nurse Supervisor



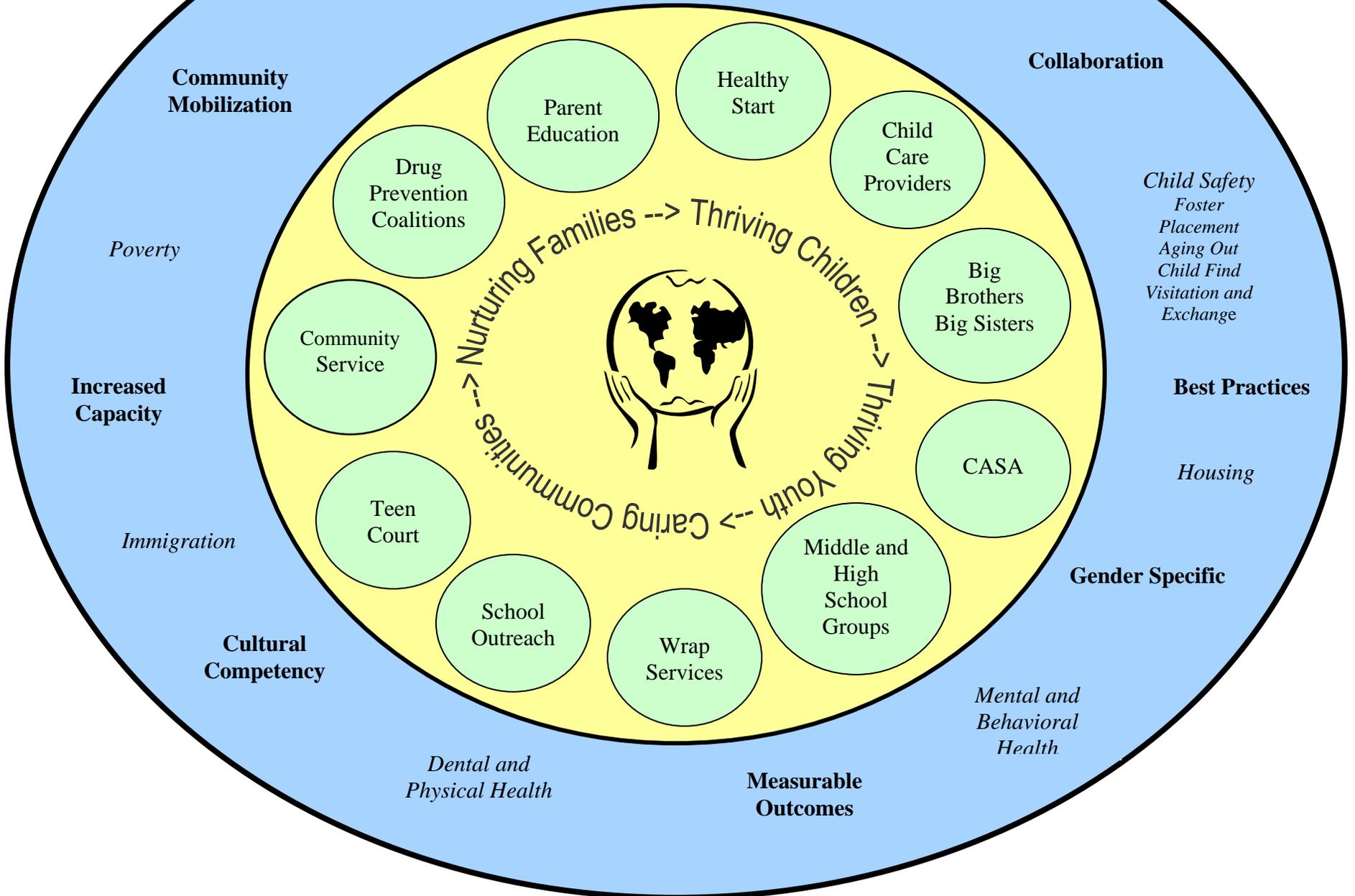
Office Manager



Regulatory Health Services



**Hood River County
Commission on Children and Families
Comprehensive Planning**



Hood River County Commission on Children and Families Comprehensive Planning Goals and Priorities

GOAL 1: Strong, nurturing families

1. Reduce adult substance abuse
2. Reduce domestic violence
3. Reduce poverty

GOAL 2: Healthy, thriving children (looking at children 0-8)

4. Reduce child maltreatment* -
5. Improve prenatal care
6. Increase immunizations
7. Reduce alcohol, tobacco and other drug use during pregnancy - PHRMH
8. Increase child care availability – in Pkdl/Odell
9. Improve readiness to learn – Library Friends, Comm Ed, Sch, CCF

GOAL 3: Healthy, thriving youth (positive youth development focusing on older children)

10. Decrease teen alcohol use*
11. Decrease teen drug use*
12. Decrease teen tobacco use*
13. Decrease juvenile arrests*
14. Maintain Oregon Youth Authority (OYA) bed use
15. Reduce juvenile recidivism*
16. Reduce teen pregnancy*
17. Decrease youth suicide
18. Reduce high school dropout rate*

GOAL 4: Caring Communities

19. Increase community engagement*