

**Grant County Health Department  
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June 11, 2009

Tom Engle  
Department of Human Services  
800 NE Oregon St., Ste. 930  
Portland, OR. 97232

Mr. Engle,

Attached please find Grant County's Comprehensive Annual Plan for 2009-2012 which is being submitted pursuant to ORS 431.385. This plan has been prepared according to your instructions and assures that the activities defined in ORS 431.375 – 431.385 and ORS 431.416 are performed. If you have any questions or need further information, please call me at 541-575-0429.

Thank you,

*John Combs*

John Combs, Administrator  
Grant County Health Department

**Grant County Health Department  
2009-2012 Comprehensive Annual Plan**

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## 2009-2012

### I. Executive Summary

Grant County is a rural frontier community in eastern Oregon that was established in 1864. While Grant County is an excellent place to live and raise a family, it also presents many challenges which are largely related to the struggling local economy. Grant County Health Department (GCHD) continues its attempt to provide the core public health functions and to promote and protect health in Grant County with limited funding and staff.

Grant County Health Department provides a wide range of public health services which includes primary care, epidemiology and control of preventable diseases and disorders, maternal and child health services, family planning, collection and reporting of health statistics, health information and referral services, emergency preparedness, health education and promotion, immunizations, babies first, cacoon, tobacco prevention, vital statistics registration, environmental health services which now includes the drinking water program, and the WIC nutrition supplement and education program. In addition to these services, GCHD has recently established the Grant County Healthy Smiles Dental Clinic within the health department which has been a long and sometimes very difficult process. Finally, we have been accepted and have received a school based health center grant which we hope to move rapidly forward in the coming months.

Grant County Health Department's projected budget of \$374,382 for FY 2009/2010 employs 3 full time staff along with 4 part-time staff for a total of 5.3 FTE. GCHD also has 4 contracted personnel which include 3 Family Nurse Practitioners and a Health Officer, all of whom are part time. Our programs are funded through state and federal grants along with fees for service; we receive no general funds from the county.

Grant County Health Department continues to grow despite the constant struggles with staffing and funding concerns. We will continue to provide our existing services in the best manner possible as we explore ways to improve revenue and research new programs to improve our service to the community.

## II. Assessment

### a. Description of public health indicators and issues in Grant County

Grant County covers an area of 4,529 square miles. The county has a 2008 U.S. Census Bureau estimated population of 6,916 people and it is sparsely populated at only 1.8 persons per square mile. Grant County has experienced a 12.8 % decrease in population since the year 2000. The largest city in the county is John Day which has a population of 1,821 residents. Grant County borders more other counties than does any other county in Oregon; 8. It is surrounded by Crook and Wheeler on the west, Morrow and Umatilla on the north, Union on the northeast, Baker and Malheur on the east, and Harney on the south. Grant County consists of more than 150,000 acres of wilderness area and contains the head waters of the John Day River, which has more miles of Wild and Scenic designation than any other river in the U.S. More than 60 percent of the land in the county is in public ownership and administered by the Forest Service or Bureau of Land Management. The county's principal industries include livestock, timber, agriculture, recreation and government employment. The struggling timber industry has had an enormous impact on the overall economy. The closure of several sawmills and the loss of multiple logging companies has led to the highest unemployment rates in the history of Grant County.

The county is predominately white with the following demographics (2007):

- 96.0% white, or 93.2% white non-Hispanic
- 2.9% Hispanic or Latino
- 2.0% Native American
- 0.3% Asian
- 0.1% African American
- 0.1% Native Hawaiian and other Pacific Islander
- 1.5% Persons reporting two or more races
- Female Population – 50.4%
- Persons under 5 years old – 4.2%
- Persons under 18 years old – 20.1%
- Persons 65 and over – 21.6%

The average median household income in 2007 was \$36,011 compared to the statewide average of \$48,735. The average household size is 2.39 and 14.2% of Grant County residents lived below the federal poverty level. In the Oregon Progress Report County Rankings 2007, the county rankings for economy index for all Oregon counties places Grant County at 35<sup>th</sup> out of 36 for net job growth/loss, 16/36 for per capita income, 28/36 for wages, 36/36 for unemployment, and 32/36 for overall economy index. The overall ranking is down from 28 to 32 since 2005.

The level of educational achievement includes 84.5% of the adult population as high school graduates and 15.7% of the population having a bachelor's degree or higher. According to the Oregon Progress Board, in 2007 the educational index ranking all Oregon counties showed excellent results for Grant County. Grant was ranked 3/36 for high school drop out rate, 9/36 for 8<sup>th</sup> grade reading, 16/36 for 8<sup>th</sup> grade math, 1/36 for 3<sup>rd</sup> grade reading, 5/36 for 3<sup>rd</sup> grade math, and 5/36 for overall education index. This ranking is down 1 from 2005 but is still ranked very well.

Preliminary statistics for Birth and Death in 2008 shows 60 of each. There were no births to women under 18 years old, 6 to mothers age 18-19 years old, and 54 to mothers over 20 years old. Of the 60 births, 35 were to mothers who were married and 25 were unmarried. In Grant County, 17.6% of infants were born to mothers who used tobacco, in comparison to the statewide prevalence of 12%. Of the 60 deaths there was 1 less than a year old, 13 between 18 and 64 years old, and 46 over 65 years old. 56 of the deaths were from natural causes, 2 from suicide, and 1 homicide. The 4 leading causes of death in Grant County in 2006 were cancer, heart disease, unintentional injuries, and chronic lower respiratory diseases.

The 2000 census showed that 14.9% of the population of Grant County had no health insurance compared to 13.5% in Oregon, and 13.2% of children under age 18 had no health insurance compared to 11% statewide. It is easy to assume that these numbers have worsened given the current state of the local economy.

In the Oregon Progress Board County Rankings 2007, Grant County ranked 16<sup>th</sup> out of 36 counties in the overall child well-being index. Other indicators included: 13/36 for prenatal care, 35/36 for 8<sup>th</sup> grade alcohol use, 35/36 for child abuse, 8/36 for smoking during pregnancy, and 1/36 for teen pregnancy. The two obvious concerns here are child abuse and 8<sup>th</sup> grade alcohol use.

According to the Oregon Progress Board, in 2007 Grant County ranked 2<sup>nd</sup> out of 36 counties for the overall public safety index. Overall crime ranking was 7/36 and juvenile arrests rank was 2/36. The public safety index ranking improved by 1 since 2005, this shows that Grant County typically has a very low crime rate.

The 2007 Oregon Department of Human Services Communicable Disease Summary report shows 4 persons living with AIDS/HIV, 9 cases of Chlamydia, 2 cases of Campylobacteriosis, and 1 chronic Hepatitis B case for Grant County. Grant County typically has a low rate of communicable disease outbreaks.

The 2009 Grant County Tobacco Fact Sheet from the Oregon DHS Tobacco Prevention and Education Program reports tobacco's toll on Grant County in one year as 1,179 adults who regularly smoke cigarettes, 489 people who suffer from a serious illness caused by tobacco use, 25 deaths from tobacco use (28% of all deaths in the county), over \$3 million spent on medical care for tobacco-related illness, and over \$4 million in productivity lost due to tobacco-related deaths. Tobacco use was reported as 20% of adults in Grant County smoking cigarettes and 22% using smokeless tobacco compared to 19% cigarette and 6% smokeless in Oregon. These statistics show that the use of tobacco products has an enormous impact on both the health and the cost of healthcare for the residents of Grant County.

The Oregon DHS Overweight, Obesity, Physical Activity, and Nutrition Facts January 2007 report shows that for Grant County adults: 42.4% are overweight, 22.9% are obese, 72.9% met the CDC recommendations for physical activity, and 18.0% consumed at least 5 servings of fruits and vegetables per day. For Grant County 8<sup>th</sup> graders, 15.4% are at risk of overweight, 18.5% are overweight, 63.8% met the physical activity recommendations, and 13.3% consumed at least 5 servings of fruits and vegetables per day. For Grant County 11<sup>th</sup> graders, 10.0% are at risk for overweight, 10.2% are overweight, 50.2% met physical activity recommendations, and 16.4% consumed at least 5 servings of fruits and vegetables per day.

According to the 2007 Status of Children in Oregon report, 24 children were victims of child abuse/neglect, which is a rate of 14.2 per 1,000 children compared to the state rate of 12.2 per 1,000 children. This rate has dropped sharply in 2007 from 24.3 in 2005 and 25.5 in 2006 but still remains above the statewide rate. Of the 24 incidents of abuse/neglect, the report shows that 6 were a result of physical abuse and 18 from neglect. The report also shows that 12 children in the county had been in foster care at least once during the past year for a rate of 7.1 per 1,000 children which is below the statewide rate of 11.0 per 1,000 children.

According to the DHS Report on Alcohol, Illicit Drugs and Mental Health in Grant County, Oregon 2000 to 2008, the rate of death from motor vehicle crashes per 100,000 population in Grant County was 20 from 2000-2004 and 18 from 2001-2005 compared to the statewide rates of 14 from 2000-2004 and 14 from 2001-2005. The rate of death from alcohol-induced disease per 100,000 population in Grant County was 13 from 2000-2004 and 14 from 2001-2005, these rates are very similar to the statewide rates. 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 2004-2007, 49% of women and 68% of men age 18 and older reported alcohol use in the past 30 days compared to 53% and 64% for the state. From 2004-2007, 32% of females and 17% of males over the age of 18 reported binge drinking in the past 30 days compared to 10% and 22% for the state. Also from 2004-2007, 15% of females and 7% of males ages 18 and over were shown to be heavy drinkers in the past 30 days compared to 8% for both males and females statewide. According to the same report, in Grant County 2006, 38% of 8<sup>th</sup> graders and 55% of 11<sup>th</sup> graders

reported drinking alcohol on one or more occasions in the past 30 days; the state rate was 32% and 44%. Binge drinking by youth in Grant County in 2006 was reported as 8<sup>th</sup> graders at 9% and 11<sup>th</sup> graders at 41% in the past 30 days, the Oregon percentages were 13% and 25%. In 2006, Grant County 11<sup>th</sup> graders showed 18% of youth who drove when they had been drinking and Oregon results showed 8%. The report shows that 25% of Grant County 11<sup>th</sup> graders reported they were less than 13 years old when they drank alcohol for the first time compared to 20% for Oregon. The 2006 report also shows 81% of Grant 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.

According to the DHS Report on Alcohol, Illicit Drugs and Mental Health in Grant County, Oregon 2000 to 2008, the rate of death from drug-induced causes in Grant County from 2001-2005 was 8 per 100,000 population and 12 per 100,000 in Oregon. From 2004-2006, both the county and state show 3% of persons 12 or older reporting drug dependence or abuse. From 2002-2004, both the county and state show 22% of persons age 18 to 25 reported using marijuana or hashish in the past 30 days and 9% of both county and state persons age 18 to 25 reported using illicit drugs other than marijuana in the past 30 days. For persons 26 and older, in Grant County 5% used marijuana or hashish and 6% of Oregonian of that age reported us, 2% of the county and 3% of the state 26 and older used illicit drugs other than marijuana. In 2006, 3% of 8<sup>th</sup> graders and 14% of 11<sup>th</sup> graders in Grant County reported using marijuana one or more times in the past 30 days compared to 10% and 19% statewide. Also in 2006, 1% of 8<sup>th</sup> graders and 3% of 11<sup>th</sup> graders reported using illicit drugs other than marijuana in the past 30 days compared to 2% and 4% in the state. For 2006, 9% of 8<sup>th</sup> graders and 1% of 11<sup>th</sup> graders in the county reported using inhalants in the past 30 days compared to 6% and 2% for the state. Prescription drug use in 2006 shows 2% of 8<sup>th</sup> graders and 7% of 11<sup>th</sup> graders using the drugs to get high in the past 30 days compared to 3% and 6% statewide reports. 0% of 8<sup>th</sup> graders and 4% of 11<sup>th</sup> graders reported using stimulants in the past 30 days compared to 1% and 1% for Oregon. In 2006, 5% of 11<sup>th</sup> graders reported they were less than 13 years old when they tried marijuana for the first time compared to 6% for the state. Also in the 2006 report, 26% of 8<sup>th</sup> graders and 54% of 11<sup>th</sup> graders say it would be “Sort of Easy” or “Very Easy” to get marijuana in comparison to the state percentages of 36% and 70%. For illicit drugs, 4% of 8<sup>th</sup> graders and 16% of 11<sup>th</sup> graders say it would be “Sort of Easy” or “Very Easy” to obtain compared to 14% and 32% for Oregon.

b/c. Adequacy of Local Public Health Services and Provision of the Five Basic Services

### **Epidemiology and control of preventable diseases and disorders:**

Grant County provides all of the required communicable disease activities. We provide 24 hour public health emergency coverage with procedures in place to respond to public health emergencies. We have one 0.5 FTE communicable disease RN on staff as well as another part time RN available to assist as needed. All state guidelines and procedures are followed for

disease investigation and reporting requirements. At this time, only one staff member has CD 303 and ICS training. We work closely with our local hospital to encourage disease reporting and open lines of communication.

**Parent and child health services, including family planning clinics:**

Grant County Health Department offers family planning services, immunizations, maternity case management, CaCoon, Oregon Mothers Care, Babies First, Healthy Smiles Dental Clinic, and we are working on establishing a school based health center. We participate in local Multidisciplinary Team meetings to reduce child abuse and provide classes for sex education when requested by schools. Considering our limited staff, our services are very adequate for providing Parent and Child Health Services.

**Collection and reporting of health statistics:**

Grant County Health Department provides all birth and death records in the county. Deputy Registrars work closely with hospital medical records department, mortuaries, and physicians to assure accuracy and completeness. Confidentiality and security of non-public abstracts, records, documents and information are maintained in a locked and secure manner. We also provide data for immunizations, Babies First, CaCoon, WIC, OMC, environmental health, and family planning for the state data systems.

**Health information and referral:**

Grant County Health Department provides health information to the community in both English and Spanish. We create classes specific to the needs identified within the community. We also offer a wide variety of pamphlets at the clinic. Referrals are a major part of the services we provide. We collaborate with multiple community agencies who understand the services provided at the health department.

**Environmental health services:**

Grant County contracts for a Environmental Health Supervisor for 12 hrs/wk and employs a EHS Trainee at 0.5 FTE. Services include restaurant inspections, mobile units, temporary restaurants, traveler's accommodations, pools/spas, and jails. We contract with Harney and Wheeler Counties to provide their environmental health services. Food handler tests are offered in all 3 counties. We contract with Oregon Department of Education and Oregon Child Care Division to provide inspections of schools and daycare facilities. We also provide the Drinking Water Program for Grant and Harney Counties.

#### d. Adequacy of Other Community Services

##### **Emergency Preparedness:**

Grant County employs a 0.5 FTE PHEP coordinator. We are continuously working to develop and implement emergency response plans, conduct exercises, and work with community partners.

##### **Tobacco Prevention and Education Program:**

Grant County has recently hired a 0.5 FTE TPEP coordinator. We provide information to individuals and businesses on smoking and issues surrounding smoking. We provide information on new laws concerning smoking and work with the state on the enforcement of those laws. We also work with schools to enhance their existing no smoking policies.

##### **Older Adult Health:**

We offer referral services and health information to our older adults. Many pamphlets are available to address specific health issues. Blood pressure checks are given for free in the clinic 5 days/wk. Immunizations for influenza and pneumonia are given annually at several locations throughout the county.

##### **Dental:**

Grant County has recently established the Healthy Smiles Dental Clinic within the health department. We have hired a 0.5 FTE Dental Hygienist who is the coordinator of the clinic. We currently have 2 volunteer dentist from the local community who come in 1 day/month each and provide services to low income children and adults. This service has been a huge success thus far and has filled a great need in the community.

##### **Primary Care:**

Grant County Health Department is qualified as a Rural Health Clinic and serves a remote frontier community. We are currently contracting with 3 FNP's to provide primary care services 9 days/month. Grant County is designated as a primary care high need shortage area so these services are invaluable to the county due to the remote area and shortage of healthcare professionals. All 3 FNP's offer our clients both primary care as well as family planning services which works very well for the health department.

##### **Laboratory Services:**

Grant County Health Department provides laboratory services in compliance with CLIA standards. The lab services provided outside our capacity or licensure are either performed by Interpath lab, the Oregon State Public Health Lab, or Blue Mountain Hospital.

### **III. Action Plan**

#### **a. Epidemiology and Control of Preventable Diseases and Disorders**

Current condition:

Grant County Health Department has the responsibility of reporting communicable diseases through surveillance, investigation and reporting. Routinely, the department operates in passive surveillance, receiving reports of disease from the medical community and laboratories.

Goals:

To detect, prevent and control communicable disease in our community through both passive and active surveillance, environmental measures, immunization and education.

Activities:

- CD investigations are done according to state guidelines and requirements and are reported in a timely manner.
- Continuous surveillance in the community for disease trends.
- Have the 24/7 emergency call in procedures in place and kept up to date with contact information.
- Give presentations to community partners regarding communicable disease prevention information.
- Staff is knowledgeable with CD policies and procedures and continues to work to keep them up to date.
- Continue efforts to reduce barriers for immunizations.

Evaluation:

- Review CD log monthly to assess for timeliness, accuracy and disease trends
- Review training and educational needs of staff and arrange for appropriate classes to be taken as time and budget allow.
- Routinely assess the vaccination process to remove barriers and ensure the highest possible level of vaccination within the community.

### **Tuberculosis Program**

Our Tuberculosis program has a current plan for treatment, testing and follow up. We have not had an active case in Grant County in many years. We keep current TB medication in our med room with current policies and protocols on how to use them. We continue to monitor for active and latent cases of TB.



## **Tobacco Prevention and Education Program**

Grant County Health Department just started the tobacco program this spring and we now have a 0.5 FTE hired to run the program.

### **GRANT COUNTY TOBACCO CONTROL PROGRAM TOBACCO FREE WORKSITES GRANT YEAR 2009- 2010**

#### **Objective: Tobacco Free Worksites**

*By June 2010 the TPEP coordinator will complete the Healthy Worksites Assessment for Grant County government agencies.*

#### **Goals:**

Primary: Eliminate/reduce exposure to secondhand smoke  
Secondary: Promote Quitting

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

##### **Coordination and Collaboration:**

Collaborate with Grant County government agencies to evaluate their tobacco free policies.  
January 2010 – June 2010

Provide agencies with information regarding the dangers of secondhand smoke and promote an agency wellness initiative  
January 2010- June 2010

##### **Assessment and Research:**

Assess current tobacco free policies for county government agencies, and the need for new policy development.  
January 2010 – June 2010

##### **Community Education, Outreach, and Media:**

Post information regarding advantages of a smoke free workplace and the risks of secondhand smoke exposure on Grant County Courthouse bulletin board.  
January 2010 – June 2010

Promote the Oregon Quit Line in the County newsletter.

Ongoing

**Policy Development and Implementation:**

Work with county agencies by providing statistics to assist in their policy development.  
January 2010 – June 2010

**Critical Questions:**

1. What sectors of the community will this objective reach?  
A tobacco free policy will reach all county staff and visitors to county properties.
2. Are there segments of the population who will *not* receive benefit from this objective?  
Yes, those who do not work for or visit county agencies.
3. What types of technical and/or data assistance do you anticipate needing from:

TPEP staff:

- Access to literature
- Assistance with data and statistics

Statewide capacity building programs for eliminating disparities?

- Continued funding for TPEP program coordinator
- Funding for help groups
- Assistance with statewide statistics and data

**Objective:** Tobacco-Free Hospital

*By June 30 2010, Blue Mountain Hospital will have incorporated tobacco-free policies*

**Goal Area for this Objective:**

Primary: Eliminating/reducing exposure to secondhand smoke  
Secondary: Promoting Quitting  
Reduce the burden of tobacco-related chronic diseases

**Coordination and Collaboration**

The tobacco coordinator will meet with coalition, hospital administrator, and local doctor’s office to form a work plan group and share, review, and refine current tobacco-free policies and plans.  
July 2009

The coalition will have established a time line for further policy development and implementation  
January 2010- April 2010

## **Assessment and Research**

Work with the Hospital Administrator and /or work groups to assess the tobacco-free policy and identify issues that need to be addressed.

July 2009

Work with TPEP data analyst to come up with a survey to assess hospital employees' attitudes and acceptance toward a tobacco-free hospital campus.

July 2009

## **Community Education, Outreach, and Media**

Promote Oregon Quit line in collaboration with the hospital's employee wellness director by adding the Quit Line on monthly billing statements, literature of the hospital and website.

Quarterly

Develop strategies and tools to engage and educate new mothers and fathers about the dangers of second hand smoke

December 2009 – June 2010

Keep updated tobacco-free literature in approved areas of the medical community's offices and lobbies  
July 2009-June 2010

The tobacco coordinator will submit a Media Advocacy Coordination Plan to TPEP in order to build awareness about the need for a tobacco-free hospital in Grant County.

## **Policy Development/Policy Implementation**

Research existing tobacco-free hospital campus policies and determine which might work best at Blue Mountain Hospital.

July 2009

Research the Blue Mountain Hospital policy change/adoption process.

July 2009

The hospital administration will review the policy changes for their input

September 2009 – December 2009

## **Critical Questions**

Answer the following questions about this objective:

- A. What sectors of the community will this objective reach?  
A tobacco-free policy will reach hospital staff, patients and visitors of the hospital and presents the hospital as a community leader.
  
- B. Are there segments of the population who will *not* receive benefit from this objective?  
No.

C. What types of technical and/or data assistance do you anticipate needing from:

1. TPEP staff?

- Technical support for media campaigns, literature and statistics
- Assistance with policy development
- Training to on how to approach the hospital board and staff to review current policies and make appropriate changes.

2. Statewide capacity building programs for eliminating disparities?

- Continued funding for tobacco program coordinator
- Continued assistance with media campaigns

**Objective:** Smoke free Multi-unit housing

*By June 30, 2009, Meadow Brook Apartments in John Day will be a smoke free housing facility.*

**Goal Area for this Objective**

Primary: Eliminating/reducing exposure to secondhand smoke

Secondary: Promoting quitting  
Counter pro-tobacco influences

**Plan of Action**

**Coordination and Collaboration**

Work with the American Lung Association of Oregon (ALAO) to identify assessment and education resources and model policies

January 2010-June 2010

Recruit/Target members of the housing community to develop a coalition

September 2009

Meet with managers and the coalition to share and refine a plan

September 2009

Distribute tobacco cessation information including Quit Line information to managers for posting and distribution.

Quarterly

**Assessment and Research**

Review research presented at [www.smokefreeoregon.com/housing](http://www.smokefreeoregon.com/housing) on the advantages of smoke free multi-unit housing

January 2010-June2010

With assistance from TPEP develop and conduct a survey of the multi unit housing residents concerning issues around smoke free housing.

June 2009-October 2009

### **Community Education, Outreach and Media**

Meet with owners, managers and landlords monthly and educate them on the fiscal advantages as well as the health advantages of providing smoke free housing using the materials that are available through the Oregon Tobacco Education Clearinghouse.

July 2009-June 2010

Distribute up to date educational literature on the advantages of a smoke free living environment and tobacco cessation information including the Oregon Tobacco Quitline (1-800-QUIT-NOW) to residents and landlords.

July 2009-June 2010

Develop a MAC plan with TPEP in order to build awareness about the need for tobacco free multi-unit housing.

September 2009

### **Policy development and implementation**

Meadow Brook Apartments, will have language in their leases to prohibit smoking inside living quarters, and limit smoking to designated outdoor areas.

December 2009- June 2010

Provide and assist with signs and literature

July 2009-June 2010

### **Critical Questions**

A. What sectors of the community will this objective reach?

A tobacco free policy will reach all tenants, staff and all visitors to the housing community.

B. Are there segments of the population who will *not* receive benefit from this objective?

Yes. Persons who do not live or visit Meadow Brook Apartments

C. What types of technical and /or data assistance do you anticipate needing from :

1. TPEP staff?

- Technical support for survey
- Assistance with the media campaign
- Tips on presenting policies to owners, managers, landlords, and public
- Literature and statistics

2. Statewide capacity building programs for eliminating disparities?

- Continued funding for tobacco program coordinator
- Continue the Oregon Tobacco Quit Line

**Objective:** Local agreements for Enforcement of the Smoke Free Workplace Law

*By September 2009, Grant County will have developed internal systems and protocols for handling complaints related to the Indoor Clean Air Act.*

**Goal Area for this Objective:**

Primary: Eliminating/reducing exposure to second hand smoke.  
Secondary: Promote quitting  
Counter pro-tobacco influences  
Reduce youth access to tobacco

**Plan of Action:**

**Coordination and Collaboration:**

Collaborate with Grant County's Environmental Health Specialist to explore options for establishing internal enforcement protocols.  
July 2009-September 2009

Meet with the coalition to explore the issues surrounding the education of the public and enforcement of the law and refine plans.  
September 2009

**Assessment and Research**

Assess current tobacco policies for county government agencies and the need for policy changes and development  
July 2009 – September 2009

Research other counties for their policies concerning enforcement  
July 2009-June 2010

Work with TPEP on how to approach the public and what media publications are available to use.  
July 2009- June 2010

**Community Education, Outreach, and Media**

Work with TPEP and local media to educate the public in the new law effective 2009  
July 2009-June2010

Provide county agencies with Indoor Clean Air Act literature including signs, posters, and/or pamphlets and support cessation efforts by providing information about the Oregon Quit Line.

October 2009

### **Policy Development and Implementation**

Create internal enforcement procedures, written tools and instructions for Grant County Staff.  
July 2009-June 2010

Present draft policies and/or policy changes to county court for approval  
July 2009-June 2010

### **Critical Questions**

Answer the following questions about this objective:

- A. What sectors of the community will this objective reach?  
A tobacco-free policy will reach all patrons and those that work in that environment
- B. Are there any segments of the population who will *not* receive benefit from this objective?  
No.
- C. What types of technical and/or data assistance do you anticipate needing from
  1. TPEP staff?
    - Assistance with media, signage and literature
    - Assistance in ways to deal with businesses effected by these regulations
    - Assistance creating draft policies
    - Template forms and letters for enforcement activity
  2. Statewide capacity building programs for elimination disparities?
    - Continued funding for Tobacco program coordinator
    - Continued access to up to date literature and fresh statewide campaigns

**Objective:** Build capacity for Tobacco Related Chronic Disease

*By February 2010, TPEP coordinator will compile a profile of tobacco related chronic diseases in Grant County.*

### **Goal Area for this Objective:**

- Promote Quitting
- Counter pro-tobacco influences
- Eliminate/reduce exposure to secondhand smoke

**Plan of Action:**

**Coordination and Collaboration:**

Review available data for Grant County and collect statistics.  
November 2009 – March 2010

Identify disparities related to prevalence of tobacco related chronic disease.  
November 2009 – March 2010

Collaborate with the Commission on Children and Families (CCF), Safe Communities Coalition (SSC), and groups that serve people affected by tobacco related chronic diseases to form partnerships, gather information and raise awareness regarding tobacco related chronic disease and present findings to the county court for approval to apply for upcoming available Grant funding.  
November 2009-March 2010

**Assessment and Research:**

Compile county-level data for all tobacco related chronic diseases.  
November 2009

**Community Education and Outreach :**

Attend the Grant County Health Fair and Grant County Fair to raise community awareness and promote tobacco cessation using literature with data regarding tobacco related chronic diseases and cessation information including the Oregon Quit Line.

**Media:**

Share statistics and findings County Court, media and the community in order to increase their understanding of the diseases caused by tobacco and reduce the burden of tobacco related chronic disease

November 2009-March2010

Prepare a Mac Plan for this objective.

**Policy Development and Implementation:**

Gain County Court's support to apply for Grant funding.  
February 2010 – March 2010

**Critical Questions:**

Answer the following questions about this objective:

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

Grant County Court, persons and groups affected by tobacco related chronic diseases are targeted by this objective. The goal of this objective is to raise awareness by presenting statistics and data and to obtain support to pursue funding in order to develop a program to decrease exposure and risks associated with tobacco related chronic disease.

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

- Assistance with statewide and county data and statistics collection

**Objective:** Tobacco free Head Start Program

*By June 2010 Grant County Head Start Program will have passed a comprehensive tobacco free policy.*

**Goals:**

Primary: Eliminate/reduce exposure to secondhand smoke  
Secondary: Reduce youth access to tobacco  
Counter pro-tobacco influences  
Promote quitting

**Plan of Action:**

**Coordination and Collaboration:**

Collaborate with Head Start to implement a comprehensive tobacco free policy.  
September 2009- June 2010

Work with the American Lung Association of Oregon to develop objectives and action plans for the Head Start Program  
September 2009 – 2010

**Assessment and Research:**

Contact the ALAO to retrieve and coordinate with Head Start to develop assessment activities.  
September 2009 – June 2010

Identify barriers to adopting a more comprehensive tobacco free policy.  
January 2010 – June 2010

Identify disparities related to high risk populations targeted by the tobacco industry.  
January 2010 – June 2010

**Community Education, Outreach and Media:**

Share findings and policy development with interested parties and the media.  
January 2010-June 2010

Provide literature on the dangers of secondhand smoke to Head Start and parents of Head Start students.  
January 2010 – June 2010

**Policy Development and Implementation:**

Work with work groups and coalitions by providing statistics to assist in their policy development.  
September 2009 – June 2010

**Critical Questions:**

1. What sectors of the community will this objective reach?  
The tobacco free Head Start program will reach staff, students, and members of the community that participate or are involved with the Head Start Program.
2. Are there segments of the population who will *not* receive benefit from this objective?  
Yes, members of the community who are not involved with the Head Start program.
3. What types of technical and/or data assistance do you anticipate needing from:

TPEP staff?

- Assistance with program development
- Assistance gathering statistics and data
- Literature specific to needs of the Head Start Program development

Statewide capacity building programs?

- Funding for TPEP program coordinator
- Assistance with statewide statistics and data

ALAO?

- Assistance with assessment activities and program development
- Sample comprehensive policies
- Tobacco free signs and literature

## **Objective #8: Tobacco-free schools**

*By June 30 2010, all Grant County schools will have passed “gold standard” tobacco-free policies.*

### **Goal Areas for this Objective:**

Primary: Eliminate/reduce exposure to secondhand smoke  
Secondary: Reducing youth access to tobacco  
Promote Quitting

### **Plan of Action:**

#### **Coordination and Collaboration**

Contact the American Lung Association of Oregon to seek advice, model policies, and current policy profiles.

July 2009-March 2010

Meet with the coalition to review and refine a plan for those schools who are not yet rated “*Gold Standard*”.

July 2009

Work with local school district superintendents, and the American Lung Association of Oregon to lead efforts to assist every school in passing and implementing a “Gold Standard” tobacco-free policy for the 2009-2010 school year.

Assist school districts in submitting their updated policies to the American Lung Association of Oregon for evaluation and to acquire free Tobacco-Free Schools signage.

March 2010-June 2010

Contact EOU & BMCC extension advisors and include them in developing and implementing school policies as they pertain to their use of school district campuses.

2009-2010 school year.

#### **Assessment/Research**

Obtain and assess current policy information for each school to determine where focus is needed and changes can be implemented to bring schools up to “*gold standard*.”

July 2009- September 2009

Contact each school in the county to find out which group within that school forms the work group for policies for the school. (i.e. PTA, school board etc. )

Sept 2009-May 2010

Work with each group to review data regarding youth and adult tobacco use in Grant County, to assess the availability of tobacco cessation supports for staff, & students, to identify communication opportunities (staff meetings, parent newsletters), and to identify the steps needed to adopt policies and enforce them.

January 2010 – February 2010

## **Community Education, Outreach, and Media**

Promote Oregon Quit Line on the school district's web site and local school newsletters and websites.  
Ongoing

The tobacco coordinator will submit a Media Advocacy Coordination Plan (MAC Plan) to TPEP in order to build awareness about the need for tobacco-free schools in Grant County and develop community support for policy adoption.

January 2010- March 2010

## **Policy Development/Policy Implementation**

Review each of the tobacco-free policies currently in place with the assistance of the coalition, the TPEP's Policy Manager and the American Lung Association of Oregon.

June 2009

Assist the work groups to present and propose the policy changes to the school boards for adoption.

October 2009-March 2010

Assist work groups to develop strategies to use in their schools to implement tobacco-free policies, such as signage, parent newsletters, announcements at school events and enforcement procedures.

March 2010- June 2010

## **Critical Questions**

A. What sectors of the community will this objective reach?

A tobacco-free policy will reach all school staff, students, parents of students, & campus visitors

B. Are there segments of the population who will *not* receive benefits from this objective?

Yes, individuals who do not have contact with school children and/or do not participate in school activities.

C. What types of technical and/or data assistance do you anticipate needing from:

1. TPEP staff?

- Assistance with policy and program development
- Assistance with MAC
- Training on how to approach schools and work groups to review current policies and make appropriate changes

2. Statewide capacity building programs for eliminating disparities?

- Continued funding for tobacco program coordinator
- Continued support with the Quit Line and materials to promote tobacco issues.

**Objective: Tobacco-Free Community Colleges**

Grant County does not have a community college. We do however have an extension center for Eastern Oregon University and Blue Mountain Community College. Many of the courses are held on Grant County School District campuses. The plan for the Grant County Schools will also be sufficient for these extension services.

**b. Parent and Child Health Services****Maternal and Child Health Programs**

## Current condition:

Grant County Health Department provides services to women and children through the following programs; Maternity Case Management, Babies First, CaCoon, Dental Clinic, WIC, Immunization, Family Planning and education and referral.

## Goals:

To provide these services to parents and children to increase their knowledge base and access to nutrition education, child development, family planning options and other associated health issues.

## Activities:

- Instruct clients in nutrition, child development, family planning and associated health issues as needed.
- Carefully balance client needs and services with resources
- Keep staff nurses up to date with ongoing educational opportunities
- Offer a wide variety of family planning options
- Offer family planning services consistent with Title X guidelines



Response:

On September 8<sup>th</sup>, 2009, all WIC and PHD staff had a meeting and discussed the WIC programs key nutrition messages. The coordinator made sure all staff were aware of and could describe the general content of the new food packages. All staff felt comfortable with their knowledge of changes and did not want additional training.

*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:

In February 2009, all WIC and PHD met to review the proposed food package changes. We selected 3 food package modifications to discuss. #1-Adding whole grains. #2-Baby foods. #3-Fresh fruit and vegetable vouchers. All staff were excited about the changes-all positive comments. The nutrition education message that we need to modify the most(of the 3 we chose), will be regarding the baby foods. We have numerous posters up and handouts available on fruits and veggies, but not much on baby foods. Coordinator will monitor WIC website for resources and will share with staff. We are sharing the upcoming changes with WIC participants when they come in for their appointments.

*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:

Our training supervisor was Joanne Moles. Our agency did conduct all staff inservices. The only objective that was not met was our celebration in quarter 4. We did evaluate, but did not have time to celebrate. Our staff inservices addressed the core area of the CPA competency model by having them taught by an individual knowledgeable in that area.

**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.

*Activity1: 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:

During an August 2008 staff meeting, WIC and PHD staff did review the assessment steps from the dietary risk module. Two staff members from PHD did not fully understand the dietary risk #'s. We did review, but determined they will not be working with these, so review was complete.

*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:

After completion of the modules, staff did modify their approach to individual counseling by probing a bit more into attitudes and actions. But now that we have Oregon Wic Listens, we have changed the way we ask those questions.

### **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:

Due to our high stress jobs and not always eating right, we chose to increase our fruit and vegetable consumption. Our agency worked hard to encourage staff with this. We agreed to bring only fruits and vegetables for snacks (to share) and have only slipped up a couple of times. We have fruits and vegetable posters all over the office, and are working hard to change some bad habits. Staff sick days really

are down, and we feel better. We did meet the objective and would not change anything.

*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:

During the week of January 12, 2009, we chose to start encouraging a more home healthy eating program involving seasonal fruits and vegetables. We chose this because of the high cost of out of season produce, and wanted to make sure our WIC families knew what to choose during what growing season. In late May or early June, 2009, our local grocery store produce department will teach a class on in-season fruits and vegetables and will hand out samples and recipes . We know this will go well (because we have done it before) and will meet our objective. It is always successful, and we probably won't have to change a thing.

#### **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 on 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:

We chose the objective of increasing and maintaining the percentages of breastfeeding and promoting exclusive breastfeeding for 6 months because we wanted to educate our clients about the benefits of breastfeeding for both mother and baby (for a healthier outcome). During July 2008, we met with the hospital's lactation consultant and she explained some of her wonderful breastfeeding counseling techniques that she offers to each new mom (at the hospital). As soon as we hear from MOM, we continue with encouragement and help with problem solving. We have spoken with our local Dr's and they all do encourage breastfeeding. The outcome was successful, but we would still like to have our percentages go up more!!!

## FY 2009 - 2010 WIC Nutrition Education Plan Form

**County/Agency:** GRANT COUNTY  
**Person Completing Form:** JOANNE MOLES  
**Date:** 04-30-2009  
**Phone Number:** 541-575-0429  
**Email Address:** molesj@grantcounty-or.gov

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:**

During the week of August 3<sup>rd</sup> 2009, all WIC and PHD staff will complete the appropriate sections of the new food pkg assignment module. After completion, during the week of August 10<sup>th</sup>, 2009, staff will meet and discuss to make sure everyone understands. Questions and concerns will be answered and addressed by coordinator.

**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 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:**

During training sessions at the statewide meeting, WIC staff will receive training in the basics of interpreting infant feeding cues. During the week of August 3<sup>rd</sup>, 2009, WIC staff will share basic knowledge of such with CHD employees. We will then be able to better support, guide, and educate our participants during the release and implementation of the new food packages and also better support them with breastfeeding education.

**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:**

During the week of June 29<sup>th</sup>, WIC staff will review nutrition education lesson plans to to change or revise as needed. The week of July 13<sup>th</sup>, 2009, staff will meet to make sure changes to nutrition education handouts and lesson plans are complete. Staff will make sure any new brochures or handouts from mailroom or WIC site have been ordered or printed. On July 27<sup>th</sup>, staff will meet for the last time

before the big "wonderful" transformation. We will make sure everyone is ready, and address any questions or concerns. The meeting will end with a celebration potluck lunch of fruits, veggies, and whole grain breads.

**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 A by May 1, 2009.

**Implementation Plan and Timeline:**

Joanne Moles, WIC Coordinator, will be the training supervisor. See attachment A.

**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:**

Grant County WIC staff applauds the changes to a more participant centered education. We are now in the process of using our new

"upgraded skills" from start to finish.

Check-ins are very friendly and respectful (as they always have been). Opening appointment and setting agenda-certifier greets and meets participant, sets the agenda, and takes steps to build rapport. We ask permission to proceed. Affirming participant-certifier seizes all opportunities to make genuine affirming statements to clients. We want clients to know we are proud of them and appreciate their hard work.

Open ended questions-our certifier uses open ended-non judgmental questions to engage participant. We want them to know that we really are interested in them. Completing assessment before educationg.

Certifier waits to offer advise and education until majority of assessment completed. This skill has been the hardest to master. Certifier is still very tempted to council during certification, but with the help of circle charts, is doing much better at waiting until the end. We allow the participant "time to talk". Certifier has always done this-after all, how else would we know what's "going on"?

Summarizing-After certifier summarizes what has been talked about, she asks for feedback to make sure concerns have been identified correctly. Occassionally, concerns are interpreted differently than intended, and we want to make sure that they are addressed correctly. Working with participant for next steps-Certifier used to struggle with this skill, but is improving quickly. By using the summarization skills, it has been easier to work with clients on helping them realize what they might like to work on. Spirit-We do have spirit!!!!!!!!!!!!!!!!!!!!Our WIC participants are great and we let them know it. We are here to listen, help, and encourage, but after all, they are the parents.

**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:**

In August 2009, this agency will be meeting with several other WIC agencies to "brainstorm", discuss how we are doing, what challenges we are facing, and get "helpful hints" that we (maybe) hadn't thought of yet. Someone else's open ended questions are always helpful to listen to-we all have different ideas to share.

### **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:**

The week of July 13, 2009, this agency will contact (by letter), our local Head Start Program, Child Care Centers, Dr.s offices, Hospital

Breast feeding Coordinator, Families First Program, and Commission on Children and Families regarding the positive changes happening with Fresh Choices. We will enclose any written materials we have that will benefit their understanding. The week of July 20<sup>th</sup>, we will call all of our community partners to address any questions or concerns they may have.

**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.

**Implementation Plan and Timeline:**

In February 2010, we will contact state research analysts to discuss administering Fresh Choice questionnaires to out participants. In March or April, we will follow up with analysts regarding the results.

**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:**

Early in August 2009, our agency will review the Oregon Breastfeeding study data and assessment tool. We will call our nutrition consultant and address any concerns or questions we might have. We will also develop a new Breastfeeding Promotion bulletin board, asking our breastfeeding moms to write notes of encouragement on it. WIC coordinator will contact local breastfeeding specialist from hospital and families first and invite them to teach a breastfeeding promotion class.

**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:**

We are confident that our breastfeeding class will be very successful, and will plan on having another class before the end of April.

## Attachment A

### FY 2009-2010 WIC Nutrition Education Plan

#### WIC Staff Training Plan – 7/1/2009 through 6/30/2010

Agency: GRANT COUNTY HEALTH DEPARTMENT

Training Supervisor(s) and Credentials: JOANNE MOLES-COORDINATOR

#### 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.

Quarter	Month	In-Service Topic	In-Service Objective
1	July 2009	FRESH CHOICES LET'S GET FIRED UP!!!!!!!!!!!!!!!!!!!!!!	To make sure all WIC and PHD staff are aware of positive changes-share info from statewide meeting.
2	October 2009	WINTER'S COMING-LET'S STAY HEALTHY	To make sure we're eating right and taking good care of ourselves. Winter's coming-what more can we do to stay healthy. Let's all share ideas.
3	January 2010	BREASTFEEDING PROMOTION	To make sure WIC and PHD staff have knowledge and tools to promote breastfeeding
4	April 2010	DISCUSS THE POSITIVE CHANGES IN WIC OVER THE PAST YEAR	Evaluate and celebrate our accomplishments in helping to make the changes happen. Discuss needs for improvement.



## **Immunizations**

This plan has been completed and submitted directly to the Immunization Program for review and approval.

## **Family Planning**

This plan is still in the process of being completed, I will be working with Carol Elliot from the state Family Planning Program to finish this plan and will then submit it directly to her.

### **c. Environmental Health**

Current condition:

Grant County Health Department provides all licensed facility environment health services to Grant, Harney and Wheeler Counties as well as the Drinking Water Program for both Grant and Harney Counties. All services are provided following state guidelines.

Goal:

To detect, prevent and control illness caused by contamination of food, water or other miscellaneous environmental exposures.

Activities:

- Inspect each identified licensed facility according to ORS regulation
- Follow up on complaints or noncompliance of facilities
- Provide information and education to the public
- Assist with outbreaks, disasters or other incidents
- Keep current on issues and regulations

Evaluation:

- Monitor records to ensure at least a 90% inspection rate of all licensed facilities
- Review complaint investigations and resolution
- Continue to evaluate the financial statistics of the programs

#### **d. Health Statistics**

Current condition:

Grant County Health Department employs 1 registrar and 1 deputy registrar to assist as needed, both positions are part time. GCHD receives birth and death information in electronic format and hard copy format. All birth and death certificates are processed in a timely manner. GCHD relies on program manuals as a resource. Program policies and procedures need to be developed.

Goal:

The GCHD registrar and deputy registrar will receive additional training in vital records as needed. Policies and procedures will be developed and implemented.

Activities:

- GCHD staff will attend training offered by DHS that pertain to birth and death certificates
- GCHD staff will request assistance from DHS with obtaining policy templates
- GCHD staff will develop, review and implement policies and procedures that pertain to birth and death certificates
- GCHD will develop a quality assurance program to provide direction in implementing new systems

Evaluation:

- GCHD will train staff on policies and procedures; training will be documented in the training manual
- GCHD will assure proper implementation of policies and procedures by quality assurance activities

#### **e. Information and Referral**

Current condition:

Grant County Health Department provides unbiased and accurate information and referrals to clients seeking services. Information is presented through oral presentations and written materials. GCHD receives many referrals from community partnerships regarding activities involving public health services and available community resources.

Goal:

To continue to provide accurate and updated information and referral services. To maintain an accurate database of resources.

Activities:

- Assure that the information and referral data base remains updated on an annual basis and as changes occur
- Assure that written information is available upon request
- Include GCHD information and referral training at staff meetings

Evaluation:

- Documentation of review and update of information and referral data
- Monitor that written material is available on an ongoing basis
- Documentation of staff training in training manual

**f. Public Health Emergency Preparedness**

Current condition:

Grant County Health Department has a 0.5 FTE Public Health Emergency Preparedness Coordinator who is the primary contact for all PHEP issues. We have emergency plans in place in accordance with the PE 12 requirements. We have an emergency public information phone line available 24/7, contact with the PHEP coordinator is maintained through the use of cell phones, satellite phones, satellite pagers and land line phones. We participate in the Health Alert Network and have a HAN administrator. GCHD is in compliance with the ORS and PE12 requirements.

Goals:

To be prepared to meet the needs of public health emergencies that might arise in Grant County and to assist the community in preparation for these emergencies.

Activities:

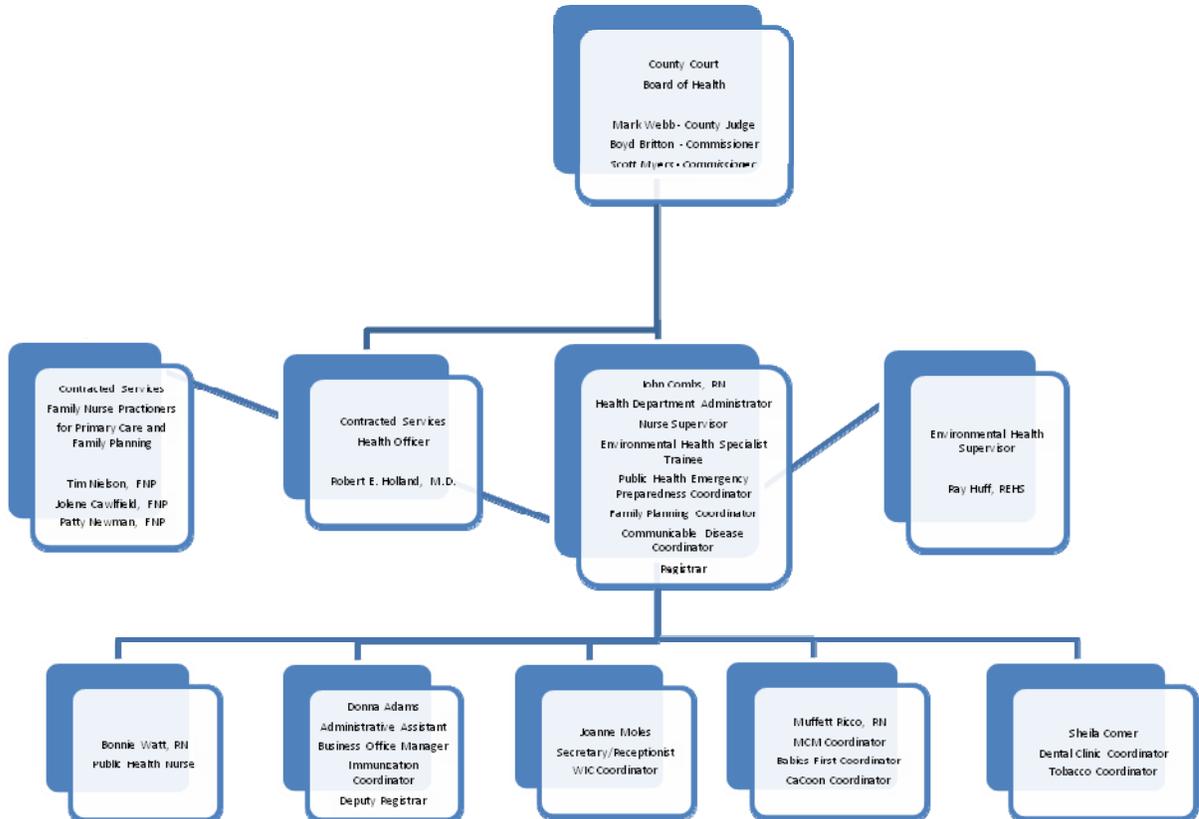
To comply with the requirements set forth in PE12.

Evaluation:

- Keep all staff up to date with procedures and training needs
- Use After Action Reports from exercise activities to identify needs and make improvements to plans and procedures
- Monitor the HAN and perform testing as required by PE12

## IV. Additional Requirements

### a. Grant County Health Department Organization Chart:



## **b. Board of Health**

Grant County Board of Health consists of the Grant County Court:

- Mark Webb, County Judge
- Boyd Britton, County Commissioner
- Scott Myers, County Commissioner

The Grant County Health Department Administrator reports directly to them and stays in regular contact.

## **V. Unmet Needs**

Some of the unmet needs as determined by this assessment include the following:

- Our ability to maintain staffing and provide a high level of service continues to be a constant struggle with a steady decline in state funding for our programs. We have become very creative in operating the department as efficiently as possible, but I am very concerned about staff workloads and the associated stressors that coincide with that.
- Alcohol and drug use among both the youth and adult population within the community.
- The poor state of the local economy and the high unemployment rate in the county create a multitude of risk factors that are very concerning.
- Tobacco use remains a very significant problem for the overall health of the population as well as the impact it has on the cost of healthcare.

## **VI. Budget**

For budget information contact:

Kathy Smith  
Grant County Treasurer  
201 S. Humbolt  
Canyon City, OR. 97820  
541-575-1798



## VII. Minimum Standards

### Both

Agencies are **required** to complete this section.

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

### **Organization**

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

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

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

### **Control of Communicable Diseases**

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

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

### **Environmental Health**

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

55. Yes  No  A written plan exists for responding to emergencies involving public water systems.
56. Yes  No  Information for developing a safe water supply is available to people using on-site individual wells and springs.
57. Yes  No  n/a 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  n/a A program exists to assure protection of health and the environment for storing, collecting, transporting, and disposing solid waste.
62. Yes  No  Indoor clean air complaints in licensed facilities are investigated.
63. Yes  No  Environmental contamination potentially impacting public health or the environment is investigated.
64. Yes  No  The health and safety of the public is being protected through hazardous incidence investigation and response.
65. Yes  No  Emergency environmental health and sanitation are provided to include safe drinking water, sewage disposal, food preparation, solid waste disposal, sanitation at shelters, and vector control.
66. Yes  No  All license fees collected by the Local Public Health Authority under ORS 624, 446, and 448 are set and used by the LPHA as required by ORS 624, 446, and 448.

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

67. Yes  No  Culturally and linguistically appropriate health education components with appropriate materials and methods will be integrated within programs.
68. Yes  No  The health department provides and/or refers to community resources for health education/health promotion.

69. Yes  No  The health department provides leadership in developing community partnerships to provide health education and health promotion resources for the community.
70. Yes  No  Local health department supports healthy behaviors among employees.
71. Yes  No  Local health department supports continued education and training of staff to provide effective health education.
72. Yes  No  All health department facilities are smoke free.

### **Nutrition**

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

### **Older Adult Health**

78. Yes  No  Health department provides or refers to services that promote detecting chronic diseases and preventing their complications.
79. Yes  No  A mechanism exists for intervening where there is reported elder abuse or neglect.
80. Yes  No  Health department maintains a current list of resources and refers for medical care, mental health, transportation, nutritional services, financial services, rehabilitation services, social services, and substance abuse services.

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

### **Parent and Child Health**

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

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

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

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

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

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

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

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

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

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

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

### **Primary Health Care**

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

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

95. Yes  No  The local health department advocates for individuals who are prevented from receiving timely and adequate primary health care.
96. Yes  No  Primary health care services are provided directly or by referral.
97. Yes  No  The local health department promotes primary health care that is culturally and linguistically appropriate for community members.
98. Yes  No  The local health department advocates for data collection and analysis for development of population based prevention strategies.

### **Cultural Competency**

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

## Health Department Personnel Qualifications

### Local health department Health Administrator minimum qualifications:

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

Answer the following questions:

Administrator name: John Combs

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.**

This plan has already been submitted and has not changed.

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

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

AND

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

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

**c. Yes X 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 X 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.**

John Combs  
Local Public Health Authority

Grant  
County

6/11/2009  
Date