



Annual Plan
July 1, 2012 to June 30, 2013

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Wallowa County Health Department
July 1, 2012 to June 30, 2013 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 2012-2013 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.

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. We will continue to provide the basic services that currently exist.

For the 2013 fiscal year, some focus areas identified by the assessment as a need will include improving childhood immunization rates, addressing access to care issues, participating in a youth issues coalition, increasing our program outreach and promotion, 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.
- Oregon Department of Human Services 2008 EMS FACT SHEETS
- Oregon Department of Human Services and Oregon Health and Science University Healthy Aging in Oregon Counties 2009.
- University of Wisconsin County Health Rankings Oregon 2011
- 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 8th graders reported drinking alcohol on one or more occasions in the past 30 days and 57% of 11th graders; the state rate was 32% for 8th graders and 44% for 11th graders. In regards to binge drinking by youth in 2006, Wallowa County 8th graders reported 13%, Wallowa County 11th graders were 44%, Oregon 8th graders reported 13%, and Oregon 11th graders reported 25%. In 2006, Wallowa County 11th 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 8th 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 11th 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 8th graders, 10.4% of 11th 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 6th out of 33 counties in the overall child well-being index. Other indicators included: 5/33 in prenatal care, 29/33 for 8th 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, 8th grade alcohol use and smoking in pregnancy are greater in Wallowa County than Oregon.

Chronic Disease

Chronic Disease Conditions, BRFSS, 2004-2007 Comparison of Oregon to Baker, Grant, Union, and Wallowa Counties (Eastern Oregon)

Data from Healthy Aging in Oregon Counties 2009.

	45-59 yrs		60-74 yrs		75+ yrs	
	Oregon	E Oregon	Oregon	E Oregon	Oregon	E Oregon
Arthritis	33%	21%	51%	52%	60%	69%
Coronary Heart Disease	3%	3%	10%	10%	14%	29%
Diabetes	8%	9%	15%	9%	15%	15%
High Blood Pressure	29%	27%	49%	43%	58%	63%
High Cholesterol	40%	40%	53%	55%	46%	39%
Major Depression	5%	7%	2%	1%	2%	0%+
Stroke	2%	3%	5%	4%	10%	15%

+ Percentages based on less than 50 respondents may not accurately represent the county behaviors and should be interpreted with caution.

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 9th 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 8th graders reported marijuana use one or more times in the last 30 days, and 30% of Wallowa County and 19% of Oregon 11th graders reported marijuana use. For 2006, 0 8th and 11th graders in Wallowa County reported illicit drug use. In 2004, 8% of Wallowa County 8th graders and 2% of 11th graders compared to 6% of Oregon 8th graders and 2% of Oregon 11th graders reported use of inhalants. For prescription drug use, Wallowa County 11th graders reported 22% in 2006 compared to 6% in Oregon. 0% of Wallowa 8th graders and 3% of Oregon 8th graders reported prescription drug use in 2006. 0% of Wallowa County 8th and 11th graders reported Stimulant use in 2006.

Summary: 11th grade marijuana use and 11th 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 8th grade reading, 3/33 for 8th grade math, 2/33 for 3rd grade reading, 12/33 for 3rd grade math, and 1/33 for overall education index.

Summary: Education in Wallowa County is ranked very well.

Emergency Medical Services

The following data was taken from the Oregon 2008 EMS FACT SHEETS from the Department of Human Services, Oregon EMS & Trauma Systems Section. In May 2008, Oregon calls for patient transports consisted of 13% non-emergency transfers, 19% trauma, 10% cardiac, and 58% medical. In May 2008, Wallowa County calls for patient transports consisted of 20% non-emergency transfers, 26% trauma, 3% cardiac, and 51% medical. In 2008, Wallowa County had one designated trauma hospital, 4 ground ambulances, and 5 non-transporting agencies (fire departments, search and rescue, law enforcement, other types). Certified personnel consisted of 0 first responders, 21 basic EMTs, 9 Intermediate EMTs, and 5 Paramedic EMTs. In addition Wallowa County had 2.3 residents per square mile and 0.01 certified EMS personnel per square mile. In comparison, Baker County had 5.4 residents and 0.03 certified EMS personnel per square mile, Multnomah County had 1631.4 residents and 2.5 certified EMS personnel per square mile, and Union County had 12.4 residents and 0.04 certified EMS personnel per square mile. Like Wallowa County, Sherman County also had 2.3 residents per square mile and they had 0.04 certified EMS personnel per square mile which was slightly more than Wallowa County's 0.01. Sherman County had 3 ground ambulances and 4 non-transporting agencies which was similar to Wallowa County's 4 ambulances and 5 agencies.

Summary: Emergency medical services in Wallowa County report slightly more patient transports for non-emergency transfers and trauma and slightly less transports for medical and cardiac in May 2008 than Oregon's average. When compared to a county with the same population density, Wallowa County had fewer certified EMS personnel per square mile but 1 more ambulance and 1 more non-transporting agency than that county.

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 Behaviors

Health Behaviors, BRFSS, 2004-2007 Comparison of Oregon to Baker, Grant, Union, and Wallowa Counties (Eastern Oregon)

Data from Healthy Aging in Oregon Counties 2009

	45-59 yrs		60-74 yrs		75+ yrs	
	Oregon	E Oregon	Oregon	E Oregon	Oregon	E Oregon
Met Physical Activity Recommendation (1)	57%	59%	55%	53%	46%	37%+
5 or more servings of Fruits & Vegetables per Day	27%	26%	27%	34%	37%	27%
Healthy Weight (2)	33%	34%	30%	31%	43%	41%
Current Smoker	19%	17%	13%	13%	5%	10%

(1) The physical activity recommendation is for 30 minutes or more of moderate activity 5 days per week or 20 minutes or more of vigorous activity 3 days per week.

(2) A healthy weight is a body mass index at or above 18.5 and less than 25.0 kg/m²

Health Factors

According to the 2011 Oregon County Health Rankings, health factors are what influences the health of the county. The health factors ranking was based on four factors: health behaviors, clinical care, social and economic, and physical environment factors. Wallowa County ranked 6 out of 33 Oregon Counties in 2011.

Summary: Compared to other Oregon Counties in 2011, Wallowa County had many positive influences on the health of its residents.

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.

Health Outcomes

According to the 2011 Oregon County Health Rankings, health outcomes represent how healthy a county is. Health Outcome rankings were based on measures of mortality and morbidity. Wallowa County ranked 5 out of 33 Oregon Counties in 2011 for Health Outcomes.

Summary: Compared to other Oregon Counties in 2011, Wallowa County was relatively healthy.

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 8th

graders, 31% of Wallowa and 28% Oregon 11th graders, had serious psychological distress within the past year. In 2006, 6% of Wallowa and 15% of Oregon 8th graders, 22% of Wallowa and 20% of Oregon 11th 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.

Morbidity

According to the Oregon County Health Rankings 2011, morbidity rank is based on measures that represent health-related quality of life and birth outcomes. Wallowa County ranked 7 out of 33 Oregon counties in 2011.

Summary: Wallowa County residents report good health-related quality of life related to measures of self-reported fair or poor health, poor physical health days, poor mental health days, and the percent of births with low birthweight.

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 2007 reports deaths in Wallowa County as being comprised of 72 total deaths, 20 from cancer, 17 heart disease, 5 cerebrovascular disease, 6 chronic lower respiratory disease, 2 unintentional injuries, 1 Alzheimer's, 3 diabetes, 2 flu & pneumonia, 1 suicide, 2 alcohol induced, 2 hypertension, 1 parkinson's disease, 1 benign neoplasm, 1 pneumonia due to solids and liquids, 1 homicide.

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.

According to the 2011 Oregon County Health Rankings, mortality rank represents length of life and is based on a measure of premature death, or the years of potential life lost prior to age 75. In 2011, Wallowa County ranked 4th out of 33 Oregon Counties.

Summary: Leading causes of death are heart disease, cancer, tobacco-related illnesses, and motor vehicle accidents. Mortality is ranked in the top 5 amongst Oregon Counties.

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 8th 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 11th 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 16th 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 8th graders attempted suicide within the past year. In 2004 15% of Wallowa County and 8% of

Oregon 8th graders attempted. For 11th grade, the percent of youth attempting suicide in 2006 was 6% for Wallowa and 5% for the state. In 2004 14% of Wallowa 11th graders and 5% of Oregon 11th 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, 2011 to November 22, 2011 2 clients are being served with 6 visits to date. From January 1, 2010 to December 31, 2010 1 client was served with 2 visits. 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 2011.

Car Seats: From October 2010 to September 2011: 72 car seats were distributed, 102 purchased, 6 car seat clinics were held, 9 seat checks

conducted, and 2 car seats replaced that didn't meet standards. 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 and Babies First 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: In FY 2011, 150 unduplicated female clients, 51 teens age 10-19 and 99 adults age 20-44, were served. The estimated number of women in need for 2010 was 317, 71 teens age 13-19 and 246 adults age 20-44. Therefore, 47.3% of the estimated women in need were served in FY 2011 at Wallowa County Health Department compared to a 20.5% average for Oregon health departments. This was an increase for Wallowa County Health Department from 45.3% in FY 2010. The estimated number of pregnancies averted for FY 2011 was 45 and for FY 2010 it was 40. In FY 2010, 145 unduplicated female clients, 46 teens age 10-19 and 99 adults age 20-44, were served. 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: From September 1, 2011 to November 22, 2011 510 flu vaccines were administered, 425 fluzone, 5 .25ml preservative free, 70 flu mist, and 10 high dose flu vaccine. 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: 250 participants were served in 2010 comprised of 62 women, 58 infants, and 130 children. The average percent of the assigned caseload being served from November 2010 to October 2011 was 96.91%. The assigned caseload being served in October 2011 was 110.22%. The caseload average from November 2010 to October 2011 was 141 participants with an assigned caseload of 135.

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. Two staff are available with CD 101 training and CD 303 training, 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, Immunization, and Perinatal Health services. In addition, we have a Car Passenger Safety Seat program, provide classes to 5th and 6th grade students in Wallowa

for Puberty Education, 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 three registered staff that are able to complete vital statistics duties. We also entered data for immunizations, Babies First, 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.

IIId. 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 7th and 8th grade classes as well as in-service training for the Wallowa Staff. For the 2009-2010 school year, no RESPONSE classes were completed. In FY 2010 and 2011 a community partner, Building Healthy Families, provided suicide prevention programming.

Wallowa County Health Department participated on the Wallowa County Prevention board that oversees the prevention programming at Building Healthy Families.

III. Action Plan

1) Epidemiology and Control of Preventable Diseases and Disorders

a. Communicable Disease Investigation and Control

Time Period: July 2012 to June 2013				
GOAL: To respond to 100% of communicable disease cases and outbreaks.				
Objectives	Plan for Methods/ Activities/Practice	Outcome Measure(s)	Outcome Measure(s) Results	Progress Notes
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		
Time Period: July 2012 to June 2013				
GOAL: To protect the health of the community.				
Objectives	Plan for Methods/ Activities/Practice	Outcome Measure(s)	Outcome Measure(s) Results	Progress Notes
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		

Time Period: July 2012 to June 2013

GOAL: To respond to 100% of communicable disease cases and outbreaks.

<p>B. Complete disease surveillance, investigation, and response measures according to contract requirements.</p>	<p>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.</p>	<p>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</p>		
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b. Tuberculosis Case Management

Time Period: July 2012 to June 2013

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

Objectives	Plan for Methods/Activities/Practice	Outcome Measure(s)	Outcome Measure(s) Results	Progress Notes
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Time Period: July 2012 to June 2013				
GOAL: To provide case management to active TB cases, including Directly Observed Therapy.				
A Maintain adequate TB case management protocols.	1. Update TB protocols. 2. Disseminate protocols to CD staff.	1. Staff will report increased knowledge of TB case management. 2. Compliance during the Triennial Review in August 2009. Corrected in 2009.		

c. Tobacco Prevention, Education, and Control

See 2011-2012 Tobacco Prevention Program Plan. Available from Wallowa County Health Department 758 NW 1st St, Enterprise, OR 97828, (541) 426-4848. 2012-2013 plan to be developed at a later date.

d. Chronic Disease Prevention

See Wallowa County Health Department's: Healthy Communities Building Capacity Community Action Plan (CAP) for July 1, 2011 to June 30, 2014 submitted separately. Available from Wallowa County Health Department 758 NW 1st St, Enterprise, OR 97828, (541) 426-4848.

2) Parent and Child Health Services

a. MCH Block Grant

Time Period: June 2012 to July 2013				
GOAL: To maintain a teen pregnancy rate lower than the state average.				
Objectives	Plan for Methods/Activities/Practice	Outcome Measure(s)	Outcome Measure(s) Results	Progress Notes
A. 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		

Time Period: June 2012 to July 2013

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

<p>B. Increase public awareness and education related to Teen Pregnancy.</p>	<p>1. Conduct a media campaign to increase awareness of the issue. 2. Provide teen pregnancy statistics to the Teen Issues Coalition annually. 3. Conduct an activity for teen pregnancy prevention month.</p>	<p>1. Media materials published 2. Teen Issues Coalition feedback 3. Completion of activity</p>		
<p>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 & 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>		

Time Period: June 2012 to July 2013

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

<p>E. Educate 5th and 6th graders about changes of puberty.</p>	<p>1. Complete a Puberty Education Class in Wallowa 5th & 6th 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>		
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b. Babies First!

Time Period: July 2012 to June 2013

GOAL: Improve the early detection of infants and young children at risk of developmental delay and other health related issues.

Objectives	Plan for Methods/Activities/Practice	Outcome Measure(s)	Outcome Measure(s) Results	Progress Notes
<p>A. Increase participation in the Babies First! Program</p>	<p>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.</p>	<p>1. # of Bags distributed to the hospital 2. # clients served 3. # new clients 4. Goal is to maintain a caseload of 5 clients.</p>		

<p>B. Implement early screening for physical, developmental, and emotional health of infants.</p>	<p>1. Complete developmental, vision, hearing, health, and nutrition screenings according to program guidelines. 2. Partner with BHF and EI to offer county-wide screenings.</p>	<p>1. # of screenings completed. 2. Chart reviews. 3. ORCHIDS data.</p>		
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Time Period: July 2012 to June 2013

GOAL: Assist families to identify and access community resources.

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

Time Period: July 2012 to June 2013

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

Objectives	Plan for Methods/Activities/Practice	Outcome Measure(s)	Outcome Measure(s) Results	Progress Notes
<p>B. Provide education and information to parents and guardians regarding development, physical health, and nutrition.</p>	<p>1. Offer breastfeeding support to mother's. 2. Discuss nutrition status and best practices with participants. 3. Offer activities relevant to developmental stages. 4. Discuss findings of all screenings conduct.</p>	<p>Chart review, ORCHIDS data</p>		
<p>B. Promote literacy and parent-child reading activities.</p>	<p>1. Distribute "Book Bags" from the county library with books and activities for families.</p>	<p># bags distributed</p>		

c. Child Passenger Safety

Time Period: October 2011 to September 2012				
GOAL: To prevent traffic fatalities of children under the age of 8.				
Objectives	Plan for Methods/ Activities/Practice	Outcome Measure(s)	Outcome Measure(s) Results	Progress Notes
A. Decrease barriers to obtaining approved child passenger safety seats in Wallowa County.	1. Work with ODOT to purchase safety seats and maintain adequate stock. 2. Offer safety seats on a sliding scale basis to decrease financial barriers.	# of car seats issued		
B. Eliminate inappropriate use and outdated or dysfunctional car seat use.	1. Host bi-monthly car seat clinics to check installations. 2. Offer installation for all persons purchasing car seats. 3. Offer walk-in car seat checks.	# of car seats discontinued from use and replaced with new car seats		
C. Ensure qualified personnel are available for car seat education and installation checks.	1. Maintain CPS certification for a minimum of 2 staff.	# certified staff		

d. Perinatal Health

Time Period: July 2012 to June 2013				
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

Time Period: July 2012 to June 2013

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

<p>A. 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>	<ol style="list-style-type: none"> 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># of referrals documented on pregnancy test form and in TWIST for WIC clients</p>		
<p>B. Provide prenatal vitamins to pregnant women in need in Wallowa County.</p>	<ol style="list-style-type: none"> 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># of prenatal vitamins distributed.</p>		

e. Women, Infants, Children

See WIC Annual Plan submitted separately and available from Wallowa County Health Department 758 NW 1st St, Enterprise, OR 97828, (541) 426-4848.

f. Family Planning

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

g. Immunizations

See Wallowa Immunization Annual Plan 09-2011 submitted separately and available from Wallowa County Health Department 758 NW 1st St, Enterprise, OR 97828, (541) 426-4848.

h. Oregon Mother's Care

Time Period: July 2012 to June 2013				
GOAL: To reduce the number of uninsured pregnant women.				
Objectives	Plan for Methods/Activities/Practice	Outcome Measure(s)	Outcome Measure(s) Results	Progress Notes
A. Reduce barriers to OHP application completion.	1. Maintain at least 1 staff person with the capability of assisting with OHP applications. 2. Assist women in the office by appointment or walk-in. 3. Provide an appointment no later than 5 days after initial inquiry or referral. 4. Fax application directly as indicated in program instructions. 5. Follow up on all pending applications and gather materials to re-submit.	# of births to uninsured mothers		
Time Period: July 2012 to June 2013				
GOAL: To increase the number of women receiving adequate prenatal care.				
Objectives	Plan for Methods/Activities/Practice	Outcome Measure(s)	Outcome Measure(s) Results	Progress Notes

Time Period: July 2012 to June 2013				
GOAL: To reduce the number of uninsured pregnant women.				
A .Increase the number of pregnant women with insurance coverage.	1. Complete OHP applications as described above. 2. If non-eligible to OHP, make referrals.	Census Bureau data for Uninsured		
B. Increase the number of pregnant women accessing early prenatal care.	1. Provide health care provider information to all pregnant women. 2. Call to schedule 1 st appointment as needed.	Vital statistics prenatal care reports		

i. Environmental Health

Time Period: July 2012 to June 2013				
GOAL: To reduce environmental health risk factors with the potential to cause disease outbreaks and illness within Wallowa County.				
Objectives	Plan for Methods/ Activities/Practice	Outcome Measure(s)	Outcome Measure(s) Results	Progress Notes

Time Period: July 2012 to June 2013

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

<p>A. 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. 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>		

j. Health Statistics

Time Period: July 2012 to June 2013

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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Time Period: July 2012 to June 2013				
GOAL: Vital statistics registration will be accurate, timely, and consistent with program protocols.				
	Activities/Practice	Measure(s)	Results	
A. 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. 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.		
C. 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.		

k. Information and Referral

Time Period: July 2012 to June 2013				
GOAL: To educate the public regarding health indicators and status.				
Objectives	Plan for Methods/Activities/Practice	Outcome Measure(s)	Outcome Measure(s) Results	Progress Notes
A. Maintain a website for Wallowa County Health Department.	1. Review and update website monthly.	Viewer feedback		
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 2012 to June 2013

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 2012 to June 2013

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 2012 to June 2013

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.			

Time Period: July 2012 to June 2013

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

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.		
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1. Public Health Emergency Preparedness

Time Period: July 2012 to June 2013

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

Objectives	Plan for Methods/Activities/Practice	Outcome Measure(s)	Outcome Measure(s) Results	Progress Notes
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 2012 to June 2013

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

<p>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>C. 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>D. 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 2012 to June 2013

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

Time Period: July 2012 to June 2013

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

Objectives	Plan for Methods/ Activities/Practice	Outcome Measure(s)	Outcome Measure(s) Results	Progress Notes
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 October 2010 to September 2011 72 car seats were distributed. From July 1 2010 to June 30, 2011 27 safety seats were distributed. Car seat clinics were held bi-monthly. All reports and claims were submitted as required.

Chronic Disease Prevention:

The healthy communities assessment and the 3 year improvement plan was submitted by May 28, 2011. Activities in the Community Action plan are being completed.

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. A contract with a new sanitarian was effective July 1, 2011. A spreadsheet was developed by the sanitarian to track inspections completed and will be submitted monthly and reviewed by the administrator.

Health Statistics:

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

Immunization Plan:

See Wallowa Imm. Annual Plan submitted separately.

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 due to lack of readiness of parents, schools, school boards, teachers.

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.

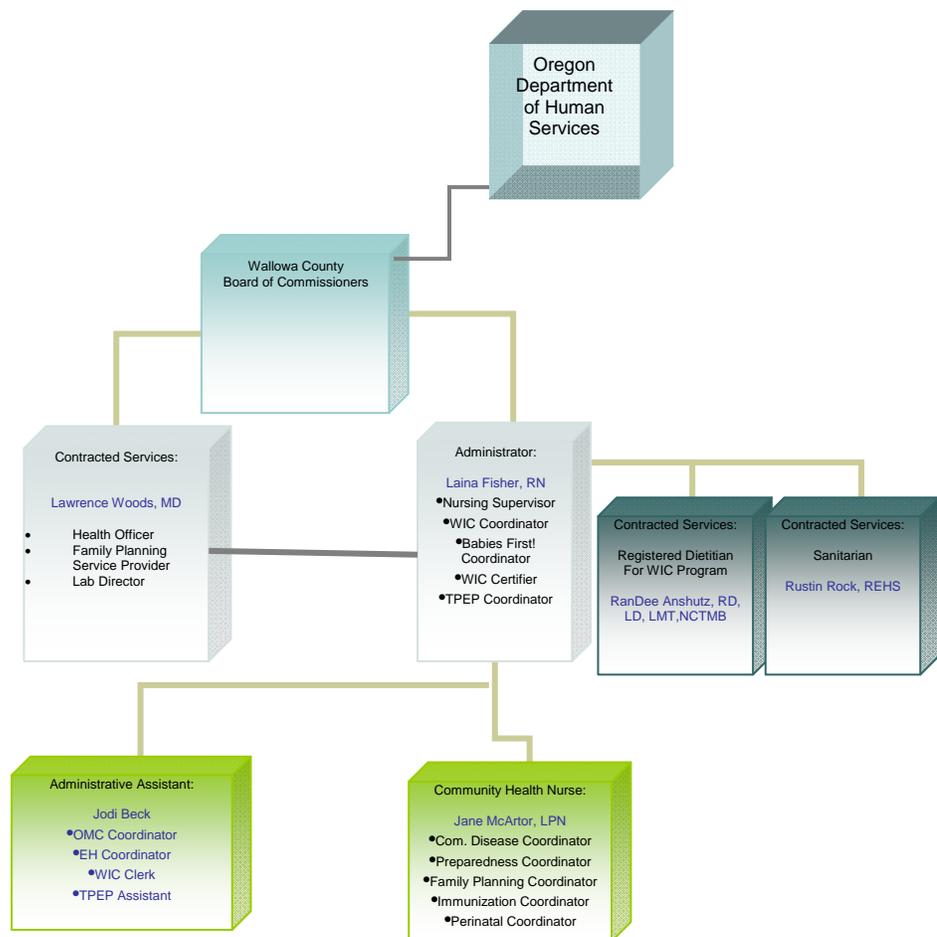
WIC:

See WIC Annual Plan submitted separately.

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

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

Address: 758 NW 1st 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?

Organization

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

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

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

Control of Communicable Diseases

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

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

Environmental Health

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

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

Health Education and Health Promotion

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

Nutrition

73. Yes No Local health department reviews population data to promote appropriate nutritional services.
74. The following health department programs include an assessment of nutritional status:
- a. Yes No WIC
 - b. Yes No Family Planning
 - c. Yes No Parent and Child Health
 - d. Yes No Older Adult Health
 - e. NAYes 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.

Older Adult Health

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

Parent and Child Health

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

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

Primary Health Care

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

Cultural Competency

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

Health Department Personnel Qualifications

Local health department Health Administrator minimum qualifications:

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

Answer the following questions:

Administrator name: Laina Fisher

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

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;

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.

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

11-28-30
Date

Wallowa County Health Department
Plan to Meet Minimum Standards for Administrative Requirements

2012

- Staff Supervision/Management Trainings as available
- Study for GED

2012-2013

- Study for GED
- Gather information, choose program, submit applications

2013

- Start part-time, online courses

2017

- Complete master's program

**FAMILY PLANNING PROGRAM ANNUAL PLAN
FOR FY 2013**

July 1, 2012 to June 30, 2013

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

- Goal 1:** Move forward with adapting family planning and reproductive health services to the requirements of state and national health care reform, including the use of electronic health records, partnering with Coordinated Care Organizations (CCOs), investigating participation in health insurance exchanges, etc.

- Goal 2:** Assure ongoing access to a broad range of effective family planning methods and related preventive health services, including access to EC for current and future use.

- Goal 3:** Promote awareness and access to long acting reversible contraceptives (LARCs).

- Goal 4:** Address the reproductive health disparities of individuals, families, and communities through outreach to Oregon's high priority and underserved populations (including Hispanics, limited English proficient (LEP), Native Americans, African Americans, Asian Americans, rural communities, men, uninsured and persons with disabilities) and by partnering with other community-based health and social service providers.

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

- 1. Problem Statement** – For each of two chosen goals, briefly describe the current situation in your county to be addressed by that particular goal. The data provided may be helpful with this.
- 2. Objective(s)** – Write one or more objectives for each goal. The objective(s) should be realistic for the resources you have available and

measurable in some way. An objective checklist has been provided for your reference.

3. Planned Activities – Briefly describe one or more activities you plan to conduct in order to achieve your objective(s).

4. Evaluation – Briefly describe how you will evaluate the success of your activities and objectives, including data collection and sources.

Specific agency data will be provided to the local FP coordinator. If you have any questions, please contact Carol Elliot (971 673-0362) or Connie Clark (541 386-3199 x200).

**FAMILY PLANNING PROGRAM ANNUAL PLAN FOR
COUNTY PUBLIC HEALTH DEPARTMENT
FY 2013**

July 1, 2012 to June 30, 2013

**Agency: Wallowa County Health Department
Contact: Laina Fisher, Administrator**

Goal #2: Assure ongoing access to a broad range of effective family planning methods and related preventive health services, including access to EC for current and future use.

Problem Statement	Objective(s)	Planned Activities	Evaluation
FY 2011 Proportion of visits at which female clients received EC for future use was significantly lower than the state average.	Increase the proportion of visits at which female clients received EC from 7.8% to 10%.	1) Offer EC for future use during all annuals and infection checks. 2) Offer EC during initial counseling of new clients. 3) Offer EC during all supply visits.	FY 2011 WCHD proportion = 18% for teens, 3.4% for adults, total 7.8%. The goal is 10% total.

Goal #3: Promote awareness and access to long acting reversible contraceptives (LARCs).

Problem Statement	Objective(s)	Planned Activities	Evaluation
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<p>LARC methods have been shown to be both more effective in typical use for preventing pregnancy and significantly more cost-effective than traditional contraceptive methods such as oral contraceptive pills and condoms.</p>	<p>Increase number of LARC methods used from 62 clients in FY 2011 to 75 clients in FY 13.</p>	<ol style="list-style-type: none"> 1. Maintain supply of LARC methods throughout the fiscal year. 2. Discuss all contraceptive methods, including LARC methods with all new patients. 3. Discuss higher effectiveness and cost efficiency as a benefit of LARC methods with all new clients, at annual exams, and during supply visits. 	<p># of IUDs inserted, # of IUSs inserted, # of Depo Provera injections given, # clients using depo, total # clients using a LARC.</p> <p><i>FY 2011 Data: 2 IUDs inserted, 5 IUSs inserted, 134 Depo injections given, 55 unduplicated clients received depo. Total clients using an LARC FY 2011 was 62.</i></p>

Objectives checklist:



Does the objective relate to the goal and needs assessment findings?

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

Progress on Goals / Activities for FY 2012
(Currently in Progress)

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

Goal / Objective	Progress on Activities
Staff will have current knowledge of clinical family planning services, contraceptives, STI's, and treatment, and testing.	1) Staff person will attend the annual Family Planning Conference. <i>Did not attend due to staff shortage and budget limitations.</i> 2) Contraceptive updates will be circulated to clinic staff for review. <i>Completed and will continue throughout the fiscal year. We are also discussing updates with the health officer who performs our exams.</i>
Increase the proportion of visits at which female clients received EC from 6.2% to 10%.	1) Offer EC for future use during all annuals and infection checks. <i>Being completed.</i> 2) Offer EC during initial counseling of new clients. <i>EC information is provided and EC is being offered to new clients.</i> 3) Offer EC during all supply visits. <i>In progress.</i> <i>Proportion of visits at which clients received EC for future use increased for teens from 9% in FY2010 to 18% in FY2011. The proportion for adult female clients decreased from 5% in 2010 to 3.4% in 2011. The total female clients who received EC for future use increased from 6.2%</i>

	<i>in 2010 to 7.8% in 2011.</i>
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Local Health Department TPEP Grant
Local Program Plan Form 2011-12

Local Health Department: Wallowa County Health Department	
Best Practice Objective: BPO # 1, Building Capacity for Chronic Disease Prevention and Self-Management	
<p>SMART Objective: 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>From July 1, 2011 to June 30, 2012 Wallowa County will maintain a collaboration of community partners focused on improving chronic disease prevention efforts in the community.</p>	
<p>Critical Question:</p> <p>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.</p> <p>During the 2010-2011 Healthy Communities assessment, all sites interviewed except the health department reported they were not using the Quitline as a 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>	
First Quarter Activities (July 1, 2011-Sept. 30, 2012)	First Quarter Report (due Oct. 21, 2011)

Coordination & Collaboration	<ol style="list-style-type: none"> 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"> a. To assist with data collection, post workshop schedules and class listings at the health department, distribute training calendars and information via email groups. b. To ensure community awareness of the program and inform local medical providers of the program existence to increase referrals. c. To circulate training information amongst community partners. 3.2. Provide Quitline cards during contacts with worksites, community institutions, schools, and healthcare facilities. 4.3. Review program objectives and activities at quarterly TPEP Advisory Board Meeting. Determine any changes to plan and receive feedback for program direction. 4. Contact April Rautio, DHS Arthritis Program Coordinator, for information about the Arthritis Foundation Exercise and Walk with Ease program. 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. 6. Facilitate quarterly Chronic Disease Prevention Collaboration Meeting. 	
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.	
Promote the Oregon Tobacco Quit Line	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.	
Second Quarter Activities (Oct. 1, 2011-Dec. 31, 2012)		Second Quarter Report (due Jan. 20, 2012)

Coordination & Collaboration	<ol style="list-style-type: none"> 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"> a. to assist with data collection, workshop schedules and class listings, training calendars. b. To ensure community awareness of the program and inform local medical providers of the program existence to increase referrals. c. To circulate training information amongst community partners. 2. Great American Smokeout activities will include quitline information. 3. Promote Quitline during contacts with worksites, community institutions, schools, and healthcare facilities. Collaboration with Wallowa County Prevention specialist will occur to provide Teen Quitline information to schools. 4. Review program objectives and activities at quarterly TPEP Advisory Board Meeting. Determine any changes to plan and receive feedback for program direction. 5. Meet with Community Connections Director to assess possibility of staff completing Walk With Ease Program training and providing the program at Community Connections. 6. Facilitate quarterly Chronic Disease Prevention Collaboration Meeting. 	
Assessment	Monitor monthly quitline use. Collect Living Well class schedules and information.	
Education & Outreach (Development of Local Champions)	Provide Quitline referral cards to DHS Self Sufficiency Program director.	
Media Advocacy	Great American Smokeout Media Campaign, including quitline information.	
Policy Development, Promotion, & Implementation	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.	
Promote the Oregon Tobacco Quit Line	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-unit housing properties as approved.	
Third Quarter Activities (Jan. 1, 2012-March 31, 2012)		Third Quarter Report (due April 20, 2012)
Coordination & Collaboration	<ol style="list-style-type: none"> 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"> a. to assist with data collection, workshop schedules and class listings, training calendars. b. To ensure community awareness of the program and inform local medical providers of the program existence to increase referrals. c. To circulate training information amongst community partners. 2. Promote Quitline during contacts with worksites, community institutions, schools, and healthcare facilities. 3. Review program objectives and activities at quarterly TPEP Advisory Board Meeting. Determine any changes to plan and receive feedback for program direction. 4. Collaborate with Community Connections in development of Walk With Ease Program in the following ways: <ol style="list-style-type: none"> a. to assist with data collection, workshop schedules and class listings, training calendars. 5. Facilitate quarterly Chronic Disease Prevention 	

	Collaboration Meeting.	
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, 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 Quitline and leave contact cards.	
Fourth Quarter Activities (April 1, 2012-June 30, 2012)		Fourth Quarter Report (due July 20, 2012)
Coordination & Collaboration	<ol style="list-style-type: none"> 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"> a. to assist with data collection, workshop schedules and class listings, training calendars. b. To ensure community awareness of the program and inform local medical providers of the program existence to increase referrals. c. To circulate training information amongst community partners. 2. Promote Quitline during contacts with worksites, community institutions, schools, and healthcare facilities. 3. Review program objectives and activities at quarterly TPEP Advisory Board Meeting. Determine any changes to plan and receive feedback for program direction. 	

	<p>4. Assist Community Connections in ensuring community awareness of the Walk with Ease Program.</p> <p>5. Facilitate quarterly Chronic Disease Prevention Collaboration Meeting.</p>	
Assessment	Monitor monthly quitline use. Collect Living Well class schedules and information.	
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	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	<p>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.</p>	
Local Health Department: Wallowa County Health Department		
Best Practice Objective: BPO # 2, Tobacco Free Worksites		
<p>SMART Objective: By June 30, 2012 at least one new worksite will have implemented tobacco-free campus/property policies. By June 30, 2012 the Wallowa County Community Services complex will develop and implement a tobacco free campus policy.</p>		
<p>Critical Question:</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</p>		

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.

First Quarter Activities (July 1, 2011-Sept. 30, 2012)		First Quarter Report (due Oct. 21, 2011)
Coordination & Collaboration	<ol style="list-style-type: none"> 1. Utilize TPEP advisory team and Healthy Communities assessment data to identify a worksite to collaborate with. 2. Make initial contact with worksite and set follow up date. 3. Review of program objectives and activities at quarterly TPEP Advisory Board Meeting. Determine any changes to plan and receive feedback for program direction. 3-4. Contact other agencies in the community complex to assess barriers to policy implementation with a specific focus on Safe Harbors due to past resistance. 	
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.	
Second Quarter Activities (Oct. 1, 2011-Dec. 31, 2012)		Second Quarter Report (due Jan. 20, 2012)
Coordination & Collaboration	<ol style="list-style-type: none"> 1. Work with Advisory Board to determine Great American Smokeout activities and request support from board to complete promotion of the day. 2. Work with Wallowa County Prevention Specialist for promotion of the Great American Smokeout. 3. Collaborate with chosen worksite to complete an activity for the Great American Smokeout. 4. Collaborate with worksite to review policy samples and determine needs of worksite. 5. Review of program objectives and activities at quarterly TPEP Advisory Board Meeting. Determine any changes to plan and receive feedback for program direction. 6. Identify champions at the proposed worksite and in the community service complex to assist with promotion and activities. 	
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	During a one-on-one meeting provide pamphlets and information as well as posters about indoor clean air act	

Champions)	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.	
Third Quarter Activities (Jan. 1, 2012-March 31, 2012)		Third Quarter Report (due April 20, 2012)
Coordination & Collaboration	<ol style="list-style-type: none"> 1. Assist worksite director in development of a final policy draft and implementation plan. 2. Review of program objectives and activities at quarterly TPEP Advisory Board Meeting. Determine any changes to plan and receive feedback for program direction. 2.3. Complete draft of community 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.	
Fourth Quarter Activities (April 1, 2012-June 30, 2012)		Fourth Quarter Report (due July 20, 2012)
Coordination & Collaboration	<ol style="list-style-type: none"> 1. Work with worksite to implement policy including assisting with signage. 2. Review of program objectives and activities at quarterly TPEP Advisory Board Meeting. Determine any changes to plan and receive feedback for program direction. 	
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.	
Local Health Department: Wallowa County Health Department		
Best Practice Objective: BPO # 3, Implement the Clean Air Act		
<p>SMART Objective: 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</p>		

Clean Air Act and have access to signage.		
<p>Critical Question:</p> <p>3. Explain how data describing disparities in health risks and outcomes led you to prioritize the SMART objective, activities or partners identified for this BPO.</p> <p>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>		
First Quarter Activities (July 1, 2011-Sept. 30, 2012)		First Quarter Report (due Oct. 21, 2011)
Coordination & Collaboration	<ol style="list-style-type: none"> 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. 2. Weekly monitor the WEMS system to address any reported complaints of violations to the ICAA. 2. Maintain the Complaint Log, as specified by the OAR’s. 3. Provide training to the LPHD staff on any new TPEP rules and regulations. 4. Review in complaints and actions with TPEP Advisory board at quarterly meeting. 5. Contact Wallowa, Enterprise, Joseph City Hall to inform them of the complaint process and discuss any community concerns. 6. Develop tracking tool for ICAA assessments and materials provided. 	
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.</p> <p>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</p>	

	that time.	
Education & Outreach (Development of Local Champions)	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.	
Media Advocacy	Media announcement of continued funding for TPEP program.	
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.	
Second Quarter Activities (Oct. 1, 2011-Dec. 31, 2012)		Second Quarter Report (due Jan. 20, 2012)
Coordination & Collaboration	<ol style="list-style-type: none"> 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. 2. Continued maintenance of the Complaint log, with any updates as directed by the TPEP Management Team. 3. Provide training to the LPHD staff on any new TPEP rules and regulations. 4. Review any complaints and actions with TPEP Advisory board at quarterly meeting. 5. Maintain ICAA assessment/materials tracking tool. 	

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.	
Third Quarter Activities (Jan. 1, 2012-March 31, 2012)		Third Quarter Report (due April 20, 2012)
Coordination & Collaboration	<ol style="list-style-type: none"> 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 2. Weekly monitor the WEMS system to address any reported complaints of violations to the ICAA. 3. Continued maintenance of the Complaint log, with any updates as directed by the TPEP Management Team. 4. Provide training to the LPHD staff on any new TPEP rules and regulations. 5. Review any complaints and actions with TPEP Advisory board at quarterly meeting. 6. Continued maintenance of the ICAA assessment/materials tracking tool. 	
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, 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.	
Fourth Quarter Activities (April 1, 2012-June 30, 2012)		Fourth Quarter Report (due July 20, 2012)
Coordination & Collaboration	<ol style="list-style-type: none"> 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 2. Weekly monitor the WEMS system to address any reported complaints of violations to the ICAA. 3. Continued maintenance of the Complaint log, with any updates as directed by the TPEP Management Team. 4. Provide training to the LPHD staff on any new TPEP rules and regulations. 5. Review any complaints and actions with TPEP Advisory board at quarterly meeting 6. Continued maintenance of the ICAA assessment/materials tracking tool. 	
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.	
Local Health Department: Wallowa County Health Department		
Best Practice Objective: BPO # 4, Smokefree Multi Unit Housing		
SMART Objective: By June 30, 2012 one new property will adopt smokefree policies.		
<p>Critical Question:</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>		
First Quarter Activities		First Quarter Report

(July 1, 2011-Sept. 30, 2012)	(due Oct. 21, 2011)	
Coordination & Collaboration	<ol style="list-style-type: none"> 1. Discuss BPO at first TPEP Advisory meeting and brainstorm facilities to approach, activities, direction. 2. Contact Northeast Housing Authority by phone to offer assistance and asses current tobacco policies. 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. 4. Initial contacts with property managers will be made. Complete assessment of readiness to change for each multiunit housing complex. 5. Prepare tracking tool for smoking policy status for multi-unit housing properties. 	
Assessment	<ul style="list-style-type: none"> -Quarterly, collect and fill out the required information for the "Tracking Form for Multi-unit properties who have adopted No-Smoking Policies" & "Rental Ad Tracking Tool" for Diane Laughter's data base. - 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. -Input from multi-unit housing partners (NE Housing Authority, Community Connection and owner/managers) will be sought during these contacts) for future strategy development. - Collect secondhand exposure data, Wallowa County Costs of tobacco use data. - Utilize regional call to determine what information, strategies, and resources can be shared. 	

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.	
Second Quarter Activities (Oct. 1, 2011-Dec. 31, 2012)		Second Quarter Report (due Jan. 20, 2012)
Coordination & Collaboration	<ol style="list-style-type: none"> 1. Collaborate with chosen multiunit housing property to assess current policies and barriers to implementation. Begin planning process. 2. Review of program objectives and activities at quarterly TPEP Advisory Board Meeting. Determine any changes to plan and receive feedback for program direction. 2.3. Participation in regional coordination call with Diane Laughter and Wallowa, Union, Baker, and Grant counties if available. 3.4. Maintain tracking tool for smoking policy status for multi-unit housing properties. 	
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.	
Third Quarter Activities (Jan. 1, 2012-March 31, 2012)		Third Quarter Report (due April 20, 2012)
Coordination & Collaboration	<ol style="list-style-type: none"> 1. Work with property manager to customize policy and assist with resident preparation for change. 2. Review of program objectives and activities at quarterly TPEP Advisory Board Meeting. Determine any changes to plan and receive feedback for program direction. 3. Participation in regional coordination call with Diane Laughter and Wallowa, Union, Baker, and Grant counties if available. 4. Maintain tracking tool for smoking policy status for multi-unit housing properties. 	
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.	
Fourth Quarter Activities (April 1, 2012-June 30, 2012)		Fourth Quarter Report (due July 20, 2012)
Coordination & Collaboration	<ol style="list-style-type: none"> 1. Assist property manager with policy implementation as needed. 2. Review of program objectives and activities at quarterly TPEP Advisory Board Meeting. Determine any changes to plan and receive feedback for program direction. 3. Participation in regional coordination call with Diane Laughter and Wallowa, Union, Baker, and Grant counties if available. 4. Maintain tracking tool for smoking policy status for multi-unit housing properties. 	
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.	
Local Health Department: Wallowa County Health Department		
Best Practice Objective: BPO # 5, Tobacco-Free Head Start/Child Care Programs		
SMART Objective: By June 30, 2012, 2 out of 2 certified daycare centers will adopt smokefree campus policies.		
<p>Critical Question:</p> <p>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.</p> <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>		
First Quarter Activities (July 1, 2011-Sept. 30, 2012)		First Quarter Report (due Oct. 21, 2011)
Coordination & Collaboration	<ol style="list-style-type: none"> 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. 2. With the assistance of TPEP Liaison Tara Gedman, collect sample policies. 3. Work with Wallowa County Prevention Specialist for a media campaign regarding secondhand exposure and children. 4. Review of program objectives and activities at first TPEP Advisory Board Meeting. Determine any changes to plan and receive feedback for program direction. 	

	5. Report current policy status to TPEP liaison.	
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.	
Second Quarter Activities (Oct. 1, 2011-Dec. 31, 2012)		Second Quarter Report (due Jan. 20, 2012)
Coordination & Collaboration	<ol style="list-style-type: none"> 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. 2. Work with child care facilities to revise policies and discuss implementation plans. 3. Work with prevention specialist, TPEP advisory board, and childcare center staff to complete a Great American Smokeout Activity at each center. 	

	4. Review of program objectives and activities at quarterly TPEP Advisory Board Meeting. Determine any changes to plan and receive feedback for program direction.	
Assessment	Assess readiness of centers to adopt policies drafted. Evaluation of Great American Smokeout Acitivity.	
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.	
Third Quarter Activities (Jan. 1, 2012-March 31, 2012)		Third Quarter Report (due April 20, 2012)
Coordination & Collaboration	<ol style="list-style-type: none"> 1. Work with 2 childcare facilities to implement tobacco free policies. 2. Work with 2 childcare facilities to ensure adequate signage for their tobacco free zone is installed. 3. Meet with Head Start Director to offer a review of current policies and practices. 4. Collaborate with Wallowa County Prevention Specialist for public education regarding Secondhand exposure to children. 5. Review of program objectives and activities at quarterly TPEP Advisory Board Meeting. Determine any changes to plan and receive feedback for 	

	program direction.	
Assessment	Review of Head Start tobacco free policies, signage, and environment.	
Education & Outreach (Development of Local Champions)	Face-to-face meeting with childcare center directors to implement policies.	
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.	
Fourth Quarter Activities (April 1, 2012-June 30, 2012)		Fourth Quarter Report (due July 20, 2012)
Coordination & Collaboration	<ol style="list-style-type: none"> 1. Work with Prevention Specialist to evaluate secondhand exposure education campaign. 2. Review of program objectives and activities at quarterly TPEP Advisory Board Meeting. Determine any changes to plan and receive feedback for program direction. 	
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.	

Healthy Communities-Building Capacity: Community Action Plan

INTRODUCTION

The Community Action Plan(CAP) is intended to be completed in sections as your CHART progresses through the assessment and planning phases. These phases are:

1. Commitment
2. Assessment
3. Planning
4. Implementation
5. Evaluation

Each section of this plan gathers information relevant to a phase which, when complete, will provide a comprehensive plan and summary of your activities.

Each section should be completed as relevant activities are completed. Communities have the option of submitting sections of the CAP as they are completed or submitting the entire CAP all at once, on May 27, 2011. CAPs must be submitted to your liaison via email.

CAPs are due no later than May 27, 2011.

COMMITMENT

Wallowa County

CHART MEMBERS

CHART Member Name	Organization Name	Organization Role	Organization Type (choose from the following)		Sector (choose from the following)
			Academia/Education An Individual Civic Organization Community Based Organization Cultural/Ethnic Organization Environmental Organization Foundations/Philanthropic Health Care Organization Nonprofit organization priority Professional Association Public Relations/Media	Advocacy Group Business/For Profit/Consultant Coalition/Alliance Community Health Center Elected/Appointed Official Faith-based Organization Government Organization Health Insurance Company Organization representing population Public Health Organization Other (specify)	
Billie Jo Craigmile	Building Healthy Families	Prevention Specialist	Nonprofit organization		Community at large, Community Institution/Organization, School, Work Site
Laina Fisher	Wallowa County Health Department	Administrator	Public Health Organization		Community at large, Community Institution/Organization, School, Work Site
Anne Gill	Commission on Children and Families	Director	Government Organization		Community at large, Community Institution/Organization, School, Work Site
Amy Johnson	Building Healthy Families	Director	Nonprofit organization		Community at large, Community Institution/Organization,

				School, Work Site
Annett Moeller	Head Start	Director	Education	Community at large, Community Institution/Organization, School, Work Site
Matt Nightingale	NEON		Nonprofit organization	Community at large, Community Institution/Organization, School, Work Site
Terry Patrick	Wallowa Memorial Hospital	Respiratory Therapist	Healthcare organization	Community at large, Community Institution/Organization, School, Work Site
Carolyn Pfeaster	Community Connections	Director	Nonprofit organization	Community at large, Community Institution/Organization, School, Work Site
Susan Polumsky	Wallowa County Library	Director	Community Based Organization	Community at large, Community Institution/Organization, School, Work Site
Vixen Radford	NEON		Nonprofit organization	Community at large, Community Institution/Organization, School, Work Site
Jessica Suttan	NEON		Nonprofit organization	Community at large, Community Institution/Organization, School, Work Site
Vivian Tillman			An individual	Community at large, Community Institution/Organization, School, Work Site

Carol Watts	Wallowa County	Assessor	Government Agency	Community at large, Community Institution/Organization, School, Work Site

VISION

Your vision statement is your inspiration, the framework that describes your strategic planning. It highlights what will be achieved when the activity is successful. It describes a healthier future and answers the question, “Where do we want to be in a few years?” Example: “All citizens of Any Town, USA will, on a daily basis, consume a nutritionally-balanced diet, acquire the minimum recommended daily physical activity, and refrain from using tobacco products.” The vision is what will be achieved by your efforts.

Residents of Wallowa County will have access to healthy options for consuming nutritious foods, exercising daily, and refraining from tobacco use.

MISSION

The mission statement informs what impact your CHART will make and describes why it is important to achieve the vision. Example: “The CHART of Any Town, USA will work with top-level leaders in all community sectors to implement policy and environmental strategies to facilitate for residents better diets, increased physical activity, and the cessation and abstinence of tobacco products.” The mission includes efforts your CHART will undertake to achieve the vision.

The CHART of Wallowa County will work with community advocates to make healthy options more convenient for better nutrition, increased physical activity, and the abstinence of tobacco use.

COMMUNITY DESCRIPTION

Demographic information, target population, socio-economic and health data, community size.

Wallowa County is a rural area that is isolated in northeastern Oregon. There are 2 major highways and no freeways or public transit systems. The population is 6889 with about 2.3 persons per square mile. The population is approximately 20.3% children 0-17 yrs, 59.4% 18-64 yrs, and 20.3% adults 65+. Mountain ranges surround the more populated centers of the county. Harsh weather

conditions occur in the winter months and temperatures in the 90-100 range are typical in July and August. The median household income in 2009 was \$38,050 compared to Oregon's \$48,457. Unemployment rates in December 2010 were 11.7% in Wallowa County and 10.6% in Oregon. The primary industries are agriculture, ranching, lumber, and tourism. The Workers are 57% private wage or salary, 21% government, 20% self-employed, and 1% unpaid family work. 95.1% of county residents living and working in this county with an average travel time to work of 17.5 minutes. There are 7 grocery stores, 2 convenience stores without gas pumps, 1 convenience store with gas, 20 restaurants in Wallowa County. The adult diabetes rate here is 8.8% compared to 7.4% in Oregon. The adult obesity rate in Wallowa County is 25.9% compared to 25.6% in Oregon. The low income preschool obesity rate in Wallowa County is 10.0% and is 14.2% in Oregon.

INTERVENTION AREA MAP

This is optional

EXISTING EFFORTS

Describe existing efforts and experience with the identified sectors, populations, risk factors, and chronic disease areas that may support or be a barrier to the implementation of policy, systems, and environmental change strategies. Also describe existing coalitions and efforts that have been made and that will be leveraged to advance Healthy Communities.

The following programs and partners will be utilized in the next three years to make healthy options more accessible in Wallowa County: the Tobacco Prevention and Education Program (TPEP) through Wallowa County Health Department, the Prevention Specialist at Building Healthy Families, the Living Well Program at Community Connections, local health care providers, Wallowa Memorial hospital, the Commission on Children and Families, OSU Extension Service, and school staff. Opportunities exist to provide educational materials at the summer lunch program, Building Healthy Families and to utilize the Wallowa County Library to distribute materials as well. Wallowa County has a well established farmers' market program and coalitions that are working on community gardens at three different sites. The Northeast Oregon Economic Development District is exploring the development of a community kitchen which would increase some food vendor and catering opportunities. Exercise classes are currently offered at a local Enterprise gym and at the library in Imnaha and Troy. Wallowa County has an annual Amy Hafer Race for Awareness for breast cancer prevention. During the Amy Hafer Race, the Health Care Foundation hosts a health fair. The Amy Hafer Race and Health Fair will be a great community event at which chronic disease prevention education and screening can be conducted.

CHART

Summarize the structures and processes developed for decision making within the CHART.

The CHART will be facilitated by the Wallowa County Health Department. Workgroups will meet as needed and share minutes and information to the larger group via email and/or meetings. CHART decisions will be made by consensus or by majority rule if consensus is not reached. All meeting minutes will be shared via email and approved by the group.

Describe the structures and processes that have been put in place to ensure that CHART member involvement matches their skills, interests, and resources.

CHART members represent a broad spectrum of services including healthcare, social services, senior services, early childhood education, and prevention. CHART members were chosen based on their commitment to improving health and well being in Wallowa County in order to capitalize on the existing wealth of knowledge and training. In addition, CHART members also have existing infrastructure that can be utilized to provide community education and awareness in a resource-efficient way.

Summarize structures and processes for communication within the CHART.

Meetings will be held quarterly for planning and assessment. Further dissemination of information and communication will be conducted via email to ensure efficient use of the CHART member's time.

Describe how the CHART prioritized strategies within the CAP.

In order to prioritize strategies, a balance of two factors was considered: the needs revealed by the community assessment and the momentum of existing community programs and services. For this community plan, goals and objectives were based on achievable strategies that existing programs and community partners could accomplish without additional funding or new staffing.

ASSESSMENT

CHANGE TOOL INFORMATION

Describe key findings of CHANGE and how the data will be used to inform the CAP.

In order to summarize the CHANGE tool findings, scores were averaged by site, sector, target area, and for the community at large. A score of 60% was utilized to determine areas of need for scores below the target and assets for those scoring above.

Consistently throughout the sites assessed, policy scored lower than the environment. The average score for all sites assessed was 39.42% in policy and 54.01% in environment. Amongst the sectors, schools scored the highest with an average of 51.06% for policy and 65.88% for environment. Next in scores was the health care sector with 46.85% in policy and 58.96% in environment. Third highest was the Community at Large with 42.92% policy and 49.54% environment. Community institutions scored similar to worksites with 30.51% policy and 45.92% environment. Worksites scored the lowest with 25.8% policy and 47.36% environment. In regards to target areas, nutrition scored the highest followed by chronic disease, tobacco use, physical activity, and leadership scored the lowest.

The data from the CHANGE tool was utilized to develop a community action plan. Identified assets and strengths in the community were utilized to set achievable goals to help mobilize the community. Areas of greater need were targeted for longer term goals.

COMMUNITY ASSESSMENT INFORMATION

Enter any assessments conducted in addition to CHANGE. If no other assessments have been conducted, leave this section blank. Add additional rows as needed.

Name of Assessment	Date Assessment Completed	Description of Assessment	How Assessment Data Informed the CAP

PLANNING, IMPLEMENTATION, AND EVALUATION

WORKPLAN INSTRUCTIONS:

Goals (list up to 5)

Goals are broad statements that establish the overall direction for and focus of your project, describe your project's overall purpose, and serve as a framework for developing your objectives. For purposes of this workplan, your goals should span the entire project period. Use the following format for developing your goals:

By [date], [increase, decrease, or maintain] [#, %, or rate] [what will be measured] from [baseline] to [target].

Example: By September 2012, increase the percent of total miles of physical infrastructure for walking from 35 to 65.

For each goal, select which priority area(s) the goal addresses and explain how the goal impacts them. Include background, history, and a rationale for the goal. Finally, include information on how the goal will be measured (i.e. source(s) of data). For the CAP resubmission, you will be asked to describe the progress and challenges to meeting the goal. For each goal, copy the template on page 7 and paste onto a new page. Number goals as 1.0, 2.0, etc.

Objectives (minimum of 1 objective per goal)

For purposes of this workplan, the objective should span a one-year period and use the following format:

By [date], [increase, decrease, or maintain] [#, %, or rate] [what will be measured] from [baseline] to [target].

Example: By September 2011, increase the percent of new developments with paved sidewalks from 10 to 100.

For each objective, select the setting/sector and policy/environmental change strategy it addresses. Also describe the evidence- (e.g., The Community Guide, American Heart Association national recommendations, Seventh Report of the Joint National Committee on Prevention, Detection, Evaluation, and Treatment of High Blood Pressure) or practice-base (e.g., expert opinion, pilot project results) for the objective. Include the number of people reached through this objective (e.g. number of residents in a neighborhood, number of students in a school district). Describe how the objective impacts the problem. Then list up to 10 action steps needed to accomplish the objective, including the lead person/organization responsible for each action step and the timeframe. Finally, include information on how the objective will be measured (i.e. source(s) of data). For the CAP resubmission, you will be asked to describe the progress and challenges to meeting the objective. For each objective, copy the template on pages 8-9 and paste onto new pages. Number objectives as 1.1, 1.2 (for Goal 1), 2.1, 2.2 (for Goal 2), etc.

WALLOWA COUNTY WORK PLAN

Project Goal 1.0 (list up to 5)

Goal:

By June 30 2014, 60% of Wallowa County residents will consume the recommended daily servings of fruits and vegetables.

Priority area(s) the goal addresses:

Chronic diseases: arthritis cancer cardiovascular disease diabetes obesity

Related risk factors: nutrition physical activity tobacco

How the goal impacts the priority area(s):

Consumption of fruits and vegetables will lead to improved health outcomes.

Measuring progress:

Primary Data Source	Secondary Data Source
Adults in Wallowa County who report consuming the recommended number of fruits and vegetables.	Children in Wallowa County who report consuming the recommended number of fruits and vegetables.
Describe the progress	<i>We hope the community will be aware of recommendations and make conscious daily choices to meet them.</i>
Describe barriers or issues and plans to overcome them	<i>Barriers may include affordability and accessibility to fruits and veggies, growing season for local produce.</i>

Annual Objective 1.1 (minimum of 1 objective per goal)

Setting/Sector:

Community at large Community institution/organization Health care School Work site

Policy/environmental change strategy to achieve this objective:

Fruit and vegetable promotion

Evidence/practice base for the strategy:

Healthy People 2010 and 2020; HPCDP Best and Promising Strategy, 5 A Day Campaign, CDC Recommended Daily Servings for Fruits and Vegetables; FruitsandVeggiesMatter.gov; Small Step Program <http://smallstep.gov>

Target number of people that will be reached:

100

How the objective impacts the problem:

Providing education about the recommended servings of fruits and vegetables and how to meet them will encourage healthier eating.

Objective:

By June 30, 2012, at least two educational campaigns for fruit and vegetable consumption will be completed.

Measuring progress:

Primary Data Source		Secondary Data Source	
Policies for meetings and events.		Foods and Beverages served at meetings/events.	
Describe the progress	<i>By the end of year 1, residents of Wallowa County will be informed of how many fruits/vegetables are recommended per day and easy ways to fit them in to their day.</i>		
Describe barriers or issues and plans to overcome them	<i>Barriers may include funding for media campaigns.</i>		

Action Steps (list up to 10):

Action Steps	Specific Person(s)/ Organization(s) Responsible	Timeframe
1. WIC staff will provide fruit and vegetable information and educational materials to share with partner agencies serving WIC families.	Laina Fisher, WCHD	July 2011-June 2012
2. Local farmers markets will be encouraged to provide educational materials and display information about daily serving recommendations.	Laina Fisher, WCHD	July 2011
3. 1 educational campaign will be conducted at the summer lunch program.	Laina Fisher, WCHD	August 2011
4. An educational display will be set up at the senior meal sites promoting daily servings.	Community Connections	August 2011
5. WIC and the OSU Extension Service will partner to complete an educational opportunity.	Laina Fisher, WCHD	July 2011-June 2012
6.		
7.		
8.		
9.		
10.		

Annual Objective 1.2 (minimum of 1 objective per goal)

Setting/Sector:

Community at large Community institution/organization Health care School Work site

Policy/environmental change strategy to achieve this objective:

Healthy Food and Beverage Options at Meetings and Events.

Evidence/practice base for the strategy:

The American Cancer Society’s Meeting Well program and the University of Minnesota School of Public Health Guidelines for Offering Healthy Foods at Meetings, Seminars, and Catered Events will be utilized as resource guides; CDC’s LEAN Works!
<http://www.cdc.gov/leanworks>.

Target number of people that will be reached:

How the objective impacts the problem:

Adults in the workforce are likely to spend more of their awake-time in the work setting than they do at home; therefore, making healthy food choices accessible at work will help meet the daily recommended servings.

Objective:

By June 30, 2013, 2 worksites or community institutions will implement policies for healthy food and beverage options at meetings and events.

Measuring progress:

Primary Data Source		Secondary Data Source	
Policies for meetings and events.		Foods and Beverages served at meetings/events.	
Describe the progress	<i>By the end of year 1, two sites will be serving healthy food and beverage options and inspiring all attendees to make changes in their own healthcare institutions, worksites, or community institutions.</i>		
Describe barriers or issues and plans to overcome them	<i>Barriers may include accessibility and affordability of produce, using food to entice participation, and long traditions of serving certain foods at meetings.</i>		

Action Steps (list up to 10):

Action Steps	Specific Person(s)/ Organization(s) Responsible	Timeframe
11. Wallowa County Health Department will adopt a healthy food/beverage policy for meetings.	Laina Fisher, WCHD	July 2012-June 2013
12. The CHART will recruit 1 other worksite/institution.	CHART	July 2012
13. Resources will be provided to the worksite/institution.	Laina Fisher, WCHD	August 2012
14. Development/Implementation of policy at worksite/institution.	Selected site representative	September 2012- June 2013
15.		
16.		
17.		
18.		
19.		
20.		

Annual Objective 1.3 (minimum of 1 objective per goal)

Setting/Sector:

Community at large Community institution/organization Health care x School Work site

Policy/environmental change strategy to achieve this objective:

Healthy Food and Beverage Options beyond the school food services.

Evidence/practice base for the strategy:

University of Minnesota School of Public Health Guidelines for Offering Healthy Foods at Meetings, Seminars, and Catered Events will be utilized as resource guides. North Carolina’s Eat Smart Guidelines for Healthy Food and Beverages at Meetings, Gatherings, and Events.

Target number of people that will be reached:

1200

How the objective impacts the problem:

Many families and community members attending after school events access foods available at the concession stands due to convenience and timing. If healthy options are not available, meals and snacks will consist of less than healthy options and an opportunity to meet the recommended number of fruits and vegetable servings for the day will be missed.

Objective:

By June 30, 2014, 3 out of 3 Wallowa County Public schools will implement policies including after school functions that require fruits or vegetables are offered wherever foods and beverages are sold.

Measuring progress:

Primary Data Source		Secondary Data Source	
Changes in policies.		Foods served.	
Describe the progress	<i>By the end of the second year, fruits and/or vegetable options will be served at all public school events in Wallowa County.</i>		
Describe barriers or issues and plans to overcome them	<i>Barriers may include affordability and accessibility of produce.</i>		

Action Steps (list up to 10):

Action Steps	Specific Person(s)/ Organization(s) Responsible	Timeframe
21. The CHART will designate a workgroup.	Laina Fisher, WCHD	July 2013
22. Workgroup will recruit parents and school staff to assist in the efforts.	Workgroup leader	August, Sept. 2013
23. Workgroup meetings will be held for school/parent input and planning.	Workgroup leader	Sept., Oct. 2013
24. Policy development.	School Administration	Oct. 2013
25. Policy Implementation.	School Administration	October 2013
26. Seek support with low-cost or donated local produce.	Workgroup	October 2013-June 30, 2014
27. Monitor foods served at school events.	School Staff	October 2013-June 30, 2014
28. Market policy implementation and educate public of the health benefits and recommended fruit/vegetable consumption.	Workgroup	October 2013
29.		
30.		

WALLOWA COUNTY WORK PLAN

Project Goal 2.0 (list up to 5)

Goal:

By June 30, 2014 at least 50% of Wallowa County residents will meet the CDC recommendations for physical activity.

Priority area(s) the goal addresses:

Chronic diseases: arthritis cancer cardiovascular disease diabetes obesity

Related risk factors: nutrition physical activity tobacco

How the goal impacts the priority area(s):

Regular physical activity can reduce the risk of cardiovascular disease, diabetes, and obesity. For those living with these conditions, the symptoms and severity of the disease can be decreased with physical activity.

Measuring progress:

Primary Data Source	Secondary Data Source
Number of Wallowa County Adults engaging in leisure time physical activity.	Number of Wallowa County children engaging in leisure time physical activity.
Describe the progress	<i>After three years of community action, Wallowa County residents will be aware of recommendations for physical activity and will utilize accessible and affordable options to lead a healthy lifestyle.</i>
Describe barriers or issues and plans to overcome them	<i>Accessibility, affordability, busy daily schedules, and poor weather conditions are barriers to physical activity.</i>

Annual Objective 2.1 (minimum of 1 objective per goal)

Setting/Sector:

- Community at large Community institution/organization Health care School Work site

Policy/environmental change strategy to achieve this objective:

Flexible work arrangements.

Evidence/practice base for the strategy:

Healthy People 2010 and 2020; HPCDP Best and Promising Strategy, CDC Physical Activity Recommendations, CDC's LEAN Works!
<http://www.cdc.gov/leanworks>

Target number of people that will be reached:

60

How the objective impacts the problem:

Physical activity during the workday will increase energy, improve concentration, decrease back pain, and improve overall health and productivity of employees. Supporting employees to use break time for physical activity would allow adults to exercise during daylight hours and during times when childcare arrangements are already in place.

Objective:

By June 30, 2012 1 worksite will adopt policy to allow flexible work arrangements for physical activity breaks.

Measuring progress:

Primary Data Source		Secondary Data Source
Number of Wallowa County adults engaging in leisure time physical activity.		Policy Changes.
Describe the progress	<i>Over the next year, a participating worksite in Wallowa County will implement policies and support employees to prioritize physical activity.</i>	
Describe barriers or issues and plans to overcome them	<i>Small numbers of staff may limit the ability to participate in physical activity outside of the office and maintain staff coverage. In addition, lack of funding for physical infrastructure at worksites (e.g., lockers, changing rooms, showers, exercise equipment) may limit capabilities.</i>	

Action Steps (list up to 10):

Action Steps	Specific Person(s)/ Organization(s) Responsible	Timeframe
31. The CHART will recruit a worksite.	Laina Fisher, WCHD	August 2011
32. Sample policies will be gathered and provided to the worksite.	Laina Fisher, WCHD	September 2011
33. A group of employees/administration from the worksite will be gathered to discuss barriers and assess the needs of the site.	Worksite director	October 2011
34. Ideas for ways to support daily exercise at the worksite will be assessed. For example, donated exercise equipment and space at the worksite to set up a gym, space for staff to store clothing etc and changing rooms.	Worksite Staff	November 2011
35. A designated worksite team will work on activities to support and encourage daily exercise such as equipment/space on site, forming walk groups, identifying walk routes and measuring distances on those routes, etc.	Worksite Staff	November 2011- March 2012
36. Policy development will be completed	Worksite director	April 2012
37. Employee review of policy and implementation.	Worksite staff	May 2012
38.		
39.		
40.		

Annual Objective 2.2 (minimum of 1 objective per goal)

Setting/Sector:

Community at large Community institution/organization Health care School Work site

Policy/environmental change strategy to achieve this objective:

Walk or Bike to School Initiative

Evidence/practice base for the strategy:

CDC Kids Walk to School Guide <http://www.cdc.gov/nccd/pup/dnpa/kidswalk>; NHTSA Safe Routes to School Materials <http://www.walktoschool-usa.org>; California Walk to School Guide <http://www.caactivecommunities.org/w2s/>; SRTS Guide <http://guide.saferoutesinfo.org>

Target number of people that will be reached:

900

How the objective impacts the problem:

Walking and biking to school will provide physical education opportunities that are not related to organized sports and will teach children that physical activity can be part of the daily routine. Building blocks for healthy lifestyles will start at an early age and lead to healthy lifestyles throughout the lifespan to decrease the risk for chronic disease.

Objective:

By June 30, 2014 3 out of 3 schools will implement a walk or bike to school initiative.

Measuring progress:

Primary Data Source		Secondary Data Source	
Number of Wallowa County Children who engage in leisure time physical activity.		Number of students who routinely walk or bike to school.	
Describe the progress		<i>Wallowa County kids will lead an active lifestyle and incorporate physical activity into their daily routine.</i>	
Describe barriers or issues and plans to overcome them		<i>Weather conditions can be a barrier in Wallowa County. Possibly the largest barrier is unsafe routes to school such as lack of sidewalks, poor lighting, traffic speeds, poor visibility of drivers due to roadside obstructions.</i>	

Action Steps (list up to 10):

Action Steps	Specific Person(s)/ Organization(s) Responsible	Timeframe
41. National Walk to School Day will be celebrated in each community.	Laina Fisher, WCHD	October 2012
42. A workgroup will be formed to lead this objective.	Laina Fisher, WCHD	August-September 2013
43. Planning meetings for an October 2013 Walk to School event will occur.	Walk/Bike to School Workgroup	September 2013
44. Education in the schools about the importance of daily physical activity will be provided.	Laina Fisher, WCHD	September 2013
45. Safe routes to schools will be assessed.	Walk/Bike to School Workgroup	August 2013
46. Corrections for any safety issues will be implemented such as school crossing signs, painted cross walks, volunteer cross walk officers, neighborhood walk/bike groups, central meeting locations for kids to walk together, etc.	Walk/Bike to School Workgroup	August-September 2013.
47. National Walk to School Day will be celebrated in each community.	Walk/Bike to School Workgroup	October 2013
48. Planning meetings for a walk/bike to school initiative will occur.	Walk/Bike to School Workgroup	August 2013-June 2014
49. Implementation of walk/bike to school initiative.	Walk/Bike to School Workgroup	April 2014
50.		

Annual Objective 2.3 (minimum of 1 objective per goal)

Setting/Sector:

Community at large Community institution/organization Health care School Work site

Policy/environmental change strategy to achieve this objective:

Access to public facilities for physical activity

Evidence/practice base for the strategy:

California Project Lean <http://www.californiaprojectlean.org>; Joint Use School Partnerships in California: Strategies to Enhance Schools and Communities http://citiesandschools.berkeley.edu/reports/CC&S_PHLP_2008_joint_use_with_appendices.pdf.

Target number of people that will be reached:

How the objective impacts the problem:

Access to affordable, safe recreation facilities that are not subject to poor weather conditions will increase opportunities for daily physical activity.

Objective:

By June 30, 2014 all Wallowa County residents will have access to affordable, year-round indoor physical activity opportunities.

Measuring progress:

Primary Data Source		Secondary Data Source	
Number of facilities available and utilization of those facilities		Number of Wallowa County residents meeting daily physical activity recommendations	
Describe the progress		<i>Community residents will be utilizing indoor recreational facilities to lead active, fit lifestyles.</i>	
Describe barriers or issues and plans to overcome them		<i>Liability issues, financing and long-term management/maintenance will be barriers to success.</i>	

Action Steps (list up to 10):

Action Steps	Specific Person(s)/ Organization(s) Responsible	Timeframe
51. A workgroup will be established for this objective.	Laina Fisher, WCHD	July 2013
52. Recruitment of existing facilities will be completed including sites that may be willing to open to the public. For example, utilizing cloverleaf hall for trike-athons, walk groups, roller skating, lunch hour walk groups, etc. Another example would be working with faith organizations to offer play areas or exercise classes at their sites. Schools allowing open-gym time or facility use by town-teams for sports activities may be another opportunity.	Exercise Facility Workgroup Leader	August 2013
53. Policy development support will be offered to interested facilities.	Laina Fisher, WCHD	September 2013
54. Participating facilities will utilize volunteers and community support to make any needed changes to their sites.	Facility leaders	October 2013 to March 2014
55. Participating facilities will open to the public.	Facility leaders	April 2014
56. A media campaign will be completed to advertise the sites open to the public and to recognize their successes.	Laina Fisher, WCHD	March-May 2014
57.		
58.		
59.		
60.		

WALLOWA COUNTY WORK PLAN

Project Goal 3.0 (list up to 5)

Goal:

From July 1, 2011 to June 30, 2014, Wallowa County will work collaboratively to maintain a management infrastructure to address chronic diseases and related risk factors.

Priority area(s) the goal addresses:

Chronic diseases: arthritis cancer cardiovascular disease diabetes obesity

Related risk factors: nutrition physical activity tobacco

How the goal impacts the priority area(s):

Chronic Disease community coalitions and partnerships, financing of chronic disease prevention programs, management for chronic disease prevention

Measuring progress:

Primary Data Source	Secondary Data Source
Meeting minutes	Chronic Disease Fiscal Resources
Describe the progress	<i>Wallowa County will prioritize chronic disease prevention and reduce related risk factors.</i>
Describe barriers or issues and plans to overcome them	<i>Financing, staffing, and leadership are potential barriers.</i>

Annual Objective 3.1 (minimum of 1 objective per goal)

Setting/Sector:

Community at large Community institution/organization Health care School Work site

Policy/environmental change strategy to achieve this objective:

Chronic Disease community coalition and partnerships

Evidence/practice base for the strategy:

Target number of people that will be reached:

How the objective impacts the problem:

During the healthy communities assessment, leadership in chronic disease prevention was determined to be a need in the community. Continuing to work collaboratively with community partners will ensure that chronic disease prevention is prioritized and that action steps are taken.

Objective:

From July 1, 2011 to June 30, 2014 Wallowa County will have a chronic disease community coalition meeting at least quarterly.

Measuring progress:

Primary Data Source		Secondary Data Source	
Meeting minutes			
Describe the progress	<i>A chronic disease community coalition will work on strategies to reduce the burden of chronic disease in Wallowa County.</i>		
Describe barriers or issues and plans to overcome them	<i>Individual time commitments and financing are potential barriers.</i>		

Action Steps (list up to 10):

Action Steps	Specific Person(s)/ Organization(s) Responsible	Timeframe
61. WCHD TPEP coordinator will facilitate quarterly Chronic Disease coalition meetings.	Laina Fisher, WCHD	July , October, January, April of each fiscal year
62. Goals, objectives, and progress toward activities will be shared at coalition meetings, via email, and one-on-one meetings with community partners and coalition members.	Laina Fisher, WCHD	July 2011-June 2014
63. Presentations to County Commissioners about goals, objectives, activities, and progress will be conducted at least annually.	Laina Fisher, WCHD	July 2012, July 2013, July 2014
64.		
65.		
66.		
67.		
68.		
69.		
70.		

Annual Objective 3.2 (minimum of 1 objective per goal)

Setting/Sector:

Community at large Community institution/organization Health care School Work site

Policy/environmental change strategy to achieve this objective:

Northeastern Oregon chronic disease coalitions and partnerships

Evidence/practice base for the strategy:

Target number of people that will be reached:

48,009

How the objective impacts the problem:

Collaboration with neighboring counties will use resources more efficiently and build a stronger coalition to work toward reducing the burden of chronic disease in Eastern Oregon.

Objective:

From July 1, 2011 to June 30, 2014, Wallowa County will collaborate with Union and Baker counties to enhance chronic disease prevention in Northeastern Oregon.

Measuring progress:

Primary Data Source		Secondary Data Source	
Meeting minutes		Funding Resources	
Describe the progress	<i>The tri-county area of Baker, Union, and Wallowa Counties will collaborate to maximize resources and create communities that support healthy living.</i>		
Describe barriers or issues and plans to overcome them	<i>Barriers may include conflicting staff schedules, travel distances, differences in local policies, and finding lead agencies to serve the tri-county area.</i>		

Action Steps (list up to 10):

Action Steps	Specific Person(s)/ Organization(s) Responsible	Timeframe
71. TPEP and Healthy Communities leaders will collaborate as possible by sharing information about activities, successes, policies developed.	Laina Fisher, WCHD	July 2011-June 2014
72. Data useful across the tri-county area will be shared with community partners.	Laina Fisher, WCHD	July 2011-June 2014
73. Funding opportunities for tri-county programs will be explored as available.	Community Partners/Agencies	July 2011-June 2014
74.		
75.		
76.		
77.		
78.		
79.		
80.		

SUSTAINABILITY PLAN

Describe the plan to maintain the CHART and/or associated activities beyond the national funding commitments. Elements of sustainability include CHART infrastructure, maintenance, and development of local capacity, identification of additional funding sources, or policy implementation that may continue beyond the life of this funding.

During the 3 year period of the community plan, the Wallowa County Health Department TPEP coordinator will facilitate meetings for a Chronic Disease Prevention Coalition.

COMMUNICATIONS PLAN

Describe any plans your CHART has to communicate this plan or your work to your greater community or stakeholders.

The CHART will share assessment findings and the community plan in the local newspaper, during existing coalition and partner meetings, via email, and at future Chronic Disease Prevention Coalition meetings.

RESOURCES

Describe what additional resources (e.g., funding, equipment, media, human resources, in-kind) that have been committed, and by whom, to leverage resources.

Staff time to facilitate the chronic disease prevention coalition will be committed by Wallowa County Health Department. Meeting space will be available at the health department. CHART team members will provide in-kind resources with staff attendance at meetings and assistance with planning and completion of activities. CHART members and other local agencies will use in kind staff resources to seek funding as needed. Existing agencies, coalitions, volunteers, and community programs will be utilized when common goals exist.

Date completed	May 26, 2011
Date revised	
Date revised	

Appendix A

Community-At-Large Sector

Focus Area: Physical Activity

PSE CHANGE STRATEGIES

1. Sidewalks
2. Land use plan
3. Bike facilities
4. Complete streets plan
5. Walking route maintenance
6. Biking route maintenance
7. Park maintenance
8. Parks, shared-use paths and trails, or open spaces
9. Mixed land use
10. Sidewalk compliance with the Americans with Disabilities Act
11. Public parks and recreation facilities compliance with the Americans with Disabilities Act
12. Public recreation programs and activities (e.g., walking, biking, or other physical activity opportunities) for all
13. Public transportation within reasonable walking distance
14. Street traffic calming measures
15. Personal safety strategies
16. Other (specify)

Focus Area: Nutrition

PSE CHANGE STRATEGIES

1. Healthy food and beverage option retail strategies
2. Healthy food and beverage options at local restaurants and food venues
3. Healthy food and beverage options at public parks and recreation facilities
4. Community gardens
5. Public transportation to supermarkets and grocery stores
6. Farmers' markets
7. WIC and food stamp vouchers or food stamp benefits at farmers' markets
8. Locally grown foods
9. Fruit and vegetable promotion
10. Nutritional labeling
11. Smaller portion sizes
12. Trans fat ban
13. Recruitment of supermarkets and large grocery stores in underserved areas
14. Private spaces for nursing or pumping
15. Right to breastfeed in public places
16. Pricing strategies
17. Safe, unflavored, cool drinking water at no cost at public parks and recreation facilities
18. Other (specify)

Focus Area: Tobacco

PSE CHANGE STRATEGIES

1. Smoke-free policy 24/7 for indoor public places
2. Tobacco-free policy 24/7 for indoor public places
3. Smoke-free policy 24/7 for outdoor public places
4. Tobacco-free policy 24/7 for outdoor public places
5. Tobacco advertisement ban
6. Tobacco promotions, promotional offers, and prizes ban
7. Tobacco retail outlets regulation
8. Tobacco vending machine restriction
9. Single cigarette sale ban
10. Tobacco product price increase
11. Tobacco cessation referral system
12. Other (specify)

Focus Area: Chronic Disease Management

PSE CHANGE STRATEGIES

1. Chronic disease self-management programs
2. Obesity prevention strategies
3. High blood pressure control strategies
4. Cholesterol control strategies
5. Blood sugar or insulin level control strategies
6. Heart attack and stroke symptom strategies
7. Preventive care strategies
8. Emergency medical services
9. Chronic disease health disparities strategies
10. Other (specify)

Focus Area: Leadership

PSE CHANGE STRATEGIES

1. Chronic disease community coalitions and partnerships
2. Public policy process to address chronic diseases and related risk factors
3. Financing shared-use paths or trails
4. Financing public recreation facilities
5. Financing public parks or greenways
6. Financing public sports facilities
7. Financing pedestrian enhancements
8. Financing bicycle enhancements
9. Physical activity a priority in operating budget
10. Mixed land use promotion through regulation or other incentives
11. Management program to improve transportation system safety
12. Staff for overseeing community-wide healthy living opportunities
13. Marketing of community-wide healthy living strategies
14. Other (specify)

Community Institution/Organization Sector

Focus Area: Physical Activity

PSE CHANGE STRATEGIES

1. Stairwell use
2. Safe area outside to walk or be active
3. Walking path
4. Non-motorized commutes
5. Public transportation within reasonable walking distance
6. Onsite fitness center or classes
7. Changing room or locker room with showers
8. Bicycle parking
9. Access to competitive and noncompetitive physical activities
10. Opportunity for unstructured play or leisure-time physical activity
11. Physical activity as punishment prohibition
12. Screen time restriction
13. Direct support for community-wide physical activity opportunities
14. Other (specify)

Focus Area: Nutrition

PSE CHANGE STRATEGIES

1. Healthy food and beverage options in vending machines
2. Healthy food and beverage options at meetings and events
3. Healthy food and beverage options in onsite cafeteria and food venues
4. Healthy food purchasing
5. Healthy food preparation practices
6. Pricing strategies
7. Marketing ban of less than healthy foods and beverages
8. Smaller portion sizes
9. Nutritional labeling
10. Safe, unflavored, cool drinking water
11. Food as a reward or punishment
12. Direct support for community-wide nutrition opportunities
13. Private space for nursing or pumping
14. Other (specify)

Focus Area: Tobacco

PSE CHANGE STRATEGIES

1. Smoke-free policy 24/7 for indoor public places
2. Tobacco-free policy 24/7 for indoor public places
3. Smoke-free policy 24/7 for outdoor public places
4. Tobacco-free policy 24/7 for outdoor public places
5. Tobacco vending machine sales ban
6. Tobacco promotions, promotional offers, and prizes ban
7. Tobacco advertisements ban
8. Tobacco cessation referral system
9. Other (specify)

Focus Area: Chronic Disease Management

PSE CHANGE STRATEGIES

1. Chronic disease self-management programs
2. Onsite nurse
3. Onsite medical clinic
4. Routine screening, follow-up counseling and education
5. Heart attack and stroke curricula adoption
6. 9-1-1 curricula adoption
7. Chronic disease prevention promotion
8. Emergency response plan
9. Other (specify)

Focus Area: Leadership

PSE CHANGE STRATEGIES

1. Chronic disease prevention incentives
2. Public policy process to address chronic diseases and related risk factors
3. Wellness coordinator
4. Wellness committee
5. Health promotion budget
6. Mission statement including patron health and well-being
7. Needs assessment for health promotion programs
8. Evaluation of health promotion programs
9. Patron feedback about health promotion programs
10. Chronic disease community coalitions and partnerships
11. Other (specify)

Health Care Sector

Focus Area: Physical Activity

PSE CHANGE STRATEGIES

1. Stairwell use
2. Screening of patients' physical activity habits
3. Regular counseling about physical activity
4. Physical activity referral system
5. Other (specify)

Focus Area: Nutrition

PSE CHANGE STRATEGIES

1. Breastfeeding initiative
2. Screening of patients' nutritional habits
3. Regular counseling about good nutrition
4. Weight management or nutrition programs
5. Nutrition referral system
6. Healthy food and beverage options in vending machines
7. Healthy food and beverage options served to patients
8. Healthy food and beverage options in the onsite cafeteria and food venues
9. Pricing strategies
10. Healthy food purchasing
11. Healthy food preparation practices
12. Nutritional labeling
13. Marketing ban of less than healthy foods and beverages
14. Smaller portion sizes
15. Other (specify)

Focus Area: Tobacco

PSE CHANGE STRATEGIES

1. Smoke-free policy 24/7 for indoor public places
2. Tobacco-free policy 24/7 for indoor public places
3. Smoke-free policy 24/7 for outdoor public places
4. Tobacco-free policy 24/7 for outdoor public places
5. Screening of patients' tobacco use
6. Screening of patients' exposure to tobacco smoke
7. Regular counseling about the harm of tobacco use and exposure
8. Tobacco cessation referral system
9. Pharmacological quitting aids
10. Provider-reminder system
11. Other (specify)

Focus Area: Chronic Disease Management

PSE CHANGE STRATEGIES

1. Chronic disease referral system
2. Routine follow-up counseling and education
3. Screening for chronic diseases
4. BMI measurement
5. Plan to increase patient adherence to chronic disease treatment
6. Systematic approach to diabetes care
7. Emergency heart disease and stroke treatment guidelines
8. Stroke rating scale training
9. Specialized stroke care units
10. Specialized heart disease units
11. Other (specify)

Focus Area: Leadership

PSE CHANGE STRATEGIES

1. Chronic disease community coalitions and partnerships
2. Public policy process to address chronic diseases and related risk factors
3. Childhood overweight prevention and treatment services
4. Standards of modifiable risk factor practice
5. Standardized treatment and prevention protocols
6. Electronic medical records system and patient data registries
7. Chronic Care Model
8. Provider care team
9. Medical services or access to medical services outside of regular working hours
10. Collaboration between health care professionals
11. Partners to provide chronic disease health screenings, follow-up counseling, and education
12. Cultural competence training
13. Other (specify)

School Sector

Focus Area: District

PSE CHANGE STRATEGIES

1. Physical education for middle and high school students
2. Physical education for elementary school students
3. Daily recess education for elementary school students
4. Physical education waivers
5. Fruits or vegetables required wherever foods and beverages are sold
6. Sale and distribution of less than healthy foods and beverages eliminated
7. Sugar-sweetened beverages
8. Tobacco-free policy 24/7
9. Tobacco advertising ban
10. Tobacco promotions, promotional offers, and prizes ban
11. Full-time, qualified healthcare provider
12. Case management plan for students with chronic diseases or conditions
13. Access to prescribed medications
14. District health group
15. Designated school health coordinator
16. School compliance with district school wellness policy
17. Public use of school buildings and facilities
18. Physical education curriculum adoption
19. Nutrition education curriculum adoption
20. Tobacco-use prevention curriculum adoption
21. Other (specify)

Focus Area: Physical Activity

PSE CHANGE STRATEGIES

1. Physical activity as punishment ban
2. Active time during physical education class
3. Competitive and noncompetitive physical activities
4. Walk or bike to school initiative
5. Proper equipment and facilities
6. School location within reasonable walking distance of residential areas
7. Other (specify)

Focus Area: Nutrition

PSE CHANGE STRATEGIES

1. Healthy food and beverage options beyond the school food services
2. School breakfast and lunch programs
3. Healthy food preparation practices
4. Marketing ban of less than healthy foods and beverages
5. Promotion and marketing only of healthy food and beverage options
6. Adequate time to eat school meals
7. Safe environment to eat school meals
8. Food as a reward or punishment ban
9. Safe, unflavored, cool drinking water
10. School garden and resources
11. Multiple channels to promote healthy eating behaviors
12. Other (specify)

Focus Area: Tobacco

PSE CHANGE STRATEGIES

1. Tobacco cessation referral system
2. Other (specify)

Focus Area: Chronic Disease Management

PSE CHANGE STRATEGIES

1. Chronic disease self-management programs
2. Nutritional needs of students with special health care or dietary requirements
3. Heart attack and stroke curricula adoption
4. 9-1-1 curricula adoption
5. CPR curricula adoption
6. Family involvement in the development of school plans
7. Other (specify)

Focus Area: Leadership

PSE CHANGE STRATEGIES

1. Chronic disease community coalitions and partnerships
2. Public policy process to address chronic diseases and related risk factors
3. School building health group
4. Individual responsible for leading school health activities
5. Health promotion budget
6. Mission or position statement that includes student health and well-being
7. Teachers with appropriate training, education, and background
8. Training and support to food service/relevant staff
9. Professional development or continued education to staff
10. Training for teachers and staff on school physical activity, nutrition, and tobacco prevention policies
11. Health-promoting fund raising efforts
12. Other (specify)

Focus Area: After-School

PSE CHANGE STRATEGIES

1. Physical activity as punishment ban
2. Food as reward or punishment ban
3. Physical activity programs
4. Active time during after-school programs or events
5. Healthy food and beverage options
6. Sugar-sweetened beverages prohibition
7. Other (specify)

Work Site Sector

Focus Area: Physical Activity

PSE CHANGE STRATEGIES

1. Stairwell use
2. Flexible work arrangements
3. Non-motorized commutes
4. Public transportation within reasonable walking distance
5. Clubs or groups to encourage physical activity
6. Safe area outside to walk or be active
7. Walking path
8. Onsite fitness center or classes
9. Changing room or locker room with showers
10. Subsidized membership to offsite workout facility
11. Bicycle parking
12. Activity breaks for meetings
13. Direct support for community-wide physical activity opportunities
14. Other (specify)

Focus Area: Nutrition

PSE CHANGE STRATEGIES

1. Healthy food and beverage options at meetings and events
2. Healthy food and beverage options in vending machines
3. Healthy food and beverage options in onsite cafeteria and food venues
4. Healthy food purchasing practices
5. Healthy food preparation practices
6. Marketing ban of less than healthy foods and beverages
7. Smaller portion sizes
8. Safe, unflavored, cool drinking water
9. Nutritional labeling
10. Pricing strategies
11. Refrigerator access
12. Microwave access
13. Sink with water faucet access
14. Direct support for community-wide nutrition opportunities
15. Breastfeeding support through maternity care practices
16. Other (specify)

Focus Area: Tobacco

PSE CHANGE STRATEGIES

1. Smoke-free policy 24/7 for indoor public places
2. Tobacco-free policy 24/7 for indoor public places
3. Smoke-free policy 24/7 for outdoor public places
4. Tobacco-free policy 24/7 for outdoor public places
5. Insurance coverage for tobacco cessation services
6. Insurance coverage for tobacco cessation products
7. Tobacco vending machine sales ban
8. Tobacco promotions, promotional offers, and prizes ban
9. Tobacco advertisements ban
10. Tobacco cessation referral system
11. Other (specify)

Focus Area: Chronic Disease Management

PSE CHANGE STRATEGIES

1. Routine screening, follow-up counseling and education
2. Onsite nurse
3. Onsite medical clinic
4. Time off to attend health promotion programs or classes
5. Insurance coverage for preventive services and quality medical care
6. Free or low cost employee health risk appraisal or health screenings
7. Chronic disease self-management programs
8. Heart attack and stroke curricula adoption
9. 9-1-1 curricula adoption
10. Chronic disease prevention promotion
11. Emergency response plan
12. Other (specify)

Focus Area: Leadership

PSE CHANGE STRATEGIES

1. Reimbursement for preventive health or wellness activities
2. Public policy process to address chronic diseases and related risk factors
3. Wellness coordinator
4. Wellness committee
5. Health promotion budget
6. Mission statement that includes employee health and well-being
7. Employee health and well-being organizational or performance objectives
8. Health insurance plan
9. Office-based incentives for participating in chronic disease prevention measures
10. Needs assessment for health promotion program
11. Evaluation of health promotion programs
12. Employee feedback about health promotion programs
13. Chronic disease community coalitions and partnerships
14. Other (specify)

**Wallowa County Chronic Disease Prevention Community Action Plan
July 1, 2011 to June 30, 2014**

VISION:

Residents of Wallowa County will have access to healthy options for consuming nutritious foods, exercising daily, and refraining from tobacco use.

MISSION:

The CHART of Wallowa County will work with community advocates to make healthy options more convenient for better nutrition, increased physical activity, and the abstinence of tobacco use.

Goal 1.0:

By June 30 2014, 60% of Wallowa County residents will consume the recommended daily servings of fruits and vegetables.

- Objective 1.1: At least two educational campaigns for fruit and vegetable consumption will be completed.
- Objective 1.2: By June 30, 2012, 2 worksites or community institutions will implement policies for healthy food and beverage options at meetings and events.
- Objective 1.3: By June 30, 2013, 3 out of 3 Wallowa County Public schools will implement policies including after school functions that require fruits or vegetables are offered wherever foods and beverages are sold.

Goal 2.0:

By June 30, 2014 at least 50% of Wallowa County residents will meet the CDC recommendations for physical activity.

- Objective 2.1: By June 30, 2012 1 worksite will adopt policy to allow flexible work arrangements for physical activity breaks.
- Objective 2.2: By June 30, 2013 3 out of 3 schools will implement a walk or bike to school initiative.
- Objective 2.4: By June 30, 2014 all Wallowa County residents will have access to affordable, year-round indoor physical activity opportunities.

Goal 3.0:

From July 1, 2011 to June 30, 2014, Wallowa County will work collaboratively to maintain a management infrastructure to address chronic diseases and related risk factors.

- Objective 3.1: From July 1, 2011 to June 30, 2014 Wallowa County will have a chronic disease community coalition meeting at least quarterly.
- Objective 3.5: From July 1, 2011 to June 30, 2014, Wallowa County will collaborate with Union and Baker counties to enhance chronic disease prevention in northeastern Oregon.

Local Public Health Authority Immunization Annual Plan Checklist
July 2012-June 2013
Wallowa County Health Department

LHD staff completing this checklist: Janie McArtor

State-Supplied Vaccine/IG

- 1. Uses the Oregon Immunization Program (OIP) Vaccine Administration Record (VAR), or a county VAR given prior approval by OIP
- 2. Accurately codes all immunizations according to OIP Vaccine Eligibility Charts
- 3. Pays quarterly Billable Project invoices in timely manner

Vaccine Management & Accountability

- 4. Has an assigned immunization program coordinator
- 5. Uses OIP-approved Standard Operating Procedures for Vaccine Management
- 6. Uses and maintains OIP-acceptable refrigeration equipment
- 7. Uses and maintains OIP-acceptable temperature tracking, calibrated and certified thermometers in every vaccine containing refrigerator & freezer
- 8. Has an OIP-approved vaccine emergency plan
- 9. Complies with OIP vaccine expiration & wastage requirements

Delegate Agencies

- 10. Has one or more delegate agencies: LHD has up-to-date addendum agreements for each site N/A
- 11. Has one or more delegate agencies: LHD has reviewed each site biennially, following OIP guidelines N/A

Vaccine Administration

- 12. Has submitted annual Public Provider Agreement & Provider Profile
- 13. Provides all patients, their parents or guardians with documentation of immunizations received
- 14. Complies with state & federal immunization-related document retention schedules
- 15. Does not impose a charge for the cost of state-supplied vaccines or IG, except for Billable Project or Locally Owned doses
- 16. Does not impose a charge of more than \$15.19 per dose for VFC/317 vaccine
- 17. Does not deny vaccine administration to any VFC or 317-eligible patient due to inability to pay the cost of administration fee, and waives this fee if client is unable to pay

Immunization Rates & Assessments

- 18. Participates in the annual AFIX quality improvement immunization assessment and uses rate data to direct immunization activities

Perinatal Hepatitis B Prevention & Hepatitis B Screening and Documentation

- 19. Provides case management services to all confirmed or suspect HBsAg-positive mother-infant pairs
- 20. Has a process for two-way notification between LHD and community hospital infection control or birthing center staff of pending deliveries by identified HBsAg-positive pregnant women
- 21. Enrolls newborns into case management program & refers mother plus susceptible household & sexual contacts for follow-up care
- 22. [Multnomah County only] provides centralized case management work over the tri-county area of Washington, Clackamas & Multnomah N/A
- 23. Documents & submits to OIP the infant's completion or status of 3-dose Hepatitis B vaccine series by 15 months of age (excluding Washington & Clackamas counties) N/A
- 24. Works with area hospitals to promote the Hepatitis B birth dose vaccine to all infants and Hepatitis B vaccine and IG to affected infants whose mothers are HBsAg positive or whose status is unknown
- 25. Screens all pregnant women receiving prenatal care from public programs for HBsAg status or refers them to other health care providers for the screening
- 26. Works with area hospitals to strengthen hospital-based screening & documentation of all delivering women's hepatitis B serostatus
- 27. If necessary, has an action plan to work with area hospitals to improve HBsAg screening for pregnant women
- 28. Requires and monitors area laboratories & health care providers to promptly report HBsAg-positive pregnant women

Tracking & Recall

- 29. Forecasts shots due for children eligible for immunization services using ALERT IIS
- 30. Cooperates with OIP to recall any patients who were administered sub-potent (mishandled or misadministered) vaccines

WIC/Immunization Integration

- 31. Assists and supports the Oregon Health Authority (OHA) to provide WIC services in compliance with *USDA policy memorandum 2001-7: Immunization Screening and Referral in WIC*

Vaccine Information

- 32. Provides to patients or patient's parent/legal representative a current VIS for each vaccine offered
- 33. Confirms that patients or patient's parent/legal representatives has read or had the VIS explained to them, and answers questions prior to vaccine administration
- 34. Makes VIS available in other languages

Outreach & education

35. Designs & implements a minimum of two educational or outreach activities in each fiscal year (July 2012 through June 2013). [Can be designed for parents or private providers and intended to reduce barriers to immunization. This can not include special immunization clinics to school children or for flu prevention.] **Report activity details here:**

Activity 1: Staff will meet with the Babies First program and the local healthy start program to provide staff education and implement a referral process.

Activity 2: Immunization staff will present information to the Parenting Class at Joseph High School.

Activity 3: A weekly healthline advertisement will run in the local newspaper to notify the public of our services and hours of operation.

Surveillance of Vaccine-Preventable Diseases

36. Conducts disease surveillance in accordance with *Communicable Disease Administrative Rules*, the *Investigation Guidelines for Modifiable Disease*, the *Public Health Laboratory Users Manual*, and OIP's *Model Standing Orders for Vaccine*

Adverse Events Following Immunizations

37. Completes & returns all reportable LHD patient adverse event VAERS report forms to OIP

38. Completes the 60-day and/or 1-year follow up report on prior reported adverse events if requested by OIP

39. Completes & returns VAERS reports on other adverse events causing death or the need for related medical care, suspected to be directly or indirectly related to vaccine, either from doses administered by the LHD or other providers

School/Facility Immunization Law

40. Complies with Oregon School Immunization Law (ORS 433.235-433-284)

a. Conducts secondary review of school & children's facility immunization records

b. Issues exclusion orders as necessary

c. Makes immunizations available in convenient areas and at convenient times

41. Completes & submits the required annual Immunization Status Report to OHA by the scheduled deadline

42. Covers the cost of mailing/shipping: school exclusion orders to parents, and packets to schools & other facilities

American Recovery & Reinvestment Act (ARRA) Stimulus Funds

43. Completes and meets all ARRA (state and federal) reporting requirements **including the ARRA Final Summary Report by November 30, 2011.**

Report submitted? Yes No

Performance Measures

44. Meets the following performance measures: [Refer to your 2011 Performance Measure spreadsheet]
- Yes No: 4th DTaP rate of $\geq 90\%$, or improves the prior year's rate by 1% or more
 - Yes No: Missed Shot rate of $\leq 10\%$, or reduces the prior year's rate by 1% or more
 - Yes No: Correctly codes $\geq 95\%$ of state-supplied vaccines per guidelines in ALERT IIS
 - Yes No: Completes the 3-dose hepatitis B series to $\geq 80\%$ of HBsAg-exposed infants by 15 months of age
 - Yes No: Enters $\geq 80\%$ of vaccine administration data into ALERT IIS within 14 days of administration

Terms & Conditions Particular to LPHA Performance of Immunization Services

- 45. Reimburses OHA for the cost of wasted state-supplied vaccines/IG when required
- 46. Returns at LHD's expense all styrofoam containers shipped from Oregon Immunization Program (and not by McKesson)
- 47. Participates in state-sponsored annual immunization conferences, and uses dedicated OIP-provided funds for at least one person to attend

Reporting Obligations & Periodic Reporting

48. Submits, in timely fashion, the following reports (along with others required & noted elsewhere in this survey):
- Monthly Vaccine Reports (with every vaccine order)
 - Vaccine Orders (according to Enhanced Ordering Cycle [EOC] assignment)
 - Vaccine inventory via ALERT IIS
 - Immunization Status Report
 - Annual Progress Report
 - Corrective Action Plans for any unsatisfactory responses during triennial review site visits N/A

Non-Compliance Explanation Detail Sheet

Use these table rows to document any checklist statements you were unable to check off or answer with a "Yes". Be sure to insert the corresponding statement number for each response.

Q. 44 DTap rate greater than 90%. Answer: Due to drop in number of children in the county and well child checks and immunizations being done in local private clinics.
Q. 44 Missed shot rate less than or equal to 10%. Answer: Parents are choosing to do fewer shots at one time.
Q.

To Submit:

1. Save and print this document for your records
2. Include a copy with Agency Annual Plan
3. Submit as an attachment via e-mail to: Oregon.VFC@state.or.us