

Comprehensive Triennial Plan  
2009 to 2010



April 27, 2009

By Laina Fisher, RN

Wallowa County Health Department  
2009-2010 Annual Plan

Table of Contents

- I. Executive Summary
- II. Assessment
  - a. Public Health Issues and Needs
  - b. Adequacy of Local Public Health Services
  - c. Provision of Five Basic Services
  - d. Adequacy of Other Community Services
- III. Action Plan
  - a. Epidemiology and Control of Preventable Diseases and Disorders
    - i. Communicable Investigation and Control
    - ii. Tuberculosis Case Management
    - iii. Tobacco Prevention, Education, and Control
    - iv. Chronic Disease Prevention
  - b. Parent and Child Health Services
    - i. MCH Block Grant
    - ii. Babies First!
    - iii. CaCoon
    - iv. Child Protective Seats Program
    - v. Perinatal
    - vi. WIC
    - vii. Family Planning
    - viii. Immunizations
    - ix. Oregon Mother's Care
    - x. Suicide Prevention
    - xi. Environmental Health
    - xii. Health Statistics
    - xiii. Information and Referral
    - xiv. Public Health Emergency Preparedness
    - xv. Other Issues
- IV. 2008-2009 Narrative
- V. Additional Requirements
  - a. Organizational Chart
  - b. Board of Health
  - c. Public Health Advisory Board
  - d. Coordination with Comprehensive Plan
- VI. Unmet Needs
- VII. Budget
- VIII. Minimum Standards

## I. Executive Summary

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

Wallowa County Health department provides a large variety of services including: epidemiology and control of preventable disease and disorders, maternal and child health services, family planning, collection and reporting of health statistics, health information and referral services, emergency preparedness planning, health education and promotion, immunizations, Child Safety Seat distribution, Babies First home visits, CaCoon program for children with disabilities, Tobacco Prevention program, vital statistics registration, environmental health inspections and education, and WIC nutrition supplement and education program. We provide these services and programs with 5 part-time staff members for a total of 3.52 FTE and two contracted personnel. Funding for our programs is comprised of federal and state grants in addition to fees for service. We receive no county general funds.

Because we operate on limited staffing and funding, we are continually exploring ways to increase efficiency, build partnerships within the community, and explore funding options. For the following three years, we will continue to provide the basic services that currently exist. We are also applying for a Healthy Communities grant to promote health and decrease the burden of chronic diseases in Wallowa County.

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

## II. Assessment

### IIa. Public Health Issues & Needs

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

- U.S. Census data from 2000 and 2008
- Portland State Population Center Data
- County and state reportable disease data from DHS
- County Data Book
- County Blue Book
- EH licensed facility inspection report
- Most recent Family Planning Program Data
- Most recent AFIX data for Wallowa County
- Most recent Vital Statistics Data
- Tobacco Prevention Coordinator's Tobacco Use and Chronic Disease Assessment Report
- Oregon DHS Report on Alcohol, Illicit Drugs and Mental Health in Wallowa County, Oregon 2000 to 2008
- Wallowa County's Youth Alcohol Attitudes & Use Survey (YAAU) from the Wallowa Valley Together Project.
- Oregon Tobacco Prevention and Education Program's Wallowa County Tobacco Fact Sheet 2009.
- Oregon Department of Human Services Overweight, Obesity, Physical Activity, and Nutrition Facts published January 2007.
- Oregon Department of Human Services Burden of Asthma in Oregon 2008.
- U.S. Census Bureau 2005 Small Health Insurance Coverage Status for Counties.
- Wallowa County Commission on Children and Families Comprehensive Plan Update January 2006.
- Oregon Progress Board County Rankings

#### **Alcohol Use**

According to the DHS Report on Alcohol, Illicit Drugs and Mental Health in Wallowa County, Oregon 2000 to 2008, the rate of death from Alcohol-Induced Disease per 100,000 in Wallowa County was 11 from 2000 to 2004 and 13 from 2001-2005 compared to 13 from 2000-2004 in Oregon and 13 from 2001-2005 in Oregon.

According to the same DHS report, 7% of persons ages 12 and older both in the county and in Oregon had alcohol dependence or abuse in the past year from 2004-2006. From 2004 to 2007, 56% of women and 61% of men age 18 and older reported alcohol use in the past 30 days. From 2004-2007, 21% of females over 18 and 36% of males of that age reported Binge drinking in the past 30 days compared to 10% females in Oregon and 22% males in Oregon. According to the DHS report, in Wallowa County 2006, 33% of 8<sup>th</sup> graders reported drinking alcohol on one or more occasions in the past 30 days and 57% of 11<sup>th</sup> graders; the state rate was 32% for 8<sup>th</sup> graders and 44% for 11<sup>th</sup> graders. In regards to binge drinking by youth in 2006, Wallowa County 8<sup>th</sup> graders reported 13%, Wallowa County 11<sup>th</sup> graders were 44%, Oregon 8<sup>th</sup> graders reported 13%, and Oregon

11<sup>th</sup> graders reported 25%. In 2006, Wallowa County 11<sup>th</sup> graders showed 11% of youth who drove when they had been drinking and Oregon results showed 8%. DHS 2006 reports showed 28% of Wallowa County 8<sup>th</sup> graders reported they were less than 11 years old when they drank for the first time and 20% for Oregon. The 2006 DHS data show 93% of Wallowa County and 80% of Oregon 11<sup>th</sup> graders reporting that it is “Sort of Easy” or “Very Easy” to get some beer, wine, or hard liquor.

The Wallowa Valley Together Project conducted a survey, abbreviated as the YAAU survey, in May and June of 2008 of 8-12 grades. The following results are pulled from that survey. 36.55% of students felt that about half of Wallowa County youth drink alcohol at least once a week and 20.68% chose “Most of them” drink alcohol at least once per week. 29.65% reported that youth their age in Wallowa County typically drink every weekend, 7.58% chose more than 2 days per week, 10.34% once a week, 22.75% a few times a month, 4.82% once or twice a month, 2.75% a few times a year, 2.75% once or twice a year, 2.06% never, 17.93% no answer. When asked how often they typically drink alcohol, 8.96% reported more than 2 days per week, 9.85% once a week, 11.72% a few times a month, 8.27% once a month, 15.86% one or two times a year, 24.13% don’t drink alcohol, and 21.37% had no answer. When asked where they usually get alcohol, 10.34% reported from parent(s)/guardian(s), 6.33% friends parent(s)/guardian(s), 4.13% from their house or friend’s house without parent/guardian permission, 6.33% from friends who are under 21 and have a way to buy it, 13.79% from people they know over 21, .68% ask a stranger, 0 buy, 3.44% steal it, 7.58% other, 28.96% report they don’t drink alcohol, 19.31% no answer. When asked about peer pressure to use alcohol, 6.89% often felt it, 24.13% sometimes, 28.27% rarely, 35.17% never, and 5.63% no answer. When asked if they use other drugs with alcohol, 4.13% used stimulants with alcohol, 2.06% used opiates, .68% used hallucinogens, .68% club drugs, 2.06% inhalants, 0% sleep or anti-anxiety medications, 11.03% used marijuana, 8.27% two or more of the categories, 42.06% none at all, 22.06% reported they do not use alcohol, 8.96% no answer.

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

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

### **Asthma**

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

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

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

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

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

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

### **Child Well-being**

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

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

### **Communicable Disease**

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

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

### **Crime**

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

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

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

### **Drug Use**

According to Oregon DHS, the rate of death from drug-induced causes in Wallowa County 2001-2005 was 7 per 100,000 and 12 per 100,000 in Oregon. In 2004-2006 3% of Wallowa County persons 12 and older and 3% of Oregonians 12 and older reported drug dependence or abuse. In 2002-2004 22% of Wallowa County persons age 18 to 55 and 22% of Oregon 18-55 year olds reported marijuana or hashish use in the past 30 days, 9% of Wallowa County and 9% of Oregon 18-55 year olds used illicit drugs other than marijuana. For persons 26 and older, in Wallowa County 5% used marijuana or hashish and 6% of Oregonians of that age group reported use, 2% of Wallowa County

and 3% of Oregon 26 and older used illicit drugs other than marijuana. In 2006, 4% of Wallowa County and 10% of Oregon 8<sup>th</sup> graders reported marijuana use one or more times in the last 30 days, and 30% of Wallowa County and 19% of Oregon 11<sup>th</sup> graders reported marijuana use. For 2006, 0 8<sup>th</sup> and 11<sup>th</sup> graders in Wallowa County reported illicit drug use. In 2004, 8% of Wallowa County 8<sup>th</sup> graders and 2% of 11<sup>th</sup> graders compared to 6% of Oregon 8<sup>th</sup> graders and 2% of Oregon 11<sup>th</sup> graders reported use of inhalants. For prescription drug use, Wallowa County 11<sup>th</sup> graders reported 22% in 2006 compared to 6% in Oregon. 0% of Wallowa 8<sup>th</sup> graders and 3% of Oregon 8<sup>th</sup> graders reported prescription drug use in 2006. 0% of Wallowa County 8<sup>th</sup> and 11<sup>th</sup> graders reported Stimulant use in 2006.

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

### **Education**

According to the Oregon Progress Board, in 2005 the educational index ranking all Oregon Counties showed excellent results for Wallowa County. Wallowa was ranked 1/33 for high school drop out rate, 1/33 for 8<sup>th</sup> grade reading, 3/33 for 8<sup>th</sup> grade math, 2/33 for 3<sup>rd</sup> grade reading, 12/33 for 3<sup>rd</sup> grade math, and 1/33 for overall education index.

*Summary: Education in Wallowa County is ranked very well.*

### **Emergency Preparedness**

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

### **Environmental Health**

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

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

### **Geography**

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

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

### **Health Insurance Coverage**

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

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

### **Immunizations**

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

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

### **Mental Health**

Oregon DHS reports in Wallowa County 2004-2006 9% of 18 or older persons had a major depressive episode in the past year and 9% in Oregon reported the same. During the same time period, 12% of Wallowa and 12% of Oregon persons 18 and older, 11% of Wallowa and 24% of Oregon 8<sup>th</sup> graders, 31% of Wallowa and 28% Oregon 11<sup>th</sup> graders, had serious psychological distress within the past year. In 2006, 6% of Wallowa and 15% of Oregon 8<sup>th</sup> graders, 22% of Wallowa and 20% of Oregon 11<sup>th</sup> graders, reported having had a depressive episode in the past year. In 2006 the percent of kindergarteners with adequate social/emotional development was 96% in Wallowa and 93% in Oregon.

*Summary: Rates of depression are comparable to Oregon. Services are available in the County. According to reports from community partners, gaps in service include aftercare for drug and alcohol addiction services.*

### **Mortality**

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

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

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

### **Obesity**

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

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

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

### **Population**

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

### **Reproduction**

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

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

### **Socio-Economic Status**

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

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

In the Oregon Progress Report County Rankings 2005, the county rankings for economy index for all Oregon counties places Wallowa County at 16<sup>th</sup> out of 33 for net job

growth/loss, 23/33 for per capita income, 33/33 for wages, 29/33 for unemployment, and 29/33 for overall economy index. This data was father for the year 2005.

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

### **Suicide**

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

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

### **Tobacco Use**

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

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

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

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

**Babies First!:** from July 2007 to June 2008 3 children/families were served. In 2006, 2 children/families were served.

**CaCoon:** from July 2007 to June 2008 1 child/family was served with 25 visits.

**Car Seats:** from July 2007 to June 2008 19 car seats were distributed.

**Dental Services:** All children in the WIC program are given toothbrushes at WIC certifications every 6 months. Parents are advised to have at least one appointment with a

dentist by age three. Information and education regarding bottle mouth decay, not allowing infants to take a bottle to bed, not giving juice in a bottle, and reduction of high-sugar-drinks for children is provided to WIC, Babies First!, and CaCoon parents. Two of the local public schools utilize the King Fluoride program to provide free fluoride rinse and toothbrushes during school hours to students.

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

**Flu shots:** about 875 given in the 2007 flu shot season.

**Immunizations:** from July 2007 to June 2008 621 vaccinations were given. In 2005 850 were given. The Oregon immunization alert report shows that unduplicated clients were as follows: 329 in 2008, 854 in 2007, 985 in 2006, 428 in 2005, and 479 in 2004. The Oregon Immunization Program reports an up-to-date rate for two year olds as 71.8% in Wallowa County and 74.1% for Oregon in 2007, 74.2% for Wallowa County and 71% for Oregon in 2006. The 2008 Annual Assessment of Immunization Rates and Practices report from the Oregon State Immunization program reports the health department up-to-date by 24 months of age as 52%, up-to-date but not by 24 months 14%, and up-to-date by 12/1/2008 as 67%. The percent of the population of children assessed to the births in the county that were served by the health department was 45% in 2006, 33% in 2007, and 24% in 2008. Our up to date rate has increased from 2007 to 2008, the missed shots rate decreased from 2007 to 2008, and the late starts decreased from 2007 to 2008. The single vaccine rates for the health department in 2008 were 67% DTaP4, 90% polio, 95% MMR1, 86% Hib3, 95% HepB3, 81% Varicella1, PCV71 81%, PCV72 81%, PCV73 76%, PCV74 71%, HepA1 48%, HepA2 19%. The 2010 Healthy People goal for each individual antigen is 90% UTD at 24 months of age. Herd immunity is achieved for many vaccine preventable diseases at a coverage rate of 90%.

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

### IIc. Provision of Five Basic Services

- a. Epidemiology and control of preventable diseases and disorders:  
24/7 communication procedures are in place for response to diseases and emergencies. All state guidelines and procedures are followed for disease investigation. Three staff are available with CD 101 training, one staff with CD 303, and three staff with ICS training.
  
- b. Parent and child health services, including family planning clinics:  
Wallowa County Health Department provides family planning, Oregon Mother's Care, Babies First, CaCoon, Immunization, and Perinatal Health (Maternity Case Management) services. In addition, we have a Car Passenger

Safety Seat program, provide classes to 5<sup>th</sup> and 6<sup>th</sup> grade students in Wallowa for Puberty Education, Provide Suicide Response Classes to the local schools and are working in collaboration with partners to train schools, participate in local Multidisciplinary Team meetings to reduce child abuse, provide classes as requested by schools for sex education. Our services are very adequate for Parent and Child Health Services. See individual programs in IIb, for services data.

c. Collection and reporting of health statistics:

Vital statistics services for birth and death recording and registration are provided. We currently have four registered staff that are able to complete vital statistics duties. We also entered data for immunizations, Babies First, CaCoon, WIC, Oregon Mother's Care, Family Planning into the state data systems.

d. Health information and referral:

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

e. Environmental health services:

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

IIc. Adequacy of Other Community Services

a. Older adult health:

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

b. Suicide Prevention:

In May 2009, the RESPONSE program for youth suicide prevention is being implemented in the Wallowa School 7<sup>th</sup> and 8<sup>th</sup> grade classes as well as in-service training for the Wallowa Staff. The goal is to implement the program in all three public school districts in the 2009-2010 school year.

III. Action Plan

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

a. Communicable Disease Investigation and Control

<b>Time Period: July 2009 to June 2010</b>				
<b>GOAL: To respond to 100% of communicable disease cases and outbreaks.</b>				
<b>Objectives</b>	<b>Plan for Methods/ Activities/Practice</b>	<b>Outcome Measure(s)</b>	<b>Outcome Measure(s) Results</b>	<b>Progress Notes</b>
A. Develop depth in CD Nurse Epidemiology and investigation	CD nurse will complete CD 303	Completion of CD 303		
B. Maintain 24/7 contact capabilities.	1. A CD 101 person will be on call 24/7 via pager. 2. Answering machine will instruct callers in 24/7 contact information.	Quarterly 24-7 testing		
<b>Time Period: July 2009 to June 2010</b>				
<b>GOAL: To protect the health of the community.</b>				
<b>Objectives</b>	<b>Plan for Methods/ Activities/Practice</b>	<b>Outcome Measure(s)</b>	<b>Outcome Measure(s) Results</b>	<b>Progress Notes</b>
A. Increase disease reporting by local service providers	Distribute a disease reporting job action sheet to local providers.	% of local providers receiving job action sheet		

<b>Time Period: July 2009 to June 2010</b>				
<b>GOAL: To respond to 100% of communicable disease cases and outbreaks.</b>				
<b>B.</b> Complete disease surveillance, investigation, and response measures according to contract requirements.	1. Disease investigation will be conducted according to contract requirements. 2. Disease investigation and management will be provided for non-outbreak cases. 3. Collaboration with community providers will occur during all disease investigations.	1. 90% of suspected outbreaks will initiate investigation within 24 hrs of report, 95% of outbreaks will be reported to DHS within 24 hrs of receipt of report, reports on 100% of investigations will be sent to DHS within 30 days after investigation. 2. 90% of reported cases will be sent to DHS within specified timeframes, 95% of cases will be investigated and contact identification initiated within DHS' specified timeframes, 100% of case report forms will be sent to DHS by the end of the calendar week, information and follow-up will be provided to 100% of exposed contacts. 3. # of providers contacted		

b. Tuberculosis Case Management

<b>Time Period: July 2009 to June 2010</b>				
<b>GOAL: To provide case management to active TB cases, including Directly Observed Therapy.</b>				
<b>Objectives</b>	<b>Plan for Methods/Activities/Practice</b>	<b>Outcome Measure(s)</b>	<b>Outcome Measure(s) Results</b>	<b>Progress Notes</b>

<b>Time Period: July 2009 to June 2010</b>				
<b>GOAL: To provide case management to active TB cases, including Directly Observed Therapy.</b>				
A Maintain adequate TB case management protocols.	1. Update TB protocols. 2. Disseminate protocols to CD staff.	1. Staff will report increased knowledge of TB case management.  2. Compliance during the Triennial Review in August 2009.		

c. Tobacco Prevention, Education, and Control  
**Wallowa Program Plan Form**

**1. Best Practice Objective:**

#1: Tobacco-Free Worksites, Required

**2. SMART Objective #:**

- 1: By August 31, 2009, Wallowa County Health Department will have completed the Healthy Worksites Assessment.
- 2: By December 31, 2009, Wallowa County Court House will have completed the Healthy Worksites Assessment.
- 3: By March 31, 2010, information regarding effective treatments for reducing tobacco use and dependence will be made available to all county employees.
- 4: By June 30, 2010, all 5 buildings in the Community Center Complex will have passed tobacco-free campus policies.
- 5: By June 30, 2010, Wallowa County Court House will have passed a tobacco-free campus policy.

3. *GOAL AREAS FOR THIS OBJECTIVE:*

- **Eliminate or reduce exposure to secondhand smoke**
- **Promote quitting**
- **Reduce the burden of tobacco-related chronic diseases**

4. **ACTIVITIES:**

**Plan of Action Subcategories:**

- ▲ Coordination and Collaboration  
March 2009  
Apply for the TROCD building Capacity Funding.

We are applying for the TROCD building capacity funding. The staff person responsible for the TROCD and TPEP programs would work .5FTE in each program; therefore, activities would be strongly coordinated.

July 2009 to June 2010

The coordinator would provide information and materials to the Wallowa County policy development committee and the union representative as appropriate.

August 2009

Wallowa County Health Department Administrator and Wallowa County Tobacco Prevention Coordinator will complete the Healthy Worksites Assessment

September 2009

Administrator and Tobacco Prevention Coordinator will present information about the Healthy Worksites Assessment to Commissioner Susan Roberts

September 2009 to December 2009

Tobacco Prevention Coordinator will work with person designated by meeting with the commissioner to complete the Healthy Worksites Assessment for the Wallowa County Court House

March 2010

Monthly meetings with the Administrator, Tobacco Prevention Coordinator, and the staff from other buildings in the community service center complex will be held to assess the current smoking policies and move toward a tobacco-free campus. Once tobacco-free policies are adopted, monthly meetings will no longer occur.

March 2010 to June 30, 2010

The Tobacco Prevention Coordinator will develop policies for a tobacco-free campus in the Community Service Center with support and guidance from the advisory board, local champions, and the staff members of other buildings in the complex.

June 2010

Signage will be developed by the Tobacco-free campus committee and installed as determined by all parties in the complex.

January 2010

The Tobacco Prevention Coordinator will meet one-on-one with designated representatives from the court house to utilize the Healthy Worksites Assessment to determine next steps for progress toward a tobacco-free campus.

February 2010-June 2010

A Tobacco-free Court House committee will meet one-on-one and coordinate via email to develop tobacco-free campus policies.

June 2010

The Tobacco Prevention Coordinator and court house employees will organize and host a tobacco-free campus celebration on the lawn of the court house.

▲ Assessment

July 2009 to December 2009

The Healthy Worksites Assessment will be completed with Laina Fisher, Wallowa County Health Department Administrator; Vivian Tillman, Tobacco Prevention Coordinator; and Susan Roberts, Wallowa County Commissioner or a designated Court House Representative in place of the commissioner.

▲ Community Education & Outreach

February 2010

Tobacco Prevention Coordinator will develop educational materials regarding effective treatments for reducing tobacco use and dependence to be displayed at the county court house. Materials will be approved by Commissioner Susan Roberts.

June 2010

The Court House Tobacco Free Celebration will be a public celebration with tobacco facts and information available. The celebration will be advertised within the courthouse, on the local radio, and in the local newspaper.

June 2010

A bulletin board will be posted in the health department with tobacco facts and information about our tobacco-free building complex and the tobacco-free court house campus.

▲ Earned Media/Media Advocacy

June 2010

The Court House Tobacco Free Celebration will be covered by the local newspaper.

June 2010

The Community Service Center implementation of a Tobacco-Free campus policy will be covered by the local newspaper.

▲ Policy Development, Implementation and Enforcement

February 2010-June 2010

A Tobacco-free Court House committee will meet one-on-one and coordinate via email to develop tobacco-free campus policies. The policies will become part of the Court House Policy Manual.

March 2010 to June 2010

A policy for a tobacco-free campus at the Community Service Center will be developed with input from staff of all buildings involved. The Tobacco Prevention coordinator will be responsible for printing, distributing, and maintaining the policy.

## 5. CRITICAL QUESTIONS:

### **IX. Considering any disparities identified through community assessment, what sectors of the community have been prioritized or targeted for this objective?**

Formatted: Bullets and Numbering

#### **Provide rationale.**

The building complex in which the health department exists and the county court house have been targeted. These are good targets because we are members of these entities and are viewed as an authority of health and wellness. In addition, these are well known sectors of the community that may encourage other facilities to adopt similar changes.

What types of technical and/or data assistance do you anticipate needing from staff and partners?

Formatted: Bullets and Numbering

We would utilize assistance for the signage from local tradesman. We would also seek input and buy-in from partner agencies who would be implementing the policies.

#### **1. Best Practice Objective:**

2: Tobacco-Free Hospital/Health Systems, Required

#### **2. SMART Objective #:**

1: *By June 30, 2010, Wallowa Memorial Hospital's tobacco policies will be assessed.*

2: *By June 30, 2010, a survey of hospital staff attitudes regarding a tobacco-free campus will be completed.*

3: *By June 30, 2010 exploration of a no-tobacco-zone in the parking lot and southern side of the hospital will be completed.*

#### **3. GOAL AREAS FOR THIS OBJECTIVE:**

- **Eliminate or reduce exposure to secondhand smoke**
- **Promote quitting**
- **Reduce the burden of tobacco-related chronic diseases**

## 4. ACTIVITIES:

### **Plan of Action Subcategories:**

#### ▲ Coordination and Collaboration

October 2009

The tobacco prevention coordinator will meet with Wallowa Memorial Hospital human resources to assess their current tobacco policies. In 2008, they were not interested in changing their policies. Contact will be made to determine if their status has changed.

October 2009 to June 2010

The tobacco prevention coordinator will meet with Wallowa Memorial Hospital human resources to explore options regarding tobacco-free zones and restricting tobacco use to specific areas that are away from the public parking and entrance.

October 2009 to June 2010

The Tobacco Prevention Coordinator will coordinate with hospital human resources to survey the staff's opinions and attitudes regarding tobacco use on campus. The format of the survey will be determined in cooperation with human resources.

▲ Assessment

August 2009

Tobacco Prevention Coordinator will conduct a walking tour to determine where staff, visitors, and patients currently smoke on the hospital campus.

October 2009

A one-on-one meeting with human resources will be conducted to assess current policies on the hospital campus.

▲ Community Education & Outreach

August 2009 and January 2010

Two messages regarding quitting will be distributed to hospital staff during the year. Messages will be tailored to the hospital staff with assistance from human resources. Possible methods may be a bulletin board in the staff area or other acceptable formats approved by human resources.

▲ Earned Media/Media Advocacy

July 2009 to June 2010

If the hospital designates a restricted smoking area, the local newspaper will be invited to cover the event.

▲ Policy Development, Implementation and Enforcement

October 2009 to June 2010

The Tobacco Prevention Coordinator will offer resources and examples from other counties of policies to Wallowa Memorial Hospital. The coordinator will serve as a resource and support, but the development and implementation of policies will be the responsibility of the hospital.

**5. CRITICAL QUESTIONS:**

**Considering any disparities identified through community assessment, what sectors of the community have been prioritized or targeted for this objective? Provide rationale.**

The hospital staff and patrons have been targeted because the hospital is a large employer in our county and could positively affect many county residents. In addition, a new hospital was built in our county with a great deal of support and involvement from the community. County residents take great pride in the hospital development and are still greatly involved in hospital activities.

← Formatted: Bullets and Numbering

What types of technical and/or data assistance do you anticipate needing from staff and partners?

Assistance from the hospital human resources department would be needed to collect current policies as well as to assess staff attitudes regarding a tobacco free campus.

**1. Best Practice Objective:**

4: Smoke-Free Multi-Unit Housing, Required

**2. SMART Objective #:**

1: By June 30, 2010, half of the multi-unit housing facilities will have adopted no-smoking rules for their properties.

2: By June 30, 2010, half of the multi-unit housing facilities in Wallowa County will be 100% tobacco-free.

3. *GOAL AREAS FOR THIS OBJECTIVE:*

- **Eliminate or reduce exposure to secondhand smoke**
- **Promote quitting**
- **Countering Pro-Tobacco influences**

4. ACTIVITIES:

**Plan of Action Subcategories:**

▲ Coordination and Collaboration

July 2009

Tobacco Prevention Coordinator will contact Diane at Health In Sight LLC to discuss strategies and acquire resources.

July 2009 to June 2010

Communicate with owners/managers of multi-unit housing developments via one-on-one meetings, phone calls, and emails to determine current status, attitudes, goals, and barriers to smoke free housing units. Input from multi-unit housing partners will be sought during these contacts.

▲ Assessment

July 2009 to June 2010

Coordinate with Health In Sight LLC to assess readiness to adopt policies, track no-smoking rental agreements, and smoke-free listings as amenities in rental listings.

July 2009 to June 2010

Survey residents of multi-unit housing developments to determine opinions on smoke free multi-unit housing.

▲ Community Education & Outreach

July 2009 to June 2010

Promote the Oregon Tobacco Quitline to residents and landlords. Provide Quit Line cards and information to the landlords to be displayed on the property.

July 2009 to June 2010

Conduct two educational sessions with owners and residents of multi-unit housing developments regarding tobacco use and second hand smoke.

September 2009

Distribute the booklet “A Landlord’s Guide to No-Smoking Policies” to all Wallowa County multi-unit housing developments.

▲ Earned Media/Media Advocacy

July 2009-June 2010

Utilize expertise from Health In Sight LLC to create press releases to publicize the adoption of any and all no-smoking rental agreements.

▲ Policy Development, Implementation and Enforcement

July 2009 to June 2010

Provide resources and assistance to owners/directors of multi-unit housing for development of smoke-free policies. Use “A Landlord’s Guide to No-Smoking Policies” to provide assistance. Refer landlords to [www.smokefreeoregon.com/housing](http://www.smokefreeoregon.com/housing). Refer landlords to the no-smoking lease addenda available through the Oregon Rental Housing Association, Metro Multi-Family Housing Association, and Stevens-Ness Law Publishing.

5. CRITICAL QUESTIONS:

**Considering any disparities identified through community assessment, what sectors of the community have been prioritized or targeted for this objective? Provide rationale.**

Formatted: Bullets and Numbering

Owners, employees, and residents of multi-unit housing developments as well as persons living in close proximity to the facilities will be targeted. This will allow us to reach a large number of people as well as reduce second hand smoke exposure.

What types of technical and/or data assistance do you anticipate needing from staff and partners?

Formatted: Bullets and Numbering

We would need assistance from residents and landlords in gathering information about current practices and opinions regarding change.

**1. Best Practice Objective:**

5: Implement the Smokefree Workplace Law, Required

**2. SMART Objective #:**

1: From July 1, 2009-June 30, 2010, Wallowa County Health Department will have responded to all complaints of violation of the Smokefree Workplace Law according to the protocol specified in the Delegation Agreement.

**3. GOAL AREAS FOR THIS OBJECTIVE:**

- **Eliminate or reduce exposure to secondhand smoke**
- **Countering pro-tobacco influences**
- **Promote quitting**

**4. ACTIVITIES:**

**Plan of Action Subcategories:**

▲ Coordination and Collaboration

July 2009 to June 2010

The Tobacco Prevention Coordinator will be responsible for responding to complaints of violation, conducting site visits, using WEMS, and maintaining the hard copy files.

July 2009 to June 2010

The administrator will be cross-trained and will serve as a back up in the event of extended absence from the office and/or staff turnover.

July 2009 to June 2010

TPEP will be notified within fourteen working days of staff changes by remaining staff.

▲ Assessment

July 2009 to June 2010

Track complaints of violation and compliance with the Indoor Clean Air Act.

July 2009 to June 2010

Report implementation activities in quarterly narratives submitted to the state.

▲ Community Education & Outreach

July 2009

Offer Indoor Clean Air Act signs, posters, and pamphlets to the court house, bars, bowling alley, and large employers in Wallowa County.

July 2009 to June 2010

Distribute Oregon Quit Line Materials to businesses and employers of Wallowa County.

January 2009

Conduct a one-year Smoke Free anniversary outreach to businesses and community members.

▲ Earned Media/Media Advocacy

January 2009

The local newspaper will be engaged and publicize the one-year Smoke Free anniversary celebration.

January 2009

The local newspaper will publicize the contact information and instructions for filing complaints of violation to the indoor clean air act.

▲ Policy Development, Implementation and Enforcement

June 2009 to July 2010

A policy for enforcement was written and adopted in 2008-2009. We will continue to implement this policy and assess our procedures.

**5. CRITICAL QUESTIONS:**

**Considering any disparities identified through community assessment, what sectors of the community have been prioritized or targeted for this objective? Provide rationale.**

Formatted: Bullets and Numbering

Business owners, employees of local businesses, pedestrians in business areas, and patrons of local businesses are targeted. Business owners and employers are targeted due to their ability to set policies and rules as well as some ability to enforce the non-smoking laws. Pedestrians and patrons are targeted to encourage community participation and ownership.

What types of technical and/or data assistance do you anticipate needing from staff and partners?

The WEMS system is in place and training has occurred. There may be a need in the future for technical assistance with the program.

Formatted: Bullets and Numbering

**1. Best Practice Objective:**

6: Build Capacity for Tobacco-Related Chronic Disease Prevention, Required

**2. SMART Objective #:**

*1: By June 30, 2010, Wallowa TPEP coordinator will attend 5 TROCD Capacity Building Institutes.*

***3. GOAL AREAS FOR THIS OBJECTIVE:***

- **Eliminate or reduce exposure to secondhand smoke**
- **Countering pro-tobacco influences**
- **Promote quitting**

**4. ACTIVITIES:**

**Plan of Action Subcategories:**

▲ Coordination and Collaboration

July 2009 to June 2010

If funded, the Tobacco Prevention Coordinator will also serve as the coordinator for the TROCD capacity building which will allow maximization of training and staff development.

July 2009 to June 2010

The TPEP advisory board will be utilized to develop a TROCD Community Health Advisory Council.

January 2010

The Tobacco Prevention Coordinator and Administrator will work together to gather data and statistics.

▲ Assessment

January 2010

Collect tobacco facts, chronic disease rates, mortality rates and cause of death, etc. for the 2009 year and compare to 2008 data.

▲ Community Education & Outreach

July 2009 to June 2010

The TPEP advisory board will be invited to participate in the Building Capacity Institutes for TROCD.

March 2010

Conduct one educational session with community members via the local newspaper and radio station regarding local chronic diseases.

▲ Earned Media/Media Advocacy

July 2009 to June 2010

The TPEP coordinator and the TROCD coordinator will be the same staff person; therefore, the experience of the TPEP coordinator in media advocacy skills will be greatly beneficial. When possible, messages will be shared when common objectives exist between TPEP and TROCD programs.

▲ Policy Development, Implementation and Enforcement

July 2009 to June 2010

The TPEP and TROCD coordinator will be the same staff person which will utilize experience in policy development and enforcement. When possible, policies will be combined for TPEP and TROCD.

5. CRITICAL QUESTIONS:

**Considering any disparities identified through community assessment, what sectors of the community have been prioritized or targeted for this objective? Provide rationale.**

← Formatted: Bullets and Numbering

Persons who use tobacco products and are exposed to second-hand smoke will be targeted in order to reduce causes of chronic disease and mortality.

What types of technical and/or data assistance do you anticipate needing from staff and partners?

← Formatted: Bullets and Numbering

Technical assistance with data collection from the state may be utilized.

**1. Best Practice Objective:**

7: Tobacco-Free Head Start/Child Care Programs, Required

**2. SMART Objective #:**

1: By June 30, 2010, 2 out of 2 Head Start Programs in Wallowa County will have passed a model tobacco-free policy.

2: By June 30, 2011, 2 out of 2 Head Start Programs in Wallowa County will be completely tobacco-free.

**3. GOAL AREAS FOR THIS OBJECTIVE:**

- **Eliminate or reduce exposure to secondhand smoke**
- **Promote quitting**
- **Countering Pro-Tobacco Influences**

#### 4. ACTIVITIES:

##### **Plan of Action Subcategories:**

###### ▲ Coordination and Collaboration

July 2009

TPEP Coordinator will contact Andrew Epstein at ALAO for guidance in developing objectives and action plans for work with head start programs.

July 2009 to June 2010

The tobacco prevention coordinator will meet with the Head Start Director Annette Moller as well as head start staff one-on-one, by phone, and by email to establish current policies and move toward tobacco-free policies.

###### ▲ Assessment

August 2009 to December 2009

The TPEP coordinator will contact ALAO to gather information regarding policies and staff needs for training.

###### ▲ Community Education & Outreach

July 2009 to June 2010

The head start program will be referred to the Environmental Protection Agency for resources with the "Smoke-free, Asthma Friendly Homes for Head Start Families" program at <http://www.epa.gov/iaq/headstart>.

July 2009 to June 2010

"Care for their Air" tip sheets, smoking cessation education materials, Oregon Quit Line information, and the American Lung Association of Oregon's "Fresh Air for Little Noses" materials will be provided to the head start programs.

###### ▲ Earned Media/Media Advocacy

July 2009 to June 2010

A letter to the editor will be written commending the local head start program for their adoption of a tobacco-free policy once these policies are in place.

###### ▲ Policy Development, Implementation and Enforcement

July 2009 to June 2010

The TPEP coordinator will utilize the ALAO's policy checklist to evaluate the local head start policy. Assistance will be provided to the head start programs in accessing signs and stickers from the ALAO as needed.

#### 5. CRITICAL QUESTIONS:

**Considering any disparities identified through community assessment, what sectors of the community have been prioritized or targeted for this objective? Provide rationale.**

Formatted: Bullets and Numbering

The Enterprise and Wallowa Head Start families and staff are targeted with this objective to reach families with young children and high rates of smoking. This will reduce second-hand smoke exposure to vulnerable populations and improve health of children.

What types of technical and/or data assistance do you anticipate needing from staff and partners?

Formatted: Bullets and Numbering

The ALAO will be utilized to assess current policies and competencies as well as the head start staff cooperation and expertise.

**1. Best Practice Objective:**

9: Tobacco-Free Outdoor Venues, Optional

**2. SMART Objective #:**

1: By June 2010, the Wallowa County Fair Grounds will have passed tobacco-free policies.

2: By June 2010, 2 additional outdoor venues in Wallowa County will have passed tobacco-free policies.

3: By June 2010, the Wallowa County Fair Grounds will be completely tobacco-free.

4: By June 2010, 2 outdoor venues in Wallowa County will refuse any tobacco sponsorship.

**3. GOAL AREAS FOR THIS OBJECTIVE:**

- **Eliminate or reduce exposure to secondhand smoke**
- **Promote quitting**
- **Countering pro-tobacco influences**

**4. ACTIVITIES:**

**Plan of Action Subcategories:**

▲ **Coordination and Collaboration**

July 2009-June 2010

The TPEP advisory board will identify outdoor venues to target and key persons to contact. Coalitions will be formed to work with outdoor venues based on advisory board input and suggestions.

▲ **Assessment**

July 2009 to June 2010

TPEP coordinator and coalition volunteers will visually assess the outdoor venues being targeted for tobacco use and cigarette butts, as well as for industry sponsorship.

▲ Community Education & Outreach

July 2009 to June 2010

The Coalition will choose one outdoor venue to focus on. If available, pictures of collected cigarette debris or a description of such debris will be publicized via local media.

▲ Earned Media/Media Advocacy

July 2009 to June 2010

The TPEP coordinator will seek assistance from the TPEP Media Relations contractor, Metropolitan Group.

▲ Policy Development, Implementation and Enforcement

July 2009 to June 2010

The TPEP coordinator will collect sample tobacco-free venue and no tobacco sponsorship policies and distribute them to targeted venues. Once policies are established, the TPEP coordinator will assist with obtaining signage for the venues.

5. CRITICAL QUESTIONS:

**Considering any disparities identified through community assessment, what sectors of the community have been prioritized or targeted for this objective? Provide rationale.**

Formatted: Bullets and Numbering

The local fair grounds are targeted because they have already expressed interest and began the process of becoming tobacco free.

What types of technical and/or data assistance do you anticipate needing from staff and partners?

Formatted: Bullets and Numbering

Technical assistance in the form of policy examples will be needed from TPEP. Cooperation and buy-in from organizers of outdoor venues will also be needed.

**1. Best Practice Objective:**

13: Eliminate Tobacco Storefront Advertising, Optional

**2. SMART Objective #:**

1: By June 2010, 50% of tobacco retailers in Wallowa County will have zero tobacco storefront advertising.

2: By June 2011, 100% of tobacco retailers in Wallowa County will have zero tobacco storefront advertising.

3: By June 2010, 50% of tobacco retailers in Wallowa County will have zero in-store tobacco advertising.

3. GOAL AREAS FOR THIS OBJECTIVE:

- Reducing youth access to tobacco
- Countering pro-tobacco influences

#### 4. ACTIVITIES:

##### **Plan of Action Subcategories:**

###### ▲ Coordination and Collaboration

July 2009-June 2010

City council, chamber of commerce, school staff, county youth, parents, members of the Teens Against Drugs and Alcohol (TADA) group, and business leaders will be recruited for a coalition.

###### ▲ Assessment

July 2009 to June 2010

A visual survey will be conducted by coalition members to assess the current number of retailers with storefront advertising, in-store advertising, and advertising placed lower than 36”.

###### ▲ Community Education & Outreach

July 2009 to June 2010

Education to tobacco retailers and stakeholders will occur one-on-one and through signage and posters regarding advertising and its effects on creating a pro-tobacco environment and youth tobacco use.

###### ▲ Earned Media/Media Advocacy

July 2009 to June 2010

Results of the survey will be published in the local newspaper and on the radio. The coalition will conduct a radio interview regarding survey results and the effects of advertising on a pro-tobacco environment and teen initiation of tobacco use.

###### ▲ Policy Development, Implementation and Enforcement

July 2009 to June 2010

No policy will be sought; however, voluntary policy will be encouraged.

#### 5. CRITICAL QUESTIONS:

**Considering any disparities identified through community assessment, what sectors of the community have been prioritized or targeted for this objective? Provide rationale.**

Local tobacco retailers will be targeted to decrease the pro-tobacco environment. Parents and youth will be targeted to decrease initiation of youth tobacco

Formatted: Bullets and Numbering

initiation. Other stakeholders will be sought for participation to increase local buy-in and assist in encouraging local retailers to remove storefront and in-store advertising.

What types of technical and/or data assistance do you anticipate needing from staff and partners?

Assistance in completing a visual survey will be sought from coalition members.

Formatted: Bullets and Numbering

d. Chronic Disease Prevention

<b>Time Period: July 2009 to June 2010</b>				
<b>GOAL: Participate in the Healthy Communities Program to increase staff capabilities to reduce the burden of chronic disease, if funded.</b>				
<b>Objectives</b>	<b>Plan for Methods/Activities/Practice</b>	<b>Outcome Measure(s)</b>	<b>Outcome Measure(s) Results</b>	<b>Progress Notes</b>
A. Utilize the Healthy Communities grant to address chronic disease in Wallowa County.	1. Attend Training institute according to grant specifications. 2. Develop a work plan for Chronic Disease prevention. 3. Build local partnerships to address chronic diseases. 4. Complete a community needs assessment. 5. Apply for Healthy Communities Implementation Funds.	Completion of program requirements		
<b>Time Period: July 2009 to June 2010</b>				
<b>GOAL: Reduce the burden of chronic disease most closely linked to physical inactivity, poor nutrition, and tobacco use.</b>				
<b>Objectives</b>	<b>Plan for Methods/Activities/Practice</b>	<b>Outcome Measure(s)</b>	<b>Outcome Measure(s) Results</b>	<b>Progress Notes</b>
A. Complete a community assessment of chronic disease burden.	1. Assess available data. 2. Share data with staff, county commissioners, and community partners.	Evaluation of data.		
B. Engage community partners in addressing chronic disease.	1. Invite community partners to participate in an advisory council.	# of partners engaged		

2) Parent and Child Health Services

a. MCH Block Grant

<b>Time Period:</b>				
<b>GOAL: To maintain a teen pregnancy rate lower than the state average.</b>				
<b>Objectives</b>	<b>Plan for Methods/ Activities/Practice</b>	<b>Outcome Measure(s)</b>	<b>Outcome Measure(s) Results</b>	<b>Progress Notes</b>
<b>A.</b> Serve as an active participant in the Teen Issues Coalition.	1. Attend quarterly meetings. 2. Participate in teen pregnancy prevention month activities.	1. Attendance of meetings		
<b>B.</b> Increase public awareness and education related to Teen Pregnancy.	1. Conduct a media campaign to increase awareness of the issue. 2. Provide teen pregnancy statistics to the Teen Issues Coalition annually. 3. Conduct an activity for teen pregnancy prevention month.	1. Media materials published 2. Teen Issues Coalition feedback 3. Completion of activity		
<b>C.</b> Enhance health department services to decrease the teen pregnancy rate.	1. Provide birth control methods and appropriate counseling to all teen requesting it. 2. Provide emergency contraception to all teens who have had unprotected sex within 72 hours. 3. Place condoms in the bathroom that can be obtained in a private manner. 4. Provide free condoms and education for proper use to all person requesting them. 5. Provide free condoms to be distributed by the juvenile department.	1. # teens served 2. # pregnancies averted 3. # clients issued Plan B 4 & 5. # condoms distributed		
<b>D.</b> Provide Sex education to teens.	1. Offer a sex education class to all public schools and conduct class for those accepting it.	1. # of classes held 2. # students attending 3. Student & parent feedback		
<b>E.</b> Educate 5th and 6 <sup>th</sup> graders about changes of puberty.	1. Complete a Puberty Education Class in Wallowa 5 <sup>th</sup> & 6 <sup>th</sup> grade classes.	1. Students questions will be answered.		

b. Babies First!

<b>Time Period: July 2009 to June 2010</b>				
<b>GOAL: Improve the early detection of infants and young children at risk of developmental delay and other health related issues.</b>				
<b>Objectives</b>	<b>Plan for Methods/ Activities/Practice</b>	<b>Outcome Measure(s)</b>	<b>Outcome Measure(s) Results</b>	<b>Progress Notes</b>
<b>A.</b> Increase participation in the Babies First! Program	1. "Baby Bags" will be distributed to all WC births with the HD brochure and contact information. 2. Promote the program to all WIC participants. 3. Conduct media campaign to inform public of the program. 4. Incentives for program participation will be explored such as blankets for babies, drawings, etc.	1. # of Bags distributed to the hospital 2. # clients served 3. # new clients 4. Goal is to maintain a caseload of 5-8 clients.		
<b>B.</b> Implement early screening for physical, developmental, and emotional health of infants.	1. Complete developmental, vision, hearing, health, and nutrition screenings according to program guidelines. 2. Partner with BHF and EI to offer county-wide screenings.	1. # of screenings completed.  2. Chart reviews.  3. ORCHIDS data.		
<b>Time Period:</b>				
<b>GOAL: Assist families to identify and access community resources.</b>				
<b>Objectives</b>	<b>Plan for Methods/ Activities/Practice</b>	<b>Outcome Measure(s)</b>	<b>Outcome Measure(s) Results</b>	<b>Progress Notes</b>

A. Maintain appropriate referral capacities.	1. Collaborate with community healthcare providers and partner agencies for referral processes. 2. Document all referrals and follow-up in participant charts.	1# of referrals.  2. Referral follow-ups made.  3. Feedback from healthcare providers and community partners.		
--	---	---	--	--

<b>Time Period: July 2009 to June 2010</b> <b>GOAL: Promote positive parent-child interactions as well as parent education and support.</b>				
Objectives	Plan for Methods/Activities/Practice	Outcome Measure(s)	Outcome Measure(s) Results	Progress Notes
B. Provide education and information to parents and guardians regarding development, physical health, and nutrition.	1. Offer breastfeeding support to mother's. 2. Discuss nutrition status and best practices with participants. 3. Offer activities relevant to developmental stages. 4. Discuss findings of all screenings conduct.	Chart review,  ORCHIDS data		
B. Promote literacy and parent-child reading activities.	1. Host story time at the health department in collaboration with the Wallowa County Library to model parent-child interaction and promote literacy. Schedule story time in conjunction with WIC days quarterly. 2. Distribute "Book Bags" from the county library with books and activities for families.	# if storytimes completed, # of children attending		

c. CaCoon

<b>Time Period: July 2009 to June 2010</b> <b>GOAL: To assist families with children with disabilities in accessing health care.</b>				
Objectives	Plan for Methods/	Outcome	Outcome Measure(s)	Progress Notes

<b>Time Period: July 2009 to June 2010</b>				
<b>GOAL: To assist families with children with disabilities in accessing health care.</b>				
	<b>Activities/Practice</b>	<b>Measure(s)</b>	<b>Results</b>	
A. Provide case management for families with a child under 21 with a disability.	1. Follow all program policies for delivery of services. 2. Assist families with referrals to specialized medical care, contacting providers, arranging travel, managing multiple care providers, scheduling organization, etc.			

d. Child Passenger Safety

<b>Time Period: July 2009 to June 2010</b>				
<b>GOAL: To prevent traffic fatalities of children under the age of 8.</b>				
<b>Objectives</b>	<b>Plan for Methods/Activities/Practice</b>	<b>Outcome Measure(s)</b>	<b>Outcome Measure(s) Results</b>	<b>Progress Notes</b>
A. Decrease barriers to obtaining approved child passenger safety seats in Wallowa County.	1. Work with ODOT to purchase safety seats and maintain adequate stock. 2. Offer safety seats on a sliding scale basis to decrease financial barriers.	# of car seats issued		
B. Eliminate inappropriate use and outdated or dysfunctional car seat use.	1. Host bi-monthly car seat clinics to check installations. 2. Offer installation for all persons purchasing car seats. 3. Offer walk-in car seat checks.	# of car seats discontinued from use and replaced with new car seats		
C. Ensure qualified personnel are available for car seat education and installation checks.	1. Maintain CPS certification for a minimum of 2 staff.	# certified staff		

e. Perinatal Health

<b>Time Period: July 2009 to June 2010</b>				
<b>GOAL: To improve the health of pregnant women.</b>				
<b>Objectives</b>	<b>Plan for Methods/ Activities/Practice</b>	<b>Outcome Measure(s)</b>	<b>Outcome Measure(s) Results</b>	<b>Progress Notes</b>
A. Provide Maternity Case Management.	1. Enroll all interested pregnant women in the MCM home visiting program. 2. Follow Program policies.			

f. Women, Infants, Children

**Wallowa County Health Department  
FY 2009 - 2010 WIC Nutrition Education Plan Form**

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

**Person Completing Form:** Laina Fisher

**Date:** 4/26/09

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

**Email Address:** lfisher@co.wallowa.or.us

Return this form electronically (attached to email) to: [sara.e.sloan@state.or.us](mailto:sara.e.sloan@state.or.us)  
by May 1, 2009  
Sara Sloan, 971-673-0043

**Goal 1: Oregon WIC Staff will have the knowledge to provide quality nutrition education.**

**Year 3 Objective:** During planning period, staff will be able to work with participants to select the food package that is the most appropriate for their individual needs.

**Activity 1:** Staff will complete the appropriate sections of the new Food Package Assignment Module by December 31, 2009.

**Resources:** Food Package Assignment Module to be released summer 2009.

**Implementation Plan and Timeline:** Within 30 days of receipt of Food Package Assignment Module, the WIC certifier and WIC coordinator will complete the module.

**Activity 2:** Staff will receive training in the basics of interpreting infant feeding cues in order to better support participants with infant feeding, breastfeeding education and to provide anticipatory guidance when implementing the new food WIC food packages by December 31, 2009.

**Resources:** Sessions on Infant Feeding Cues at the WIC Statewide Meeting June 22-23, 2009.

**Implementation Plan and Timeline:** Training supervisor will provide an in-service for infant feeding cues to all health department staff in July 2009.

**Activity 3:** Each local agency will review and revise as necessary their nutrition education lesson plans and written education materials to assure consistency with the Key Nutrition Messages and changes with the new WIC food packages by August 1, 2009.

Example: Pregnant women will no longer be able to routinely purchase whole milk with their WIC FIs. If the nutrition education materials your agency uses indicates all pregnant women should drink whole milk, those materials would need to be revised.

**Implementation Plan and Timeline:** Nutrition education plans will be reviewed by the WIC coordinator in July 2009. The Written education materials will be assessed in staff meeting in July 2009 by all health department staff.

**Activity 4:** Identify your agency training supervisor(s) and projected staff in-service training dates and topics for FY 2009-2010. Complete and return Attachment WIC A by May 1, 2009.

**Goal 2: Nutrition Education offered by the local agency will be appropriate to the clients' needs.**

**Year 3 Objective:** During planning , each agency will develop a plan for incorporating participant centered services in their daily clinic activities.

**Activity 1:** Each agency will identify the core components of participant centered services that are being consistently utilized by staff and which components need further developing by October 31, 2009.

**Examples:** Use state provided resources such as the Counseling Observation Guide to identify participant centered skills staff are using on a regular basis. Use state provided resources such as self evaluation activities done during Oregon WIC Listens onsite visits to identify skills staff are working on and want to improve on.

**Implementation Plan and Timeline:** By October 31, 2009 the WIC coordinator will utilize the Counseling Observation Guide to identify participant centered skills being used. Findings will be reviewed with the certifier and skills that need improvement will be identified in a one-on-one meeting between the Coordinator and Certifier.

**Activity 2:** Each agency will implement at least two strategies to promote growth of staff's ability to continue to provide participant centered services by December 31, 2009.

**Examples:** Using the information from Goal 2, Activity 1, schedule quarterly staff meeting time to review Oregon WIC Listens Continuing Education activities related to participant centered skills staff identified they want to improve on. Schedule time for peer to peer observations to focus on enhancing participant centered services.

**Implementation Plan and Timeline:** The coordinator will observe the certifier quarterly in August 2009, November 2009, December 2009, and March 2009 and discuss need for improvement. During staff in-service in October 2009, client centered services will be practiced amongst staff.

**Goal 3: Improve the health outcomes of clients and staff in the local agency service delivery area.**

Year 3 Objective: **During planning period, each agency will develop a plan to consistently promote the Key Nutrition Messages related to Fresh Choices thereby supporting the foundation for health and nutrition of all WIC families.**

*Breastfeeding is a gift of love.  
Focus on fruit.  
Vary your veggies.*

*Make half your grains whole.  
Serve low-fat milk to adults and children over the age of 2*

**Activity 1:** Each agency will implement strategies for promoting the positive changes with Fresh Choices with community partners by October 31, 2009.

**Example:** Determine which partners in your community are the highest priority to contact such as medical providers, food pantries, breastfeeding coalitions, and/or Head Start programs. Provide a staff in-service, written materials or presentation to those partners regarding Fresh Choices.

**Implementation Plan and Timeline:** In July 2009, the WIC staff will meet and develop a list of priority contacts for community partners. In August 2009, the WIC certifier and coordinator will work together to form a packet of written materials for partners and distribute them by August 31, 2009.

**Activity 2:** Each agency will collaborate with the state WIC Research Analysts for Fresh Choices evaluation by April 30, 2010.

**Example:** Your agency is a cooperative partner in a state led evaluation of Fresh Choices such as hosting focus groups or administering questionnaires with participants.

**a.**

**Implementation Plan and Timeline:** WIC staff will work with the state WIC Research Analysts from July 1, 2009 to April 30, 2010 to evaluate fresh choices.

**Goal 4: Improve breastfeeding outcomes of clients and staff in the local agency service delivery area.**

**Year 3 Objective: During planning period, each agency will develop a plan to promote breastfeeding exclusivity and duration thereby supporting the foundation for health and nutrition of all WIC families.**

**Activity 1:** Using state provided resources, each agency will assess their breastfeeding promotion and support activities to identify strengths and weaknesses and identify possible strategies for improving their support for breastfeeding exclusivity and duration by December 31, 2009.

**Resources:** State provided Oregon WIC Breastfeeding Study data, the breastfeeding promotion assessment tool, and technical assistance for using the tool. Technical assistance will be provided as needed from the agency's assigned nutrition consultant and/or the state breastfeeding coordinator.

**Implementation Plan and Timeline:** State provided resources will be utilized in October 2009 by the coordinator and certifier to develop strategies for improving breastfeeding exclusivity.

**Activity 2:** Each agency will implement at least one identified strategy from Goal 4, Activity 1 in their agency by April 30, 2010.

**Implementation Plan and Timeline:** All staff will work in collaboration from October 2009 to April 30, 2010 to implement a strategy identified for improving breastfeeding exclusivity.

**WIC Attachment A  
FY 2009-2010 WIC Nutrition Education Plan  
WIC Staff Training Plan – 7/1/2009 through 6/30/2010**

Agency: Wallowa County Health Department  
Training Supervisor(s) and Credentials: Laina Fisher, RN

i. Staff Development Planned

Based on planned new program initiatives (for example Oregon WIC Listens, new WIC food packages), your program goals, or identified staff needs, what quarterly in-services and or continuing education are planned for existing staff? List the in-services and an

objective for quarterly in-services that you plan for July 1, 2009 – June 30, 2010. State provided in-services, trainings and meetings can be included as appropriate.

<b>Quarter</b>	<b>Month</b>	<b>In-Service Topic</b>	<b>In-Service Objective</b>
1	July 2009	Infant Feeding Cues	To increase staff ability to support infant feeding, breastfeeding, and new food package implementation.
2	October 2009	Client Centered Services	To increase the provision of client centered service in all programs at Wallowa County Health Department.
3	January 2010	Breastfeeding Exclusivity	To increase staff knowledge of breastfeeding benefits and improve ability of staff to promote breastfeeding exclusivity.
4	April 2010	Key Nutrition Messages	To improve staff ability to provide the key nutrition messages.

ii.

**EVALUATION OF WIC NUTRITION EDUCATION PLAN**  
**FY 2008-2009**

WIC Agency: Wallowa County Health Department

Person Completing Form: Laina Fisher

Date: 4/26/09      Phone: (541) 426-4848

Return this form, attached to email to: [sara.e.sloan@state.or.us](mailto:sara.e.sloan@state.or.us) by May 1, 2009

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

**Goal 1: Oregon WIC staff will have the knowledge to provide quality nutrition education.**

**Year 2 Objective:** During plan period, through informal discussions, staff in-services and or/targeted trainings, staff will be able to describe the general content of the new WIC food packages and begin to connect how these changes may influence current nutrition education messages.

*Activity 1: By October 31, 2008, staff will review the WIC Program's Key Nutrition Messages and identify which ones they need additional training on.*

Outcome evaluation: Please address the following questions in your response.

- How were the WIC Program's Key Nutrition Messages shared with staff in your agency?
- Which messages did staff identify as needing additional training on?
- How did this training occur?

Response: Key nutrition messages were shared during a staff meeting via handouts and discussion. Additional training needs were not identified.

*Activity 2: By March 31, 2009, staff will review the proposed food package changes and:*

- *Select at least three food package modifications (for example, addition of new foods, reduction of current foods, elimination of current foods for a specific category).*
- *Review current nutrition education messages most closely connected to those modifications, and*
- *Determine which messages will remain the same and which messages may need to be modified to clarify WIC's reasoning for the change and/or, reduce client resistance to change.*

Outcome evaluation: Please address the following questions in your response.

- How did staff review the proposed food package changes?
- Which nutrition education messages were identified that need to be modified?
- How will these messages be shared with participants?

Response:

Staff discussion about the food package changes occurred. Messages regarding whole milk for women and children over 1 need to be changes. These messages will be shared during certifications, second nutrition education contacts, and group classes.

*Activity 3: Identify your agency training supervisor(s) and staff in-service dates and topics for FY 2008-2009.*

Outcome evaluation: Please address the following questions in your response.

- Did your agency conduct the staff in-services you identified?
- Were the objectives for each in-service met?
- How do your staff in-services address the core areas of the CPA Competency Model?

Response: Staff in-services were not all completed. Staff changes occurred with a new certifier coming in mid-year and a change in the coordinator. Then, due to staff illness, the certifier has been absent. Therefore, the administrator/training supervisor/coordinator has seeing all WIC clients. The prepared in-service materials were read by the administrator/training supervisor/coordinator and discussions did occur with the clerk about changes to food packages.

**Goal 2: Nutrition Education offered by the local agency will be appropriate to the clients' needs.**

**Year 2 Objective:** During plan period, each agency will assess staff knowledge and skill level to identify areas of training needed to provide participant centered services.

*Activity 1: By September 30, 2008 staff will review the assessment steps from the Dietary Risk Module and identify which ones they need additional training on.*

Outcome evaluation: Please address the following questions in your response:

- Did staff review the assessment steps from the Dietary Risk Module?
- Which steps did staff identify as needing additional training on?
- How did this training occur?

Response: Assessment steps were reviewed. The Dietary Risk module, Marketing Nutrition Education Module, Anthropometric Assessment, Infant Nutrition and Feeding Module were all completed by the Certifier to increase staff knowledge and capacity. This training occurred on a self-paced one-on-one basis.

*Activity 2: By November 30, 2008, staff will evaluate how they have modified their approach to individual counseling after completing the Nutrition Risk and Dietary Risk Modules.*

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

- How have staff modified their approach to individual counseling after completing the Nutrition Risk and Dietary Risk Modules?

Response: Staff have changed to a more client-centered counseling approach in which the client has more input and involvement in choosing goals and steps.

**Goal 3: Improve the health outcomes of WIC clients and WIC staff in the local agency service delivery area.**

**Year 2 Objective:** During plan period, in order to help facilitate healthy behavior change for WIC staff and WIC clients, each local agency will select at least one objective and implement at least one strategy from the Statewide Physical Activity and Nutrition Plan 2007-2012.

*Activity 1: Identify your objective and strategy to facilitate healthy behavior change for WIC staff.*

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

- Which objective and strategy did your agency select?
- How did your agency decide on this objective and strategy?
- Did the strategy help meet the objective?
- What went well and what would you do differently?

Response: Our identified objective was that by 2012 there will be a 5% increase in the number of employees who are physically active for 30 minutes a day, at least five days per week. Strategy was to provide and promote flexible time to allow opportunity for physical activity. Staff have been sharing recipes for healthy choices and bringing healthy snacks to work occasionally. We have also been discussing exercise ideas that we like and sharing exercise videos etc. The local newspaper hosted a “Wallowa County Biggest Loser” challenge this year for a 13 week weight loss competition. We organized a team from our building complex and competed. Staff spent a lot of time during the lunch break discussing our progress and things we were finding useful. I also send emails of encouragement to other team members. In addition, staff have been occasionally walking during the workday on their lunch breaks or 15-minute breaks.

*Activity 2: Identify your objective and strategy to facilitate healthy behavior change for WIC clients.*

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

- Which objective and strategy did your agency select?
- How did your agency decide on this objective and strategy?
- Did the strategy help meet your objective?
- What went well and what would you do differently?

Response: Our objective was to increase by 5% the number of Oregon adults and children who meet the recommendation for physical activity by 2012. The strategy was to have parents as role models for healthy physical activity and eating.

Activities completed included providing a list of physical opportunities available at low-to-no-cost in the community, providing counseling to WIC clients about physical activity and being active as a family.

**Goal 4: Improve breastfeeding outcomes of clients and staff in the local agency service delivery area.**

**Year 2 Objective:** During plan period, in order to help improve breastfeeding outcomes for WIC participants, each local agency will select at least one objective and implement at least one strategy from the Statewide Physical Activity and Nutrition Plan 2007-2012.

*Activity 1: Identify your objective and strategy to improve breastfeeding outcomes for WIC clients.*

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

- Which objective and strategy did your agency select?
- How did your agency decide on this objective and strategy?
- Did the strategy help meet your objective?
- What went well and what would you do differently?

Response: Year 1 objective was by 2012, to maintain the current level of breastfeeding initiation and increase by two percent a year the number of mothers who breastfeed exclusively for the first six months of a child's life. The strategy was to promote breastfeeding campaigns targeting the whole family in health plans, health systems, and hospitals.

Activities included a breastfeeding awareness month bulletin board in the office, a newspaper article promoting breastfeeding, breastfeeding support and promotion to pregnant WIC clients, issuing a list of lactation consultants in the county, maintaining staff availability for breast feeding consultation, issuing breast-pumps to WIC clients, and renting privately purchased breast pumps to mother's who do not qualify for WIC.

g. Family Planning

**FAMILY PLANNING PROGRAM ANNUAL PLAN FOR  
COUNTY PUBLIC HEALTH DEPARTMENT  
FY '10**

July 1, 2009 to June 30, 2010

**Agency:** Wallowa County Health Department \_\_\_\_\_  
**Contact:** Laina Fisher, RN \_\_\_\_\_

**Goal 1: Assure continued high quality clinical family planning and related preventive health services to improve overall individual and community health.**

<b>Problem Statement</b>	<b>Objective(s)</b>	<b>Planned Activities</b>	<b>Evaluation</b>
Increased costs of contraceptives, with decrease in grant reimbursement, threatens our ability to adequately serve our FPEP enrollment.	1) Continue cost comparisons on contraceptives. 2) Use donations for 5% increase of revenue for period ending June 30, 2010.	Check contraceptive costs thru new outlets for possible cost savings.	Quarterly and fiscal year end cost and revenue reports on contraceptives.
		Train staff to make donation requests. Have a quilt raffle to obtain part of 5% revenue increase.	Fiscal evaluation of donations and customer feedback. Staff feedback.

**Goal 2: Assure ongoing access to a broad range of effective family planning methods and related preventive health services.**

<b>Problem</b>	<b>Objective(s)</b>	<b>Planned Activities</b>	<b>Evaluation</b>
----------------	---------------------	---------------------------	-------------------

Statement			
Providing information to middle school age individuals and parents about services available at WCHD	1) Obtaining permission to speak at middle schools.	Contacting school officials and parents for permission and parameters for education thru schools .	Measure increase in client numbers.
	2) Providing public meetings for parents.	Have public forum meetings with Q&A for parents and families on services and information at WCHD.	Evaluate feedback from parents and clients.

Objectives checklist:  
assessment findings?

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

## Progress on Goals / Activities for FY 09

(Currently in Progress)

Goal / Objective	Progress on Activities
1) Assure continued high quality clinical F.P. and related preventative health services to improve overall individual and community health.	Fund raising yard sale held, also donations are being sought and obtained by staff members.

2)Assure ongoing access to a broad range of effective FP methods and related preventive health services.	Health officer is inserting at least one IUD per month. He is providing service for three counties.

h. Immunizations

See attached plan.

i. Oregon Mother's Care

<b>Time Period: July 2009 to June 2010</b>				
<b>GOAL: To reduce the number of uninsured pregnant women.</b>				
<b>Objectives</b>	<b>Plan for Methods/Activities/Practice</b>	<b>Outcome Measure(s)</b>	<b>Outcome Measure(s) Results</b>	<b>Progress Notes</b>
A. Reduce barriers to OHP application completion.	1. Maintain at least 1 staff person with the capability of assisting with OHP applications. 2. Assist women in the office by appointment or walk-in. 3. Provide an appointment no later than 5 days after initial inquiry or referral. 4. Fax application directly as indicated in program instructions. 5. Follow up on all pending applications and gather materials to re-submit.	# of births to uninsured mothers		
<b>Time Period: July 2009 to June 2010</b>				
<b>GOAL: To increase the number of women receiving adequate prenatal care.</b>				
<b>Objectives</b>	<b>Plan for Methods/Activities/Practice</b>	<b>Outcome Measure(s)</b>	<b>Outcome Measure(s) Results</b>	<b>Progress Notes</b>

<b>Time Period: July 2009 to June 2010</b>				
<b>GOAL: To reduce the number of uninsured pregnant women.</b>				
<b>A.</b> Increase the number of pregnant women with insurance coverage.	1. Complete OHP applications as described above. 2. If non-eligible to OHP, make referrals.	Census Bureau data for Uninsured		
<b>B.</b> Increase the number of pregnant women accessing early prenatal care.	1. Provide health care provider information to all pregnant women. 2. Call to schedule 1 <sup>st</sup> appointment as needed.	Vital statistics prenatal care reports		

j. Suicide Prevention

<b>Time Period: July 2009 to June 2010</b>				
<b>GOAL: To decrease the rate of youth suicide.</b>				
Objectives	Plan for Methods/Activities/Practice	Outcome Measure(s)	Outcome Measure(s) Results	Progress Notes
<b>A.</b> Provide Tools to youth for approaching peers they are concerned about.	1. Conduct Response Education Class in Wallowa, Enterprise, and Joseph Jr. High Classes.	Class evaluations		
<b>B.</b> Provide tools to schools for suicide prevention education.	1. Work with schools to identify at least 1 key staff person to refer youth to. 2. Provide in-service Response materials to Wallowa, Enterprise, and Joseph schools. 3. Allow the identified staff person to observe the Response class in order to conduct the class in future years.	Teacher/Staff Feedback		

k. Environmental Health

<b>Time Period: July 2009 to June 2010</b>				
<b>GOAL: To reduce environmental health risk factors with the potential to cause disease outbreaks and illness within Wallowa County.</b>				
Objectives	Plan for Methods/Activities/Practice	Outcome Measure(s)	Outcome Measure(s) Results	Progress Notes

**Time Period: July 2009 to June 2010**

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

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

1. Health Statistics

**Time Period: July 2009 to June 2010**

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

Objectives	Plan for Methods/	Outcome	Outcome Measure(s)	Progress Notes
------------	-------------------	---------	--------------------	----------------

<b>Time Period: July 2009 to June 2010</b>				
<b>GOAL: Vital statistics registration will be accurate, timely, and consistent with program protocols.</b>				
	<b>Activities/Practice</b>	<b>Measure(s)</b>	<b>Results</b>	
<b>A.</b> Staff competency will be maintained for vital statistics registration.	1. Maintain a minimum of two trained Vital Statistics Registrars. 2. Job aids will be developed for completion of birth and death certificate registration.			
<b>B.</b> 100% of birth and death certificates will be reviewed by the County Registrar or Deputy registrar for accuracy and completeness.	1. Protocols and guidelines will be reviewed annually by all registrars.	1. Increased staff knowledge of birth and death certificate issuance requirements. 2. Compliance during the Aug 09 triennial program review.		
<b>C.</b> Requests for birth and death certificates will be filled within 1 working day.	1. All registrars will be competent to ensure staff are always available. 2. Adequate supplies & materials will be stocked to ensure printing capabilities.	1. All registrars will be able to demonstrate the ability to print birth and death certificates.		

m. Information and Referral

<b>Time Period: July 2009 to June 2010</b>				
<b>GOAL: To educate the public regarding health indicators and status.</b>				
<b>Objectives</b>	<b>Plan for Methods/Activities/Practice</b>	<b>Outcome Measure(s)</b>	<b>Outcome Measure(s) Results</b>	<b>Progress Notes</b>
<b>A.</b> Develop a website for Wallowa County Health Department.	1. Work with local contractor for website development. 2. Maintain website.	Completion of functioning website.		
<b>B.</b> Publish health indicators on the health department website.	1. Post most recent data for health indicators on website. 2. Evaluate & update website data annually.	Viewer feedback		

<b>Time Period: July 2009 to June 2010</b>				
<b>GOAL: To educate the public regarding health indicators and status.</b>				
<b>Time Period: July 2009 to June 2010</b>				
<b>GOAL: Educate Wallowa County residents about health department services.</b>				
<b>Objectives</b>	<b>Plan for Methods/ Activities/Practice</b>	<b>Outcome Measure(s)</b>	<b>Outcome Measure(s) Results</b>	<b>Progress Notes</b>
<b>A.</b> Publish information about programs and services on the website.	1. Post program descriptions, and contact info. 2. Add information about all new services within 30 days of implementation once a functioning website is in place.	Viewer feedback		
<b>B.</b> Maintain and distribute informational brochures for health department services.	1. Assess current services brochure annually and make necessary changes. 2. Maintain brochure supplies at local providers, partner agencies. 3. Display brochures at a minimum of 2 public events per year.	# of brochures distributed annually, # of events attended to promote health department programs		
<b>Time Period: July 2009 to June 2010</b>				
<b>GOAL: To disseminate information and educational materials for a wide variety of diseases and conditions.</b>				
<b>Objectives</b>	<b>Plan for Methods/ Activities/Practice</b>	<b>Outcome Measure(s)</b>	<b>Outcome Measure(s) Results</b>	<b>Progress Notes</b>
<b>A.</b> Maintain a variety of brochures and educational materials about vaccinations, diseases, and health conditions available for public dissemination.	1. Review brochures annually.			
<b>Time Period: July 2009 to June 2010</b>				
<b>GOAL: To assist residents in accessing community resources.</b>				
<b>A.</b> Maintain a current County Referral List	1. Review our referral list flyer annually.			
<b>B.</b> Maintain a current list of Physical Activity Opportunities.	1. Review the physical activities flyer annually.			

<b>Time Period: July 2009 to June 2010</b>				
<b>GOAL: To educate the public regarding health indicators and status.</b>				
C. Actively participate in community partner collaboration in order to be informed of local resources.	1. Attend quarterly Service integration meetings for reports of partner services and activities.	1. Service integration meeting minutes.		

n. Public Health Emergency Preparedness

<b>Time Period: July 2009 to June 2010</b>				
<b>GOAL: To enhance surge capacity and response capabilities for public health emergencies.</b>				
<b>Objectives</b>	<b>Plan for Methods/ Activities/Practice</b>	<b>Outcome Measure(s)</b>	<b>Outcome Measure(s) Results</b>	<b>Progress Notes</b>
A. Continue analysis and corrections to Emergency operations plans.	1. Evaluate the Wallowa County Basic Plan, Public Health Appendix, Mass Prophylaxis, Chemical, Radiation, Health and Medical Annex, Natural Disasters, Communications Annex, Disease Surveillance, Pandemic Influenza, Behavioral Health Plans annually. 2. Collaborate with Wallowa County Emergency Manager on all developments of new plans and changes to existing plans.	1. Compliance during annual program reviews.		

**Time Period: July 2009 to June 2010**

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

<p><b>B. Maintain 24/7 response capabilities.</b></p>	<ol style="list-style-type: none"> <li>1. Evaluate the 24/7 communications plan annually.</li> <li>2. Test HAN user response bi-monthly.</li> <li>3. Test 24/7 communications quarterly.</li> <li>4. Contact the Sheriff's office to check contact information and protocols quarterly.</li> </ol>	<ol style="list-style-type: none"> <li>1. 95% of reports must be evaluated and acted on within 15 minutes.</li> <li>2. Changes in staff contact info reflected in HAN within 7 days</li> <li>3. 98% of staff have accurate user profiles in HAN.</li> <li>4. 90% of staff receive notifications and alerts in HAN.</li> <li>5. Notification of personnel to staff emergency within 60 min. of the decision to respond.</li> <li>6. Personnel physically present to staff emergencies within 90 min. of decision to notify.</li> <li>7. Public Info. Issued within 60 min. from activation of EOP.</li> <li>8. Provide prophylaxis within 24 hrs of decision to conduct.</li> </ol>		
<p><b>C. Enhance surge capacity.</b></p>	<ol style="list-style-type: none"> <li>1. Establish and maintain mutual aid agreements as applicable.</li> <li>2. Maintain volunteer policies and protocols.</li> <li>3. Train all health department employees in ICS, communicable disease investigation and response, NIMS, and communication skills.</li> </ol>	<p>Compliance in annual program evaluation.</p>		

**Time Period: July 2009 to June 2010**

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

<p><b>D.</b> Conduct annual exercise of preparedness plans and capabilities according to contract specifications.</p>	<p>1. Conduct 1 full-scale or functional exercise annually. 2. Conduct 1 tabletop exercise annually. 3. Rotate exercise schedules to utilize various emergency plans.</p>	<p>Compliance in annual program evaluation.</p>		
---	---	---	--	--

**Time Period: July 2009 to June 2010**

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

Objectives	Plan for Methods/Activities/Practice	Outcome Measure(s)	Outcome Measure(s) Results	Progress Notes
<p><b>A.</b> Maintain interoperable radio communication capabilities.</p>	<p>1. Purchase radios in 2008-2009. 2. Utilize radios for all exercises in order to maintain familiarity. 3. Training for all staff annually on radio communications.</p>	<p>Staff Feedback. Staff demonstration of use.</p>		

#### IV. 2008-2009 Narrative

##### Babies First:

3 families were served. All activities were completed.

New staff was oriented to the program. Renita observed home visits in Ontario to increase her familiarity with screenings and procedures.

##### Communicable Disease/Preparedness:

Activities completed except CD 303 was not completed by the coordinator as planned. A full scale POD exercise was completed including security and communication. CD protocols were assessed and are current. 24/7 communications plan was followed. No emergency responses were needed, but during quarterly testing responses were within required timeframes. Cross training of staff, emergency response planning have been conducted. Quarterly contact with infection control at the hospital was conducted. Local providers were contacted during case investigations. Investigations were completed according to policy. According to the Oregon Licensed Facility Report 2007, 1 foodborne illness complaint was received and 1 was inspected.

##### Breast and Cervical Cancer:

This program was cut.

##### Environmental Health:

Completed. Phoenix system was used to document contacts and licensures.

Food handlers classes were offered and information was available. 42 Food handlers cards were issued. 98% of restaurants, 100% of mobile units, 100% pools/spas, 91% traveler's accommodations, 100% bed and breakfasts, 100% RV parks, and 50% of organizational camps were inspected.

##### Family Planning:

Activities completed. 412 visits, 228 clients, 85 new to the program, and 73 estimated pregnancies prevented.

##### Health Statistics:

Birth and death certificate registration was completed according to policies. Health indicators were evaluated in March-May 2009 in order to assess services provided and complete this annual plan.

##### Immunization Plan:

621 Vaccinations given, 875 flu shots given. Shots due reminder calls and postcards were not completed as planned due to staff shortage. Will implement in the following year.

##### Information and Referral:

Completed. Brochures for community health care providers, physical activities available, and social services were distributed. A large variety of health information

was available in written format and by consult with nurses. For referrals, the list of community service providers was distributed. In addition, MDT, service integration, and Early Childhood Committee meetings were attended which focus on services being provided in our community and allows further information to be gathered for referral use.

**Parent & Child Health:**

Completed. A dental health class for birth to 5 was not offered in conjunction with a local hygienist as planned. Additional activities not in the plan included a class for Wallowa 5<sup>th</sup> and 6<sup>th</sup> graders for puberty and hygiene education.

**Teen Pregnancy Prevention:**

Completed. Birth control methods and condoms were provided. Teen pregnancy prevention meetings were attended. A media campaign for teen pregnancy prevention month was not completed.

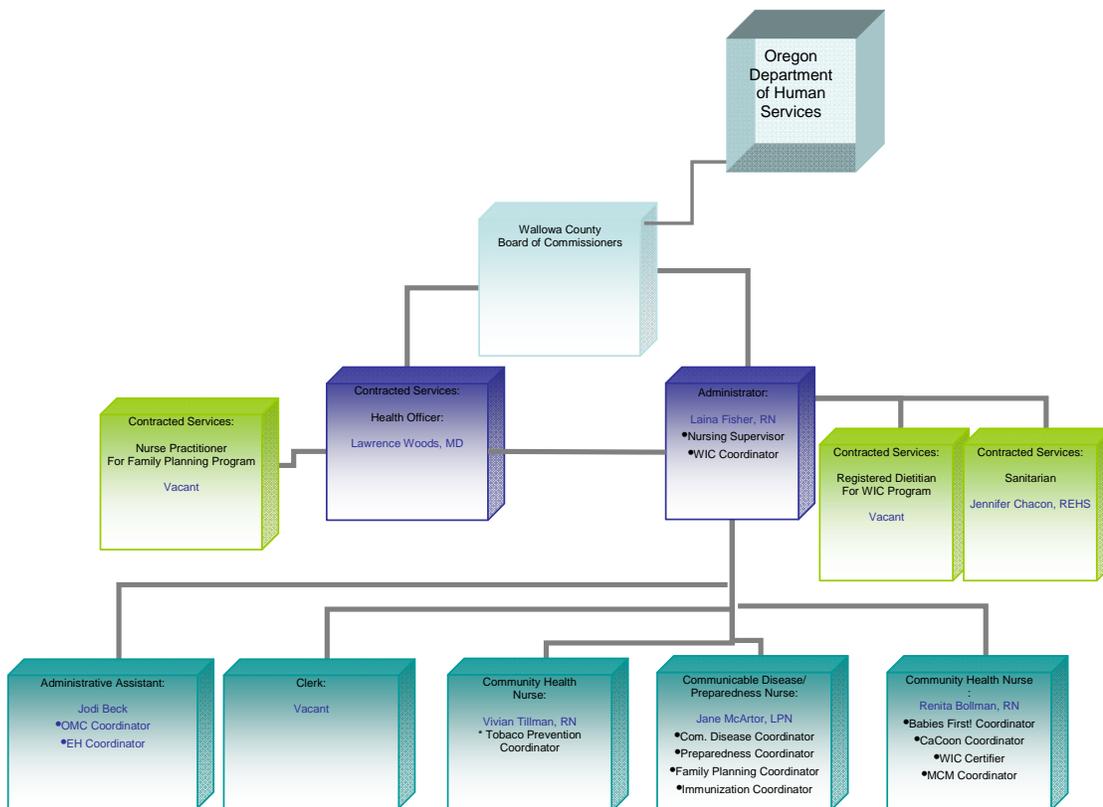
**Tobacco Prevention:**

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

V. Additional Requirements

a. Organizational Chart

# Wallowa County Health Department Organizational Chart



b. Board of Health

There is currently no local board of health.

c. Public Health Advisory Board

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

d. Coordination with Comprehensive Plan

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

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

V. Unmet Needs

Unmet needs determined by this assessment and the Commission on Children and Families Comprehensive plan include: Youth drug and alcohol use, suicide prevention, economic stimulants, youth enrichment activities, mental health services, alcohol and drug addiction services, alcohol and drug use prevention.

VI. Budget

256-Wallowa County Public Health 2009-2010 Proposed Budget

100	Revenues		
	3-01-0101	Beginning Fund Balance	<u>\$19,000</u>
	3-15-1510	Interest Earned	<u>\$1,000</u>
	3-20-2334	Patient Fees	<u>\$15,500</u>
	3-20-2336	Vehicle Reimbursement	<u>\$2,000</u>
	3-60-6102	Donations	<u>\$2,500</u>
	3-60-6204	Misc Revenue	<u>\$0</u>
		Total Dept 100 Revenues	<u>\$40,000</u>
		Expenses	
	5-10-1001	Administrator	<u>\$5,728</u>
	5-10-1002	Nurse-McArtor	<u>\$959</u>

5-10-1004	Administrative Assistant	<u>\$3,635</u>
5-10-1005	Clerk	<u>\$0</u>
5-10-1301	Fica/Medicare	<u>\$615</u>
5-10-1302	Health Insurance	<u>\$2,955</u>
5-10-1303	Retirement	<u>\$643</u>
5-10-1305	Workers Comp	<u>\$6</u>
5-10-1306	Life Insurance	<u>\$6</u>
5-10-1307	Life Flight	<u>\$8</u>
5-10-1309	Unemployment	<u>\$0</u>

Total Salaries & Benefits \$14,555

5-20-2102	Office Supplies	<u>\$267</u>
5-20-2104	Postage	<u>\$15</u>
5-20-2136	Medical Supplies	<u>\$0</u>
5-20-2168	Training Materials	<u>\$0</u>
5-20-2238	Adult Vaccine	<u>\$4,100</u>
5-20-2400	Meal Reimbursement	<u>\$0</u>
5-20-2402	Travel/Training/Meals	<u>\$0</u>
5-20-2406	Ins-Liab/Veh/Property	<u>\$0</u>
5-20-2450	Telephone	<u>\$92</u>
5-20-2458	Utilities	<u>\$340</u>
5-20-2468	Rent/Building Expense	<u>\$171</u>
5-20-2502	Vehicle Maint/Fuel	<u>\$200</u>
5-20-2534	Administration Fee	<u>\$0</u>
5-20-2540	Audit	<u>\$600</u>
5-20-2594	Health Officer	<u>\$360</u>
5-20-2626	Vital Records Fees	<u>\$0</u>
5-20-2628	Lab Fees	<u>\$300</u>
5-20-2630	Refunds	<u>\$0</u>

Total Supplies & Services \$6,445

5-60-6102	Contingency	<u>\$19,000</u>
	Total Contingency	<u>\$19,000</u>

Total DEPT \_\_\_ Expenses \$40,000

250- Maternal Child Health Revenues

3-40-4260	Maternal Child Grant (St)	<u>\$3,189</u>
3-40-4262	MCH Title V Flexible +CAH	<u>\$10,905</u>
3-40-4264	MCH Title V Child & Adol	<u>\$0</u>

Total Dept 250 Revenues \$14,094

Expenses

5-10-1001	Administrator	<u>\$4,847</u>
5-10-1002	Nurses	<u>\$0</u>
5-10-1004	Administrative Assistant	<u>\$3,375</u>
5-10-1005	Clerk	<u>\$0</u>
5-10-1301	Fica/Medicare	<u>\$615</u>
5-10-1302	Health Insurance	<u>\$2,955</u>
5-10-1303	Retirement	<u>\$643</u>
5-10-1305	Workers Comp	<u>\$6</u>
5-10-1306	Life Insurance	<u>\$6</u>
5-10-1307	Life Flight	<u>\$8</u>
	Total Salaries & Benefits	<u>\$12,455</u>

5-20-2102	Office Supplies	<u>\$636</u>
5-20-2104	Postage	<u>\$15</u>
5-20-2112	Educational Materials	<u>\$0</u>
5-20-2168	Training Expense	<u>\$0</u>
5-20-2402	Travel/Training/Meals	<u>\$25</u>
5-20-2450	Telephone	<u>\$92</u>
5-20-2458	Utilities	<u>\$340</u>
5-20-2468	Rent/Building Expense	<u>\$171</u>
5-20-2534	Administration Fee	<u>\$0</u>
5-20-2594	Health Officer	<u>\$360</u>
	Total Supplies & Services	<u>\$1,639</u>

MCH Total DEPT 250 Expenses \$14,094

251-Babies First

Revenues

3-40-4260	Babies First Grant (St)	<u>\$5,213</u>
	Targeted Case Management	<u>\$2,400</u>
	Total Dept 251 Revenues	<u>\$7,613</u>

Expenses

5-10-1001	Administrator	<u>\$441</u>
5-10-1002	Nurses	<u>\$1,801</u>
5-10-1004	Administrative Assistant	<u>\$2,336</u>
5-10-1005	Clerk	<u>\$0</u>
5-10-1301	Fica/Medicare	<u>\$307</u>
5-10-1302	Health Insurance	<u>\$1,478</u>
5-10-1303	Retirement	<u>\$321</u>
5-10-1305	Workers Comp	<u>\$3</u>
5-10-1306	Life Insurance	<u>\$3</u>

5-10-1307	Life Flight	<u>\$4</u>
	Total Salaries & Benefits	<u>\$6,694</u>
5-20-2102	Office Supplies	<u>\$143</u>
5-20-2104	Postage	<u>\$20</u>
5-20-2400	Meal Reimbursement	<u>\$0</u>
5-20-2402	Travel/Training/Meals	<u>\$200</u>
5-20-2450	Telephone	<u>\$50</u>
5-20-2458	Utilities	<u>\$180</u>
5-20-2468	Rent/Building Expense	<u>\$86</u>
5-20-2534	Administration Fee	<u>\$0</u>
5-20-2594	Health Officer	<u>\$240</u>
	Total Supplies & Services	<u>\$919</u>
Babiest First	Total DEPT 251 Expenses	<u>\$7,613</u>
252-CaCoon	Revenues	
3-40-4260	CaCoon Grant	<u>\$2,884</u>
	Total Dept 252 Revenues	<u>\$2,884</u>
	Expenses	
5-10-1001	Administrator	<u>\$441</u>
5-10-1002	Nurses	<u>\$900</u>
5-10-1004	Administrative Assistant	<u>\$519</u>
5-10-1301	Fica/Medicare	<u>\$73</u>
5-10-1302	Health Insurance	<u>\$353</u>
5-10-1303	Retirement	<u>\$77</u>
5-10-1305	Workers Comp	<u>\$1</u>
5-10-1306	Life Insurance	<u>\$1</u>
5-10-1307	Life Flight	<u>\$1</u>
	Total Salaries & Benefits	<u>\$2,366</u>
5-20-2102	Office Supplies	<u>\$279</u>
5-20-2104	Postage	<u>\$20</u>
5-20-2402	Travel/Training/Meals	<u>\$20</u>
5-20-2450	Telephone	<u>\$30</u>
5-20-2458	Utilities	<u>\$80</u>
5-20-2468	Rent/Building Expense	<u>\$29</u>
5-20-2534	Administration Fee	<u>\$0</u>

5-20-2594	Health Officer	<u>\$60</u>
	Total Supplies & Services	<u>\$518</u>
CaCoon	Total DEPT 252 Expenses	<u>\$2,884</u>
253-Perinatal	Revenues	
3-40-4260	Perinatal Grant (stO)	<u>\$1,600</u>
	Total Dept 253 Revenues	<u>\$1,600</u>
	Expenses	
5-10-1001	Administrator	<u>\$441</u>
5-10-1002	Nurses	<u>\$277</u>
5-10-1004	Administrative Assistant	<u>\$260</u>
5-10-1301	Fica/Medicare	<u>\$54</u>
5-10-1302	Health Insurance	<u>\$257</u>
5-10-1303	Retirement	<u>\$56</u>
5-10-1305	Workers Comp	<u>\$1</u>
5-10-1306	Life Insurace	<u>\$1</u>
5-10-1307	Life Flight	<u>\$1</u>
	Total Salaries & Benefits	<u>\$1,348</u>
5-20-2102	Office Supplies	<u>\$177</u>
5-20-2104	Postage	<u>\$0</u>
5-20-2402	Travel/Training/Meals	<u>\$0</u>
5-20-2450	Telephone	<u>\$15</u>
5-20-2458	Utilities	<u>\$60</u>
5-20-2468	Rent/Building Expense	<u>\$0</u>
5-20-2534	Administration Fee	<u>\$0</u>
5-20-2594	Health Officer	<u>\$0</u>
	Total Supplies & Services	<u>\$252</u>
Perinatal	Total DEPT 253 Expenses	<u>\$1,600</u>
254-SSPH	Revenues	
3-40-4260	SSPH (st)	<u>\$8,322</u>
	Total Dept 254 Revenues	<u>\$8,322</u>

	Expenses	
5-10-1001	Administrator	<u>\$2,644</u>
5-10-1002	Nurses	<u>\$2,237</u>
5-10-1004	Administrative Assistant	<u>\$519</u>
5-10-1301	Fica/Medicare	<u>\$307</u>
5-10-1302	Health Insurance	<u>\$1,478</u>
5-10-1303	Retirement	<u>\$321</u>
5-10-1305	Workers Comp	<u>\$3</u>
5-10-1306	Life Insurace	<u>\$3</u>
5-10-1307	Life Flight	<u>\$4</u>
	Total Salaries & Benefits	<u>\$7,516</u>
5-20-2102	Office Supplies	<u>\$151</u>
5-20-2104	Postage	<u>\$15</u>
5-20-2136	Medical Supplies	<u>\$0</u>
5-20-2402	Travel/Training/Meals	<u>\$0</u>
5-20-2450	Telephone	<u>\$61</u>
5-20-2458	Utilities	<u>\$225</u>
5-20-2468	Rent/Building Expense	<u>\$114</u>
5-20-2534	Administration Fee	<u>\$0</u>
5-20-2594	Health Officer	<u>\$240</u>
	Total Supplies & Services	<u>\$806</u>
SSPH	Total DEPT 254 Expenses	<u>\$8,322</u>
255-WIC	Revenues	
3-40-4260	WIC Grant 10.557	<u>\$23,240</u>
	Total Dept 255 Revenues	<u>\$23,240</u>
	Expenses	
5-10-1001	Administrator	<u>\$7,050</u>
5-10-1002	Nurses	<u>\$0</u>
5-10-1004	Administrative Assistant	<u>\$2,856</u>
5-10-1005	Clerk	<u>\$0</u>
5-10-1006	Coordinator	<u>\$3,948</u>
5-10-1007	Nutritionist	<u>\$600</u>
5-10-1301	Fica/Medicare	<u>\$1,025</u>
5-10-1302	Health Insurance	<u>\$4,925</u>
5-10-1303	Retirement	<u>\$1,072</u>

5-10-1305	Workers Comp	<u>\$10</u>
5-10-1306	Life Insurace	<u>\$9</u>
5-10-1307	Life Flight	<u>\$14</u>
	Total Salaries & Benefits	<u>\$21,509</u>

5-20-2102	Office Supplies	<u>\$239</u>
5-20-2104	Postage	<u>\$25</u>
5-20-2112	Educational Materials	<u>\$20</u>
5-20-2400	Meal Reimbursement	<u>\$0</u>
5-20-2402	Travel/Training/Meals	<u>\$0</u>
5-20-2450	Telephone	<u>\$140</u>
5-20-2458	Utilities	<u>\$510</u>
5-20-2468	Rent/Building Expense	<u>\$257</u>
5-20-2534	Administration Fee	<u>\$0</u>
5-20-2594	Health Officer	<u>\$540</u>
	Total Supplies & Services	<u>\$1,731</u>

WIC	Total DEPT 255 Expenses	<u>\$23,240</u>
-----	-------------------------	-----------------

256-Family Planning

Revenues

3-20-2334	Patient Fees	\$9,000
3-40-4260	FP Grant 93.217	<u>\$13,044</u>
3-40-4262	FP Expansion Program	<u>\$17,000</u>
3-40-4264	MCH Black Grant 93.994	<u>\$4,674</u>
	Total Dept 256 Revenues	<u>\$43,718</u>

Expenses

5-10-1001	Administrator	<u>\$6,609</u>
5-10-1002	Nurses	<u>\$5,753</u>
5-10-1003	Nurses	<u>\$0</u>
5-10-1004	Administrative Assistant	<u>\$5,452</u>
5-10-1005	Clerk	<u>\$0</u>
5-10-1301	Fica/Medicare	<u>\$1,434</u>
5-10-1302	Health Insurance	<u>\$6,895</u>
5-10-1303	Retirement	<u>\$1,500</u>
5-10-1305	Workers Comp	<u>\$14</u>
5-10-1306	Life Insurace	<u>\$13</u>
5-10-1307	Life Flight	<u>\$19</u>
	Total Salaries & Benefits	<u>\$27,689</u>

5-20-2102	Office Supplies	<u>\$469</u>
5-20-2104	Postage	<u>\$40</u>
5-20-2112	Educational Materials	<u>\$0</u>
5-20-2136	Medical Supplies	<u>\$25</u>
5-20-2244	Contraceptives	<u>\$8,800</u>
5-20-2402	Travel/Training/Meals	<u>\$0</u>
5-20-2450	Telephone	<u>\$215</u>
5-20-2458	Utilities	<u>\$790</u>
5-20-2468	Rent/Building Expense	<u>\$400</u>
5-20-2514	Contract Labor	<u>\$3,000</u>
5-20-2534	Administration Fee	<u>\$0</u>
5-20-2594	Health Officer	<u>\$660</u>
5-20-2596	Bio-Hazard Disposal	<u>\$30</u>
5-20-2628	Lab Fees	<u>\$1,600</u>
	Total Supplies & Services	<u>\$16,029</u>

Family Planning	Total DEPT 256 Expenses	<u>\$43,718</u>
-----------------	-------------------------	-----------------

259-OMC

Revenues

3-40-4260	OMC Grant	<u>\$2,841</u>
	Total Dept 259 Revenues	<u>\$2,841</u>

Expenses

5-10-1001	Administrator	<u>\$441</u>
5-10-1002	Nurses	<u>\$0</u>
5-10-1004	Administrative Assistant	<u>\$1,298</u>
5-10-1005	Clerk	<u>\$0</u>
5-10-1301	Fica/Medicare	<u>\$102</u>
5-10-1302	Health Insurance	<u>\$493</u>
5-10-1303	Retirement	<u>\$107</u>
5-10-1305	Workers Comp	<u>\$1</u>
5-10-1306	Life Insurance	<u>\$1</u>
5-10-1307	Life Flight	<u>\$1</u>
	Total Salaries & Benefits	<u>\$2,444</u>

5-20-2102	Office Supplies	<u>\$153</u>
5-20-2104	Postage	<u>\$35</u>
5-20-2112	Educational Materials	<u>\$0</u>
5-20-2402	Travel/Training/Meals	<u>\$0</u>
5-20-2450	Telephone	<u>\$30</u>

5-20-2458	Utilities	<u>\$90</u>
5-20-2468	Rent/Building Expense	<u>\$29</u>
5-20-2534	Administration Fee	<u>\$0</u>
5-20-2594	Health Officer	<u>\$60</u>
	Total Supplies & Services	<u>\$397</u>

OMC	Total DEPT 259 Expenses	<u>\$2,841</u>
-----	-------------------------	----------------

260-Immunization

Revenues

3-20-2334	Patient Fees	\$7,000
3-40-4260	Immunization (St/93.778)	<u>\$6,915</u>
3-40-4264	State Vaccine	<u>\$15,000</u>
	Total Dept 260 Revenues	<u>\$28,915</u>

Expenses

5-10-1001	Administrator	<u>\$2,203</u>
5-10-1002	Nurses	<u>\$2,237</u>
5-10-1003	Nurses	<u>\$0</u>
5-10-1004	Administrative Assistant	<u>\$3,635</u>
5-10-1005	Clerk	<u>\$0</u>
5-10-1301	Fica/Medicare	<u>\$512</u>
5-10-1302	Health Insurance	<u>\$2,463</u>
5-10-1303	Retirement	<u>\$536</u>
5-10-1305	Workers Comp	<u>\$5</u>
5-10-1306	Life Insurance	<u>\$5</u>
5-10-1307	Life Flight	<u>\$7</u>
	Total Salaries & Benefits	<u>\$11,603</u>

5-20-2102	Office Supplies	<u>\$104</u>
5-20-2104	Postage	<u>\$15</u>
5-20-2136	Medical Supplies	<u>\$1,200</u>
5-20-2246	State Vaccine	<u>\$15,000</u>
5-20-2402	Travel/Training/Meals	<u>\$0</u>
5-20-2450	Telephone	<u>\$92</u>
5-20-2458	Utilities	<u>\$340</u>
5-20-2468	Rent/Building Expense	<u>\$171</u>
5-20-2534	Administration Fee	<u>\$0</u>
5-20-2594	Health Officer	<u>\$360</u>
5-20-2596	Bio-Hazard Disposal	<u>\$30</u>
	Total Supplies & Services	<u>\$17,312</u>

Immunization	Total DEPT 260 Expenses	<u>\$28,915</u>
262-Tobacco Grant	Revenues	
3-40-4260	Tobacco Grant	<u>\$34,750</u>
	Total Dept 262 Revenues	<u>\$34,750</u>
	Expenses	
5-10-1001	Administrator	<u>\$2,644</u>
5-10-1002	Coordinator	<u>\$17,577</u>
5-10-1301	Fica/Medicare	<u>\$1,537</u>
5-10-1302	Health Insurance	<u>\$7,388</u>
5-10-1303	Retirement	<u>\$1,607</u>
5-10-1305	Workers Comp	<u>\$15</u>
5-10-1306	Life Insurace	<u>\$14</u>
5-10-1307	Life Flight	<u>\$20</u>
	Total Salaries & Benefits	<u>\$30,802</u>
5-20-2102	Office Supplies	<u>\$889</u>
5-20-2104	Postage	<u>\$0</u>
5-20-2402	Travel/Training/Meals	<u>\$650</u>
5-20-2450	Telephone	<u>\$230</u>
5-20-2458	Utilities	<u>\$850</u>
5-20-2468	Rent/Building Expense	<u>\$429</u>
5-20-2534	Administration Fee	<u>\$0</u>
5-20-2594	Health Officer	<u>\$900</u>
	Total Supplies & Services	<u>\$3,948</u>
Tobacco	Total DEPT 262 Expenses	<u>\$34,750</u>
263-Preparedness	Revenues	
3-40-4260	Preparedness Grant 93.283	<u>\$42,792</u>
	Total Dept 263 Revenues	<u>\$42,792</u>
	Expenses	
5-10-1001	Administrator	<u>\$3,965</u>

5-10-1002	Nurses	<u>\$20,773</u>
5-10-1004	Administrative Assistant	<u>\$1,038</u>
5-10-1301	Fica/Medicare	<u>\$1,947</u>
5-10-1302	Health Insurance	<u>\$9,358</u>
5-10-1303	Retirement	<u>\$2,036</u>
5-10-1305	Workers Comp	<u>\$19</u>
5-10-1306	Life Insurance	<u>\$17</u>
5-10-1307	Life Flight	<u>\$26</u>

Total Salaries & Benefits \$39,179

5-20-2102	Office Supplies	<u>\$535</u>
5-20-2104	Postage	<u>\$20</u>
5-20-2402	Travel/Training/Meals	<u>\$0</u>
5-20-2450	Telephone	<u>\$300</u>
5-20-2458	Utilities	<u>\$1,075</u>
5-20-2468	Rent/Building Expense	<u>\$543</u>
5-20-2534	Administration Fee	<u>\$0</u>
5-20-2594	Health Officer	<u>\$1,140</u>
5-20-2642	CD Epidemiology	<u>\$0</u>
5-20-2646	CD Health Alert Network	<u>\$0</u>

Total Supplies & Services \$3,613

Preparedness Total DEPT 263 Expenses \$42,792

265-Sanitary

Revenues

3-20-2104	License Fees	<u>\$27,000</u>
	Total Dept 265 Revenues	<u>\$27,000</u>

Expenses

5-10-1001	Administrator	<u>\$2,203</u>
5-10-1002	Nurses	<u>\$0</u>
5-10-1004	Administrative Assistant	<u>\$1,038</u>
5-10-1005	Clerk	<u>\$0</u>
5-10-1301	Fica/Medicare	<u>\$205</u>
5-10-1302	Health Insurance	<u>\$985</u>
5-10-1303	Retirement	<u>\$214</u>
5-10-1305	Workers Comp	<u>\$2</u>
5-10-1306	Life Insurance	<u>\$2</u>
5-10-1307	Life Flight	<u>\$3</u>

Total Salaries & Benefits \$4,652

5-20-2102	Office Supplies	<u>\$66</u>
5-20-2104	Postage	<u>\$15</u>
5-20-2450	Telephone	<u>\$30</u>
5-20-2458	Utilities	<u>\$120</u>
5-20-2468	Rent/Building Expense	<u>\$57</u>
5-20-2514	Contract Labor	<u>\$18,000</u>
5-20-2534	Administration Fee	<u>\$0</u>
5-20-2594	Health Officer	<u>\$120</u>
5-20-2632	Fees to State	<u>\$3,940</u>
	Total Supplies & Services	<u>\$22,348</u>

Sanitary Total DEPT 265 Expenses \$27,000

\_\_\_ Chronic Disease

Revenues

3-40-4260	Chronic Disease Grant	<u>\$32,500</u>
	Total Dept ___ Revenues	<u>\$32,500</u>

5-10-1001	Administrator	<u>\$4,406</u>
5-10-1002	Coordinator	<u>\$14,382</u>
5-10-1004	Administrative Assistant	<u>\$0</u>
5-10-1301	Fica/Medicare	<u>\$1,537</u>
5-10-1302	Health Insurance	<u>\$7,388</u>
5-10-1303	Retirement	<u>\$1,607</u>
5-10-1305	Workers Comp	<u>\$15</u>
5-10-1306	Life Insurance	<u>\$14</u>
5-10-1307	Life Flight	<u>\$20</u>
	Total Salaries & Benefits	<u>\$29,369</u>

5-20-2102	Office Supplies	<u>\$682</u>
5-20-2104	Postage	<u>\$0</u>
5-20-2402	Travel/Training/Meals	<u>\$0</u>
5-20-2450	Telephone	<u>\$230</u>
5-20-2458	Utilities	<u>\$890</u>
5-20-2468	Rent/Building Expense	<u>\$429</u>
5-20-2594	Health Officer	<u>\$900</u>
	Total Supplies & Services	<u>\$3,131</u>

Chronic Disease Total DEPT \_\_\_ Expenses \$32,500

CPS

Revenues

3-40-4260	Child Protective Seats	<u>\$2,500</u>
	Total Dept ___ Revenues	<u>\$2,500</u>

5-10-1001	Administrator	<u>\$0</u>
5-10-1002	Coordinator	<u>\$0</u>
5-10-1004	Administrative Assistant	<u>\$0</u>
5-10-1301	Fica/Medicare	<u>\$0</u>
5-10-1302	Health Insurance	<u>\$0</u>
5-10-1303	Retirement	<u>\$0</u>
5-10-1305	Workers Comp	<u>\$0</u>
5-10-1306	Life Insurace	<u>\$0</u>
5-10-1307	Life Flight	<u>\$0</u>
	Total Salaries & Benefits	<u>\$0</u>

5-20-2102	Office Supplies	<u>\$2,500</u>
5-20-2104	Postage	<u>\$0</u>
5-20-2402	Travel/Training/Meals	<u>\$0</u>
5-20-2450	Telephone	<u>\$0</u>
5-20-2458	Utilities	<u>\$0</u>
5-20-2468	Rent/Building Expense	<u>\$0</u>
5-20-2594	Health Officer	<u>\$0</u>
	Total Supplies & Services	<u>\$2,500</u>

CPS	Total DEPT ___ Expenses	<u>\$2,500</u>
-----	-------------------------	----------------

2009-2010 Fund 256 WCHD Proposed Budget Totals

Total Fund 256 Revenues	<u>\$312,769</u>
Total Salaries & Benefits	<u>\$212,181</u>
Total Supplies & Services	<u>\$81,588</u>
Total Capital Outlay	<u>\$0</u>
Total Transfer	<u>\$0</u>
Total Contingency	<u>\$19,000</u>
Total Unappropriated Balance	<u>\$0</u>
Total Fund 256 Expenses	<u>\$312,769</u>

VII. Minimum Standards

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

**a. Organization**

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

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

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

**1. Control of Communicable Diseases**

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

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

**a.**

### **Environmental Health**

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

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

ii.

### **Health Education and Health Promotion**

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

**a.**

### **Nutrition**

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

**b.**

**Older Adult Health**

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

**i.**

**ii.**

**Parent and Child**

**Health**

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

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

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

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

### **a. Cultural Competency**

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

**b. Health Department Personnel Qualifications**

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

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

Answer the following questions:

Administrator name: Laina Fisher

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

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

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

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

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

ii. AND

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

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

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

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

OR

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

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

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

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

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

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

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

<u>Laina Fisher</u>	<u>Wallowa</u>	<u>April 29, 2009</u>
Local Public Health Authority	County	Date

**Wallowa County Health Department Immunization Program**  
**CTP Part A: Continuous Quality Improvement**

Year 1: July 2009-December 2009

<b>Objectives</b>	<b>Activities</b>	<b>Date Due / Staff Responsible</b>	<b>Outcome Measure(s)</b>
-------------------	-------------------	-------------------------------------	---------------------------

<p><b>A. Increase the up-to-date rate for 2 year olds (431331) seen at Wallowa County Health Department by 1% a year over the next 3 years</b></p> <p>[Yearly % increase chosen must be <math>\geq 1\%</math>]</p>	<input type="checkbox"/> 1) Use most recent AFIX assessment data as the baseline <input type="checkbox"/> 2) Create written procedures on imm activities <input type="checkbox"/> 3) Provide quarterly staff in-service(s) to review and implement: <ul style="list-style-type: none"> <li><input type="checkbox"/> Vaccine administration techniques</li> <li><input type="checkbox"/> Vaccine updates, supply, outbreaks, etc.</li> <li><input type="checkbox"/> Current best practice &amp; standards</li> <li><input type="checkbox"/> Catch up schedule</li> <li><input type="checkbox"/> Use IRIS/ALERT to screen every child seen at every visit</li> <li><input type="checkbox"/> Vaccine safety education and talking to hesitant parents</li> <li><input type="checkbox"/> Entering all doses administered into IRIS within 14 days.</li> <li><input type="checkbox"/> Review yearly AFIX assessment and identify ways to improve practice</li> </ul> <input type="checkbox"/> 4) Provide immunization information to expecting and new mothers. <ul style="list-style-type: none"> <li><input type="checkbox"/> Prenatal classes</li> <li><input type="checkbox"/> Birthing Center</li> </ul> <input type="checkbox"/> 5) Fully screen each patient for imms at every visit and immunize as needed. <input type="checkbox"/> 6) Assure every shot is entered in IRIS/ALERT from clinic and other sites within 14 days of administration. <input type="checkbox"/> 7) Screen for imms at all WIC appts & ensure clients are referred to medical home or LHD immunization clinic <input type="checkbox"/> 8) Develop in-house reminder / recall system <input type="checkbox"/> 9) Give all shots due unless truly contraindicated <input type="checkbox"/> 10) Provide vaccine education to parents <input type="checkbox"/> 11) Parents make next appointments before leaving clinic—appointment card with earliest return date handed to front desk staff <input type="checkbox"/> Provide parents with a written reminder for return to clinic for next scheduled vaccinations. <input type="checkbox"/> 12) Provide immunization education, reminders, and immunization clinic schedules to parents at Babies First home visits. <input type="checkbox"/> 13) Use IRIS recall process	Date 2) By 12/31/09 3) 9/09, 12/09 4) By 12/31/09 5) 7/09-12/09 6) 7/09-12/09 7) 7/09-12/09 8) 7-31-09 9) 7/09-12/09 10) 7/09-12/09 11) 7/09-12/09 12) 7/09-12/09 13) 7/09-12/09	Staff 2) Admin. 3) Coord. 4) Coord. 5) Ad. Assist & Nurses 6) Ad. Assist. 7) WIC cert. 8) Ad. Assist 9) Nurses 10) Nurses 11) Ad. Assist or check in person 12) BF Nurse 13) Coord.	<input type="checkbox"/> 1) Baseline set <input type="checkbox"/> 2) Protocols written and reviewed by staff on: _____ <input type="checkbox"/> 3) Quarterly in-services held on: _____ <input type="checkbox"/> Topics covered: <input type="checkbox"/> # attendees @ each in-service 4) Contact made with birthing class coordinators/OB clinics & local birthing centers. <ul style="list-style-type: none"> <li><input type="checkbox"/> Info on agreements made</li> <li><input type="checkbox"/> # of Imm handout distributed per site</li> </ul> <input type="checkbox"/> 5) Screening & imms at every visit by all staff <input type="checkbox"/> 6) 2009 timeliness report from OIP improved from ___% to ___% from 2008 <input type="checkbox"/> 7) Training held for WIC staff on _____. Referral form developed and in use <input type="checkbox"/> 8) Recall/reminder system in place and in use on ____ <input type="checkbox"/> 9) All staff trained to talk with parents and able to answer questions about vaccine safety <input type="checkbox"/> 11) Set up system to assist parents in making next appointment on ____ <input type="checkbox"/> 12) Babies 1 <sup>st</sup> CHNs now providing imm education home visits <input type="checkbox"/> 13) IRIS recall process not standardized
--	--	--	---	--

<p><b>B. Decrease the Wallowa Health Department missed shot rate 1% each year for 3 years</b></p> <p>[Yearly % decrease chosen must be <math>\geq 1\%</math>]</p>	<ul style="list-style-type: none"> <li><input type="checkbox"/> 1) Use most recent AFIX assessment data as the baseline for missed shot rate</li> <li><input type="checkbox"/> 2) Train staff on ways to decrease missed opportunities. Training to include: <ul style="list-style-type: none"> <li><input type="checkbox"/> Current best practice standards &amp; practices</li> <li><input type="checkbox"/> Using only true contraindications when deferring shots</li> <li><input type="checkbox"/> Catch up schedule</li> <li><input type="checkbox"/> Use IRIS/ALERT to screen every child seen at every visit</li> <li><input type="checkbox"/> Vaccine safety education and talking to hesitant parents</li> <li><input type="checkbox"/> Vaccine administration tips to lessen parent and baby stress</li> <li><input type="checkbox"/> Data entry</li> </ul> </li> <li><input type="checkbox"/> 3) Review IRIS/ALERT reports monthly for shot deferrals and work with staff to minimize missed shots</li> <li><input type="checkbox"/> 4) Fully screen each patient for imms at every visit and immunize as needed.</li> <li><input type="checkbox"/> 5) Provide vaccine education to parents, including: <ul style="list-style-type: none"> <li><input type="checkbox"/> Take home materials on vaccine safety</li> <li><input type="checkbox"/> Simplified immunization schedule for first 2 years</li> </ul> </li> <li><input type="checkbox"/> 6) Assure every shot is entered in IRIS/ALERT from clinic and other sites within 14 days of administration.</li> <li><input type="checkbox"/> 7) Give all shots due unless truly contraindicated</li> <li><input type="checkbox"/></li> <li><input type="checkbox"/> 8) Screen for imms at all WIC appts &amp; make sure clients are referred to HD immunization clinic</li> <li><input type="checkbox"/> 9) Create walk-in process to make imms available for WIC patients on same day as WIC appointment</li> </ul>	<p>Due</p> <p>1) 7/31/09</p> <p>2) 9/09</p> <p>3) 7/09-9/09</p> <p>4) 7/09-12/09</p> <p>5) 7/09-12/09</p> <p>6) 7/09-12/09</p> <p>7) 7/09-12/09</p> <p>8) 7/09-12/09</p> <p>9) 7/09</p>	<p>Staff</p> <p>1) coord</p> <p>2) coord</p> <p>3) coord</p> <p>4) Ad Assit, nurses</p> <p>5) Ad Assit, nurses</p> <p>6) Coord.</p> <p>7) nurses</p> <p>8) WIC staff</p> <p>9) Coord</p>	<ul style="list-style-type: none"> <li><input type="checkbox"/> 1) Baseline set</li> <li><input type="checkbox"/> 2) Protocols written and reviewed by staff on: _____</li> <li><input type="checkbox"/> Training(s) held for staff _____</li> <li><input type="checkbox"/></li> <li><input type="checkbox"/> 3) Monthly IRIS/ALERT reports reviewed with staff and results shared with staff for discussion</li> <li><input type="checkbox"/> 4) Screening &amp; imms at every visit by all staff</li> <li><input type="checkbox"/> 5) Vaccine education materials identified and take home packets created. Distribution began on _____</li> <li><input type="checkbox"/></li> <li><input type="checkbox"/> 6) 2009 timeliness report from OIP improved from ___% to ___% from 2008</li> <li><input type="checkbox"/> 7) Staff trained and understand policy of giving all shots due unless parent refuses even after education &amp; counseling</li> <li><input type="checkbox"/> 8) Process created for same day WIC referrals to HD imms</li> <li><input type="checkbox"/> 9) 2009 Missed Shot rate &amp; AFIX assessment decreased from ___% to ___%</li> </ul>
---	--	--	---	---

<p><b>C. Increase Wallowa Health Department rate of 24 month olds with their 4<sup>th</sup> DTaP by 1% over 3 years</b></p> <p>[Yearly % increase chosen must be <math>\geq 1\%</math>]</p>	<input type="checkbox"/> 1) Create or update policy of giving 4 <sup>th</sup> DTaP dose at 12 months <input type="checkbox"/> 2) Provide staff training to include the following: <ul style="list-style-type: none"> <li><input type="checkbox"/> Review policy and consistency of screening children for 4<sup>th</sup> DTaP at 12 months or at minimum spacing after 3<sup>rd</sup> dose</li> <li><input type="checkbox"/> Strategies to improve 4<sup>th</sup> DTaP</li> <li><input type="checkbox"/> Vaccine safety education and talking to hesitant parents</li> <li><input type="checkbox"/> Forecasting all childhood immunizations using IRIS or ALERT.</li> </ul> <input type="checkbox"/> 3) Create & implement reward plan to encourage parents to return for 4 <sup>th</sup> DTaP (ex: free t-shirt “up to date at 2”, picture books, coffee coupons, etc.). <input type="checkbox"/> 4) Use combination vaccines (ex. Trihibit, Pentacel) to minimize # shots given at any visit <input type="checkbox"/> 5) Use 4 <sup>th</sup> DTaP report in IRIS/ALERT to identify patients lacking 4 <sup>th</sup> dose <input type="checkbox"/> 6) Design & implement reminder/recall system <input type="checkbox"/> 7) Decrease barriers by offering shots 4 days-a-week	<p>Due</p> <p>1) 7/09</p> <p>2) 10/09</p> <p>3) 8/09</p> <p>4) 7/09-12/09</p> <p>5) Monthly</p> <p>6) 7/09</p> <p>7) 7/09-12/09</p>	<p>Staff</p> <p>1) Coord.</p> <p>2) Coord.</p> <p>3) Coord</p> <p>4) Coord.</p> <p>5) Coord</p> <p>6) Ad Assist</p> <p>7) Coord.</p>	<p>1. Policy created on _____ and reviewed by staff on _____.</p> <p>2) Training occurred on _____.</p> <p>3) Plan implemented on _____, rewards given _____.</p> <p>4) Combination vaccines stocked _____.</p> <p>5) Completed on _____</p> <p>6) System implemented on _____ Missed shot rate increased from _____% 2008 to _____% 2009.</p> <p>7) Clinic open and walk ins available _____ days per week?</p>
---	---	---	--	--

**Year 2: January 2010-December 2010**

Objectives	Activities	Date Due / Staff Responsible	Outcome Measure(s)
------------	------------	------------------------------	--------------------

<p><b>A. Increase the up-to-date rate for 2 year olds (431331) seen at Wallowa County Health Department by 1% a year over the next 3 years</b></p> <p>[Yearly % increase chosen must be <math>\geq 1\%</math>]</p>	<input type="checkbox"/> 1) Use most recent AFIX assessment data as the baseline <input type="checkbox"/> 2)Continue quarterly staff in-service(s) to review and implement activities listed in year one <input type="checkbox"/> 3)Continue providing immunization information to expecting and new mothers. <input type="checkbox"/> Prenatal classes <input type="checkbox"/> Birthing Center <input type="checkbox"/> 4)Continue screening each patient for imms at every visit and immunize as needed. <input type="checkbox"/> 5)Continue entering every shot into IRIS/ALERT from clinic and other sites within 14 days of administration. <input type="checkbox"/> 6)Continue screening for imms at all WIC appts & referring to medical home or LHD immunization clinic for shots needed	1)1/10 2)1/10-12/10 3)1/10-12/10 4)1/10-12/10 5)1/10-12/10 6)1/10-12/10	1)Coord. 2)coord. 3)coord. 4)All staff 5)Ad Asst 6)cert.	<input type="checkbox"/> 2)Quarterly in-services held on: _____ <input type="checkbox"/> Topics covered: <input type="checkbox"/> # attendees @ each service <input type="checkbox"/> 3)Continue work with birthing class coordinators/OB clinics and local birthing centers <input type="checkbox"/> # and names of clinics/centers <input type="checkbox"/> # of Imm handout distributed per site <input type="checkbox"/> 4)Screening & imms at every visit by all staff <input type="checkbox"/> 5)2009 timeliness report from OIP improved from ___% to ___% from 2009 <input type="checkbox"/> 6)UTD rate increase by ___%
--	--	--	---	--

**Year 3: January 2011-December 2011**

Objectives	Activities	Date Due / Staff Responsible		Outcome Measure(s)
<p><b>A. Increase the up-to-date rate for 2 year olds (431331) seen at Wallowa County Health Department by 1% a year over the next 3 years</b></p> <p>[Yearly % increase chosen must be <math>\geq 1\%</math>]</p>	<input type="checkbox"/> 1)Use most recent AFIX assessment data as the baseline <input type="checkbox"/> 2)Continue quarterly staff in-service(s) to review and implement activities listed in year one <input type="checkbox"/> 3)Continue providing immunization information to expecting and new mothers. <input type="checkbox"/> Prenatal classes <input type="checkbox"/> Birthing centers <input type="checkbox"/> 4)Continue screening each patient for imms at every visit and immunize as needed. <input type="checkbox"/> 5)Continue entering every shot into IRIS/ALERT from clinic and other sites within 14 days of administration. <input type="checkbox"/> 6)Continue screening for imms at all WIC appts & referring to medical home or LHD immunization clinic for shots needed	1)1/11 2)1/11-12/11 3)1/11-12/11 4)1/11-12/11 5)1/11-12/11 6)1/11-12/11	1) Coord. 2)coord. 3)coord. 4)all staff 5)Ad Asst 6) cert	<input type="checkbox"/> 2)Quarterly in-services held on: _____ <input type="checkbox"/> Topics covered: <input type="checkbox"/> # attendees @ each service <input type="checkbox"/> 3)Continue work with birthing class coordinators/OB clinics and local birthing centers <input type="checkbox"/> # and names of clinics/centers <input type="checkbox"/> # of Imm handout distributed per site <input type="checkbox"/> 4)Screening & imms at every visit by all staff <input type="checkbox"/> 5)2009 timeliness report from OIP improved from ___% to ___% from 2009 <input type="checkbox"/> 6)UTD rate increase by ___%

## Wallowa County Health Department Part B: Community Outreach and Education

Year 1: July 2009-December 2009				
Objectives	Activities	Date Due / Staff Responsible		Outcome Measure(s)
<p>A. Promote AFIX in:</p> <ul style="list-style-type: none"> <li>○ private provider offices</li> <li>○ Delegate Agencies</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> 1) Commit staff time and resources to project</li> <li><input type="checkbox"/> 2) Arrange for OIP assistance with this project</li> <li><input type="checkbox"/> 3) Dedicate staff time to contacting and recruiting 1/3 of providers on list per year for an assessment. Keep recruiting until required # reached.</li> <li><input type="checkbox"/> 4) Keep list of "no-thanks" clinics to contact next year</li> <li><input type="checkbox"/> 5) Work with OIP Health Educator (to set feedback dates, complete other tasks, communicate on project, etc.)</li> <li><input type="checkbox"/> 6) OIP to run assessments and present feedbacks</li> <li><input type="checkbox"/> 7) Provide reminder call to clinic 1 week prior to feedback</li> <li><input type="checkbox"/> 8) Attend feedback sessions and participate in discussion. Be responsible for handing out materials, getting attendance form completed, etc.</li> <li><input type="checkbox"/> 9) Post-feedback, send note of appreciation to provider and recommend annual assessments</li> </ul>	<p>1/09-12/09 for all act.</p>	<p>Coord. For all act.</p>	<ul style="list-style-type: none"> <li><input type="checkbox"/> List of providers created and possible clinics to recruit for AFIX identified by _____</li> <li><input type="checkbox"/> OIP committed to provide services on _____</li> <li><input type="checkbox"/> AFIX materials gotten from OIP and CDC. Reviewed by _____</li> <li><input type="checkbox"/> Clinics contacted and educated on benefits of free AFIX assessment &amp; feedback with staff</li> <li><input type="checkbox"/> List updated with 2<sup>nd</sup> year prospects</li> <li><input type="checkbox"/> Monthly and then bi-weekly contact with OIP health educator Reminder calls made</li> <li><input type="checkbox"/> Number of Feedbacks held               <ul style="list-style-type: none"> <li>○ Name of clinic(s)</li> <li>○ Feedback dates</li> <li>○ # participants at each</li> </ul> </li> <li><input type="checkbox"/> Thank you notes sent post-feedback within 2 weeks of presentation</li> </ul>



<p><b>B. Increase the number of ALERT participants in Wallowa County:</b></p> <ul style="list-style-type: none"> <li>○ private provider offices</li> <li>○ Schools</li> <li>○ Childcare settings</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> 1)Commit staff time and resources to project</li> <li><input type="checkbox"/> 2)Assess the level of use of ALERT in all Wallowa County schools, private practices and day care settings using ALERT participation data available through OIP</li> <li><input type="checkbox"/> 3)Determine which type(s) of agencies to contact and focus effort on</li> <li><input type="checkbox"/> 4)Review current participation &amp; identify clinics needing improvement. Offer assistance to those sites needing help to increase usage</li> <li><input type="checkbox"/> 5)Recruit any site not reporting (Clinics only--encourage electronic reporting).</li> <li><input type="checkbox"/> 6)Determine feasibility and whether to offer incentives</li> <li><input type="checkbox"/> 7)Pick a number or percentage of non-ALERT users to recruit each year for 3 years</li> <li><input type="checkbox"/> 8)Collect promotion materials to be used when contacting &amp; working with facilities</li> <li><input type="checkbox"/> 9)Arrange for ALERT users class &amp; invite players to attend. Use ALERT video, Invite OIP Health Educator to participate <ul style="list-style-type: none"> <li>○ Provide ALERT registration materials to be completed and returned at end of training</li> <li>○ Track attendees' participation in ALERT</li> </ul> </li> <li><input type="checkbox"/> 10)Meet with individual agencies to promote, train and register them for ALERT <ul style="list-style-type: none"> <li>○ Share info about forecasting feature and other benefits of ALERT</li> <li>○ Deliver incentive to office contact</li> <li>○ Share benefits of ALERT during school exclusion</li> </ul> </li> <li><input type="checkbox"/> 11)Compare numbers of ALERT users post recruitments and training to determine yearly increase.</li> </ul>	<p>7/09-12/09 all act.</p>	<p>Coord. For all act.</p>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Staff time committed and project begun on _____</li> <li><input type="checkbox"/> Number of schools, clinics and day care facilities using and NOT using ALERT to forecast determined</li> <li><input type="checkbox"/> Number of clinics not submitting shot records to ALERT determined</li> <li><input type="checkbox"/> Number /percentage of sites chosen per year: _____</li> <li><input type="checkbox"/> Number/percentage of sites contacted: _____</li> <li><input type="checkbox"/> Number and type of sites registering for ALERT: _____</li> <li><input type="checkbox"/> Number of classes and/or individual trainings held: <ul style="list-style-type: none"> <li>○ List of attendees and which facilities they represent</li> </ul> </li> <li><input type="checkbox"/> Number of promotion materials distributed _____clinics, schools and daycare facilities</li> <li><input type="checkbox"/> Number or percentage increase of ALERT participants</li> </ul>
---	---	----------------------------	----------------------------	---

