



Annual Plan
July 1, 2013 to June 30, 2014

February 5, 2013
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Wallaqua County Health Department
July 1, 2013 to June 30, 2014 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 2013-2014 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 2014 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 local coordinated care organization activities, 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 residents 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 obese, 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% obese, 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 2013.

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, 2012 to February 5, 2012 about 800 flu shots were administered. 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. 651 flu vaccinations were administered: 576 fluzone, 9 .25ml preservative free, 72 flu mist. From September 1, 2010 to April 30, 2011 In the 2009-2010 flu season, 390 doses of flu vaccine were administered and 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. We participate in the Wallowa County Prevention Coalition, North Eastern Oregon Safe Kids Coalition, and provide a Car seat program. 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.

II.d. 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, 2011, and 2012 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 2013 to June 2014				
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 2013 to June 2014				
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 2013 to June 2014

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 2013 to June 2014

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 2013 to June 2014				
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 2013-2014 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 2013 to July 2014				
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 2013 to July 2014

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 2013 to July 2014				
GOAL: To maintain a teen pregnancy rate lower than the state average.				
E. Educate 5th and 6 th graders about changes of puberty.	<ol style="list-style-type: none"> 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 	<ol style="list-style-type: none"> 1. Students questions will be answered. 2. Were Enterprise and Joseph Schools Contacted? 3. List of schools class was implemented in 		

b. Babies First!

Time Period: July 2013 to June 2014				
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
A. Increase participation in the Babies First! Program	<ol style="list-style-type: none"> 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. 	<ol style="list-style-type: none"> 1. # of Bags distributed to the hospital 2. # clients served 3. # new clients 4. Goal is to maintain a caseload of 5 clients. 		

<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. 3. Participate in Early Learning Council activities.</p>	<p>1. # of screenings completed. 2. Chart reviews. 3. ORCHIDS data. 4. Meeting minutes</p>		
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Time Period: July 2013 to June 2014

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 2013 to June 2014

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>		

Time Period: July 2013 to June 2014

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

<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>		
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c. Child Passenger Safety

Time Period: October 2012 to September 2013

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
<p>A. Decrease barriers to obtaining approved child passenger safety seats in Wallowa County.</p>	<p>1. Work with ODOT to purchase safety seats and maintain adequate stock. 2. Offer safety seats on a sliding scale basis to decrease financial barriers.</p>	<p># of car seats issued</p>		
<p>B. Eliminate inappropriate use and outdated or dysfunctional car seat use.</p>	<p>1. Host bi-monthly car seat clinics to check installations. 2. Offer installation for all persons purchasing car seats. 3. Offer walk-in car seat checks.</p>	<p># of car seats discontinued from use and replaced with new car seats</p>		
<p>C. Ensure qualified personnel are available for car seat education and installation checks.</p>	<p>1. Maintain CPS certification for a minimum of 2 staff.</p>	<p># certified staff</p>		
<p>D. Support Safe Kids Northeast Oregon Coalition.</p>	<p>1. Participate in Monthly coalition meetings. 2. Support coalition activities. 3. Participate in planning activities and prevention activities.</p>	<p>1. Meeting minutes. 2. Activities completed</p>		

d. Perinatal Health

Time Period: July 2013 to June 2014				
GOAL: To improve the health of pregnant women and increase positive birth outcomes.				
Objectives	Plan for Methods/ Activities/Practice	Outcome Measure(s)	Outcome Measure(s) Results	Progress Notes
<p>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>	<p>1. Assess needs of all women completing a pregnancy test and all pregnant women in the WIC program and OMC programs. 2. Refer to appropriate services. 3. Provide applicable handouts. 4. Provide the brochure "Pregnant? You have Options!" to 100% of positive pregnancy tests.</p>	<p># of referrals documented on pregnancy test form and in TWIST for WIC clients</p>		
<p>B. Provide prenatal vitamins to pregnant women in need in Wallowa County.</p>	<p>1. For women seeking pregnancy or those with a positive pregnancy test, determine if they have access to prenatal vitamins and if they are currently taking them. 2. For WIC and OMC clients, assess access and use of prenatal vitamins. 3. Offer free prenatal vitamins to those in need. 4. Provide instructions for use.</p>	<p># of prenatal vitamins distributed.</p>		

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 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 2013 to June 2014				
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 2013 to June 2014				
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 2013 to June 2014				
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 2013 to June 2014				
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 2013 to June 2014

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 2013 to June 2014

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 2013 to June 2014				
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 2013 to June 2014				
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 2013 to June 2014

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 2013 to June 2014				
GOAL: To educate the public regarding health indicators and status.				
A. 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. 2. Participate in local CCO meetings and activities.	1. Service integration meeting minutes. 2. CCO meeting minutes.		

1. Public Health Emergency Preparedness

Time Period: July 2013 to June 2014				
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 2013 to June 2014

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 2013 to June 2014

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 2012-2013. 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.

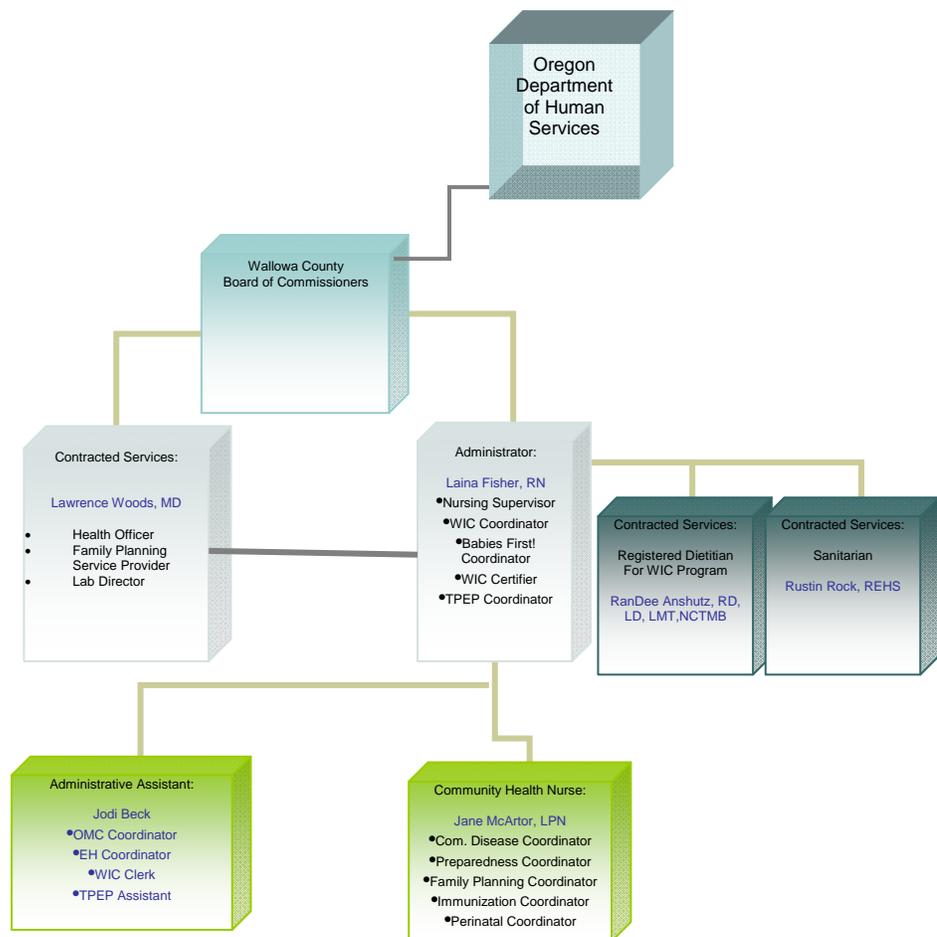
WIC:

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.

V. Unmet Needs

Unmet needs determined by this assessment and the Commission on Children and Families Comprehensive plan include: Youth drug and alcohol use, 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

In early July of each year we will send you Projected Revenue sheets to be filled out for each program area.

Provide name, address, phone number, and if it exists, web address, where we can obtain a copy of the LPHA's public health budget.

Agencies are not required to submit a budget as part of the annual plan; they are **required** to submit the Projected Revenue information and the budget location information. The Projected Revenue form will be distributed in July.

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. Yes No NA 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.

VII. LHD Survey and Indicators

Over the next couple months we will work closely with CLHO to design a survey(s) and questions that will be helpful to the local-state public health system.

In the meantime, answer these questions that measure the LPHA compliance with standards from the Minimum Standards for Local Health Departments.

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

2-12-13
Date

**FAMILY PLANNING PROGRAM ANNUAL PLAN
FOR FY 2014**

July 1, 2013 to June 30, 2014

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 is provided in Attachment ____ to help with local agency planning. 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 2014**

July 1, 2013 to June 30, 2014

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

Goal # 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.

Problem Statement	Objective(s)	Planned Activities	Evaluation
Wallowa County Health Department needs to adapt practices to meet state and national health care reform requirements.	By June 30, 2014 we will gather information about options for electronic health records.	<ol style="list-style-type: none"> 1. Gather price quotes and information. 2. Survey local providers to see what programs they have and their pros/cons. 	We will collect information and bids.
	WCHD will actively participate in local CCO activities.	<ol style="list-style-type: none"> 1. Attend monthly WC Network of Care meetings. 2. Support county CCO work as possible. 3. Present information about our services to CCO. 	Meeting attendance/minutes.

Goal # 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 7.3% to 10%.	<ol style="list-style-type: none"> 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 = 15% teens, 4.7% adults, total 7.3%. The goal is 10% total.

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- 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 2013
 (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
Increase the proportion of visits at which female clients received EC from 7.8% to 10%.	We are working on offering EC at all visits.
Increase number of LARC methods used from 62 clients in FY 2011 to 75 clients in FY 13.	To date in this fiscal year we have issued LARC methods to 35 clients. 4.5 months remain in the fiscal year.

WOMEN, INFANTS AND CHILDREN PROGRAM (WIC)

INFORMATION SHEET

WIC NUTRITION EDUCATION PLAN

The Oregon WIC Program Nutrition Education Plan is designed to support and promote a comprehensive approach in the delivery of WIC services. The FY 2013-2014 is a one year plan designed to align with the Local Public Health Authority Annual Plan cycle. This year's focus is to continue to provide quality participant centered services as Oregon WIC transitions from paper vouchers to electronic benefit transfer, known as eWIC, for WIC food issuance. The one-year plan will be reflective of the VENA philosophy and continue to support Breastfeeding Promotion, the Nutrition Services Standards, and MCH Title V National Performance Measures. The primary mission of the WIC Program is to improve the health outcomes of our participants.

VENA Background

VENA is a nationwide WIC nutrition education initiative. It is a part of a larger national initiative to revitalize quality nutrition services (RQNS) in WIC. The goal of VENA is to expand the purpose of nutrition assessment from eligibility determination to improved, targeted, client centered nutrition education. The six competency areas for WIC nutrition assessment include Principles of life-cycle nutrition; Nutrition assessment process; Anthropometric and hematological data collection techniques; Communication; Multicultural awareness; and Critical thinking.

General guidelines and procedures for the Nutrition Education Plan are described in Policy 850 of the Oregon WIC Policy and Procedure Manual. USDA requires each local agency to complete an annual Nutrition Education Plan [7 CFR 246.11(d)]. Even though we are focusing on a specific goal, WIC agencies should plan to continue to provide a quality nutrition education program as outlined in the WIC Program Policy and Procedure Manual and the Oregon WIC Nutrition Education Guidance.

Materials included in the FY 2013-2014 Oregon WIC Nutrition Education Plan:

- **FY 2013-2014 WIC Nutrition Education Plan Goals, Objectives and Activities**
- **FY 2012-2013 Evaluation of WIC Nutrition Education Plan (return to state by December 1, 2013)**
- **FY 2013-2014 WIC Nutrition Education Plan Form (return to state by December 1, 2012)**
- **Attachment A – WIC staff Training Plan (return to state by December 1, 2012)**

Instructions:

- 1. Review the FY 2013-2014 Oregon WIC Nutrition Education Plan materials and Policy 850 – Nutrition Education Plan.**
- 2. Evaluate the objectives and activities from your FY 2012-2013 Nutrition Education Plan.**
- 3. Describe the implementation plan and timeline for achieving your FY 2013-2014 objectives and activities using the FY 2013-2014 WIC Nutrition Education Plan Form.**
- 4. Return your completed FY 2012-2013 Evaluation of WIC Nutrition Education Plan by December 1, 2013.**
- 5. Return your completed FY 2013-2014 WIC Nutrition Education Plan Form by December 1, 2012.**
- 6. Return Attachment A – WIC Staff Training Plan by December 1, 2012.**

Return the WIC 2012-2013 Evaluation and 2013-2014 Plan Form electronically to sara.e.sloan@state.or.us Or by fax or mail to:

Sara Sloan, MS RD

Oregon WIC Program

800 NE Oregon Street #865

Portland, OR 97232

Fax – (971) 673-0071

EVALUATION OF WIC NUTRITION EDUCATION PLAN
FY 2012-2013

WIC Agency: Wallowa County Health Department

Person Completing Form: Laina Fisher

Date: 2-5-13 Phone: 541-426-4848

Return this form, attached to an email to: sara.e.sloan@state.or.us by
December 1, 2013

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

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

Year 3 Objective: During planning period, staff will continue to incorporate participant centered education skills and strategies into group settings.

Activity 1: By March 31, 2013, WIC Training Supervisors will complete the online Group Education Course.

Evaluation: Please address the following questions.

- Did your agency's Training Supervisor(s) complete the online Group Education Course?
- Was the completion date entered into TWIST?

We do not provide group education classes.

Activity 2: By June 30, 2013, WIC staff who lead group sessions and participated in the regional Participant Centered Groups trainings in 2012-2012 will pass the posttest of the online Group Education Course.

Evaluation: Please address the following question.

- Did staff who lead group sessions and participated in the regional Participant Centered Groups trainings pass the posttest of the online Group Education Course?
- Were completion dates entered into TWIST?

We do not provide Group education classes.

Activity 3: By March 31, 2013, each agency will evaluate at least four nutrition education group sessions and at least one local agency staff in-service using the state provided group session evaluation tool.

The tool is located on the State WIC website:

<https://public.health.oregon.gov/HealthyPeopleFamilies/wic/Documents/orw/pcg-ho-evaluating-session-guides.pdf>

Evaluation: Please address the following questions.

- Did your agency evaluate at least four nutrition education group sessions and at least one local agency staff in-service?
- What changes, if any, were made to the group sessions or staff in-service after completing the evaluations?

We did not host any group education classes for WIC. We are doing individual nutrition education.

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

Year 3 Objective: During planning period, each agency will continue to incorporate participant centered skills and strategies into their group settings to enhance breastfeeding education, promotion and support.

Activity1: By March 31, 2013, each agency will evaluate at least one prenatal breastfeeding class using the state provided group session evaluation tool. The tool is located on the State WIC website:

<https://public.health.oregon.gov/HealthyPeopleFamilies/wic/Documents/orw/pcg-ho-evaluating-session-guides.pdf>

Evaluation: Please address the following question in your response:

- Did your agency evaluate at least one prenatal breastfeeding class?
- What changes, if any, were made to the group session after completing the evaluation?

Breastfeeding education is provided on an individual basis not in a group class.

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

Year 3 Objective: During planning period, each agency will continue to build partnerships with identified referral organizations in their community.

Activity 1: By September 30, 2012, each agency will review their list of referrals in TWIST and identify at least one unfamiliar organization in order to learn more about the service they provide to WIC participants. By March 31, 2013, each agency will then invite a representative from that organization to give a short presentation about the services they provide at an "All Staff" meeting.

Evaluation: Please address the following questions.

- Which community partner organization(s) did your agency identify to learn more about the services they provide?
- Was a representative from that organization invited to give a short presentation to WIC staff about their services?
- What went well and what would you do differently?

We did not have an individual come present to staff. We only have 3 staff in the health department. What we did to achieve this objective was have staff collaborating with partner agencies in the community in a variety of ways and share information with the other health department staff. Staff attend local collaborative meetings monthly including: Multi Disciplinary Team (MDT), Building Healthy Families Board Meetings, Service Team Integration, CCO Early Childhood Team, County Library Board, Wallowa County Prevention Coalition, Safe Kids Northeast Oregon, County Department Head Meetings, LADPC, Adult Immunization Project Calls. During our local CCO monthly meetings referrals and coordination is a large part of what our community is working on and the health department is greatly involved in that work. As a county, we are working on a universal

screening and referral tool to utilize with all clients accessing medical, mental health, and social services. Laina Fisher, Administrator and WIC Coordinator, serves on the Building Healthy Families Board and provides monthly supervision for their home visiting healthy start program. Through the board work and supervision role, a lot of knowledge of their services and staff needs is gained and a strong partnership exists. This agency houses a multitude of services in our county including healthy start, home visiting, early childhood learning center, alternative education, parenting classes, safe visits supervision, afterschool programming, smart reading, mentor programs, Drug/Alcohol/Tobacco/Gambling/Suicide prevention programs. In addition, during their monthly board meetings the administrator learns from other board members representing partner agencies in the community. During the 2 MDT meetings held each month, specific families involved with DHS are discussed and a group of 20-30 people from agencies across the county discuss what services they need and what agencies can offer. Laina Fisher, Administrator and WIC Coordinator attends these MDT meetings the first and third Thursday of each month and shares info with other staff.

Activity 2: By September 30, 2012, each agency will review their list of breastfeeding referrals in TWIST and identify at least one organization that they would like to meet with to strengthen their referrals. By March 31, 2013, each agency will invite a representative from that organization to discuss how they can partner together to enhance breastfeeding support in their community.

Evaluation: Please address the following questions.

- Which community partner organization(s) did your agency identify to strengthen breastfeeding referrals?
- Was a representative from that organization invited to discuss how they can partner with WIC to enhance breastfeeding support in your community?
- What went well and what would you do differently?

We are working with Building Healthy Families. This agency provides parenting classes, an early childhood learning center, alternative education classes, and home visiting services with families. Laina Fisher, Administrator and WIC Coordinator, meets with the director of BHF monthly to supervise the Healthy Start Home Visiting program. As part of the supervision we evaluate staff training requirements and needs and provide staff training when applicable. Julie Thompson, home visitor met

with Laina Fisher January 17, 2013 for a Prenatal Nutrition Education class and offered a breastfeeding education class. Julie was signed up in the learning center so she can take the online modules for breastfeeding.

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

Year 3 Objective: During planning period, each agency will continue to increase staff understanding of the factors influencing health outcomes.

Activity 1: By March 31, 2013, each agency will develop and implement a plan to assure staff are communicating health outcomes to participants during certification visits.

Evaluation: Please address the following questions.

- Was a plan developed and implemented to assure staff are communicating health outcomes to participants during certification visits? [] Yes [] No. If no, please explain why not.

Yes. Staff reviewed the PCE training module in December 2012 and practiced some ways to communicate health outcomes.

- What went well and what would you do differently?

The training module is helpful to get ideas. More practice helps the conversation feel more comfortable and builds staff confidence so it is just a matter of putting it into practice over time.

Activity 2: Identify your agency training supervisor(s) and projected staff in-service dates and topics for FY 2012-2013.

Evaluation: Please use the table below to address the following.

- Name of Training Supervisor.
- In-service topic and date.
- Method of training.
- Core Competencies addressed (CPA Competency Model Policy 660, Appendix A) and/or Outcome of In-service.

Name of Training Supervisor: Laina Fisher

In-Service Topic and Date	Method of Training	Core Competencies Addressed/Outcome of In-Service
September 18, 2012 Breastfeeding/Referrals training	Staff discussion: Shared info from CCO meeting and discussed referrals	Referral process, services from other agencies available, CCO work toward a universal screening and referral tool
December 17, 2012: Evaluation of Group education and individual education	Staff discussion	OSU is not doing group ed for us at this point so we discussed how IE is completed and documented and how to improve client ed
March 2013: Evaluation of in services and nutrition education		
March 2013: Communicating Health Outcomes		
June 2013: Breastfeeding		

FY 2013 - 2014 Oregon WIC Nutrition Education Plan Form

County/Agency: Wallowa County Health Department
Person Completing Form: Laina Fisher
Date: February 5, 2013
Phone Number: (541) 426-4848
Email Address: lfisher@co.wallowa.or.us

Return this form electronically (attached to email) to: sara.e.sloan@state.or.us
by December 1, 2012
Sara Sloan, 971-673-0043

Goal : **Oregon WIC staff will continue to provide quality participant centered services as the state transitions to eWIC.**

Objective 1: **During planning period, WIC agencies will assure participants are offered and receive the appropriate nutrition education contacts with issuing eWIC benefits.**

Activity 1: By December 1, 2013, each agency will develop and implement a procedure for offering and documenting nutrition education contacts for each participant based on category and risk level while issuing benefits in an eWIC environment.

Note: Information and guidance will be provided by the state office as local agencies prepare for the transition to eWIC.

Implementation Plan and Timeline:

By December 1, 2013 staff will review the existing nutrition education tracking system and utilize information from the state office to determine if it will work efficiently with eWIC.

Objective 2: **During planning period, Oregon WIC Staff will increase their knowledge in the areas of breastfeeding, baby behavior and the interpretation of infant cues, in order to assist new mothers with infant feeding and breastfeeding support.**

Activity 1: By March 31, 2014, all WIC certifiers will complete the new Baby Behavior eLearning online course.

Note: Information about accessing the Baby Behavior eLearning Course will be shared once it becomes available on the DHS Learning Center.

Implementation Plan and Timeline:

By March 31, 2014 Laina Fisher and Jane McArtor will complete the Baby Behavior eLearning course and document completion in TWIST.

Activity 2: By March 31, 2014, all new WIC Staff will complete the Breastfeeding Level 1 eLearning Course.

Note: Information about accessing the Breastfeeding Level 1 eLearning Course will be shared once it becomes available on the DHS Learning Center.

Implementation Plan and Timeline:

By March 31, 2014 all WIC staff will have completed the Breastfeeding Level 1 eLearning Course and documented completion in TWIST.

Objective 3: **During planning period, each agency will assure staff continue to receive appropriate training to provide quality nutrition and breastfeeding education.**

Activity 1: Identify your agency training supervisor(s) and projected staff in-services dates and topics for FY 2013-2014. Complete and return Attachment A by December 1, 2012.

Implementation Plan and Timeline:

Laina Fisher will be the training supervisor. See staff training plan below.

FY 2013-2014 Oregon WIC Nutrition Education Plan

Goal: Oregon WIC staff will continue to provide quality participant centered services as the state transitions to eWIC.

Objective 1: During planning period, WIC agencies will assure participants are offered and receive the appropriate nutrition education contacts with issuing eWIC benefits.

Activity 1: By December 1, 2013, each agency will develop and implement a procedure for offering and documenting nutrition education contacts for each participant based on category and risk level while issuing benefits in an eWIC environment.

Note: Information and guidance will be provided by the state office as local agencies prepare for the transition to eWIC.

Objective 2: During planning period, Oregon WIC Staff will increase their knowledge in the areas of breastfeeding, baby behavior and the interpretation of infant cues, in order to assist new mothers with infant feeding and breastfeeding support.

Activity 1: By March 31, 2014, all appropriate WIC staff will complete the new Baby Behavior eLearning online course.

Activity 2: By March 31, 2014, all new WIC Staff will complete the Breastfeeding Level 1 eLearning Course.

Note: Information about accessing these eLearning Courses will be shared once they become available on the DHS Learning Center.

Objective 3: During planning period, each agency will assure staff continue to receive appropriate training to provide quality nutrition and breastfeeding education.

Activity 1: Identify your agency training supervisor(s) and projected staff in-services dates and topics for FY 2013-2014. Complete and return Attachment A by December 1, 2012.

Attachment A
FY 2013-2014 WIC Nutrition Education Plan
WIC Staff Training Plan – 7/1/2013 through 6/30/2014

Agency: Wallowa County Health Department

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

Staff Development Planned

Based on planned program initiatives, your program goals, or identified staff needs, what quarterly in-services and or continuing education are planned for existing staff? List the in-service topic and an objective for quarterly in-services that you plan for July 1, 2013 – June 30, 2014. State provided in-services, trainings and meetings can be included as appropriate.

Quarter	Month	In-Service Topic	In-Service Objective
1	September 2013	Nutrition for Families	Staff will be able to share 3 new ideas for families to incorporate healthy foods in their day
2	December 2013	Nutrition Education and eWIC	Staff will evaluate nutrition education tracking systems and be prepared for eWIC.
3	March 2014	Discuss New Baby Behavior eLearning Course	Staff will be able to describe hunger cues and infant behavior and feel comfortable educating parents about them
4	June 2014	Breastfeeding	Staff will be able to discuss common breastfeeding problems and feel comfortable working through breastfeeding issues with families. Staff will be able to list at least 2 referral sources for breastfeeding support.