

WALLOWA COUNTY HEALTH DEPARTMENT ANNUAL PLAN 2014-2015



Our Mission:

To prevent disease and to promote health and the quality of life for all Wallowa County Residents through organized community efforts.

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WALLOWA COUNTY HEALTH DEPARTMENT ANNUAL PLAN 2014-2015

Goals For the Planning Process

- Gather Current Community Data
- Determine Community Health Needs
- Assess Adequacy of WCHD Services & Community Resources
- Set Priorities
- Plan strategies to positively affect health outcomes in our community
- Plan for evaluation

Next Steps

- Share Plan with Wallowa County Board of Commissioners
- Gather Input from Community Partners
- Develop an Accountability Plan with user friendly tracking records to monitor progress
- Develop & Complete Monthly Progress Reports to Share with Staff and County Commissioners
- Create an attractive 1-2 page summary to share with the community
- Evaluate plan success in 1 year

Executive Summary

Wallowa County is typically known as a friendly community with a small town atmosphere. With a population of less than 7,000 residents living in a large land area, frontier living has a new definition. People are known for their willingness to help their neighbors and creativity in making due with what they have. Of course these truths are greatly due to necessity because we are said to be "at the end of the road". You won't find any freeways or stop lights within an hour's drive. You can't always find common conveniences, especially as evening approaches. Even so, the outdoor beauty and recreation opportunities are wonderful compensation for any struggles due to the isolation and poor economic status of our community. Just remember, weather can be harsh ranging from extreme winter conditions to drought and changes quickly here.

Wallowa County can't compete with population numbers in most other Oregon Counties, but according to *2013 Oregon County Health Rankings*, we are ranked 8/36 in health factors such as behaviors, clinical care, socioeconomic indicators, and physical environment. The ranking for health outcomes was 18/33 which is indicated by mortality and morbidity data. Morbidity factors include poor or fair health, poor health days, poor mental days, and low birthweights. Areas that need improvement include access to medical, dental, and mental health care. Community risks that also need to be addressed are : higher than state average use of tobacco and alcohol, especially amongst youth and increased rates of obesity. Leading causes of death are typically accidents, heart disease, cancer, stroke and tobacco related deaths. The good news is that these causes of death can be reduced by preventative care, modified health behaviors, and community infrastructures that support healthy lifestyle choices.

In the 2014-2015 fiscal year, Wallowa County Health department will be focusing on community collaboration, modifiable youth health risk factors, nutrition, physical activity, unintentional injuries, public health education, emergency preparedness, good pregnancy and birth outcomes, and disease prevention.

Table of Contents

I NARRATIVE & EXECUTIVE SUMMARY

II ASSESSMENT

- 1 Services: Services Provided
- 2 Services: Adequacy of Services
- 3 Data Summary
- 4 Resources

III ACTION PLAN

- 1 Action Plan Summary
- 2 Epidemiology & Control of Preventable Disease and Disorders (SSPH & TPEP)
- 3 Parent and Child Health Services (Babies First, CPS, Family Planning, Immunizations, MCH, OMC, Perinatal, WIC)
- 4 Environmental Health (Sanitation)
- 5 Health Statistics (100: Vital Statistics)
- 6 Information and Referral
- 7 Public Health Preparedness (Preparedness)
- 8 WIC Program Plan Attachments
- 9 Collaboration

IV ADDITIONAL REQUIREMENTS

- 1 Organizational Chart
- 2 Advisory Committee
- 3 WCHD Contacts

V UNMET NEEDS

VI BUDGET

VII MINIMUM STANDARDS

VIII SIGNATURE PAGE

Information available by contacting Wallowa County Health Department (541) 426-4848

Data from the resources list

Detailed budget documents including the Projected Revenue Forms

WALLOWA COUNTY HEALTH DEPARTMENT ANNUAL PLAN 2014-2015

Health Department Services Provided

Program	Funding	Description of Services	Services Met
100 PH	Fees	Vital Records Registration, Issuance of Birth & Death Certificates	4
MCH	State, Federal	Community Prenatal Health Assessment & Education, Community Childhood Health Assessment & Education, Puberty Education Class for 4-6 graders, immunization & health care services education for high schoolers, Nutrition screenings for Head Start Kids	2, 5
Babies First	State, TCM	Home Visits for birth to age 3, Developmental screenings, Parent Ed, Case Management for high risk children or those with healthcare needs, growth monitoring	2, 5
Perinatal	State	Surveillance/Planning for Positive Pregnancy & Birth Outcomes, Pregnancy testing, referral for pregnancy services, prenatal health education, Baby Bags with healthcare info for new births	2, 5
SSPH	State	Disease ed, surveillance, investigation, treatment, & response. 24/7 disease response. Tuberculosis Screening & Case Mgmt. Free bp checks. Head lice screening & education. Providing ed regarding recommendations for health care screenings. Community ed related to health. Community assessment & planning for health. Gathering, sharing, and assessment of health statistics.	1, 3, 4, 5
WIC	Federal	Food vouchers, nutrition & health ed, nutrition & health screening for children/infants/pregnant/postpartum. Breastfeeding ed & promotion, breast pump issuance, growth tracking, hemoglobin screenings.	2, 5
Family Planning	Federal, Fees	Sliding scale & free service programs. Annual exams, Birth Control Education & Distribution, STI Testing & treatment, health education, Tobacco/Drug/Alcohol Screenings & Referrals, IUD insertions & Removals	1, 2, 5
OR Mothers Care (OMC)	Federal	Prenatal Health Info & referral, Cover Oregon Application Assistance, prenatal Vitamins	2, 5
Immunizations	State, Medicaid, Fees	Immunizations for children & adults, VFC program for kids with no insurance, School Immunization Review, Community Education, Surveillance Vaccine Preventable Diseases.	1, 2, 5
Tobacco Prevention (TPEP)	State	Indoor Clean Air Act Compliance Monitoring, community ed, community policy, surveillance of chronic disease, surveillance community tobacco use & health outcomes, OR Quitline Referrals	1, 5
Preparedness	Federal	Community risk assessment, Emergency planning, Emergency Training & Response, Collaboration of Community Emergency Responders	5, 6
Environmental Health	Fees	Restaurant, Motel, Pool/Spa, Tourist Accomodation licensing & inspections, compliance enforcement, foodborne outbreak surveillance, investigation & Response. Food Handlers Cards/Classes.	3
Car Seats	ODOT grant	Certified Safety Seat inspections, distribute new car seats based on a sliding scale, community education, child passenger safety assessment & Planning	2

Required Basic Public Health Services (ORS 431.416): 1: Control and epidemiology of preventable diseases and conditions; 2: Parent and Child Health; 3: Environmental Health; 4: Health Statistics; 5: Information & Referral; 6: Public Health Preparedness

WALLOWA COUNTY HEALTH DEPARTMENT ANNUAL PLAN 2014-2015

Adequacy of Health Department Services

Program	Target #	# Served 2013-2014	Adequate Services offered & Program Assurances met? Needs Improvement (NI)	Data Reviewed
100 PH	3 regs, 20 birth, 100 death	3 registrars, ????	Yes. NI: Outreach	# staff as vital records registrars, # birth & death certificates issued
MCH	1 comm ed project, 30 HS NutA	1 puberty ed class, 1 comm health class, 34 HS NutA	Yes. NI: Community education	# community education projects completed, # head start nutrition assessments completed
Babies First	3 case, 12 visits	2012: 5 case, 24 visits	Yes. NI: Outreach	# on caseload, # visits. Wallowa County Home Visit Fact Sheet, 2012.
Perinatal		51 preg tests Jul 12-Jun 13	Yes. NI: Community Education	# referrals, education materials available, # education contacts, access to early prenatal care data
SSPH	100% response CD & Foodborne	15 CD cases in orpheus Jul 12-Jun 13, 100% data entry, 0 investigations	Yes: 100% response, staff trained, protocols in place. NI: disease surveillance	Preventative care education provided, # blood pressure checks, # head lice checks, timeliness of disease response, Outbreak investigations, is staff available according to 24/7 plan
WIC	97% assigned caseload	12-13 avg = 83.52%; YTD Jan-14 = 98.28%	Yes. Adequate staffing & services. NI: Nutrition ed contacts	2012 Breastfeeding Initiation Data From OR WIC Program, Participant Caseload data 2013, Wallowa County 2012 WIC Facts, WIC Performance Measures Jan-Dec 2012 for Wallowa Co
Family Planning	85 females, 30% WIN	88 females, 29.9% WIN	Yes. Offering variety of BC options. Protocols in place. NI: # clients.	Ahlers data for Family Planning Services 2013, Title X Program Svices & Operations, WCHD 2013-2014, Title X Program Data 2010-2011
OR Mothers Care		3 clients Jul 12-Jun 13	Yes. NI # referrals & outreach.	# clients served, quarterly reports
Immunizations	97% measures met	2012: 100%	Yes. NI: Lower than state avg imm rate. We are giving low # of shots at WCHD.	# flu shots, # flu clinics, Immunization Performance Measures by County 2013, Review of School Exclusion Process 2014, # school exclusions/religious exemptions 2013, # vaccine handling errors 2013, Proper Vaccine Temps Met in 2013 & Temp Logs Kept Y/N, Imm Rates
Tobacco Prevention (TPEP)			Yes. NI: higher than state tobacco use, low # comm policies in place, need more collaboration	Tobacco use and health outcomes reports, Qtrly TPEP Program Reviews, 2013 Wallowa Co Tobacco Facts, # Policies Implemented, # indoor clean air act violations, # quitline referrals, # co quitline calls
Preparedness	2 exercises		Yes. NI: collaboration & community education. Plans need updated.	24/7 response protocols, semi & annual reviews, training records, AARs, comm ed provided, qtrly HAN tests. Monthly sat phone tests.
Environmental Health	97% insp rate	54% insp rate	Yes. NI: Supervision of contractor, > inspection rate	License Facility Report for Environmental Health, inspection rates, compliance issues, # food handlers cards issued and classes held
Car Seats	4 clinics	2013: 6 clinics, 54 ed contacts, 15 checks, 39 seats dist., 0 replaced, 1 didn't meet standards	Yes. NI: Inventory Tracking system, com ed, # seats checked	2013 Program Evaluation Report, # seats issued, # seats checked, # unsafe seats replaced, # education contacts, # certified checkers

WALLOWA COUNTY HEALTH DEPARTMENT ANNUAL PLAN 2014-2015

Data Assessment Summary			
	Better Than State Average?	Worse Than State Average?	Data
<i>Access to Care</i>	ratio providers to residents	Self report of provider	2004-2007 BRFSS % adults who report having a medical provider: Wall 84%/state 88% 45 yrs +, Wall 80%/state 85% 45-89 yrs old. 2013 Health rankings ratio primary care physician to resident ratio: Wallowa = 780:1 state = 1134:1 National Benchmark = 1067:1
<i>Aging Issues</i>			Falls leading cause of injury death in 65+ adults, Sr fall rate in OR is 1.5 times > than national.
<i>Alcohol & Drug Use-Adult</i>		x	Wall 74.6 %/state 64.0 males 18+ had drink in last 30 days, Wall 77.1%/State 54.4% females. Wall 28.5%/state 18.7% males binge drinking Wall 43.1%/state 10.8% women binge drinking. 2013 Health Rankings: Wallowa = 21% State = 16% National Benchmark = 7% for excessive drinking.
<i>Alcohol & Drug Use-youth</i>			
<i>Birth Outcomes</i>		x	2012: Wall 111.1/state 61.7 low birth wt rate
<i>Breastfeeding</i>	x		2012 Wallowa breastfeeding initiation 91%, OR was 90%
<i>Cancer</i>	x		(1996-2005) All cancers: Wall 1181/state 1226 cancer rate 45-59 yr olds, Wall 1682/state 1789 rate 60-74 yrs, Wall 2418/state 2393 rate 75+. Prostate cancer rates are higher than state: Wall 507/state 420 in 45-59 and Wall 935/state 795 60-74 yr olds.
<i>Child Abuse</i>		x	FY 2011 assessments: 14.9 Wall, 13.4 state victim rate/1000. 2011: Child abuse & neglects in Wallowa was 18% worse than OR.
<i>Child Health</i>			WIC 2012 Data: 13% of WIC children birth to 5yr in Wallowa County had a low hemoglobin, state WIC was 12%.
<i>Chronic Conditions</i>	Arthritis, Heart Attacks, Diabetes, High Chol	Stroke	2004-2007 BRFSS data. Arthritis: Wall 35%/state 42% 45+ yrs old, Wall 21%/state 33% 45-59 yrs, Wall 43%/state 51%. Heart attacks: Wall 5%/state 6% 45+ yrs, Wall 4%/state 3% 45-59, Wall 2%/state 9% 60-74 yrs. Diabetes: Wall 4%/state 11% 45+ yrs old, Wall 2%/state 8% 45-59 yrs, Wall 4%/state 15% 60-74 yrs. High cholesterol: Wall 32%/state 45% 45+ yrs old, Wall 17%/state 40% 45-59 yrs, Wall 41%/state 53% 60-74 yrs. Stroke: Wall 5%/state 4% 45+ yrs old, Wall 1%/state 2% 45-59 yrs, Wall 9%/state 5% 60-74 yrs.
<i>Communicable Disease</i>	x		2012 total of 9 cases: 3 campylobacteriosis, 3 chlamydiosis, 1 E. Coli 0157, 1 Hep C, 1 legionellosis.
<i>Death</i>	NA	NA	2012 Leading causes of Wallowa Co. death: Total = 89: Cancer -28, Heart disease 21, Cerebrovascular-6, Unintentional injury-6, Suicide-4, Alcohol induced-3, diabetes-2, Chronic Lower Resp-2, 1 each for nephritis, benign neoplasms, pneumonia due to solids/liquids, homicide.
<i>Dental Health</i>		x	2013 Health Rankings: Wallowa = 3564:1 State = 1479:1 National Benchmark = 1516:1
<i>Education</i>	x		2011: Wallowa 3rd grd math 20% better than OR, 3rd grd reading 7% better than OR. 8th grd math Wallowa was 4% worse than OR, 8th grd reading Wall was 2% worse than OR. High school dropout was 68% better than OR. Homeless students was 38% better than OR

WALLOWA COUNTY HEALTH DEPARTMENT ANNUAL PLAN 2014-2015

<i>Emergency Preparedness</i>			
<i>Environment</i>	X		2013 Health Rankings: Daily fine particulate matter Wallowa = 9.1 State = 9.1 National Benchmark = 8.8
<i>Food: Limited access to</i>		X	2013 Health Rankings: limited access to healthy foods Wallowa = 10% State = 5% National benchmark = 1%
<i>Food Borne Outbreaks</i>	X		0 initiated in Wallowa County in 2013.
<i>Fruit & Veggie Intake- Adult</i>	X		Consumption of 5+ servings fruit/veggies/day: Wall 37%/state 28% 45+, Wall 32%/state 27% 45-59 yrs, 42%/state 27% 60-74 yrs.
<i>Health Indicators</i>	X		2006-09 adults in good general health: Wall 88.8%/state 86.9%.
<i>Health Ins Coverage- Adults</i>		X	2013 Health Rankings data: % unins Wallowa = 22% State = 20% National Benchmark = 11%
<i>Health Ins - Children</i>		X	2011- Wallowa 48% worse than Oregon
<i>Health Rankings, OR 2013</i>	Mortality, health factors, health behaviors, soci/eco factors, phys environ	Health Outcomes, morbidity, clinical care	Health Outcomes: Wallowa ranked 18/33, mortality 11/33, morbidity 30/33. health factors 8/33, health behaviors 8/33, clinical care 27/33, social & economical factors 7/33, physical environment 13/33
<i>Healthy Weight</i>	X		2004-2007 BRFSS data: % of adults 45+ reporting a healthy wt. Wall 43%/state 33% 45+ yrs, Wall 38%/state 33% 45-59 yrs, Wall 42%/state 30% 60-74 yrs.
<i>Immunization Rates</i>	Teen Tdap	X , 2 yr old rates, Other Teen Imms	2012: 2 yr olds up to date with 4:3:1:3:3:1:4 (required for school + PCV) series Wall 47.4%/State 58.6%. 4:3:1:3:1 series (required for school) Wall 64.7%/State 67.1%. 2013 Oregon Teen rates: Wall 94%/state 90% TDAP, Wall 41%/State 48% meningococcal, Wall 36%/state 36% influenza, Wall 30%/state 33% female 3+ doses HPV, Wall 6%/state 6% male 3+ HPV.
<i>Injury- unintentional</i>		X	Oregon Trauma System 2010-2011: Wallowa injury frequency = 43, rate = 614.7. Oregon frequency = 18,131, rate = 470.0.

WALLOWA COUNTY HEALTH DEPARTMENT ANNUAL PLAN 2014-2015

<i>Maternal risk factors</i>	Age <18, age>35, <12 yrs ed, unmarried	inad prenatal care, tobacco use	2012: Inadequate prenatal care Wall 5.6/state 5.5, Age> 35 Wall 9.3/state 16.3, 4+ births Wall 13.0/state 11.6, < 12 yrs ed Wall 7.4/state 16.0, unmarried Wall 31.5/state 35.3, tobacco use Wall 11.1/state 10.6
<i>Mental Health</i>	X		2006-2009 BRFSS Data: adults reporting good mental health/no poor mental health days in past 30 days: Wall 77.9%/state 66.4%
<i>Motor Vehicle Crash rate</i>		X	2013 Health Rankings data: 23% Wallowa County, 12% Oregon, 7% national benchmark
<i>Obesity-Adults</i>	Obese	Overwt	2006-2009 BRFSS Data: % of adults classified as overweight Wall 36.4%/state 36.1%; % obese Wall 19.5%/state 24.5%
<i>Physical Activity-Adults</i>	60-74 yr olds	45+, 45-59 yr	2004-2007 BRFSS Data: Adults with 30 min. more PhysAct 5 days/wk: Wall 51%/state 55% 45+ yrs old, Wall 48%/state 57% 45-59 yrs, Wall 60%/state 55% 60-74 yrs.
<i>Prenatal care</i>		X	2011: Wallowa was 2% better than the state in early prenatal care
<i>Population Data</i>	NA	NA	2013 population estimate = 6,821 (2012 was 7,008). People < 5 % 2012= 5.0% (state = 6%). People < 18 = 18.2% (state = 22.1%). People 65 yrs+ = 25.1% (state = 15.9%). Persons per household = 2.29 (state = 2.48). # households 2008-2012 = 2,980. Land area = 3,146.19 square miles. People/ sq mile = 2.2 (state = 39.9).
<i>Poverty- Childhood</i>		X	2011: Wallowa was 27% worse than Oregon
<i>Preventative Care</i>	Mammo & breast exams in younger women	Choles, colon, paps, mammo & breast exams in older women	2006-2009 BRFSS Data: adults with preventative health screenings: Wall 65.2%/state 71.3% chol within 5 yrs, Wall 56.3%/state 56.8% Colonoscopy within 5 yrs. 2004-2007 Baker/Grant/Union/Wallowa County Data: Mammogram: County 79%/77%state 45+ yrs, County 77%/state 76% 45-59 yrs, County 67%/state 81% 60-74 yrs. Clinical breast exam: County 80%/state 78% 45+ yrs, County 84%/state 80% 45-59 yrs, County 75%/state 78% 60-74 yrs. Pap smear/cervical cancer: County 77%/state 83% 45+ yrs, County 83%/state 87% 45-59 yrs, County 68%/state 83% 60-74 yrs.

WALLOWA COUNTY HEALTH DEPARTMENT ANNUAL PLAN 2014-2015

<i>Preventable Deaths- children</i>			Safe Kids: 2009-2011 Children 0-14 yrs: 3 hospitalizations: 1 motor vehicle, 1 fall. Deaths 1: drowning.
<i>Sexually Transmitted Infections</i>	x		
<i>Socio-Economic Indicators</i>		x	Quickfacts: Home ownership Wall 71.8%/state 62.5%, per capita income Wall \$22524/state \$26,702, median household income Wall \$40,204/state \$50,036, persons below poverty level Wall 14.5%/state 15.5%. County profiles: Poverty rate Wall 16.0%.
<i>Teen Pregnancy</i>	x		2012: Wall 21.3/State 53.9 18-19 yr old preg rate. Wall 6.5/state 31.5 15-19 yr old preg rate. 2012: 1 preg in Wall to 18-19 yr old, 1 preg to 15-19 yr old. 2013 Health Rankings: Wallowa = 16% State = 33% National Benchmark = 21 % teen birth rate.
<i>Tobacco Use</i>		x	Tobacco Facts by Co.2013: Wallowa: 840 adult smokers, 330 tobacco related illness/yr, 17 tobacco deaths, \$3.2 million medical costs, \$2.8 million productivity loss, 91% homes with no smoking rules, 49% adults who smoke attempted to quit. 2006-2009 BRFSS: % adults who smoke Wall 17.9/state 17.1%, smokeless tobacco use by males Wall 19.0%/state 6.3%, no smoking house rules Wall 77.4%/state 89.8%, no smoking rules in car Wall 70.3%/state 82.7%. 2012 data: maternal tobacco use Wall 11.6/state 10.6
<i>Unemployment</i>		x	2011: Wallowa was 11% worse than OR
<i>Women in Need of Contraceptive Services</i>	NA	NA	Women In Need (WIN) are between 13 and 44 years old, fertile, sexually active, neither intentionally pregnant nor trying to become pregnant, and at an income below 250 percent of the federal poverty level (FPL). Women In Need may require public assistance to get services and avoid unintended pregnancy. 2012 Wallowa County estimated Women in Need = 284; WCHD served 88 (29.9%).

WALLOWA COUNTY HEALTH DEPARTMENT ANNUAL PLAN 2014-2015

	Priorities for WCHD	In Action Plan?	Our programs targeting this priority
<i>Access to Care</i>			
<i>Aging Issues</i>			
<i>Alcohol & Drug Use-Adult</i>		Yes	Babies First, FP, Perinatal, OMC, WIC: Screening & referral
<i>Alcohol & Drug Use-youth</i>		Yes	FP : Screening & Referral
<i>Birth Outcomes</i>	*	Yes	BFirst, FP, Perinatal, OMC, WIC: Screening, referrals, client ed
<i>Breastfeeding</i>	*	Yes	BFirst, Perinatal, OMC, WIC: Screening, referrals, client ed
<i>Cancer</i>		Yes	FP screening, SSPH community ed
<i>Child Abuse</i>	*	Yes	MCH: MDT participation, screening in WIC
<i>Child Health</i>		Yes	Bfirst, MCH, WIC, Immunizations: screening, referrals, ed
<i>Chronic Conditions</i>	*	Yes	SSPH, FP: screening, reffals, ed
<i>Communicable Disease</i>	*	Yes	SSPH, FP: screening, reffals, ed
<i>Death</i>		Yes	100: Vital Statistics registry, Data monitoring
<i>Dental Health</i>		Yes	Bfirst, MCH, WIC: screenings, ed, referrals
<i>Diseases & Conditions</i>	*	Yes	SSPH, FP: screening, reffals, ed
<i>Education/Literacy</i>		Yes	Literacy/Reading promotion
<i>Emergency Preparedness</i>	*	Yes	Preparedness, SSPH: planning, response, community collab.
<i>Environment</i>		Yes	Environmental Health: Licensing & inspections
<i>Food: Limited access to</i>		Yes	WIC: providing food vouchers, education
<i>Food Borne Outbreaks</i>	*	Yes	Environmental Health, SSPH: surveillance, investigation
<i>Fruit & Veggie Intake- Adult</i>	*	Yes	SSPH, Bfirst, WIC, Perinatal, MCH: screening & ed
<i>Health Ins Coverage- Adults</i>		Yes	WIC: screening & referral, OMC: app assist for preg women
<i>Health Ins Coverage- Children</i>			Referrals & screening
<i>Healthy Weight</i>		Yes	Bfirst, SSPH, FP, WIC, PERI: screening & ed
<i>Immunization Rates</i>	*	Yes	Immunizations; screenings in Bfirst & WIC
<i>Maternal risk factors</i>	*	Yes	Perinatal, OMC, FP: screening & ed
<i>Mental Health</i>			FP: screening
<i>Motor Vehicle Injuries</i>	*	Yes	MCH: partipation in Safe Kids; CPS: issue car seats & ed
<i>Obesity-Adults</i>	*	Yes	SSPH, WIC, FP: screening & ed
<i>Physical Activity-Adults</i>	*	Yes	SSPH, WIC, FP: screening & ed
<i>Prenatal care</i>	*	Yes	OMC, Perinatal, FP: referrals & ed
<i>Population Data</i>		Yes	100: Vital Statistics registry, Data monitoring
<i>Poverty- Childhood</i>			WIC: food vouchers
<i>Preventative Care</i>	*	Yes	SSPH, WIC, FP, Bfirst: referral & ed
<i>Preventable Causes of Death</i>	*	Yes	CPS, MCH: SSPH, TPEP: car seats, education, Safe Kids
<i>Sexually Transmitted Infections</i>	*	Yes	FP: screening, treatment
<i>Teen Pregnancy</i>	*	Yes	FP: birth control, community ed, puberty ed classes at schools
<i>Tobacco Use</i>	*	Yes	TPEP: Comm. policy; FP, Bfirst, WIC, MCH: screening & referral

WALLOWA COUNTY HEALTH DEPARTMENT ANNUAL PLAN 2014-2015

Community Needs Assessment completed February 2014. In order to assess adequacy of services and get a snapshot of health status in Wallowa County, many data sets were collected. Existing health care needs assessments from other providers & community coalitions were utilized. Data gathered is listed in the spreadsheets below and can be obtained at the websites listed or by contacting Wallowa County Health Department at (541) 425-4848, 758 NW 1st St, Enterprise, OR 97828.

Data Analyzed to Determine County Needs & Adequacy of Services			
Name of Resource	Date of Data /Info	Source	More Data Needed
Access to Care			
Medical Care Data By County-Wallowa. Healthy Aging in Oregon Counties.	2009	http://public.health.oregon.gov/DiseasesConditions/ChronicDisease/Documents/healthyagingreport/countydata/medical	★
Aging Issues			
Falls Among Older Adults in Oregon. From Oregon Public Health Division.	2012	http://public.health.oregon.gov/DiseasesConditions/InjuryFatalityData/Documents/Falls%20Among%20Older%20Adults%20in%20Oregon%20Fact%20Sheet%202012.pdf	
Healthy Aging in Oregon County Fact Sheets: Baker, Grant, Union, Wallowa Counties	2009	http://public.health.oregon.gov/DiseasesConditions/ChronicDisease/Documents/healthyagingreport/stateandcountyfact/bakergrantunionwallowa.pdf	
Alcohol & Drug Use			
Adult Female Alcohol Use by County, BRFS		https://public.health.oregon.gov/BirthDeathCertificates/Surveys/AdultBehaviorRisk/county/index/Documents/AlcoholConsumptionFemaleAA.pdf	★ (for teens)
Adult Male Alcohol Use by County. BRFS		https://public.health.oregon.gov/BirthDeathCertificates/Surveys/AdultBehaviorRisk/county/index/Documents/AlcoholConsumptionMaleAA.pdf	
Binge Drinking Females, By County. BRFS		https://public.health.oregon.gov/BirthDeathCertificates/Surveys/AdultBehaviorRisk/county/index/Documents/AlcoholBingeFemaleAA.pdf	
Binge Drinking, Males, By County. BRFS		https://public.health.oregon.gov/BirthDeathCertificates/Surveys/AdultBehaviorRisk/county/index/Documents/AlcoholBingeMaleAA.pdf	
Birth Outcomes & Prenatal Care			
Teen Pregnancy Data: Pregnancy Rates by County, age of mother and county of residence	2012	https://public.health.oregon.gov/BirthDeathCertificates/VitalStatistics/annualreports/CountyDataBook/cdb2012	
Vital Statistics County Data: Population Births/Deaths, Tobacco use in pregnant, when prenatal care began, low birthweights, births to unmarried, maternal risk factors, demographics of mother, medical & health characteristics in pregnancy	2012	https://public.health.oregon.gov/BirthDeathCertificates/VitalStatistics/annualreports/CountyDataBook/cdb2012	

WALLOWA COUNTY HEALTH DEPARTMENT ANNUAL PLAN 2014-2015

Child Abuse		
Child Abuse Data: From the 2011 County Welfare Data Book Appendix: County Data. Oregon DHS. Assessments, incidents, victim rate, children served, foster care	FY 2011	http://www.oregon.gov/dhs/abuse/publications/children/2011-cw-data-book.pdf
Child Maltreatment in Oregon	2012	https://public.health.oregon.gov/DiseasesConditions/InjuryFatalityData/Documents/child%20maltreatment%20fact%20sheet%20edited%20on%2012.13.12.pdf
Child Health Status		
Status of Oregon's Children	2011	http://www.cffo.org
Breastfeeding Duration Report, from Wallowa WIC database	7-2013 to 1-2014	
Community Needs Assessment		
Healthy Communities Assessment, WCHD	2011	
EOCCO Needs Assessment Summaries by County	2013	from Local Community Advisory Group (LCAC)
EOCCO Data Packet	2007-2011	
NEON 2010-2011 Needs Assessment	2011	North East Oregon Network
Safe Kids Coalition of Union, Baker, Wallowa Counties Needs Assessment	2013	
Wallowa Co. Community Needs Assessment Narrative	2013	LCAC
Wallowa Memorial Hospital Community Health Needs Assessment	April 2013	http://www.wchcd.org/download/0413_chna.pdf
Emergency Preparedness		
Death		
Firearm Fatalities in Oregon	2012	http://public.health.oregon.gov/DiseasesConditions/InjuryFatalityData/Documents/firearm%20fatality12_18_2012.final.pdf
Vital Statistics County Data: unintentional death, tobacco linked, infant deaths, leading causes of death	2012	https://public.health.oregon.gov/BirthDeathCertificates/VitalStatistics/annualreports/CountyDataBook/odb2012
Dental Health		
Diseases/Conditions		
Cancer Incidence Data By County. Healthy Aging in Oregon Counties.	2009	http://public.health.oregon.gov/DiseasesConditions/ChronicDisease/Documents/healthyagingreport/countydata/cancerincidence.pdf
Chlamydia, Gonorrhea, Syphilis County Map 2011. Oregon STD Statistics, Oregon.gov	2011	https://public.health.oregon.gov/DISEASESCONDITIONS/COMMUNICABLEDISEASE/DISEASESURVEILLANCEDATA/STD/Pages/index.aspx

WALLOWA COUNTY HEALTH DEPARTMENT ANNUAL PLAN 2014-2015

Chronic Conditions Data by County: Healthy Aging in Oregon Counties.	2009	http://public.health.oregon.gov/DiseasesConditions/ChronicDisease/Documents/healthyagingreport/countydata/chronicconditions.pdf
Chronic Disease and Cancer Mortality Data by County: Healthy Aging in Oregon Counties.	2009	http://public.health.oregon.gov/DiseasesConditions/ChronicDisease/Documents/healthyagingreport/countydata/cancerandchronicdiseasemortality.pdf
Chronic Diseases by County. BRFSS	2006-2009	https://public.health.oregon.gov/DiseasesConditions/ChronicDisease/Documents/Table1.pdf
Communicable Disease Summary Oregon 2012, reports by county. Pgs 126-127	2012	http://public.health.oregon.gov/DiseasesConditions/CommunicableDisease/DiseaseSurveillanceData/AnnualReports/arpt2012/Documents/2012_annual.pdf
HIV Infection in Oregon Fact Sheet. Oregon Health Authority.	2012	http://public.health.oregon.gov/DiseasesConditions/CommunicableDisease/DiseaseSurveillanceData/HIVData/Documents/Factsheets2011/HIVInfectionOR12.pdf
Health Indicators		
Adults in Good General Health by County. BRFSS	2006-2009	https://public.health.oregon.gov/BirthDeathCertificates/Surveys/AdultBehaviorRisk/county/index/Documents/GenHealthAA.pdf
Breastfeeding Initiation Data, From Oregon WIC Program.	2012	Contact Wallowa County Health Department (541) 426-4848
County Fact Sheets, Baker, Grant, Union, Wallowa Counties. Healthy Aging in Oregon Counties.	2009	http://public.health.oregon.gov/DiseasesConditions/ChronicDisease/Documents/healthyagingreport/stateandcountyfact/bakergrantunionwallowa.pdf
County Health Rankings & Roadmaps. Wallowa County. From County Health Rankings.org	2013	http://www.countyhealthrankings.org/app/oregon/2013/wallowa/county/outcomes/overall/snapshot/by-rank
Disabilities by County age 45+. From Physical and Mental Function: Healthy Aging in Oregon Counties	2009	http://public.health.oregon.gov/DiseasesConditions/ChronicDisease/Documents/healthyagingreport/aaaregiondata/physicalandmentalfunction.pdf
General Health Status by County. From Physical and Mental Function: Healthy Aging in Oregon Counties.	2009	http://public.health.oregon.gov/DiseasesConditions/ChronicDisease/Documents/healthyagingreport/aaaregiondata/physicalandmentalfunction.pdf
Health Behaviors Data By County. From Healthy Aging in Oregon Counties. Physical activity, nutrition, healthy wt, current smoker,	2009	http://public.health.oregon.gov/DiseasesConditions/ChronicDisease/Documents/healthyagingreport/countydata/healthbehaviors.pdf
Injury Rates entered into the Oregon Trauma System by county. Page 22 from Oregon Health Authority: Oregon Trauma Registry Report 2010-2011	2010-2011	http://public.health.oregon.gov/ProviderPartnerResources/EMSTraumaSystems/TraumaSystems/Documents/reports/otr-report.pdf
Modifiable Risk Factors by County. BRFSS	2006-2009	https://public.health.oregon.gov/DiseasesConditions/ChronicDisease/Documents/Table11.pdf
Physical Environment: Street Connectivity, Fast Foods, Grocery Availability, Farmer's Markets. From Healthy Aging in Oregon Counties	2009	http://public.health.oregon.gov/DiseasesConditions/ChronicDisease/Documents/healthyagingreport/countydata/physicalenvironment.pdf

WALLOWA COUNTY HEALTH DEPARTMENT ANNUAL PLAN 2014-2015

Immunization Rates		
Child Immunization Rates-Wallowa County	2012	https://public.health.oregon.gov/PreventionWellness/VaccinesImmunization/Documents/county/Wallowa.pdf
Influenza & Pneumococcal Vaccination Rates, Found in the Chronic Disease and Cancer Mortality 2009 Report.	2009	http://public.health.oregon.gov/DiseasesConditions/ChronicDisease/Documents/healthyagingreport/countydata/cancerandchronicdiseasemortality.pdf
Teen Immunization Rates by Oregon Counties	2012	https://public.health.oregon.gov/PreventionWellness/VaccinesImmunization/Documents/RateTeenChart.pdf
Mental Health		
Adults in Good Mental Health by County. BRFSS	2006-2009	https://public.health.oregon.gov/BirthDeathCertificates/Surveys/AdultBehaviorRisk/county/index/Documents/MentalHealthAA.pdf
Frequent Mental Distress by County. From Physical and Mental Function: Healthy Aging in Oregon Counties.	2009	http://public.health.oregon.gov/DiseasesConditions/ChronicDisease/Documents/healthyagingreport/aaaregiondata/physicalandmentalfunction.pdf
Major Depression by County, Found in the Chronic Disease and Cancer Mortality 2009 Report	2009	http://public.health.oregon.gov/DiseasesConditions/ChronicDisease/Documents/healthyagingreport/countydata/cancerandchronicdiseasemortality.pdf
Preventative Care		
Breast Cancer, Colon Cancer Screening Data by County. Found in the Chronic Disease and Cancer Mortality 2009 Report.	2009	http://public.health.oregon.gov/DiseasesConditions/ChronicDisease/Documents/healthyagingreport/countydata/cancerandchronicdiseasemortality.pdf
Preventive Clinical Services Data By County: Healthy Aging in Oregon Counties	2009	http://public.health.oregon.gov/DiseasesConditions/ChronicDisease/Documents/healthyagingreport/countydata/prevent
Preventive Health Screenings by County. BRFSS	2006-2009	https://public.health.oregon.gov/DiseasesConditions/ChronicDisease/Documents/TableIII.pdf
Prevention		
Leading Causes of Injury Death and Hospitalization, Baker, Union, Wallowa Counties. Safe Kids program.	2009-2011	From Safe Kids Coalition Meeting, copy available from Laina Fisher, Wallowa County Health Department, 541-426-4848
# & Rate Patients in OR Trauma System	2010-2011	OR Trauma Registry Report
Unintentional Injury Deaths by Causes- OR Counties	2012	https://public.health.oregon.gov/BirthDeathCertificates/VitalStatistics/annualreports/CountyDataBook/cdb2012
Oregon Traumatic Brain Injury	2010	http://public.health.oregon.gov/PHD/Directory?pages/Program.aspx?pid=10
Services: Health Department		
Ahlers Data for Family Planning Visits	2013	
Breastfeeding Initiation Data, From Oregon WIC	2012	
Immunization Performance Measures by County, 2013	2013	
Licensed Facility Report for Environmental Health	2013	

WALLOWA COUNTY HEALTH DEPARTMENT ANNUAL PLAN 2014-2015

Title X Program Services & Operations: Wallowa County Health Department	2013-2014	
Wallowa County Family Planning Facts 2012	2012	https://public.health.oregon.gov/HealthyPeopleFamilies/ReproductiveSexualHealth/Resources/Documents/County_Data_Sheets/2012CountyDataSheets/Wallowa12.pdf
Title X Family Planning Data, WCHD	2010-2011	
Wallowa County 2012 WIC Facts		https://public.health.oregon.gov/HealthyPeopleFamilies/wic/Documents/annual/annual_wallowa.pdf
Wallowa County Home Visit Fact Sheet, 2012	2012	Contact Wallowa County Health Department (541) 426-4848
WIC Performance Measures Jan-Dec 2012	2012	
Socioeconomic Indicators & Population Data		
OHP-TANF-Foodstamp Co-Enrollment with CIC	Feb-14	
A Profile of Socioeconomic Measures-Wallowa County	January 2014	http://headwaterseconomics.org/wphw/wp-content/uploads/print-ready-measures-pdfs/41063_Wallowa-County_OR_Measures.pdf
Self Sufficiency & Child Welfare Charts, Oregon. Page 2	Oct 2013	http://www.oregon.gov/dhs/assistance/Branch%20District%20Data/Oregon%20Self%20Sufficiency%20and%20Child%20Welfare%20Data%20Charts.pdf
Unemployment Rate, Wallowa County.	2013	www.homefacts.com/unemployment/Oregon/Wallowa-County.html
Population Births & Deaths	2012	https://public.health.oregon.gov/BirthDeathCertificates/VitalStatistics/annualreports/CountyDataBook/cdb2012
Wallowa Co. Quickfacts from the US Census Bureau	2013	http://quickfacts.census.gov/qfd/states/41/41063.html
Tobacco		
Tobacco Facts, By County. Oregon Public Health Dision	2013	http://public.health.oregon.gov/PreventionWellness/TobaccoPrevention/Documents/coun tyfacts/cfs_web_table_front.pdf
Tobacco Linked deaths by County. Vital Statistics	2012	https://public.health.oregon.gov/BirthDeathCertificates/VitalStatistics/annualreports/CountyDataBook/cdb2012
Tobacco Use, Quit Attempts, Smoking Rules By County. BRFS	2006-2009	https://public.health.oregon.gov/DiseasesConditions/ChronicDisease/Documents/Tablel V.pdf
Wallowa County Tobacco Facts Sheet	2013	http://public.health.oregon.gov/PreventionWellness/TobaccoPrevention/Documents/coun tyfacts/wallfac.pdf
Adults Smoking Over Time- OR counties	1990-2011	
Birth Mother Smoking Over Time- OR counties	1992-2011	

What is Wallowa County Health Department's top focus?

Working with the community to improve health for all

We will accomplish that by:

Discovering what the community wants to focus on and what is needed to improve health	➔	Assessment
Focusing our work where we can make a difference	➔	Goals
Making living healthy in wallowa County the easy choice	➔	Strategies
Working together to use limited resources wisely	➔	Engagement
Checking if our work is making a difference	➔	Outcome Measures
Highlighting successes so more people can make change	➔	Sharing

Summary of the basic services we will provide & the programs to do it:

- 1 Epidemiology & Control of Preventable Diseases and Disorders: SSPH, TPEP
- 2 Parent and Child Health Services: MCH, Babies First, Perinatal, WIC, Family Planning, OMC, Immunizations, CPS
- 3 Environmental Health: Sanitation
- 4 Health Statistics
- 5 Information & referral
- 6 Public Health Preparedness: Preparedness

WALLOWA COUNTY HEALTH DEPARTMENT ANNUAL PLAN 2014-2015

Program: State Support for Public Health (SSPH) (Basic Service 1: Epidemiology & Control of Preventable Diseases & Disorders)	
Goals:	1) Protect the public from the spread of communicable disease. 2) Reduce the morbidity rate in Wallowa County (indicated by poor or fair health, poor health days, poor mental health days, and low birth weights). 3) Reduce obesity rates in adults.
Assessment	Gather community partner input for the disease reporting process
Objective 1)	Control Communicable disease
Activities:	1) Maintain adequate protocols for CD screening, CD treatment, disease reporting, isolation, and quarantine; 2) Maintain a min. of 1 staff who has completed CD 101 & 303 trainings; 3) Respond within required time frames following investigation guidelines to 100% of reportable diseases
Objective 2)	Prevent & Control Tuberculosis
Activities:	1) Provide tuberculosis screening; 2) Maintain and implement tuberculosis case management protocols, including Directly Observed Therapy
Objective 3)	Conduct Disease Surveillance
Activities:	1) Maintain adequate disease surveillance protocols; 2) collect & review data for disease occurrence; 3) Collaborate with community partners to develop a County Wide Disease Surveillance System
Objective 4)	Increase behaviors that positively affect health outcomes
Activities:	1) Support Living Well program by advertising classes and referring people; 2) Conduct 2 community challenges to provide public education and to change modifiable health behaviors: "Move It" for physical activity, "Check It" for recommended health screenings- Cholesterol, blood pressure, diabetes & the 3 cancers: breast, cervical, colon.
Engagement	1) At least once per year, Facebook posts about healthy behaviors to reduce chronic disease will be made; 2) Community members and service providers will participate in the health challenges; 3) Presentation of info about the health challenges at 3 or more meetings or partner agencies; 4) SEE COLLABORATION SPREADSHEET FOR PLANS TO ATTEND MEETINGS/GROUPS
Sharing	1) Winners of the 2 health challenges will be highlighted in local media and on the WCHD facebook page
Outcome Measures	100% of reportable diseases will be reported to WCHD by a lab and/or provider within 48 hrs. 100% of diseases reported to WCHD will be investigated and documented within required time frames. 2016 Health outcome ranking will increase from 18 (2013) to 15. 100% of active tuberculosis cases will receive case management. WCHD will have disease surveillance protocols in place by June 30, 2015 to recognize an increase in occurrence above the county norms. By June 30, 2015 50% of residents will report exercising 30 minutes 5/7 days per week, and eating at least 1 serving of fruits & veggies daily.

WALLOWA COUNTY HEALTH DEPARTMENT ANNUAL PLAN 2014-2015

Program: Tobacco Prevention & Education (TPEP) (Basic Service 1: Epidemiology & Control of Preventable Diseases & Disorders)	
Goals:	POWER: 1) Protect from Exposure to Secondhand Smoke; 2) Offer Help to Quit Tobacco; 3) Warn About the Dangers of Tobacco; 4) Evaluate Establishments Selling Tobacco; 5) Raise the Price of Tobacco
Assessment	In July, 2014 staff will contact the 4 schools we will be working with to determine if the copies of their policies that we have on file are current. Schools will be asked to complete the survey: Assessment Tool for Becoming a 100% Tobacco Free School District from: http://www.nctobaccofreeschools.org/adopt/TFSNeedsAssessmentTool.pdf
P-Protect From Exposure to Secondhand Smoke	
Objective 1)	Wallowa County Schools will adopt revised tobacco free policies to prohibit the use of electronic delivery devices.
Activities:	1)WCHD gathers sample language to reflect current trends in nicotine delivery devices for policy development; 2) WCHD completes a 1 pg Fact Sheet to demonstrate to school administrators and school boards the importance of proper policy language for tobacco free campuses; 3) Draft policy language and Current Trends in Smoking Devices Fact Sheet are presented to school administrators in Wallowa, Enterprise, and Joseph school districts & the Umatilla-Morrow Head Start programs for Wallowa County. 4) Wallowa, Enterprise, Joseph school districts and the Umatilla-Morrow Head Start programs update their policy language for tobacco free campuses.
Engagement	WCHD will work with administration, school staff, and school boards for Wallowa, Enterprise & Joseph Schools and the Director of the Enterprise/Wallowa Head Start program.
Assessment	In July, 2014 staff will contact the 4 schools we will be working with to determine if the copies of their policies that we have on file are current. Schools will be asked to complete the survey: Assessment Tool for Becoming a 100% Tobacco Free School District from: http://www.nctobaccofreeschools.org/adopt/TFSNeedsAssessmentTool.pdf
Education & Outreach	Sample policy language will be provided to schools.
Sharing	After each school completes an update to their tobacco free campus policy, a success story will be developed using the 2014-2015 TPEP Success Story Guidance. Each success story will be published on the WCHD facebook page, shared with the WCHD board, and shared with the Wallowa County Commissioners. A copy of the developed success story will be provided to the schools and they will be encouraged to publish them in their school newsletters. WCHD will maintain a Wallowa County Tobacco Timeline on the website to show successes in tobacco prevention. The implementation for schools' original policy dates will be on the timeline as well as the addition of successful dates for policy updates.
Policy Development & Analysis	Draft policy language will be gathered from TPEP resources, Eastern RSN counties, and the Oregon School Boards Association www.osba.org .
Policy Implementation & Maintenance	Policy will be approved by the superintendents of the public schools and by the Head Start Director. Then the school administrative staff will present the policy to the appropriate boards for approval. Schools will be encouraged to review their policies annually. Technical assistance for implementing tobacco free city parks, troubleshooting enforcement issues, and signage will be offered to the City of Enterprise staff.

WALLOWA COUNTY HEALTH DEPARTMENT ANNUAL PLAN 2014-2015

Objective 2)	The City of Enterprise, Oregon passes an ordinance for tobacco-free parks.
Activities:	1) WCHD develops a draft policy for city parks. 2) WCHD completes a 1 pg fact sheet with tobacco facts and policy success highlights for tobacco free city parks from other counties. 3) A draft city park policy and Fact Sheet to promote tobacco free city parks is presented to the Enterprise City Mayor. 4) The City of Enterprise implements a tobacco free policy for the city park.
Engagement	WCHD will work with Enterprise City Mayor and the City of Enterprise office
Assessment	A policy search will be conducted to gather sample policies implemented in other Oregon cities for tobacco free parks. Media highlights of success in other cities will be gathered.
Education & Outreach	Sample policies from other parks and media highlights will be provided to the City of Enterprise. The Wallowa County Commissioners will be asked to provide support in the process of meeting with City Officials.
Sharing	Success stories from city parks in other counties who are tobacco free will be shared on the WCHD facebook page to gather support for tobacco free city parks in Wallowa County. After city parks succeed in policy implementation in Enterprise, their success story will be shared on the WCHD facebook page, shared with the WCHD board, and shared with the Wallowa County Commissioners. The implementation date will be updated to the Wallowa County Tobacco Timeline on the WCHD website.
Policy Development & Analysis	WCHD will provide the City of Enterprise with the sample policy City-Owned Outdoor Recreational Facilities Model Tobacco-Free Policy from http://www.tobaccofreeparks.org/documents/Model_City_Facilities_Policy.pdf
Policy Implementaiton & Maintenance	Technical assistance for implementing tobacco free city parks, troubleshooting enforcement issues, and signage will be offered to the City of Enterprise staff.

WALLOWA COUNTY HEALTH DEPARTMENT ANNUAL PLAN 2014-2015

O-Offer Help to Quit Tobacco Use	
Objective 3)	WCHD will offer regular technical assistance to the WCNC group to adopt an evidence-based tobacco use screening and referral protocol.
Activities:	1) Promote “5As” and “A’s and R” to providers in the WCNC and LCAC group. 2) Present information about the fax referral system for the Oregon Quitline at a WCNC meeting. 3) Offer technical assistance to develop a universal tobacco screening & interventions protocol for all Wallowa County Health Care providers to utilize for every patient who is smoking or who has recently quit.
Engagement	Wallowa Valley Center for Wellness, Winding Waters Clinic, Wallowa Mountain Medical, local pharmacists, alcohol & drug treatment counselors, Wallowa County Prevention program, Wallowa Memorial Hospital, community members, alternative medicine providers, Alpine Chiropractic Clinic, NEON.
Assessment	WCHD will ask other providers at a WCNC meeting about their current tobacco use screening & referral protocols.
Education & Outreach	Sample screening & referral materials will be provided to the WCNC group. The group will review materials and discuss what they would like to see for a universal Wallowa County protocol.
Sharing	The completed screening & referral protocol for tobacco use will be shared with the EOCCO and local media.
Policy Development & Analysis	Sample assessment documentation and protocols will be gathered and reviewed by WCNC. Following the consensus of the group, a draft policy will be developed by WCHD including a universal screening & documentation sheet. WCHD will encourage the documentation sheet and/or protocol to include receiving client consent to fax the screening tool to other providers they receive services from to help coordinate support for their quit plan.
Policy Implementaiton & Maintenance	The WCNC group will vote on policy implementation, disseminate the policy to the group, and each individual agency/provider will be responsible for implementation and staff training in their facility.
Objective 4)	WCHD will provide Wallowa County Employees with information about their tobacco-cessation benefits.
Activities:	1) Quitline cards will be placed in the Wallowa County Courthouse on the bulletin board. 2) A flyer containing information about tobacco-cessation benefits will be provided to department heads for dissemination to their employees. 3) During union negotiations, the bargaining committee will be encouraged to review proposed insurance packages for tobacco cessation benefits.
Engagement	WC Commissioners, WC Administrative Services Director, WC Department heads.

WALLOWA COUNTY HEALTH DEPARTMENT ANNUAL PLAN 2014-2015

Assessment	Information about the insurance tobacco-cessation benefits will be gathered.
Education & Outreach	Displays will be posted on the court house bulletin board quarterly. One flyer about cessation benefits will go out in the department mailboxes for distribution to staff.
Sharing	A post on Facebook will be completed to highlight the fact that WC employees have cessation benefits and encourage others to find out if they do also.
Policy Development & Analysis	A 2013-2014 strategy is to develop a tobacco free campus policy for Wallowa County. Quitline referrals will be incorporated in that policy.
Policy Implementaiton & Maintenance	Technical assistance will be offered for troubleshooting policy enforcement and signage. Employee education materials related to cessation benefits will be provided annually.
Objective 5)	WCHD will provide materials and support to the Enterprise DHS staff to promote the Oregon Quit Line and other evidence based programs that support quit attempts.
Activities:	1) Provide staff training materials with the "5As" and "2A's and R" programs increase the confidence of DHS self-sufficiency staff in their ability to screen and refer for tobacco use. 2) After the WCNC group adopts a universal Wallowa County protocol, it will be provided to the local DHS director. 3) Quitline cards and fax referral forms will be offered to the DHS self-sufficiency program quarterly.
Engagement	DHS director, DHS self-sufficiency
Assessment	DHS self-sufficiency staff will be asked to describe their current screening and referral protocols for tobacco use and an open ended discussion will take place to assess their comfort level with asking clients about tobacco use. A copy of any DHS tobacco related policies will be requested to keep on file at WCHD.
Education & Outreach	Staff training materials and screening tools will be provided to the local DHS department.
Sharing	An overview of the collaboration between WCHD and DHS for tobacco screening and referral will be provided to the local Multi-Disciplinary Team (MDT) for Child Abuse & neglect. MDT is an existing group that meets the first and third Thursday of every month. Membership of this group includes: WCHD, DHS, juvenile department, head start, BHF, medical providers, police, schools, Safe Harbors, district attorney's office, CASA.

WALLOWA COUNTY HEALTH DEPARTMENT ANNUAL PLAN 2014-2015

Policy Development & Analysis	Sample screening tools will be provided, including the Universal Wallowa County Tobacco screening & referral protocols. DHS will be encouraged to include screening protocols in their policy.
Policy Implementaiton & Maintenance	Technical assistance for implementing tobacco screening & referrals protocols will be offered to the Enterprise DHS.
W-Warn About the Dangers of Tobacco	
Objective 6)	By July 30, 2015, WCHD will complete and implement a media advocacy plan to increase awareness of the harm of tobacco, including information about flavored and emerging tobacco products.
Activities:	1) Assess the available tools, data, and statistics to utilize for outreach. 2) Complete a media advocacy plan including types of information to be disseminated, resources, targeted audience, Facebook posts, and timeframes. 3) Include outreach goals from other WCHD programs. 4) Gather media highlights related to the harm of flavored and emerging tobacco products. 5) Collaborate with the Eastern RSN for development of materials. 5) Develop & Publish information according to the media advocacy plan. 6) Maintain records for all materials published.
Engagement	The WCHD board will be asked to review the media advocacy plan & outreach materials.
Education & Outreach	Outreach materials will be shared with community partners for utilization in their facilities.
Objective 7)	Wallowa County Commissioners will receive information about the physical and economic harm of tobacco.
Activities:	1) The 2014-2015 WCHD Annual Plan will be presented to the Wallowa County Commissioners. This will include an overview of the data analysis and community needs assessment which provide information about chronic diseases, tobacco use rates, and the economic effects of tobacco use. By reviewing the annual plan, Wallowa County Commissioners will have a better understanding of our TPEP goals and will be able to learn ways to support our efforts. 2) Progress toward objectives and strategies in the annual plan and meeting program assurances will be provided during monthly Supervision of the Supervisor meetings with County Commissioners.
Engagement	Wallowa County Commissioners.
Sharing	The WCHD has a tab on the Wallowa County Website. Program information will be maintained on the WCHD site including program activities.

WALLOWA COUNTY HEALTH DEPARTMENT ANNUAL PLAN 2014-2015

E- Establishments	
Objective 8)	WCHD will share information about the existing tobacco retailers and store front advertisements for tobacco and will demonstrate the importance of reducing the number of retailers, advertisements, and tobacco promotions in the community with County Commissioners.
Activities:	1) Gather retail assessment information. 2) Gather facts promoting the control of tobacco retailer density, tobacco advertisements & promotions to reduce youth initiation of tobacco use. 3) Develop a one page fact sheet with local Wallowa County Data. A great sample is located at: http://www.tobaccopolicycenter.org/documents/Number%20Density%20Location_Oct%202013.pdf 4) Present information to County Commissioners to promote policy development to limit new tobacco retailers & control locations, reduce tobacco advertisements in areas highly visible to youth, and reduce promotions of tobacco products around events and places serving youth.
Engagement	Wallowa County Commissioners
Assessment	A community walk-through will be completed and pictures of storefront advertising and tobacco product promotions will be taken.
Education & Outreach	Data and information will be presented to the Wallowa County Commissioners.
Sharing	The one page fact sheet developed will be shared on the WCHD Facebook page and at a WCNC meeting.
Policy Development & Analysis	Sample community policies will be provided to County Commissioners.
Policy Implementaiton & Maintenance	Technical assistance for policy development will be offered.

WALLOWA COUNTY HEALTH DEPARTMENT ANNUAL PLAN 2014-2015

R- Raise the Price of Tobacco	
Objective 9)	WCHD will present at least twice to Wallowa County Commissioners about the community-wide approach to tobacco use reduction, namely: raising the price of tobacco, expanding smoke and tobacco-free areas, providing cessation services, education the public on the harms of tobacco, and limiting the tobacco industry’s influence in the retail environment.
Activities:	1) Collect data to support policy development. 2) Collect success stories from other counties. 3) Gather sample policies. 4) Present data & success stories to County Commissioners and ask them for their support. 5) Allow time for their level of support to be determined. 6) Meet with commissioners a second time and present sample policies and ask for commissioners to consider moving forward with community policy development.
Engagement	Wallowa County Commissioners
Objective 10)	Identify & mobilize new community champions for comprehensive tobacco use reduction, namely: raising the price of tobacco, expanding smoke and tobacco-free areas, providing cessation services, educating the public on the harms of tobacco, and limiting the tobacco industry’s influence in the retail environment.
Activities:	1) Present TPEP goals and tobacco environmental impact data at 2 or more community meetings. 2) Post promotional materials on WCHD Facebook page and website. 3) Meet one-to-one with community partners to provide a summary of the community policy benefits and goals for future movement of policy.
Engagement	WCNC meeting group, Wallowa County Prevention specialist, Wallowa Memorial Hospital, Building Healthy Families, Schools, Head Start
<p>Fullfillment of training requirements: Laina Fisher will attend: 1 eLearning Curse, 4 training webinars, 4 calls for a Grantee Led Work Group, monthly Eastern RNS calls (min of 6), 1 regional training, 1out of 6 in-person trainings, the Grantees & Contractors meeting, and Place Matters.</p>	

WALLOWA COUNTY HEALTH DEPARTMENT ANNUAL PLAN 2014-2015

Program: Babies First (Basic Service 2: Parent & Child Health Services)	
Goals:	1) Increase the early detection of hearing, vision, physical, speech, and developmental delays in infants and children. 2) Decrease poor health outcomes for infants with risk factors related to nutrition, development, health, socio-economics, and parental knowledge of adequate care 3) Increase the number of people receiving recommended health screenings. 4) Reduce unintentional injury & death to Wallowa County infants & children.
Assessment	A survey of WIC parents, babies first parents, and on the WCHD facebook page will be completed to ask what health care and development information for infants & children would be most useful and where they prefer to receive it: doctor, health department, WIC, internet, books, friends.
Objective 1)	Monitor growth of infants & children
Activities:	1- Weigh & measure at every visit and plot on growth charts. 2- Discuss child's growth with parents. 3-Discuss concerns with parents. 4 Refer to health care provider for >95%, < 5%, or measurements that have not changed in adequate time frame.
Objective 2)	Monitor nutritional intake of infants & children
Activities:	1- Ask open ended questions at each contact about feeding practices. 2- Provide nutrition education relevant to child's age at each contact 3- Support breastfeeding with troubleshooting, encouraging family support, recognizing successes, discussing health benefits to baby. 4-Make referrals for infants/children not meeting nutritional needs as evidenced by growth, signs of dehydration, inadequate elimination, extreme fussiness or lethargy.
Objective 3)	Provide case management for at risk infants & children
Activities:	1- Complete targeted case management assessments at each visit. 2- Provide TCM for those demonstrating a need for assistance with meeting infant/child nutritional, developmental, safety needs and receiving adequate health care. infants/children.
Objective 4)	Promote well child exams & screen immunizations
Activities:	1-Discuss well child exams at 100% of BF contacts. 2- Screen immunizations & provide education at 100% of BF contacts.
Objective 5)	Provide education for the safety of infants & children
Activities:	1-Complete a home safety assessment by 2 months of age. 2- Promote Back To Sleep practices by asking open ended questions and discussing safety benefits at the initial contact with families. 3-Refer to WCHD child safety seat checker for a seat check at the initial contact.

WALLOWA COUNTY HEALTH DEPARTMENT ANNUAL PLAN 2014-2015

Engagement	1) - Baby bags will be provided to the hospital to give to all families at the time of delivery. They will include information about services in health, parent education & social services in Wallowa County and information about: breastfeeding promotion, baby behaviors, back to sleep, home safety, well child care, and info about when to see a doctor. 2) SEE COLLABORATION SPREADSHEET FOR PLANS TO ATTEND MEETINGS/GROUPS
Sharing	At the end of the year, a meeting with EI will be held to evaluate the referral process and share successes.
Outcome Measures	100% of infants & children in Babies First who are at risk for over/underweight, inadequate nutritional intake will receive follow up care. 100% of parents to infants & children in Babies First will demonstrate an adequate knowledge base for meeting their nutritional, health care, developmental, and safety needs. 100% of Babies First children will receive immunization screening & referrals. 100% of Babies first families will pass a home safety check by the time their infant is 4 months old.
Program: Child Passenger Safety Seats (CPS) (Basic Service 2: Parent & Child Health Services)	
Goals:	Reduce unintentional injury & death to Wallowa County infants, children, & youth.
Assessment	A facebook survey will be completed to ask parents about their confidence in their ability to properly install their child's car seat.
Objective 1)	Educate parents in proper installation of child seats & importance of using proper seats.
Activities:	1- Hold 4 clinics during the grant year to show parents proper installation of car seats.
Objective 2)	Provide car seats for low-income children in Wallowa County.
Activities:	Educate parents of low-income children about the importance of proper fit of a car seat and show them how it reduces injuries and death in children.
Engagement	1)- Hold a clinic at WCHD during WIC visits the first Monday of every even number month starting February 1, 2014. 2) Put informatin out in local news media to advertise clinics. 3) Wallowa County health department will offer assistance to the LCAC group with their Trauma Nurses Talk Tough (TNNT) class on booster seat and helmet safety provided during one open Gym night in Joseph, Enterprise, and Wallowa. 4)- Child passenger safety seat educational information will be posted on the WCHD facebook page quarterly. 5) SEE COLLABORATION SPREADSHEET FOR PLANS TO ATTEND MEETINGS/GROUPS.
Sharing	Pictures of Child safety seats available at WCHD will be posted on the facebook page. A picture of a safety seat check in progress will be posted along with end of year data for # of seats distributed, # replaced for safety reasons, # seats checked.
Outcome Measures	100% of parents with children under 8 yrs of age will be able to purchase a child safety seat. 100% of outdate or unsafe child passenger seats seen by a certified checker in Wallowa County will be replaced. Wallowa County will have at least 1 certified car seat checker.

WALLOWA COUNTY HEALTH DEPARTMENT ANNUAL PLAN 2014-2015

Program: Family Planning (Basic Service 2: Parent & Child Health Services)	
Goals:	Assure that the delivery of quality family planning and related preventive health services is in accordance with Title X Program requirements and nationally recognized standards of care. (OPA Program Priority #1). 2) Assure that the delivery of routine health services to adolescents is in accordance with Title X Program requirements and nationally recognized standards of care (where they exist). (OPA Program Priority #2)
Assessment	Open ended questions will be asked when providing birth control methods counseling to determine the knowledge base of the client and to assess their feelings about the various options available.
Objective 1)	Chlamydia testing on all sexually active women < 25 years will INCREASE by 10%.
Activities:	1) Provide staff training on the national standards; 2) create an alert to remind staff of clients needing Chlamydia testing; 3) conduct QA every other month to monitor progress.
Objective 2)	Routine Chlamydia testing on sexually active women > 25 will DECREASE BY > 10%.
Activities:	1) Provide staff training on the national standards; 2) create an alert to remind staff of clients needing Chlamydia testing; 3) conduct QA every other month to monitor progress.
Objective 3)	Pap screens for women < 21 years will DECREASE by > 10%.
Activities:	1) Provide staff training on the national standards; 2) conduct QA every other month to monitor progress.
Objective 4)	Pelvic exams for women < 21 years will DECREASE by > 10%.
Activities:	1) Provide staff training on the national standards; 2) conduct QA every other month to monitor progress
Objective 5)	Increase by >10% the proportion of new MINOR (17 years and under) clients who receive parental/family involvement counseling within one year of initial visit.
Activities:	1) Notify appropriate clinic staff of the Title X guidelines; 2) Offer staff training on effective counseling methods for adolescents; 3) Create an internal system to track and monitor progress.
Objective 6)	Increase by >10% , the proportion of new ADOLESCENT (18 years and under) clients who receive abstinence, STD/HIV prevention and relationship safety counseling at their first visit.
Activities:	1) Notify appropriate clinic staff of the Title X guidelines; 2) Offer staff training on effective counseling methods for adolescents; 3) Create an internal system to track and monitor progress.

WALLOWA COUNTY HEALTH DEPARTMENT ANNUAL PLAN 2014-2015

Objective 7)	Increase by >10% , the proportion of established ADOLESCENT (18 years and under) clients who receive STD/HIV prevention and relationship safety counseling at least once per year.
Activities:	1) Notify appropriate clinic staff of the Title X guidelines; 2) Offer staff training on effective counseling methods for adolescents; 3) Create an internal system to track and monitor progress.
Engagement	1) - County commissioners and the WCHD board will be asked to review educational materials available annually. 2)- Presentation about WCHD services will be made to the Wallowa Valley Network of care to increase referrals. 3) SEE COLLABORATION SPREADSHEET FOR PLANS TO ATTEND MEETINGS/GROUPS.
Sharing	1- Family planning annual program information will be provided to County Commissioners and the WCHD board annually to show program participation, estimated # unintended pregnancies prevented, % of estimated women in need being served at WCHD.
Outcome Measures	By June 30, 2015 Chlamydia testing on all sexually active women < 25 will increase from 50.8% to 60.8%, >25 will decrease from 11.4% to 1.4 %. Pap screens for women <21 will decrease from 23.8% to 13.8%, pelvic exams for women <21 yrs will decrease from 52.4% to 42.4%, clinical breast exams for women < 20 yrs will decrease from 57.1% to 47.1% or less. The proportion of new Minor clients who receive parental/family involvement counseling within one year of initial visit will increase from 43.1% to 53.1%. The proportion of new adolescent clients who receive abstinence, STD/HIV prevention, and relationship safety counseling at their first visit will increase from: 53.3 % to 63.3% for abstinence; 93.3% to 100% for STD/HIV; and 60% to 70% for relationship safety. The proportion of established adolescent clients who receive STD/HIV prevention and relationship safety counseling once per year will increase from: 83.3% to 93.3% for STD/HIV; and from 41.7% to 51.7% for relationship safety.

WALLOWA COUNTY HEALTH DEPARTMENT ANNUAL PLAN 2014-2015

Program: Immunizations (Basic Service 2: Parent & Child Health Services)	
Goals:	Assure that the delivery of immunizations is in accordance with State Program requirements and CDC vaccine recommendations.
Assessment	1-The Wallowa County Network of Care group will review immunization rates and strategize for ways to increase them once during FY 2015.
Objective 1)	Increase 2 yr old immunization 4:3:1:3:3:1:4 rates
Activities:	1) Provide staff training on the program standards & CDC guidelines; 2) Conduct QA every other month to monitor progress; 3) Present immunization rates at a Wallowa Valley Network of Care Meeting & discuss strategies to increase rates with community partners.
Objective 2)	WCHD staff will correctly code immunizations for billing
Activities:	1) Provide staff training on the program standards & CDC guidelines; 2) Conduct QA quarterly to monitor progress.
Objective 3)	WCHD will enter immunizations in a timely manner
Activities:	1) Staff will enter immunizations given immediately following administration. 2) Provide staff training on the program standards & CDC guidelines; 2) Conduct QA quarterly to monitor progress.
Objective 4)	WCHD will meet program measurements
Activities:	1) Provide staff training on the program standards & CDC guidelines; 2) Conduct QA every quarterly to monitor progress.
Engagement	1) Immunization rates will be shared at 1 Wallowa County Network of Care meeting in FY 2015 and discussion will occur about strategies to improve rates at that meeting.
Sharing	A comparison of immunization rates from 2012-2015 will be posted on the WCHD website and facebook page.
Outcome Measures	Wallowa County's 2 yr old 4:3:1:3:3:1:4 rates will increase from 47.49 % in 2012 to 57.59% in 2013. The 2015 WCHD rate of correctly coded immunizations administered will remain the same as the 2012 rate at 100%. The 2015 WCHD rate of timely data entry for immunizations administered will increase to 100% from 91%. The 2015 WCHD rate of program measurements met will remain the same as the 2012 rate at 100%.

WALLOWA COUNTY HEALTH DEPARTMENT ANNUAL PLAN 2014-2015

Program: Oregon Mothers Care (OMC) (Basic Service 2: Parent & Child Health Services)	
Goals:	1) Increase the # of pregnant women receiving adequate prenatal care; 2) Reduce # births to uninsured mothers; 3) Reduce the # of low birth weights; 4) Reduce premature births.
Assessment	Pregnant women served at WCHD in all programs will be screened for insurance status and referred to OMC.
Objective 1)	Reduce barriers to pregnancy health insurance coverage
Activities:	1) Maintain trained staff for application assistance; 2) Provide application assistance within 5 working days of inquiry; 3) Fax Care Oregon applications using protocols; 4) Follow up with pended applications within 3 working days; 5) Complete quarterly service reports as requested by the state; 6) Attend quarterly conference calls as required.
Objective 2)	Increase adequacy of prenatal care
Activities:	1) Provide clients a brochure for available prenatal care providers; 2) Encourage 1st prenatal appointment within the first trimester; 3) Offer to assist client in scheduling 1st prenatal appointment.
Engagement	1) At least once per quarter Facebook posts to promote early prenatal care will be made 2) Program information will be shared at 1 Wallowa County Network of Care meeting to increase referrals. 3) SEE COLLABORATION SPREADSHEET FOR PLANS TO ATTEND MEETINGS/GROUPS.
Sharing	The # of pregnant women served in the OMC program will be shared in monthly Supervision of the Supervisor meetings with County Commissioners.
Outcome Measures	Wallowa County births to uninsured mothers will decrease from ??? To ?? % by December 2015. 90% of pregnant women in Wallowa County will have their first prenatal visit by the end of the first trimester and will have at least 8 prenatal visits by the time of delivery.

WALLOWA COUNTY HEALTH DEPARTMENT ANNUAL PLAN 2014-2015

Program: Perinatal (Basic Service 2: Parent & Child Health Services)

Goals:	1) Increase the # of pregnant women receiving adequate prenatal care; 2) Reduce the # of low birth weights; 3) Reduce premature births; 4) Increase breastfeeding initiation rates.
Assessment	A survey of WIC clients and followers on the WCHD facebook page will be completed to ask what information about pregnancy & prenatal care would be the most useful and where they would like to receive it: online, from their doctor, at the health department, during WIC visits, from friends or family, and or by reading books.
Objective 1)	Provide pregnant women receiving services at WCHD with informatin about adequate prenatal care
Activities:	1- With 100% of positive pregnancy test results, clients will receive the "Pregnant, You have Options brochure for referral infomation. 2- Assess the healthcare & service needs of all pregnant women seen in the clinic and refer to appropriate services: prenatal care, OMC, WIC, SNAP, TANF, Food Bank, Housing Assistance, Safe Harbors, Healthy Start. 3- Refer pregnant women for prenatal apointments according to standard recommendations including 1st apointment during the 1st trimester.
Objective 2)	Improve the health of women during pregnancy
Activities:	1) 100% of pregnant women in all WCHD programs will be screened for intake of prenatals, level of daily exercise, intake of recommended fruits & veggies & will receive information about the health benefits of these behaviors 2) Prenatal vitamins will be available at a reduced cost to decrease barriers to receiving recommended vitamins and minerals in pregnancy; 3) With 100% of positive pregnancy tests, clients will be screened for alcohol, drug, and tobacco use and will receive information about the health affects to baby. 4) Staff will conduct an in-service to review substance use educational materials and counseling strategies to present the information; 5) Distribute "Pregnancy Bags" to all pregnant women receiving services at WCHD with prenatal care & health information.
Engagement	1) At least once per quarter Facebook posts about prenatal care or nutrition/exercise in pregnancy will be made. 2) WCHD board members will assist staff to make Pregnancy Bags containing information about prenatal care, prenatal exercise, nutrition, substance use in pregnancy.
Sharing	1) WCHD facebook page will be used to ask women to submit stories about their positive exercise & nutrition habits in pregnancy; 2) A Wallowa County Tip sheet will be posted to the facebook page and displayed at WCHD with information & pictures gathered from the community.
Outcome Measures	80% of pregnant women served by WCHD will have their first prenatal visit by the end of the first trimester and will have at least 8 prenatal visits by the time of delivery. 100% of pregnant women served at WCHD will report plans to take prenatal vitamins daily and that they understand the health benefits to mother and unborn baby of exercise and daily intake of fruits and veggies.

WALLOWA COUNTY HEALTH DEPARTMENT ANNUAL PLAN 2014-2015

Program: Maternal Child Health (MCH) (Basic Service 2: Parent & Child Health Services)	
Goals:	1) Decrease childhood obesity; 2) Increase child literacy & school readiness; 3) Improve dental health of children; 4) Reduce exposure to secondhand smoke for infants, children and youth; 5) Increase the number of people receiving recommended health screenings; 6) Reduce unintentional injury & death to Wallowa County infants & children; 7) Increase breastfeeding initiation rates.
Assessment	A survey of WIC parents, babies first parents, and on the WCHD facebook page will be completed to ask about exercise, fruit & veggie intake, reading in the home, dental care. The survey will include questions about if they would like more info and where they would like to receive it: from their doctor, WIC, health department, other service providers, internet, books.
Objective 1)	Promote exercising as a family
Activities:	1) Complete one community education project about exercising as a family; 2) Assist with policy development for open gym at schools (LCAC is working to create open gym nights with the evidence based "Fit for Life" program.)
Objective 2)	Promote daily reading activities for families
Activities:	1) Distribute "Book Bags" from Wallowa Co. Library at WIC & Babies First visits; 2) Promote daily reading at every contact with WCHD families.
Objective 3)	Provide dental education & referrals
Activities:	1) Complete dental screenings at WIC, Babies First contacts; 2) Encourage weaning from bottle by age 1, limiting juice to 1 serving per day, no bottles to bed, daily brushing once teeth erupt; 3) Provide fluoride education; 4) Refer for visual dental problems and for 1st dental exam by age 3; 5) Collaborate with Wallowa County Network of Care to create county protocols for dental education and screening.
Objective 4)	Provide education about the health affects to children from secondhand exposure to smoke in the home & car
Activities:	1) Screen for tobacco use in the home and car at 100% of BF & WIC contacts; 2) Provide referrals to the Oregon Tobacco Quitline as appropriate; 3) Provide education about health affects of secondhand exposure to smoke.
Objective 5)	Promote the completion of well child exams for children birth to 18 yrs
Activities:	1) Information about timeframes for recommended well child exams will be posted on the WCHD website; 2) Recommendations for well child exams will be placed in the Baby Bags distributed to new parents.

WALLOWA COUNTY HEALTH DEPARTMENT ANNUAL PLAN 2014-2015

Objective 6)	Protect the safety of infants, children, and youth in Wallowa County
Activities:	1) Actively participate in the Safe Kids Coalition with meeting attendance, assisting with community assessment & planning of strategies, and participating in community ed. activities; 2) Participate in bi-monthly Multi Disciplinary Team (MDT) meetings for the prevention of child abuse & neglect in Wallowa County; 3) Maintain child abuse & neglect protocols including mandatory reporting.
Objective 7)	Promote & support breastfeeding
Activities:	1) WCHD will post information in the waiting room supporting breastfeeding in the office & offering a quiet area to breastfeed; 2) Breastfeeding promotion materials will be distributed in Pregnancy Bags from the Perinatal program and Baby bags to the hospital; 3) Wallowa County Health department will rent hospital grade breast pumps to non-WIC clients (pumps were purchased previously with health department funds from client fees).
Engagement	1) Baby bags will be provided to the hospital to give to all families at the time of delivery. They will include information about services in health, parent education & social services in Wallowa County and information about: postpartum depression, postpartum care, breastfeeding promotion, baby behaviors, back to sleep, home safety, well child care, and info about when to see a doctor. 2) A survey of how families get physical activity will be completed through facebook and direct client contacts and used to create a unique "Wallowa County tip sheet for BEING ACTIVE AS A FAMILY. This tip sheet will be distributed to WCHD clients, community service providers, local media outlets, and posted on the Health Department facebook page. 3) Staff will collaborate with Wallowa County Library to host a Story Book Time at WCHD and invite Babies First and WIC families as well as the public. 4) SEE COLLABORATION SPREADSHEET FOR PLANS TO ATTEND MEETINGS/GROUPS.
Sharing	1) In January-February 2015, the # of traffic tickets issued in Wallowa County in 2014 for smoking with kids in the car will be shared with WCHD board, and on the WCHD facebook page. 2) An example of the Pregnancy Bags & Baby bags will be shown to the Wallowa County Commissioners and the WCHD Board. Pictures of the bags will be posted to the WCHD facebook page.
Outcome Measures	By June 30, 2015, 70% of youth and 70% of WIC families will report exercising 5/7 days per week. 50% of families surveyed will report daily reading 5/7 days per week with children birth to age 5. 80% of Wallowa County children will have their first dental exam by age 3. The number of households reporting smoking in the home or car will decrease to ?????% WCHD will participate in at least 1 community education activity with the Safe Kids coalition in FY 2015 to reduce unintentional injuries & fatalities for infants, children, and youth. Breastfeeding initiation rates in Wallowa County will remain higher than the state average in 2015 (Current WC rate is 91%, state is 90%).

WALLOWA COUNTY HEALTH DEPARTMENT ANNUAL PLAN 2014-2015

Program: Women, Infants, Children (WIC) (Basic Service 2: Parent & Child Health Services)	
Goals:	Decrease childhood obesity by providing nutrition education related to Family Meals and Baby Behaviors utilizing quality participant centered services.
Assessment	During WIC certifications, staff will discuss family meals and baby behaviors with participants to determine their knowledge base.
Objective 1)	Provide education to WIC clients about family meals in order to emphasize the physical emotional and social benefits of sharing meals with others.
Activities:	1) Ask open ended questions to determine if families are eating meals together and discuss benefits of doing so at every certification visit; 2) Encourage families to develop a routine around family meals and include infants in family meal time; 3) Post a display about family meals in the WIC room; 4) Share family meals info with WCHD staff; 5) Share family meals info with a community partner; 6) Work with Building Healthy Families to complete a Family Meals outreach project.
Objective 2)	Incorporate Baby Behavior messages and the interpretation of infant cues into ongoing nutrition education in order to assist WIC families with breastfeeding support and appropriate infant feeding practices.
Activities:	1) Ask open ended questions about baby behaviors and discuss interpretation of them at every visit between birth and 1 yr; 2) Info about baby behaviors will be shared with WCHD staff; 3) Info about baby behaviors will be shared with community partners.
Engagement	1) A display about family meals will be posted in the WIC room; 2) Facebook posts will be made quarterly to promote family meals; 3) Baby behaviors information will be placed in ASQ packets mailed to parents of 2 month old infants in the Babies First Program.
Sharing	1) Staff will share stories/successes about family meals; 2) Families will be asked if they are willing to share a picture of their family meal time and 1 reason why they like family meals. These will be used for the display in the WIC room and on our facebook page.
Outcome Measures	25% of WIC families will set goals around family meals as documented on the next steps tab. 100% of parents with infants will be able to describe 2 signs that their infant is full as documented in WIC notes next to the question about recognizing infant cues. Staff will demonstrate the ability to provide nutrition education about family meals, baby behaviors, and farmer's market. Staff will list 3 goals for improving WIC services during QA.

WALLOWA COUNTY HEALTH DEPARTMENT ANNUAL PLAN 2014-2015

Program: Sanitation (Basic Service3: Environmental Health)	
Goals:	Prevent & Control Foodborne Outbreaks
Assessment	The WCHD administrator will develop a tool to track monthly inspections completed
Objective 1)	Public health standards for inspection, licensure, consultation, and complaint investigation for food services, tourist facilities, institutions, and pools/spas will be upheld
Activities:	1) WCHD will provide contracted health inspection services according to state requirements
Objective 2)	Food handlers in Wallowa County will demonstrate adequate knowledge of safe handling practices
Activities:	1) The Environmental Health Specialist will offer at least 1 in-person food handlers class per year; 2) Information about how to take food handler's classes online will be posted on the WCHD website and provided to anyone seeking information about classes.
Objective 3)	WCHD will protect public health by responding to 100% of reports of suspected foodborne illness according to state guidelines
Activities:	1) WCHD will maintain protocols for response to foodborne outbreaks; 2) WCHD will respond to reports of suspected foodborne illness according to state outbreak investigation guidelines; 3) A minimum of 1 staff will have completed CD 101 & CD 303 trainings. In FY 2015, 98% of licensed food facilities inspected will pass requirements for food handler's knowledge.
Engagement	1) Food safety information will be posted on the WCHD facebook page quarterly; 2) WIC and Environmental Health staff will work together to provide food safety information to families.
Sharing	2015 Environmental health data (# licensed facilities, inspection rates) will be shared with WCHD board and County Commissioners.
Outcome Measures	In 2015, The inspection rate of licensed facilities from the Environmental Health Specialist will increase from 54% in 2013 to 97% in 2015. In FY 2015, 98% of licensed food facilities inspected will pass requirements for food handler's knowledge. In FY 2015, WCHD will complete 1 project for food safety in the home.

WALLOWA COUNTY HEALTH DEPARTMENT ANNUAL PLAN 2014-2015

Program: 100, Vital statistics (Basic Service 4: Health Statistics)

Goals:	Goal: Birth and death statistics for Wallowa County will be available.
Assessment	As parents make requests for birth certificates, staff will ask them about where they learned they could come to WCHD for certificates to assess the effectiveness of outreach.
Objective 1)	Competent staff will be maintained for registration of Birth & Death Certificates
Activities:	1- A minimum of 1 County registrar and 1 deputy registrar will be maintained. 2- Annual staff in service will be completed to review protocols.
Objective 2)	Requests for Birth & Death Certificates will be met in a timely manner
Activities:	1- Vital records paper stock will be checked monthly to maintain adequate supply 2- At least 1 staff will be present during working hours to fill requests for birth and death certificates. 3- All people requesting birth/death certificates outside of 6 months from the event will receive ordering forms for the state
Engagement	Baby Bags distributed by the WCHD will include information about the ability to purchase birth certificates at the office.
Sharing	The # of birth and death certificates issued in 2014 will be shared with Wallowa County Commissioners and the WCHD board.
Outcome Measures	100% of WCHD staff will be qualified to issue birth & death certificates. 100% of requests for birth and death certificates from WCHD will be filled within 1 working day.

WALLOWA COUNTY HEALTH DEPARTMENT ANNUAL PLAN 2014-2015

Basic Service 5: Information & Referral	
Goals:	Residents will have access to information about the occurrence of diseases and health conditions, health care recommendations for treatment and prevention of chronic conditions, behavior modifications to improve health status, and services available in Wallowa County to improve health status.
Assessment	The educational materials at WCHD will be reviewed by staff, Wallowa County Commissioners, and WCHD board annually.
Objective 1)	1- WCHD will offer pamphlets & health information covering a broad scope of conditions & diseases. 2- Prevention & treatment educational materials will be maintained. 3- WCHD board and Wallowa County Commissioners will review the scope of materials
Activities:	1) WCHD will provide pamphlets & health information covering a broad scope of conditions & diseases to the public; 2) Prevention & treatment educational materials will be available at WCHD; 3) WCHD board and Wallowa County Commissioners will review the scope of materials offered annually.
Objective 2)	Wallowa County Health Department will provide information to the public about service providers in the county
Activities:	1) Staff will review the WCHD pamphlet: <i>Service Providers in Wallowa County</i> in July 2014 and make any changes needed; 2) In August 2014 the pamphlet will be reviewed at a Wallowa Valley Network of Care meeting and recommended changes will be made; 3) The Service Providers pamphlet will be available at WCHD and shared with community providers.
Objective 3)	Wallowa County Health Department will share the community needs assessment completed during this annual plan & the data materials collected for the assessment to community partners
Activities:	1) The annual plan and resource list will be sent to the Wallowa Valley Network of Care facilitator for dissemination to the group.
Engagement	1) Wallowa County health department will work with the Wallowa Valley Network of care to make sure a pamphlet including all county health-related service providers is available to the public; 2) SEE COLLABORATION SPREADSHEET FOR PLANS TO ATTEND
Sharing	Health Care Service pamphlets will be available throughout Wallowa County.
Outcome Measures	The 2015 BRFSS data will show that adult Wallowa County Residents report having a medical provider at an average rate of 95%. By June 30, 2015 the scope of educational materials offered by WCHD to the public will be approved by the WCHD Board and the Wallowa County Commissioners. The 2015 Health Rankings uninsured rated will decrease from 22% in 2013 to the National Benchmark of 11%.

WALLOWA COUNTY HEALTH DEPARTMENT ANNUAL PLAN 2014-2015

Program: Preparedness (Basic Service 5: Public Health Preparedness)	
Goals:	Assure that the delivery of public health emergency response and planning is in accordance with state preparedness program requirements and nationally recognized training requirements.
Assessment	WCHD will seek assistance from the Wallowa County Emergency manager to assess our Emergency Response Plans and gaps in community emergency response capabilities.
Objective 1)	WCHD will maintain 24/7 emergency response protocols in accordance with state guidelines
Activities:	1) WCHD staff will carry the department cell phone during non-business hours; 2) WCHD will maintain 24/7 response protocols; 3) 24/7 & HAN tests will be completed quarterly; 4) WCHD will maintain satellite phone service for the department and for the County Emergency Manager; 5) Sat phone testing will be completed monthly.
Objective 2)	WCHD will enhance surge capacity for emergency response
Activities:	1) Develop and maintain adequate volunteer protocols; 2) Develop and maintain MOU agreements for PH response.
Objective 3)	Community collaboration for emergency planning will increase
Activities:	1) Work with Emergency Manager, Hospital, Fire, Police, Road Dept to complete a Hazard Vulnerability Assessment; 2) Develop an emergency response coalition including membership from a broad representation of service providers and community residents; 3) Facilitate qtrly meetings; 4) Provide a note taker for Wallowa Co. Emergency Coalition mtgs.
Objective 4)	Maintain public health emergency response plans
Activities:	1) From July 1, 2014 to August 30, 2014 staff will review emergency response plans; 2) WCHD will provide emergency response plans to the Wallowa County Emergency manager for review in July 2014; 3) By June 30, 2015 all plans determined to need updates will be completed; 4) Response plans will be shared at an Emergency response coalition meeting; 5) WCHD will complete a full scale exercise of a chosen emergency plan every 3 years and a functional/table top exercise annually.
Objective 5)	WCHD will maintain qualified public health response staff
Activities:	1) All WCHD staff will complete CD 101 & 303 training; 2) All WCHD staff will complete recommended ICS training according to their response roles; 3) WCHD will assess the training needs of the Emergency Response Coalition members and provide recommendations.
Engagement	1) WCHD will work with community partners to develop an Emergency Response Coalition and host regular meetings for response planning; 2) SEE COLLABORATION SPREADSHEET FOR PLANS TO ATTEND MEETINGS/GROUPS.
Sharing	Information about the Emergency Response Coalition will be shared with local media once it is formed.
Outcome Measures	From July 1, 2014 to June 30, 2015 WCHD will have 100% response rate within the state mandated time frames for PH emergencies & testing events. WCHD will have volunteer protocols in place and MOU agreements with at least 2 partners for PH response. A Hazard Vulnerability Assessment will be on file by June 30, 2015. Wallowa County will be holding monthly planning meetings for emergency response by June 30, 2015 with an average attendance of at least 10 members.

WALLOWA COUNTY HEALTH DEPARTMENT ANNUAL PLAN 2014-2015

Collaboration & Community Engagement

Name of Group/ Meeting	Purpose/Goals	WCHD Special Roles	Schedule	Other Participants	Basic Service	Programs
BHF Board	Alternative education, early literacy, parent education, healthy start, prevention, safe visits, home visiting	Board Member	Monthly: 2nd Thurs @ 8 am	Reps from: schools, banks, community, juvenile dept, library, preschool, hospital		MCH, BF, Peri
Board of Commissioners (BOC)	Community collaboration, community well being & protection, management of county programs & funds. Goal for WCHD: attend at least qtrly, present the annual plan annually, annual approval of fees, annual approval of educational materials offered.	Goal: Present info at least quarterly	1st & 4th Mon @ 9 am	WC administration, WC department heads, community	All	All
Eastern RSN	Collaboration amongst Eastern Oregon Counties for reduction of tobacco use, collaboration with state TPEP	Facilitate 1 call per yr, note taker 1 call per yr	Monthly calls: 1st Wed @ 2:30 pm	TPEP liaison. Counties: baker, burns, harney, Umatilla, Union, Wallowa, Wheeler	1	TPEP
Emergency Planning Committee	Collaboartion amongst community partners and community members, public education, public safety, mutual aid	Facilitator	TO BE DEVELOPED. After a WCNC mtg??	Hospital, emergency mgmt, police, fire, first responders, community members, commissioners, schools, medical providers	1, 3, 5, 6	SSPH, Prep
Environmental Health Updates	Supersion of Health inspector, quality control	Facilitator	TBD. Qtrly???	Health Inspector	3	Sani
Department Head Meeting	Wallowa County Department collaboration & communication, enhanced communication with County Commissioners, staff trainings		Monthly: 1st Mon @ 2 pm	Department heads, Commissioners, Admin Services	5	All
HUB: Early Literacy	Early literacy, coordination of services		?	Library, preschools, schools, NEON, BHF	2, 4, 5	MCH
Hospital Check in	Discussion of current issues or needs, disease surveillance, emergency preparedness, coordination	Facilitate	Monthly TBD	Hospital Infection Control Nurse	1	SSPH, Prep
PREP: Local Health Department Call	Coordination with state emergency preparedness, state preparedness liaison & other county health department preparedness programs		Monthly: 1st Tues @ 2 pm	State, county health dept prep coordinators	6	SSPH, Prep

WALLOWA COUNTY HEALTH DEPARTMENT ANNUAL PLAN 2014-2015

Collaboration & Community Engagement

Name of Group/ Meeting	Purpose/Goals	WCHD Special Roles	Schedule	Other Participants	Basic Service	Programs
Prevention Council	Alcohol & drug use, pedestrian safety, problem gambling, traffic safety, youth Drug & alcohol, youth risk behaviors		Quarterly TBD	BHF, 1 Commissioner, DHS, Head Start, Joseph Schools, Juvenile Dept, WC Library, WV Center for Wellness	1,2,4,5	BF, CPS, MCH, FP
Safe Kids Coalition	Priorities to address include safety in and around water, motor vehicles, fire and recreational vehicles	Wallowa County Representative	Quarterly	Counties: Baker, Union, Wallowa. Reps from health depts, police, fire, schools, BHF, emergency mgmt, commissioners, state Safe Kids, community volunteers	2,4,5,6	BF, MCH, CPS
Local Community Advisory Council (LCAC)	Local alcohol & drug prevention committee, community needs assessment & planning. Top 6/11 priorities from survey were children's promotion/protection and education, mental health, alcohol and drugs, dental access, obesity/overweight, social determinants of health. Priorities for the Community Action Plan are: Children and youth obesity, youth and children mental health, youth and children alcohol and drug use, children and youth oral health.		Monthly:	Community members, health care providers, WV Center for Wellness, Commissioners, Pharmacists, GOBHI, EOCCO Rep, NEON	All	All
Multi Disciplinary Team (MDT)	Prevention of Child Abuse & Neglect, review of cases, collaboration of community partners, training & planning		Monthly: 1st & 3rd Thurs @ 9 am	DHS, Juvenile Dept, schools, police, medical provider, self sufficiency, safe harbors, CASA, head start, District Attorneys office, Crime Victims Advocate	2,5	MCH, BF, FP, Peri, WIC
Service Integration	Collaboration of community partners for the education & wellbeing of youth. Goals: readiness for kindergarten, literacy, teen pregnancy prevention, parenting education, reduction of youth risk behaviors		Quarterly		2, 4, 5	MCH, BF, FP, Peri, TPEP, WIC

WALLOWA COUNTY HEALTH DEPARTMENT ANNUAL PLAN 2014-2015

Collaboration & Community Engagement

Name of Group/ Meeting	Purpose/Goals	WCHD Special Roles	Schedule	Other Participants	Basic Service	Programs
STOP/SART	Domestic violence response coordination & training		1st & 3rd Tuesdays Noon, in Jury Room	District attorney, Safe Harbors, Police	2	FP, MCH
Supervision of Supervisor	Accountability, quality assurance, collaboration with county commissioners	Facilitator	Monthly: TBD	County Commissioners	All	All
Wallowa Co. Library Board	Literacy, early childhood education	Board Member		Community members	2, 5	MCH, BF
Wallowa Valley Network of Care (WVNC)	Service collaboration in coordination with the EOCCO. Some goals are: Data base for referrals, community wide TEEN SCREEN, Countywide Treatment protocols for FREQUENT HEALTHCARE & MENTAL HEALTH PROBLEMS, Dental Health Assessment Training for healthcare workers, access to dental care, coordination of care for high needs clients, reduction of health care costs, increase in preventative healthcare education & behavior modifications, collaboration of		Monthly: 2nd Tues @ 8 am	BHF, prevention specialist, Community members, health care providers, dental providers, chiropractors, alternative medicine providers, alcohol &	1,2,4,5,6	All
WCHD Board	Accountability, quality control, program assurances, supervision, community input, coordination of services	Facilitator	TO BE DEVELOPED: New goal	Target: Commissioners, domestic violence, library, schools,	All	All

Chart Notes:

Basic Services (required by ORS 431.416): 1-Epidemiology & Control of Preventable Diseases & Disorders, 2- Parent & Child Health Services, 3- Environmental Health, 4- Health Statistics, 5- Information & Referral 6- Public Health Preparedness

Programs: 100 General PH (100), Maternal Child Health (MCH), Babies First (BF), Perinatal Health (Peri), State Support for Public Health (SSPH), Women-Infants-Children (WIC), Family Planning (FP), Oregon Mothers Care (OMC), Immunizations (IMM), Tobacco Prevention & Education (TPEP), Environmental Health (Sani), Child Passenger Safety (CPS), Emergency Preparedness (Prep)

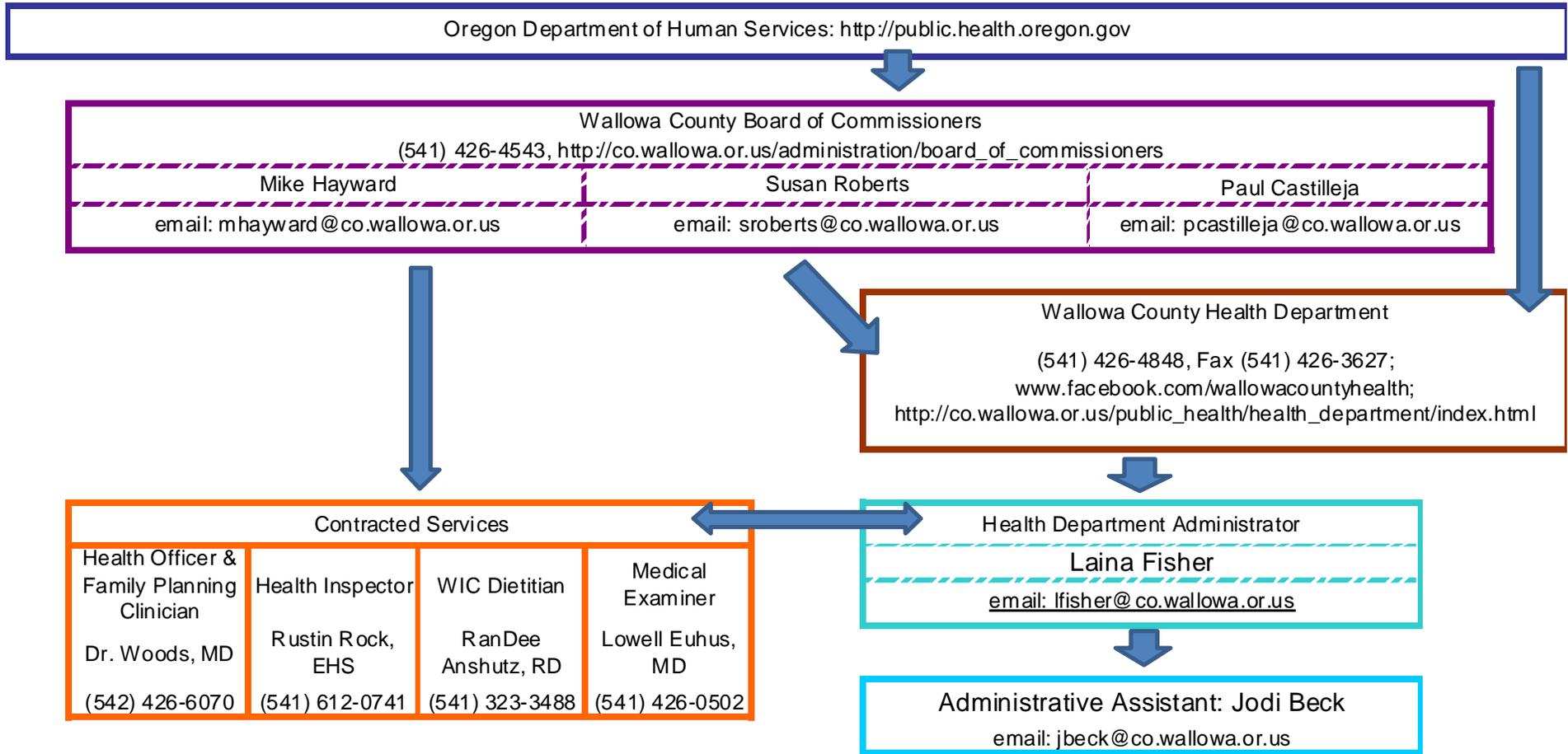
Blue boxes indicate new meetings/groups to be developed in 2014/2015.

Mid-year notes:

New Mtg:						
New Mtg:						

WALLOWA COUNTY HEALTH DEPARTMENT ANNUAL PLAN 2014-2015

Organizational Chart



Advisory Board

Wallowa County Board of Commissioners currently serves as the advisory board. The annual plan, monthly progress reports, and program assurances tracking will be provided to the board. At least once per fiscal year, the board will review and approve health department fees, cost analysis, budget, and the adequacy of promotional materials and health education materials offered. Meeting minutes will be kept utilizing a Supervision of the Supervisor Assessment form.

In the 2014-2015 fiscal year, Wallowa County Health Department will develop a health department board. The goal is to have 8-12 members from a wide representation of the community and partner agencies. The annual plan, program descriptions, progress reports, project ideas, outreach materials, and community education materials will be shared with the board.

WALLOWA COUNTY HEALTH DEPARTMENT ANNUAL PLAN 2014-2015

WALLOWA COUNTY HEALTH DEPARTMENT

(541) 426-4848, Fax (541) 426-3627

Business Hours: Monday -Thursday 8:00 a.m. - 5:00 p.m., Fridays 8:00 a.m. - 1:30 p.m.

After hours emergency: (541) 263-2319

758 NW 1st St, Enterprise, OR 97828

Administration

Laina Fisher, RN, Administrator

lfisher@co.wallowa.or.us

Local Health Administrator (ORS 431.150, ORS 431.418, OAR 333-014-0070)

Nursing supervisor, Deputy Registrar, WIC training supervisor, Coordinator for the following programs: Babies First, Immunizations, MCH, Perinatal, State

Support for Public Health, WIC

Nursing Clinical Services

Rusty Woods, MD, Health Officer (contracted)

(541) 426-6070 office, 541-426-6127 home

Clinician Services for Family Planning Program

Jodi Beck, Administrative Assistant, Registrar

jbeck@co.wallowa.or.us

Registrar, HAN Coordinator. Coordinator for the following programs: Car seats, Oregon Mothers Care, Environmental Health, Vital Records, Preparedness

Dietitian For WIC Program (contracted)

(541) 323-3488, FAX (541) 323-3483

RanDee Anshutz, RD

Synergy Health and Wellness
244 NE Franklin Ave, Bend, OR 97701

Environmental Health (contracted)

(541) 612-0741, FAX (541) 737-1433

Rustin W. Rock, EH Specialist

WallowaEHS@gmail.com

Board of County Commissioners

(541) 426-4543, FAX (541) 426-0582

101 S River Street, Room 202, Enterprise, OR 97828

Mike Hayward, chair

mhayward@co.wallowa.or.us

Paul Castilleja

pcastilleja@co.wallowa.or.us

Susan Roberts

sroberts@co.wallowa.or.us

WALLOWA COUNTY HEALTH DEPARTMENT ANNUAL PLAN 2014-2015

Unmet Community Needs Determined by County Data, WCHD Services Provided, Other County Services Available

Narrative: Unmet needs are based on the health impact to residents and the services available in Wallowa County. Unmet community needs listed affect community wide health and are related to the health department's mission. The * for WCHD priorities represent needs that if addressed would have a community health impact and fit well with the role of public health. WCHD may complete work toward other unmet needs as capable, but due to the fact that we will be operating with only 2 FTE we have to focus our time and efforts. Collaboration needs are included because they have the greatest potential to improve health outcomes by preventing duplication of services, encouraging community buy in, and using limited resources efficiently. Gaps in county data are important to recognize because our small population and limited resources create difficulty in finding available & reliable data sets for need assessment and evaluation of outcomes.

WCHD
Priorities

Potential Partners in Addressing the need			
Health Dept	Other Service Providers	Community	Schools
Collaboration For The Health of the Community			
x	x	x	x
x	x	x	x
x	x		x
x	x	x	x
x	x	x	x

- * Emergency Response: One goal is to have regular meetings with all responders & community members to review risks, training needs, resource needs, & to complete response planning
- * Sex Education for youth: Further collaboration with service providers, WCHD, and schools
- * Safe Kids Coalition: Priorities to address include safety in and around water, motor vehicles, fire and recreational vehicles
- * Wallowa County Network of Care is working on service collaboration in coordination with the EOCCO. Some goals are: Data base for referrals, community wide TEEN SCREEN, Countywide Treatment protocols for FREQUENT HEALTHCARE & MENTAL HEALTH PROBLEMS, Dental Health Assessment Training for healthcare workers, access to dental care, coordination of care for high needs clients, reduction of health care costs, increase in preventative healthcare education & behavior modifications, collaboration of dental care & traditional & alternative health care, increased knowledge of community resources

WALLOWA COUNTY HEALTH DEPARTMENT ANNUAL PLAN 2014-2015

*	Local Community Advisory Council (LCAC): Top 6 priorities out of 11 from survey were children's promotion/protection and education, mental health, alcohol and drugs, dental access, obesity/overweight, social determinants of health. Priorities for the Community Action Plan are: Children and youth obesity, youth and children mental health, youth and children alcohol and drug use, children and youth oral health.	x	x	x	x
	Walkability planning for our streets, sidewalks, communities	x	x	x	
Community Education to Improve Health					
*	Behavior modification for nutrition & physical activity	x	x	x	x
	Changing Community Norms for alcohol, drug, tobacco use by youth	x	x		x
	Dental Health		x		
*	Early Prenatal Care	x	x		
*	Emergency Preparation For Homes/Vehicles/Families/Schools	x	x	x	
	Fire Safety	x	x	x	x
*	Healthcare Screening Recommendations: i.e. Breast cancer, cervical cancer, colorectal cancer, cholesterol, blood pressure, diabetes	x	x		
*	Maternal Smoking Health Risks	x	x		
*	Obesity Prevention	x	x		x
*	Puberty Education & Youth Sex Education	x	x		x
	Recreation Vehicle Safety	x	x	x	
	Suicide Prevention	x	x	x	x
*	Traffic Safety, Injury Prevention	x	x	x	
	Water Safety, Injury Prevention	x	x	x	
County Data to Assess Health and Measure Success					
	Early Education (data is available, but was not gathered for this needs assessment)		x		x
	Dental Health: Access to service, healthcare affects, gaps in service, barriers to service		x		

WALLOWA COUNTY HEALTH DEPARTMENT ANNUAL PLAN 2014-2015

		x		
* Drug Use: County data, gaps in service, healthcare impact at a local level		x		
* Emergency Preparedness Community Needs	x	x	x	x
* Hazard Vulnerability Assessment for Emergency Planning, Historical data for actual emergencies	x	x		
* Tobacco Retail Assessment	x		x	
* Youth Health Risk Behaviors, including drug and alcohol use	x	x		x
Youth Health Care Needs & Utilization	x	x		
Youth Mental Health Needs & Utilization		x		
Services & Programs Unavailable or that Need Enhancement				
Animal Control		x	x	
* Breastfeeding Support Groups & Troubleshooting Assistance	x	x	x	
Drivers Ed		x		x
* Obesity Prevention Programs for adults & youth	x	x	x	x
School Healthy Lunch Programs	x	x	x	x
Suicide Preventon		x	x	x
Suicide Support Group			x	
Tobacco Cessation Classes		x		
Walk to School Programs	x	x	x	x
Health Care Services Unavailable				
Access to healthcare		x		
Specialized Medical Care		x		
Urgent Care		x		
Policy That Has Potential to Improve Community Health				
* Emergency Response Protocols: Update to existing plans	x	x		x
Exercise Breaks for Employees	x	x		

WALLOWA COUNTY HEALTH DEPARTMENT ANNUAL PLAN 2014-2015

	Healthy Meetings	x	x		x
*	Offering Healthy Foods Choices Wherever Food Is Served	x	x	x	x
	Ban on Tobacco Advertising & Sponsorship	x	x	x	
*	Tobacco Free Campuses/Locations	x	x	x	
	Ban on Smoke Shops/Lounges	x	x	x	
	Walkability Community Plans	x	x	x	x
Resources Needed to Improve Health and Reduce Unmet Needs					
	Community Recreation Centers & Swimming Pools			x	
	Child Assessment Center Funding to provide local Sexual Abuse Assessments vs. taking kids to La Grande		x	x	
	Child Care: more providers & more assistance with financial need		x	x	
	Dental Services for uninsured		x		
	Dental providers serving OHP Clients		x		
	Disease Surveillance Tools	x	x		
	Family Wage Jobs			x	
	Physical Activity Opportunities, low cost, not weather dependent			x	
	Respite Care: For low income families who need childcare, people caring for elders, people caring for someone with a disability. Gaps exist in funding and # of trained providers		x	x	
	Safe Kids Coalition Funding for Staff time & Projects: We have a tri-county coalition with a lead agency and roles assigned. At this point everyone is volunteer or completing work as part of other positions. Funding would improve sustainability and long term commitment as well as allowing more community projects to occur		x	x	
	Staff time & funding for WCHD to complete the accreditation process	x			
	Walkability Funding to ensure safe roads, sidewalks, pedestrian safety		x	x	

WALLOWA COUNTY HEALTH DEPARTMENT ANNUAL PLAN 2014-2015

Projected Revenue by Program

Program & Fund #	CFDA #	Federal Grants	State Grants	Fees	Other	County General Funds	Notes	% of Total Rev	Total
100				\$7,000	\$200	\$7,000	\$200 interest	6%	\$14,200
MCH-250	state, 93.994		\$17,711					8%	\$17,711
Babies First-251		\$5,161				\$2,000		3%	\$7,161
Perinatal-253		\$1,632						1%	\$1,632
SSPH-254		\$7,769						3%	\$7,769
WIC-255	10.557		\$24,924					11%	\$24,924
256-FP	93.994, 93.217	\$8,013		\$1,800	\$13,500		\$13000 Ccare cfda 93.778	10%	\$23,313
OMC-259	93.994	\$2,500						1%	\$2,500
Immunizations-260	state, 93.778		\$6,110	\$4,500	\$15,000			11%	\$25,610
Tobacco-262		\$35,462						15%	\$35,462
Preparedness-263	93.069		\$39,699					17%	\$39,699
Environmental Health-265				\$30,000				13%	\$30,000
Car Seats	20.6		\$3,200	\$800			\$3000 ODOT Grant	2%	\$4,000
TOTALS		\$60,537	\$91,644	\$44,100	\$28,700	\$9,000		100%	\$233,981

Estimated Expenses By Program

	Salaries	Benefits	Supplies	Travel / Training	Other	Health Officer	Administration Fee	Utilities & Postage	Total
100	\$844	\$691	\$391	\$0	\$11,950	\$60	\$25	\$238	\$14,199
MCH-250	\$8,999	\$5,329	\$960	\$0	\$0	\$639	\$266	\$1,518	\$17,711
Babies First-251	\$3,706	\$2,195	\$233	\$0	\$0	\$263	\$110	\$654	\$7,161
Perinatal-253	\$844	\$501	\$63	\$0	\$0	\$60	\$25	\$138	\$1,631
SSPH-254	\$3,706	\$2,195	\$791	\$0	\$0	\$263	\$110	\$704	\$7,769
WIC-255	\$12,768	\$7,563	\$816	\$0	\$360	\$907	\$378	\$2,132	\$24,925
256-FP	\$7,071	\$4,189	\$1,109	\$0	\$8,980	\$502	\$209	\$1,253	\$23,313
OMC-259	\$1,260	\$746	\$142	\$0	\$0	\$90	\$37	\$225	\$2,500
Immunizations-260	\$4,222	\$2,502	\$371	\$0	\$17,300	\$300	\$125	\$789	\$25,609
Tobacco-262	\$17,469	\$10,348	\$1,417	\$1,587	\$0	\$1,241	\$517	\$2,883	\$35,463
Preparedness-263	\$21,037	\$12,461	\$602	\$0	\$0	\$1,495	\$623	\$3,480	\$39,698
Environmental Health-265	\$2,521	\$1,494	\$1,012	\$0	\$24,208	\$179	\$75	\$511	\$30,000
Car Seats	\$0	\$0	\$3,300	\$700	\$0	\$0	\$0	\$0	\$4,000
TOTALS	\$84,450	\$50,214	\$11,207	\$2,287	\$62,798	\$6,000	\$2,500	\$14,525	\$233,981

Minimum Standards

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

I. Organization

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

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

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

Control of Communicable Diseases

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

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

Environmental Health

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

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

Health Education and Health Promotion

67. Yes No Culturally and linguistically appropriate health education components with appropriate materials and methods will be integrated within programs.

68. Yes No The health department provides and/or refers to community resources for health education/health promotion.

69. Yes No The health department provides leadership in developing community partnerships to provide health education and health promotion resources for the community.

70. Yes No Local health department supports healthy behaviors among employees.

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

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

Nutrition

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

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

- a. Yes No WIC
- b. Yes No Family Planning
- c. Yes No Parent and Child Health
- d. Yes No Older Adult Health
- e. Yes No Corrections Health NA

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

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

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

Older Adult Health

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

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

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

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

Parent and Child Health

82. Yes No Perinatal care is provided directly or by referral.

83. Yes No Immunizations are provided for infants, children, adolescents and adults either directly or by referral.

84. Yes No Comprehensive family planning services are provided directly or by referral.

85. Yes No Services for the early detection and follow up of abnormal growth, development and other health problems of infants and children are provided directly or by referral.

86. Yes No Child abuse prevention and treatment services are provided directly or by referral.

87. Yes No There is a system or mechanism in place to assure participation in multi-disciplinary teams addressing abuse and domestic violence.

88. Yes No There is a system in place for identifying and following up on high risk infants.

89. Yes No There is a system in place to follow up on all reported SIDS deaths.

90. Yes No Preventive oral health services are provided directly or by referral.

91. Yes No Use of fluoride is promoted, either through water fluoridation or use of fluoride mouth rinse or tablets.

92. Yes No Injury prevention services are provided within the community.

Primary Health Care

93. Yes No The local health department identifies barriers to primary health care services.

94. Yes No The local health department participates and provides leadership in community efforts to secure or establish and maintain adequate primary health care.

95. Yes No The local health department advocates for individuals who are prevented from receiving timely and adequate primary health care.

96. Yes No Primary health care services are provided directly or by referral.

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

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

Cultural Competency

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

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

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

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

Health Department Personnel Qualifications

Local health department Health Administrator minimum qualifications:

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

Answer the following questions:

Administrator name: Laina Fisher

Does the Administrator have a Bachelor degree? Yes No

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

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

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

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

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

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

**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. 28**

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. 29

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

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

Laura Fisher 2-24-14
Local Public Health Authority County Date