

Annual Plan  
2011 to 2012



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Wallowa County Health Department  
2011-2012 Annual Plan

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## **I. Executive Summary**

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

Wallowa County Health department provides a large variety of services including: epidemiology and control of preventable disease and disorders, maternal and child health services, family planning, collection and reporting of health statistics, health information and referral services, emergency preparedness planning, health education and promotion, immunizations, Child Safety Seat distribution, Babies First home visits, Tobacco Prevention program, vital statistics registration, environmental health inspections and education, and WIC nutrition supplement and education program. We will provide these services and programs in the 2011-2012 fiscal year with 3 part-time staff members for a total of 2.55 FTE and three contracted personnel. Funding for our programs is comprised of federal and state grants in addition to fees for service. We receive no county general funds.

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

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

## **II. Assessment**

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

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

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

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

### **Alcohol Use**

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

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

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

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

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

### **Asthma**

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

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

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

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

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

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

### **Child Well-being**

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

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

### **Communicable Disease**

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

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

### **Crime**

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

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

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

### **Drug Use**

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

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

### **Education**

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

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

### **Emergency Preparedness**

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

### **Environmental Health**

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

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

### **Geography**

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

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

### **Health Insurance Coverage**

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

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

### **Immunizations**

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

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

### **Mental Health**

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

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

### **Mortality**

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

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

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

### **Obesity**

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

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

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

### **Population**

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

### **Reproduction**

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

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

### **Socio-Economic Status**

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

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

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

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

### **Suicide**

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

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

## **Tobacco Use**

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

d. Health information and referral:

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

e. Environmental health services:

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

**IId. Adequacy of Other Community Services**

a. Older adult health:

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

b. Suicide Prevention:

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

### III. Action Plan

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

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

<b>Time Period: July 2011 to June 2012</b>				
<b>GOAL: To respond to 100% of communicable disease cases and outbreaks.</b>				
<b>Objectives</b>	<b>Plan for Methods/ Activities/Practice</b>	<b>Outcome Measure(s)</b>	<b>Outcome Measure(s) Results</b>	<b>Progress Notes</b>
A. Develop depth in CD Nurse Epidemiology and investigation	All new CD staff will complete CD 101 and CD 303.	Completion of CD 101 & 303		
B. Maintain 24/7 contact capabilities.	1. A CD 101 person will be on call 24/7 via pager. 2. Answering machine will instruct callers in 24/7 contact information.	Quarterly 24-7 testing		
<b>Time Period: July 2011 to June 2012</b>				
<b>GOAL: To protect the health of the community.</b>				
<b>Objectives</b>	<b>Plan for Methods/ Activities/Practice</b>	<b>Outcome Measure(s)</b>	<b>Outcome Measure(s) Results</b>	<b>Progress Notes</b>
A .Increase disease reporting by local service providers	Distribute a disease reporting job action sheet to local providers.	% of local providers receiving job action sheet		

<b>Time Period: July 2011 to June 2012</b>				
<b>GOAL: To respond to 100% of communicable disease cases and outbreaks.</b>				
<b>B.</b> Complete disease surveillance, investigation, and response measures according to contract requirements.	1. Disease investigation will be conducted according to contract requirements. 2. Disease investigation and management will be provided for non-outbreak cases. 3. Collaboration with community providers will occur during all disease investigations.	1. 90% of suspected outbreaks will initiate investigation within 24 hrs of report, 95% of outbreaks will be reported to DHS within 24 hrs of receipt of report, reports on 100% of investigations will be sent to DHS within 30 days after investigation. 2. 90% of reported cases will be sent to DHS within specified timeframes, 95% of cases will be investigated and contact identification initiated within DHS' specified timeframes, 100% of case report forms will be sent to DHS by the end of the calendar week, information and follow-up will be provided to 100% of exposed contacts. 3. # of providers contacted		

b. Tuberculosis Case Management

<b>Time Period: July 2011 to June 2012</b>				
<b>GOAL: To provide case management to active TB cases, including Directly Observed Therapy.</b>				
<b>Objectives</b>	<b>Plan for Methods/Activities/Practice</b>	<b>Outcome Measure(s)</b>	<b>Outcome Measure(s) Results</b>	<b>Progress Notes</b>

**Time Period: July 2011 to June 2012**

**GOAL: To provide case management to active TB cases, including Directly Observed Therapy.**

<p>A Maintain adequate TB case management protocols.</p>	<p>1. Update TB protocols. 2. Disseminate protocols to CD staff.</p>	<p>1. Staff will report increased knowledge of TB case management.  2. Compliance during the Triennial Review in August 2009.</p>		
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c. Tobacco Prevention, Education, and Control  
**Local Health Department TPEP Grant**  
**Local Program Plan Form 2011-12**

<p><b>Local Health Department:</b> Wallowa County Health Department</p>
<p><b>Best Practice Objective:</b> BPO # 1, Building Capacity for Chronic Disease Prevention and Self-Management</p>
<p><b>SMART Objective:</b>          From July 1, 2011 to June 30, 2012, Wallowa County Health Department will support and assist the Living Well with Chronic Disease program offered by Community Connections with data, program promotion, posting class information, and referring clients as applicable.</p> <p>By June 30, 2012, Wallowa County Health Department will distribute cards and provide information for the Oregon Quitline during contacts with at least 10 worksites, organizations, schools, healthcare facilities, or community institutions.</p> <p>By June 30, 2012, Wallowa County Health Department will assess the availability of and gather information about the Arthritis Foundation Exercise and Walk with Ease program.</p>
<p><b>Critical Question:</b>          1. Explain how data describing disparities in health risks and outcomes led you to prioritize the SMART objective, activities or partners identified for this BPO.          During the 2010-2011 Healthy Communities assessment, all sites interviewed except the health department reported they were not using the Quitline as a</p>

<p>referral source. Those entities with benefit packages were using counseling and online referral sources. More outreach is needed to promote the quitline in worksites, institutions, organizations, and schools in order to reach a greater number of community residents. The community assessment also confirmed that Community Connections has an existing Living Well program with trained staff.</p>		
<p><b>First Quarter Activities</b> (July 1, 2011-Sept. 30, 2012)</p>		<p><b>First Quarter Report</b> (due Oct. 21, 2011)</p>
<p>Coordination &amp; Collaboration</p>	<ol style="list-style-type: none"> <li>1. Wallowa County Health Department will collaborate with the Community Connections Living Well leader as needed in the following ways: <ol style="list-style-type: none"> <li>a. to assist with data collection, post workshop schedules and class listings at the health department, distribute training calendars and information via email groups.</li> <li>b. To ensure community awareness of the program and inform local medical providers of the program existence to increase referrals.</li> <li>c. To circulate training information amongst community partners.</li> </ol> </li> <li>2. Provide Quitline cards during contacts with worksites, community institutions, schools, and healthcare facilities.</li> <li>3. Review program objectives and activities at quarterly TPEP Advisory Board Meeting. Determine any changes to plan and receive feedback for program direction.</li> <li>4. Contact April Rautio, DHS Arthritis Program Coordinator, for information about the</li> </ol>	

	<p>Arthritis Foundation Exercise and Walk with Ease program.</p> <p>5. Share information about the Walk with Ease program with Community Connections, local providers, and the TPEP board and receive feedback from these community partners.</p>	
Assessment	Collect data on the occurrence and costs of chronic disease for Wallowa County. Monitor monthly quitline use.	
Education & Outreach (Development of Local Champions)	Present Data to county Commissioners in face-to-face meeting. Present Data at TPEP advisory Board Mtg. Information about the existing Living Well program will be shared at health department staff meetings, and in one-on-one meetings with the health officer, Wallowa County Commissioners, and Wallowa County Administrative services/HR. Cancer and chronic disease data will be shared via email with the Community Connections Director as needed. Tobacco and Chronic Disease data will be presented at a health department staff meeting.	
Media Advocacy	Post Living Well class schedule on Health Department Bulletin board as available. Develop a quitline campaign plan. Work with Met Group to create media plan as applicable.	
Policy Development, Promotion, & Implementation	In coordination with Community Connections, contact will be made with 100% of local medical providers to inform them of the local living well program and to offer assistance with developing protocols for referral. Include quitline referral in all policies developed for TPEP and Healthy Communities activities.	

<p>Promote the Oregon Tobacco Quit Line</p>	<p>Quitline cards and information will be provided to Community Connections for persons receiving services, senior meal site use, and to provide to Living Well program leaders and participants. Wallowa County Courthouse bulletin board will be monitored for display of quitline cards each quarter. Wallowa County HR will receive a supply of quitline cards. The waiting area of local medical providers will be assessed for quitline cards and information. Quitline fax referral form will be provided to medical clinics. Provide quitline cards as requested by business leaders. During visits to businesses, offer information on the Quit-line and leave contact cards. Provide quitline cards to multi-unit housing managers. Provide quitline information to 2 childcare facilities.</p>	
<p><b>Second Quarter Activities</b> (Oct. 1, 2011-Dec. 31, 2012)</p>		<p><b>Second Quarter Report</b> (due Jan. 20, 2012)</p>
<p>Coordination &amp; Collaboration</p>	<ol style="list-style-type: none"> <li>1. Wallowa County Health Department will collaborate with the Community Connections Living Well leader as needed in the following ways: <ol style="list-style-type: none"> <li>a. to assist with data collection, workshop schedules and class listings, training calendars.</li> <li>b. To ensure community awareness of the program and inform local medical providers of the program existence to increase referrals.</li> <li>c. To circulate training information amongst community partners.</li> </ol> </li> <li>2. Great American Smokeout</li> </ol>	

	<p>activities will include quitline information.</p> <p>3. Promote Quitline during contacts with worksites, community institutions, schools, and healthcare facilities.</p> <p>Collaboration with Wallowa County Prevention specialist will occur to provide Teen Quitline information to schools.</p> <p>4. Review program objectives and activities at quarterly TPEP Advisory Board Meeting.</p> <p>Determine any changes to plan and receive feedback for program direction.</p>	
Assessment	<p>Monitor monthly quitline use.</p> <p>Collect Living Well class schedules and information.</p>	
Education & Outreach (Development of Local Champions)	<p>Provide Quitline referral cards to DHS Self Sufficiency Program director.</p>	
Media Advocacy	<p>Great American Smokeout Media Campaign, including quitline information.</p>	
Policy Development, Promotion, & Implementation	<p>Schools will be encouraged to include quitline referral in their tobacco free policies. Include quitline referral in all policies developed for TPEP and Healthy Communities activities.</p>	
Promote the Oregon Tobacco Quit Line	<p>Provide quitline referral cards to DHS Self Sufficiency Program director. Include quitline in Great American Smokeout campaign. Teen Quit information provided to schools. Wallowa County Courthouse bulletin board will be monitored for display of quitline cards each quarter. Provide quitline cards as requested by business leaders. During visits to businesses, offer information on the Quit-line and leave contact cards. Post quitline flyers in multi-</p>	

	unit housing properties as approved.	
<b>Third Quarter Activities</b> (Jan. 1, 2012-March 31, 2012)		<b>Third Quarter Report</b> (due April 20, 2012)
Coordination & Collaboration	<ol style="list-style-type: none"> <li>1. Wallowa County Health Department will collaborate with the Community Connections Living Well leader as needed in the following ways: <ol style="list-style-type: none"> <li>a. to assist with data collection, workshop schedules and class listings, training calendars.</li> <li>b. To ensure community awareness of the program and inform local medical providers of the program existence to increase referrals.</li> <li>c. To circulate training information amongst community partners.</li> </ol> </li> <li>2. Promote Quitline during contacts with worksites, community institutions, schools, and healthcare facilities.</li> <li>3. Review program objectives and activities at quarterly TPEP Advisory Board Meeting. Determine any changes to plan and receive feedback for program direction.</li> </ol>	
Assessment	Monitor monthly quitline use. Collect Living Well class schedules and information.	
Education & Outreach (Development of Local Champions)	Report program accomplishments to TPEP advisory board and seek direction for final quarter.	
Media Advocacy	Complete quarterly quitline media campaign according to plan and with assistance from the MET group.	
Policy Development,	Include quitline referral in all policies developed for TPEP and	

Promotion, & Implementation	Healthy Communities activities.	
Promote the Oregon Tobacco Quit Line	Wallowa County Courthouse bulletin board will be monitored for display of quitline cards each quarter. Provide quitline cards as requested by business leaders. During visits to businesses, offer information on the Quit-line and leave contact cards.	
<b>Fourth Quarter Activities</b> (April 1, 2012-June 30, 2012)		<b>Fourth Quarter Report</b> (due July 20, 2012)
Coordination & Collaboration	<ol style="list-style-type: none"> <li>1. Wallowa County Health Department will collaborate with the Community Connections Living Well leader as needed in the following ways: <ol style="list-style-type: none"> <li>a. to assist with data collection, workshop schedules and class listings, training calendars.</li> <li>b. To ensure community awareness of the program and inform local medical providers of the program existence to increase referrals.</li> <li>c. To circulate training information amongst community partners.</li> </ol> </li> <li>2. Promote Quitline during contacts with worksites, community institutions, schools, and healthcare facilities.</li> <li>3. Review program objectives and activities at quarterly TPEP Advisory Board Meeting. Determine any changes to plan and receive feedback for program direction.</li> </ol>	
Assessment	Monitor monthly quitline use. Collect Living Well class schedules and information.	
Education & Outreach	Face-to-face Presentation to County Commissioners to review	

(Development of Local Champions)	activities and accomplishments. Report completion of objectives and activities at final Advisory Board meeting.	
Media Advocacy	Complete quarterly quitline media campaign according to plan.	
Policy Development, Promotion, & Implementation	Include quitline referral in all policies developed for TPEP and Healthy Communities activities.	
Promote the Oregon Tobacco Quit Line	Wallowa County Courthouse bulletin board will be monitored for display of quitline cards each quarter. Provide quitline cards as requested by business leaders. During visits to businesses, offer information on the Quit-line and leave contact cards. Provide Quitline fax referral forms, flyers, and cards to multiunit housing property managers. Provide quitline cards and flyers to Head Start and 2 childcare facilities for parent referrals.	
<b>Local Health Department:</b> Wallowa County Health Department		
<b>Best Practice Objective:</b> BPO # 2, Tobacco Free Worksites		
<p><b>SMART Objective:</b> By June 30, 2012 at least one new worksite will have implemented tobacco-free campus/property policies.</p> <p>By June 30, 2012 the Wallowa County Community Services complex will develop and implement a tobacco free campus policy.</p>		
<p><b>Critical Question:</b></p> <p>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.</p> <p>According to DHS Tobacco Facts, the 2009 tobacco-related economic costs for Wallowa County were \$2.9 million dollars in indirect costs due to lost productivity and \$3.2 million in direct costs due to medical expenditures for a total of \$6.0 million. By reducing tobacco use at the workplace, adults will decrease tobacco use therefore decreasing medical costs and lost productivity. 2006-2009 data shows 17.9% of Wallowa County adults smoke.</p>		
<b>First Quarter Activities</b>		<b>First Quarter</b>

(July 1, 2011-Sept. 30, 2012)		<b>Report</b> (due Oct. 21, 2011)
Coordination & Collaboration	<ol style="list-style-type: none"> <li>1. Utilize TPEP advisory team and Healthy Communities assessment data to identify a worksite to collaborate with.</li> <li>2. Make initial contact with worksite and set follow up date.</li> <li>3. Review of program objectives and activities at quarterly TPEP Advisory Board Meeting. Determine any changes to plan and receive feedback for program direction.</li> <li>4. Contact other agencies in the community complex to assess barriers to policy implementation with a specific focus on Safe Harbors due to past resistance.</li> </ol>	
Assessment	Collect tobacco use, costs, and health effects data for Wallowa County. Refer to Healthy Communities Assessment and 3 year plan as applicable.	
Education & Outreach (Development of Local Champions)	Data collected will be shared in a face-to-face meeting with the identified worksite. Data will also be reported via email to Wallowa County Commissioners and presented at first TPEP Advisory Meeting.	
Media Advocacy	Develop media plan for highlighting worksite once policy is adopted. Work with MET Group for media campaign development.	
Policy Development, Promotion, & Implementation	Develop sample policies.	
Promote the Oregon Tobacco Quit Line	Quitline cards will be provided during the initial contact with the worksite. The Wallowa County Courthouse bulletin board will be monitored for display of quitline cards each quarter. Wallowa	

	County HR will receive a supply of quitline cards. The waiting area of local medical providers will be assessed for quitline cards and or information.	
<b>Second Quarter Activities</b> (Oct. 1, 2011-Dec. 31, 2012)		<b>Second Quarter Report</b> (due Jan. 20, 2012)
Coordination & Collaboration	<ol style="list-style-type: none"> <li>1. Work with Advisory Board to determine Great American Smokeout activities and request support from board to complete promotion of the day.</li> <li>2. Work with Wallowa County Prevention Specialist for promotion of the Great American Smokeout.</li> <li>3. Collaborate with chosen worksite to complete an activity for the Great American Smokeout.</li> <li>4. Collaborate with worksite to review policy samples and determine needs of worksite.</li> <li>5. Review of program objectives and activities at quarterly TPEP Advisory Board Meeting. Determine any changes to plan and receive feedback for program direction.</li> <li>6. Identify champions at the proposed worksite and in the community service complex to assist with promotion and activities.</li> </ol>	
Assessment	Encourage the director/manager of the worksite to review current policies and assess the environment. Work with director to assess staff readiness. Encourage the director/manager to review worksite benefits package and assess for coverage of tobacco	

	cessation and availability of health information, wellness programs, online counseling, phone consultations. Determine the number of agencies in the community complex ready for policy implementation.	
Education & Outreach (Development of Local Champions)	During a one-on-one meeting provide pamphlets and information as well as posters about indoor clean air act to the worksite. Great American Smokeout activities will be conducted at local businesses and organizations. A window display and bulletin board will be completed for the Great American Smokeout at Wallowa County Health Department.	
Media Advocacy	Great American Smokeout media campaign will be conducted and will include activities at local businesses and organizations.	
Policy Development, Promotion, & Implementation	Development of policy draft for worksite and community complex.	
Promote the Oregon Tobacco Quit Line	Quitline referral will be included in the policy draft and all discussions with the worksite director. Quitline information will be included in Great American Smokeout media campaign and community activities.	
<b>Third Quarter Activities</b> (Jan. 1, 2012-March 31, 2012)		<b>Third Quarter Report</b> (due April 20, 2012)
Coordination & Collaboration	<ol style="list-style-type: none"> <li>1. Assist worksite director in development of a final policy draft and implementation plan.</li> <li>2. Review of program objectives and activities at quarterly TPEP Advisory Board Meeting. Determine any changes to plan and receive feedback for program direction.</li> <li>3. Complete draft of community</li> </ol>	

	service complex policy and distribute to agencies.	
Assessment	Evaluation of Great American Smokeout activities.	
Education & Outreach (Development of Local Champions)	Assist director to provide information to worksite staff about implementation plan. Provide applicable benefit information to worksite staff in flyers or pamphlets.	
Media Advocacy	Encourage TPEP Advisory board members to submit a letter to the editor about smokefree worksites.	
Policy Development, Promotion, & Implementation	Develop final draft of worksite smokefree policy and community service complex tobacco free policy.	
Promote the Oregon Tobacco Quit Line	Provide quitline cards and flyers to worksite and encourage distribution to staff prior to policy implementation.	
<b>Fourth Quarter Activities</b> (April 1, 2012-June 30, 2012)		<b>Fourth Quarter Report</b> (due July 20, 2012)
Coordination & Collaboration	<ol style="list-style-type: none"> <li>1. Work with worksite to implement policy including assisting with signage.</li> <li>2. Review of program objectives and activities at quarterly TPEP Advisory Board Meeting. Determine any changes to plan and receive feedback for program direction.</li> </ol>	
Assessment	Evaluation of worksite policy implementation process and staff feedback.	
Education & Outreach (Development of Local Champions)	Face-to-face Presentation to County Commissioners to review activities and accomplishments. Report completion of objectives and activities at final Advisory Board meeting.	
Media Advocacy	Highlight worksite and community service center policy implementation in local.	

Policy Development, Promotion, & Implementation	Policy implementation and evaluation.	
Promote the Oregon Tobacco Quit Line	Assess worksite quitline card supply. Offer quitline cards during all contacts with county organizations, worksites, and businesses. Assess Wallowa County Courthouse quitline card supply.	
<b>Local Health Department:</b> Wallowa County Health Department		
<b>Best Practice Objective:</b> BPO # 3, Implement the Clean Air Act		
<p><b>SMART Objective:</b> From July 1, 2011 to June 30, 2012 Wallowa County Health Department will have responded to all complaints of violation of the Smokefree Workplace Law according to the protocol specified in the IGA. By June 30, 2012, 20 businesses, restaurants, bars, and offices in Enterprise will have information about the Indoor Clean Air Act and have access to signage.</p>		
<p><b>Critical Question:</b> 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. During the 2010 Healthy Communities Assessment, a majority of Enterprise public buildings, businesses, and facilities were observed to have no signage for “no smoking” rules.</p>		
<b>First Quarter Activities</b> (July 1, 2011-Sept. 30, 2012)		<b>First Quarter Report</b> (due Oct. 21, 2011)
Coordination & Collaboration	<ol style="list-style-type: none"> <li>1. Conduct site visits at 5 worksites, institutions, or businesses in Enterprise to assess signage and provide no smoking signs for those at which they are not displayed.</li> <li>2. Weekly monitor the WEMS system to address any reported complaints of violations to the ICAA.</li> <li>2. Maintain the Complaint Log, as</li> </ol>	

	<p>specified by the OAR's.</p> <p>3. Provide training to the LPHD staff on any new TPEP rules and regulations.</p> <p>4. Review in complaints and actions with TPEP Advisory board at quarterly meeting.</p> <p>5. Contact Wallowa, Enterprise, Joseph City Hall to inform them of the complaint process and discuss any community concerns.</p> <p>6. Develop tracking tool for ICAA assessments and materials provided.</p>	
Assessment	<p>Collect tobacco use data, quitline use data, and monitor complaints. Interview city hall employees to determine if they are receiving complaints from the community. During the Healthy Communities Assessment in 2010-2011, Wallowa City Hall reported that they receive complaints from citizens. Information was shared about the health department role in the complaint process at that time.</p>	
Education & Outreach (Development of Local Champions)	<p>Review with all health department staff the complaint process. Submit collected data summary to local newspaper. Submit collected data summary to County Commissioners. Present at Wallowa County Department Head Meeting to provide information about the TPEP program including the complaint process. Review any complaints received with health department staff. Provide signage and sample policies to any sites receiving a complaint.</p>	
Media Advocacy	<p>Media announcement of continued funding for TPEP program.</p>	
Policy Development, Promotion, & Implementation	<p>Continued maintenance of the Complaint log, with any updates as directed by the State TPEP Management Team.</p>	

Promote the Oregon Tobacco Quit Line	Provide "quit line" informational cards as requested by business leaders. During visits to businesses, offer information on the Quit-line and leave contact cards.	
<b>Second Quarter Activities</b> (Oct. 1, 2011-Dec. 31, 2012)		<b>Second Quarter Report</b> (due Jan. 20, 2012)
Coordination & Collaboration	<ol style="list-style-type: none"> <li>1. Conduct site visits at 5 new worksites, institutions, or businesses in Enterprise to assess signage and provide no smoking signs for those at which they are not displayed Weekly monitor the WEMS system to address any reported complaints of violations to the ICAA.</li> <li>2. Continued maintenance of the Complaint log, with any updates as directed by the TPEP Management Team.</li> <li>3. Provide training to the LPHD staff on any new TPEP rules and regulations.</li> <li>4. Review any complaints and actions with TPEP Advisory board at quarterly meeting.</li> <li>5. Maintain ICAA assessment/materials tracking tool.</li> </ol>	
Assessment	Monitor number of complaints and repeat complaints from sites.	
Education & Outreach (Development of Local Champions)	Review any complaints received with health department staff. Provide signage and sample policies to any sites receiving a complaint.	
Media Advocacy	Media Campaign for anniversary of Indoor Clean Air Act	
Policy Development, Promotion, & Implementation	Continued maintenance of the Complaint log, with any updates as directed by the State TPEP Management Team.	
Promote the Oregon Tobacco Quit Line	Provide "quit line" informational cards as requested by business leaders. During visits to	

	businesses, offer information on the Quit-line and leave contact cards.	
<b>Third Quarter Activities</b> (Jan. 1, 2012-March 31, 2012)		<b>Third Quarter Report</b> (due April 20, 2012)
Coordination & Collaboration	<ol style="list-style-type: none"> <li>1. Conduct site visits at 5 new worksites, institutions, or businesses in Enterprise to assess signage and provide no smoking signs for those at which they are not displayed Weekly monitor the WEMS system to address any reported complaints of violations to the ICAA.</li> <li>2. Weekly monitor the WEMS system to address any reported complaints of violations to the ICAA.</li> <li>3. Continued maintenance of the Complaint log, with any updates as directed by the TPEP Management Team.</li> <li>4. Provide training to the LPHD staff on any new TPEP rules and regulations.</li> <li>5. Review any complaints and actions with TPEP Advisory board at quarterly meeting.</li> <li>6. Continued maintenance of the ICAA assessment/materials tracking tool.</li> </ol>	
Assessment	Monitor number of complaints and repeat complaints from sites.	
Education & Outreach (Development of Local Champions)	Review any complaints received with health department staff. Provide signage and sample policies to any sites receiving a complaint.	
Media Advocacy	If no complaints are received, highlight the community success in local media.	
Policy Development,	Continued maintenance of the Complaint log, with any updates as	

Promotion, & Implementation	directed by the State TPEP Management Team.	
Promote the Oregon Tobacco Quit Line	Provide “quit line” informational cards as requested by business leaders. During visits to businesses, offer information on the Quit-line and leave contact cards.	
<b>Fourth Quarter Activities</b> (April 1, 2012-June 30, 2012)		<b>Fourth Quarter Report</b> (due July 20, 2012)
Coordination & Collaboration	<ol style="list-style-type: none"> <li>1. Conduct site visits at 5 new worksites, institutions, or businesses in Enterprise to assess signage and provide no smoking signs for those at which they are not displayed</li> <li>Weekly monitor the WEMS system to address any reported complaints of violations to the ICAA.</li> <li>2. Weekly monitor the WEMS system to address any reported complaints of violations to the ICAA.</li> <li>3. Continued maintenance of the Complaint log, with any updates as directed by the TPEP Management Team.</li> <li>4. Provide training to the LPHD staff on any new TPEP rules and regulations.</li> <li>5. Review any complaints and actions with TPEP Advisory board at quarterly meeting</li> <li>6. Continued maintenance of the ICAA assessment/materials tracking tool.</li> </ol>	
Assessment	Monitor number of complaints and repeat complaints from sites.	
Education & Outreach (Development of Local Champions)	Face-to-face Presentation to County Commissioners to review activities and accomplishments. Report completion of objectives and activities at final Advisory Board meeting. Review any complaints received with health department staff. Provide signage	

	and sample policies to any sites receiving a complaint.	
Media Advocacy	Media campaign highlighting downtown signage.	
Policy Development, Promotion, & Implementation	Continued maintenance of the Complaint log, with any updates as directed by the State TPEP Management Team.	
Promote the Oregon Tobacco Quit Line	Provide "quit line" informational cards as requested by business leaders. During visits to businesses, offer information on the Quit-line and leave contact cards.	
<b>Local Health Department:</b> Wallowa County Health Department		
<b>Best Practice Objective:</b> BPO # 4, Smokefree Multi Unit Housing		
<b>SMART Objective:</b> By June 30, 2012 one new property will adopt smokefree policies.		
<p><b>Critical Question:</b></p> <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>According to the BRFSS 2007 data, adult Medicaid clients are nearly twice as likely to smoke as Oregon adults in general. In addition, the Health Risk Health Status Survey 2004, reports almost 40 percent of Medicaid clients who smoke and have children living in their homes allow smoking inside their homes every day. Secondhand smoke exposure in children can lead to increased risk for SIDS, respiratory infections, ear infections, asthma. In Wallowa County, most multi-unit housing properties provide low-income housing. Data suggests that low-income residents are more likely to smoke and more likely to allow smoking in the home which indicates a need to prioritize smokefree multiunit housing.</p> <p>Collaboration with the Union County TPEP Coordinator and the NE Oregon Housing Authority was chosen as a strategy because multiunit housing in Wallowa County and Union County are both governed by the NE Oregon Housing Authority.</p>		
<b>First Quarter Activities</b> (July 1, 2011-Sept. 30, 2012)		<b>First Quarter Report</b> (due Oct. 21, 2011)

<p>Coordination &amp; Collaboration</p>	<ol style="list-style-type: none"> <li>1. Discuss BPO at first TPEP Advisory meeting and brainstorm facilities to approach, activities, direction.</li> <li>2. Contact Northeast Housing Authority by phone to offer assistance and asses current tobacco policies.</li> <li>3. Phone consultation with Diane Laughter, Health Insights INC for program direction. Work with Diane to develop a quarterly call with Wallowa, Union, Baker, and Grant counties to discuss activities and strategies.</li> <li>4. Initial contacts with property managers will be made. Complete assessment of readiness to change for each multiunit housing complex.</li> <li>5. Prepare tracking tool for smoking policy status for multi-unit housing properties.</li> </ol>	
<p>Assessment</p>	<ul style="list-style-type: none"> <li>-Quarterly, collect and fill out the required information for the "Tracking Form for Multi-unit properties who have adopted No-Smoking Policies" &amp; "Rental Ad Tracking Tool" for Diane Laughter's data base.</li> <li>- Communicate with owners/managers of multi-unit housing developments via one-on-one meetings, phone calls, and emails to determine current status, attitudes, goals and barriers to a "no-smoking" housing unit policy. Assess readiness to change. Complete tracking tool with current status as assessments are completed.</li> <li>-Input from multi-unit housing partners (NE Housing Authority, Community Connection and</li> </ul>	

	<p>owner/managers) will be sought during these contacts) for future strategy development.</p> <ul style="list-style-type: none"> <li>- Collect secondhand exposure data, Wallowa County Costs of tobacco use data.</li> <li>- Utilize regional call to determine what information, strategies, and resources can be shared.</li> </ul>	
Education & Outreach (Development of Local Champions)	Provide relevant data via written summaries to NE Housing Authority, property managers, and TPEP advisory board. Offer sample resident surveys and data from the Smoking Practices, Policies, & Preferences in Oregon Rental Housing 2008 telephone survey of tenants.	
Media Advocacy	Publish information about benefits of smoke free in media that reach property owners. Utilize Diane Laughter as a resource to find applicable media outlets.	
Policy Development, Promotion, & Implementation	Develop written policies samples for smokefree multi unit housing.	
Promote the Oregon Tobacco Quit Line	Provide Quitline flyers and cards to property managers. Provide contact information and program introduction to managers.	
<b>Second Quarter Activities</b> (Oct. 1, 2011-Dec. 31, 2012)		<b>Second Quarter Report</b> (due Jan. 20, 2012)
Coordination & Collaboration	<ol style="list-style-type: none"> <li>1. Collaborate with chosen multiunit housing property to assess current policies and barriers to implementation. Begin planning process.</li> <li>2. Review of program objectives and activities at quarterly TPEP Advisory Board Meeting. Determine any changes to plan and receive feedback for</li> </ol>	

	<p>program direction.</p> <ol style="list-style-type: none"> <li>3. Participation in regional coordination call with Diane Laughter and Wallowa, Union, Baker, and Grant counties if available.</li> <li>4. Maintain tracking tool for smoking policy status for multi-unit housing properties.</li> </ol>	
Assessment	Assess readiness to change, current practices, barriers, and resident opinions.	
Education & Outreach (Development of Local Champions)	Offer sample resident surveys to property manager if they are ready to begin change process.	
Media Advocacy	Work with Met group, Diane Laughter, and regional coordination group for media campaign regarding benefits of smokefree multiunit housing.	
Policy Development, Promotion, & Implementation	Develop sample policies.	
Promote the Oregon Tobacco Quit Line	Post quitline flyers in Multiunit housing properties as approved by property managers.	
<b>Third Quarter Activities</b> (Jan. 1, 2012-March 31, 2012)		<b>Third Quarter Report</b> (due April 20, 2012)
Coordination & Collaboration	<ol style="list-style-type: none"> <li>1. Work with property manager to customize policy and assist with resident preparation for change.</li> <li>2. Review of program objectives and activities at quarterly TPEP Advisory Board Meeting. Determine any changes to plan and receive feedback for program direction.</li> <li>3. Participation in regional coordination call with Diane</li> </ol>	

	<p>Laughter and Wallowa, Union, Baker, and Grant counties if available.</p> <p>4. Maintain tracking tool for smoking policy status for multi-unit housing properties.</p>	
Assessment	Assess resident readiness for change.	
Education & Outreach (Development of Local Champions)	Provide managers with tools from Health In Sight, INC: model letters to residents, signs & stickers.	
Media Advocacy	Work with Diane Laughter, Met Group, and Regional Coordination group for media campaign highlighting the joint efforts in the region.	
Policy Development, Promotion, & Implementation	Develop tailored policy for chosen multiunit housing property.	
Promote the Oregon Tobacco Quit Line	Include quitline referral information in policy.	
<b>Fourth Quarter Activities</b> (April 1, 2012-June 30, 2012)		<b>Fourth Quarter Report</b> (due July 20, 2012)
Coordination & Collaboration	<ol style="list-style-type: none"> <li>1. Assist property manager with policy implementation as needed.</li> <li>2. Review of program objectives and activities at quarterly TPEP Advisory Board Meeting. Determine any changes to plan and receive feedback for program direction.</li> <li>3. Participation in regional coordination call with Diane Laughter and Wallowa, Union, Baker, and Grant counties if available.</li> <li>4. Maintain tracking tool for smoking policy status for multi-unit housing properties.</li> </ol>	

Assessment	Evaluate implementation process and resident feedback.	
Education & Outreach (Development of Local Champions)	Utilize Health In Sight, INC to provide Enforcement communication tools and quitline fax referral forms to property managers. Face-to-face Presentation to County Commissioners to review activities and accomplishments. Report completion of objectives and activities at final Advisory Board meeting.	
Media Advocacy	Highlight smokefree movement of Multi unit property in local media.	
Policy Development, Promotion, & Implementation	Review policy implementation process.	
Promote the Oregon Tobacco Quit Line	Quitline fax referral forms, flyers, and cards will be provided to property managers of all multiunit housing properties in Wallowa County.	
<b>Local Health Department:</b> Wallowa County Health Department		
<b>Best Practice Objective:</b> BPO # 5, Tobacco-Free Head Start/Child Care Programs		
<b>SMART Objective:</b> By June 30, 2012, 2 out of 2 certified daycare centers will adopt smokefree campus policies.		
<p><b>Critical Question:</b></p> <ol style="list-style-type: none"> <li>1. Explain how data describing disparities in health risks and outcomes led you to prioritize the SMART objective, activities or partners identified for this BPO.</li> </ol> <p>In 2010, Wallowa County had 2 licensed childcare programs open. These facilities will be targeted for collaboration in order to provide visual education with signage as well as education through facility rules and policies to the families utilizing the programs. In addition, these facilities will be encouraged to develop referral systems for the parents of the children they serve for cessation information.</p>		

<b>First Quarter Activities</b> (July 1, 2011-Sept. 30, 2012)		<b>First Quarter Report</b> (due Oct. 21, 2011)
Coordination & Collaboration	<ol style="list-style-type: none"> <li>1. Meet with directors of daycare facilities to determine current policy status and vision for policy development. Provide data and health information to promote tobacco free policy adoption.</li> <li>2. With the assistance of TPEP Liaison Tara Gedman, collect sample policies.</li> <li>3. Work with Wallowa County Prevention Specialist for a media campaign regarding secondhand exposure and children.</li> <li>4. Review of program objectives and activities at first TPEP Advisory Board Meeting. Determine any changes to plan and receive feedback for program direction.</li> <li>5. Report current policy status to TPEP liaison.</li> </ol>	
Assessment	Collect data about tobacco use in Wallowa County and health affects of second-hand exposure to children. Complete site assessment at both childcare centers to review current policies and signage.	
Education & Outreach (Development of Local Champions)	Provide written summary of collected data to both childcare centers during initial contact. Review collected data at first TPEP Advisory Board meeting.	
Media Advocacy	Develop media campaign plan for second hand exposure to children and adoption of tobacco free policies at local childcare centers.	

	Utilize MET Group for Media Campaign development.	
Policy Development, Promotion, & Implementation	Develop sample policies and provide to both childcare centers.	
Promote the Oregon Tobacco Quit Line	Provide information about Oregon Quitline to both childcare centers at site visit.	
<b>Second Quarter Activities</b> (Oct. 1, 2011-Dec. 31, 2012)		<b>Second Quarter Report</b> (due Jan. 20, 2012)
Coordination & Collaboration	<ol style="list-style-type: none"> <li>1. Finalize policy drafts and meet with directors of both childcare centers for review. Include staff trainings on advising parents to quit tobacco and to help employees who smoke with referral to Oregon Quitline in policies.</li> <li>2. Work with child care facilities to revise policies and discuss implementation plans.</li> <li>3. Work with prevention specialist, TPEP advisory board, and childcare center staff to complete a Great American Smokeout Activity at each center.</li> <li>4. Review of program objectives and activities at quarterly TPEP Advisory Board Meeting. Determine any changes to plan and receive feedback for program direction.</li> </ol>	
Assessment	Assess readiness of centers to adopt policies drafted. Evaluation of Great American Smokeout Activity.	
Education & Outreach (Development of Local Champions)	Work with childcare centers to plan the implementation process. Provide flyers, banners, etc to childcare centers for Great	

	American Smokeout.	
Media Advocacy	Great American Smokeout campaign to include an activity at childcare centers and Head Start.	
Policy Development, Promotion, & Implementation	Complete draft policies for both child care centers.	
Promote the Oregon Tobacco Quit Line	Include Quitline information in all Great American Smokeout flyers and media releases. Provide quitline cards to daycare centers to distribute to staff and parents.	
<b>Third Quarter Activities</b> (Jan. 1, 2012-March 31, 2012)		<b>Third Quarter Report</b> (due April 20, 2012)
Coordination & Collaboration	<ol style="list-style-type: none"> <li>1. Work with 2 childcare facilities to implement tobacco free policies.</li> <li>2. Work with 2 childcare facilities to ensure adequate signage for their tobacco free zone is installed.</li> <li>3. Meet with Head Start Director to offer a review of current policies and practices.</li> <li>4. Collaborate with Wallowa County Prevention Specialist for public education regarding Secondhand exposure to children.</li> <li>5. Review of program objectives and activities at quarterly TPEP Advisory Board Meeting. Determine any changes to plan and receive feedback for program direction.</li> </ol>	
Assessment	Review of Head Start tobacco free policies, signage, and environment.	
Education & Outreach (Development of	Face-to-face meeting with childcare center directors to implement policies.	

Local Champions)		
Media Advocacy	Secondhand exposure to children media campaign.	
Policy Development, Promotion, & Implementation	Implementation of tobacco free policies at 2 childcare centers.	
Promote the Oregon Tobacco Quit Line	Include Quit Line referrals in policy implementation and provide Quit Line cards to both childcare centers to be given to parents and staff.	
<b>Fourth Quarter Activities</b> (April 1, 2012-June 30, 2012)		<b>Fourth Quarter Report</b> (due July 20, 2012)
Coordination & Collaboration	<ol style="list-style-type: none"> <li>1. Work with Prevention Specialist to evaluate secondhand exposure education campaign.</li> <li>2. Review of program objectives and activities at quarterly TPEP Advisory Board Meeting. Determine any changes to plan and receive feedback for program direction.</li> </ol>	
Assessment	Evaluate completion of activities and accomplishment of objectives. Meet with childcare center directors to assess satisfaction with process and receive staff and parent feedback. Evaluation of secondhand exposure campaign.	
Education & Outreach (Development of Local Champions)	Face-to-face Presentation to County Commissioners to review activities and accomplishments. Report completion of objectives and activities at final Advisory Board meeting.	
Media Advocacy	Promotion of Childcare Centers going tobacco free in local media.	
Policy Development, Promotion, & Implementation	Evaluation of policy implementation at both childcare centers.	

Promote the Oregon Tobacco Quit Line	Supply Oregon Quitline cards and flyers to Head Start for parent referrals.	
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d. Chronic Disease Prevention

<b>Time Period: July 2011 to June 2012</b>				
<b>GOAL: Reduce the burden of chronic disease most closely linked to physical inactivity, poor nutrition, and tobacco use.</b>				
Objectives	Plan for Methods/Activities/Practice	Outcome Measure(s)	Outcome Measure(s) Results	Progress Notes
<b>A</b> Complete a community assessment of chronic disease burden.	1. Assess available data. 2. Share data with staff, county commissioners, and community partners.	Evaluation of data.		
<b>B.</b> Increase community awareness of the burden of chronic disease.	1. Conduct 2 media outreaches with chronic disease information.	# of outreach activities completed, description		

**2) Parent and Child Health Services**

a. MCH Block Grant

<b>Time Period: June 2011 to July 2012</b>				
<b>GOAL: To maintain a teen pregnancy rate lower than the state average.</b>				
Objectives	Plan for Methods/Activities/Practice	Outcome Measure(s)	Outcome Measure(s) Results	Progress Notes
<b>A.</b> Serve as an active participant in the Teen Issues Coalition.	1. Attend quarterly meetings. 2. Participate in teen pregnancy prevention month activities.	1. Attendance of meetings  2. Completion of activity		
<b>B.</b> Increase public awareness and education related to Teen Pregnancy.	1. Conduct a media campaign to increase awareness of the issue. 2. Provide teen pregnancy statistics to the Teen Issues Coalition annually. 3. Conduct an activity for teen pregnancy prevention month.	1. Media materials published 2. Teen Issues Coalition feedback 3. Completion of activity		

**Time Period: June 2011 to July 2012**

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

<p>C. Enhance health department services to decrease the teen pregnancy rate.</p>	<p>1. Provide birth control methods and appropriate counseling to all teen requesting it.                  2. Provide emergency contraception to all teens who have had unprotected sex within 72 hours.                  3. Place condoms in the bathroom that can be obtained in a private manner.                  4. Provide free condoms and education for proper use to all person requesting them.                  5. Provide free condoms to be distributed by the juvenile department.</p>	<p>1. # teens served                  2. # pregnancies averted                  3. # clients issued Plan B                  4 &amp; 5. # condoms distributed</p>		
<p>D. Provide Sex education to teens.</p>	<p>1. Assess school and community readiness for sex education.                  2. Evaluate available evidenced based programs.                  3. Select and acquire an evidenced based program that is approved by schools and the community                  4. Train staff for implementation of program</p>	<p>1. # schools and community members providing input                  2. # evidence based programs evaluated                  3. Was a program acquired?                  4. # of staff prepared to take program to schools/community</p>		
<p>E.. Educate 5th and 6<sup>th</sup> graders about changes of puberty.</p>	<p>1. Complete a Puberty Education Class in Wallowa 5<sup>th</sup> &amp; 6<sup>th</sup> grade classes.                  2. Offer Puberty Education classes to Enterprise and Joseph schools                  3. Complete Puberty Education class in Enterprise and Joseph if accepted</p>	<p>1. Students questions will be answered.                  2. Were Enterprise and Joseph Schools Contacted?                  3. List of schools class was implemented in</p>		

b. Babies First!

<b>Time Period: July 2011 to June 2012</b> <b>GOAL: Improve the early detection of infants and young children at risk of developmental delay and other health related issues.</b>				
Objectives	Plan for Methods/ Activities/Practice	Outcome Measure(s)	Outcome Measure(s) Results	Progress Notes
A. Increase participation in the Babies First! Program	1. "Baby Bags" will be distributed to all WC births with the HD brochure and contact information. 2. Promote the program to all WIC participants. 3. Conduct media campaign to inform public of the program. 4. Incentives for program participation will be explored such as blankets for babies, drawings, etc.	1. # of Bags distributed to the hospital 2. # clients served 3. # new clients 4. Goal is to maintain a caseload of 5 clients.		
B. Implement early screening for physical, developmental, and emotional health of infants.	1. Complete developmental, vision, hearing, health, and nutrition screenings according to program guidelines. 2. Partner with BHF and EI to offer county-wide screenings.	1. # of screenings completed. 2. Chart reviews. 3. ORCHIDS data.		
<b>Time Period: July 2011 to June 2012</b> <b>GOAL: Assist families to identify and access community resources.</b>				
Objectives	Plan for Methods/ Activities/Practice	Outcome Measure(s)	Outcome Measure(s) Results	Progress Notes

A. Maintain appropriate referral capacities.	1. Collaborate with community healthcare providers and partner agencies for referral processes. 2. Document all referrals and follow-up in participant charts.	1# of referrals.  2. Referral follow-ups made.  3. Feedback from healthcare providers and community partners.		
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<b>Time Period: July 2011 to June 2012</b>				
<b>GOAL: Promote positive parent-child interactions as well as parent education and support.</b>				
Objectives	Plan for Methods/Activities/Practice	Outcome Measure(s)	Outcome Measure(s) Results	Progress Notes
<b>B.</b> Provide education and information to parents and guardians regarding development, physical health, and nutrition.	1. Offer breastfeeding support to mother's. 2. Discuss nutrition status and best practices with participants. 3. Offer activities relevant to developmental stages. 4. Discuss findings of all screenings conduct.	Chart review,  ORCHIDS data		
<b>B.</b> Promote literacy and parent-child reading activities.	1. Distribute "Book Bags" from the county library with books and activities for families.	# bags distributed		

c. CaCoon

<b>Time Period: July 2011 to June 2012</b>				
<b>GOAL: To assist families with children with disabilities in accessing health care.</b>				
Objectives	Plan for Methods/Activities/Practice	Outcome Measure(s)	Outcome Measure(s) Results	Progress Notes

**Time Period: July 2011 to June 2012**

**GOAL: To assist families with children with disabilities in accessing health care.**

<p>A. Provide case management for families with a child under 21 with a disability.</p>	<p>1. Follow all program policies for delivery of services. 2. Assist families with referrals to specialized medical care, contacting providers, arranging travel, managing multiple care providers, scheduling organization, etc.</p>			
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**d. Child Passenger Safety**

**Time Period: July 2011 to June 2012**

**GOAL: To prevent traffic fatalities of children under the age of 8.**

<b>Objectives</b>	<b>Plan for Methods/Activities/Practice</b>	<b>Outcome Measure(s)</b>	<b>Outcome Measure(s) Results</b>	<b>Progress Notes</b>
<p>A. Decrease barriers to obtaining approved child passenger safety seats in Wallowa County.</p>	<p>1. Work with ODOT to purchase safety seats and maintain adequate stock. 2. Offer safety seats on a sliding scale basis to decrease financial barriers.</p>	<p># of car seats issued</p>		
<p>B. Eliminate inappropriate use and outdated or dysfunctional car seat use.</p>	<p>1. Host bi-monthly car seat clinics to check installations. 2. Offer installation for all persons purchasing car seats. 3. Offer walk-in car seat checks.</p>	<p># of car seats discontinued from use and replaced with new car seats</p>		
<p>C. Ensure qualified personnel are available for car seat education and installation checks.</p>	<p>1. Maintain CPS certification for a minimum of 2 staff.</p>	<p># certified staff</p>		

**e. Perinatal Health**

**Time Period: July 2011 to June 2012**

**GOAL: To improve the health of pregnant women and increase positive birth outcomes.**

Objectives	Plan for Methods/ Activities/Practice	Outcome Measure(s)	Outcome Measure(s) Results	Progress Notes
<p><b>A.</b> Assess needs and provide appropriate referrals to all pregnant women in the clinic with regards to: Prenatal care, WIC, OHP, Food Stamps, adoption, abortion, birth control, healthy start, OMC, and other local services.</p>	<p>1. Assess needs of all women completing a pregnancy test and all pregnant women in the WIC program and OMC programs. 2. Refer to appropriate services. 3. Provide applicable handouts. 4. Provide the brochure "Pregnant? You have Options!" to 100% of positive pregnancy tests.</p>	<p># of referrals documented on pregnancy test form and in TWIST for WIC clients</p>		
<p><b>B.</b> Provide prenatal vitamins to pregnant women in need in Wallowa County.</p>	<p>1. For women seeking pregnancy or those with a positive pregnancy test, determine if they have access to prenatal vitamins and if they are currently taking them. 2. For WIC and OMC clients, assess access and use of prenatal vitamins. 3. Offer free prenatal vitamins to those in need. 4. Provide instructions for use.</p>	<p># of prenatal vitamins distributed.</p>		

f. Women, Infants, Children

FY 2011 - 2012 WIC Nutrition Education Plan Form

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

**Person Completing Form:** Laina Fisher

**Date:** April 22, 2011

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

**Email:**

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

Fall 2011: Laina Fisher, RN, Administrator, WIC Coordinator,  
WIC Certifier

**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 the PCE Groups trainings held Fall 2010 and Spring 2011.

**Implementation Plan and Timeline:**

Group classes are not conducted. Individual Education sessions will utilize PCE skills and strategies by July 31, 2011. A staff in-service for PCE skills and strategies will be held in July 2011.

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

**Implementation Plan and Timeline:**

July 1-31, 2011: Coordinator will review 2<sup>nd</sup> nutrition ed options and share with staff.

August 1, 2011-October 31, 2011: Coordinator will develop 2<sup>nd</sup> nutrition education options and prepare for implementation.

December 1, 2011-June 30, 2012: Clients will have access to a variety of 2<sup>nd</sup> nutrition education options to best meet their needs.

**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:**

Group classes are not conducted. All pregnant clients are offered an

individual education appointment specifically for breastfeeding education during their initial certification. Individual Education sessions will utilize PCE skills and strategies by July 31, 2011. A staff in-service for PCE skills and strategies will be held in July 2011.

**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:**

October 2011: A breastfeeding education In-service including utilizing PCE skills will be completed with all HD staff.

**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:**

Fall 2011: building healthy families/healthy start and Early Intervention will be invited to attend PCE 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.

f.

**Implementation Plan and Timeline:**

From July 1, 2011 to June 30, 2012 Building healthy families/Healthy Start will be invited to complete the Oregon WIC breastfeeding module and the new online Oregon WIC breastfeeding course.

**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:**

In March 2012: A Health Outcomes staff in-service will be completed utilizing the outline and materials received.

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

**Implementation Plan and Timeline:**

From March 1-31, 2012, 100% of WCHD staff will complete the Postpartum Nutrition Course.

**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): Laina Fisher**

## Attachment A

### FY 2011-2012 WIC Nutrition Education Plan

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

**Agency:** Wallowa County Health Department

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

i. Staff Development Planned

Based on planned program initiatives, your program goals, or identified staff needs, what quarterly in-services and or continuing education are planned for existing staff? List the in-services and an objective for quarterly in-services that you plan for July 1, 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	July 2011	PCE	* Staff will have the skills needed to incorporate PCE strategies in to certifications, individual education, and breastfeeding education.
2	October 2011	Breastfeeding	* Staff will have the skills needed to provide breastfeeding education and incorporate PCE strategies in to that education
3	March 2012	Health outcomes	* Staff will learn skills to identify barriers to health outcomes, to encourage clients to improve health outcomes, and reduce to barriers
4	April 2012	Postpartum Nutrition	* Staff will review information learned in the Postpartum Nutrition module and will be able to identify at least 2 pieces of information that can be applied to client education/counseling

g. Family Planning

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

h. Immunizations

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

i. Oregon Mother's Care

<b>Time Period: July 2011 to June 2012</b>				
<b>GOAL: To reduce the number of uninsured pregnant women.</b>				
<b>Objectives</b>	<b>Plan for Methods/ Activities/Practice</b>	<b>Outcome Measure(s)</b>	<b>Outcome Measure(s) Results</b>	<b>Progress Notes</b>
A. Reduce barriers to OHP application completion.	<ol style="list-style-type: none"> <li>1. Maintain at least 1 staff person with the capability of assisting with OHP applications.</li> <li>2. Assist women in the office by appointment or walk-in.</li> <li>3. Provide an appointment no later than 5 days after initial inquiry or referral.</li> <li>4. Fax application directly as indicated in program instructions.</li> <li>5. Follow up on all pending applications and gather materials to re-submit.</li> </ol>	# of births to uninsured mothers		
<b>Time Period: July 2011 to June 2012</b>				
<b>GOAL: To increase the number of women receiving adequate prenatal care.</b>				
<b>Objectives</b>	<b>Plan for Methods/ Activities/Practice</b>	<b>Outcome Measure(s)</b>	<b>Outcome Measure(s) Results</b>	<b>Progress Notes</b>
A. Increase the number of pregnant women with insurance coverage.	<ol style="list-style-type: none"> <li>1. Complete OHP applications as described above.</li> <li>2. If non-eligible to OHP, make referrals.</li> </ol>	Census Bureau data for Uninsured		
B. Increase the number of pregnant women accessing early prenatal care.	<ol style="list-style-type: none"> <li>1. Provide health care provider information to all pregnant women.</li> <li>2. Call to schedule 1<sup>st</sup> appointment as needed.</li> </ol>	Vital statistics prenatal care reports		

j. Suicide Prevention

<b>Time Period: July 2011 to June 2012</b>				
<b>GOAL: To decrease the rate of youth suicide.</b>				
<b>Objectives</b>	<b>Plan for Methods/ Activities/Practice</b>	<b>Outcome Measure(s)</b>	<b>Outcome Measure(s) Results</b>	<b>Progress Notes</b>

<b>Time Period: July 2011 to June 2012</b>				
<b>GOAL: To decrease the rate of youth suicide.</b>				
<b>A.</b> Provide Tools to youth for approaching peers they are concerned about.	1. Conduct Response Education Class in Wallowa, Enterprise, and Joseph Jr. High Classes.	Class evaluations		
<b>B.</b> Provide tools to schools for suicide prevention education.	1. Work with schools to identify at least 1 key staff person to refer youth to. 2. Provide in-service Response materials to Wallowa, Enterprise, and Joseph schools. 3. Allow the identified staff person to observe the Response class in order to conduct the class in future years.	Teacher/Staff Feedback		

k. Environmental Health

<b>Time Period: July 2011 to June 2012</b>				
<b>GOAL: To reduce environmental health risk factors with the potential to cause disease outbreaks and illness within Wallowa County.</b>				
<b>Objectives</b>	<b>Plan for Methods/Activities/Practice</b>	<b>Outcome Measure(s)</b>	<b>Outcome Measure(s) Results</b>	<b>Progress Notes</b>

**Time Period: July 2011 to June 2012**

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

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

1. Health Statistics

**Time Period: July 2011 to June 2012**

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

Objectives	Plan for Methods/	Outcome	Outcome Measure(s)	Progress Notes
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<b>Time Period: July 2011 to June 2012</b>				
<b>GOAL: Vital statistics registration will be accurate, timely, and consistent with program protocols.</b>				
	<b>Activities/Practice</b>	<b>Measure(s)</b>	<b>Results</b>	
<b>A.</b> Staff competency will be maintained for vital statistics registration.	1. Maintain a minimum of two trained Vital Statistics Registrars. 2. Job aids will be developed for completion of birth and death certificate registration.			
<b>B.</b> 100% of birth and death certificates will be reviewed by the County Registrar or Deputy registrar for accuracy and completeness.	1. Protocols and guidelines will be reviewed annually by all registrars.	1. Increased staff knowledge of birth and death certificate issuance requirements. 2. Compliance during the Aug 09 triennial program review.		
<b>C.</b> Requests for birth and death certificates will be filled within 1 working day.	1. All registrars will be competent to ensure staff are always available. 2. Adequate supplies & materials will be stocked to ensure printing capabilities.	1. All registrars will be able to demonstrate the ability to print birth and death certificates.		

m. Information and Referral

<b>Time Period: July 2011 to June 2012</b>				
<b>GOAL: To educate the public regarding health indicators and status.</b>				
<b>Objectives</b>	<b>Plan for Methods/Activities/Practice</b>	<b>Outcome Measure(s)</b>	<b>Outcome Measure(s) Results</b>	<b>Progress Notes</b>
<b>A.</b> Maintain a website for Wallowa County Health Department.	1. Review and update website monthly.	Viewer feedback		
<b>B.</b> Publish health indicators on the health department website.	1. Post most recent data for health indicators on website. 2. Evaluate & update website data annually.	Viewer feedback		

**Time Period: July 2011 to June 2012**

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

**Time Period: July 2011 to June 2012**

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

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

**Time Period: July 2011 to June 2012**

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

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

**Time Period: July 2011 to June 2012**

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

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

<b>Time Period: July 2011 to June 2012</b>				
<b>GOAL: To educate the public regarding health indicators and status.</b>				
C. Actively participate in community partner collaboration in order to be informed of local resources.	1. Attend quarterly Service integration meetings for reports of partner services and activities.	1. Service integration meeting minutes.		

n. Public Health Emergency Preparedness

<b>Time Period: July 2011 to June 2012</b>				
<b>GOAL: To enhance surge capacity and response capabilities for public health emergencies.</b>				
<b>Objectives</b>	<b>Plan for Methods/ Activities/Practice</b>	<b>Outcome Measure(s)</b>	<b>Outcome Measure(s) Results</b>	<b>Progress Notes</b>
A. Continue analysis and corrections to Emergency operations plans.	1. Evaluate the Wallowa County Basic Plan, Public Health Appendix, Mass Prophylaxis, Chemical, Radiation, Health and Medical Annex, Natural Disasters, Communications Annex, Disease Surveillance, Pandemic Influenza, Behavioral Health Plans annually. 2. Collaborate with Wallowa County Emergency Manager on all developments of new plans and changes to existing plans.	1. Compliance during annual program reviews.		

**Time Period: July 2011 to June 2012**

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

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

**Time Period: July 2011 to June 2012**

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

**Time Period: July 2011 to June 2012**

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

<b>Objectives</b>	<b>Plan for Methods/ Activities/Practice</b>	<b>Outcome Measure(s)</b>	<b>Outcome Measure(s) Results</b>	<b>Progress Notes</b>
A. Maintain interoperable radio communication capabilities.	1. Purchase radios in 2011-2012. 2. Utilize radios for all exercises in order to maintain familiarity. 3. Training for all staff annually on radio communications.	Staff Feedback. Staff demonstration of use.		

#### IV. 2010-2011 Narrative/Evaluation

##### Babies First:

2 babies were served with 6 visits from July 1, 2010 to April 30, 2011. 2 new clients were enrolled this fiscal year at the time of this update with a goal of 5 clients by June 30, 2011. Baby bags were distributed via the Wallowa Memorial Hospital including program brochures.

##### Child Passenger Safety:

From July 1 2010 to June 30, 2011 27 safety seats were distributed. Car seat clinics were held bi-monthly.

##### Chronic Disease Prevention:

The Healthy Communities grant was received. Activities were completed. The healthy communities assessment was submitted and the 3 year improvement plan will be submitted by May 28, 2011.

##### Communicable Disease/Preparedness:

All CD staff have completed CD 101 & CD 303. CD protocols were assessed and are current. 24/7 communications plan was followed. Cross training of staff, emergency response planning have been conducted. Quarterly contact with infection control at the hospital was conducted. Local providers were contacted during case investigations. Investigations were completed according to policy.

##### Environmental Health:

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

##### Health Statistics:

Birth and death certificate registration was completed according to policies. Health indicators were evaluated in March-May 2011 in order to assess services provided and complete this annual plan.

##### Immunization Plan:

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

##### Information and Referral:

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

referral use.

Teen Pregnancy Prevention:

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

Tobacco Prevention:

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

Tuberculosis Case Management:

Protocols were updated. No active cases were reported.

WIC:

**EVALUATION OF WIC NUTRITION EDUCATION PLAN**  
**FY 2010-2011**

WIC Agency: Wallowa County Health Department

Person Completing Form: Laina Fisher

Date: April 22, 2011 Phone: 541-426-4848

Return this form, attached to email to: [sara.e.sloan@state.or.us](mailto:sara.e.sloan@state.or.us) by May 1, 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 31, 2010?
- Was the completion date entered into TWIST?

Response: Previous WIC certifier left in April 2010 and had completed the training. The current certifier has completed about 50% of the online module.

*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: Previous staff is no longer employed at the HD, but did pass the post test prior to leaving.

*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: Renita Bollman attended but is no longer working at the HD. She did review the information with the current staff and cross train prior to leaving.

## **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:

Strengths are staff that encourage and support breastfeeding and have a good relationship with clients. Private space for breastfeeding is offered and a sign stating that it is available is posted.

*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: Healthy Start/Building Healthy Families have been invited and offered breastfeeding friendly information. We also assessed breastfeeding friendliness during the 2010-2011 Healthy Communities Assessment at schools, worksites, community institutions, and the community at large. Community partners are now more likely to seek information and support from the health department. In the 2011-2012 Building Healthy Families and the Health Department plan to work together to assess steps needed to become breastfeeding friendly employers.

*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: Planned activity for May-June 2011.

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**

Agency: Wallowa County Health Department

Training Supervisor(s) and Credentials: Laina Fisher, 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, 2010 – June

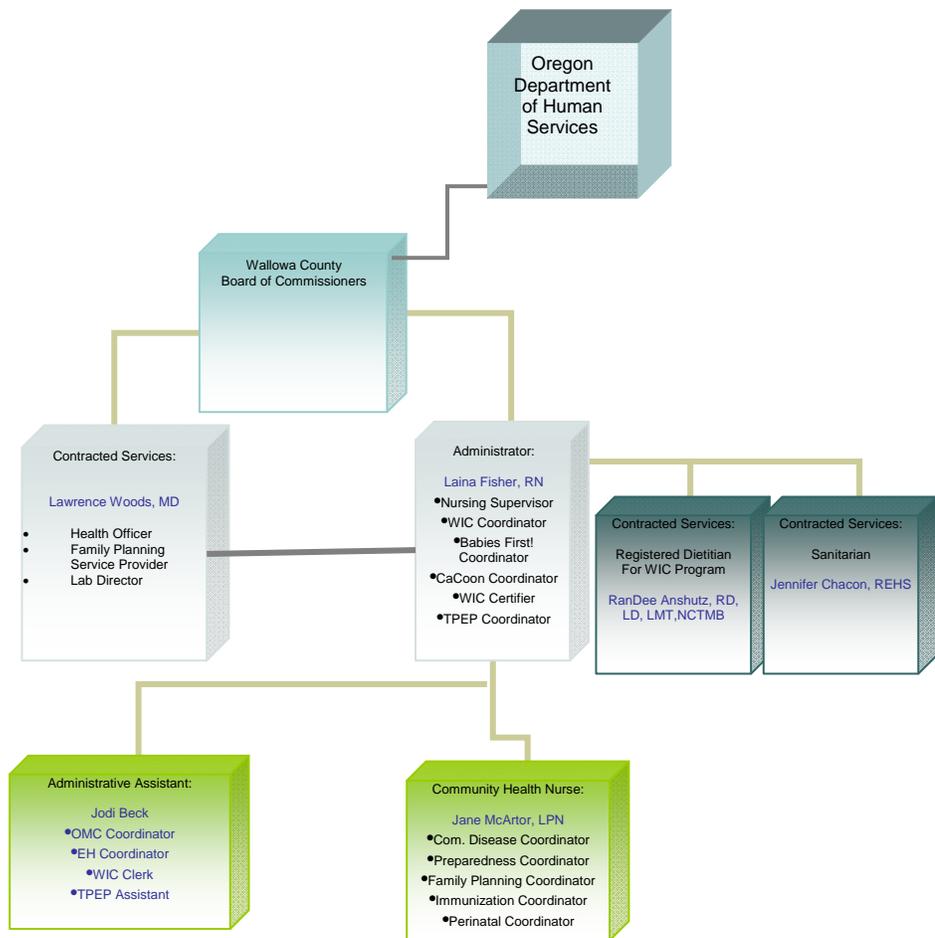
30, 2011. State provided in-services, trainings and meetings can be included as appropriate.

<b>Quarter</b>	<b>Month</b>	<b>In-Service Topic</b>	<b>In-Service Objective</b>	<b>Notes:</b>
1	September 2010	Breastfeeding mother friendly employer	Staff will learn the steps required to becoming a breastfeeding friendly employer.	Completed. Materials printed and shared with staff. Discussion of steps needed.
2	November 2010	Participant centered education	Attending staff will share lessons learned at Participant Centered Education training.	Completed in April 2010 before staff person left WCHD.
3	March 2011	Factors influencing health outcomes	WIC staff will be able to list at least 2 factors influencing health outcomes	Staff meeting and discussion occurred. Discussed barriers in purchasing and preparing healthy foods, finding time for physical activity, weather impacting physical activity, access to health care.
4	May 2011	Breastfeeding support	WIC staff will be able to identify at least 2 barriers to breastfeeding and list 2 ways to support breastfeeding in WIC participants	Scheduled

V. Additional Requirements

a. Organizational Chart

# Wallowa County Health Department Organizational Chart



b. Board of Health

There is currently no local board of health.

c. Public Health Advisory Board

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

d. Coordination with Comprehensive Plan

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

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

V. Unmet Needs

Unmet needs determined by this assessment and the Commission on Children and Families Comprehensive plan include: Youth drug and alcohol use, suicide prevention, economic stimulants, youth enrichment activities, mental health services, alcohol and drug addiction services, alcohol and drug use prevention. Other needs include chronic disease prevention with emphasis on policy development at schools, worksites, community institutions, health care facilities, and the community at large.

VI. Budget

Wallowa County Health Department's anticipated budget approval by the board of commissioners is scheduled in June 2011. Budget information can be obtained from the health department administrator. Contact information:

Laina Fisher, Administrator

Phone: (541) 426-4848

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

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

## VII. Minimum Standards

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

### **a. Organization**

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

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

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

## **1. Control of Communicable Diseases**

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

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

**a. Environmental Health**

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

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

**ii. Health Education and Health Promotion**

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

**a. Nutrition**

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

**b. Older Adult Health**

78. Yes  No  Health department provides or refers to services that promote detecting chronic diseases and preventing their complications.
79. Yes  No  A mechanism exists for intervening where there is reported elder abuse or neglect.
80. Yes  No  Health department maintains a current list of resources and refers for medical care, mental health, transportation, nutritional services, financial services, rehabilitation services, social services, and substance abuse services.
81. Yes  No  Prevention-oriented services exist for self health care, stress management, nutrition, exercise, medication use, maintaining activities of daily living, injury prevention and safety education.

**i.**

**ii. Parent and Child Health**

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

90. Yes  No  Preventive oral health services are provided directly or by referral.
91. Yes  No  Use of fluoride is promoted, either through water fluoridation or use of fluoride mouth rinse or tablets.
92. Yes  No  Injury prevention services are provided within the community.

### **iii. Primary Health Care**

93. Yes  No  The local health department identifies barriers to primary health care services.
94. Yes  No  The local health department participates and provides leadership in community efforts to secure or establish and maintain adequate primary health care.
95. Yes  No  The local health department advocates for individuals who are prevented from receiving timely and adequate primary health care.
96. Yes  No  Primary health care services are provided directly or by referral.
97. Yes  No  The local health department promotes primary health care that is culturally and linguistically appropriate for community members.
98. Yes  No  The local health department advocates for data collection and analysis for development of population based prevention strategies.

### **a. Cultural Competency**

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

**b. Health Department Personnel Qualifications**

**Local health department Health Administrator minimum qualifications:**

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

Answer the following questions:

Administrator name: Laina Fisher

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

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

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

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

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

ii. AND

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

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

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

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

OR

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

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

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

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

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

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

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

Laina Fisher  
Local Public Health Authority

Wallowa  
County

4-22-11  
Date

## **Appendix A**

### **i.Assessment Categories**

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

## **Appendix B**

### **Data Links**

1. Population pyramid, by age and sex:

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

2. Oregon population center:

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

3. Federal census center:

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

4. County facts:

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

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

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

6. County data book:

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

7. Chronic disease data:

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

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

8. Environmental Health licensed facility inspection report:

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

9. Youth surveys:

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

10. Benchmark county data:

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

11. Detailed census tables:

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

12. Alcohol and Drug County Data

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

13. Web-based software for public health assessment

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

14. Center for Health Statistics

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

15. Environmental Public Health Tracking

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