

Columbia Health District - Public Health Authority Annual Plan

Columbia Health District-Public Health Authority

Submitted May 2010

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.

Local Public Health Authority

County

Date

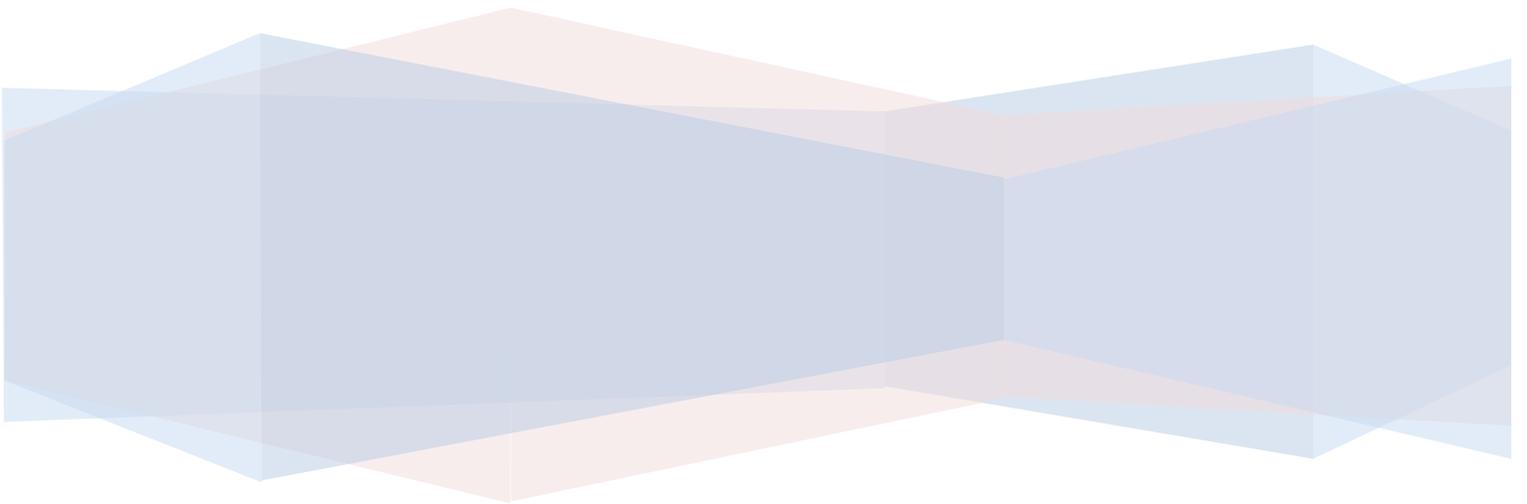


Table of Contents

SECTION 1: EXECUTIVE SUMMARY	4
SECTION 2: ASSESSMENT	8
Columbia County Statistical Snapshot	9
Adequacy AND Extent to which 5 basic services are provided	13
Epidemiology and control of preventable diseases and disorders	13
Parent and child health services, including family planning clinics (ORS 435.205)	14
Collection and reporting of health statistics	14
Health information and referrals	15
Environmental health services	15
Adequacy of Other Services Important to the Community	16
Medical Surge Capabilities	19
Pregnancy Outcomes and Related Issues	20
Disease prevention and health education	25
SECTION 3: ACTION PLAN	27
Epidemiology and Control of Preventable Diseases	28
Descriptions of problems, goals, activities	28
Communicable disease investigation and control	31
Tuberculosis case management	32
Tobacco Prevention and Education Program	32
Plans for obesity, asthma, and diabetes management	33
Parent and child health services, with family planning clinics	33
Problems, goals, activities and evaluations OAR 333-014-0050	33
Women, Infants, and Children Plan	35
2010-2011 Nutrition Education Plan	35
WIC Staff Training 2010-2011	38
Evaluation of 2009-2010 WIC Nutrition Education Plan	39
Immunization Plan	45
Family Planning Annual Report and Plan	46
Plans for other MCH activities	47
Oregon MothersCare Program	48
Environmental Health	49
Description of services	49
Description of how program requirements will be met	49
Health Statistics	53
Information and referral	54

Public Health Emergency Preparedness	55
SECTION 4: ADDITIONAL REQUIREMENTS	57
Public Health Board	58
Coordination with Local Agencies	58
Organizational Chart of CHD-PHA	60
SECTION 5: UNMET NEEDS	61
SECTION 6: BUDGET	64
SECTION 7: MINIMUM STANDARDS	65
ATTACHMENTS	76

SECTION 1: EXECUTIVE SUMMARY

The local public health plan for Columbia County and its updates can be found at www.oregon.gov/dhs/ph/lhd/reference.shtml. This year the county submits an annual plan. The requirement for a local public health annual plan is in statute ORS 431.375-431.385 and ORS 431.416. The applicable administrative rules can be found in OAR Chapter 333, Division 14. ORS 431.375 defines policy for local public health services. Policy states that the public health system in Oregon is to provide basic public health services, that counties can provide or contract responsibility or relinquish these services to the state, and that all public funds utilized for public health services must be approved by the local public health authority.

The Minimum Standards for Local Health Departments states “In the state of Oregon, responsibility for public health protection is shared between the state Department of Human Services, health services section and the local public health authorities. Local and state agencies perform different tasks. They have unique, but complimentary roles and they rely on one another to make the public health system work effectively.” The community relies upon the partnership between the state and local government as well as the partnerships at the federal level.

Were there unlimited amounts of funding, one might expect that most public health needs would be met. The State of Oregon allots only 2.5% of its DHS budget to public health functions at the state and local levels combined. The funds that reach the local level are for specific programs. In Columbia County, these dollars supplement federal dollars to provide home visits to high risk infants and children, they supplement federal dollars that help fund emergency preparedness and they supplement communicable disease epidemiological response, and they supplement federal dollars that help provide prenatal care for women in need. The state also provides funding for school-based health centers (SBHC). The St. Helen’s school district in Columbia County has a SBHC that has just expanded its focus to K-12 this year. Rainier school district is completing its first year with a SBHC and offers services to K-12. Vernonia school district is still planning for SBHC space in the plans to build a new school.

Funding streams provided by and defined by federal and state dollars restricts most public health services delivered locally. The public health services are impacted by formulas developed at the state level by a state/local partnership (CLHO) and contracts developed by the State of Oregon. The exception to this rule is that environmental health licensing programs are operated based on local licensing fees with 15% of the collected fees being returned to the state for state program support. ORS 431.380 states that the distribution of funds to the local public health authority is to be used for public health services.

The fiscal year 2010-2011 proposed health district budget is included in this document. The budget includes the hospital project as well as the public health

programs. The proposed budget will not be accepted until June 2010 by the Columbia Health District board. The public health program budget numbers are based on “flat funding” of grant sources. The district revenues are also expected to be “flat” due to a tax challenge by NW Natural Gas Company. ORS 431.385 states that the local annual plan shall be submitted annually to DHS, that DHS shall review and approve/disapprove the plan, and that there shall be an appeals process if the plan is disapproved. It also states that the local Commission on Children and Families shall reference the public health plan in its comprehensive plan (ORS 417.775).

The local Commission on Children and Families went through an update process of their comprehensive plan during FY 2010. Public health was involved in the process and the Commission submitted a combined 2010 Comprehensive Plan update of the Commission on Children and Families plan and the Juvenile Crime Prevention Plan. The updated plan references the Healthy Communities program that CHD-PHA provides as well as the second SBHC in Rainier. The comprehensive plan update references the high-level community issue: access to health care. Columbia Health District continues to increase the health care infrastructure needed for the county – including a hospital. Columbia County is the largest county in the state that does not have a hospital and yet the State of Oregon DHS certificate of need program has been slow to help resolve this community need.

The local public health authority duties according to ORS 431.416 are to:

- Administer and enforce the rules of the local public health authority and the public health rules and laws
- Assure activities necessary for the preservation of health or prevention of disease in the area under its jurisdiction as provided in the annual plan of the authority or district are performed. These activities shall include:
 - Epidemiology and control of preventable diseases and disorders
 - Parent and child health services, including family planning clinics (ORS 435.205)
 - Collection and reporting of health statistics
 - Health information and referral
 - Environmental health services

These services are further defined in OAR Chapter 333, Division 14 as well as the Minimum Standards for Local Health Departments document.

The minimum standards document is designed to include elements of the essential public health services as identified by the American Public Health Association publication, Public Health in America, 1994.

The document identifies two key concepts.

The first is that public health:

1. Prevents epidemics and the spread of disease
2. Protects against environmental hazards
3. Prevents injuries
4. Promotes and encourages healthy behaviors
5. Responds to disasters and communities in the recovery phase
6. Assures the quality and accessibility of health services

The second key concept is the ten essential public health services. These services are quite limited in Oregon rural counties. Lack of funds can be restrictive in meeting public health needs. Sufficient resources to achieve these standards are necessary for compliance.

The action plans and progress reports for this year are a continuation of the comprehensive plan. The reports included in this document are updates of the comprehensive plan. The plan formats vary from program to program based on state program needs.

SECTION 2: ASSESSMENT

Columbia County Statistical Snapshot

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Adequacy AND Extent to which 5 basic services are provided

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Epidemiology and control of preventable diseases and disorders

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Parent and child health services, including family planning clinics (ORS 435.205) **Error! Bookmark not defined.**

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Collection and reporting of health statistics

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Health information and referrals

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Environmental health services

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Adequacy of Other Services Important to the Community

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Medical Surge Capabilities

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Pregnancy Outcomes and Related Issues

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Disease prevention and health education

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COLUMBIA COUNTY STATISTICAL SNAPSHOT

Columbia County is 687 square miles of picturesque scenery. The Columbia River defines the northern and eastern borders of the county. The terrain is mountainous with winding two lane roads. Columbia County’s history is agriculture and timber oriented. Most of the agricultural land has been sold to developers and no longer produces fruits and vegetables. The timber industry is also decreasing. Housing development has replaced the farms. Family wage jobs are becoming increasingly scarce. Commuting to the Portland metro area is becoming the norm. Recently, the Columbia Rider transportation system has been established to transport commuters into the metro area. Additional routes are being mapped to provide services within Columbia County.

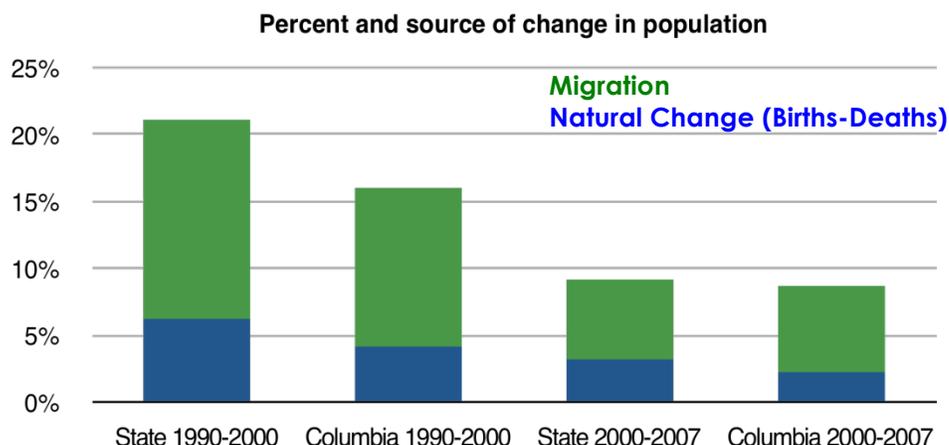
Geography: Northwest Oregon, 687 square miles.
Average Temperature: January 39°F July 68.4°F
Annual Precipitation: 44.6"

Population:

	Percent	2008
County	66%	31,858
Unincorporated	34%	23,742
TOTAL	100.00	48,095

Population Research Center, College of Urban and Public Affairs, Portland State University

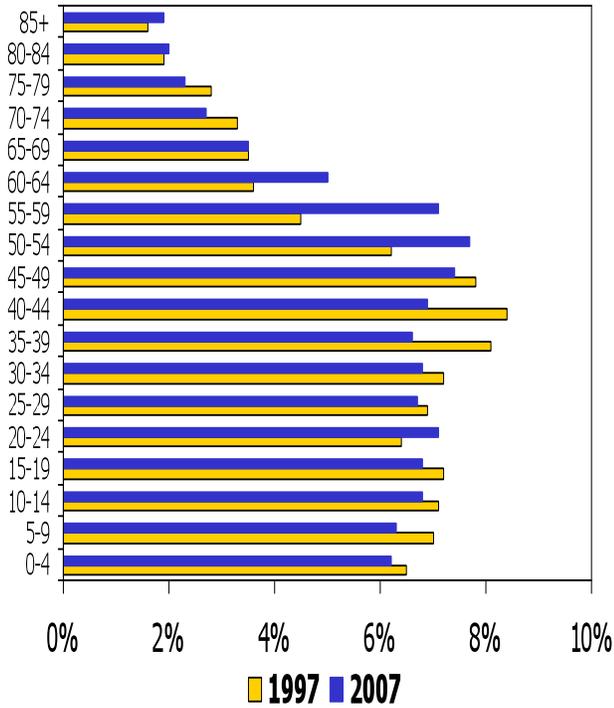
Of the deaths recorded for Columbia County residents in 2008, cancers and heart disease were the number one and two killers respectively. The cancer death rate was significantly higher than the state of Oregon rate with lung cancer being the most prevalent cancer.



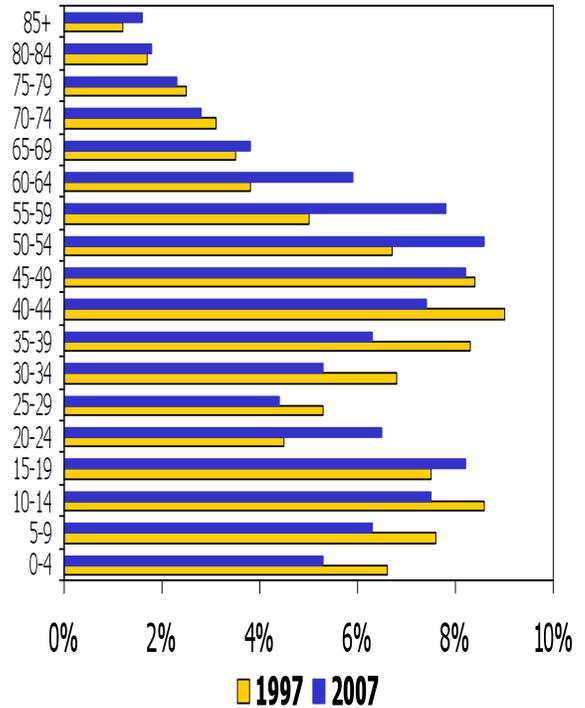
Percent of population by age, 1997 and 2007

Population Research Center, College of Urban and Public Affairs, Portland State University

Oregon



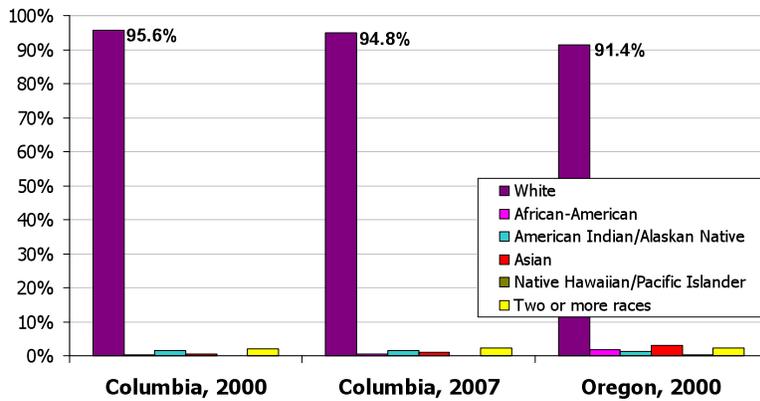
Columbia County



Population by race 2000 and 2007

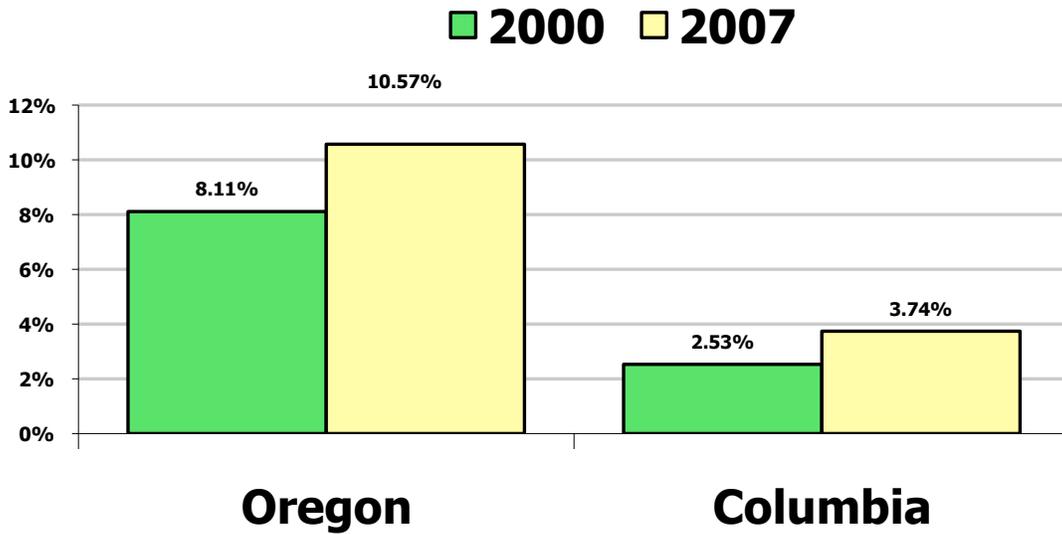
(Hispanics, an ethnic group, are represented in all racial categories)

Source: US Census Bureau County Population Estimates



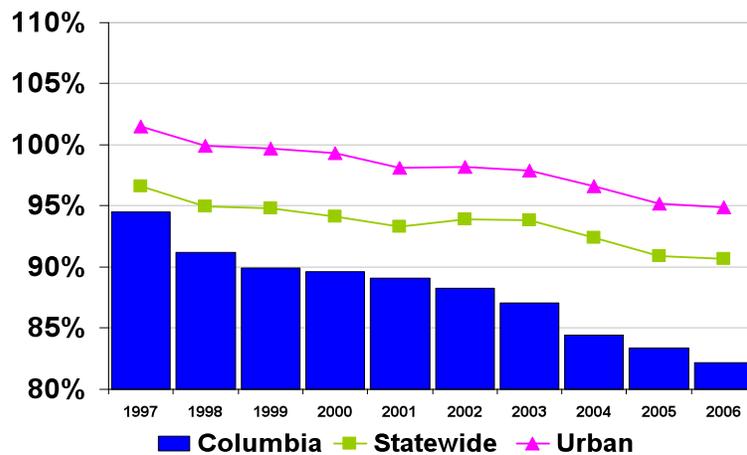
Percent that is Hispanic, 2000 and 2007

Source: US Census Bureau County Population Estimates
 Per capita personal income as percent of the U.S. per capita income



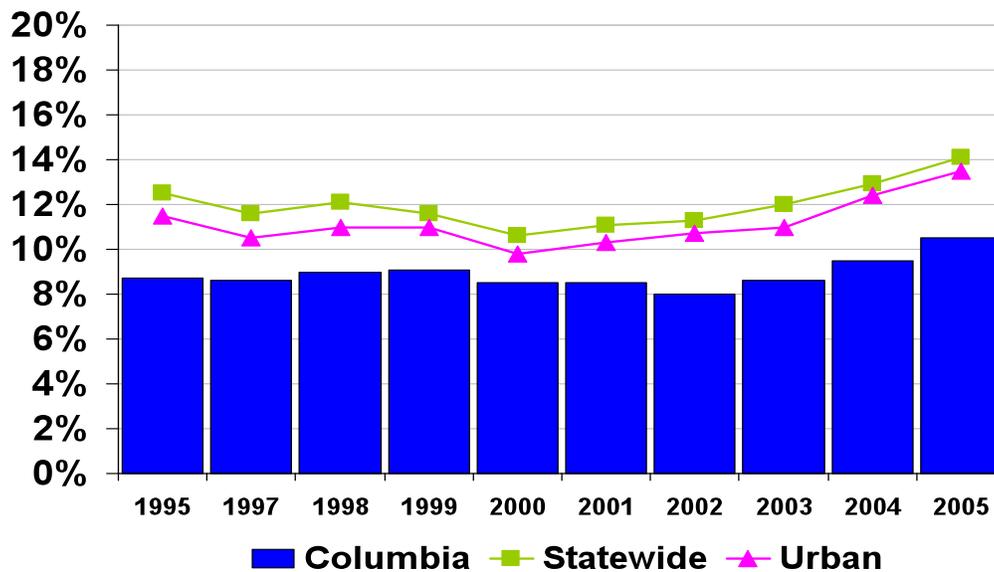
Per capita personal income as percent of the U.S. per capita income

Oregon Benchmark 11



Percent of population with household incomes below 100% of the federal poverty level

Source: Current Population Survey (from US Bureau of Labor Statistics and US Census Bureau)
Oregon Benchmark 54



Number of Persons Eligible for Medicaid and Food Stamps Columbia County

State of Oregon, Division of Medical Assistance Programs | DMAP DSSURS data warehouse

Date	Number Eligible for Medicaid	Number Eligible for Food Stamps
Oct. 2002	3944	4366
Oct. 2003	3614	4839
Oct. 2004	4513	5188
Oct. 2006	4514	5404
Oct. 2007	4045	
Oct. 2008	4589	

Additional References

Child Welfare, Homelessness, Poverty, Self Sufficiency

Department of Human Services, Oregon Children, Adults and Families

http://www.oregon.gov/DHS/assistance/data/caf_charts/102008.pdf

www.dhs.state.or.us/abuse/publications/childabuserereports.htm

Community Action Team <http://www.cat-team.org/>

ADEQUACY AND EXTENT TO WHICH 5 BASIC SERVICES ARE PROVIDED

EPIDEMIOLOGY AND CONTROL OF PREVENTABLE DISEASES AND DISORDERS

CHD-PHA staff (public health nurses, environmental health specialists, and health officer) assess, monitor, and provide investigation of 42 diseases and nine other conditions that are considered uncommon and of potential public health significance. Laboratories licensed in the state of Oregon are required to report to counties on communicable disease results. Physicians are also required to report both labs confirmed and clinically suspect cases that are by law reportable. The public health staff investigates each report using the state's reporting guidelines, timelines, and technical assistance if needed. Disease reporting enables appropriate public health follow up for patients. Reporting helps public health identify outbreaks and provide a better understanding of morbidity patterns and may even save lives.

Public health works to identify those who have been exposed to communicable disease, provide health guidance and preventive measures, and work to prevent the spread or recurrence of disease. Public health works with the community health providers to provide education to the general public on communicable diseases.

Funding is insufficient for staff to have an active surveillance system. Columbia County is a growing community and funding has been stagnant for several years. Yet new diseases are coming to our attention every year. Two public health staff spent two weeks tracking and responding to H1N1 virus information at the national, state, regional and local level. If any other communicable disease issue had occurred during that time, we wouldn't have been able to respond adequately. We have a five-member team that responds 24/7. One member always carries the phone. They test the others on a weekly basis. The on-call person checks the fax and messages on the weekends.

PARENT AND CHILD HEALTH SERVICES, INCLUDING FAMILY PLANNING CLINICS (ORS 435.205)

Public health offers prenatal care services in conjunction with Oregon Health Sciences University School of Nursing. The nurse midwife provides prenatal care until delivery and OHSU nurse midwives deliver the baby.

Public health provides the following prenatal care services:

- maternal case management to our clients.
- home visits to babies who are at risk of social or medical complications or care coordination for those infants who have known medical issues.
- family planning services to women and men.
- a range of contraceptive methods and pregnancy testing.
- information and education on the options we provide.

Public health offers the Women, Infant, and Children (WIC) nutrition program and the farmer's market program when it is available. WIC travels to Clatskanie, Rainier, and Vernonia monthly to certify clients.

CHD-PHA now has two school-based health centers in the county. St. Helens has an elementary student model and CHD passes through dollars to the St. Helens Student Foundation. Rainier has a K-12 student model and public health is the medical sponsor for this program currently. Rainier School District just opened their center in June 2009. Our goal is to have a school-based health center in each school district. Columbia County has five school districts.

COLLECTION AND REPORTING OF HEALTH STATISTICS

Columbia County registers all deaths that occur in Columbia County. Since we currently do not have a hospital, only at-home births are registered at the county level. The county forwards the information to the state as required by administrative rules. The county contracts with the state for medical examiner services. The state medical examiner's office determines whether a death in Columbia County requires an autopsy.

HEALTH INFORMATION AND REFERRALS

Columbia Health District public health strives to link people to needed personal health services and assures the provision of health care when otherwise unavailable. Columbia Health District has a new website that is updated by local public health program staff. This site is easy to use and has links to many of our partners. It is an excellent way for the local level to access the state website as well as the CDC website. Public Health also provides information and referral services during regular business hours. A local community action team agency produces a countywide resource booklet that all the local agencies use for referral.

Primary health care services are harder to provide referral for. There are no reduced fee or free clinics in Columbia County. OHSU Scappoose and Legacy St. Helens will provide services and bill clients after the service is provided. CHD-PHA refers to Outside In in Portland and The Family Health Clinic in Longview, Washington. Because of this lack of health care services, CHD-PHA has worked toward building a hospital and establishing school-based health centers. CHD-PHA contracts with Oregon Health Sciences University School of Nursing for nurse practitioners to provide primary health care services and women's health care services.

CHD-PHA assists eligible people in applying for the Oregon Health Plan. CHD-PHA has most of their health education materials in alternative language formats, a translator service available, and provides access via a TTY number. CHD-PHA works in collaboration with Columbia County regarding vulnerable populations during emergencies and disasters.

CHD-PHA provides a competent public health and personal health care workforce. Life-long learning through continuing education, training, and mentoring are available to CHD employees. CHD-PHA has monthly staff meetings, an online training system, and offers continuing education activities throughout the year. Employees are encouraged to seek training opportunities connected with their positions. Most employees attend at least one outside training or conference each year. An educated and trained workforce helps public health attain its goals.

ENVIRONMENTAL HEALTH SERVICES

The environmental health program licenses and inspects restaurants, motels, RV parks, pools, spas and organizational camps. Our environmental health specialist teaches and certifies food handlers. Food handlers can take the test for a permit in the public health office during regular business hours or take the test online. A link

from the CHD-PHA website will take them to the Lane County food handler's online testing site. CHD-PHA also licenses and inspects temporary food events that are open to the public.

Public health investigates reported cases of food-borne and water-borne illnesses. Public health staff offer education and assistance to nursing homes, assisted living facilities and other institutional settings with outbreaks.

Environmental health monitors and surveys different water systems. There are community water systems; non-transient, non-community water systems; transient non-community water systems; and state regulated water systems. The water program is a program that has struggled for years. Last legislative session additional dollars were provided and CHD-PHA was able to hire a part-time environmental health specialist to monitor and follow up on significant non-compliers, to survey one-third of the water systems we need to survey and to work with systems to complete their emergency response plans. There is a possibility that these water dollars will be lost for the next biennium.

ADEQUACY OF OTHER SERVICES IMPORTANT TO THE COMMUNITY

HEALTH CARE ACCESS IN COLUMBIA COUNTY

Columbia County is a designated Health Professional Shortage Area in 2008 and 2009 surveys, and has been the most medically underserved county in Oregon, according to the State of Oregon's Area of Unmet Healthcare Needs evaluation. To attract more healthcare professionals and provide more healthcare options, in 2000 the Public Health Administrator researched the Federal Critical Access Hospital Program and secured a grant from the Northwest Oregon Economic Alliance. The grant funded a joint project with the Office of Rural Health to assess the county's needs, and propose solutions. Following the assessment, the District gave voters an opportunity to weigh in. In 2004, the voters approved with a 58% margin, a small tax rate to build a community hospital.

Since that time, CHD has hired an architectural and management firm, updated the original feasibility study twice, conducted a property search and purchase and applied for the state's Certificate of Need. We are looking for Federal and State grants for equipment and medical records infrastructure, and will begin a local giving program. Columbia River Community Hospital is slated to open in 2012.

The CHD Board has emphasized throughout the process that they want this 12-bed hospital with a 24/7 ER to be an active member of the community and a hub for healthcare activities. The Board is emphasizing the need for state-of-the-art medical records to connect to larger hospitals and to monitor health status and identify

quickly community health problems. Having a local hospital will also allow closer monitoring of local public health threats and setting community priorities. During disease outbreaks, Public Health staff can network with the established hospital framework to work together to best protect our population.

Not only is health care access limited in Columbia County, but also healthcare costs in Oregon and the U.S. have been growing at a rate higher than the rest of the market for the last decade. For clinical services provided, CHD-PHA is able to bill Oregon Health Plan to balance a portion of the rising costs. For those who are privately insured, there is a sliding scale based on household income. Uninsured patients are assisted in applying for enrollment in the Oregon Health Plan. The Office of Health Policy and Research presented a paper to the 74th legislative assembly titled “Trends in Oregon’s Healthcare Market and the Oregon Health Plan.” The paper is summarized below, to show the impact of Oregon Health Plan trends on individuals, families, and local public health authorities.

The main drivers of healthcare costs are: growing and shifting population, age distribution, racial and ethnic makeup, and economic factors. Oregon families do not have the financial capacity to contribute significantly toward healthcare costs until they are earning at least 250% of the federal poverty level (\$51,625 for a family of four in 2007). Increasingly expensive health insurance premiums and declining employer-sponsored coverage are both likely contributors to Oregon’s uninsured population, which remained statistically flat from 2004 at 17% uninsured to 15.6% uninsured in 2006. Unemployment in Columbia County is 14% as of April 2009, and with unemployment we see rising rates of uninsured.

Of Oregon Health Plan (OHP), Medicaid and SCHIP enrollees approximately 55% are children 18 years and under, 35% adults 19-64 years of age, and 9% adults 65 years and older.

A 2004 survey of children from low-income families in Oregon found that children without a usual source of care were three times more likely to be taken to an emergency room or an urgent care clinic for regular care. The School-Based Health Center planning efforts attempt to improve children’s access to primary care, thus reducing emergency room/urgent care visits.

Oregon’s health care safety net is a community’s response to meeting the needs of people who experience barriers that prevent them from having access to appropriate, timely, affordable and continuous health services. Oregon’s healthcare safety net includes:

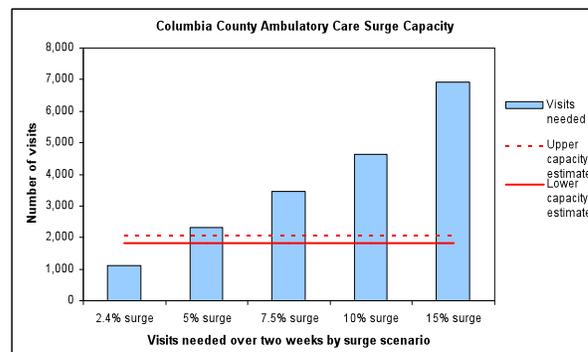
Type of Center	# In Columbia County
Federally Qualified Health Centers	0
Rural Health Centers	2
Tribal Health Centers	0
County Health Departments	1
Migrant Health Centers	0
School-Based Health Clinics (SBHC)	2
Veteran's Administration Clinics	0
Volunteer and Free Clinics	0
Hospital emergency departments	0
Some private healthcare providers	NA

Chronic disease in Oregon represents areas of opportunity for the state where improved quality and access to primary healthcare can improve health status and reduce costs associated with these conditions. Although heart disease has decreased over the last fifteen years, diabetes has increased. High-risk conditions such as high blood pressure, high cholesterol, and obesity are strongly related to many chronic conditions. Screening for these conditions can help to detect chronic disease early in its development. Decreasing prevalence of these conditions is important in reducing the chronic disease burden in the population. In 2008, CHD-PHA was awarded competitive funding to participate in an innovative initiative to reduce chronic disease through policy, systems, and environmental change. In 2009 additional implementation funding was awarded at the state level, as well as competitive grant funds from the Centers for Disease Control and Prevention and the National Association of City and County Health Officials.

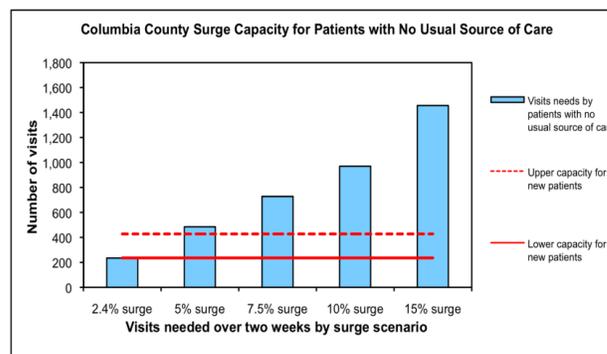
MEDICAL SURGE CAPABILITIES

Public Health Preparedness (PHP) is a public health program that networks and plans with the community medical system. The two entities support each other for the community's benefit. All medical clinics must have plans that address surge capacity as well as employer absenteeism during emergencies. Public Health has a process to request Strategic National Stockpile (SNS) supplies and the Medical Reserve Corps to assist in emergencies. The chart below shows that Columbia County would exceed a 5% capacity with less than 2000 extra visits.

The Office for Oregon Health Policy and Research prepared a report entitled: Ambulatory Surge Capacity in Northwest Oregon in May 2006. The following charts are from that report.



The next chart shows that Columbia County's uninsured population would be overwhelmed at 2.4% surge (approximately 200 visits over two weeks). Columbia County clearly needs increased access to services. A hospital and more School-Based Health Centers would help with this need.

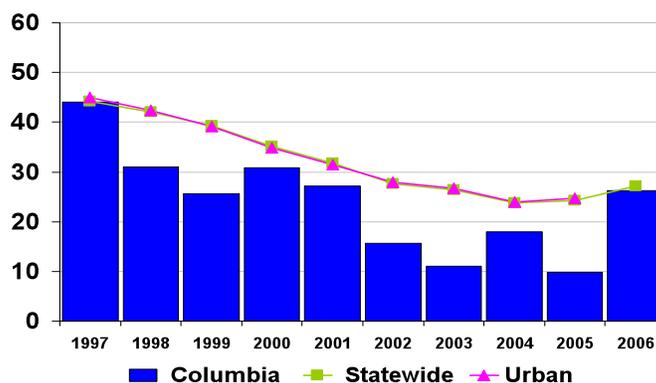


Columbia County needs improved health care access, particularly for the uninsured and low-income population.

PREGNANCY OUTCOMES AND RELATED ISSUES

Another significant health issue for Columbia County residents is women's health. CHD-PHA helps meet the health needs of women and children through multiple programs including the family planning program. In 2006, the family planning programs were required to implement new guidance from Centers for Medicare and Medicaid Services (CMS). In order to be eligible for a subsidized visit, a client has to provide proof of United States residency (picture ID plus birth certificate).

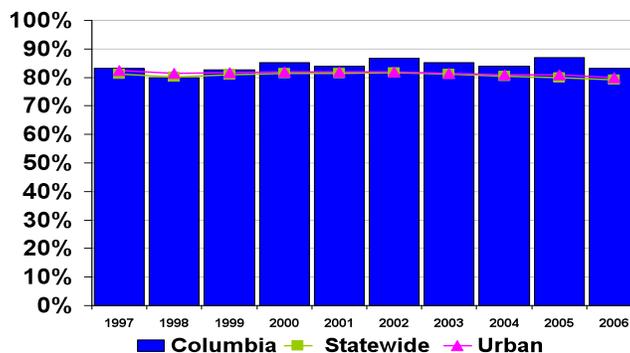
Pregnancy rate per 1,000 females ages 15-17



The number of clients receiving access to family planning services in our clinic declined.

Percent of babies whose mothers received prenatal care beginning in the first trimester

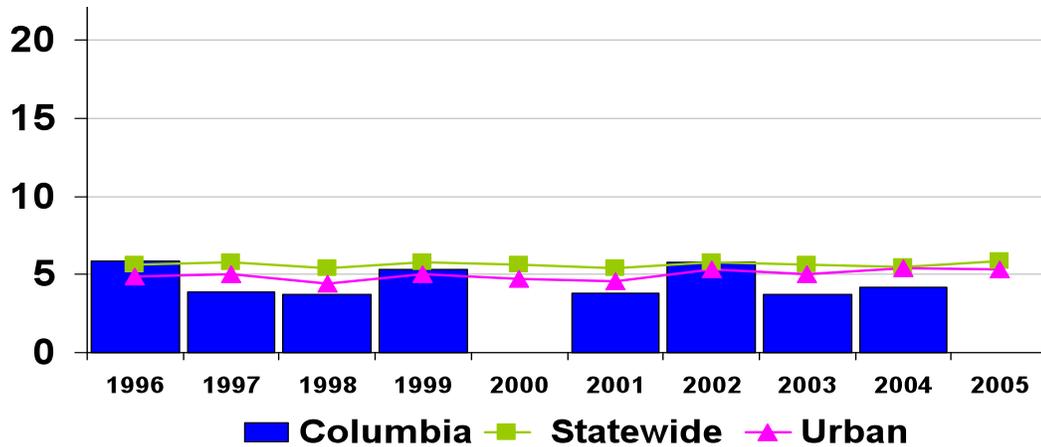
Oregon Department of Human Services, Center for Health Statistics, Oregon Vital Statistics
Annual Report Oregon Benchmark



CHD-PHA offers prenatal care. Although access has not changed much over time, Columbia County is still slightly better than the state average, overall.

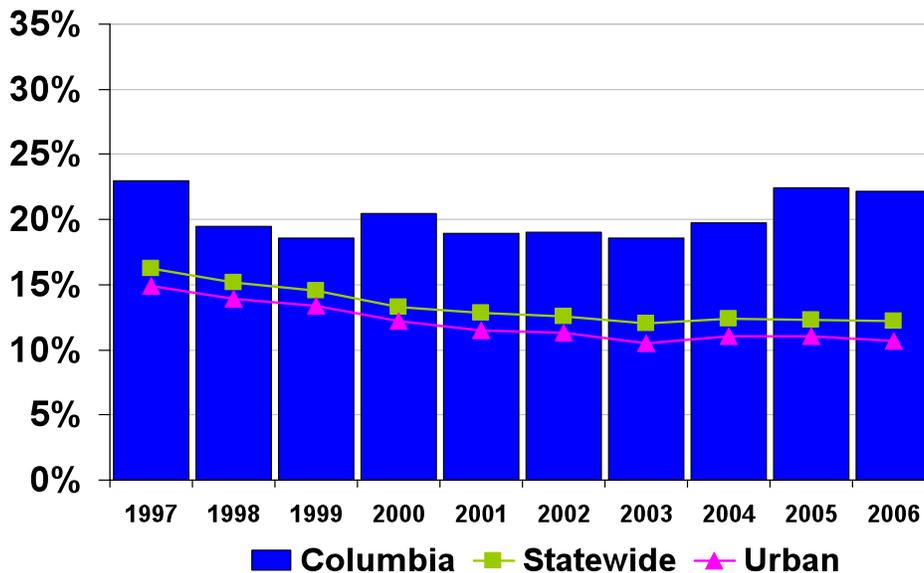
Infant mortality rate per 1000

Oregon Department of Human Services, Center for Health Statistics, Oregon Vital Statistics
Annual Report Oregon Benchmark 41



Percent of infants whose mothers used tobacco during pregnancy (self-reported)

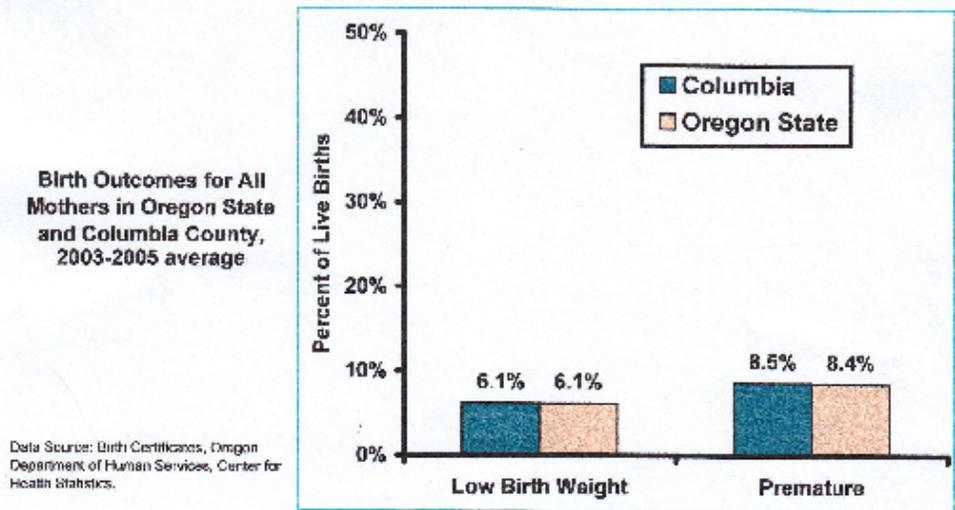
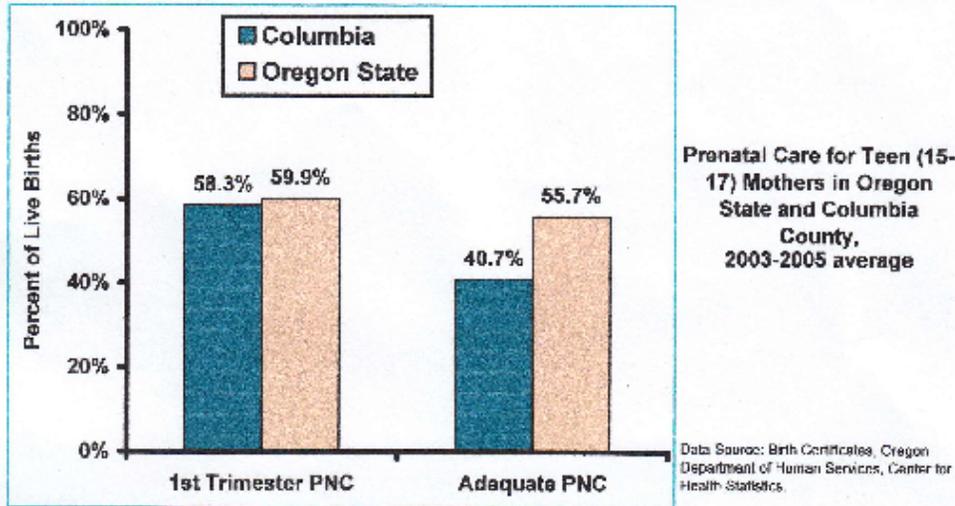
Oregon Department of Human Services, Center for Health Statistics, Oregon Vital Statistics
Annual Report Oregon Benchmark 53b



Infant mortality during 2001 was higher than the year prior, but better than Oregon's average, when comparing a five-year average rate. In 2004, there were two infant deaths. This is a difficult indicator to make statements about

because the numbers are too small for statistical comment. Columbia County has no obstetricians/gynecologists. Public Health offers a prenatal care program in conjunction with Oregon Health Sciences University. Legacy Health Systems offers prenatal care in St. Helens with two nurse midwives.

Teen Pregnancy and Birth in Columbia County, 2005



Prepared By: ORDHS, Office of Community Health and Health Planning (April 2007) using VistaPHw
Page 4 of 8

Pregnancy totals for all ages in Columbia County, Oregon, 2007 = 537. *Oregon Vital Statistics County Data 2007, DHS, Table 2-10.

Of this total, 4.3% received inadequate prenatal care (less than 5 prenatal visits or care began in the 3rd trimester). This is significantly lower than the State average of 6.4%. Columbia County ranked in the top 10 for clients who received adequate prenatal care. **Oregon Vital Statistics County Data 2007, DHS, Table 2-20.*

In 2007, 84.1% of the 537 pregnant women in Columbia County, received prenatal care in the 1st trimester, this is significantly higher than the State average of 78.4%. **Oregon Vital Statistics County Data 2007, Table 2-20.*

Of the 537 total live births, 23 infants were born with low birth weight, or a low birth rate of 42.8 per 1000 births, compared to the State average low birth rate of 61.0 per 1000 births. **Oregon Vital Statistics County Data 2007, DHS, Table 2-32.*

Based on the Perinatal Data provided by DHS, CHD-PHA provided prenatal care to 109 unduplicated women from July 2006 to June 2007:

- 89 were unplanned
- 89 had nutritional risk factors
- 35 had tobacco use
- 13 had substance abuse issues
- 4 noted domestic violence
- 18 had no high school degree
- 0 were 17 years of age or under
- 4 were homeless
- 79 were unmarried

Maternal Risk Factors by County of Residence, Oregon 2007 shows Tobacco use in the 537 pregnant women in Columbia County was 16.1%, our County ranks 18th in the State of Oregon, above the State average of 11.7%. **Oregon Vital Statistics County Data 2007, DHS, Table 2-15.*

Our most difficult problem for pregnant women in Columbia County, is smoking during their pregnancy, or relapsing during the postpartum period. Many of our pregnant women know they should quit, but are lacking the support and tools to help them achieve their smoking cessation goals. A majority of our prenatal clients are motivated to quit smoking during their pregnancy and are in need of the support for smoking cessation and information to help them quit and not relapse. Pregnancy is the best time for a woman to quit smoking. Smoking during pregnancy can cause serious health consequences to the mother and her baby. Statistics show poor birth outcomes such as: low infant birth weights, increased risk of miscarriage, an increased risk of still-births, pre-term births, slower fetal growth, allergies, asthma, ear infections, respiratory illnesses and Sudden Infant Death Syndrome (SIDS).

In 2005, 29 low birth weight babies were born to Columbia County parents. This rate was lower than the previous year and lower than the state rate over a five-year period of time. Entry into prenatal care in the first trimester was 87 percent, but six percent had inadequate care, defined as less than five visits or late entry into care. The risk factors for these women were not significantly different from the state's overall maternal risk factors. Ninety-nine of 524 pregnant women smoked during pregnancy. This indicator is higher than the state and higher than the urban area. Smoking has a tremendous impact on both the baby and the mother's health. That impact continues to negatively impact infants and children as they grow.

DISEASE PREVENTION AND HEALTH EDUCATION

The Centers for Disease Control and Prevention (CDC) list the top nine actual causes of death in the following order:

Cause of Death	CHD-PHA Program to prevent
Tobacco use or second-hand smoke	Tobacco Prevention and Education Program (TPEP)
Poor diet	Healthy Communities Women, Infants, Children (WIC)
Alcohol consumption	
Microbial agents	Communicable Disease Environmental Health Immunizations Emergency Preparedness
Toxic agents	
Motor vehicle accidents	
Firearms	
Sexual behavior	Family Planning Students Today Aren't Ready for Sex (STARS)
Illicit drug use	

This year our county will receive a full grant for tobacco prevention dollars. Columbia County will educate and work with businesses and government around business policy. This program also works with schools and student groups. We also have a newly established school-based health center (2 total), and private grants to continue planning for two additional health centers.

Oregon has an Indoor Clean Air Act. The counties respond to complaints and provide the footwork for the state. The state health division also has limited funds available to provide some counties with a “Healthy Communities” grant to help prevent, diagnose and manage chronic diseases in local communities. Columbia County is a recipient of one of these grants. Additional steps are being taken to implement the three-year Healthy Communities plan, comprised of objectives established by the Columbia Community Health Advisory Council.

The Dept. of Environmental Quality (DEQ) is the primary state agency to enforce outdoor air quality and has a very limited impact due to resources.

The second actual cause of death in the U.S. is poor diet. Counties provide diet education to several population groups. Through WIC, counties serve pregnant and breastfeeding women, infants and children through the age of four with nutritional risks. School-based health clinics and women’s health clinics assess diet and educate if the client is interested. Columbia County has two school-based health centers: one in St. Helens that serves the K- 12 grade population, and one in

Rainier that serves K-12 grades. There are two other communities interested and planning for school-based health centers. The Columbia County Extension Service provides the community education programs available to the general public in our county.

Public health in Columbia County has no program directed to alcohol consumption – the third leading cause of death in the U.S. There is information and referral to the local mental health agency, which does provide alcohol and drug programs in the county. There are Alcoholics Anonymous (AA) programs available in every community in Columbia County.

The fourth largest actual cause of death in the U.S. is microbial agents. Public health has invested dollars that will help protect the entire population. CHD-PHA has for 20 years offered both influenza and pneumonia vaccinations to the entire population. Currently, the state is purchasing influenza vaccines. As part of our Public Health Preparedness program, we have developed pandemic influenza mass prophylaxis plans, which are annexes to the county Emergency Operations Plan. This funding gives us the opportunity to plan for the most likely major public health problem that may occur. Planning is essential and so is practice. The agency is conducting exercises, using these vaccines and administering them to infrastructure resources in our communities and the general population. The 2009 H1N1 influenza pandemic gave us the opportunity to exercise our communication, medication distribution, education and messaging skills. Staff turnover means that plans are not necessarily followed and chaos occurs, so we continue to update and exercise our plans and employees on an annual basis.

CDC's list of actual causes of death numbers five, six, and seven are not vested with any public health dollars in our county and so no services are provided.

The eighth cause of death from the list is sexual behavior. Here, public health is vested in providing family planning services that include sexually transmitted disease education well as screening. HPV vaccine is offered to all of our age appropriate clients. Public health also offers a sexually transmitted disease clinic for some types of sexually transmitted diseases.

Illicit drug use is the ninth actual cause of death in the CDC list. Our community mental health agency has the only drug treatment program with extensive education in our county. The unmet needs are many and the dollars are finite, stretched thinner and thinner each year.

SECTION 3: ACTION PLAN

Epidemiology and Control of Preventable Diseases	28
Descriptions of problems, goals, activities	28
Communicable disease investigation and control	31
Tuberculosis case management	32
Tobacco Prevention and Education Program	32
Plans for obesity, asthma, and diabetes management	33
Parent and child health services, with family planning clinics	33
Problems, goals, activities and evaluations OAR 333-014-0050	33
Women, Infants, and Children Plan	35
2010-2011 Nutrition Education Plan	35
WIC Staff Training 2010-2011	38
Evaluation of 2009-2010 WIC Nutrition Education Plan	39
Immunization Plan	45
Family Planning Annual Report and Plan	46
Plans for other MCH activities	47
Oregon MothersCare Program	48
Environmental Health	49
Description of services	49
Description of how program requirements will be met	49
Health Statistics	53
Information and referral	54
Public Health Emergency Preparedness	55

EPIDEMIOLOGY AND CONTROL OF PREVENTABLE DISEASES

DESCRIPTIONS OF PROBLEMS, GOALS, ACTIVITIES

The role of public health and communicable diseases is defined in ORS 413.416 2(a) and the Oregon administrative rules 333-014-0050(2)(a). In this law it specifies the diseases of public health importance that must be reported by diagnostic laboratories and health care professionals. Local health departments are the first to investigate reports. Their role according to the 2007 Oregon Communicable Disease Summary is to collect demographic information about the case, characterize the illness, identify possible sources of the infection, and to take steps to prevent further transmission. Program elements # 01, #03 and #07 are the state contract components that allow funding of the activities and that define the requirements local counties are required to perform. Together funding, epidemiologic, and laboratory data constitute Oregon's surveillance system.

This table is a side-by-side comparison of some communicable diseases and their incidences in Columbia County in 2004, 2007, and 2008. CHD-PHA reported communicable disease cases to the Oregon Public Health Division at a rate of 55% within 1 working day, and 45% within 2-5 days. The table shows minor changes in most of the reportable conditions listed:

Communicable disease	2004	2007	2008
HIV/AIDS	2	25 (prevalence)	
Campylobacteriosis	9	4	8
Chlamydiosis	72	96	
Cryptosporidiosis	0	1	0
E.coli 0157	1	0	1
Giardiasis	2	5	5
Gonorrhea	9	7	
Haemophilus influenza	0	1	0
Hepatitis A	0	0	1
Hepatitis B (acute)	1	2	0
Hepatitis B (chronic)	1	1	2
Hepatitis C (acute)	0	0	1
Hepatitis C (chronic)	N/A	280(prevalence)	
Hemolytic-uremic syndrome	0	0	
Legionellosis	1	0	
Leprosy	0	N/A	
Listeriosis	0	0	
Lyme Disease	0	0	
Malaria	0	0	

Communicable disease	2004	2007	2008
Meningococcal Disease	1	0	
Pertussis	10	0	4
Q Fever	0	N/A	
Rabies, animal	0	0	
Relapsing Fever	0	N/A	
Salmonellosis	3	4	3
Shigellosis	4	1	0
Early Syphilis	0	0	
Tuberculosis	0	0	
Tularemia	0	N/A	
Vibrio parahaemolyticus	0	N/A	1
West Nile	0	0	
Yersiniosis	1	N/A	1

Chlamydiosis has continuously increased since 2004. It has also increased continuously statewide since 1998. Hopefully, this is a result of more people receiving health care and more practitioners testing for Chlamydia. Since Chlamydia is bacterial it is easily treatable with follow through on the part of the cases and their partners.

Giardiasis has also been decreasing statewide since 1998 although not in Columbia County. This county provides many camping opportunities that include chances to drink untreated water out of rivers and streams that have been contaminated by animal excrement.

H. Influenza now can be prevented by vaccination. However, currently there is a vaccine shortage and the recommendation is to delay the last dose of the four dose vaccine series. There can also be cases of non-vaccine serotypes of H. influenza and this could be causing a new replacement disease in the 0-4 year old population and 50 year old and older population.

Hepatitis A has constantly decreased since the vaccine was licensed in 1995. Columbia County hasn't had a case of Hepatitis A disease in several years. The school immunization law now includes Hepatitis A vaccine as mandatory, so we expect even less disease. Statewide, there were only 33 cases of Hepatitis A disease in 2007.

The Hepatitis B vaccine has also caused the same impact on disease statistics. Hepatitis B disease has decreased continuously statewide since 1998. The behaviors that expose a person to Hepatitis B are still prominent – unclean needle use and/or unprotected sex with a person who carries the virus.

There are more cases of chronic Hepatitis C in our county than all the other combined reportable diseases total. While we recorded no cases of acute Hepatitis C disease, we are overwhelmed with case reports for chronic Hepatitis C disease.

There is no vaccine available for Hepatitis C. The specific test that isolates Hepatitis C from other hepatitis virus is fairly new.

Meningococcal diseases have decreased statewide and in Columbia County since 1998. A vaccine exists to prevent this disease.

Columbia County in 2004 had ten cases of Pertussis. Statewide and nationally the cases of Pertussis increased until a new vaccine was introduced. The Pertussis component of the DTP vaccine was only given in children 0-6 yrs. Many of the cases of Pertussis disease were in older children and adults. A new vaccine was approved for an older population. The state has given Columbia County Tdap “special projects” vaccine to help increase the number of people protected by the new vaccine. By being immunized, this group will prevent others from acquiring the disease. In 2007, Columbia County had zero cases of Pertussis disease.

The N/A listings in the above table are due to a revision of the reportable disease statute. These diseases no longer have a separate listing, but would still be reportable under the category of “uncommon illness of potential public health significance”.

In other communicable disease activities, public health is required to investigate outbreaks. In FY 2009, CHD-PHA investigated five potential outbreaks. One outbreak was linked to norovirus. Another investigation was an active tuberculosis case that exposed a worksite. We also had the yearly experience of having a large percentage of children home ill from school and trying to determine if it was anything specific or a combination of many illnesses. Specimens were collected with some results positive for influenza A and some results positive for influenza B. There were also positive streptococcal specimens.

The program elements of PE #01 and #03 include operating a communicable disease program in accordance with the requirements and standards set forth in ORS chapters 431, 432, and 437 and OAR chapter 333, divisions 12, 17, 18, 19 and 24. The local program must investigate individual cases of specific diseases that have the potential for becoming outbreaks and actual outbreaks of communicable diseases, institute appropriate control measures and submit reports to the Oregon Public Health Division.

Program element #07 allows Columbia County to provide HIV testing and counseling. The program requires a trained counselor who can assess risk, draw venous blood samples, and counsel clients according to their risk. The program also

includes community outreach to populations that might be at risk. Columbia County uses the Partnership Project at OHSU for referrals. The Partnership Project provides an opportunity for persons living with HIV/AIDS to access medical and social services in the Portland metro area. The Partnership Project represents all of the health systems as well as government. Program element #07 has its own planning format and is not presented within this document.

COMMUNICABLE DISEASE INVESTIGATION AND CONTROL

As required by Chapter 333-014-0040, Columbia Health District provides control of communicable disease which includes providing epidemiologic investigations that report, monitor, and control communicable disease and other health hazards; provide diagnostic and consultative communicable disease services; assure early detection, education, and prevention activities which reduce the morbidity and mortality of reportable communicable disease; assure the availability of immunizations for human and animal target populations; and collect and analyze of communicable diseases and other health hazard data for program planning and management to assure the health of the public.

The following is an action plan for one of our communicable disease program goals:

Objectives	Activities	Outcome Measures	Evaluation
Columbia County will have a CD program that follows the standards and guidelines of Oregon during the CTP timeframe	Program staff (nurse, office manager, administrator and environmental health specialist) will: <ul style="list-style-type: none"> • Monitor lab reports daily • Access OHD CD website for investigative guidelines and forms to complete on each report • Contact physician for information • Contact client for information • Give educational information to client based on individual needs • Refer client to their MD for further information and care • Offer safety net services as available through CHD-PHA (including immunizations) • Enter data into state database • Field community questions • Access state on call person with any unusual circumstances • Consult with health officer if needed 	Reports will be filed in a timely manner Disease transmission will be limited through education and referral	
CD outbreaks will be investigated in a timely manner throughout the CTP timeframe	Program staff will: <ul style="list-style-type: none"> • Call state and acquire an outbreak number • Supply test kits based on symptoms • Educate and instruct facility staff on collection and collection process • Transport specimens to OPHL for testing • Provide education on breaking chain of transmission • Provide literature to facility staff • Provide updates to the facility as results 	Limit transmission of communicable disease in group facilities Provide education to clients and facility staff	

Objectives	Activities	Outcome Measures	Evaluation
	become available • File report with the state CD section	Provide testing for some communicable diseases	
Education and training for program staff will be offered at least yearly	Program Staff will: • Attend OR-EPI • Complete CD 101 • Complete CD 303 • May attend other trainings as available and budget allows	Program staff have completed training or are in process	
CD will have a 24/7 call system during the CTP timeframe	• A 5 member team exists to provide on-call coverage for CD et. al. • Each member has call once every 5 weeks • On-call member must test other members once each week with calls or e-mails • Response times will be less than an hour for this team	The on-call team files a call out test roster response sheet each week If test is via HAN, HAN will use the member profiles	

TUBERCULOSIS CASE MANAGEMENT

Program element #03 defines the local responsibility and minimum services required for a tuberculosis program. Columbia County received \$226 for this service in FY 2009. This hardly covers the cost of one investigation. Yet, the requirements include testing, reading the results (48-72 hrs. later), follow up referrals for more specific testing, working with the health care community to assure treatment of any person testing positive and tracking down others that might have been exposed. The standard of care for treatment is observing the client taking the medicine daily or however often the medication is given. TB is increasing in the world and the U.S. due to a standard that cannot be financed. In addition, TB is increasing and becoming resistant to many of the standard treatment drugs due to noncompliance.

TOBACCO PREVENTION AND EDUCATION PROGRAM

Columbia County conducts Tobacco Prevention and Education Program (TPEP) activities. As described in Section I, part 3, TPEP attempts to tackle the number one cause of death, according to the CDC. Attachment 1 has the TPEP Action Plan for the 2010-11 fiscal year, as presented to the state DHS office (contact below).

Tobacco Prevention Education Program:

Jacqueline Villnave, MPH
 Community Programs Liaison
 Diabetes Program Coordinator
 Health Promotion and Chronic Disease Prevention Program

Oregon Public Health Services, DHS
800 NE Oregon St., Suite 730
Portland OR 97232-2162
Phone 971-673-1039

PLANS FOR OBESITY, ASTHMA, AND DIABETES MANAGEMENT

Attachment 2 has the Healthy Communities (formerly called Tobacco Related and Other Chronic Diseases TROCD) program plan. The Healthy Communities program focuses on reducing asthma, obesity, arthritis, and other chronic diseases through policy, system, and environmental change.

Healthy Communities Program:

Jacqueline Villnave, MPH
Community Programs Liaison
Diabetes Program Coordinator
Health Promotion and Chronic Disease Prevention Program
Oregon Public Health Services, DHS
800 NE Oregon St., Suite 730
Portland OR 97232-2162
Phone 971-673-1039

PARENT AND CHILD HEALTH SERVICES, WITH FAMILY PLANNING CLINICS

PROBLEMS, GOALS, ACTIVITIES AND EVALUTIONS OAR 333-014-0050

Columbia County statistics showed an estimated 2,930 *Women In Need (WIN)* 2008, ages 13-44 according to the *Title X Family Planning Agency Data* information provided by DHS. Our family planning clinic served 682 unduplicated female clients, 10-44 years of age for FY 2009, or 23.3% of *Women In Need (WIN)* with the state average of 23.7%. From the *Title X Family Planning Agency Data* we also see that there were 699 *Women in need (WIN)* Teens 13-19 years of age for FY 2008. We also served 258 unduplicated female teen clients 10-19 years of age for the FY 2009, or 37.29% teen clients as a % of total clients, well above the State average of 28.0%.

Pregnancy Rates of Teens by County of Residence, Oregon 2007 shows teen pregnancy rate in ages 10-17 as 3.9 per 1000 women in Columbia County. This is significantly lower than the State average of 10.1%. (We are the 3rd lowest in the State!). *Oregon Vital Statistics Annual Report 2007, DHS, Table 10.1. This is a reduction from the Oregon 2006 data, which showed the teen pregnancy rate ages 10–17 as 11.2 per 1000 women. Our Teen pregnancy rate for 10-17 year old women CY'04 = 6.6 – 5 year average = 7.4 (State rate CY'04=9.5). Our Rolling Rate from 10/04-0/05 = 4.0, well below the State Rolling Rate = 9.5. *Data supplied by Cheryl Connell at 11/06 Data Review.

Our moving total, rolling rate and 2007 YTD Preliminary Rolling Rate (Jan. '07 to Dec. '07) = 3.6, the 3rd lowest in the State! And well below the State Rolling Rate=8.8 for 2007. * *Teen Pregnancy Chart, DHS*. Many teens in Columbia County are unemployed, or working at minimum wage jobs. The U.S. Census 2000 Quick facts shows the percent of High School graduates in Columbia County aged 25+ as 85.6%, and those with a Bachelor's degree or higher as 14.0%. The Median household income in Columbia County for 2007 = \$53,657. **U.S. Census Bureau State & County Quick Facts*. Postponing parenthood will allow these young adults more time to improve their wages and continue education and employment possibilities. The Family Planning Program – FY 2009 Data Review provided from DHS reports that our agency averted 51 teen pregnancies (under 20 years of age) and 90 Adult pregnancies (20+ years old).

Columbia County is a rural community with an estimated population of 48,996 people in 2007. **U.S. Census Bureau State & County Quick Facts*. Columbia County has over 500 births a year, but no hospital where women can deliver their babies. They must travel to Washington state or to Portland to a hospital or deliver their babies at home. Women have access to three nurse midwives and one family practice physician countywide for prenatal care. Most women travel to Portland for prenatal care. High-risk pregnant women are referred to Portland for their care. There are no local doctors who manage high-risk pregnancies. There is currently limited public transportation system, and our clients must travel by their own transportation, walk, use bicycles, or pay for a Taxi/Columbia County Rider transit service.

Our clinic hours of operation remain limited due to funding and space availability. As funds become available we hope to increase staffing, and clinic hours of operation. We continue to take great pride in providing quality confidential reproductive health care education and information to men, women and teens seeking services.

Students Today Aren't Ready for Sex (STARS) Program- transitioned into "My Future My Choice" (MFMC). MFMC was developed by the Youth Service program to meet the requirements of "House Bill" 2509 to provide age appropriate sexuality education to middle school aged students. CHD-PHA declined to be the local agency contact due to staffing changes. The Columbia County Commission on Children and Families is the new contact as of 2009-2010 year. Currently no schools in Columbia County have chose to adopted MFMC curriculum.

WOMEN, INFANTS, AND CHILDREN PLAN

2010-2011 NUTRITION EDUCATION PLAN

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

Year 1 Objective: During planning period, staff will learn and utilize participant centered education skills and strategies in group settings.

Activity 1: WIC Training Supervisors will complete the Participant Centered Education e-Learning Modules by July 31, 2010.

Implementation Plan and Timeline: The local agency's WIC training supervisor will complete the PCE e-Learning modules by July 31, 2010 and the completion date will be noted in TWIST.

Activity 2: WIC Certifiers who participated in Oregon WIC Listens training 2007-2009 will pass the posttest of the Participant Centered Education e-Learning Modules by December 31, 2010.

Implementation Plan and Timeline: The local agency's WIC certifiers will pass the PCE e-learning modules post-test as administered by the training supervisor and the completion date of December 31, 2010 or before will be noted in TWIST.

Activity 3: Local agency staff will attend a regional Group Participant Centered Education training in the fall of 2010.

Note: The training will be especially valuable for WIC staffs that lead group nutrition education activities and staff in-service presentations. Each local agency will send at least one staff person to a regional training. Staff attending this training must pass the posttest of the Participant Centered Education e-Learning Modules by August 31, 2010.

Implementation Plan and Timeline including possible staff that will attend a regional training: Staff attending the regional training will include the local program coordinator, the breastfeeding coordinator, one certifier, and one clerk. Those attending will pass the PCE post-test on or before August 31, 2010 and the completion date will be noted in TWIST.

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

Year 1 Objective: During planning period, each agency will identify strategies to enhance their breastfeeding education, promotion and support.

Activity 1: Each agency will continue to implement strategies identified on the checklist entitled “Supporting Breastfeeding through Oregon WIC Listens” by March 31, 2011.

Note: This checklist was sent as a part of the FY 2009-2010 WIC NE Plan and is attached.

Implementation Plan and Timeline: Specific strategies from the “Supporting Breastfeeding through Oregon WIC Listens” document which have been identified for implementation and/or improvement by March 31, 2011 are:

- A-2 (designation as a breastfeeding mother friendly employer)
- B-1 (continued use of Oregon WIC Listens skills)
- C-4 (encouragement to fully breastfeed)
- C-6 (infant behavioral cues and breastfeeding success)
- D-3 (breastfeeding assistance and/or referral within 24 hours)
- F-3 (breastfeeding communication/promotion with local medical providers)

Activity 2: Local agency breastfeeding education will include evidence-based concepts from the state developed Prenatal and Breastfeeding Class by March 31, 2011.

Note: The Prenatal and Breastfeeding Class is currently in development by state staff. This class and supporting resources will be shared at the regional Group Participant Centered Education training in the fall of 2010.

Implementation Plan and Timeline: The local agency will fully participate in the training provided by the state WIC office as directed within the timeline given.

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

Year 1 Objective: During planning period, each agency will identify organizations in their community that serve WIC participants and develop strategies to enhance partnerships with these organizations by offering opportunities to strengthen their nutrition and/or breastfeeding education.

Activity 1: Each agency will invite partners that serve WIC participants and provide nutrition education to attend a regional Group Participant Centered Education training fall 2010.

Note: Specific training logistics and registration information will be sent out prior to the trainings.

Implementation Plan and Timeline: The local agency will fully participate in the training provided by the state WIC office as directed within the timeline given. Attendance by invited community partners will be highly encouraged.

Activity 2: Each agency will invite community partners that provide breastfeeding education to WIC participants to attend Breastfeeding Basics training and/or complete the online Oregon WIC Breastfeeding Module.

Note: Specific Breastfeeding Basics training logistics and registration information will be sent out prior to the trainings. Information about accessing the online Breastfeeding Module will be sent out as soon as it is available.

Implementation Plan and Timeline: The local agency will fully participate and invited community partners will be highly encouraged to participate in the training provided by the state WIC office as directed within the timeline given.

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

Year 1 Objective: During planning period, each agency will increase staff understanding of the factors influencing health outcomes.

Activity 1: Local agency staff will complete the new online Child Nutrition Module by March 31, 2011.

Implementation Plan and Timeline: The local agency training supervisor will facilitate staff training of the new online Child Nutrition module. Training will be completed and noted in TWIST by March 31, 2011.

Activity 2: Identify your agency training supervisor(s) and projected staff quarterly in-service training dates and topics for FY 2010-2011. Complete and return Attachment A by May 1, 2010.

Agency Training Supervisor(s): *Jana Mann and Sheri Duren are the agency's training supervisors. Staff quarterly in-services for 2010 are planned for July, October, January, and April. The selected topics are participant centered services, improvement of breastfeeding support, community partnerships, and the factors which influence health outcomes.*

WIC STAFF TRAINING 2010-2011

Based on planned program initiatives, your program goals, or identified staff needs, what quarterly in-services and or continuing education are planned for existing staff? List the in-services and an objective for quarterly in-services that you plan for July 1, 2010 – June 30, 2011. State provided in-services, trainings and meetings can be included as appropriate.

Quarter	Month	In-Service Topic	In-Service Objective
1	July, 2010	Participant Centered Services	To continue developing knowledge, skills, and abilities for providing quality participant centered services
2	October, 2010	Improved Breast-feeding Support	To evaluate and/or implement strategies that will improve prenatal & postpartum breastfeeding support

3	January, 2011	Community Partnerships	To identify and/or strengthen partnerships with other community organizations that serve the WIC population
4	April, 2011	Factors that Influence Health Outcomes	To increase staff understanding of factors which influence health outcomes in order to provide quality nutrition education

EVALUATION OF 2009-2010 WIC NUTRITION EDUCATION PLAN

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 module by December 31, 2009.

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

- Did staff complete the module by December 31, 2009?
- Were completion dates entered into TWIST?

Response: The agency's WIC staff completed the appropriate sections of the new Food Package module and the completion dates were entered into TWIST.

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.

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

- How were staffs that did not attend the 2009 WIC Statewide Meeting trained on the topic of infant feeding cues?
- How has your agency incorporated the infant cues information into 'front desk', one-on-one, and/or group interactions with participants?

Response: All local agency staff attended the 2009 WIC statewide meeting and received training on infant feeding cues. As a result of this

training, an improved “Understanding Your Newborn” class is offered monthly. This training is also used as appropriate during participant-centered education opportunities.

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.

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

- Were nutrition education lesson plans and written materials reviewed and revised?
- What changes, if any, were made?

Response: All agency lesson materials and written education materials were reviewed for accuracy. No changes were made.

Activity 4: Identify your agency training supervisor(s) and staff in-service dates and topics for FY 2009-2010.

Evaluation criteria: Please use the table below to address the following question in your response.

- How did your staff in-services address the core areas of the CPA Competency Model (Policy 660, Appendix A)?
- What was the desired outcome of each in-service?

FY 2009-2010 WIC Staff In-services

In-Service Topic and Method of Training	Core Competencies Addressed	Desired Outcome
<p>July, 2009 Fresh Choices Anticipatory Guidance</p> <p>Facilitated discussion during the July 2009 staff meeting using the Fresh Choices Anticipatory Guidance materials provided by the state WIC office.</p>	<p>Program Integrity Nutrition Assessment Communication Multicultural Awareness Critical Thinking Nutrition Education</p>	<p>The desired outcome is that staff will be able to fully explain Fresh Choices to all local WIC participants.</p>
<p>October, 2009 Completion of the New Food Package Assignment Module</p> <p>The Food Package Assignment</p>	<p>Program Integrity Principles of Life-Cycle Nutrition Nutrition Assessment Multicultural</p>	<p>The desired outcome is that staff will be able to correctly assign the appropriate food package based on data</p>

Module was introduced and completed through facilitated discussion during the October 2009 staff meeting.	Awareness Critical Thinking	gathered during WIC appointments.
January, 2010 Review and Evaluate the Implementation of Fresh Choices and Participant-Centered Education (Oregon WIC Listens) Both components were reviewed and evaluated through facilitated discussion during the January 2010 staff meeting.	Program Integrity WIC Program Overview Nutrition Assessment Communication Critical Thinking	The desired outcome is that staff will become more confident and capable in both participant-centered education and food package assignment.
April 2010 Breastfeeding Breastfeeding classes, education materials, and exclusivity/duration rates were reviewed and evaluated through facilitated discussion during the April 2010 staff meeting.	Program Integrity Principles of Life-Cycle Nutrition Communication Multicultural Awareness Critical Thinking Technology Literacy Nutrition Education Community Resources and Referrals	The desired outcome is that breastfeeding education is more participant-centered and that exclusivity/duration rates will be improved.

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

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

Activity1: 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.

Evaluation criteria: Please address the following questions in your response:

- Which core components of participant centered services are used most consistently with your staff? What has made those the easiest to adopt?
- Which core components have the least buy-in? What are the factors that make these components difficult to adopt?

Response: The staff has, without reservation, fully embraced and utilized the core components of participant-centered services. The wait-to-educate component has been more difficult to adopt because it is a significant change to appointment conversation flow.

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.

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

- What strategy has been implemented to maintain the core components of participant centered services during a time of change?
- What strategy has been implemented to advance staff skills with participant centered services?

Response: In order to maintain the core components and to advance staff skills, the agency's routing slips now include participant-centered education prompts for the certifiers to use during appointments. Regularly scheduled peer observations and staff meeting PCS refreshers have also been implemented.

Goal 3: Improve the health outcomes of WIC clients and WIC 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.

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

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

- Which community partners did your agency select?
- Which strategies did you use to promote the positive changes with Fresh Choices?
- What went well and what would you do differently?

Response: Community partners who received Fresh Choices information provided from the state WIC office included preschools and Head Start programs, local food pantries, and medical providers. It

would have been nice to deliver the materials in person to all community partners rather than mailing it. The face-to-face interactions were very positive and very supportive of the Fresh Choices changes.

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

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

- How did your agency collaborate with the state WIC Research Analysts in evaluating Fresh Choices?
- How were you able to utilize, if appropriate, information collected from your agency?

Response: Our agency was not contacted to participate. However, the agency will use the evaluation results as appropriate when those are made available for local use.

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

Year 3 Objective: During plan 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.

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

- What strengths and weaknesses were identified from your assessment?
- What strategies were identified to improve the support for breastfeeding exclusivity and duration in your agency?

Response: The assessment of local breastfeeding promotion and support activities identified strengths in the areas of timely follow-ups, a highly supportive and knowledgeable staff, and well-attended regularly scheduled breastfeeding classes. Identified weaknesses included lack of specified breastfeeding support appointments and the need for a simplified breastfeeding class. Strategies for improvement

included more open appointments with the breastfeeding coordinator, a simplified introduction to breastfeeding class, an evening breastfeeding class, and more regular use of the loaner pumps.

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

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

- Which strategy or strategies did your agency implement to improve breastfeeding exclusivity and duration?
- Based on what you saw, what might be a next step to further the progress?

Response: All of the strategies have been implemented and a next step to further promote exclusivity and duration would be to establish a breastfeeding peer support group.

IMMUNIZATION PLAN

This is the first year of a new triennial comprehensive plan for Columbia County. The first year of the plan will be for a six-month period of time due to changes defined by the state health division. The last two years of the plan will be twelve-month periods of time. This will change our reporting period to a calendar year rather than a fiscal year (July through June), which better matches how CDC captures data.

Immunizations are one of the best preventive health measures available. The schedule of childhood vaccines developed by the American Academy of Pediatrics and the Centers for Disease Control and Prevention now help to protect against fourteen diseases. If you review a disease baseline from the 20th century and compare it to prevalence of specific diseases in 2004, the decrease in cases of those specific diseases clearly shows how amazing vaccines are (Red Book: 2006 Report of the Committee of Infectious Diseases, 27th edition). Smallpox, diphtheria, polio, and congenital rubella syndrome have all been decreased by 100% with the advent of vaccines. Other childhood illnesses that can have tragic consequences, such as tetanus, measles, mumps, rubella, and H. influenza type B have also been decreased by percentages that range from 82% to 99% due to vaccines.

For 2007, Columbia County had one case of H. influenza and two cases of Hepatitis B. Oregon lists Columbia County in the middle of the range of Oregon counties for both H. influenza cases and Hepatitis B occurring from 1998 to 2007. (www.oregon.gov/DHS/ph/imm/Research/index.shtml#county)

The two-year-old up-to-date immunization rate for Columbia County in 2008 was 71%. The SDA region one rate was 73% and the Oregon local health department average was 72%. The immunizations that are included in this rate are: 4 DTaP, 3 IPV, 1 MMR, 3 Hib, 3 Hepatitis B, and one Varicella. In order to be up-to-date, a two-year-old has to receive all of the vaccinations listed above. This information comes from the 2008 Annual Assessment of Immunization Rates and Practices provided by the OSPH division immunization program. The goal would be to have 100% of two-year-olds up-to-date.

Vaccines have even become a method for preventing specific cancers caused by some types of the human papilloma virus. The HPV vaccine became available in Columbia County in 2007. It has the potential to decrease cancers as well as decrease pap smear abnormalities caused by this virus and therefore decrease costs of health care. Another new vaccine is herpes zoster vaccine. This vaccine helps prevent shingles in older adults. Columbia County is not yet able to offer this vaccine except by special arrangement due to its high cost.

Most of our vaccines are provided through a CDC grant and we order and receive vaccines on a monthly basis. We are obligated to pay the cost of any vaccine that is destroyed or lost by other means. We also receive a grant from the state of Oregon. For fiscal year 2009, Columbia County received \$15,321. Program element #43 of the state contract clarifies all the requirements that the health department must meet in order to receive this grant. This grant supports one day each week for immunization activities. This day includes immunizing children, ordering vaccine, completing the monthly vaccine report to the state, completing review process forms, transferring vaccine administration data via electronic transfer, completing the immunization status report, and completing the annual progress reports, and completing the outreach and education activities. The goals and objectives selected for this program follow in Attachment 3: “Immunization Comprehensive Triennial Plan”.

FAMILY PLANNING ANNUAL REPORT AND PLAN

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

Year of Activity	Problem Statement	Objective(s)	Planned Activities	Evaluation	Progress (those currently in process) as of 2009
2009-2010	Changes in FPEP Enrollment has led to increased staff time without additional reimbursement, threatening the ability of the agency to maintain current level of service.	Increase revenue from donations by 1% for the period ending June 30, 2010	<ul style="list-style-type: none"> Acquire a sample donation Policy and Procedure from Oregon DHS consistent with Title X guidelines to adapt for use at CHD-PHA. Ongoing training of staff on donation policy and procedure. Evaluate Policy for consistency, fairness and effectiveness. Utilize Ahlers scheduling/billing program for donation requests. 	<p>Quarterly and fiscal year end revenue reports.</p> <p>Customer feedback.</p>	<p>So far this fiscal year we have received donations to date of \$263.65, with one quarter remaining.</p> <p>Staff found it challenging to ask all clients for donations during busy clinic hours with other program demands.</p>
2010-2011	Title X Family Planning Agency Data for FY 2009 showed 31.3% of female clients served received EC for future use, with the State average being 21.9%	Increase the percentage of female clients receiving EC for future use to 40%	<ul style="list-style-type: none"> Offer plan B to all clients at each visit. Give plan B brochures/handout to each client at every visit. Documents client's acceptance or refusal of plan B in the chart. 	<p>Review Ahlers data at 4-month intervals to evaluate progress toward goal.</p> <p>Review charts quarterly for documentation of plan B offered.</p>	

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

Year of Activity	Problem Statement	Objective(s)	Planned Activities	Evaluation	Progress (those currently in process)
2009-2010	Implanons – none inserted to date	<ul style="list-style-type: none"> • CNM will offer Implanon as BC Method • Insertion of Implanon device 	<ul style="list-style-type: none"> • Identify clients that are suitable for the Implanon • CNM will complete training/become certified in Implanon insertion • Procedure Policy developed with surgical/patient consents developed. 	# of Implanon inserted.	CNM Implanon training completed 3/29/2009 Implanons are offered as BC method to every female FP client 22 Implanons inserted to date with one removed.
2010-2011	Chlamydia is leading cause of infertility in young women. CHDPH testing for women by cervical swab only at initial/Annual Exams ad problem visits.	Begin offering urine or a vaginal CHL testing to all new FP clients seen for Delayed Pelvic Start, ECP, or pregnancy test appointments .	<ul style="list-style-type: none"> • Develop simple scrip that any staff can use to inform FP clients that CHL testing will be offered/done and importance of screening with a choice of specimen collection site. • Develop simple scrip for all staff to use to let FP clients know the benefits of self-collection vaginal swab and how to collect the sample. • Post collection instruction in the clinic bathroom where clients go to collect sample, as well as posting the directions in the exam rooms. • At annual exam offer FP clients choice of vaginal swab or urine for CHL screening if pelvic exam is not indicated. 	Quarterly chart reviews to assess for gaps and missing opportunities of screening target populations; use these findings for quality improvement. Review CHL test on IPP data for target population annually and inform staff of progress.	

PLANS FOR OTHER MCH ACTIVITIES

CHD-Public Health also coordinates the planning and implementation of new School-Based Health Centers in the county. In 2000, St. Helens School District opened Sacagawea Health Center, serving students up to 8th grade. As of 2010, Sacagawea Health Center now serves grades kindergarten through twelve. In 2009, Rainier School District opened the Rainier Health Center serving kids in grades kindergarten through high school. Vernonia School District will plan for a SBHC in 2011-2012. School-Based Health Centers improve health care access on 50 campuses in Oregon. In Columbia County, where health care access is particularly limited, SBHCs have impacted many families. For additional SBHC information, please contact Rosalyn Liu.

School-Based Health Centers:
 Rosalyn Liu, Systems Development Specialist
 School-Based Health Center Program

Adolescent Health Section
Office of Family Health
Oregon State Public Health Division, DHS
800 NE Oregon St, Ste 825
Portland, OR 97232
Phone: 971.673.0248
Fax: 971.673.0240
Email: rosaly.liu@state.or.us

OREGON MOTHERSCARE PROGRAM

Early and complete prenatal care is very important for the good health of both mother and baby. In Oregon, one in five women does not receive this care as soon as they should. They should be seeing a healthcare provider within the first three months of their pregnancy, the first trimester

In 1998, private and public agencies met to find a way to make sure prenatal care would be available to *all* women in Oregon within the first trimester of their pregnancy. The result of their meetings was the creation of the Oregon MothersCare Program (OMC).

This program helps women find out about and get the services they need such as:

- Pregnancy testing
- Assistance applying for the Oregon Health Plan
- Help making their first prenatal care appointment with a doctor, nurse practitioner or midwife
- Assistance making a dental appointment
- Information about the WIC program which provides nutrition education and healthy food
- Information about Maternity Case Management services offered in their community
- Other information and services they may be eligible for

Oregon MothersCare started with five sites in January of 2000 and now has twenty-nine sites as of February of 2009. In 2008, the program helped 5,111 women get pregnancy and prenatal information, assistance and services. Eighty-three percent of those women were able to get prenatal care in their first trimester of pregnancy.

To learn more about the Oregon MothersCare program contact:

Becky Seel
Oregon Department of Human Services
Office of Family Health
Oregon MothersCare Program
rebecca.seel@state.or.us
(971) 673-1494

ENVIRONMENTAL HEALTH

DESCRIPTION OF SERVICES

The responsibilities of the state Office of Environmental Health, DHS Public Health and the counties of Oregon are to:

- Assure statewide control of environmental hazards through drinking water protection, radiation protection, environmental toxicology, epidemiology programs
- Regulate food, recreational facilities (including pools and lodging) and the “honest pint”

The local level provides services according to Oregon Revised Statutes 624.010 – 624.121 including such rules concerning construction and operation of restaurants, bed and breakfast facilities, and temporary restaurants as are reasonably necessary to protect the health of those using these facilities. The rules include:

1. Water supply adequate in quantity and safe for human consumption
2. Disposal of sewage, refuse and other wastes
3. Cleanliness and accessibility of toilets and hand washing facilities
4. Cleanliness of the premises
5. Refrigeration of perishable foods
6. Storage of food for protection against dust, dirt and contamination
7. Equipment of proper construction and cleanliness of equipment
8. Control of insects and rodents
9. Cleanliness and grooming of food workers
10. Exclusion of unauthorized persons from food preparation and storage areas
11. Review of proposed plans for construction and re-modeling of facilities subject to licensing

DESCRIPTION OF HOW PROGRAM REQUIREMENTS WILL BE MET

Columbia County has 123 restaurants. Each restaurant is inspected routinely twice/year routinely. If issues arise, follow up inspections occur. Columbia County had 240 temporary restaurants last year with 150 temporary restaurants at summer events. Columbia County has a county fair, city festivals, 13 Nights on the River (a weekly event all summer long) in St. Helens. All events require licensing to protect the public’s health by inspecting to assure standards are in place.

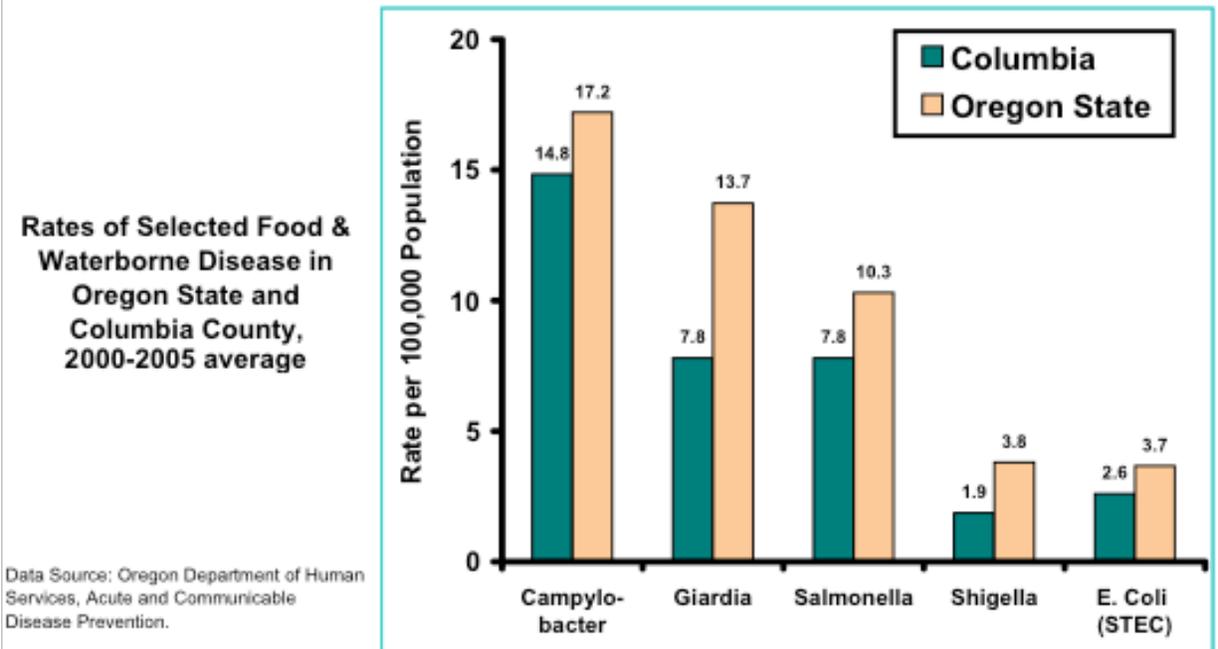
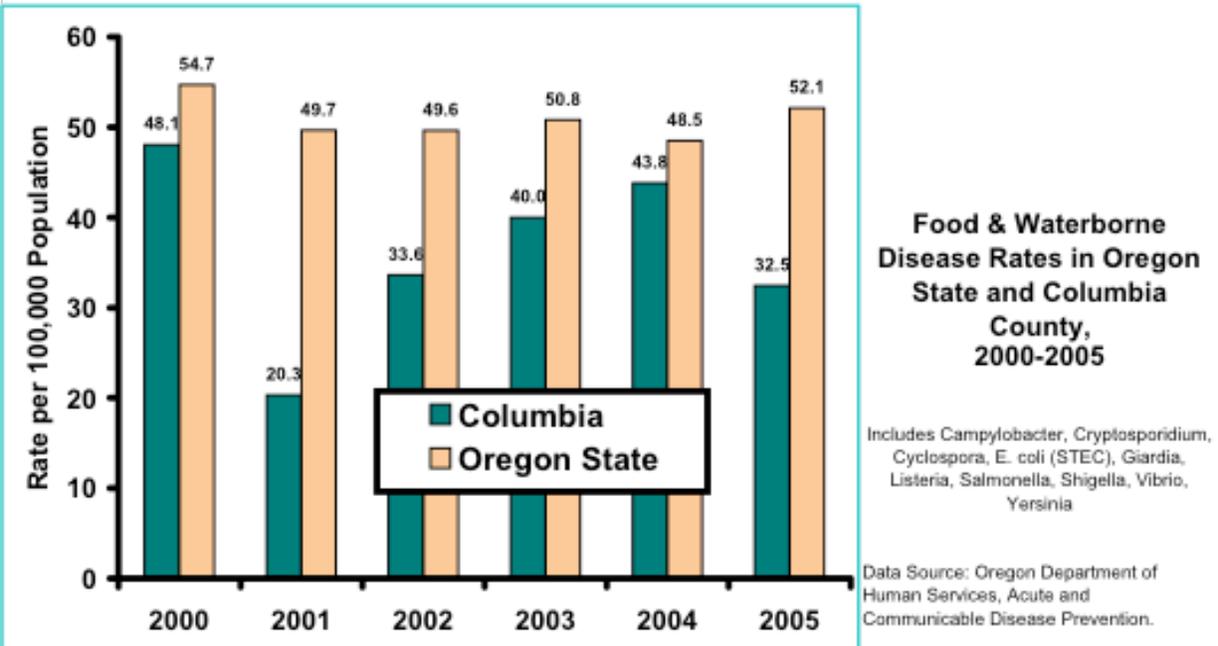
ORS 624 also requires that “any person involved in the preparation or service of food in a restaurant or food service facility licensed under ORS 624.020 or 624.320 must complete a food training program and earn a certificate of completion within thirty days after hire”. CHD-PHA offers food handler’s books and testing during regular business hours. The website also provides a link to take the food handler’s test online. The online testing and permitting is offered in conjunction with Lane County.

ORS 448.005 – 448.090 regulate traveler’s accommodations, recreational parks, colleges, schools, organizational camps (446.310), clubs, pools and wading pools connected to private and public businesses. Columbia County has 190 traveler’s accommodations and pools. These accommodations are inspected routinely.

Water systems are regulated under ORS 448.115 – 448.285. The purpose of this statute is to ensure that all Oregonians have safe drinking water and provide a simple and effective regulatory program for the drinking water systems. The combined state/ local system is a means to improve inadequate drinking water systems. The federal safe drinking water act strives to provide good water quality with technical, financial, and educational assistance. The state/local program provides useful water quality information for the public and partners. Water quality standards provide protection to the public and preservation of the water of the state. Along with monitoring and best practices the state strives to maintain quality water standards.

The two charts below compare Columbia County and the state of Oregon on

- Food and waterborne disease rates from 2000 – 2005 and
- Rates of selected food and waterborne disease from 2000 – 2005 averages



Columbia County had lower disease rates and rates of selected food and waterborne diseases than the state for this period of time. The data source for this information is the Oregon Department of Human Services, Acute and Communicable Disease Prevention. Although Columbia County has lower rates than the state of Oregon overall, the county still struggles with those diseases. Columbia County also struggles with adequate staffing to respond to outbreaks and disease investigations. Columbia County will work on two goals for the next fiscal year.

1. Timely response to institutional outbreak settings

- a. Epidemiological response will commence within 24 hours of notification
 - Environmental Health Specialist (EHS) or nurse will establish an outbreak investigation with the state
 - EHS or nurse will obtain forms from state and disease guidelines
 - b. Epidemiological process will be prompt and complete
 - EHS or nurse will open investigation with the facility
 - EHS or nurse will obtain sample test kits
 - EHS or nurse will transport the kits and forms to the PHL
 - EHS or nurse will review test results as they return
 - EHS and nurse will establish a plan of action for the facility
 - EHS and nurse will provide educational materials to the facility
 - Nurse will work with the facility infection control person
 - EHS will inspect and work with the kitchen supervisor (if appropriate to the disease)
 - EHS will fill out state epidemiological report
 - EHS or nurse will check back with the facility in two weeks after chain of infection has been broken
 - c. Evaluation will be completed by the nurse and the EHS after each outbreak
 - All staff involved will meet and evaluate process
 - All suggestions for change will be given to the administrator
2. Timely response of significant noncompliers (SNCs) in small water systems to improve water quality for system users
- a. EHS will respond to SNCs within two weeks of receiving the report
 - EHS will respond to individual SNCs within time frame
 - If unable to meet the time frame, the EHS will notify the administrator
 - Administrator will decide whether to add extra EHS time
 - b. EHS will use process established by the state
 - EHS will work with water system owner for correction or will direct an additional EHS to follow up
 - EHS will work with water system until issue is resolved
 - c. EHS will evaluate process and complete report for the state
 - EHS will submit report to the state
 - EHS will attend continuing education trainings on water quality
 - EHS will evaluate and assist the water system owner if additional resources are needed

HEALTH STATISTICS

The Columbia County registrar provides “health statistics which include birth and death reporting, recording, and registration; analysis of health indicators related to morbidity and mortality; and analysis of services provided with technical assistance from the state health division” according to Chapter 333-014-0050. Columbia County does not have a hospital so only home births (babies delivered by midwives or EMTs or lay people) are recorded locally. Deaths are recorded in the county for those citizens who die in the county.

The recent funding of the Healthy Communities program required the collection and compilation of local-level health statistics. Community resources pertaining to access to health care, fresh produce, physical activity and support groups were inventoried. Additionally, epidemiological statistics were collected from sources such as the Centers for Disease Control and Prevention (CDC), Behavioral Risk Factor Surveillance System, Oregon Healthy Teens, and many others. This inventory will be improved with the completion of a new CDC tool, called the Community Health Assessment Resource Tool (CHART).

Columbia Health District Public Health Authority strives to link people to needed personal health services and assures the provision of health care when otherwise unavailable. Columbia Health District has a new website that is updated by local public health program staff. This site is easy to use and has links to many of our partners. It is an excellent way for the local level to access the state website as well as the CDC website. Public Health also provides information and referral services during regular business hours. A local community action team agency produces a countywide resource booklet that all the local agencies use for referral.

Primary health care services are harder to provide referral for. There are no reduced fee or free clinics in Columbia County. OHSU Scappoose and Legacy St. Helens will provide services and bill clients after the service is provided. CHD-PHA refers to Outside In in Portland and The Family Health Clinic in Longview, Washington. Because of this lack of health care services, CHD-PHA is working toward building a hospital and leading planning around the establishment of school-based health centers. CHD-PHA contracts with Oregon Health Sciences University School of Nursing for nurse practitioners to provide primary health care services and women's health care services.

CHD-PHA assists eligible people in applying for the Oregon Health Plan. CHD-PHA has most of their health education materials in alternative language formats. CHD-PHA has access to translator services and provides access via a TTY number. CHD-PHA works in collaboration with Columbia County regarding vulnerable populations during emergencies and disasters.

CHD-PHA provides a competent public health and personal health care workforce. Life-long learning through continuing education, training, and mentoring is available to CHD employees. CHD-PHA has monthly staff meetings, an online training system, and offers continuing education activities throughout the year. Employees are encouraged to seek training opportunities connected with their positions. Most employees attend at least one outside training or conference each year. An educated and trained workforce helps public health attain its goals.

PUBLIC HEALTH EMERGENCY PREPAREDNESS

If an epidemic were to occur, our county would be behind the curve in caring for the population, surveillance, control activities, and prevention. Although our link with local health care providers and veterinarians has improved with the emergency communications work we have been doing through the Federal bioterrorism grant, we fight an uphill battle because we lack basic infrastructure. If an epidemic were to occur and the county needed to expand health care, it would be difficult for the current providers to scale up to meet the demand.

Disaster hit in December 2007. During the December “Flood 2007”, Vernonia, Mist, surrounding areas of Clatskanie, and portions of St. Helens were severely affected. The flood was declared a national disaster. The medical needs were many and diverse. Most of the resources came from outside the county because an adequate infrastructure does not exist. Severe winter storms continued to adversely affect Columbia County during December 2008 and into January 2009 with heavy snowfall and flooding which caused a variety of challenges for all residents in the county including power outages and difficulty accessing critical medical services (i.e. dialysis, chemo therapy treatments). Resources from outside the county were required to address transportation needs of those citizens who required critical medical treatments. CHD-PHA worked in conjunction with the county Emergency Management (EM) team to provide current information in January 2009 regarding ground water quality via a new web-based communication tool, WebEOC, implemented by Columbia County Emergency Management.

An epidemic of “swine flu” (aka, H1N1 influenza) was declared the end of April 2009, which evolved into a pandemic in early May 2009. During this influenza outbreak, CHD-PHA stood up their Department Operations Center (DOC) implementing their pre-operational Incident Command Structure following the guidelines of FEMA’s Incident Command Structure. While activated, the DOC conducted disease surveillance, community mitigation to reduce disease transmission and illness severity, and provided information to the health care communities in the county as well as community partners, stakeholders, and the general public.

Columbia County has a newly created Homeland Security Emergency Planning Committee. It has representation from public and private entities throughout the county. CHD-PHA has been included in the membership. Even though CHD-PHA provides no primary care services, the role is often seen as medical by the emergency planners because there is no other entity to fill this role. A hospital will be a more appropriate source to rely on for surge capacity, could provide the needed expertise, and be a great planning partner. Multnomah and Washington counties are the two major health care access points for Columbia County citizens. Multnomah, Washington, Clackamas, Clark (Washington state), and Columbia

counties are working on a regional memorandum of understanding to be used in exercises and emergencies and activation of the county Medical Reserve Corps for emergencies.

The current public health emergency response system is linked to the 9-1-1 system in the county. During the past year CHD-PHA has worked to implement a call-out system that is integrated with the rest of the emergency infrastructure in the county. Public health will now be given notice of all biohazard 1 and biohazard 2 events by 9-1-1.

The 9-1-1 district has a Community Alert Network system (CAN) that can be used by public health to notify residents of emergencies. CHD-PHA can notify water system users to boil water, shelter in place or provide preventive measures with this system during emergencies. Additionally, select populations can be singled out for notification, so people would receive only applicable information. Public health used this notification system during their full-scale flu Point of Dispensing exercises last November. The 9-1-1 system notified first responders on the day of the exercises to report for deployment to POD sites. The system worked well.

SECTION 4: ADDITIONAL REQUIREMENTS

Public Health Board	58
Coordination with Local Agencies	58
Organizational Chart of CHD-PHA	60

PUBLIC HEALTH BOARD

The Columbia Health District through an intergovernmental agreement between Columbia County and the Columbia Health District provides public health services and enforcement authority. The District, a public non-profit with a publicly elected board, provides the public health services required in ORS 431.375 - 431.385 and ORS 431.416 and rule (Chapter 333, Division 14). The health district board acts as the board of health. The CHD board meets each month at a regularly scheduled time. The Columbia Health District is a political subdivision and municipal corporation of the state of Oregon. It formed and is governed under the provisions of ORS 440.305-440.310. The mission of CHD is to respond to the health needs of the citizens of the district and surrounding communities.

COORDINATION WITH LOCAL AGENCIES

Columbia Health District-Public Health Authority provides many health services to the community, as well as partnering with several local agencies. Those partnerships are described below.

Mental health services: Columbia County Mental Health provides mental health services in Columbia County. CCMH contracts with the county and is a private, non-profit agency.

Columbia County Commission on Children and Families: a department within county government. CHD-PHA has a position on the executive board of the Commission. CHD-PHA participates in the planning efforts of the Commission and in support of best practice program allocations.

State DHS services: State DHS staff provide self-sufficiency, food stamps, and senior and disabled services locally.

School Districts: memorandums of understanding with Rainier School District and the St. Helens Student Foundation to provide school-based health center services in the two school districts.

Oregon Health Sciences University: contract for provision of women's health care through OHSU Nurse Practitioners.

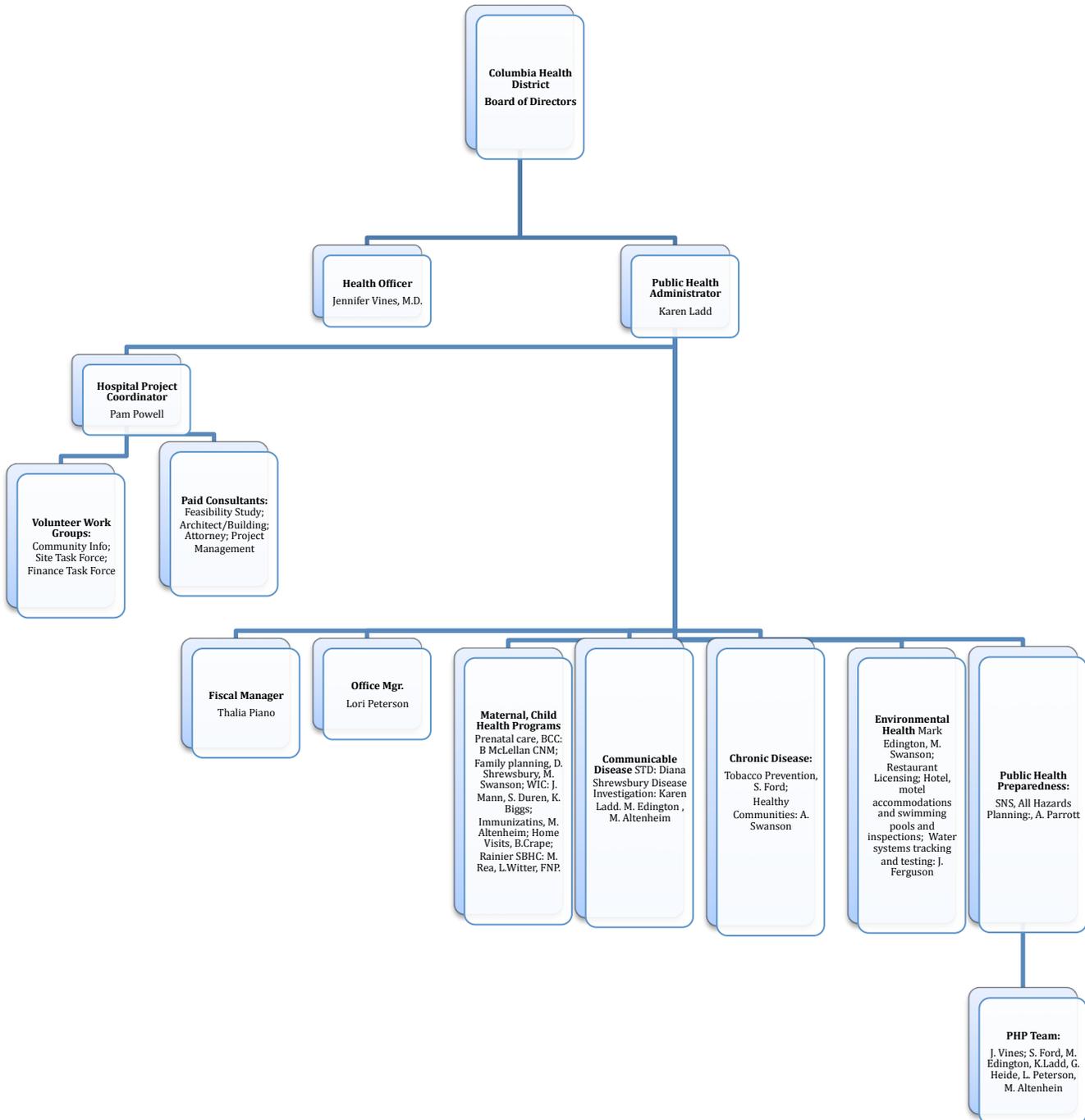
Involvement of CHD-PHA staff in the local communities takes many forms. The public health staff participates in committees linked with their role inside the

agency. The following are committees with which the CHD staff participates, locally.

- Columbia County local alcohol and drug prevention committee/Columbia County Mental Health advisory committee
- Head Start advisory committee
- Healthy Start advisory committee
- Early intervention advisory committee
- District attorney's MDT committee
- SBHC advisory committees (Rainier)
- St. Helens school-based health center advisory board (Sacagawea Health center)
- Local Commission on Children and Families
- Columbia County Emergency Planning Association
- Columbia County Medical Reserve Corps
- Homeland Security and Emergency Management Commission
- Public health foundation of Columbia County
- Teen Health Advocacy Teams (Rainier, Vernonia, St. Helens)

Regionally, staff are involved in the Northwest Region I regional coordinator and leadership emergency planning committee and the 7-county City Readiness Initiative.

ORGANIZATIONAL CHART OF CHD-PHA



SECTION 5: UNMET NEEDS

UNMET NEEDS

We continue to work with a health planning process. During a yearlong process, we identified healthcare needs. With projected growth in the county, we need to address an increasing demand for services in an area where there is already a lack of supply. Columbia County is medically one of the most underserved counties in Oregon, and the only county its size without a hospital. We found a common barrier prevents much of our health planning for the county from being successful: the lack of a licensed inpatient hospital in the County. A hospital is central to a health service delivery system, and without one, isolated health services cannot develop into systematic health service delivery.

We lack physicians. The county needs about 19 primary care and 40 specialists. There is no hospital and no emergency room in the county and the closest ER is approximately 30 miles away. There is one urgent care clinic in the county and it does not provide services 24 hours a day. We have major unmet prevention and mental health needs, and all services in outlying rural areas are minimal. Children are particularly under served--we have a projected need for four pediatricians, yet only one currently practices in the county. In both Clatskanie and Vernonia, there is a higher death rate among young people than the rate for Oregon. We aim to expand the School-Based Health Center program thus, improving access to health care in an environment that feels safe and familiar for children.

Our population base is growing rapidly. We have a limited transportation service. Additionally many residents have low-income levels, and receive fewer services because of the lack of local health services and the challenges of transportation to outside services.

While some of the following needs may be addressed individually, a hospital could provide a partial solution to many different problems and greatly enhance all efforts to increase health services

- Need to obtain an emergency room that operates 24 hours/day and an inpatient hospital
- Need to generate and distribute a recruitment packet for potential healthcare providers outlining advantages to practicing in Columbia County.

A local hospital is the cornerstone of a community health care system. The existence of a hospital is likely to support the presence of other medically related businesses and activities. Most commonly these are physician services, pharmacies, independent allied health professionals and others. These businesses or services are connected through a hospital and with each other.

A hospital can provide an enhanced sense of medical community among providers, i.e. medical staff and medical society. It makes it easier to attract and recruit physicians and specialists. It enables opportunities for improved coordination of existing local resources such as nursing homes, mental health, and physical therapy.

Further, it provides local infrastructure to a community:

- c. Collection and reporting of health statistics.
- d. Health information and referral services.
- e. Environmental health services.

In addition to being a medically underserved county, Columbia County is also lacking many resources for patients with chronic conditions. Below is a description of a few of the identified needs.

Columbia County has an enormous need for nutrition education for not only the diabetes population, but for our low socioeconomic population, children, organizations, and agencies. Residents do not have access to the Meals Made Easy program designed to educate and empower diabetes patients to plan meals specific to their dietary needs. In addition to Meals Made Easy there have been classes offered on food safety, food purchasing, and meal planning. Which were affiliated through the OSU Extension office. While these programs are not typically provided through public health, CHD-PHA is currently working with the OSU Extension Service to strategize possibilities for expanding the outreach of these programs in Columbia County to meet the needs of this vulnerable population.

Additionally, Columbia County does not offer any Living Well programs for those impacted by HIV/AIDS. Living Well is designed to support, empower, and educate those impacted by chronic conditions via peer group mentorship. CHD -PHA does provide HIV/AIDS testing and counseling. If a client is found positive CHD-PHA refers the client to Partnership Project at OHSU for case management. However, this creates many transportation barriers for patients.

Another best-practice program that Columbia County is missing is the Arthritis Foundation Exercise Program. Although this program has not been offered in the past, we aim to address this need in the near future.

SECTION 6: BUDGET

SECTION 7: MINIMUM STANDARDS

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

Organization

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

10. Yes X No ___ Written personnel policies and procedures are in compliance with federal and state laws and regulations.
11. Yes X No ___ Personnel policies and procedures are available for all employees.
12. Yes X No ___ All positions have written job descriptions, including minimum qualifications.
13. Yes X No ___ Written performance evaluations are done annually.
14. Yes X No ___ Evidence of staff development activities exists.
15. Yes X No ___ Personnel records for all terminated employees are retained consistently with State Archives rules.
16. Yes X No ___ Records include minimum information required by each program.
17. Yes X No ___ A records manual of all forms used is reviewed annually.
18. Yes X No ___ There is a written policy for maintaining confidentiality of all client records which includes guidelines for release of client information.
19. Yes X No ___ Filing and retrieval of health records follow written procedures.
20. Yes X No ___ Retention and destruction of records follow written procedures and are consistent with State Archives rules.
21. Yes X No ___ Local health department telephone numbers and facilities' addresses are publicized.
22. Yes X No ___ Health information and referral services are available during regular business hours.
23. Yes X 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 X No ___ 100% of birth and death certificates submitted by local health departments are reviewed by the local Registrar for accuracy and completeness per Vital Records office procedures.

25. Yes No To preserve the confidentiality and security of non-public abstracts, all vital records and all accompanying documents are maintained.
26. Yes No Certified copies of registered birth and death certificates are issued within one working day of request.
27. Yes No Vital statistics data, as reported by the Center for Health Statistics, are reviewed annually by local health departments to review accuracy and support ongoing community assessment activities.
28. Yes No A system to obtain reports of deaths of public health significance is in place.
29. Yes No Deaths of public health significance are reported to the local health department by the medical examiner and are investigated by the health department.
30. Yes No Health department administration and county medical examiner review collaborative efforts at least annually.
31. Yes No Staff is knowledgeable of and has participated in the development of the county's emergency plan.
32. Yes No Written policies and procedures exist to guide staff in responding to an emergency.
33. Yes No Staff participate periodically in emergency preparedness exercises and upgrade response plans accordingly.
34. Yes No Written policies and procedures exist to guide staff and volunteers in maintaining appropriate confidentiality standards.
35. Yes No Confidentiality training is included in new employee orientation. Staff includes: employees, both permanent and temporary, volunteers, translators, and any other party in contact with clients, services or information. Staff sign confidentiality statements when hired and at least annually thereafter.
36. Yes No A Client Grievance Procedure is in place with resultant staff training and input to assure that there is a mechanism to address client and staff concerns.

Control of Communicable Diseases

37. Yes No There is a mechanism for reporting communicable disease cases to the health department.
38. Yes No Investigations of reportable conditions and communicable disease cases are conducted, control measures are carried out, investigation report forms are completed and submitted in the manner and time frame specified for the particular disease in the Oregon Communicable Disease Guidelines.
39. Yes No Feedback regarding the outcome of the investigation is provided to the reporting health care provider for each reportable condition or communicable disease case received.
40. Yes No Access to prevention, diagnosis, and treatment services for reportable communicable diseases is assured when relevant to protecting the health of the public.
41. Yes No There is an ongoing/demonstrated effort by the local health department to maintain and/or increase timely reporting of reportable communicable diseases and conditions.
42. Yes No There is a mechanism for reporting and following up on zoonotic diseases to the local health department.
43. Yes No A system exists for the surveillance and analysis of the incidence and prevalence of communicable diseases.
44. Yes No Annual reviews and analysis are conducted of five year averages of incidence rates reported in the Communicable Disease Statistical Summary, and evaluation of data are used for future program planning.
45. Yes No Immunizations for human target populations are available within the local health department jurisdiction.
46. Yes No Rabies immunizations for animal target populations are available within the local health department jurisdiction.

Environmental Health

47. Yes No Food service facilities are licensed and inspected as required by Chapter 333 Division 12.

48. Yes No Training is available for food service managers and personnel in the proper methods of storing, preparing, and serving food.
49. Yes No Training in first aid for choking is available for food service workers.
50. Yes No Public education regarding food borne illness and the importance of reporting suspected food borne illness is provided.
51. Yes No Each drinking water system conducts water quality monitoring and maintains testing frequencies based on the size and classification of system.
52. Yes No Each drinking water system is monitored for compliance with applicable standards based on system size, type, and epidemiological risk.
53. Yes No Compliance assistance is provided to public water systems that violate requirements.
54. Yes No All drinking water systems that violate maximum contaminant levels are investigated and appropriate actions taken.
55. Yes No A written plan exists for responding to emergencies involving public water systems.
56. Yes No Information for developing a safe water supply is available to people using on-site individual wells and springs.
57. Yes No A program exists to monitor, issue permits, and inspect on-site sewage disposal systems.
58. Yes No Tourist facilities are licensed and inspected for health and safety risks as required by Chapter 333 Division 12.
59. Yes No School and public facilities food service operations are inspected for health and safety risks.
60. Yes No Public spas and swimming pools are constructed, licensed, and inspected for health and safety risks as required by Chapter 333 Division 12.

61. Yes No A program exists to assure protection of health and the environment for storing, collecting, transporting, and disposing solid waste.
62. Yes No Indoor clean air complaints in licensed facilities are investigated.
63. Yes No Environmental contamination potentially impacting public health or the environment is investigated.
64. Yes No The health and safety of the public is being protected through hazardous incidence investigation and response.
65. Yes No Emergency environmental health and sanitation are provided to include safe drinking water, sewage disposal, food preparation, solid waste disposal, sanitation at shelters, and vector control.
66. Yes No All license fees collected by the Local Public Health Authority under ORS 624, 446, and 448 are set and used by the LPHA as required by ORS 624, 446, and 448.

Health Education and Health Promotion

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

Nutrition

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

Older Adult Health

78. Yes X No ___ Health department provides or refers to services that promote detecting chronic diseases and preventing their complications.
79. Yes X No ___ A mechanism exists for intervening where there is reported elder abuse or neglect.
80. Yes X 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 X Prevention-oriented services exist for self health care, stress management, nutrition, exercise, and medication use, maintaining activities of daily living, injury prevention and safety education.

Parent and Child Health

82. Yes X 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: Karen Fox Ladd

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

a. Yes X 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 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.

ATTACHMENTS

ATTACHMENT 1: Tobacco Prevention Education Program (TPEP) Annual Plan	77
ATTACHMENT 2: Healthy Communities Annual Plan	86
ATTACHMENT 3: Immunization Comprehensive Plan	91

ATTACHMENT 1

Tobacco Prevention Education Program (TPEP) Annual Plan

Plans are created and submitted to the state DHS Office, annually.

Columbia Health Coalition

Community Leader, Partner, Stakeholder or other Advisor consulted (Name, Organization, Date)	Briefly describe how this Advisory Council member helped guide the development of the Local Program Plan.	If applicable, note the Best Practice Objective(s) (BPO) in which this individual or organization will continue to be involved.
Ashley Swanson, CHD-Public Health Authority 2008	Healthy Communities Coordinator is dedicated to creating an environment where physical activity and healthy choices are available at work and in the community.	All BPO's
Leeann Grasseth Columbia Community Mental Health 2008	Is the county Prevention Coordinator, part of her role is to decrease youth initiation for addictive substances such as tobacco.	
Sherrie Ford, CHD-PHA Authority 2008	Sherrie is also the School based health center coordinator and has built positive relationships with each of the school districts. In addition Sherrie is devoted to health and wellness of all students.	TPEP and Healthy worksites
Alison Gallaher Rainier High School Student 2009	Alison is passionate about having a Tobacco Free campus and nutritious food choices at lunch and opportunities to be physically active.	TPEP BPO Tobacco free schools
Bill Blank, Scappoose Farmers Market 2008	Bill is an advocate for healthy behavior through physical activity and nutrition for all ages. Bill is especially interested in expanding Farmers Market to schools.	
Brenda Rafferty, Scappoose School District Nurse 2009	An advocate for "Walk and Bike to School," TF campus, and wellness policy. Brenda has created a connection between the health coalition and the school district there for providing an avenue into the district.	TPEP BPO Tobacco free schools

Gary Heide CHD – Vice Chair, Minister 2008	Gary is a long time advocate of access to healthcare and prevention services.	
Jan Kenna Columbia County Commission on Children and Families 2008	Is interested in making our community accessible by all modes of transportation. Everyone has access to affordable healthy choices.	
Jenny Rudolph OSU Extension, FCD/OFNP/4-H 2008	Jenny a nutrition educator understands the importance of promoting access to healthy food and physical activity choices	Healthy Communities BPO Living Well
Robin Fouche Clatskanie Together Coalition 2008	Robin as a background in coalition building and best practices and is committed to decreasing youth initiation to addictive substances.	

Development of Local Champions

1. Champion: Name &/or Organization	2. Purpose & Intended Outcomes	3. Education/Outreach activity and Projected Quarter
Ed Serra, Superintendent for Clatskanie School District (SD)	TPEP BPO #8	Ongoing partnership with Student Health Advisory Council (year round)
Henry Heimuller, Col. Co. Transit Coordinator	County Comprehensive Plan	Part of HC 3-year plan
Jenny Rudolph, OSU Extension	Living Well Implementation HC BPO#1	Attend leader's training/1 st Quarter
Ken Johnson, Area Agencies on Ageing	Living Well Implementation HC BPO #1	In-person meeting to plan future involvement/2 nd Quarter
Bruce Carvahlo, Vice Principal at St. Helens High School	Youth Cessation program at St. Helens High School	Meeting with Juvenile Justice, SD, and LPHA/Ongoing
Debby Webster, Nutrition Specialist for Rainier SD	Update school wellness policy	Possibly join Health Coalition/Ongoing

Columbia County TPEP Local Program Plan Form 2010-11

Best Practice Objective: BPO #1, Build Capacity for Healthy Communities Program (HCP)

SMART Objective: By June 2011, Columbia County will have participated in at least 15 local level collaborative Health Coalition meetings focused on strategizing and implementing policy, environmental, and/or systems changes to support chronic disease prevention, early detection and/or self-management.

Critical Question:

- Please briefly describe how achieving this objective will reduce health disparities in your community.
HCP activities target disparate sectors for disease prevention, early detection and self-management. By supporting that effort through the following activities, additional energy is spent protecting and empowering those vulnerable populations.

- Indicates activity will be conducted that quarter
- ✓ Indicates activity was conducted that quarter

Activity Category	Activity Description	1 st	2 nd	3 rd	4 th
Coordination & Collaboration	Partner with HCP Coordinator to develop meeting agendas, facilitate planning sessions, and create work plans for HCP and Health Coalition				
	Guide Health Coalition efforts at biweekly meetings				
Assessment	Assess coverage for colorectal, breast and cervical cancer screening in benefits packages when reviewing for tobacco cessation coverage.				
	Review the “Healthy People, Healthy Places Framework Report” and have conversations with community partners and stakeholders to identify conditions named in the framework that currently exist in the community, conditions that the community is interest in working toward, and conditions that have not yet been identified as community priorities.				
Education & Outreach (Development of Local Champions)	Educate community leaders/networks about the burden of tobacco-related disease and how it links to tobacco policy work at the local level.				
Media Advocacy	Advertise Health Coalition events and promote successes through public health website and local media				
Policy Development, Promotion, & Implementation	Work with Public Health Administrator and/or designee to apply for additional funding opportunities to build local capacity for best practice chronic disease prevention, early detection and self-management.				
Promote the Oregon Tobacco Quit Line	Include Quit Line information on all Health Coalition presentations and publications				

Best Practice Objective: BPO #2, Tobacco free worksites

SMART Objective: By June 2011, comprehensive tobacco cessation coverage will be included in employees' benefit package at Columbia Health District-Public Health Authority

Critical Question:

1. Please briefly describe how achieving this objective will reduce health disparities in your community.
By providing those employees who smoke with a resource to reduce the financial burden of quitting, they are more likely to quit. Success stories can be shared with local businesses, including governmental agencies to encourage and assist their processes for implementing similar policies to provide cessation benefits to employees who cannot otherwise afford it.

- Indicates activity will be conducted that quarter
- ✓ Indicates activity was conducted that quarter

Activity Category	Activity Description	1 st	2 nd	3 rd	4 th
Coordination & Collaboration	TPEP Coordinator will join the health benefits committee to research renewal insurance benefits	<input checked="" type="checkbox"/>			
	TPEP Coordinator will ensure the optional packages include cessation coverage	<input checked="" type="checkbox"/>			
Assessment	Determine whether current health benefit package includes tobacco cessation coverage	<input checked="" type="checkbox"/>			
	Conduct assessment of staff to determine awareness of current benefits to determine interest and behavior change stage, if applicable.	<input checked="" type="checkbox"/>			
Education & Outreach (Development of Local Champions)	TPEP Coordinator will make notes for staff mailboxes and send a mass email to all staff, informing them of cessation coverage and how to access that resource.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
	TPEP Coordinator will share process of objective with the Health Coalition to incorporate into community presentations to business leaders.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Media Advocacy	CHD-PHA will be publicly praised in local media as to the passing of this policy and others as mentioned in the Healthy Community work plan.				<input checked="" type="checkbox"/>
Policy Development, Promotion, & Implementation	TPEP Coordinator will write inclusion of cessation coverage into benefit selection policy.		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
	Policy to be presented to and approved by CHD Board			<input checked="" type="checkbox"/>	
Promote the Oregon Tobacco Quit Line	Update posted signage for Quit Line in staff and client spaces,	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
	Post information on CHD website (staff resources) for access to cessation benefit	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		

Best Practice Objective: BPO #3, Implement the Indoor Clean Air Act

SMART Objective: By June 30, 2011, Columbia Health District-Public Health Authority (CHD-PHA) will have responded to all complaints of violation of the Smoke free Workplace Law according to the protocol specified in the Inter Governmental Agreement (IGA).

Critical Question:

1. Please briefly describe how achieving this objective will reduce health disparities in your community.

By educating the community about their right to report violations, we are able to act on those reports and work towards remediation, thus reducing the exposure of low-income employees to secondhand smoke.

All activities for this objective will span continuously throughout the entire fiscal year

- Indicates activity will be conducted that quarter
- ✓ Indicates activity was conducted that quarter

Activity Category	Activity Description	1 st	2 nd	3 rd	4 th
Coordination & Collaboration	Distribute "Celebrate Clean Air" info cards and keep local governmental agencies stocked with cards to increase reporting of violations.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Coordinate with TPEP liaison to collect reporting/violation statistics around Oregon.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Assessment	TPEP staff will participate in DHS/TPEP evaluation activities as assigned, to study compliance with the law.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Run a quarterly report from WEMS to determine areas of county in which no complaints have been lodged.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Education & Outreach (Development of Local Champions)	Reporting information and cessation resources are distributed at every site visit.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Media Advocacy	Contact businesses who have successfully completed remediation plans to see if they would be interested in local medial acknowledging their successes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Work with local reporters to interview said business owners about the process and successes.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Policy Development, Promotion, & Implementation	TPEP Coordinator will check WEMS action items every Wednesday.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	TPEP Coordinator is responsible for all WEMS Correspondence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	TPEP Coordinator and project assistant will conduct site visits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	TPEP Coordinator will review and update implementation manual for enforcement activities, quarterly.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Promote the Oregon Tobacco Quit Line	Quit Line will be included in all tobacco-related media and distributed at site visits.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Information about local cessation classes will be distributed at site visits.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Best Practice Objective: BPO #4, Smoke free Multi-unit Housing (MUH)

SMART Objective: By June 2011, the proportion of Smoke free multi-unit properties in Columbia County will have increased 25% from baseline.

Critical Question:

1. Please briefly describe how achieving this objective will reduce health disparities in your community.

A large percentage of St. Helens High School students use tobacco products. By increasing the number of properties that are Smoke free along the most common walking route for students, we aim to create an environment that supports cessation and reduces youth initiation among the vulnerable student population. Renters include high proportions of disparate populations so they will benefit, as well as youth.

- Indicates activity will be conducted that quarter
- ✓ Indicates activity was conducted that quarter

Activity Category	Activity Description	1 st	2 nd	3 rd	4 th
Coordination & Collaboration	Continue to collaborate with Chief of Columbia River Fire and Rescue to make contact with local leaders in multi-unit housing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Make contact with at least three landlords or multi-unit housing managers/owners per month	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Assessment	Collect baseline data of multi-unit housing properties with Smoke free policies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Complete quarterly "Tracking Form for Multi-unit Properties that have Adopted No-Smoking Policies"	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Complete quarterly "Rental Ad Tracking Tools"	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Work with Health In Sight, LLC, to assess landlords' readiness to adopt policies and to survey tenants regarding their support for no-smoking rules.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Education & Outreach (Development of Local Champions)	Access Health In Sight, LLC website www.smokefreehousinginfo.com for discussion outlines for one-on-one meetings with landlords interested in pursuing Smoke free housing policies.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Work with landlords to ensure those with no-smoking policies are listing that as an amenity in their vacancy postings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Refer renter to the Fair Housing Council of Oregon's Smoke free webpage through an ad in local papers' rental ad section by including a short listing called "Things to consider when finding a place to rent"	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Media Advocacy	Work with local media health advocate to encourage renter to ask for Smoke free housing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	The first MUH on Gable Rd. to adopt a Smoke free policy will challenge the other MUH to do the same. Advertise in press	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Policy Development, Promotion, & Implementation	Work with the three multi-unit housing complexes within ¼ mile of St. Helens High School to create a smoke-free policy. <i>Working towards the eventual "Smoke free block" on Gable Road, which houses 3 MUH complexes, public</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	<i>health, and St. Helens High School.</i>				
	Use "A Landlord's Guide to No-Smoking Policies" to provide assistance to property owners/managers as they adopt no-smoking rules in their rental agreements.				
	Work with landlords to develop an implementation plan including resident notice time, lease transition, signage, and staff training for enforcement.				
Promote the Oregon Tobacco Quit Line	Quit Line will be included in all tobacco-related media.				
	Information about local cessation classes will be distributed at meetings.				

Best Practice Objective: BPO #8, Tobacco-free schools

SMART Objective: By June 2011, Scappoose and Clatskanie School Districts (2 of 5) will use the School Health Index (SHI) to assess school compliance with its tobacco-free policies. There are five school districts in Columbia County. Vernonia completed the SHI in 2008-2009. Plans are in place to complete SHI for Rainier (2011-12) and St. Helens (2012-13)

Critical Question:

1. Please briefly describe how achieving this objective will reduce health disparities in your community.

Conducting a formal assessment of TF campus policy enforcement and sharing results with the community will reduce student exposure to secondhand smoke.

-  Indicates activity will be conducted that quarter
- ✓ Indicates activity was conducted that quarter

Activity Category	Activity Description	1 st	2 nd	3 rd	4 th
Coordination & Collaboration	Coordinate with Healthy Kids Learn Better program to get a copy of the SHI				
	Partner with Health Coalition, Scappoose School District Nurse (on Health Coalition) and Clatskanie SHAC (TPEP Coordinator is a member) to coordinate assessment implementation				
Assessment	Conduct assessment according to procedures outlined in SHI assessment tool.				
	Review American Lung Association of Oregon correspondence and reviews of Scappoose and Clatskanie SD TF campus policies				
	Determine barriers to successful TF campus policy implementation				
	Conduct a review of student tobacco use data				
Education & Outreach (Development of Local Champions)	Present tobacco data to Clatskanie VSHAC to open conversation about barriers and ideas for implementation				
	Support Scappoose SD Nurse in presenting tobacco-related information to superintendent and health teachers.				
Media Advocacy	Provide targeted and specific policy education and enforcement tools to staff (email), parents (newsletter and website), and community members (newspaper)				
Policy Development,	Propose improvement of TF campus policy to Clatskanie				

Promotion, & Implementation	School Board				
	Share the SHI findings and outreach/awareness strategy for enforcing TF campus policy with Scappoose School Board.				
Promote the Oregon Tobacco Quit Line	Post Quit Line contact information on "Nurse's Corner" of all five school district websites				

ATTACHMENT 2

Healthy Communities Program Annual Plan
(Formerly Tobacco-Related and Other Chronic Diseases/TROCD)

Plans are created and submitted to the state DHS Office, annually.

2010-11

BPO 1: Infrastructure for Self-Management Programs and Tobacco Cessation Resources

SMART Objective: By December 30, 2010 secure Stanford Licensing for Living Well and by June 2011 identify 10 community members for Columbia County Leader Training.

Critical Questions:

1. Please briefly describe how achieving this objective will reduce health disparities in your community.

In planning for the program leader trainings and workshops logistics will be carefully planned out so that members of the community will be able to participate from all income ranges.

2. Please briefly describe how this workplan is related to your Community Assessment and 3-Year Community Plan.

Living Well is written into the 3-year plan, however members are not familiar with the program. HC Coordinator will give presentation at a meeting. A member of the Columbia Health Coalition is planning on attending Leader Training before Dec. 2010

		Legend:			
		■	Indicates activity will be conducted that quarter		
		✓	Indicates activity was conducted that quarter		
Activity Categories	Activity Description	1 st	2 nd	3 rd	4 th
Coordination & Collaboration	Join the marketing and recruitment Living Well group as way to support the infrastructure of Living Well				
Outreach & Education	Living Well Presentation to Columbia Health Coalition				
Coordination & Collaboration	Apply for Stanford Licensing				
Assessment	Work with TPEP coordinator to assess current Quitline data for Columbia Co.				
Coordination & Collaboration	Work with the state to plan a tentative week in the spring for a Living Well Leader Training in either April/May.				
Coordination & Collaboration	Columbia Health Coalition: identify and recruit organizations, champions, partners interested in supporting Living Well.				
Outreach & Education	Give presentations to civic organizations, ministerial, which were identified as organizations above.				
Coordination & Collaboration	Confirm a Leader Training date for April / May				
	Assist with coordination of the leader training and help with confirming up logistics.				
Media Advocacy	Work with Spotlight reporter for recruiting leaders and sharing the importance Living Well				
	Living Well Leader Training				
Coordination & Collaboration	Attend the Living Well Forum				

BPO 2: Health Worksites

SMART Objective: By June 2011 Columbia Health District – Public Health Authority will adopt a policy that limits the availability of sugar-sweetened beverages and low nutrient, high calorie foods and assure availability of nutritious potions in common areas.

Critical Questions:

1. Please briefly describe how achieving this objective will reduce health disparities in your community.
By educating CHD- PHA staff on making economical, healthy snack choices at point of purchases, it also increases their efficacy to share information with clientele, who are primarily low income.
2. Please briefly describe how this workplan is related to your Community Assessment and 3-Year Community Plan.
CHD-PHA can set the precedence for other small businesses in our community to implement policy change to positively affect the health and wellness of their employees.

		Legend			
		Indicates activity will be conducted that quarter			
	✓	Indicates activity was conducted that quarter			
Activity Category	Activity Description	1 st	2 nd	3 rd	4 th
Outreach and Education	Create a bulletin board educating the staff on healthy choices. Bulletin board is placed in a location that is frequent and visible to all staff!				
Assessment	Gained support from Administrator through New Year's Event held in Feb 2010. Develop a staff survey to assess staff readiness.				
	Research examples from other health departments and the tools provided on http://www.healthoregon.org/worksite/toolkit .				
Coordination & Collaboration	Utilize safety committee as a place to present sample policy and ideas.				
Coordination & Collaboration	Finalize policy and present at staff meeting and ask for input.				
Outreach & Education	Present policy to the CHD – Board for approval				
Outreach & Education	Share process with the Columbia Health Coalition and local Chambers of Commerce.				
Media Advocacy	Acknowledge the Health Department efforts through local newspapers and extend an offer to be a resource to other local businesses.				

PBO 5: Healthy Multi-Unit Housing

SMART Objective: By June 2011, the proportion of Smoke free multi-unit properties in Columbia County will have increased 25% from baseline.

Critical Questions:

- Please briefly describe how achieving this objective will reduce health disparities in your community.
A large percentage of St. Helens High School students use tobacco products. By increasing the number of properties that are Smoke free along the most common walking route for students, we aim to create an environment that supports cessation and reduces youth initiation among the vulnerable student population.
- Please briefly describe how this workplan is related to your Community Assessment and 3-Year Community Plan.
The Columbia Health Coalition is dedicated to the best interest of our youth in Columbia County, which includes decreasing youth initiation and limiting areas of unhealthy environments.

Legend					
	<input type="checkbox"/>	Indicates activity will be conducted that quarter			
	✓	Indicates activity was conducted that quarter			
Activity Category	Activity Description	1st	2nd	3rd	4th
Coordination & Collaboration	Continue collaboration with Chief of Columbia River Fire and Rescue to make contact with local leaders in multi-unit housing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Contact at least three landlords or multi-unit housing managers/owners per month	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Assessment	Collect baseline data of multi-unit housing properties with Smoke free policies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Complete quarterly "Tracking Form for Multi-unit Properties that have Adopted No-Smoking Policies"	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Complete quarterly "Rental Ad Tracking Tools"	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Work with Health In Sight, LLC, to assess landlords' readiness to adopt policies and to survey tenants regarding their support for no-smoking rules.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Education & Outreach (Development of Local Champions)	Access Health In Sight, LLC website www.smokefreehousinginfo.com for discussion outlines for one-on-one meetings with landlords interested in pursuing Smoke free housing policies.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Work with landlords to ensure those with no-smoking policies are listing that as an amenity in their vacancy postings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Refer renter to the Fair Housing Council of Oregon's Smoke free webpage through an ad in local papers' rental ad section by including a short listing called "Things to consider when finding a place to rent"	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Media Advocacy	Work with local media health advocate at the South County Spotlight to encourage renter to ask for Smoke free housing				
	The first MUH on Gable Rd. to adopt a Smoke free policy will challenge the other MUH to do the same. Advertise in press				
Policy Development, Promotion, & Implementation	Work with the three multi-unit housing complexes within ¼ mile of St. Helens High School to create a smoke-free policy. <i>Working towards the eventual "Smoke free block" on Gable Road, which houses 3 MUH complexes, public health, and St. Helens High School.</i>				
	Use "A Landlord's Guide to No-Smoking Policies" to provide assistance to property owners/managers as they adopt no-smoking rules in their rental agreements.				
	Work with landlords to develop an implementation plan including resident notice time, lease transition, signage, and staff training for enforcement.				
Promote the Oregon Tobacco Quit Line	Quit Line will be included in all tobacco-related media.				
	Information about local cessation classes will be distributed at meetings.				

ATTACHMENT 3

Immunization Comprehensive Plan

Immunization Comprehensive Triennial Plan

**Due Date: May 1
Every year**

Local Health Department:

Plan A - Continuous Quality Improvement: Reduce Vaccine Preventable Disease

Calendar Years 2009-2011

Year 1: July 2009-December 2009

Objectives	Activities	Date Due / Staff Responsible		Outcome Measure(s)	Outcome Measure(s) Results	Progress Notes
<p>A. Increase 4th Dtap at CHD-PHA by 1% each year for the next three years</p>	<p>Use most recent AFIX assessment data as the baseline</p> <p>Run recall report monthly to identify patients needed 4th Dtap ages 12 months to 6 years</p> <p>Call, email, or mail post cards to patients identified on monthly recall report to schedule appointments Use minimum interval forecasting and scheduling for 4th Dtap</p> <p>Fully screen each patients for immunizations at every visit and immunize as needed</p> <p>After patient appointment, forecast for future shots due and schedule a next appointment before patient leaves clinic</p> <p style="color: blue;">Provide written reminder appointment card for next scheduled appointment before patient leaves clinic</p>	<p>Date</p> <p>1st Friday</p> <p>Monthly</p>	<p>Staff</p> <p>Clerk</p> <p>Clerk</p>	<p>AFIX Baseline set Recall lists generated monthly starting: <i>Started July 2009</i></p> <p>Contact made to patients monthly; review by lists printed & filed</p> <p>Minimum interval forecasting implemented by Clerk, Office Manager of Coordinator</p> <p>Forecasting for immunizations at every patient visit implemented by Clerk, Office Manager or Coordinator</p> <p>Process for forecasting & scheduling patients before leaving office implemented by Clerk and Office Manager</p> <p style="color: blue;">Written appointment reminder cards given at every newly scheduled appointment by Office Manager, Clerk</p>	<p>Afix baseline set</p> <p>Recall lists generated monthly and postcards sent as reminders for missing 4th Dtaps</p> <p>Forecasts done for each client at each visit</p> <p>Appointments for next immunizations due are scheduled before parents leave clinic</p>	<p>Recall lists and postcards contribute to significant outreach to capture missing 4th Dtaps</p> <p>Forecasting at each visit allows for nurse to educate parents about next immunizations due so office staff can schedule appointments and write reminder cards for next immunizations due before clients leave the office</p>

	<p>Phone call reminder to confirm patient appointments for the next day(s)</p> <p>Continue partnership with WIC to screen for immunizations during WIC appointments</p> <p>Continue walk-in immunization process for identified WIC patients needing immunizations</p> <p>Give all shots due unless truly contraindicated</p> <p>Continue counseling parents/guardians that may be hesitant for child to receive all shots due at appointment</p> <p>Use McDonald vouchers for incentives for immunizations</p> <p>Coordinate and travel to school clinics for immunizations: outreach during school exclusion, preschool round-ups Use media to advertise for immunization clinics: flyers and newspaper ads.</p>	Date	Staff	<p>Appointment reminder phone calls completed <i>once a week the day before appointments</i> by Clerk or Carolina</p> <p>Process for walk-in immunization appointments from WIC referral implemented, WIC staff responsible for identifying and referring WIC clients to immunizations when shots due</p> <p>Process for counseling for vaccine hesitant parents/guardians at appointments implemented, IRIS generated forecast used as teaching tool by RN to promote up to date status of clients, Coordinator each visit</p> <p>Purchase McDonald Vouchers</p> <p>McDonald Vouchers used for incentive for completing 4th dtap/</p> <p>School Immunization Clinics Completed: <i>#3 from July 2009-Jan 2010 at Rainier, Vernonia and Clatskanie by Coordinator, RN</i></p> <p>Advertising for immunization clinics implemented: <i>Letters sent home to parents by school nurse and local newspaper ads, Vernonia Clatskanie</i></p>	<p>Appt reminder calls are made by immunizations staff the day before appointments.</p> <p>WIC staff are responsible for identifying and referring their clients to immunizations staff When shots are due Use of IRIS forecast is used to educate parent on when child will be UTD CHD immunizations coordinator is available to assist local schools with kindergarten round-ups and vaccination clinics at the schools to prevent school exclusions</p>	<p>Making reminder calls helps with rescheduling clients who are unable to keep the original appt.</p> <p>WIC clients schedule immunizations appointments to coincide with WIC appointments.</p> <p>Forecasting gives parents hands on info about bringing childhood immunizations up to date and is an effective tool in increasing up to date rates. Vouchers not yet purchased Three clinics completed at schools in the county</p> <p>Newspaper ads and school nurse letters are successful forms of advertising available clinics in the schools</p>
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Year 2: January 2010-December 2010

Objectives	Activities	Date Due / Staff Responsible	Outcome Measure(s)	Outcome Measure(s) Results	Progress Notes
	<ul style="list-style-type: none"> <input type="checkbox"/> Continue to fully screen each patient for immunizations at every visit and immunize as needed. <input type="checkbox"/> Continue to, forecast for future shots due after patient appointment and schedule a next appointment for the patient before they leave. <input type="checkbox"/> Continue to provide written reminder appointment card for next scheduled appointment before patient leaves clinic. <input type="checkbox"/> Phone call reminder to confirm patient appointments for the next day(s). <input type="checkbox"/> Continue partnership with WIC to screen for immunizations during WIC appointments. <input type="checkbox"/> Continue walk-in immunization process for identified WIC patients needing immunizations <input type="checkbox"/> Give all shots due unless truly contraindicated <input type="checkbox"/> Continue counseling guardians that may be hesitant for child to receive all shots due at appointment <input type="checkbox"/> Media to advertise for immunization clinics: flyers and newspaper ads. 		<ul style="list-style-type: none"> <input type="checkbox"/> Forecasting for immunizations at every patient visit continued. <input type="checkbox"/> Forecasting & scheduling patients before leaving office continued. <input type="checkbox"/> Written appointment reminder cards given at every newly scheduled appointment by Clerk as well as above. <input type="checkbox"/> Appointment reminder phone calls completed weekly before appt by Carolina. <input type="checkbox"/> Walk-in immunization appointments from WIC referral continued <input type="checkbox"/> Counseling for vaccine hesitant parents/guardians at appointments continued by Coordinator, Clerk and Office Manager. <input type="checkbox"/> Use of IRIS forecast with parents at time of visits to encourage all shots due and as a guide for setting next appt, with reminder card given by Coordinator or Office Manager 	<p>Ongoing</p> <p>Ongoing</p> <p>Clerk ordered reminder stickers for parent home calendars in April 2010</p> <p>Ongoing and new clerk has taken over previous Clerk's tasks</p> <p>WIC walk-in Immunization appointments ongoing</p> <p>Training for new immunizations clerk on outcome measures to increase 4th Dtap up to date rates</p> <p>Ongoing</p>	<p>4th Dtap reminder posters are up in key locations around the clinic</p> <p>In-office training for new immunizations clerk completed on 4-6-2010</p> <p>Additional resource of book "Vaccinating Your Child, questions and answers for the concerned parent" is available to immunizations staff to further educate parents Author, Cynthia Good, MD, MPH</p>

Year 2: January 2010-December 2010

Objectives	Activities	Date Due / Staff Responsible		Outcome Measure(s)	Outcome Measure(s) Results	Progress Notes
	<ul style="list-style-type: none"> <input type="checkbox"/> Use McDonald vouchers for incentives for immunizations <input type="checkbox"/> Continue coordination and travel to school clinics for immunizations: outreach during school exclusion, preschool round-ups <input type="checkbox"/> Continue to use media to advertise for immunization clinics: flyers and newspaper ads. <input type="checkbox"/> Contact local library to explore opportunities to partner on Immunizations 			<ul style="list-style-type: none"> <input type="checkbox"/> Purchase McDonald Vouchers <input type="checkbox"/> McDonald Vouchers used for/ <i>incentive to complete 4th dtap</i> <input type="checkbox"/> School Immunization Clinics Completed: <i>#3 at Rainier, Vernonia and Clatskanie.</i> <input type="checkbox"/> Advertising for immunization clinics implemented: <i>Letters sent by school nurse and local newspapers</i> <input type="checkbox"/> Library contacted on <i>1/28/2010 - John will return call, if interested in partnering with CHD for shot clinic and book give away</i> 	<p>McDonalds Vouchers system started on 2-10-2010</p> <p>School Immunizations clinics continued, next one at Scappoose in May</p> <p>Ongoing</p>	<p>Parents and children alike are very fond of the McDonalds voucher system reward for completing a 4th Dtap</p> <p>County Librarian was contacted to explore a free book program for children who are up to date on the 4th Dtap. The Librarian made a referral to another community agency on CHD-PHA's behalf to obtain free books for up to date immunizations clients.</p>

Year 3: January 2011-December 2011

Objectives	Activities	Date Due / Staff Responsible	Outcome Measure(s)	Outcome Measure(s) Results	Progress Notes
<p>A. Increase 4th Dtap at CHD-PHA by 1%</p>	<p>Use most recent AFIX assessment data as the baseline</p> <p>Have Oregon Immunization Program do an AFIX visit to discuss immunization rates for 2010 data</p> <p>Continue to run recall report monthly to identify patients needed 4th Dtap ages 12 months to 6 years</p> <p>Continue to call, email, or mail post cards to patients identified on monthly recall report to schedule appointments</p> <p>Continue to use minimum interval forecasting and scheduling for 4th Dtap</p> <p>Continue to fully screen each patients for immunizations at every visit and immunize as needed</p>		<p>AFIX Baseline set Dates of OIP AFIX review visit: <i>Apr 2011, Coordinator to request visit in early 2011</i></p> <p>Recall lists generated monthly by Clerk</p> <p>Contact made to patients monthly; review by lists printed & filed, by Clerk</p> <p>Minimum interval forecasting continued, by Coordinator, Clerk or Office Manager</p> <p>Forecasting for immunizations at every patient visit continued by Clerk Coordinator or Office Manager</p>	<p>To be completed for the CY 2011 Report</p>	<p>To be completed for the CY 2011 Report</p>

	<p>Continue to, forecast for future shots due after patient appointment and schedule a next appointment for the patient before they leave</p> <p>Continue to provide written reminder appointment card for next scheduled appointment before patient leaves clinic</p> <p>Phone call reminder to confirm patient appointments for the next day(s)</p> <p>Continue partnership with WIC to screen for immunizations during WIC appointments</p> <p>Continue walk-in immunization process for identified WIC patients needing immunizations</p> <p>Give all shots due unless truly contraindicated</p> <p>Continue counseling guardians that may be hesitant for child to receive all shots due at appointment</p> <p>Use McDonald vouchers for incentives for immunizations</p>		<p>Forecasting & scheduling patients before leaving office continued, by Clerk, Office Manager</p> <p>Written appointment reminder cards given at every newly scheduled appointment by Clerk or Office Manager</p> <p>Appointment reminder phone calls completed 1 times a week before appt: review of schedule by Clerk</p> <p>Walk-in immunization appointments from WIC referral continued</p> <p>Counseling for vaccine hesitant parents/guardians at appointments continued at time of visit by Coordinator, Clerk, Office Manager using IRIS forecast as tool</p> <p>Purchase McDonald Vouchers Thalia McDonald Vouchers used for/ incentive to complete 4th Dtaps</p>	<p>To be completed for the CY 2011 Report</p>	<p>To be completed for the CY 2011 Report</p>
	<p>Continue coordination and travel to school clinics for immunizations: outreach during school exclusion, preschool round-ups</p> <p>Continue to use media to advertise for immunization clinics: flyers and newspaper ads</p>		<p>School Immunization Clinics Completed: <i>Clinics held at schools as requested by school nurses at K-round ups or Spring and Fall Immunization clinics or exclusion immunization clinics.</i></p> <p>Advertising for immunization clinics implemented: <i>by school nurse letters and local newspaper ads, reader boards</i></p>		

**Local Health Department:
Plan B – Community Outreach and Education
Calendar Years 2009-2011**

Year 1: July 2009-December 2009

Objectives	Activities	Date Due / Staff Responsible		Outcome Measure(s)	Outcome Measure(s) Results	Progress Notes
		Due	Staff			
<p>A. Promote ALERT registry in Columbia County From July 2009-December 2011</p>	<p>Commit staff time and resources to project</p> <p>Advise existing and new ALERT users about the expansion to a lifespan registry</p> <p>Determine which type(s) of agencies to contact and focus on</p> <p>Review current participation and identify sites needing assistance</p> <p>Recruit and contact sites identified</p> <p>Determine the site's feasibility to use ALERT</p> <p>Develop process for training site on ALERT access</p>			<p>Staff time committed and project begun on <i>1/14/2009</i></p> <p>Two new preschool users of Alert for this exclusion cycle 2009/2010, Kala Cota's Preschool in Vernonia and info given to Bryant House preschool 1/25/10</p> <p>Agencies identified for focus: <i>Preschools</i></p> <p>Sites' ALERT participation reviewed</p> <p>Identified sites selected</p> <p>Sites contacted</p> <p>Process for ALERT training identified</p>	<p>Print Alert records for sites without internet access</p> <p>Kala Cota's pre-school new Alert user</p> <p>Ongoing</p> <p>Ongoing</p> <p>Ongoing</p>	<p>During school exclusion phone calls for sites Alert registry info was given to sites not using it and support offered for sites learning to register</p> <p>Focus is on preschools because they are less likely to be using an online immunization registry</p>

	<p>Use ALERT educational and promotional materials when working with sites</p> <p>Meet with Sites to promote, train and register for ALERT</p> <ul style="list-style-type: none"> - train on forecasting feature - share benefits of ALERT during school exclusion 			<p>Materials for promotion and training of ALERT identified and collected</p> <p><i>Two new sites in January 2010</i> sites trained on ALERT uses</p>	<p>Pre-school staff directed to info on Alert registry in the school law handbook</p> <p>Kala Cota preschool trained on Alert and is using</p>	<p>Information from school law hand book mailed to preschool</p>
<p>B. Increase vaccine promotion to drug/ETOH community</p>	<p>Identify treatment centers in community</p> <p>Identify vaccines to promote</p> <p>Gather educational materials on vaccine promotion</p> <p>Develop process for educational contacts</p> <p>Contact treatment center staff through phone calls or in person visits</p> <p>Distribute educational and contact information</p>	<p>Quarterly</p>		<p>Treatment centers in community identified</p> <p>Vaccines to promote <i>HepA,B and Twinrix</i></p> <p>Vaccine promotion materials offered to Columbia County jail and Community drug and alcohol clinic</p> <p>Contacted <i>2 sites including county jail</i> Treatment Centers</p> <p>Materials given, CHD offer to provide material refused at this time</p>	<p>An informational letter on CHD services provided faxed to three sites:</p> <p>CADC</p> <p>County jail</p> <p>Probation office</p> <p>and CHD website info was given</p>	<p>Copies of faxes are on file</p>

Year 2: January 2010-December 2010

Objectives	Activities	Date Due / Staff Responsible	Outcome Measure(s)	Outcome Measure(s) Results	Progress Notes
<p>A. Promote ALERT registry in Columbia County</p>	<p>Commit staff time and resources to project</p> <p>Advise existing and new ALERT users about the expansion to a lifespan registry</p> <p>Determine which type(s) of agencies to contact and focus on</p> <p>Review current participation and identify sites needing assistance</p> <p>Recruit and contact sites identified</p> <p>Determine the site's feasibility to use ALERT</p> <p>Continue process for training site on ALERT access</p>	<p>Coordinator</p> <p>Coordinator</p> <p>Coordinator</p> <p>Coordinator</p>	<p>Continue to commit staff time to project</p> <p><i>Identified those not currently using</i> ALERT to promote expansion: copies of emails sent to provider systems and to school nurses</p> <p>Agencies identified for focus: <i>Preschools & Head Starts</i></p> <p>Sites' ALERT participation reviewed</p> <p>Identified sites selected Sites contacted</p> <p>Continue to use process to train on ALERT</p>	<p>Info on ALERT registry use was given to Bryant House Preschool on 1-27-2010 and Creekside Preschool is new ALERT registry user. ALERT info given to Jan Gross who is the nurse for Headstart in Columbia County</p> <p>Continue to identify sites not using the registry and train and assist with problems when requested</p>	<p>Request from St. Helens school nurse for a training on ALERT registry use before school exclusion 2010-2011 for school office staff who research student immunization records at school exclusion time.</p> <p>ALERT registry info has been given to sites via phone, fax and email with good results</p>
	<p>Use ALERT educational and promotional materials when working with sites</p> <p>Meet with Sites to promote, train and register for ALERT</p> <p>Train on forecasting feature - Share benefits of ALERT during school exclusion</p>		<p>Materials for promotion and training of ALERT identified and collected</p> <p>2 sites trained on ALERT uses in Jan. 2010</p>	<p>Kala Cota and Jan Gross trained on use</p>	<p>Use of phone, fax and email support of new ALERT users is effective and Imms coordinator has contacted ALERT registry staff when necessary on behalf or new users</p>

<p>B. Increase vaccine promotion to drug/ETOH community</p>	<p>Identify treatment centers in community</p> <p>Identify vaccines to promote</p> <p>Gather educational materials on vaccine promotion</p> <p>Develop process for educational contacts</p> <p>Contact treatment center staff through phone calls or in person visits</p> <p>Distribute educational and contact information</p>	<p>Quarterly</p>	<p>Treatment centers in community identified</p> <p>Vaccines to promote <i>HepA, B and twinrix</i></p> <p>Vaccine promotion materials identified and gathered</p> <p>Contacted <i>the only community based drug/alcohol</i> Treatment Centers</p> <p>Materials refused at this time</p>	<p>Ongoing to CDAC. County jail and probation office</p> <p>No follow-up requested by community partners</p>	<p>Information about CHD services is online. PSA in local county papers, such as the St. Helens Chronicle on 3-31-2010 to advertise free Hep A and B vaccinations for high risk clients</p>
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Year 3: January 2011-December 2011

Objectives	Activities	Date Due / Staff Responsible		Outcome Measure(s)	Outcome Measure(s) Results	Progress Notes
A. Promote ALERT registry in Columbia County	Commit staff time and resources to project Advise existing and new ALERT users about the expansion to a lifespan registry Determine which type(s) of agencies to contact and focus on Review current participation and identify sites needing assistance Recruit and contact sites identified Determine the site's feasibility to use ALERT Continue process for training site on ALERT access	Due	Staff	Continue to commit staff time to project Contacted preschools not using ALERT to promote expansion: copies of emails sent to provider systems and to school nurses Agencies identified for focus: <i>Preschools</i> Sites' ALERT participation reviewed Identified sites selected Sites contacted Continue to use process to train on ALERT	To be completed for the CY 2011 Report	To be completed for the CY 2011 Report
	Use ALERT educational and promotional materials when working with sites Meet with Sites to promote, train and register for ALERT - train on forecasting feature - share benefits of ALERT during school exclusion			Materials for promotion and training of ALERT Identified and collected 2 sites trained on ALERT uses January 2010	To be completed for the CY 2011 Report	To be completed for the CY 2011 Report

<p>B. Increase vaccine promotion to drug/ETOH community</p>	<p>Identify treatment centers in community</p> <p>Identify vaccines to promote</p> <p>Gather educational materials on vaccine promotion</p> <p>Develop process for educational contacts</p> <p>Contact treatment center staff through phone calls or in person visits</p> <p>Distribute educational and contact information</p>	<p>Quart erly</p>		<p>Treatment centers in community identified</p> <p>Vaccines to promote</p> <p>Vaccine promotion materials identified and gathered</p> <p>Contacted local community based Treatment Centers</p> <p>Materials offered by CHD but refused at the present time</p>	<p>To be completed for the CY 2010 Report</p>	<p>To be completed for the CY 2010 Report</p>
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