



HOOD RIVER COUNTY HEALTH  
DEPARTMENT  
1109 JUNE STREET  
HOOD RIVER, OREGON 97031-2093  
PHONE (541) 386-1115 • FAX (541) 386-9181  
  
ENVIRONMENTAL HEALTH (541) 387-6885  
WIC (541) 387-6882

May 1, 2010

Mr. Tom Engle  
Office of Community Liaison  
Oregon Department of Human Services  
800 NE Oregon Street, Suite 930  
Portland, OR 97232

RE: FY 2010/FY 2011 Annual Plan for Hood River County

Dear Mr. Engle:

Enclosed is Hood River County's FY 2010-11 Annual Health Plan for continuing State support of Hood River County's public health responsibilities.

Included are narrative, fiscal contact information, and minimum standards sections. As requested, this document is being submitted in electronic format. Should you need a signed hard copy, I will happy to provide one.

I hope you find these materials satisfactory. Please contact me if you require any further information in support of the Hood River County Annual Plan.

Sincerely,

A handwritten signature in black ink that reads "Ellen Larsen". The signature is written in a cursive, flowing style.

*Ellen Larsen*  
*Hood River County Health Department Director*

## **I. Executive Summary 2010-11 Hood River County Health Department**

Hood River County Health Department is committed to providing the best possible level of population based preventive services to the visitors and residents of the county. Public health is concerned with keeping a well population healthy as opposed to care of an individual that is ill. Some activities include monitoring for and preventing the spread of communicable disease, influencing policy for healthy behaviors, providing case management for families with young children in order to improve their health outcomes, monitoring drinking water safety, providing family planning services and work for safer and healthier foods. These activities are carried out with strong private and public partnerships around the community and the region. The ongoing financial crisis is further limiting the amount of funding, especially county general fund available to provide mandated services. In times of economic downturn the need and demand for public health services frequently increases. The budget for Hood River County is still being finalized by the budget committee. A 20% reduction in county general fund has been required, this in turn has had effect on federal and state funded programs. The capacity of the county to provide public health's mandated services have become more and more limited. The finalized budget is slated for approval by the Board of Commissioners in June. Staffing levels at the health department are at a more critical level than previously. Program revenues have been down in most programs this year over last.

The health department is planning to reapply to take part in the TROCD program for planning. This will be in conjunction with the Hood River County Commission on Children and Families. The health department hopes to begin work on developing a chronic disease management program. There are several community partners that provide such services, but the county would benefit from an expanded comprehensive program.

Accreditation has been looked at, but there was not much action taken this past year toward this end. The information from the assessment will be examined and planning done toward the goal of accreditation.

The costs health department continues to house the functions for the county medical examiner. The county has had to change health officer and medical examiner this year. This has been a lengthy process with many details to be considered.

The Windmaster area has been formed into a special service and urban renewal area and connections are being made to the new sewer lines serving the area. This is a great accomplishment, many years in the making.

This annual plan contains narrative sections on assessment, delivery of local public health services, action plans, unmet needs and a checklist of compliance with minimum standards. In reviewing past submitted annual plans; this plan reflects somewhat curtailed program services due to budget and resulting staff reductions. Maintaining service levels, staff morale, and program quality will require strategic planning and ongoing vigilance by health department staff.

## II. HOOD RIVER COUNTY ASSESSMENT 2010-2011

**General County Information and Population** – Hood River County (HRC) was established June 23, 1908 as the 34<sup>th</sup> county in the state. The City of Hood River was first platted in 1881 and has served as the county seat. The one other incorporated city in the county is Cascade Locks. These two incorporated areas account for approximately 34% of the population. In 1964 HRC adopted the home rule form of government. The Board of Commissioners has 5 elected members who appoint a county administrator. The county is 533 sq. miles in area with dimensions of approximately 23 miles wide (east/west) and 32 miles long (north/south). Of the 533 square miles approximately  $\frac{3}{4}$  are not build-able because of wilderness, national forest, county forest, and scenic areas. Average temperatures are 33°F in January and 72°F in July with annual precipitation of 30.85". Travel through the Gorge in the winter months causes many Cascade Locks residents to seek services in the Gresham area.

Major economic activities are agriculture, food processing, forest products and recreation. Main crops, grown on more than 14,000 acres of commercial orchard land include apples, cherries, peaches, pears, and vineyards. Recreation activities include snowboarding and skiing on Mt Hood, fishing, yachting, windsurfing, biking, hiking, mountaineering, and kite boarding.

The county carries on an enterprise timber operation located within the county as well as owning land to the east. February 2010 data shows that most nonfarm jobs in the county are in the private sector with almost one-quarter being in the leisure and hospitality sector. Trade, transportation, and utilities is the next most frequent category. Manufacturing is a major employer with windsurfing and other outdoor equipment being a major product. Education and health services and local government complete the top employment types. Average wages in 2007 for public and private was \$26,444. Median household income was \$47,159 and in 2006 per capita personal income was \$29,333. In 2007 the median gross rent was \$660; the median home value was \$271,300 and median monthly owner occupied housing costs were \$1,348. The 2005 poverty percentage in the county was 13.6% for all ages.

In April 2010 WIC clients in Hood River County have the following co-enrollments; Cascade Locks, 13% receive TANF payments, 31% are on OHP, and 50% receive food stamps. Parkdale clients, 0% receives TANF payments, 96% are on OHP and 69% receive food stamps. At the main Hood River clinic, 3% receive TANF payments, 77% are enrolled in OHP and 51% receive food stamps. All numbers show increases in the rates of co-enrollment. WIC caseload has decreased during the last year. Due to budgetary constraints the WIC program will be moving back in to the main HD building. The added space for the program has been nice, but reduced staffing levels have resulted in a decrease in the quality of service and support for the WIC staff. When the move back into the main building is accomplished other HD staff will be able to assist with checking WIC clients in, printing vouchers and making reminder telephone calls.

In recent years the number of low cost housing units has decreased. Apartment buildings have been removed and converted into condominium type housing. Work force affordable housing is in extremely short supply. A private group Cottage Housing LLC is building a variety of home types both inside the Hood River city limits and in the county within the urban growth boundary. The county has purchased land and will be signing it over to Columbia Cascade Housing with the idea of apartment units being constructed. HRC is also partnering with Columbia Cascade Housing Corporation on a home repair program. The program will make up to \$30,000 available

at no interest with deferred payments in order that homeowners can make needed health and safety repair to their homes using local contractors.

The recent downturn in the global economy has greatly impacted the timber market, a key source of income for county government activity. The 2010-2011 FY budget will include a 20% decrease in county general fund activity. This will impact all county departments.

Primary Health Care - Providence Hood River Memorial Hospital (PHRMH) is a Trauma Designation Level 3 facility. There are 25 licensed beds and an active medical staff of 67. In 2009 there were 420 births (not all to Hood River County residents), 1,665 admissions, and 9,418 emergency department visits. Charity and unpaid community benefit costs in the Gorge Service Area for 2008 was \$4,113,000. Figures for 2009 are expected to be 40% higher. The health department receives funding to assist in providing school health services to Hood River County School District. PHRMH is JCAHO accredited. PHRMH also has a mobile health unit providing services at a variety of locations around the county five days per week. The mobile unit provides non-emergency care and assists patients in finding a permanent medical home. In 2009 the hospital expanded to include five operating rooms including a dedicated C-section suite, 18 private patient rooms for same-day surgery services. Upgrades were also done to the birthing center and diagnostic imaging center. Clinical services are also offered in a range of specialties. These clinical services have reduced the number of people required to commute to Portland for care.

The county has an FQHC. Pregnant women are able to receive prenatal care in the county and most providers accept Medicaid payment.

In the 2010 County Health Rankings funded by Robert Wood Johnson Foundation and compiled by University of Wisconsin, Population Health Institute was published. Out of all counties in Oregon; Hood River County ranked fifth in Health Outcomes and fourth in Health Factors. As part of the Health Outcomes Rankings; Hood River County ranked sixth in both Mortality and Morbidity. In the category of Health Factors Rankings Hood River County was fifth in Health Behaviors, first in Clinical Care, fourth in both Social and Economic Factors and Physical Environment. More information on county health rankings can be found at [www.countyhealthrankings.org/oregon](http://www.countyhealthrankings.org/oregon)

## **1. Public Health Issues**

**Ageing Issues** – Population estimates for 2009 showed 12.8% of County residents are 65 years and older. Estimates of population for 2008 show of those residents 65+ years 16.2% are 85 years and over. This remains steady at about 2% of total population. Yearly death rates remain quite constant. There are currently 2 independent retirement living facilities; four assisted living facilities, and 1 nursing home. Dental care, prescription costs, transportation and housing costs are issues for this age group. Though not only associated with older citizens there are currently five practicing internal medicine physicians, a urologist, two orthopedists, and a dialysis center in Hood River County full time. Additionally there are five cardiologists, a rheumatologist, two ophthalmologists, a nephrologist, and a specialist in hematology/oncology that have office hours in Hood River.

**Air Quality** – geography of the Columbia River Gorge causes frequent winds to blow through the area, however in 1999, Hood River County ranked fairly low for air quality compared to the country, although it ranked better among different counties in the state. Since 1999 many of the agricultural businesses have changed from using diesel fueled smudge pots to fans and propane fueled smudge pots to prevent frost damage to fruit crops in the spring. Of the companies listed as the biggest pollutant emitters all but one are no longer in business. Not much data is collected on air quality in Hood River County.

**Births** – Year to date data for 2009 shows that there were 279 births to Hood River County Residents. There has been a decreasing tendency since 2007. The crude birth rate in 2007 declined to 14.95/1,000. For the year 2007 the age specific birth rate for all women 10-17 years is 21.48/1,000, which is a 6-point increase. The birth rate for total women 18-19 years is 70.31/1,000, which is also an increase. The rate for total women 20+ years is 70.1/1,000. The risk factors of maternal minority race/ethnicity, maternal age 35 and older, and less than 12 years education were all higher than the state average. Births to an unmarried mother were lower than the state average.

Hood River County was one of the original Oregon Mother's Care counties. Our overall rate for adequate prenatal care has improved since the program came into effect. Our rate for the year to date 2009 was 98.2% which shows a slight increase over 2007. Prenatal care was begun in the first trimester by 80.8% of women in 2009. Births to married women in 2009 YTD data shows 71.0% which remains higher than the state average.

Birth defects have remained about constant in Hood River County with very low numbers, generally about 1 per year. Due to the small numbers this does have profound effect on the statistics. The 2008 preliminary percentage of low birth weight babies is 20 out of 294 births (6.8%) which is a slight increase from 2007. YTD 2009 data indicates that there were 8 LBW babies for 2.9%, which is a decrease from 2008. Preliminary data for 2008 indicates that 26.5% of births were C-Section and YTD data for 2009 shows 24.8%.

There were 41 induced terminations performed for Hood River County women in 2008. There were no abortions performed on girls less than 15 years of age in 2008, the highest number (12) was in women 25-29 years of age and 4 in women 40-44 years of age.

In 2008 there were 101 first births (36.2%) up from 33.34% in 2007. In 2007 19 mothers (6.0%) indicated they had used tobacco while pregnant, this number is the same as 2006. Data for 2008 tobacco use is not available.

**Communicable Disease** – Hood River County continues to have a low occurrence for CD. There have been no major outbreaks in the past year. In 2008 and 2009 Chlamydia continued to be the most frequently reported disease. There were 56 total cases of notifiable diseases or conditions in the county in 2008 and 76 in 2009. The number of cases of Chlamydia almost doubled from 2008 to 2009. There were 2 cases of active tuberculosis in the county in 2009, both of these cases completed treatment using direct observed therapy for their entire course of management. Hood River County continues to maintain a high level of compliance for timely reporting of notifiable conditions to Oregon State Public Health Division.

H1N1 influenza activity in the county was marked by 5 hospitalizations and 2 deaths. The deaths occurred at the hospital emergency department in non-admitted persons. Both were male and in the 20-40 year age range. Approximately 4000 doses of H1N1 vaccine were administered in the county and there is an impression of higher than usual uptake of seasonal flu vaccine. A mass H1N1 vaccine clinic was held at a local facility with collaboration between the health department, hospital and federally qualified health center. Further planning meetings involving law enforcement, emergency responders, medical providers have been held, an MOU is in place for facility use in the future for mass clinics as needed.

**Deaths** – The most recent finalized data available is for the year 2006. Data for 2007 and 2008 is preliminary. Median age for deaths in the County for 2006 was 84, 80 years for men and 86 years for women. Almost 47.7% of county deaths occur in those 85 years and older and 71.5% of deaths are to those aged 75 and older. Data for 2006 shows the four leading causes of death in descending orders are: heart disease, cancer, cerebrovascular disease, and unintentional injury. The cancer death rate remains below the state average, but the rates for heart disease, cerebrovascular disease and unintentional injuries are higher those of the state. Tobacco related deaths are reported as being significantly lower than the state. In 2008 preliminary data shows most deaths occurred in March, April & January, October & December in that order. Of the 184 preliminary data deaths in 2008, one was in age range 1-9 years, 32 in age range 18-64 and the remaining 151 in those aged 65 and older. YTD data for 2009 indicates that over 755 of deaths in the county occurred in those aged 65 years and older, there was 1 death in 1-9 years and 2 aged 10-17.

In 2006 39% of residents selected cremation, as their final disposition, down from 60% in 2005, 32% were removed out of state, but that is not unusual for a border county. There were 11 unintentional injury deaths to county residents (5 motor vehicle accidents, 3 falls and 1 drowning), 7 deaths required autopsy and the medical examiner responded to 29 (16%) of deaths. The majority were determined to be from natural causes, as opposed to external causes. YTD data for 2009 indicates of 167 county resident deaths 94.6% were from natural causes, 3% accidental and 2% suicide. There were 173 deaths that occurred in Hood River County in 2009 (YTD) of those 22 involved the medical examiner and of those 10 were autopsied. The health officer for the county serves as the medical examiner and is assisted by a deputy medical examiner.

**Dental** – remains a huge problem in this area. Give a Kid a Smile Day will be held on February 5 this year. The format was changed with children being screened and only minor restoration done on that day. In response to the high level of dental care need the Gorge Dental Access Coalition (GDAC) was formed. The Health Department has taken on the role of receiving referrals, assessing for need and any pre-existing source of payment, scheduling appointments and providing follow-up to assure attendance at appointments. Over 100 children have been referred for follow-up care and the show rate for appointments has been very high. There is still no acceptance for the idea of fluoridating the water systems in the County. Fluoride treatments are being actively done in Head Start and in the elementary grades of the school district. GDAC continues to look at caries prevention strategies and funding for continued dental care which would include finding dental homes for people in order that they could receive ongoing routine and preventive care as well as much needed urgent care. GDAC is also going to look at the possibility of expanding the services offered to other populations than just children. ODS is also looking at a program that would offer dental coverage to children, ages 6-12 years, currently not covered by dental insurance.

### **Diabetes and other Chronic Diseases –**

Diabetes is the tenth leading cause of death in 2006, down from being the sixth leading cause of death in Hood River County in 2005. There are the same concerns here as in other areas of the State. Our high Hispanic population percentage also impacts our rates; however only 5.6% of the county population aged 65 year plus are Hispanic. We partner with the local FQHC and Hispanic outreach program for education and outreach. The local Diabetes Association provides most services. We are working with community partners and with our own clients on issues of obesity throughout the lifespan.

The local Head Start Program is working on screening their students for asthma and other reactive airway diseases. They are developing a screening questionnaire that will also screen for such conditions as enlarged tonsils etc in hope of not ending up with over diagnosis of asthma.

Hood River County will be applying for assessment and planning funds from the Healthy Communities Program. Healthy Active Hood River County (HAHRC) is a local group that promotes physical activity, especially those geared toward entire family participation and healthy nutrition. There is a farmers market and a Saturday market that offer fresh locally produced foods seasonally. These fresh foods are also included in food bank distribution when available.

**Domestic Violence –** Hood River's rate for child abuse and neglect is 11.4/1,000 with a state rate of 13/1,000. There were 65 total victims in 2005. Forty-five of the victims were abuse and neglect cases and 20 were threat of harm. About 0.5% of the County population was involved in domestic violence, harassment and abusive relationships. There continue to be instance of DUI with family members and children in the car.

As of December 2006 68 restraining orders had been issued through the district attorney's office. Another 6 were not granted. Approximately 90% of these cases involved men harming women, 2% were same sex relationships and 8% involved parents and children. This includes adult children and elder abuse as well as parents harming non-adult children. Not much action is available in Hood River County around stalking issues. Orders are very hard to get, since the order is in place forever. There were 4 petitions made, but none were granted. The alternative used is the sending a "no contact" certified letter with return receipt. There is an average of 2 letters of this type sent per month. If the contact continues law enforcement is contacted and an attempt to get harassment or other criminal charges filed. Victims and perpetrators are urged to seek counseling, but more people seem to be resistant to this option despite encouragement.

Helping Hands Against Violence offers a 30-day sheltering program with a capacity of 6 adults and 12 children. This emergency sheltering is available for 30 days and includes peer counseling, transportation assistance, food vouchers, clothes, etc as needed. Some former clients find that they need to return to the shelter and the program continues to work with victims that have been able to move back into the community. There is about equal usage by Hispanic and Non-Hispanic patrons. Helping Hands also runs a Young Women's Center. This program has 5 rooms available to women and their children. Women without children can also be served depending on circumstances. The ages served are from 16 to 24 years of age. Most clients are

18 years or older, unless legally emancipated. Women can live in this transitional housing for up to one year. The hot line run by Helping Hands receives about 100 calls per month.

Crime in Hood River County in 2006 showed overall crime to be less than the state and other rural areas averages. This was true also for crimes against people and property crimes. Behavioral crimes, such as weapon laws, drug laws, gambling crimes against family, DUII, liquor laws etc was higher than the state average, but lower than other rural area average. Juvenile arrests for crimes against persons is less than the state and rural average, juvenile arrests for property crimes is significantly less than the state and other rural averages, percent of juveniles with a new criminal referral to a county juvenile department within 12 months of the initial criminal offense is just less than the state and rural averages.

Child abuse rate in Hood River County increased in 2009 by more than double from 2008 rates. Out of a total of 125 assessments, 43 were founded and 62 were unfounded. Incidence showed 22 cases of neglect, 14 cases of physical abuse, 6 cases of sexual abuse and sexual exploitation and 41 cases of threat of harm. Most children were served in their homes with a minimal (3) increase in the number of children in foster care. For the year 2009 twenty-six children were placed in foster care and twenty-two children exited foster care. Fifty-eight children in the county experienced at least one day of foster care during 2009.

**Elevated Blood Lead Levels** – there have been no reports of elevated lead levels in the past year for adults or children. Although there are a number of older homes in Hood River County and a fairly high poverty level, most low income housing is newer constructions. Fewer agricultural workers are coming to the county and living in orchard housing, much of which has been replaced over the last few years. Of greater concern than lead paint is the presence of lead in pottery, candy, home remedies, and toys that come into the area. The health department is part of the health advisory board for the local Head Start and migrant Head Start programs. Both programs and the local pediatrician are using the screening questionnaire, but little actual testing has been done.

**Emergency Preparedness** – the prolonged incidence of H1N1 influenza provided many opportunities to practice our preparedness plans. A mass vaccine clinic was held, staff was moved from usual tasks to flu related work, and further planning activities were carried out with community partners that have not been active participants in the past. Hood River County continues to take part in state-wide preparedness exercises and activities.

**Environmental Health – foodborne illness & fecal oral illness** – we have a very active restaurant inspection program. We continue to offer food handler classes taught in person, but are seeing an increase in the number using computer-based programs. In 2009 we had approximately 15 complains of foodborne illness reported to us and another 20 complaints of concern regarding different food service establishments. All complaints on public restaurants are promptly investigated. We have instituted a “Certificate of Excellence” for food service providers that a score of 95 or above on their inspection. This program has been very widely accepted by the public with the results being published in the newspaper semi-annually. There have been no major foodborne illness outbreaks in the past year. There has been less incidence of norovirus type illness reported.

**Onsite Wastewater Management** – the county has many residences with septic systems, the environmental health program conducts evaluations, inspections, licensing and follow up on

potentially failing systems. The Windmaster area of the county, just south of the urban growth area has been formed into a special sewer district and an urban renewal district to assist in payment of costs to those living in the affected area. Construction of the main infrastructure sewer lines was completed in fall of 2009; connections began in spring of 2010. Those properties with failing onsite systems are required to be connected to the sewer line by July of 2010. All other residents in the district must be connected by 2013. Part of the system is able to use gravity to move effluent, grinder pumps are being required by other properties.

## **Adolescent Health and Risks**

**Youth Suicide** – Data for Hood River County covering 2004-2006 showed 24 attempts for a rate of 311 per 100,000 which is in the highest 25% quartile. This may be a reflection of the distribution of health care resources and access to the resources, as well as reporting compliance as much as actual attempts. The YRBS reported that 14.9% of 8<sup>th</sup> graders and 16.3% of 11<sup>th</sup> graders contemplated suicide in the last 12 months. Among 8<sup>th</sup> graders 3.9% had made one attempt and 2.1% had made 2-3 attempts. Among 11<sup>th</sup> graders 4.0% had made one attempt and 1.7% had made 2-3 attempts.

**Sexual Behavior** – Youth Survey 2007-8 11<sup>th</sup> grade data indicated that approximately 50.9% have had sexual intercourse. The breakdown by sex was 50% females and 51.9% males. Of these students 24.3% were sixteen years or older at the time of first intercourse. Those reporting first intercourse at 13 years or younger was 4.2%. The majority of both 8<sup>th</sup> and 11<sup>th</sup> grade students stated they only had sex with only one person. Among students who reported being sexually active most stated they had not used drugs or consumed alcohol prior to intercourse. Among those who have had sex, 71% of 8<sup>th</sup> graders and 59.7% stated they used a condom the last time they had intercourse. Among 8<sup>th</sup> graders 74.5% and 85.3% of 11<sup>th</sup> graders used some form of contraception. Youth Survey 8<sup>th</sup> grade data indicated that approximately 11.9% have had sexual intercourse. The breakdown by sex was 8.6% females and 15.7% males. Age 13 was the most commonly reported age of first intercourse.

**Personal Safety** –When riding in a car being driven by someone else 70.5% of 11<sup>th</sup> graders and 62.9% of 8<sup>th</sup> graders stated they always wear a seatbelt. Among 11<sup>th</sup> graders 17.8% and 14% of 8<sup>th</sup> graders stated that they ridden in a car with a driver that had been drinking. Harassment was reported by 30.9% of 11<sup>th</sup> graders and 38.2% 8<sup>th</sup> graders. In the 8<sup>th</sup> grade the major issues were comments on appearance (clothes, acne, etc) and sexual comments. Among 11<sup>th</sup> graders “other reasons” was the leading response followed by race or ethnic origin. Students stayed away from school from 1-3 days due to not feeling safe, at the rate of 3.9% in 8<sup>th</sup> grade and 2.5% in 11<sup>th</sup> grade. Most students in both 8<sup>th</sup> and 11<sup>th</sup> grades reported that they had not changed homes more than 1-2 times since kindergarten, if ever. Most students in both grades did not think there was a lot of crime in their neighborhood and they feel safe there. Most also reported that none of their close friends have been arrested in the past 12 months.

**Human Behavior** – Smoking – 14.4% of 11<sup>th</sup> graders and 4.6% decrease of 8<sup>th</sup> graders stated that had smoked during the 30 days prior to the survey (this is a decrease from previous survey data), with 2% of 11<sup>th</sup> graders and 2% of 8<sup>th</sup> graders stating that it was every day. Sixty seven percent of 11<sup>th</sup> graders and 71.4% of 8<sup>th</sup> graders state that they would definitely not smoke a cigarette even if their best friend offered it to them (this is an increase from last survey). Over half (59.9%) of the students in 11<sup>th</sup> grade and 29.2% of 8<sup>th</sup> graders stated it would be very easy to

obtain tobacco products. Smokeless tobacco was used by 5.1% of 11<sup>th</sup> grade and 2.8% of 8<sup>th</sup> grade students during the past 30 days.

During the previous 30 days alcohol had been consumed by 45.4% of 11<sup>th</sup> grade and 31% of 8<sup>th</sup> grade students. Among students who consumed alcohol binge drinking was stated by 24.5% of 11<sup>th</sup> grade and 10.4% of 8<sup>th</sup> grade students. Over 83.6% of 11<sup>th</sup> grade and 66.2% of 8<sup>th</sup> grade students stated it would be very easy or sort of easy to obtain alcohol. This is an increase for both age groups from the last survey. Among students who drink, 5.3% of 11<sup>th</sup> graders and 7.2% of 8<sup>th</sup> graders missed school due to alcohol consumption.

**Drugs** – Twenty percent of 11<sup>th</sup> grade and 8.7% of 8<sup>th</sup> grade students reported using marijuana in the previous 30 days. The majority were between 15 and 16 years when they first tried marijuana among 11<sup>th</sup> graders and the most common age for 8<sup>th</sup> graders was 12 and 13 years. Zero percent of 8<sup>th</sup> graders stated they used methamphetamines within the previous 30 days and 1.2% of 11<sup>th</sup> graders. Three percent of 11<sup>th</sup> graders and 0.5% of 8<sup>th</sup> graders stated they had used cocaine in the previous 30 days.

**Family Life** – Over 95% of students in both 11<sup>th</sup> and 8<sup>th</sup> grades responded that it was either very or pretty much true that a parent or other adult in their home always wanted them to do their best. Fortunately this is an increase over the previous survey. Seventy six percent of 8<sup>th</sup> graders and 80% of 11<sup>th</sup> graders responded that there was at least one teacher or other adult outside their home who really cares about them.

**Community Life** – Among 11<sup>th</sup> graders, 82.2% stated they liked their neighborhood and 89.1% said they felt safe there. Among 8<sup>th</sup> graders, 84.6% liked their neighborhood and 90.5% said they felt safe there. This is an increase in positive responses since the last survey. When buying alcohol 11<sup>th</sup> grades state 92.1% of the time they were very sure or pretty much true they would be asked for identification and 89.8% of 8<sup>th</sup> graders agreed. If a party with alcohol was held only 55% of students felt the police would break up the party. The number was higher among 8<sup>th</sup> graders, who felt it would happen 67.5% of the time.

**Health Education and Promotion** - Hood River County Health Department provides the school nursing services to the Hood River County School District. The program is also supported by Providence Hood River Memorial Hospital. La Comunidad Sana provides outreach and education to Spanish speaking residents. The health department is also a partner with several schools of nursing and community colleges to provide clinical experience for LPN and RN students; we also work with MA students and medical office specialists.

**Immunizations** – as a result of the 2010 immunization review process there were 377 exclusions issued. One each for MMR before one year, Varicella before one year and vaccine dates before date of birth, the remainder were; 47 for no records and 327 for incomplete immunizations. The 327 letters sent represent 575 missing antigens. There were 16 students that were actually excluded from attendance; all were in the incomplete immunizations category. The most frequent antigens were Hepatitis A and Tdap; these are the newest vaccines to be added to the exclusion cycle. Due to the shortage of Hib vaccine the requirement was altered for this exclusion cycle. This shortage may also be a factor in the number of missed shots. Providence Hood River Memorial Hospital is now taking part in the Perinatal Hepatitis B program.

Administration of the vaccine is now part of the standing orders and parents have to opt out of their newborn receiving the vaccine. This change has been a long time in coming. The up-to-date levels for the county continue to be greater than the state average. Data for 2009 is not yet available due to the high volume of H1N1 influenza vaccine data. More children are receiving their immunizations in their medical home. We will be working with the immunization program in the roll out and adoption of the new ALERT IIS tracking system.

**Injury Morbidity and Mortality** – In 2006 final data shows an injury death rate of 52.1 and a suicide rate of 9.5. Preliminary data for 2007 shows an injury death rate of 23.6 and a suicide rate of 14.2. There were no homicides in 2006 or 2007. Both of the suicides in 2006 were males and firearm use was the cause of death. Year to date data for 1008 shows an accidental death rate of 27.9, suicide rate of 4.6 and a homicide rate of 9.3. YTD for 2009 indicates an accidental death rate of 22.8, suicide of 13.7 and homicide of 4.6. Motor vehicle deaths and deaths on Mt. Hood account for the majority of accidental deaths. Winter conditions on both the roads and Mt Hood are contributing factors in the accidental deaths. Hood River County has quite a few non-fatal injuries, there is no hard data available, but with agriculture and construction being major areas of employment and the wide variety of sports and recreational activities injuries follow.

**Laboratory Services** – the local hospital is the only locally located laboratory with CLIA certification above basic levels. There are several laboratories that offer services to local medical providers and have a courier service that runs on a daily basis. The courier service instituted by the Oregon State Public Health Laboratory has been a big boon to the health department being able to get specimens to the lab in a timely manner at no direct cost to the department.

**Liquid and solid waste** – Liquid and Solid Waste – The Hood River Wasteshed's Opportunity to Recycle Program was in full compliance in 2009 and was assigned the status of Approved on February 25, 2010. Hood River Wasteshed also earned the 2% credits for Waste Prevention, Reuse and Composting for 2009. Hood River County continues to see a high number of failures of On-Site Wastewater Treatment Systems associated with farm worker housing. Failures of these systems are due to a number of causes including the age of the systems, under sizing of the systems, and mistreatment of the systems by the users. We are also experiencing a high number of permits for tank replacement due to the use of steel tanks on most systems that were installed in the seventies and early eighties. The use of Alternative Treatment systems continues to increase with the development of smaller lots and lots with high temporary groundwater.

**Mental Health** – services are provided by the tri-county non-profit Mid Columbia Center for Living, Providence Gorge Counseling and Treatment Center as well as a variety private practice providers. Services are available for addictions, mental health, and those with developmental delay. Access to in-patient treatment beds remains a challenge, as do services to adults over 65 years. Mental Health, particularly for lower income clients, continues to have problems with financial stability. The availability of services in Spanish has improved some in recent years, but language and financial resources for this segment of the population remain issues.

Alcohol and drug usage – 149 DUII assessments were done in HRC during 2009, 79% were male and 21% female. Of these assessments 38% were repeat offenses, 36% were aged 21-30

years, 51% were 31-65 years and 13% were under 21 years. Alcohol accounted for 94% of the DUII assessments, marijuana was 4% and prescriptions drugs were 2%. For those cited for Alcohol DUII 33% stated they also use tobacco.

**Nutrition** – services are offered through the Health Department, Head Start Programs, Oregon State University Extension programs, the local diabetes support group, Providence Hood River Memorial Hospital and a registered dietician in private practice. The WIC program continues to contract with a bilingual registered dietician. The dietician is also available to provide staff training and services to other health department programs. Many county nutrition programs are offered at no cost to participants.

Plans are being developed to have a community school in the mid-valley area. Part of the planning is for nutrition education including food preparation classes. It is hoped that the space will be available by fall of 2010. The WIC program plans to collaborate with this new resource.

**Physical Activity, Diet, and Obesity** – Healthy Active Hood River County (HAHRC) promotes physical activities for entire families as well as people of all fitness levels. The goal of HAHRC is: To make the healthy choice the easy choice for all residents of Hood River County. This involves not only promotion of physical activity, but also making healthy eating and drinking choices. The group brings together representatives from the medical community, schools, residents committee, business, and exercise programs. HAHRC allows the networking of these groups and individuals for support with grant applications, exchanging ideas, sharing contacts and advice to promote innovations. The county forestry department has land available in several areas around the county with trails for hiking and biking. The county has also had a grant for trail maintenance.

There are a number of community gardens in the county for the promotion of local fresh food production. Some of the gardens are part of a variety of sponsorship and research projects. More than forty families are involved in a project looking at health outcomes for those growing part of their own food.

**Population** –Overall the increase in population from 1990(16,903) to 2000 (20,411) was 20.75%. Hood River County has about 0.5% of the state population.

**Gender** - Data for 2008 shows that gender, overall there are approximately 49% males and 51% females. Starting at age 65 years there are more women than men, which would be expected. At age 85 plus years the population is 66% female. The percentage between the sexes in the total population is fairly close in all other age groups.

**Age** - the most current figures show 26% of the population to be under 18 years, 62% are 18-64 years, 9% to be age 65-80, and 4% to be 80+ years. This is basically unchanged since 2003.

**Race/ethnicity** - approximately 96% of the residents are white, 1% is black, 1% is Native American, and 2% is Asian/Pacific Islander. Of these races approximately 26% are of Hispanic ethnicity. This remains unchanged since 2006.

**Safe Drinking Water** – drinking water systems are having sanitary surveys done to assure compliance. Training is being offered to operators and regular testing is being done as well as

testing needed to meet current conditions. The EH program has already earned almost all of the money available for drinking water work.

**Teen Pregnancy** – Births to teens in HRC in 2007 were below state rates for those less than 15 years (9.3/10.1) , 15-17 years (22.1/25.7), higher in 18-19 years (101.3/86.8) and lower again for the overall ages 15-19 years (45.5/50.1). These rates are not significantly different from state rates. There is not rolling rate data neither for 2009-10 nor for 2007-2009. This may be a function of small numbers that can breach confidentiality.

**Unintended pregnancy** –In 2009 there were 1132 unduplicated clients served in 2222 visits. Of those seen 35.5% were no charge and 78.6% were at or below 100% of the federal poverty level, 53.3% qualified for service under the FPEP program, there were 379 new clients, and 753 continuing clients, 13 of the clients were under 15 years of age, 155 clients were between the ages of 15 and 17 years of age. Of the total clients 93.6% were white and 46.9% were Hispanic.

## **2. Adequacy of Basic Public Health Services**

All services offered by Hood River County are available in both English and Spanish. Our staff is 40% bilingual/bicultural and our health officer is also fluent in Spanish.

For fiscal year 2010-2011, there will be further reductions in county general fund support; the budget committee is still meeting so there is no final way of knowing what level of services will be able to be offered in Hood River County in the next fiscal year. Costs of the services offered continue to rise for both salaries and materials and services, utility costs have also seen increases. More of the programs have to function on a fee driven level. There are limits of how high fees can be raised in an effort to support program activity. All county union contracts are also open for negotiation at this time, so there are many unanswered questions at this time regarding service levels. During the last 4 months of FY 2009-10 an unpaid leave day was taken each month by the entire county.

Maintenance of continued adequacy of local public health services will be more dependent on the continuing support of federal, state and grant funds. Historically HRC has had a very rich level of county general fund support.

## **3. Five Basic Services**

- a. **Epidemiology and control of preventable diseases and disorders** - Hood River County continues to have a #1 rating for timeliness of reporting to Oregon Public Health Division. The HD worked closely with the hospital, labs and private providers during the H1N1 influenza activities. Reporting from labs and providers has improved over the last several years. There have been three cases of active tuberculosis in the past year. The cases are not epi-linked. Limited client resources and transportation required a lot of work by the HD to complete treatment. Fortunately the clients have been cooperative regarding treatment. Immunizations are available on a walk-in basis at the health department, special mass clinics are held as appropriate (e.g.; influenza).
- b. **Parent and Child Health Services** - Parent and child health services are carried out in home visits, clinic visits, and in the school and daycare settings. Services include;

at minimum, education, screening, follow-up, counseling, and referral. We provide Maternity Case Management, WIC, Family Planning, Oregon Mother's Care, Babies First, and CaCoon, school health, immunization services, and perinatal services.

Family planning services are offered to all age men and women. The school district currently has a protocol to allow dispensing of contraceptive supplies at the high school and middle schools. We provide screening and assessment services, consultation, medical examinations, risk reduction information, and health promotion. The latest report available shows we are serving 106% of women and teens in need in the county in our Family Planning clinic. HRCHD served 1132 unduplicated family planning clients in 2009. Any client has the right to decline family planning services/treatment.

HRCHD is no longer the main immunization provider in the County. Most private medical providers of now registered with the VFC program resulting in more young children getting their immunizations in their medical home.

Through Providence Charitable Care, OHP and the FQHC in the county prenatal care is available to all pregnant women. This prevents women who have not received perinatal services from presenting at the hospital for birth. Providence Hood River Memorial Hospital underwent a remodel in 2009 and greatly improved the birthing center, including the addition of a dedicated surgery suite for C-sections.

- c. **Collection and Reporting of Health Statistics** – the Health Department is the County Registrar for births and deaths. Services include reporting, recording and registration. The Health Department has four bilingual Notary Public staff so we can serve clients needing corrections and paternity affidavits. The current registrar is Spanish-speaking. Services are offered in a timely manner. Analysis of statistics and trends are done on an on-going basis. We also have two Spanish-speaking deputy registrars. All records, both paper and electronic are stored in a secure manner. Certificate requests are generally filled immediately. Monitoring and analysis of records, especially death records are done.
- d. **Health Information and Referral Services** – the Health Department is active in maintaining strong partnerships with community resources in order to have current health related information. Mutual referrals are commonplace. The Health Department serves on many partner agency advisory boards. All information offered is available in English and Spanish. Some activities include; program promotion, health education in the school district, providing speakers on special interest topics, doing a public information program on local radio, working with the local newspaper for coverage and making appropriate referrals as needed and/or requested.
- e. **Environmental health services** – Hood River County Health Department employs 1.75 FTE environmental health specialists. Environmental health services are offered to the entire County. Services include inspection, licensure, consultation and complaint investigation of food service facilities, mobile units and temporary food facilities, tourist facilities, public swimming and spa pools, regulation of water supplies, solid waste and on-site sewage disposal systems. The local environmental health specialists consult with other appropriate agencies for air, water, and soil

contamination incidents. The food program has made a real effort in the last year to bring all food service providers into compliance with statutes, rules and program guidelines. This has required a vast amount of public relations and education work.

**Dental** – see assessment above – still not adequate for children or adults.

**Emergency Preparedness** – See above under assessment. We continue to be an active participant in exercises in collaboration with HRSA and local emergency responders. Plans are complete and are being revised as circumstances and requirements change. The plans are also reviewed following incidents and/or exercises to appropriateness.

**Laboratory Services** – the health department is licensed as a provider performed microscopy laboratory. We coordinate with OSPHL and other local service providers for needed testing. Laboratory services for family planning and STI services are provided by a facility located in Texas. This facility is selected on quality and timeliness of service as well as cost to the LPHA.

**Medical examiner** – the health officer serves as the county medical examiner. The main service provider is a PA in consultation with the Health Officer. The PA has attended a number of trainings offered by the State Medical Examiner's office and has a very strong working relationship with the county district attorney and law enforcement agencies.

**Older Adult Health** – handled by referral.

**Primary Health Care** – Referrals are made to private providers for primary/acute care for those needing it. The main safety net provider in the county is a federally qualified health center and Providence Hood River Memorial Hospital.

### III. Action Plan 2010

#### CONTROL OF REPORTABLE COMMUNICABLE DISEASES

**Current condition** – Hood River County continues to have a fairly low rate of communicable diseases. The tourist/recreation activity in the county remains a large source of challenge. Many cases are in the area for a short time only so investigation can be difficult. Providers have improved in their reporting to the health department. Conduct investigations of sporadic cases and outbreaks, monitor and control communicable disease. Hood River County continues to be a transient community with a large number of summer tourists. As new medical providers join practices, there is a need to orient them to the disease reporting requirements specific to the Hood River County Health Department and Oregon. Encouragement to providers to raise their awareness of the need to call regarding suspect or atypical cases is encouraged.

As in other counties, labs tend to report more consistently and promptly than providers. Chlamydia is the most commonly reported disease in Hood River County. Enteric, generally parasitic conditions are next most common. There have been no major outbreaks of disease in the last five years.

During the past year the health department has converted to using the ORPHEUS system for communicable disease reporting. HRCHD has been part of electronic lab reporting for a number of years.

#### **Goals –**

- Carry out investigations in correct and timely manner.
- Maintain “1” ranking for getting report to DHS HS in a timely manner.
- Assure local providers are reporting to Health Department in a timely manner.
- Monitor reporting data for emerging trends
- Receive reports and questions from providers
- Continue reporting education program for area health providers
- Maintain and expand outbreak and bioterrorism planning with community partners.

#### **Activities –**

- Continual monitoring of reports for emerging trends.
- CD Nurse will continue to provide email and faxed updates to all area providers of current CD issues.
- Health officer will continue to speak at local medical society meetings on reporting.
- Work with local providers on reporting of communicable disease to assure they understand importance of reporting to Health Department.
- Provide capacity for reporting 24/7/52.
- Work one-on-one with staff at local provider offices as needed

- Keep fax and email as well as phone contacts up to date for sending out health alerts as they arise.
- Remind providers how to reach HRCHD staff during closed hours
  - Hood River County 911 Dispatch serves as the notification point for 24/7 contact
  - Health Department staff carry a pager and cell phones with numbers that are on file with Dispatch
  - Health Department after-hours phone messages contain 24/7 contact messages in both English and Spanish
- Keep staffing levels adequate to do investigation, reporting, and institute control measures as specified in the IGS.
  - There is an FTE of nursing staff time dedicated to this activity and other staff; both nursing and support staff would be redirected to the activities if needed. Reductions in funding from all sources are making it difficult to keep optimal staffing levels. More programs are increasing the amount of fee for service requirements – environmental health being a prime example.
- Provide education to individuals and groups on CD issues
  - Continue radio programs on public health issues.
  - Continue press releases to newspaper on current public health issues.
- Review and analyze monthly CD statistics compiled by acute and communicable disease program.
- Maintain participation in DHS CD trainings,

#### **Evaluation –**

- Monitor The Monthly Communicable Disease Surveillance Report for changes in disease and condition report and timeliness of reporting
- Monitor for timely reporting of conditions from providers
- The full implementation of the Multnomah County CD database has provided a mechanism for internal QA/QI monitoring. This program allows the CD nurse to better track cases and provide more timely and consistent feedback to providers.

#### **Current Condition –**

Hood River County Health Department is transitioning to the ORPHEUS system for electronic disease/condition reporting

#### **Goals –**

- Complete ongoing training of staff in use of ORPHEUS
- Make all reports electronically
- Maintain high level of timely reporting

#### **Evaluation –**

- Number of staff registered to use and using ORPHEUS on a regular basis
- Monitor reports available for timeliness of reporting

## **Tuberculosis Case Management**

### **Current Condition or Problem –**

- After 5 years of no active tuberculosis cases, Hood River County has had 3 active cases in the past year.
- A great deal of time and resources is involved in the treatment and case management of these individuals.

### **Goals –**

- Assure clients with active tuberculosis disease have a primary care provided/medical home
- Assure contact investigation is done for active cases
- Assure DOT administration of medications for active cases
- Completion of treatment for LTBI and active disease

### **Activities –**

- Use contacts in primary care setting to set up referral and appointments for active cases who do not already have a medical home
- Provide needed history and disease information to PCP
- Arrange for DOT for active cases, including incentives if appropriate and available
- Interview case for names and addresses of contacts
- Coordinate with other jurisdictions as needed for follow-up of case investigation.
- Follow-up with contacts for testing and any needed further care
- Have staff trained in administering medications and monitoring for possible side effects
- Monitor LTBI clients for compliance in medical regime, provide medications and monitor for possible side effects

### **Evaluation –**

- Monitor case and pharmacy records for compliance in medication consumption
- Completion rate of treatment

## **TOBACCO PREVENTION, EDUCATION AND CONTROL**

### **Current Condition –**

Hood River County has a strong TPEP program. There has been a higher than desired turnover in staff in the position of coordinator.

### **Goals**

- Eliminate or reduce exposure to secondhand smoke
- Counter pro-tobacco influences
- Reduce youth access to tobacco
- Promote quitting
- Enforcement of tobacco-related local and state laws
- Reduce the burden of tobacco related chronic diseases

## **Specific Objectives**

- By September 9th, 2011, Hood River County will have participated in 2 Local Level collaborative efforts that focus on policy, environmental, and systems changes to support chronic disease prevention, early detection, and or self management.
- By June 30, 2011, Hood River County will work with Ellen Larson Public Health Administrator to develop a plan for sharing available chronic disease prevalence data and the link between chronic diseases and tobacco use/exposure with decision-makers (some board committee?).
- By June 2011, 1 local government building campus will have adopted a 100% free tobacco campus
- By June 2011- Hood River County will have responded to all complaints of violation of the Smoke Free Work Place Law according to the protocol specified in the Delegation Agreement.
- By June 30, 2011, Hood River County will have responded to all complaints of violation of the Smoke free Workplace Law according to the protocol specified in the Delegation Agreement.
- By June 30, 2011, the proportion of smoke free multi-unit properties in Hood river County will have increased 25% from baseline
- By December, 2010, Columbia Gorge Community College a will have reviewed existing tobacco-free campus policy and
- By June 2010 La Clinica del Cariño Community Family Health will have adopted a 100% tobacco free campus
- By June 30, 2011, the Hood River County Fair will passed a tobacco –free policy

**See attached TPEP plan.**

## **PARENT AND CHILD HEALTH**

### **WIC –**

- See plans under separate section. Program was fully reviewed in 2010.
- The WIC program will be moving back into the main health department facility in FY 2010-11. Reductions in staff levels make this move necessary. Other HD staff will be able to assist WIC staff with check in, reminder calls, and FI printing.

### **IMMUNIZATION -**

- See attached Immunization Plan

### **MCH BLOCK GRANT –**

### **Current Condition –**

There currently is not a school-based health center (SBHC) in Hood River County. Transportation is a problem for families living outside the immediate area surrounding the City of Hood River. The mobile health unit provided by Providence Hood River Memorial Hospital has helped provide health care, but it is not designed to be a medical home. A SBHC could provide medical care to students in the county, but the school district has expressed desire to only support a model that would be able to make services available to all schools, not for instance, just to the high school. The majority of the school buildings do not have consistent space available for school health nursing activities, let alone the space required for a clinical services. Current policies do not allow for a mobile health unit to be used as a SBHC, but there is ample data showing how will “Mission in Motion” works in the county

### **Goals -**

- Support the optimal health outcomes for women during the perinatal time period, infants, children and adolescents.
- Establishment of a SBHC in the county

### **Activities –**

- Maintain contact with funding opportunities for planning grants of SBHC
- Work with school district and other community partners regarding service provision models

### **Evaluation –**

- Presence of a planning grant for a SBHC

## **FAMILY PLANNING –**

### **Current Condition –**

The Hood River County Health Department is continuing to reach out to the community.

The HRCHD family planning program provides counseling, reproductive health exams, and screening tests and/or treatment for sexually transmitted diseases. We provide appointment visits as well as drop-in availability. Due to budget shortfall, exam services will be available 32 hours per week. Refills, counseling, etc will continue to be available five days per week. We provide a variety of available birth control methods. In 2009 these services have resulted in averting 170 unintended pregnancies, 68 in teens and 102 in those aged 20 years and above, and serving over 1,937 women in need (WIN is defined as females between 13 & 44 years of aged, fertile, sexually active, neither intentionally pregnant nor trying to become pregnant, & at income of <250% FPL). Hispanic clients were 46.8% and teens were 27% of clients served in 2009. Based on population estimates approximately 64.2% of sexually active females, aged 15-17 were served. Data for 2009 also shows a decrease in the number of 18-19 year old teens being served, there was a decrease in this demographic all over the state, however the decline in HRC was larger than the state average. Births in the 18-19 year age group are higher than the state average. Of clients served by HRC family planning program, 93.5% are below 150% FPL, nearly 79% are at or below 100% FPL, and 91.2% are uninsured for primary care. This statistic is also borne out by the County Health Rankings. See current plan under separate heading.

## **DENTAL HEALTH –**

### **Current Condition –**

There is a large percentage of citizenry that are not getting adequate dental care and have a large number of caries. The problem of severe caries is not limited to the lower socio-economic groups.

Fluoride tablets are being provided in all public elementary schools.

### **Goals –**

- Improve the dental health of County residents, especially children. This goal continues, although some headway has been made.
- Maintain new higher rate of fluoride distribution in schools.

### **Activities –**

- Remain aware and connected to any efforts of getting fluoride into the drinking water systems.
- The dental care coalition (Gorge Dental Access Coalition [GDAC]) has made arrangements for uninsured low-income children to receive needed dental care at no cost. Screening is done primarily at Give a Kid a Smile Day and about 130 children had received care to date. Every effort is also made to get these children into a dental home.
- Participate on advisory committees that serve agencies concerned with dental health.
- Discuss the importance of good dental health in family and child public health programs.
- Continue to provide toothbrushes and fluoride tablets to appropriate populations.
- Continue to serve as the referral and case management provider for GDAC.

### **Evaluation –**

- Data is kept on referrals and kept appointment rates.
- Keep up with numbers of children being taken to the operating room for major dental renovation.

## **ENVIRONMENTAL HEALTH –**

### **Current Condition –**

- Services in Environmental Health include: state mandated health inspections, licensing & plan review of restaurants, public pools and tourist facilities, certification of food handlers, food borne illness disease investigations, oversight of public drinking water systems, and education, environmental health education, disaster response, and general nuisance complaints. Review by Oregon Public Health Division found the food program

to be in compliance with the delegation agreement. All activities of the environmental health program are housed in and supervised by the health department.

**Goals:**

- Protect the health of the public through licensing and inspection
- Maintain inspection levels in accordance with delegation agreement
- Educate owners and operators on facility requirements

**Activities –**

- Inspection, licensure, consultation and complaint investigation of food services, tourist facilities, institutions, public spas and swimming pools, drinking water systems, to assure conformance with public health standards
- Work toward State Standardization for food service inspections
- Environmental Health assessment and planning
- Review and updating of health and medical preparedness plans to assure adequate response for emergencies
- Investigation of community health hazards and diseases that potentially associate or relate to food or water, as well as air quality

**Evaluation –**

- The number of violations identified in food service establishments
- The number of complaints received concerning licenses facilities
- The number of Foodborne Illness (FBI) complaints received
- The number of FBI outbreaks reported and investigated
- Maintain inspection frequencies of at least 90% in the number of food service facilities, tourist facilities, school and public facilities food service operations, public spas and pools, shelters and correctional facilities
- Compliance during the Triennial Program Review conducted by the Oregon Public Health Division

**SAFE WATER**

**Current condition –**

The program was reviewed in April 2010 and found to be in compliance with the delegation agreement with state of Oregon. The program is currently monitoring 18 water systems, five systems have been completed in the last 12 months, and 3 follow-ups to compliance issues were have been done.

Some of the systems in the county are aging and in need of upgrades to maintain water quality, consultation is being provided to these systems. Any lab results that are found to be outside of acceptable levels are followed up on

**Goals –**

- Advise the general public of water-borne contaminants that may produce health risks from bodily contact (e.g. swimming or wading) as they occur
- Follow-up on all disease outbreaks and emergencies including spills that occur in Hood River County

- Complete all of the program assurances including surveys, alerts, ERP reviews, and SNC management.
- Complete system surveys as required

**Activities –**

- Provide technical and compliance assistance to all operators of public drinking water systems when these systems are found to be in violation of public health requirements and safe water quality standards
- Investigate incidents of hazardous chemical spill or contamination; maintain membership in Oregon Emergency Response System (OERS)
- Annual review and update of the county written plan for responding to emergencies that involve public water systems
- Provide printed and verbal information regarding the development of safe water supplies to people using onsite water wells and springs as requested.
- Disseminate advisories when high levels of e-coli or other bacteria or contact contaminants are discovered in naturally occurring rivers and streams.
- Complete four system surveys by the end of September 2010

*Evaluation –*

- Number of required monitoring and reporting violations identified with public water systems.
- Number of required monitoring and reporting violations identified of public water systems
- Responses to water systems identified in significant noncompliance (SNC) and Alerts with water quality or monitoring standards
- All public water systems are provided with consultation and technical guidance when found in violation of safe water quality standards or who fail to monitor
- Compliance during the Triennial Program Review conducted by the Oregon Public Health Division

**Solid Waste –**

**Current Condition –**

Hood River County is a member of Tri-County Hazardous Waste and Recycling Program. HRC has met Wasteshed goals for recycling.

**Goals –**

- Maintain mandated recycling levels
- Plan for hazardous waste collection events on a semi-annual basis
- Assist Hood River Garbage Company to continue home sharps recycling program

**Activities –**

- Advertise household hazardous waste events
- Keep recycling information on website up to date

**Evaluation –**

- Annual Wasteshed report on solid waste and recycling activities

## **Subsurface Liquid Waste Disposal – Windmaster Area**

### **Current Condition –**

- Failing subsurface septic systems in the Windmaster area of Hood River County. There are approximately 60 land parcels in this area. Twenty-seven of the systems have been designated as failing. This failure is evidenced by systems backing up into the homes they “serve”, raw sewerage is being pumped into area ditches, and the ground water is contaminated with untreated or partially treated effluent.
- Construction has been completed on the main lines sewer system in the Windmaster area. A special service district and an urban renewal district have been formed. Properties in the area with documented failing on-site systems are to be connected to the sewer system by summer of 2010. All properties in the health overlay area are to be connected to the sewer by 2013. Financial assistance is available for property owners, including those required to have grinder pumps.

### **Goal –**

- Connection of properties in the Windmaster Sewer District to the extended sewer lines

### **Activities –**

- Oversee the proper decommissioning of septic tanks as properties connect to the sewer
- Provide consultation and education regarding sewer connections and requirements
- Encourage timely connection

### **Evaluation –**

- Number of connections made to sewer as outlined in the district

## **HEALTH STATISTICS**

### **Current condition**

- Birth and death reporting, recording, and registration are provided by the Hood River County Health Department.
- Assessment of mortality and morbidity trends and other public health statistic information is conducted and analyzed on a routine basis in order to assess the state of health in Hood River County and identify populations at risk for the provision of intervention services.
- The Medical Examiner notifies HRCHD of all child deaths, unusual deaths that may have public health significance, and deaths related to communicable diseases. Child deaths are reviewed by the Hood River County Child Fatality Review Team.
- Compliance with delegation agreement was found in April 2010 review.

**Goals –**

- Maintain assurance compliance
- Conduct a community health assessment
- Accept reports of births and deaths as they occur
- One hundred percent (100%) of birth and death certificates that are submitted to the Hood River County Vital Records Office are reviewed by the County Registrar or a Deputy Registrar for accuracy and completeness following established Vital Records Office procedures prior to registration and issuance of certificates.
- Assure accurate, timely and confidential certification of birth and death events.
- Analysis of public health information gathered from birth and death certificate data will contribute to proactive intervention to improve public health.
- Use health statistics to guide public health programs

**Activities –**

- Data collection and analysis of health indicators related to morbidity and mortality
- Birth and death reporting, recording, and registration via the web based state program.
- Report deaths to the county elections department for processing as certificates are received
- Analysis of services provided with technical assistance from the Department of Human Services
- Requests from walk-in customers are filled while the customer waits, once the customer's identification has been proven, their right to obtain a copy of the record has been established, and payment made.
- Continue to have a notary public on staff to facilitate activities, especially paternity affidavits and corrections
- Medical examiner will provide reports of unattended deaths
- Provide services in both English and Spanish
- Continue to collaborate with local and statewide partners to move toward a comprehensive health assessment of the county

**Evaluation –**

- Percent of birth and death certificates provided within 1 working day of receipt
- Compliance during the Triennial Program Review conducted by the Oregon Department of Human Services
- Progress toward comprehensive community health assessment

**INFORMATION AND REFERRAL****Current condition –**

Hood River County Health Department provides accurate and unbiased information and referral about local health and human services to the citizens of Hood River County. Information is available to all residents, especially those with special needs. All information is available in English and Spanish. Information and referral is provided through response to telephone and walk-in inquiries, providing information and referral information through news releases, presentations, printed materials, one-on-one, and radio. HRCHD telephone numbers and facility

addresses are listed in phone directories, local newspapers, brochures, local and state websites, and community resource directories.

Due to budget cut backs the HRCHD reception areas are open from 8:00 AM – 5:00 PM, Monday through Friday.

#### **Activities –**

- Continue to serve on advisory boards for health and social programs
- Keep current lists available to all staff regularly
- Continue monthly informational radio program and contact with local newspaper
- Provide updates to County Board of Commissioners
- Help clients identify needs that are related to County services, explain and encourage use of community resources to deal with identified problems, and make referrals to sources of help.
- Facilitate enrollment and application to the Oregon Health Plan
- Participate in updating of Resource Guide
- Keep pertinent information up to date on website

#### *Evaluation –*

- Accuracy of information available to the public
- Compliance during the Triennial Program Review conducted by the Oregon Department of Human Services
- Public receives need information to manage their needs for health and social services

### **PUBLIC HEALTH EMERGENCY PREPAREDNESS**

#### **Current condition –**

Planning is now done for all-hazard scenarios. H1N1 influenza activity in the county supplied an opportunity to exercise and evaluate many of our plans, including coping with power outages, generator use and safeguarding vaccine. Plans are in place and are being reviewed to assure they are appropriate and contemporary. An MOU is now in place for a facility to be used for mass dispensing events.

#### **Goals –**

- Keep plans up to date and revised as needed
- Continue meetings and collaboration with partners begun during H1N1 influenza activity

#### **Activities –**

- Continue to work with county emergency manager, first responders, hospital, law enforcement and private providers
- Conduct exercises in accordance with PE 12 requirements
- Complete after action reports for exercises and events
- Continue training for responses

**Evaluation –**

- Evidence of completed exercises
- Evidence of reports on actual events
- Effectiveness of training received by staff as evidenced by their role in exercises and events

## **IV ADDITIONAL REQUIRMENTS**

### **ORGANIZATIONAL CHART**

See attached

### **BOARD OF HEALTH**

Local public health authority lies with the Hood River County Board of Commissioners (BOC). The BOC delegates the responsibility for this assurance to the Hood River County Health Department. Regular meetings of the BOC are held on the first and third Mondays of the month. Beginning July 1, 2010 the BOC will meet only once per month, on the third Monday of the month with a work session proceeding the regular meeting. Meetings are held in the first floor conference room of the County Business Administration Building, located at 601 State Street, Hood River, OR. Meetings are conducted according to a prepared agenda that lists the principal subjects. Pursuant to ORS 192.640, the BOC may consider and take action of subjects that are not listed on the agenda. The health department has straightforward access to both the county administrator and BOC.

### **ADVISORY BOARD**

Input is taken by the Board of County Commissioners and the health department as to practices and policies from a variety of community venues. There is not a separately established Health Advisory Board at this time.

### **TRIENNIAL REVIEW**

The regularly scheduled triennial review was conducted in April of 2010.

### **SENATE BILL 555**

The Health Department director is an active member of the Hood River County Commission on Children and Families. Other health department staff members attend regular meetings with community partners including HRCCCF on issues related to families with children, their needs and services offered.

Planning is done by groups that review their member composition twice a year to identify areas where representation is lacking, determining potential barriers to participation. Then potential members are personally recruited for their expertise. Written plans are developed with cooperative and complimentary relevant information and the plans are then shared between agencies and board for comment.

See attached summary of Hood River County Commission on Children and Families comprehensive plan.

## **V. Unmet Needs**

Many of the unmet needs in Hood River County have been expressed in previous annual plans and continue to be unresolved. Inadequate funding for basic public health services is causing the further eroding of the level of services available. The enterprise timber activities pursued by the county have not been up to previous levels and this is greatly curtailing the amount of county general fund support for all county departments. The library will no longer be funded by the library after July 1, 2010. There is a library operating levy up for vote in May.

### **Food Insecurity**

With the decrease in employment available in Hood River County the level of food insecurity has grown. FISH Food Bank, an all volunteer organization, has been operating since 1969. FISH provides a three day emergency supply of food once per month. Anyone needing food assistance and lives in Hood River County can register. FISH has seen a 100% increase in need in the last 10 years. The number of families served has remained consistent; the largest current increases have been in 20-30 year old males and those who are homeless. Home deliveries of food are being made to 13 people; this is also an area of increase. On average FISH spends \$3.88 per person and there were 15,121 people served in 2009. This figure accounts only for food purchased by FISH. There are food donation campaigns throughout the year in the county; food is donated by local farmers, both independently, and through Gorge Grown Foods. Food is also donated by local markets. The number of older residents seeking assistance has also increased. This is not true in the small community of Parkdale in the southern part of the county due to the lack of anonymity and self-esteem. As of March 31, 2010 fifty-six percent of students attending Hood River County Schools were on free and reduced meal programs.

### **Accreditation**

Hood River County Health Department would like to pursue accreditation but the decreased staffing and funding levels may necessitate this activity being delayed for the foreseeable future.

### **Dental Care**

Through the activities of Gorge Dental Access Coalition (GDAC) using funding from Oregon Health Plan, Providence Hood River Memorial Hospital Foundation and donations by local dental providers the dental care needs of children are being met to a much greater degree. The need is now greatest in the adult and senior population. Possible plans to address this adult need are being discussed by the GDAC members.

### **Birth Dose Hepatitis B vaccine**

This is the other area of success for previous need. Birth dose hepatitis B vaccine is now an opt out part of routine hospital newborn care.

### **Health Care Facility Cascade Locks**

This continues to be an area of need. It is somewhat ameliorated by the Mission in Motion mobile medical unit. The mobile unit is not able to provide comprehensive care or serve as a medical home for residents in Cascade Locks. The lack of regular public transportation in the county makes access to care an ongoing issue.



HOOD RIVER COUNTY HEALTH  
DEPARTMENT  
1109 JUNE STREET  
HOOD RIVER, OREGON 97031-2093  
PHONE (541) 386-1115 • FAX (541) 386-9181

ENVIRONMENTAL HEALTH (541) 387-6885  
WIC (541) 387-6882

Hood River County Health Department  
1109 June Street  
Hood River, OR 97031  
(541) 386-1115

Tom Engle  
DHS Public Health Division  
800 NE Oregon Street, Suite 930  
Portland, OR 97232

May 1, 2010

Tom;

The Hood River County Budget Committee has met and completed work on the budget for FY 2010-11. The Board of Commissioners plans to formally adopt the budget at their June 21, 2010 meeting.

The contact person for the budget is:  
Sandra A. Borowy  
Finance Director, Hood River County  
601 State Street  
Hood River, OR 97031  
(541) 387-6824

Sincerely,

A handwritten signature in black ink that reads "Ellen Larsen". The signature is written in a cursive, flowing style.

Ellen Larsen, Director

**Hood River County  
Board of Commissioners**

**County Administrator**

**Health Department Director**



**Hood River  
County Board of  
Comissioners**

**County  
Administrator**

**Health  
Department  
Director**

**Supervising Nurse**

- WIC
- Family Planning
- Child Adolescent Health
- School Health
- Immunization
- Communicable Disease
- Information Referral

**Office Manager**

- Clerical
- Vital Statistics
- Business Services
- Support Services
- Information Referral
- Deapartment Operations
- Purchasing
- Pay Roll

**Regulatory Health  
Services**

- Health Officer
- Laboratory
- Environmental Health Services
- Medical Examiner

**Senate Bill 555**  
**Coordination with Commission on Children and Families**

The Hood River County Health Department and Hood River County Commission on Children and Families have cooperated closely for years and continue to do so. We apply for grants with mutual components to serve our County population.

The Health Department director is an active member of the Hood River County Commission on Children and Families and New Parent Services (Health Start provider) boards. Other staff members attend regular meetings with community partners including HRCCCF on issues related to families with children, their needs and services offered.

Planning is done by groups that review their member composition twice a year to identify areas where representation is lacking, determining potential barriers to participation. Then potential members are personally recruited for their expertise. Written plans are developed with cooperative and complimentary relevant information and the plans are then shared between agencies and board for comment.

See attached comprehensive plan for Hood River County Commission on Children and Families.

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

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



Local Public Health Authority

Hood River County  
County

May 1, 2010  
Date

**EVALUATION OF WIC NUTRITION EDUCATION PLAN**  
**FY 2009-2010**

WIC Agency: Hood River

Person Completing Form: Patricia Elliott

Date: 3/5/2010

Phone: 541-387-6881

Return this form, attached to email to: [sara.e.sloan@state.or.us](mailto:sara.e.sloan@state.or.us) by May 1, 2010

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

**Goal 1: Oregon WIC staff will 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:

Hood River County WIC Staff completed the Food Package Module prior to December 31, 2009. Completion was documented in 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 was staff who 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 WIC Staff attended Statewide Meeting and received training on infant feeding cues. The Hood River WIC staff has incorporated the infant cues information into individual counseling session, and into group classes by discussing hunger signs and stages of development with self-feeding, as well as by giving informational pamphlets to clients.

*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:

Nutrition education lessons plans were reviewed and revised as necessary to be consistent with the key nutrition messages and changes with the new WIC food packages. This was completed in August, 2009, and will be reviewed for relevance on an on-going basis.

*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><b>Example:</b> Providing Advice</p> <p>Facilitated discussion during October 2009 staff meeting using the Continuing Education materials from Oregon WIC Listens.</p>	<p><b>Example:</b> This in-service addressed several competencies in the core areas of Communication, Critical Thinking and Nutrition Education</p>	<p><b>Example:</b> One desired outcome of this in-service is for staff to feel more comfortable asking permission before giving advice. Another desired outcome is for staff to use the Explore/Offer/Explore technique more consistently.</p>
<p>What does the growth chart tell us? Lecture and discussion. Review of growth charts.</p>	<p>This in-service provided an in-depth discussion of what the growth chart plotting tells WIC staff about nutrition and growth.</p>	<p>Staff will be able to identify trends and issues when using growth charts.</p>
<p>Breastfeeding support in Fresh Choices environment</p>	<p>This in-service provides staff with ways of using Oregon WIC Listens skills in addressing mothers requesting infant formula in the first month after delivery.</p>	<p>Staff will be able to address the mother's concerns through using active listening skills and offering support and advice.</p>
<p>Discussion on food package changes</p>	<p>This in-service provided an opportunity for all staff to discuss the changes in the food package, and talk about what is working well and what is causing frustration</p>	<p>Staff will open dialogue and brainstorm on challenges associated with Fresh Choices changes.</p>
<p>Spending Fruits and Veggie Vouchers at Authorized Farmers</p>	<p>This in-service was to prepare staff to provide shopper education to</p>	<p>Staff will be prepared to inform participants of the option to use the</p>

markets  Discussion and material review	WIC participants.	FVV to purchase produce from authorized farmers and will be able to describe the differences between purchases made with the FVV and the FDNP checks.
Gearing up for Farmers Market – in-service	This in-service is to prepare WIC staff for the upcoming FM season.	Staff will be prepared for changes in food package as it relates to FM, and to identify ways of working closely with Gorge Grown Foods to promote local FM.

**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.

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

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:

Staff at Hood River WIC office has demonstrated the ability to consistently use open ended questions, reflection, summarizing, and affirming skills when working with participants. Staff states that using these components just

make sense in the flow of the conversation, which makes it easier to adopt and use on a regular basis.

Staff states that being able to be totally focused on the conversation has been difficult because of frequent interruptions because of time and staffing issues. The WIC office will be moving back into the main Health Department building this summer in an attempt to rectify this issue.

*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:

Hood River WIC staff has been involved in frequent state and regional trainings to help cement the core components of participant centered services. In addition, local in-services have supported the staff in instituting this change. The staff see the positive changes in the use of participant centered services, therefore are invested in the success of the program. Staff will continue to engage in further trainings to advance skills. In addition, staff and coordinator will engage in observation and debriefing at intervals in an on-going basis.

**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:

Hood River WIC worked with Head Start, Migrant Head Start, La Clinica Del Carino, Providence Hospital, and Gorge Grown Foods by informing staff about the changes that Fresh Choices was bringing to the participants. The brochures work well in the promotion of WIC services, and face-to-face information exchange works well.

*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:

Fresh Choices evaluation will be done by state WIC office.

**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 strengths of the breastfeeding assessment completed for Hood River WIC show that many areas are already being addressed. The staff is skilled in Oregon WIC Listens, have completed the required modules, have advanced breastfeeding support within the department, provide good client education, and use infant behavioral cues to assist with breastfeeding support.

The weaknesses include a lack of IBCLC on staff, actively contacting new mothers to offer support or answer questions, and not having an agency designation as breastfeeding mother friendly employer.

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:

One of the public health nurses with the Hood River County Health Department is testing for IBCLC in July, 2010. The department is also working with Providence Hospital, La Clinica Del Carino, and other stakeholders in re-activating a breastfeeding coalition in Hood River County. The goal is to have a coalition up and running by June, 2010.

## FY 2010 - 2011 WIC Nutrition Education Plan Form

**County/Agency:** Hood River

**Person Completing Form:** Patricia Elliott

**Date:** 2/26/2010

**Phone Number:** 541-387-6881

**Email Address:** trish.elliott@co.hood-river.or.us

Return this form electronically (attached to email) to: [sara.e.sloan@state.or.us](mailto:sara.e.sloan@state.or.us)  
by May 1, 2010  
Sara Sloan, 971-673-0043

**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:**

Hood River County WIC Training Supervisor will complete two Participant Centered Education e-Learning Modules per month starting in March, 2010 and completing by July 31, 2010.

**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:**

Hood River County WIC Certifiers will successfully complete and pass a minimum of two PCE e-Learning Modules per month starting March, 2010 in order to complete all modules by July 31, 2010.

**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 staff who lead group nutrition education activities and staff in-service presentations. Each local agency will send at least one staff person to one 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 who will attend a regional training:**

All Hood River County WIC Staff (2 Certifiers, 1 Coordinator) will attend regional Group Participant Centered Education training in the fall of 2010. As per the Implementation Plan and Timeline noted above, all WIC staff will successfully complete and pass all PCE e-Learning Modules by July 31, 2010.

**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:**

Hood River County WIC will survey local partnering agencies to gauge interest in re-forming a working Hood River County Breastfeeding Coalition. A survey will be written and sent to Providence Hood River Memorial Hospital, La Clinica Del Carino, Head Start, Healthy Start, local medical providers, and other stakeholders to gain an understanding of the level of agreement and commitment for participation in a local Breastfeeding Coalition. This will be completed by December 31, 2010.

**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:**

All Hood River WIC Staff will attend the regional Group Participant Centered Education training in the fall of 2010, and will attend the Prenatal and Breastfeeding class that will be offered at that time. WIC staff will incorporate evidence-based concepts from the state class into their local NE classes.

**Goal 3: Strengthen partnerships with organizations 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:**

Hood River WIC Staff will provide outreach to partnering agencies that provide breastfeeding support to WIC clients. Those agencies will include La Clinica Del Carino, Providence Hood River Memorial Hospital, Head Start, Oregon Child Development Coalition, and New Parent Services. These agencies will be invited to attend the Group Participant Centered Education training in the fall of 2010, date yet to be determined.

**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:**

Hood River WIC Staff will provide outreach to partnering agencies that provide breastfeeding support to WIC clients. Those agencies will include La Clinica Del Carino, Providence Hood River Memorial Hospital, Head Start, Oregon Child Development Coalition, and New Parent Services. These agencies will be invited to attend the Breastfeeding Basics training and the online Oregon WIC Breastfeeding Module when the trainings are offered, date yet to be determined.

**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:**

Hood River County WIC Staff will successfully complete the online Child Nutrition Module when it becomes available on the DHS Learning Center. This module will be completed 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):**

Patricia Elliott, RN

**FAMILY PLANNING PROGRAM ANNUAL PLAN  
FOR FY '11**

July 1, 2010 to June 30, 2011

As a condition of Title X, funding agencies are required to have a plan for their Family Planning Program, which includes objectives that meet SMART requirements (**S**pecific, **M**easurable, **A**chievable, **R**ealistic, and **T**ime-Bound) In order to address state goals in the Title X grant application, we are asking each agency to **choose two** of the following four goals and identify how they will be addressed in the coming fiscal year:

- Goal 1:** Assure continued high quality clinical family planning and related preventive health services to improve overall individual and community health.
- Goal 2:** Assure ongoing access to a broad range of effective family planning methods and related preventive health services.
- Goal 3:** To promote awareness and access to Emergency Contraception among Oregonians at risk for unintended pregnancy.
- Goal 4:** To direct services to address disparities among Oregon's high priority and underserved populations, including Hispanics, limited English proficient (LEP), Native Americans, African Americans, Asian Americans, rural communities, men, uninsured and persons with disabilities.

The format to use for submitting the annual plan is provided below. Please include the following four components in addressing these goals:

- 1. Problem Statement** – For each of two chosen goals, briefly describe the current situation in your county that will be addressed by that particular goal. The data provided may be helpful with this.
- 2. Objective(s)** – Write one or more objectives for each goal. The objective(s) should be realistic for the resources you have available and measurable in some way. An objective checklist has been provided for your reference.
- 3. Planned Activities** – Briefly describe one or more activities you plan to conduct in order to achieve your objective(s).
- 4. Evaluation** – Briefly describe how you will evaluate the success of your activities and objectives, including data collection and sources.

This document is being forwarded electronically to each Family Planning Coordinator so that it can be completed and returned via file attachment. Specific agency data will also be included to help with local agency planning. If you have any questions, please contact Carol Elliot (971 673-0362) or Cheryl Connell (541 265-2248 x443).

**FAMILY PLANNING PROGRAM ANNUAL PLAN FOR  
COUNTY PUBLIC HEALTH DEPARTMENT  
FY '11**

July 1, 2010 to June 30, 2011

**Agency: Hood River County Health      Contact: Patricia Elliott**

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

Problem Statement	Objective(s)	Planned Activities	Evaluation
Decreased County General Fund and FPEP reimbursement threaten the current level of FP services in Hood River County.	Beginning July 1, 2010, clinician hours will be reduced by 8 hours per week. Objective would be to decrease clinician appointment time closer to industry standard by changing current scheduling practice of seeing one patient per hour, to seeing one patient every 45 minutes. This will allow the clinician to see the same number of clients per week as previous.	<ul style="list-style-type: none"> <li>*Expedite patient check-in by:               <ul style="list-style-type: none"> <li>Making FP forms available on-line and encouraging clients to fill out prior to their appointment.</li> <li>Encouraging early check-in for appointments.</li> </ul> </li> <li>*Reconfigure appointment schedule to maximize clinician time.</li> <li>*Set up two examination rooms so that next patient can be roomed while clinician is still seeing the previous patient.</li> <li>*Reconfigure patient flow in the clinic to maximize clinician time</li> <li>*Provide clerical support to clinician to expedite results reporting, filing, and correspondence.</li> </ul>	<ul style="list-style-type: none"> <li>*Retroactive review of appointment schedule.</li> <li>*Calculate no-show rate.</li> <li>*Complete patient satisfaction survey after implementation of appointment schedule change.</li> <li>*On-going chart review of QA.</li> <li>*Review of Ahlers data.</li> </ul>

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

<b>Problem Statement</b>	<b>Objective(s)</b>	<b>Planned Activities</b>	<b>Evaluation</b>
Decreased County General Fund and FPEP reimbursement threaten the current level of FP supplies in Hood River County.	Hood River County Health Department will continue to provide an assortment of BCMS, including OCPs, Depo Provera, Nuva Ring, Ortho Evra, IUD/IUS, diaphragm and condoms, through FY 10.	<p>*Retroactive review of pharmacy log to document the most commonly used types of OCP.</p> <p>*Stop carrying the three least often used types of OCP in order to save resources for those methods that are most in demand.</p> <p>*Continue to use indigent program through Mirena to save local resources.</p> <p>*Continue to provide adequate counseling for clients in order to decrease the need for frequent shifts in methods.</p> <p>*Careful monitoring of inventory.</p> <p>*Ensure each OCP package is accounted for in pharmacy log.</p>	<p>*Frequent monitoring of FP M &amp; S line item to ensure overspending does not occur.</p> <p>*Continual monitoring of inventory.</p> <p>*Review of formulary.</p>

Objectives checklist:  
findings?

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

**Progress on Goals / Activities for FY 10**  
(Currently in Progress)

The annual plan that was submitted for your agency last year is included in this mailing. Please review it and report on progress meeting your objectives so far this FY.

<b>Goal / Objective</b>	<b>Progress on Activities</b>
Maintain current revenue from donations in the FP program for	Year-to-date (through December) revenue from donations in FP is \$ 3,997. With the remaining months in this fiscal year, we should

the FY 2009/2010.	meet the level of donations that we received in the previous fiscal year.
Increase FPEP reimbursement level for FY 2009/2010	FPEP reimbursement through December, 2009 is \$ 130,754. This is half-way through the fiscal year. We should be able to attain our goal of \$ 200,000.

**Progress on Title X Expansion Funds:**

Also, a reminder that supplemental “expansion funds” were awarded as part of your agency’s regular Title X grant again this year. These funds were awarded for the purpose of increasing the number of new, low-income clients by expanding the availability of clinical family planning services. Please report any progress on the use of these funds for the following purposes:

Increase the range of contraceptive methods on your formulary and/or the available number of high-end methods (IUDs and Implanon)

Continue to offer Mirena IUS to clients who are interested and who qualify.

Increase the hours of your clinic(s), the number of staff available to see clients, the number of days services are available or offer walk-in appointments \_\_\_\_\_

Add other related preventive health services, such as diagnosis and treatment of STIs \_\_\_\_\_

Other objective you identified specifically for your agency \_\_\_\_\_

# APPENDIX

**Local Health Department: ~~Hood River County~~**  
**Plan A - Continuous Quality Improvement: Increase DTaP4 UTD rate in 2 year olds**  
**Fiscal Years 2006-2010**

Year 1: July 2005 – June 2006				
Objectives	Methods / Tasks	Outcome Measure(s)	Outcome Measure(s) Results <sup>1</sup>	Progress Notes <sup>2</sup>
A. Increase DTaP4 UTD rates in 2 year olds by 10% by June 2006	<ul style="list-style-type: none"> <li>Assess baseline HRCHD DtaP4 rate in 2 year olds.</li> <li>Reassess Vaccination Education Plan and revise to increase educational efforts around DTaP4.</li> <li>Train staff to set return appointment for DTaP4 at time of DTaP3.</li> </ul>	<ul style="list-style-type: none"> <li>Increase in DTaP4 UTD rates in 2 year olds by 10% as evidenced by AFIX report by 4-1-06.</li> </ul>	DTaP4 UTD rates in 2 year olds in Hood River County increased by 7.7% as evidenced by AFIX report done 4-1-06	<p>2004 UTD rates of DTaP4 in 2 year olds in HRC – 70.2%.</p> <p>Presented Vaccine Education Plan to HRC Staff.</p> <p>Discussed return appointments with staff.</p>

<sup>1</sup> **Outcome Measure(s) Results** – please report on the specific Outcome Measure(s) in this table.

<sup>2</sup> **Progress Notes** – please include information about the successes and challenges in completing the Methods/Tasks, any information that will help us better understand your progress, and any assistance from DHS that would have helped or will help met these objectives in the future.

	<ul style="list-style-type: none"> <li>*Train staff to use accelerated schedule to get children UTD on all vaccines.</li> <li>*Use State VFC Health Educators as resources.</li> <li>*See Outreach and Education Plan.</li> <li>*Create a plan to use recall specific to DTaP4.</li> <li>*Participate in Washington Oregon Workgroup (WOW) conference calls.</li> </ul>	<ul style="list-style-type: none"> <li>•</li> </ul>		<p>Staff works with accelerated schedule.</p> <p>PHRMH displayed billboard to raise awareness of need for timely DTaP immunizations in the community.</p> <p>Did not participate in any WOW conference calls.</p>
--	---	---	--	---

**Year 2: July 2006 – June 2007**

Objectives	Methods / Tasks	Outcome Measure(s)	Outcome Measure(s) Results <sup>1</sup>	Progress Notes <sup>2</sup>
<p><b>A.</b> Continue to increase 2 year old UTD rate for DTaP4</p>	<ul style="list-style-type: none"> <li>• Compare outcome with baseline rates of DTaP4 in 2 year olds.</li> <li>• Determine how methods worked.</li> <li>• Continue to work with staff on appointment setting and recall for DTaP4</li> <li>• Continue to use accelerated schedule to catch kids up.</li> <li>• Develop bulletin board in waiting room targeting DTaP4.</li> <li>• See Outreach and Education Plan</li> </ul>	<p>DTaP4 UTD rates in HRCHD 2 year olds at 80%.</p>	<p>DTaP4 UTD rate for 2 year olds in HRC is 68% this year, down from 78% according to AFIX Report.</p>	<p>For this reporting cycle, AFIX has changed methods of evaluation, from calculation of number of doses, to calculation of minimum age and spacing. This may account for some variance in % of UTD rates.</p> <p>*Setting appointments for clients for DTaP4 has not been successful to this point. We have lost staff hours and find it difficult to institute.</p> <p>*We do use an accelerated schedule to catch up those 2 year olds who are behind schedule.</p> <p>*We have not yet developed a bulletin board for the waiting room, but will plan on doing that during 2008.</p> <p>Continue to follow Outreach and Education Plan.</p> <p>*Our rates are comparable with LCDC rates for 2006.</p>
<p><sup>1</sup> <b>Outcome Measure(s) Results</b> – please report on the specific Outcome Measure(s) in this table.</p>				
<p><sup>2</sup> <b>Progress Notes</b> – please include information about the successes and challenges in completing the Methods/Tasks, any information that will help us better understand your progress, and any assistance from DHS that would have helped or will help met these objectives in the future.</p>				
<p>#7 C:\Documents and Settings\elarsen\Desktop\Annual Plan Jan 2010\Immi Plan A 2009review.doc 23-Jan-04</p>				

<b>Year 3: July 2007 – June 2008</b>				
<b>Objectives</b>	<b>Methods / Tasks</b>	<b>Outcome Measure(s)</b>	<b>Outcome Measure(s) Results<sup>1</sup></b>	<b>Progress Notes<sup>2</sup></b>

---

<sup>1</sup> **Outcome Measure(s) Results** – please report on the specific Outcome Measure(s) in this table.

<sup>2</sup> **Progress Notes** – please include information about the successes and challenges in completing the Methods/Tasks, any information that will help us better understand your progress, and any assistance from DHS that would have helped or will help met these objectives in the future.

<p><b>A. Improve DTaP4 rates in 2 year olds in order to improve the 4:3:1:3:3 coverage rate countywide.</b></p>	<ul style="list-style-type: none"> <li>• Compare our rates with other providers in the county.</li> <li>• Develop awareness bulletin board for lobby around DTaP4.</li> <li>• Work with area providers to increase awareness of DTaP4 rates through hospital staffing meetings as well as mass mailings.</li> <li>• Continue to use accelerated schedule for those children who are behind in immunizations.</li> <li>• WIC staff to use TWIST “vaccines due” button and refer children with immunizations due to clinic.</li> </ul>	<ul style="list-style-type: none"> <li>• Increase rate of UTD 2 year olds with DtaP4 to level of 2005-2006 rates (78%) by June 2008.</li> <li>• Increase in overall 4:3:1:3:3 coverage rate by 1% by June 2008.</li> </ul>	<p>DTaP4 UTD rate is 73% this year as compared to last year’s rate of 68%. UTD rate for 4:3:1:3:3:1 for two year olds is 73% this year, up from 71% last year.</p>	<ul style="list-style-type: none"> <li>•Comparison chart for County Public Health Clinic Immunization Practices for 2007 were used to compare UTD rates for 2 year olds. 30 Oregon counties had lower UTD rates than HR County.</li> <li>•Bulletin board was not completed, but a poster was hung in the reception area.</li> <li>•Immunizations were discussed with particular emphasis on DTaP and TDaP dosing on local radio 3 times this year.</li> <li>•Staff use accelerated schedule whenever appropriate.</li> <li>•WIC Staff always assess for vaccine needs and refer to Immunization clinic.</li> </ul>
---	--	--	--	--

<b>Year 4: July 2008 – June 2009</b>				
<b>Objectives</b>	<b>Methods / Tasks</b>	<b>Outcome Measure(s)</b>	<b>Outcome Measure(s) Results<sup>1</sup></b>	<b>Progress Notes<sup>2</sup></b>

---

<sup>1</sup> **Outcome Measure(s) Results** – please report on the specific Outcome Measure(s) in this table.

<sup>2</sup> **Progress Notes** – please include information about the successes and challenges in completing the Methods/Tasks, any information that will help us better understand your progress, and any assistance from DHS that would have helped or will help met these objectives in the future.

<p><b>A. Improve DTaP4 rates in 2 year olds in order to improve the 4:3:1:3:3 coverage rate countywide.</b></p>	<ul style="list-style-type: none"> <li>• Compare our rates with other providers in the county.</li> <li>• Develop awareness bulletin board for lobby around DTaP4.</li> <li>• Work with area providers to increase awareness of DTaP4 rates through hospital staffing meetings as well as mass mailings.</li> <li>• Continue to use accelerated schedule for those children who are behind in immunizations.</li> <li>• WIC staff to continue to provide vaccine assessment on all children in services.</li> </ul>	<ul style="list-style-type: none"> <li>• Increase rate of UTD 2 year olds with DtaP4 to level of 2005-2006 rates (78%) by June, 2009.</li> <li>• Increase in overall 4:3:1:3:3 coverage rate to 80% by June, 2009.</li> </ul>	<p>UTD rate for 2 year olds with DTaP4 is 77%.</p> <p>Overall UTD rate is 77%.</p>	<p>HD rates were examined. Have not yet seen data for other providers for 2008.</p> <p>HD did have a bulletin board in the lobby that had information on the importance of DTaP4 dose.</p> <p>H.O. discussed immunizations, including DTaP at a hospital medical provider staffing meeting.</p> <p>HD continues to use an accelerated schedule for children who are behind in immunizations.</p> <p>WIC staff continue to provide vaccine assessment on all children in services.</p>
---	---	---	--	---

<b>Year 5: July 2009 – June 2010</b>				
<b>Objectives</b>	<b>Methods / Tasks</b>	<b>Outcome Measure(s)</b>	<b>Outcome Measure(s) Results<sup>1</sup></b>	<b>Progress Notes<sup>2</sup></b>
<b>A.</b> Improve DtaP4 rates in 2 year olds.	<ul style="list-style-type: none"> <li>• Compare our rates with other providers in the county.</li> <li>• Work with local day care providers to increase awareness of immunization requirements.</li> <li>•Continue to use accelerated schedule for children who are behind in vaccines.</li> <li>•Continue to assess WIC participants for immunization status and refer as needed.</li> </ul>	<ul style="list-style-type: none"> <li>• Increase rate of UTD 2 year olds with DtaP4 to 85% by June 2010.</li> <li>•Increase overall UTD rate for 2 year olds in the county by June 2010.</li> </ul>	<ul style="list-style-type: none"> <li>• Unable to assess UTD rate for DTaP4 because AFIX Report is not complete.</li> <li>•Overall UTD rate for 2 year olds in Hood River County is 75%.</li> </ul>	<ul style="list-style-type: none"> <li>•This is a 2% drop in UTD rate. This is not a surprise due to the Hib shortage nationwide.</li> </ul>

<sup>1</sup> **Outcome Measure(s) Results** – please report on the specific Outcome Measure(s) in this table.

<sup>2</sup> **Progress Notes** – please include information about the successes and challenges in completing the Methods/Tasks, any information that will help us better understand your progress, and any assistance from DHS that would have helped or will help met these objectives in the future.

# APPENDIX

**Local Health Department: ~~Hood River County~~**  
**Plan A - Continuous Quality Improvement: Increase DTaP4 UTD rate in 2 year olds**  
**Fiscal Years 2006-2010**

Year 1: July 2005 – June 2006				
Objectives	Methods / Tasks	Outcome Measure(s)	Outcome Measure(s) Results <sup>1</sup>	Progress Notes <sup>2</sup>
A. Increase DTaP4 UTD rates in 2 year olds by 10% by June 2006	<ul style="list-style-type: none"> <li>Assess baseline HRCHD DtaP4 rate in 2 year olds.</li> <li>Reassess Vaccination Education Plan and revise to increase educational efforts around DTaP4.</li> <li>Train staff to set return appointment for DTaP4 at time of DTaP3.</li> </ul>	<ul style="list-style-type: none"> <li>Increase in DTaP4 UTD rates in 2 year olds by 10% as evidenced by AFIX report by 4-1-06.</li> </ul>	DTaP4 UTD rates in 2 year olds in Hood River County increased by 7.7% as evidenced by AFIX report done 4-1-06	<p>2004 UTD rates of DTaP4 in 2 year olds in HRC – 70.2%.</p> <p>Presented Vaccine Education Plan to HRC Staff.</p> <p>Discussed return appointments with staff.</p>

<sup>1</sup> **Outcome Measure(s) Results** – please report on the specific Outcome Measure(s) in this table.

<sup>2</sup> **Progress Notes** – please include information about the successes and challenges in completing the Methods/Tasks, any information that will help us better understand your progress, and any assistance from DHS that would have helped or will help met these objectives in the future.

	<ul style="list-style-type: none"> <li>*Train staff to use accelerated schedule to get children UTD on all vaccines.</li> <li>*Use State VFC Health Educators as resources.</li> <li>*See Outreach and Education Plan.</li> <li>*Create a plan to use recall specific to DTaP4.</li> <li>*Participate in Washington Oregon Workgroup (WOW) conference calls.</li> </ul>	<ul style="list-style-type: none"> <li>•</li> </ul>		<p>Staff works with accelerated schedule.</p> <p>PHRMH displayed billboard to raise awareness of need for timely DTaP immunizations in the community.</p> <p>Did not participate in any WOW conference calls.</p>
--	---	---	--	---

<b>Year 2: July 2006 – June 2007</b>				
<b>Objectives</b>	<b>Methods / Tasks</b>	<b>Outcome Measure(s)</b>	<b>Outcome Measure(s) Results<sup>1</sup></b>	<b>Progress Notes<sup>2</sup></b>

<sup>1</sup> **Outcome Measure(s) Results** – please report on the specific Outcome Measure(s) in this table.

<sup>2</sup> **Progress Notes** – please include information about the successes and challenges in completing the Methods/Tasks, any information that will help us better understand your progress, and any assistance from DHS that would have helped or will help met these objectives in the future.

<p><b>A.</b> Continue to increase 2 year old UTD rate for DTaP4</p>	<ul style="list-style-type: none"> <li>• Compare outcome with baseline rates of DTaP4 in 2 year olds.</li> <li>• Determine how methods worked.</li> <li>• Continue to work with staff on appointment setting and recall for DTaP4</li> <li>• Continue to use accelerated schedule to catch kids up.</li> <li>• Develop bulletin board in waiting room targeting DTaP4.</li> <li>• See Outreach and Education Plan</li> </ul>	<p>DTaP4 UTD rates in HRCHD 2 year olds at 80%.</p>	<p>DTaP4 UTD rate for 2 year olds in HRC is 68% this year, down from 78% according to AFIX Report.</p>	<p>For this reporting cycle, AFIX has changed methods of evaluation, from calculation of number of doses, to calculation of minimum age and spacing. This may account for some variance in % of UTD rates.</p> <p>*Setting appointments for clients for DTaP4 has not been successful to this point. We have lost staff hours and find it difficult to institute.</p> <p>*We do use an accelerated schedule to catch up those 2 year olds who are behind schedule.</p> <p>*We have not yet developed a bulletin board for the waiting room, but will plan on doing that during 2008.</p> <p>*Continue to follow Outreach and Education Plan.</p> <p>*Our rates are comparable with LCDC rates for 2006.</p>
---	--	---	--	---

<b>Year 3: July 2007 – June 2008</b>				
<b>Objectives</b>	<b>Methods / Tasks</b>	<b>Outcome Measure(s)</b>	<b>Outcome Measure(s) Results<sup>1</sup></b>	<b>Progress Notes<sup>2</sup></b>

---

<sup>1</sup> **Outcome Measure(s) Results** – please report on the specific Outcome Measure(s) in this table.

<sup>2</sup> **Progress Notes** – please include information about the successes and challenges in completing the Methods/Tasks, any information that will help us better understand your progress, and any assistance from DHS that would have helped or will help met these objectives in the future.

<p><b>A. Improve DTaP4 rates in 2 year olds in order to improve the 4:3:1:3:3 coverage rate countywide.</b></p>	<ul style="list-style-type: none"> <li>• Compare our rates with other providers in the county.</li> <li>• Develop awareness bulletin board for lobby around DTaP4.</li> <li>• Work with area providers to increase awareness of DTaP4 rates through hospital staffing meetings as well as mass mailings.</li> <li>• Continue to use accelerated schedule for those children who are behind in immunizations.</li> <li>• WIC staff to use TWIST “vaccines due” button and refer children with immunizations due to clinic.</li> </ul>	<ul style="list-style-type: none"> <li>• Increase rate of UTD 2 year olds with DtaP4 to level of 2005-2006 rates (78%) by June 2008.</li> <li>• Increase in overall 4:3:1:3:3 coverage rate by 1% by June 2008.</li> </ul>	<p>DTaP4 UTD rate is 73% this year as compared to last year’s rate of 68%. UTD rate for 4:3:1:3:3:1 for two year olds is 73% this year, up from 71% last year.</p>	<ul style="list-style-type: none"> <li>•Comparison chart for County Public Health Clinic Immunization Practices for 2007 were used to compare UTD rates for 2 year olds. 30 Oregon counties had lower UTD rates than HR County.</li> <li>•Bulletin board was not completed, but a poster was hung in the reception area.</li> <li>•Immunizations were discussed with particular emphasis on DTaP and TDaP dosing on local radio 3 times this year.</li> <li>•Staff use accelerated schedule whenever appropriate.</li> <li>•WIC Staff always assess for vaccine needs and refer to Immunization clinic.</li> </ul>
---	--	--	--	--

<b>Year 4: July 2008 – June 2009</b>				
<b>Objectives</b>	<b>Methods / Tasks</b>	<b>Outcome Measure(s)</b>	<b>Outcome Measure(s) Results<sup>1</sup></b>	<b>Progress Notes<sup>2</sup></b>

---

<sup>1</sup> **Outcome Measure(s) Results** – please report on the specific Outcome Measure(s) in this table.

<sup>2</sup> **Progress Notes** – please include information about the successes and challenges in completing the Methods/Tasks, any information that will help us better understand your progress, and any assistance from DHS that would have helped or will help met these objectives in the future.

<p><b>A. Improve DTaP4 rates in 2 year olds in order to improve the 4:3:1:3:3 coverage rate countywide.</b></p>	<ul style="list-style-type: none"> <li>• Compare our rates with other providers in the county.</li> <li>• Develop awareness bulletin board for lobby around DTaP4.</li> <li>• Work with area providers to increase awareness of DTaP4 rates through hospital staffing meetings as well as mass mailings.</li> <li>• Continue to use accelerated schedule for those children who are behind in immunizations.</li> <li>• WIC staff to continue to provide vaccine assessment on all children in services.</li> </ul>	<ul style="list-style-type: none"> <li>• Increase rate of UTD 2 year olds with DtaP4 to level of 2005-2006 rates (78%) by June, 2009.</li> <li>• Increase in overall 4:3:1:3:3 coverage rate to 80% by June, 2009.</li> </ul>	<p>UTD rate for 2 year olds with DTaP4 is 77%.</p> <p>Overall UTD rate is 77%.</p>	<p>HD rates were examined. Have not yet seen data for other providers for 2008.</p> <p>HD did have a bulletin board in the lobby that had information on the importance of DTaP4 dose.</p> <p>H.O. discussed immunizations, including DTaP at a hospital medical provider staffing meeting.</p> <p>HD continues to use an accelerated schedule for children who are behind in immunizations.</p> <p>WIC staff continue to provide vaccine assessment on all children in services.</p>
---	---	---	--	---

<b>Year 5: July 2009 – June 2010</b>				
<b>Objectives</b>	<b>Methods / Tasks</b>	<b>Outcome Measure(s)</b>	<b>Outcome Measure(s) Results<sup>1</sup></b>	<b>Progress Notes<sup>2</sup></b>
<b>A.</b> Improve DtaP4 rates in 2 year olds.	<ul style="list-style-type: none"> <li>• Compare our rates with other providers in the county.</li> <li>• Work with local day care providers to increase awareness of immunization requirements.</li> <li>•Continue to use accelerated schedule for children who are behind in vaccines.</li> <li>•Continue to assess WIC participants for immunization status and refer as needed.</li> </ul>	<ul style="list-style-type: none"> <li>• Increase rate of UTD 2 year olds with DtaP4 to 85% by June 2010.</li> <li>•Increase overall UTD rate for 2 year olds in the county by June 2010.</li> </ul>	<ul style="list-style-type: none"> <li>• Unable to assess UTD rate for DTaP4 because AFIX Report is not complete.</li> <li>•Overall UTD rate for 2 year olds in Hood River County is 75%.</li> </ul>	<ul style="list-style-type: none"> <li>•This is a 2% drop in UTD rate. This is not a surprise due to the Hib shortage nationwide.</li> </ul>

<sup>1</sup> **Outcome Measure(s) Results** – please report on the specific Outcome Measure(s) in this table.

<sup>2</sup> **Progress Notes** – please include information about the successes and challenges in completing the Methods/Tasks, any information that will help us better understand your progress, and any assistance from DHS that would have helped or will help met these objectives in the future.

**Local Health Department: Hood River County Health Department**  
**Plan B - Chosen Focus Area: Alert Promotion**  
**Fiscal Years 2006-2008**

Year 1: July 2006 – June 2007				
Objectives	Methods / Tasks	Outcome Measure(s)	Outcome Measure(s) Results <sup>1</sup>	Progress Notes <sup>2</sup>
A. Increase County-wide participation in Alert.	* Assess usage of Alert data in the county through the HRC Private Site Participation Report, and the HRC School Web Usage Report. *Target provider offices and schools that are not currently using Alert.	<ul style="list-style-type: none"> <li>Increased number of providers accessing information on Alert Website, as evidence by Private Site Participation Report to include all schools and all providers in the next reporting period.</li> <li>Increase provider input to ALERT by one, as evidenced by Private Site Participation Report.</li> </ul>	<p>Increased number of providers accessing Alert to: Schools – 6 Childcare Facilities – 2</p> <p>Increased provider input to Alert by one.</p>	We have distributed Alert brochures to all Childcare Facilities and Health care providers in the county. We will continue to discuss Alert when meeting with providers and schools.

<sup>1</sup> **Outcome Measure(s) Results** – please report on the specific Outcome Measure(s) in this table.

<sup>2</sup> **Progress Notes** – please include information about the successes and challenges in completing the Methods/Tasks, any information that will help us better understand your progress, and any assistance from DHS that would have helped or will help met these objectives in the future.

	<p>*Provide Alert brochures and Alert video to providers and schools not currently using ALERT.</p> <p>*Begin to work with Dr. J. Pennington to look at possibility of electronic transfer of vaccine records to ALERT.</p> <p>*Facilitate Provider signup with Alert.</p> <p>*Use State VFC Health Educators as resources.</p>			<p>Have made Alert brochures and videos available to providers and schools.</p> <p>Have not worked with Dr. Pennington, but will add that to next years plan.</p> <p>Assisted one private provider to signup with Alert by referring to VFC Educator to become a VFC provider!</p>
--	---	--	--	--

<p><b>B. Have accurate Countywide AFIX assessment by end of three-year plan.</b></p>	<p>*Work with LCDC to encourage AFIX assessment.          *Work with local provider (Dr. James Pennington) to participate in Alert, to work toward AFIX assessment.          *Report current AFIX results from HRCHD to all providers.          *Create plan to report AFIX results to all providers In the county.</p>	<p>AFIX assessment with LCDC by 4-1-06.</p>	<p>Have not completed AFIX assessment with LCDC.</p>	<p>Will continue to dialogue with Supervisor at LCDC in order to facilitate AFIX.</p> <p>2004 AFIX results reported to local providers by HO at hospital staff meeting.</p>
--	---	---	--	---

Year 2: July 2007 – June 2008				
Objectives	Methods / Tasks	Outcome Measure(s)	Outcome Measure(s) Results <sup>1</sup>	Progress Notes <sup>2</sup>

---

<sup>1</sup> **Outcome Measure(s) Results** – please report on the specific Outcome Measure(s) in this table.

<sup>2</sup> **Progress Notes** – please include information about the successes and challenges in completing the Methods/Tasks, any information that will help us better understand your progress, and any assistance from DHS that would have helped or will help met these objectives in the future.

<p><b>A.</b> Assess private provider utilization of Alert by 6/1/2007.</p> <p><b>B.</b> Increase Alert participation and web use by 2 schools and 1 childcare partner, and 1 private provider by 6/1/2007</p> <p><b>C.</b> Provide outreach and education to at least one provider and two schools by 6/1/2007.</p> <p><b>D.</b> Increase Alert participation by Dr. Pennington by 6/1/2007.</p> <p><b>E.</b> Enroll HRMG in VFC and Alert by 6/1/2007.</p>	<ul style="list-style-type: none"> <li>•Review Participation Report</li> <li>•Compare outcome with baseline rates of provider part. Report.</li> <li>•Distribute Alert brochures and videos to at least one provider and one school</li> <li>•Work with Childcare partners to increase use of Alert in.</li> <li>•Continue to work with schools to access Alert data.</li> <li>•Visit Dr. Pennington's clinic to educate importance of Alert, promote website.</li> <li>•Work with VFC Health Educator to enroll HRMG.</li> <li>•Continue to work with schools to access Alert Data.</li> <li>*Offer trainings on web access for Alert</li> </ul>	<ul style="list-style-type: none"> <li>• Increase in local numbers in alert participation reports and web hits.</li> <li>• Increase in local providers signed up for web access with Alert.</li> <li>• Hood River Medical Group signed up with VFC and Alert</li> <li>• Local trainings in use of Alert hosted by HRCHD</li> </ul>	<ul style="list-style-type: none"> <li>•Number of children's facilities that have accessed ALERT – 3</li> <li>Number of schools that have accessed ALERT – 4.</li> <li>•Hood River Medical Group is signed up for VFC and ALERT.</li> <li>•Web use of ALERT is documented on the Participation Record for 2007.</li> </ul> <p>Increased access of ALERT by childcare facilities in the county.</p>	<p>ALERT access has improved. School district needs to be targeted to increase utilization there. Several schools are using ALERT often, some not at all.</p> <p>Focus on providing targeted outreach to schools.</p> <p>Dr. Pennington has not been approached as of yet. Will focus on that, though he does not deliver many vaccines.</p>
---	---	--	--	--

<p><b>B.</b> Identify rough baseline for county by end of three-year plan.</p> <p>Continue to work towards accurate Countywide AFIX assessment by end of three-year plan.</p>	<p>Work with LCDC to encourage AFIX assessment</p> <p>Work with CGFM to encourage AFIX assessment</p> <p>Work with Dr. Pennington to encourage AFIX assessment</p> <p>Report current AFIX results from HRCHD to all providers.</p>	<ul style="list-style-type: none"> <li>• Institute annual AFIX measures with HRCHD and LCDC.</li> <li>• Continue to work toward countywide AFIX measure.</li> </ul>	<p>Not completed at this time.</p>	<p>This has not been completed at this time. Working with Sara Beaudrault, VFC/AFIX Program Coordinator to facilitate this.</p>
---	--	---	------------------------------------	---

<b>Year 3: July 2008 – June 2009</b>				
<b>Objectives</b>	<b>Methods / Tasks</b>	<b>Outcome Measure(s)</b>	<b>Outcome Measure(s) Results<sup>1</sup></b>	<b>Progress Notes<sup>2</sup></b>

<sup>1</sup> **Outcome Measure(s) Results** – please report on the specific Outcome Measure(s) in this table.

<sup>2</sup> **Progress Notes** – please include information about the successes and challenges in completing the Methods/Tasks, any information that will help us better understand your progress, and any assistance from DHS that would have helped or will help met these objectives in the future.

<p><b>A.</b> Continue to assess local access of ALERT by children's facilities, schools and medical providers.</p>	<ul style="list-style-type: none"> <li>• Review annual participation report from ALERT.</li> <li>• Provide outreach to providers, schools and children's facilities regarding benefit of using ALERT.</li> </ul>	<ul style="list-style-type: none"> <li>• Increase ALERT participation by local children's facilities and schools by 2 by June, 2009.</li> </ul>	<p>Access to ALERT has increased in the public schools and with private providers. At this time only one private provider and Providence Hospital has not accessed ALERT. 6 schools (public and private) have not used ALERT to access immunization records, and 6 pre-schools have not accessed ALERT.</p>	<p>Participation in ALERT for the County has been reviewed. Review shows that ALERT has been accessed by more sites than in previous years.</p> <p>Will continue to provide outreach to 2 remaining providers, schools and preschools to continue to increase provider use of ALERT.</p>
--	--	---	---	--

<p><b>B. Have accurate Countywide AFIX assessment by June, 2009</b></p>	<ul style="list-style-type: none"> <li>•Will work with Sara Beaudrault, VFC/AFIX Coordinator at DHS to facilitate Countywide AFIX assessment.</li> <li>•Work with LCDC, CGFM and HRMG to facilitate countywide AFIX.</li> </ul>	<ul style="list-style-type: none"> <li>• Two of four VFC sites will complete AFIX measure by June, 2009.</li> </ul>	<p>LCDC and HRHD have completed AFIX measures.</p>	<p>LCDC had AFIX measure completed last year. Will continue to encourage AFIX as a County-wide assessment of vaccine status.</p>
<p><b>Year 5: July 2009 – June 2010</b></p>				
<p><b>Objectives</b></p>	<p><b>Methods / Tasks</b></p>	<p><b>Outcome Measure(s)</b></p>	<p><b>Outcome Measure(s) Results<sup>1</sup></b></p>	<p><b>Progress Notes<sup>2</sup></b></p>

<sup>1</sup> **Outcome Measure(s) Results** – please report on the specific Outcome Measure(s) in this table.

<sup>2</sup> **Progress Notes** – please include information about the successes and challenges in completing the Methods/Tasks, any information that will help us better understand your progress, and any assistance from DHS that would have helped or will help met these objectives in the future.

<p><b>A.</b> Continue to encourage use of ALERT by medical providers, schools, preschools and daycares.</p>	<ul style="list-style-type: none"> <li>• Review annual participation report from ALERT.</li> <li>• Provide outreach to providers, schools and children's facilities regarding benefit of using ALERT.</li> <li>• Continue to encourage use of ALERT Registry as standard of care in the County.</li> </ul>	<ul style="list-style-type: none"> <li>• Increase ALERT participation by local children's facilities and schools by 2 by June, 2010.</li> </ul>	<ul style="list-style-type: none"> <li>• Review of Oregon Immunization Alert Participation Report shows that 49 sites in Hood River County are currently enrolled in ALERT. H1N1 distribution efforts created new enrollments in ALERT this year.</li> </ul>	<ul style="list-style-type: none"> <li>• This year had an increase in enrollment. We need to continue to encourage providers, schools and pharmacies to use the site.</li> </ul>
---	--	---	--	--

<p><b>B.</b> Have accurate Countywide AFIX assessment by end of three-year plan.</p>	<p>Compile LCDC and HRCHD rates. HRMG and CGFM will complete AFIX measure. Will work with Sara Beaudrault, VFC/AFIX Coordinator at DHS to facilitate Countywide AFIX assessment.</p>	<ul style="list-style-type: none"> <li>• County-Wide AFIX measure will be completed.</li> </ul>	<ul style="list-style-type: none"> <li>• AFIX data not available at this time. Will submit when data is released.</li> </ul>	<ul style="list-style-type: none"> <li>• HRCHD and LCDC have completed AFIX in previous years.</li> <li>• HRCHD has requested county-wide AFIX to be completed in 2010.</li> </ul>
--	--	---	--	--

**Local Health Department: HoodRiver County Health Department**  
**Plan B - Chosen Focus Area: Alert Promotion**  
**Fiscal Years 2006-2008**

Year 1: July 2006 – June 2007				
Objectives	Methods / Tasks	Outcome Measure(s)	Outcome Measure(s) Results <sup>1</sup>	Progress Notes <sup>2</sup>
A. Increase County-wide participation in Alert.	* Assess usage of Alert data in the county through the HRC Private Site Participation Report, and the HRC School Web Usage Report. *Target provider offices and schools that are not currently using Alert.	<ul style="list-style-type: none"> <li>Increased number of providers accessing information on Alert Website, as evidence by Private Site Participation Report to include all schools and all providers in the next reporting period.</li> <li>Increase provider input to ALERT by one, as evidenced by Private Site Participation Report.</li> </ul>	<p>Increased number of providers accessing Alert to: Schools – 6 Childcare Facilities – 2</p> <p>Increased provider input to Alert by one.</p>	We have distributed Alert brochures to all Childcare Facilities and Health care providers in the county. We will continue to discuss Alert when meeting with providers and schools.

<sup>1</sup> **Outcome Measure(s) Results** – please report on the specific Outcome Measure(s) in this table.

<sup>2</sup> **Progress Notes** – please include information about the successes and challenges in completing the Methods/Tasks, any information that will help us better understand your progress, and any assistance from DHS that would have helped or will help met these objectives in the future.

	<p>*Provide Alert brochures and Alert video to providers and schools not currently using ALERT.</p> <p>*Begin to work with Dr. J. Pennington to look at possibility of electronic transfer of vaccine records to ALERT.</p> <p>*Facilitate Provider signup with Alert.</p> <p>*Use State VFC Health Educators as resources.</p>			<p>Have made Alert brochures and videos available to providers and schools.</p> <p>Have not worked with Dr. Pennington, but will add that to next years plan.</p> <p>Assisted one private provider to signup with Alert by referring to VFC Educator to become a VFC provider!</p>
--	---	--	--	--

<p><b>B. Have accurate Countywide AFIX assessment by end of three-year plan.</b></p>	<p>*Work with LCDC to encourage AFIX assessment.          *Work with local provider (Dr. James Pennington) to participate in Alert, to work toward AFIX assessment.          *Report current AFIX results from HRCHD to all providers.          *Create plan to report AFIX results to all providers In the county.</p>	<p>AFIX assessment with LCDC by 4-1-06.</p>	<p>Have not completed AFIX assessment with LCDC.</p>	<p>Will continue to dialogue with Supervisor at LCDC in order to facilitate AFIX.</p> <p>2004 AFIX results reported to local providers by HO at hospital staff meeting.</p>
--	---	---	--	---

<b>Year 2: July 2007 – June 2008</b>				
<b>Objectives</b>	<b>Methods / Tasks</b>	<b>Outcome Measure(s)</b>	<b>Outcome Measure(s) Results<sup>1</sup></b>	<b>Progress Notes<sup>2</sup></b>

---

<sup>1</sup> **Outcome Measure(s) Results** – please report on the specific Outcome Measure(s) in this table.

<sup>2</sup> **Progress Notes** – please include information about the successes and challenges in completing the Methods/Tasks, any information that will help us better understand your progress, and any assistance from DHS that would have helped or will help met these objectives in the future.

<p><b>A.</b> Assess private provider utilization of Alert by 6/1/2007.</p> <p><b>B.</b> Increase Alert participation and web use by 2 schools and 1 childcare partner, and 1 private provider by 6/1/2007</p> <p><b>C.</b> Provide outreach and education to at least one provider and two schools by 6/1/2007.</p> <p><b>D.</b> Increase Alert participation by Dr. Pennington by 6/1/2007.</p> <p><b>E.</b> Enroll HRMG in VFC and Alert by 6/1/2007.</p>	<ul style="list-style-type: none"> <li>•Review Participation Report</li> <li>•Compare outcome with baseline rates of provider part. Report.</li> <li>•Distribute Alert brochures and videos to at least one provider and one school</li> <li>•Work with Childcare partners to increase use of Alert in.</li> <li>•Continue to work with schools to access Alert data.</li> <li>•Visit Dr. Pennington's clinic to educate importance of Alert, promote website.</li> <li>•Work with VFC Health Educator to enroll HRMG.</li> <li>•Continue to work with schools to access Alert Data.</li> <li>*Offer trainings on web access for Alert</li> </ul>	<ul style="list-style-type: none"> <li>• Increase in local numbers in alert participation reports and web hits.</li> <li>• Increase in local providers signed up for web access with Alert.</li> <li>• Hood River Medical Group signed up with VFC and Alert</li> <li>• Local trainings in use of Alert hosted by HRCHD</li> </ul>	<ul style="list-style-type: none"> <li>•Number of children's facilities that have accessed ALERT – 3</li> <li>Number of schools that have accessed ALERT – 4.</li> <li>•Hood River Medical Group is signed up for VFC and ALERT.</li> <li>•Web use of ALERT is documented on the Participation Record for 2007.</li> </ul> <p>Increased access of ALERT by childcare facilities in the county.</p>	<p>ALERT access has improved. School district needs to be targeted to increase utilization there. Several schools are using ALERT often, some not at all.</p> <p>Focus on providing targeted outreach to schools.</p> <p>Dr. Pennington has not been approached as of yet. Will focus on that, though he does not deliver many vaccines.</p>
---	---	--	--	--

<p><b>B.</b> Identify rough baseline for county by end of three-year plan.</p> <p>Continue to work towards accurate Countywide AFIX assessment by end of three-year plan.</p>	<p>Work with LCDC to encourage AFIX assessment</p> <p>Work with CGFM to encourage AFIX assessment</p> <p>Work with Dr. Pennington to encourage AFIX assessment</p> <p>Report current AFIX results from HRCHD to all providers.</p>	<ul style="list-style-type: none"> <li>• Institute annual AFIX measures with HRCHD and LCDC.</li> <li>• Continue to work toward countywide AFIX measure.</li> </ul>	<p>Not completed at this time.</p>	<p>This has not been completed at this time. Working with Sara Beaudrault, VFC/AFIX Program Coordinator to facilitate this.</p>
---	--	---	------------------------------------	---

<b>Year 3: July 2008 – June 2009</b>				
<b>Objectives</b>	<b>Methods / Tasks</b>	<b>Outcome Measure(s)</b>	<b>Outcome Measure(s) Results<sup>1</sup></b>	<b>Progress Notes<sup>2</sup></b>

<sup>1</sup> **Outcome Measure(s) Results** – please report on the specific Outcome Measure(s) in this table.

<sup>2</sup> **Progress Notes** – please include information about the successes and challenges in completing the Methods/Tasks, any information that will help us better understand your progress, and any assistance from DHS that would have helped or will help met these objectives in the future.

<p><b>A.</b> Continue to assess local access of ALERT by children's facilities, schools and medical providers.</p>	<ul style="list-style-type: none"> <li>• Review annual participation report from ALERT.</li> <li>• Provide outreach to providers, schools and children's facilities regarding benefit of using ALERT.</li> </ul>	<ul style="list-style-type: none"> <li>• Increase ALERT participation by local children's facilities and schools by 2 by June, 2009.</li> </ul>	<p>Access to ALERT has increased in the public schools and with private providers. At this time only one private provider and Providence Hospital has not accessed ALERT. 6 schools (public and private) have not used ALERT to access immunization records, and 6 pre-schools have not accessed ALERT.</p>	<p>Participation in ALERT for the County has been reviewed. Review shows that ALERT has been accessed by more sites than in previous years.</p> <p>Will continue to provide outreach to 2 remaining providers, schools and preschools to continue to increase provider use of ALERT.</p>
--	--	---	---	--

<p><b>B.</b> Have accurate Countywide AFIX assessment by June, 2009</p>	<ul style="list-style-type: none"> <li>•Will work with Sara Beaudrault, VFC/AFIX Coordinator at DHS to facilitate Countywide AFIX assessment.</li> <li>•Work with LCDC, CGFM and HRMG to facilitate countywide AFIX.</li> </ul>	<ul style="list-style-type: none"> <li>• Two of four VFC sites will complete AFIX measure by June, 2009.</li> </ul>	<p>LCDC and HRHD have completed AFIX measures.</p>	<p>LCDC had AFIX measure completed last year. Will continue to encourage AFIX as a County-wide assessment of vaccine status.</p>
<p><b>Year 5: July 2009 – June 2010</b></p>				
<p><b>Objectives</b></p>	<p><b>Methods / Tasks</b></p>	<p><b>Outcome Measure(s)</b></p>	<p><b>Outcome Measure(s) Results<sup>1</sup></b></p>	<p><b>Progress Notes<sup>2</sup></b></p>

<sup>1</sup> **Outcome Measure(s) Results** – please report on the specific Outcome Measure(s) in this table.

<sup>2</sup> **Progress Notes** – please include information about the successes and challenges in completing the Methods/Tasks, any information that will help us better understand your progress, and any assistance from DHS that would have helped or will help met these objectives in the future.

<p><b>A.</b> Continue to encourage use of ALERT by medical providers, schools, preschools and daycares.</p>	<ul style="list-style-type: none"> <li>● Review annual participation report from ALERT.</li> <li>● Provide outreach to providers, schools and children's facilities regarding benefit of using ALERT.</li> <li>● Continue to encourage use of ALERT Registry as standard of care in the County.</li> </ul>	<ul style="list-style-type: none"> <li>● Increase ALERT participation by local children's facilities and schools by 2 by June, 2010.</li> </ul>	<ul style="list-style-type: none"> <li>● Review of Oregon Immunization Alert Participation Report shows that 49 sites in Hood River County are currently enrolled in ALERT. H1N1 distribution efforts created new enrollments in ALERT this year.</li> </ul>	<ul style="list-style-type: none"> <li>● This year had an increase in enrollment. We need to continue to encourage providers, schools and pharmacies to use the site.</li> </ul>
<p><b>B.</b> Have accurate Countywide AFIX assessment by end of three-year plan.</p>	<p>Compile LCDC and HRCHD rates. HRMG and CGFM will complete AFIX measure. Will work with Sara Beaudrault, VFC/AFIX Coordinator at DHS to facilitate Countywide AFIX assessment.</p>	<ul style="list-style-type: none"> <li>● County-Wide AFIX measure will be completed.</li> </ul>	<ul style="list-style-type: none"> <li>● AFIX data not available at this time. Will submit when data is released.</li> </ul>	<ul style="list-style-type: none"> <li>● HRCHD and LCDC have completed AFIX in previous years.</li> </ul>

# Immunization Comprehensive Triennial Plan

**Due Date: May 1  
Every year**

**Local Health Department: Hood River County Health Department  
Plan A - Continuous Quality Improvement: Reduce Vaccine Preventable Disease  
Calendar Years 2010-2012**

<b>Year 1: July 2010-December 2010</b>					
<b>Objectives</b>	<b>Activities</b>	<b>Date Due / Staff Responsible</b>	<b>Outcome Measure(s)</b>	<b>Outcome Measure(s) Results</b>	<b>Progress Notes</b>

<p><b>A. Increase the up-to-date rate for 2 year olds (4:3:1:3:3:1) seen at the Hood River County Health Department by 3% over the next 3 years.</b></p>	<ul style="list-style-type: none"> <li>•Use most recent AFIX data as baseline.</li> <li>•Provide quarterly staff in-services to review and implement <ul style="list-style-type: none"> <li>•Vaccine updates</li> <li>•Best practices</li> <li>•AFIX data</li> <li>•hesitant parents</li> </ul> </li> <li>•Provide immunization information to pregnant mothers.</li> <li>•Screen for immis at all WIC appts and refer.</li> <li>•Provide vaccine education to parents.</li> <li>•Make return appt .</li> </ul>			<ul style="list-style-type: none"> <li>•Baseline data reviewed.</li> <li>•Quarterly trainings held on _____, _____, _____.</li> <li>Topics and attendance recorded.</li> <li>•Provide outreach material for WIC and MCM, Babies First home visitors.</li> <li>•WIC to continue to screen for immis.</li> <li>•All staff trained to talk to parents and able to answer questions about vaccine safety.</li> <li>•Nurses record “Next Shot Due Date” on Lifetime record and point it out to parents. Offer appointment card.</li> </ul>	<p>To be completed for the CY 2010 Report</p>	<p>To be completed for the CY 2010 Report</p>
--	---	--	--	---	---	---

<p><b>B. Decrease the Hood River Health Department missed shot rate 1% each year for 3 years.</b></p>	<ul style="list-style-type: none"> <li>•Use most recent AFIX data as baseline. Provide quarterly staff in-services to review and implement <ul style="list-style-type: none"> <li>•Vaccine updates</li> <li>•Best practices</li> <li>•AFIX data</li> <li>•hesitant parents</li> </ul> </li> <li>•Review IRIS/ALERT reports monthly for shot deferrals and work with staff to minimize missed shots</li> <li>•Provide vaccine education to parents including take home materials on vaccine safety and simplified immunization schedule.</li> <li>•Give all shots due at time of visit unless contraindicated.</li> </ul>			<ul style="list-style-type: none"> <li>•Baseline data reviewed.</li> <li>•Quarterly trainings held on _____, _____, _____.</li> <li>Topics and attendance recorded</li> <li>•Monthly IRIS/ALERT reports reviewed with staff followed by discussion.</li> <li>•Vaccine education materials identified and take home packets created. Distribution began on _____.</li> <li>•Staff trained and understand policy of giving all shots due unless parent refuses even after education and counseling.</li> </ul>	<p>To be completed for the CY 2010 Report</p>	<p>To be completed for the CY 2010 Report</p>
---	--	--	--	--	---	---

# Immunization Comprehensive Triennial Plan

<b>Due Date: May 1</b> <b>Every year</b>
---

**Local Health Department:**

**Plan A - Continuous Quality Improvement: Reduce Vaccine Preventable Disease**

**Calendar Years 2010-2012**

Year 2: January-December 2011						
Objectives	Activities	Date Due / Staff Responsible		Outcome Measure(s)	Outcome Measure(s) Results	Progress Notes
A.					To be completed for the CY 2011 Report	To be completed for the CY 2011 Report
B.					To be completed for the CY 2011 Report	To be completed for the CY 2011 Report

# Immunization Comprehensive Triennial Plan

**Due Date: May 1**  
**Every year**

**Local Health Department:**

**Plan A - Continuous Quality Improvement: Reduce Vaccine Preventable Disease**

**Calendar Years 2010-2012**

<b>Year 3: January-December 2012</b>						
<b>Objectives</b>	<b>Activities</b>	<b>Date Due / Staff Responsible</b>		<b>Outcome Measure(s)</b>	<b>Outcome Measure(s) Results</b>	<b>Progress Notes</b>
<b>A.</b>					To be completed for the CY 2012 Report	To be completed for the CY 2012 Report
<b>B.</b>					To be completed for the CY 2012 Report	To be completed for the CY 2012 Report

## Immunization Comprehensive Triennial Plan

**Local Health Department: Hood River County Health Department  
Plan B – Community Outreach and Education  
Calendar Years 2010-2012**

**Due Date: May 1  
Every year**

<b>Year 1: July 2010-December 2010</b>						
<b>Objectives</b>	<b>Activities</b>	<b>Date Due / Staff Responsible</b>		<b>Outcome Measure(s)</b>	<b>Outcome Measure(s) Results</b>	<b>Progress Notes</b>
<b>A. Provide AFIX exchange for Hood River County VFC and non-VFC providers.</b>	<ul style="list-style-type: none"> <li>• Commit staff time and resources to project.</li> <li>• Identify Hood River County VFC providers.</li> <li>• Contact state Immi staff</li> <li>• Decide date/time for information exchange.</li> <li>• Work with OIP staff to complete AFIX assessments.</li> <li>• Send invitations</li> <li>• Host event and do introductions.</li> <li>• Evaluate event</li> <li>• Set up date for following year.</li> </ul>	Due	Staff	<ul style="list-style-type: none"> <li>• Pre-event activities completed, schedule set.</li> <li>• AFIX assessment completed.</li> <li>• AFIX exchange held on _____. ____# of attendees.</li> <li>• Evaluation of event and modification for following years events completed.</li> <li>• Pre-planning for following year.</li> </ul>	To be completed for the CY 2010 Report	To be completed for the CY 2010 Report

## Immunization Comprehensive Triennial Plan

**Local Health Department:  
Plan B – Community Outreach and Education  
Calendar Years 2010-2012**

<b>Due Date: May 1 Every year</b>
---------------------------------------

Year 2: January-December 2011						
Objectives	Activities	Date Due / Staff Responsible		Outcome Measure(s)	Outcome Measure(s) Results	Progress Notes
		Due	Staff			
A.					To be completed for the CY 2011 Report	To be completed for the CY 2011 Report
B.					To be completed for the CY 2011 Report	To be completed for the CY 2011 Report

# Immunization Comprehensive Triennial Plan

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

**Due Date: May 1  
Every year**

<b>Year 3: January-December 2012</b>						
<b>Objectives</b>	<b>Activities</b>	<b>Date Due / Staff Responsible</b>		<b>Outcome Measure(s)</b>	<b>Outcome Measure(s) Results</b>	<b>Progress Notes</b>
		Due	Staff			
<b>A.</b>					To be completed for the CY 2012 Report	To be completed for the CY 2012 Report
<b>B.</b>					To be completed for the CY 2012 Report	To be completed for the CY 2012 Report

Tobacco Prevention & Education Program Local Lead Agency Grants

**Program Contact Information**

Program Coordinator(s) Name: Shaun Anderson

Address: 309 State Street

City: Hood River State: OR ZIP: 97031

Telephone (541) 387-6890 Fax: (541) 386-2532

E-mail: shaun.anderson@co.hood-river.or.us

**Local Public Health Authority Information**

Designated by Hood River Health Dept. Director Ellen Larson since 1996 (541-386-1115)

Agency Name: Hood River County Commission on Children and Families

Agency Contact, Director or CEO: Joella Dethman

Address: 309 State Street

City: Hood River State: OR ZIP: 97031

Telephone: 541-386-2500 Fax: 541-386-2532

E-mail: joella\_dethman@class.oregonvos.net

**Application Information**

Maximum funding requested: \$53,239

Eligible amount (per Appendix D): \$53,239

Please disclose any and all direct and indirect organizational or business relationships between the applicant or its subcontractors, including its owners, parent company or subsidiaries, and companies involved in any way in the production, processing, distribution, promotion, sale or use of tobacco:

**NONE**

**The Commission on Children and Families and Hood River County Public Health Department have no direct or indirect organizational or business relationships between the applicant or its subcontractors, including its owners, parent company or subsidiaries, and companies involved in any way in the production, processing, distribution, promotion, sale or use of tobacco.**

## Local Tobacco Control Advisory Group

Describe your process for gathering input and support from a local tobacco control advisory group comprised of community leaders. Include meeting dates and the names and organizations of all members of the group.

Hood River County Alcohol, Tobacco and Other Drug Prevention (ATOD) Coalition have been active since 1993 in tobacco prevention and control issues in Hood River County. The coalition formed in 1993 with support from the Oregon Research Institute to develop local community interventions in tobacco control. The coalition has over 400 members, 75 of whom are very active in tobacco and drug prevention efforts, from assessment, strategic planning, community mobilization, implementation and evaluation. The coalition uses a system of committees which meet on specific issues as well as a central group that addresses multiple prevention needs on a monthly basis. Meetings are held the third Wednesday of each month at Grace Su's China Gorge Restaurant.

We will strengthen our prevention coalition with the addition of members from specific tobacco control advisory groups. Identification of additional members to these groups will be made at coalition and Commission on Children and Families (CCF) meetings. We are excited about the inclusion of key players in the multi-unit housing field and those with information on chronic disease related to tobacco.

The coalition has 12 sectors with an average of 15 representatives from each sector. It has comprehensive geographic representation across the county. The coalition is well known in the community, continually building coalition member capacity through youth created media, training, mobilization, collaboration and resource development. While the coalition addresses alcohol, marijuana and other drugs along with tobacco at its coalition meetings, it has specific strategic plans around each drug. Specific to tobacco, comprehensive data assessment and evaluation is done with data from the Oregon Healthy Teen Survey, Tobacco Reward and Reminder, and Tobacco Free Park survey and Oregon State Tobacco Facts.

Underscored names reflect present coalition members and those identified by the coalition in the specific areas including schools, housing, hospitals and chronic disease. Key players in tobacco control in specific areas include (potential members we will try to recruit are in red):

1. **Schools:** Superintendent Pat Evenson-Brady, Assistant Superintendent Bob Dais, HRVHS Principal Karen Neitzel, Dean of Students Tracy Norton, HRMS Counselor Allison McDonald, HRMS Principal Brent Emmons  
(Members of our school group meet several times each year to make sure good signage and curriculum are in place)
2. **Worksites:** County Health Officer, Beth Epstein; Health Department Director, Ellen Larson; Hood River County Human Resources, Denise Ford; Hood River Parks and Buildings, Zach Kellogg
3. **Hospitals:** Providence Hood River Memorial Hospital CEO Ty Erickson, Board Chair Maija Yasui, Board Member Claudia Montano, Nutritionist Kelly Chambers (meet with hospital employees several times per month through different coalition and special interest meetings)
4. **Columbia Gorge Community College:** Wasco County TPEP Coordinator Mary Gale Wood, CGCC President Frank Toda, facilities manager Robb Van Cleve, new student

council leaders, chief academic officer, Susan Wolf, multi-cultural club president, Abel Cruz (we will meet bi monthly as needed)

5. **Multi-Unit Housing:** Apartment Manager Conni Anderson, Hope Housing Board Member Gary Young, Mid Columbia Housing Authority Ruby Mason, Odell Fire Chief Greg Borton, Wasco County TPEP Coordinator Mary Gale Wood, Coastal Management, Sherry Reed  
(Talk with members of the coalition from the housing sector monthly)
6. **Law Enforcement/ Local Business Representatives:** River City Chief of Police, Bruce Ludwig, Hood River County Sheriff, Joe Wampler; **PageWorks Design**, Paige Rouse; Downtown Business Association, Stu Watson (we will meet as needed to work on special projects and enforcement of smokefree workplace law)
7. **Chronic Disease:** Hood River County Health Department Ellen Larson, Nuestra Comunidad Sana Latino Health Study Janet Hamada, Lorena Sprager, La Clinica Chronic Disease Education, Living Well Program Sue Samet (we meet with representatives from chronic disease sector at least two times per month)
8. **Fair:** 4H Coordinator, Jesus Acosta; Fair Manager, Clara Rice; Wyeast Health Media Club. FFA Club (we will attend at least 2 fair board meetings to discuss tobacco free county fair)
9. **Youth:** Hood River Valley High School Health Media Club, Wy'east Middle School Health Media Club, (we meet weekly to learn media skills and how to change tobacco policy and create new social norms)

As each advisory group meets and collaborates, we will try to identify other key players and they can be brought to the table for discussion. Members of each advisory group will report to the coalition through their committee chair or through tobacco prevention staff. Reports will also be done quarterly by staff.

## Development of Local Champions Narrative form

**List specific actions the Local Lead Agency will take to further develop community leaders' role and capacity as champions. Identify all of the following:**

- Specific elected leaders and community leaders (or elected/administrative bodies) to which direct educational encounters will be provided.
- The means by which such education shall take place (one-to-one meetings, presentations, community forums, etc.).
- Schedule and frequency of educational encounters.
- Purpose and intended outcomes of educational encounters (specifically related to chronic disease prevention and management and sustaining a county and statewide infrastructure for tobacco-related and other chronic disease prevention and management).

We will continue to provide education and information to local community leaders including the Hood River Board of Commissioners, the Downtown Business Association Stu Watson, the Heights Business Association Jack Trumbull, Providence Memorial Hospital board of directors, the police department, Bruce Ludwig, the student government leaders at Columbia Gorge Community College, Emily McLean, Hood River County School Administration, the executive director of the Mid Columbia Housing Authority Ruby Mason, the youth of Hood River County Media Clubs, faith leaders, the Commission on Children and Families board which includes CEO of Providence Hood River Memorial Hospital, Ty Erickson, Director of Mid Columbia Center for Living, Sharon Guidera, DHS Director Melody Hilton, victim's assistance Gloria Needham, Hood River City chief of police Bruce Ludwig, and Faith Connection leader Scott Slattum.

Continuing education takes place at monthly Alcohol, Tobacco and Other Drug (ATOD) meetings, one-on-one meetings as deemed appropriate, presentations when needed and in quarterly tobacco reward and reminders.

A very important component of developing local champions occurs in our middle and high school Health Media Clubs. We work with after school groups that meet bi weekly to learn about media literacy, media advocacy and tobacco control. Ultimately, these groups create and present tobacco control media projects throughout the community. Some of the ways our youth help educate the community are through presentations to business owners, to our ATOD coalition, to other community organizations including the fair board and the community college leadership team.

Other projects our Health Media Clubs are involved with are ongoing theater trailers at the local cinema and radio PSA's on the local radio stations. Our youth created theater trailers, run at two theaters, on a total of nine screens, eight times daily. Our radio PSA's are on played daily on Radio Tierra, KACI in The Dalles and on KIHR in Hood River.

The purpose and intended outcome of educational encounters is to reduce youth access to tobacco products, increase awareness of harm of secondhand smoke exposure, increase awareness of the link between tobacco use and chronic disease, increase availability of tobacco cessation resources, engage youth in advocating for public policy change, increase media literacy and the creation of healthy lifestyle media, and changing the social norm around the acceptability of tobacco use.

<b>Coordination and Collaboration</b>	By <b>August 1, 2010</b> TPEP coordinator will have scheduled a meeting with the Ellen Larson Public Health Administrator
	By <b>September 1, 2010</b> we will have identified 1 local champion who is working in an area of chronic prevention.
<b>Assessment</b>	By <b>August 1, 2010</b> TPEP coordinators will have assessed availability of Arthritis Foundation Exercise and Living Well with Chronic Conditions/Tomando programs in the county.
	By <b>December 1, 2010</b> we will assess coverage for colorectal, breast and cervical cancer screening in Hood river benefits package when reviewing tobacco cessation coverage.
<b>Community Education and Outreach</b>	By <b>October 1, 2010</b> , we will make a presentation to the County Commissioners, informing them of our plans to network links between tobacco-related illnesses and tobacco policy work at a local level.
	By <b>January 1, 2011</b> , we will have coordinated with school wellness committee and attend a committee meeting to discuss upcoming events or programs.
	By <b>June, 2011</b> , we will have conversations and develop relationships with area agencies on aging, Identifying conditions named in the framework that are a concern. Attending 2 area meetings.
	By September 2011, we will contact Living well representative and ask to incorporate Quitline material on any newsletters, or media streams.
	Update tobacco information at county prevention office monthly through out the year.
<b>Earned Media/ Media Advocacy</b>	
	By <b>August 2011</b> , we will coordinate with the statewide colorectal cancer media campaign linking tobacco use and colorectal cancer.
	By <b>December 2011</b> , we will have collaborated with the health Department on regular articles with the newspaper and will access this media for policy articles.
<b>Policy Development, Implementation, and Enforcement</b>	By <b>March 1, 2011</b> , Hood River Tobacco coordinator with continue to work with La Clinica and Providence Health systems to assess the best practices related to policies for chronic disease prevention and the link to tobacco.
	By <b>June 1, 2011</b> we will promote the Quit line on every email I send out.

**5. CRITICAL QUESTIONS:**

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

County employees are being targeted with the rationale that the County should model good workplace policies.

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

**LOCAL PROGRAM PLAN FORM**

**1. BEST PRACTICE OBJECTIVE #2:**

Tobacco Free Worksites

**2. SMART OBJECTIVE #2:**

(Write your SMART Objective here. SMART = Specific, Measurable, Achievable, Relevant, Time-bound)

**By June 2011, 1 local government building campus will have adopted a 100%free tobacco campus**

**By June 2011- Hood River County will have responded to all complaints of violation of the Smoke Free Work Place Law according to the protocol specified in the Delegation Agreement.**

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

Check the box for each goal area that this objective will address.

- Eliminate or reduce exposure to secondhand smoke**
- Countering pro-tobacco influences**
- Reduce youth access to tobacco**
- Promote quitting**
- Enforcement of tobacco-related local and state laws**
- Reduce the burden of tobacco-related chronic diseases**

**4. ACTIVITIES:**

Describe, in detail, your plan for achieving this objective.

- Write specific, measurable and sequenced activities

- Provide a start date and end date for each activity
- Include milestones that can be achieved quarterly

### Plan of Action Subcategories:

Category	Activities
<b>Coordination and Collaboration</b>	By <b>August 1, 2010</b> , TPEP coordinator will meet with key county administrators to discuss the movement towards tobacco free campuses
<b>Assessment</b>	
<b>Community Education and Outreach</b>	By <b>March 1, 2011</b> ,
<b>Earned Media/Media Advocacy</b>	By <b>November 20, 2011</b> , we will highlight key decision makers and experience of employees who have positively affected by worksite policy?
<b>Policy Development, Implementation, and Enforcement</b>	By <b>June 1, 2011</b> , we will document any changes PHRMH has made to their tobacco free campus policy, based on their assessment of their success after 1 year.
	Quitline?

### 5. CRITICAL QUESTIONS:

#### Critical Questions:

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

Hospital and health care providers have been targeted because they are leaders in the community regarding health issues.

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

We will need data from Providence Hood River Memorial Hospital on the overall compliance and issues with their policy, as well as how many staff and patients accessed their cessation resources.

### LOCAL PROGRAM PLAN FORM

#### 1. BEST PRACTICE OBJECTIVE: #3

Implement the Indoor Clean Air Act

#### 2. SMART OBJECTIVE # 5:

(Write your SMART Objective here. SMART = Specific, Measurable, Achievable, Relevant, Time-bound)

By **June 30, 2011**, Hood River County will have responded to all complaints of violation of the Smoke free Workplace Law according to the protocol specified in the Delegation Agreement.

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

Check the box for each goal area that this objective will address.

- Eliminate or reduce exposure to secondhand smoke
- Countering pro-tobacco influences
- Reduce youth access to tobacco
- Promote quitting
- Enforcement of tobacco-related local and state laws
- Reduce the burden of tobacco-related chronic diseases

#### 4. ACTIVITIES:

Describe, in detail, your plan for achieving this objective.

- Write specific, measurable and sequenced activities
- Provide a start date and end date for each activity
- Include milestones that can be achieved quarterly

#### Plan of Action Subcategories:

Category	Activities
----------	------------

<b>Coordination and Collaboration</b>	Shaun Anderson, tobacco coordinator will respond to all complaints of violation, as well as conduct all necessary site visits. In the event that Shaun Anderson is absent from the office, Maija Yasui, prevention coordinator, will fill in or delegate another person to respond to complaints. In the event of staffing changes, difficulties with WEMS and /or questions about enforcement procedures, Jacqueline Villnave will be consulted.
	By <b>November 1, 2011</b> we will assess compliance with posting required signage by HR County businesses. This will be done as an activity by the Hood River Valley High School Health Media Club.
	By <b>December 1, 2011</b> , we will assess complaints through business owners regarding smoke free laws at a local business meeting?
<b>Community Education and Outreach</b>	By <b>August 1, 2010</b> , we will contact 5 community agencies about posting a link on their website to the Smoke Free Workplace Law.
	By <b>January 1, 2011</b> , contact 3 hotels in Hood River county and assess where they are at with increasing smoking policies.
<b>Earned Media/ Media Advocacy</b>	By <b>November 2011</b> , We will submit a letter to the editor on the success of minimal complaints regarding the 2 years of law implementation.
	By <b>January 1, 2011</b> , we will identify a local champion to submit a letter to the editor about positive business results since the implementation of the law being passed.
<b>Policy Development, Implementation, and Enforcement</b>	
	By <b>June 2011</b> , Shaun Anderson will conduct and respond to complaints and enforce the ICAA according to Oregon Administrative Rule, IG, and DHS procedure. In case of absence Maija Yasui Prevention Specialist will respond.
<b>ASSESSMENT</b>	<b>March 2011</b> , Assess current business signage for the Indoor Clean Act and support business to update

##### 5. CRITICAL QUESTIONS:

Answer the following questions about this objective:

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

Employees have been targeted because they are forced to risk their health due to secondhand smoke exposure on the job, if people are smoking.

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

At this time, I don't anticipate needing and assistance.

**LOCAL PROGRAM PLAN FORM**

**1. BEST PRACTICE OBJECTIVE:**

Smoke free Multi-Unit Housing

**2. SMART OBJECTIVE # 4:**

(Write your SMART Objective here. SMART = Specific, Measurable, Achievable, Relevant, Time-bound)

**By June 30, 2011, the proportion of smokefree multi-unit properties in Hood River County will have increased 25% from baseline**

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

Check the box for each goal area that this objective will address.

- Eliminate or reduce exposure to secondhand smoke**
- Countering pro-tobacco influences**
- Reduce youth access to tobacco**
- Promote quitting**
- Enforcement of tobacco-related local and state laws**
- Reduce the burden of tobacco-related chronic diseases**

**4. ACTIVITIES:**

Describe, in detail, your plan for achieving this objective.

- Write specific, measurable and sequenced activities
- Provide a start date and end date for each activity
- Include milestones that can be achieved quarterly

**Plan of Action Subcategories:**

Category	Activities
<b>Coordination and</b>	Work with Wasco-Sherman County TPEP coordinator on mutual interests such as the Mid Columbia Housing.

<b>Collaboration</b>	By <b>September 1, 2010</b> we will collaborate efforts with Mid Columbia Housing Authority's Ruby Mason to partner on ways to strengthen policies.
	By <b>August 2010</b> , One meeting with a property owner/manager will be conducted and technical assistance for policy change or updating on existing policy
<b>Assessment</b>	By <b>May 2011</b> , we will determine specifics on tenant survey for local multi-unit housings ongoing 100% tobacco free campuses.
	By <b>November 2010</b> , contact Ruby Mason and two landlords regarding input on tenant survey.
	<b>January 2011</b> , Create and mail out tenant survey
	By <b>June 2011</b> , we will determine results of tenant surveys and share with multi unit housing landlords and Mid Columbia Housing authority.
	By <b>June 30, 2011</b> we will have tracked the local rental ads and submitted quarterly results to Health in Sight/ Diane Laughter.
	By <b>June 30, 2011</b> we will have tracked the adoption of no-smoking rental agreements on the TPEP form and submitted the quarterly results to Health in Sight/Diane Laughter.
<b>Community Education and Outreach</b>	By <b>December 1, 2010</b> , we will work with current tobacco free Multi unit housing landlords to increase tobacco signage and access to Quit line material
	By <b>November 1, 2010</b> , Meet with Ruby Mason and discuss giving presentation on training for staff on benefits of going tobacco free
	By <b>June 30, 2011</b> , we will contact WIC representative to discuss coordination on creating "tobacco talk training" with employees.
<b>Earned Media/ Media Advocacy</b>	By <b>October 1, 2010</b> we will submit a MAC plan to Metropolitan Media Group regarding smoke free tenant survey.
<b>Policy Development, Implementation, and Enforcement</b>	By <b>August 2010</b> , we will submit a MAC plan and gain technical assistance from Metropolitan Group.
	By <b>March 1, 2011</b> , work with at least two landlords to implement a plan to enforce a tobacco free policy.

##### 5. CRITICAL QUESTIONS:

Answer the following questions about this objective:

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

Renters, particularly low income renters, as they have a higher rate of smoking and higher rates of exposure to second hand smoke.

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

We will need technical assistance from Diane Laughter and Health in Sight on creating or modifying materials for landlords.

**LOCAL PROGRAM PLAN FORM**

**1. BEST PRACTICE OBJECTIVE:**

Tobacco Free Community Colleges

**2. SMART OBJECTIVE # 3:**

(Write your SMART Objective here. SMART = Specific, Measurable, Achievable, Relevant, Time-bound)

**By December, 2010, Columbia Gorge Community College a will have reviewed existing tobacco-free campus policy and**

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

Check the box for each goal area that this objective will address.

- Eliminate or reduce exposure to secondhand smoke**
- Countering pro-tobacco influences**
- Reduce youth access to tobacco**
- Promote quitting**
- Enforcement of tobacco-related local and state laws**
- Reduce the burden of tobacco-related chronic diseases**

**4. ACTIVITIES:**

Describe, in detail, your plan for achieving this objective.

- Write specific, measurable and sequenced activities
- Provide a start date and end date for each activity
- Include milestones that can be achieved quarterly

**Plan of Action Subcategories:**

Category	Activities
<b>Coordination and</b>	By <b>August 1, 2010</b> , we will contact American Lung Associations

<b>Collaboration</b>	Katie Fidler for guidance in developing objectives and action plans for increasing no smoking policy on 100% of CGCC campus
	By <b>November 1, 2010</b> , we will continue with an educational campaign targeting additional key individuals and groups (multi Cultural Club, Student Body, and administration) to build support for policy change
	<b>September 2010-October 2010</b> , we will meet with at least one student group that is interested in working toward a tobacco free campus policy, to present a case for such, and to offer support and assistance.
<b>Assessment</b>  Struggling!!!!!!!!!!!!!!	
	By <b>August 1, 2010</b> we will conduct community/ neighbor informant interviews to identify readiness and level of support of CGCC policy changes.
	<b>By January 2011</b> we will determine where on campus smoking occurs by visiting on at least four occasions and tracking results.
<b>Community Education and Outreach</b>	By <b>September 1, 2010</b> we will set up presentation with multi cultural club and student body on dangers of second hand smoke and to advocate for support for policy change. Identify a school board member and student champion.
	By <b>September 1, 2010</b> , Oregon quit line will be advertised on bulletin boards, website, and student handbook and newsletters. We will check the bulletin boards in <b>November 2010, January 2011, March 2011</b> , and <b>May 2011</b> to ensure that information is still available.
<b>Earned Media/ Media Advocacy</b>	By <b>January 1, 2010</b> , work with students to write letters to the editor supporting a tobacco free campus.
	By <b>January 1, 2011</b> we will submit a MAC plan to Media Contractor.
<b>Policy Development, Implementation, and Enforcement</b>	March 30 2011-June 2010: we will work with identified key partners and stake holders to develop a Tobacco Free Campus Proposal to be submitted to school board.
	Twice yearly meetings with college once policy is implemented to see if there are any negative consequences,

**B.5. CRITICAL QUESTIONS:** Answer the following questions about this objective:

Formatted: Bullets and Numbering

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

Community college students, high school students attending college, community college employees and visitors. Colleges have been targeted because teens and young adults are prime targets for the tobacco industry. Tobacco-free campus policies reduce the risk that these targets will start or continue using tobacco.

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

We will need assistance from Andrew Epstein with advocating for a tobacco free campus.

### LOCAL PROGRAM PLAN FORM

#### 1. BEST PRACTICE OBJECTIVE #14:

Tobacco Free Hospitals/ Health systems

#### 2. SMART OBJECTIVE #2:

(Write your SMART Objective here. SMART = Specific, Measurable, Achievable, Relevant, Time-bound)

**By June 2010 La Clinica del Cariño Community Family Health will have adopted a 100% tobacco free campus.**

**Hood River Health Department went tobacco free in 2009 and we will follow up with any additional technical assistance.**

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

Check the box for each goal area that this objective will address.

- Eliminate or reduce exposure to secondhand smoke**
- Countering pro-tobacco influences**
- Reduce youth access to tobacco**
- Promote quitting**
- Enforcement of tobacco-related local and state laws**
- Reduce the burden of tobacco-related chronic diseases**

#### 4. ACTIVITIES:

Describe, in detail, your plan for achieving this objective.

- Write specific, measurable and sequenced activities
- Provide a start date and end date for each activity
- Include milestones that can be achieved quarterly

**Plan of Action Subcategories:**

Category	Activities
<b>Coordination and Collaboration</b>	By <b>November 1, 2009</b> , members of the La Clinica advisory group (sub group of ATOD coalition) will meet with key hospital leaders tasked with enforcement of tobacco free campus policy
	By <b>February 1, 2010</b> , hospital staff will meet with representatives of the County Health Department to share information of developing a comprehensive tobacco free campus policy.
<b>Assessment</b>	By <b>August 2010</b> , we will coordinate with Mark England to determine what tobacco cessation services are available for employees
	By <b>July 2010</b> , we will determine if there is a need for a survey for employees regarding smoking cessation and the tobacco free campus.
<b>Community Education and Outreach</b>	July 2010 We will make presentation for the board members informing them on the strategies and Timeline for a successful transition to a tobacco free campus
	September 2010, we will follow up on health departments success on tobacco free campus asking them if they need any technical assistance
<b>Earned Media/ Media Advocacy</b>	By <b>November 20, 2009</b> , we will highlight the success of the PHRMH tobacco free campus after 1 year.
	We will assist in creating designs and media for upcoming policy change for La Clinica
	We will work with partners and ask them to submit letters to the editor, supporting tobacco free campus Julio?
<b>Policy Development, Implementation, and Enforcement</b>	By <b>June 1, 2010</b> , we will document any changes Hood river Health Department has made to their tobacco free campus policy, based on their assessment of their success after 1 year.
	We will provide Quit line information for all patient and employee news letters about upcoming tobacco policy changes.

**5. CRITICAL QUESTIONS:**

**Critical Questions:**

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

Hospital and health care providers have been targeted because they are leaders in the community regarding health issues.

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

We will need data from Providence Hood River Memorial Hospital on the overall compliance and issues with their policy, as well as how many staff and patients accessed their cessation resources.

**LOCAL PROGRAM PLAN FORM**

**1. BEST PRACTICE OBJECTIVE:**

Tobacco Free Outdoor Venues

**2. SMART OBJECTIVE # 9:**

(Write your SMART Objective here. SMART = Specific, Measurable, Achievable, Relevant, Time-bound)

**By June 30, 2011, the Hood River County Fair will passed a tobacco –free policy**

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

Check the box for each goal area that this objective will address.

- Eliminate or reduce exposure to secondhand smoke**
- Countering pro-tobacco influences**
- Reduce youth access to tobacco**
- Promote quitting**
- Enforcement of tobacco-related local and state laws**
- Reduce the burden of tobacco-related chronic diseases**

**4. ACTIVITIES:**

Describe, in detail, your plan for achieving this objective.

- Write specific, measurable and sequenced activities
- Provide a start date and end date for each activity
- Include milestones that can be achieved quarterly

**Plan of Action Subcategories:**

Category	Activities
<b>Coordination and Collaboration</b>	By <b>November 1, 2009</b> , we will enlist support for a tobacco free county fair from youth organizations that have a stake in the fair. Wy'east middle school students (fair is adjacent to school property), 4-H, OSU Extension Service, the FFA club.
<b>Assessment</b>	By <b>October 30, 2009</b> we will determine if there is interest from Wyeast Middle School and Hood River Valley High school in partnering with us to look at county fair policy.
	By <b>November 1, 2009</b> , we will meet with key people who are involved with the county fair to determine support for a tobacco free fair. These people will include 4-H, OSU Extension Service, the FFA club.
<b>Community Education and Outreach</b>	On <b>July 22 – 25, 2009</b> we will have a tobacco prevention booth at the county fair
	By <b>December 1, 2009</b> , work with Wy'east students to develop a petition to be signed by key supporters of a tobacco free county fair.
	By <b>February 1, 2010</b> , attend a fair board meeting with youth from key support groups to educate board on benefits of a tobacco free county fair.
<b>Earned Media/ Media Advocacy</b>	By <b>June 2010</b> , we will purchase advertising in the County Fair program guide tobacco free
	By <b>June 1, 2010</b> , celebrate the fair's decision in Hood River News.
	By <b>June 1, 2010</b> , write letters to the editor thanking the fair board.
<b>Policy Development, Implementation, and Enforcement</b>	By <b>September 1, 2009</b> , provide the fair board with a sample policy.
	By <b>June 1, 2011</b> provide signage to the fair.

**5. CRITICAL QUESTIONS:**

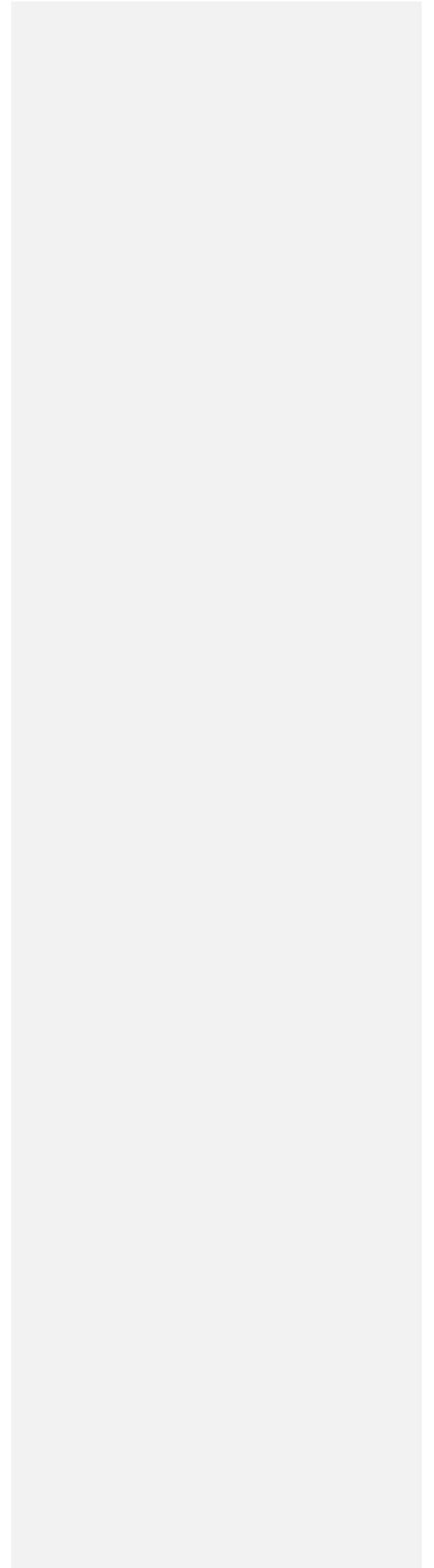
Answer the following questions about this objective:

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

Based on the community assessment done by Hood River Valley High School Health Media Club, the school district and students have been targeted because fair goers are walking onto school ground with cigarettes during the fair. Children are also being targeted because they are being subjected to secondhand smoke at the fair.

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

I would like data on other county fairs that are going or have gone tobacco free.



# Hood River County Coordinated Comprehensive Plan for Children and Families 2010



Prepared for the Hood River County Board of Commissioners  
By the Hood River County Commission on Children and Families  
309 State Street, Hood River, OR 97031  
Phone (541) 386-2500, fax (541) 386-2532

## **MARCH 2010**

The Commission on Children and Families was created by the Oregon Legislature in 1993, and further defined by Senate Bill 555 in 1999. The State Commission on Children and Families is responsible for statewide planning, system improvement and policy development, and provides communities with research-based best practices to inform local programs serving children and families. All 36 Oregon counties have a Local Commission on Children and Families responsible for a local coordinated comprehensive plan, community mobilization and coordination among community partners, individual citizens, civic and faith-based organizations, businesses, non-profits, schools, social service and health care providers to support children from birth to young adulthood. Hispanics make up 26% of the county population and are represented in all planning sectors.

Research has clearly established the link between the level of community cohesion, social trust and a shared willingness to intervene in the lives of children, and such outcomes as juvenile crime and teen pregnancies. Community members want to be in charge of their own destiny. They don't see the world organized into age groups, service categories, or outcome measures. They want helpful services that can be accessed where and when they are needed in a way that is respectful and supportive.

Hood River County has developed a strong sense of community and collaboration to support its children and families. By working together agencies and service providers are able to direct children and families to existing resources or develop services to meet specific needs.

The 2010 Coordinated Comprehensive Plan for Children and Families is a broad look at the county that includes Juvenile Crime Prevention and Early Childhood Plans. Data

collection and analysis is an on-going process, not saved for planning deadlines. It is used for analysis and identification of community issues. School, law enforcement and court staff met to review local data reviewing trends and assessing current conditions. Youth drug use data was carefully analyzed and used with the community ATOD (Alcohol, Tobacco and Other Drug) Prevention Coalition, Faith Connection directing activities throughout the community including extensive faith community participation. Early childhood data was reviewed including school readiness and other predictors of positive outcomes for children.

Prevention and treatment needs and best practices education is included in monthly Commission on Children and Families, ATOD Prevention Coalition, Faith Connection and RDT (Resource Development Team) meetings and annual community forums. Since the last plan update, data analysis identified some interesting issues. Hood River County youth stayed in NORCOR (Northern Oregon Regional Correction Facility) for 698 detention days in 2007 rising to 1119 days in 2008. Careful analysis of the cases identified coding problems and youth attending the NORCOR 30-day program in the facility were incorrectly included with the inmate population. This discrepancy will be corrected by NORCOR for 2009 data.

Several gaps and barriers to service were identified at the local level. There are an undetermined number of youth who are caught in legal limbo. They do not have legal status and are ineligible for college loans or to work as they do not have social security cards (estimated at 10-12 seniors per year). All of the undocumented students that we know of are remarkable young people who should not be held responsible for their situations. Many have been raised in our country and could be contributing members of the community if federal laws allowed them a process to gain legal status. We are creating a class of Hood River County young people who must break the law to work and make a living when they leave school.

The Hood River County child abuse rate is the second lowest in the state. Past child abuse or neglect is a strong indicator of future problems and there are many families in the county dealing with generational poverty and family functioning issues. A broad system of best practice parenting classes has been developed to teach parents how to raise successful children. Classes are offered in English and Spanish, for parents of younger and adolescent children and in different locations. They are well received, but there is still a need for comprehensive in-home supports for higher needs families.

Hood River County has the highest median home price and the second lowest wages in the state. Parents often have to work several jobs to afford housing, leaving children unattended and unsupervised, potentially leading to school failure and at-risk behaviors. Affordable housing also remains a county focus issue. The County Board of Commissioners is spearheading a new affordable 46-unit housing development but it is only a beginning. State assistance is needed to develop more units.

Workforce training for youth was severely cut in the last decade. In 2009 federal stimulus funds allowed a summer youth job training program in our area. It was very

successful and should be continued. At-risk and low income youth were targeted for job training and work experience. 44 youth were served in Hood River County. Many success stories were relayed back to the community as a result of this positive skill building experience. County and state officials can help continue this program by conveying support to federal elected officials of the program's success and the continuing need to train our young people for the job market.

Alcohol, tobacco and other drug prevention continues as a focus issue in Hood River County with significant state and federal funds directed to changing community norms around acceptance of alcohol and other drug use. Data collection expanded to include 6<sup>th</sup> graders across the county in 2008 as the age of initial use was falling and we needed to measure prevention efforts directed towards younger students. County youth numbers are too small to rely on one-year changes so we use 5-year trends to assess change over time. 8<sup>th</sup> grade alcohol, binge drinking and marijuana rates fell over the last five years. 11<sup>th</sup> grade alcohol, binge drinking and marijuana remained stable. Stimulant (drug) use dropped for both 8<sup>th</sup> and 11<sup>th</sup> graders. Alcohol and drug related citations are down as the number of youth parties busted by law enforcement has dropped due to legal (probable cause) and manpower issues. There is still much work to do to change the community norm accepting youth alcohol use. Engaging more community members in drug and alcohol prevention has been a priority for four years resulting in one-third of area churches actively involved in local efforts. They have developed a number of new resources for youth including five youth centers and additional positive youth activities.

A multi pronged approach is proposed to address both underage and binge drinking with a goal to reduce 8<sup>th</sup> and 11<sup>th</sup> grade alcohol use by 2011 and then maintain the reduction through 2014. Strategies include billboards, news articles, increased awareness of drug-free youth activities, youth-developed media, parent education, open container law, alcohol sales education/enforcement, minor decoys, etc. Underage alcohol use will not go down until youth decide it is not the "cool" thing to do. They must be part of the process to make this huge shift. Parents and community members must also convey a message of no-use to youth. Twenty years ago smokers were everywhere – in stores, restaurants, work places, etc. With years of strategic effort, there has been a shift in the community approval of tobacco use – a norm change. We want to make a similar change in Hood River County to shift the trend of youth starting to drink at younger and younger ages and binging with the goal to get drunk. Without the whole county working together, changes of this magnitude would not be possible. Hood River County is very fortunate to have a Drug Free Communities federal grant to infuse considerable resources and technical assistance into this effort. We are encouraged by national data showing reduced use and abuse rates in communities using best practice strategies being implemented locally.

The following issues and strategies are being addressed in the 2009-2011 biennium. This plan encompasses efforts across the county addressing children and families issues. The funds indicated in the Strategy column are funds managed through the Commission on Children and Families. Also included in the strategy column is a limited list of primary partners on each issue. The county plan includes:

<b>ISSUE</b>	<b>STRATEGY</b>
Affordable Housing*	Increase number of affordable housing units by building new units and maintaining existing units (BOC and City Council)
Supports to high risk families with newborns	Increase and maintain intensive support services to high risk families at the birth of their children (\$200,000 Healthy Start, \$20,000 Medicaid, \$20,113 Great Start, \$10,995 Family Preservation and Support)
Documentation and legal status for HRC youth	Advocate for rights of young people raised in our country who are undocumented to develop a system for them to gain legal status. (Federal legislation needed)
Oral Health	Public awareness and education campaign for preventive dental care in a community without fluoride. Also on-going support of voucher dental services for uninsured and underinsured youth with dental. (Providence Hood River Memorial Hospital, dentists, CCF staff time)
Chronic Disease and obesity	Public awareness campaign including education about healthy eating, exercise and lifestyles. (Health Dept. & CCF Tobacco Prevention staff)
Foster homes	Public awareness and faith community outreach to expand the number of foster homes available to meet individual children's needs. (Department of Human Services)
Family wage jobs	Increase awareness of industry/business opportunities and support to prospective new employers (BOC)
Child Care availability and affordability	Increase the number of infant and toddler child care available and advocate for child care provider professionalization (Child Care Resource & Referral)
Food insecurity	Increase availability of FISH food bank resources including new distribution sites in Odell, CL and HR. (FISH – churches)
Abused and neglected children	Support advocate program ( \$32,500 CASA)
Comprehensive services for youth with mental health issues	Implement System of Care services providing wraparound services designed to meet the needs of individual children and youth. (MCCFL)
Job Training	Expand regional youth job training opportunities
Reduce recidivism and detention use	Juvenile Department staff implementation of a risk screen and then directing additional attention and services to highest risk offenders (Juvenile Department)
	Targeting at-risk middle school students for best practice drug prevention program to improve test scores for low income and Hispanic students. (\$27,869 Drug Prevention, \$33,437 Youth Investment, \$12,068 Children Youth & Families and \$22,500 Juvenile Crime Prevention funds)
	Divert first time non-violent offenders to Teen Court ( \$53,048 OYA Basic Services funds)

<b>ISSUE</b>	<b>STRATEGY</b>
	Prioritize community safety and hold juveniles accountable at every level of juvenile system continuum (Juvenile Department)
	Provide work crew opportunities for youth offenders (\$20,000 Juvenile Accountability Block Grant funds)
	Develop local cognitive restructuring program and anger management classes. (Juvenile Department and non-profit)
	Provide wraparound services for Juvenile Department youth (OYA Diversion Funds – through CEOJJC)
Poor Family Functioning	Best Practice parenting education classes offered in Spanish and English across the county for parents of young and adolescent children (\$42,631 Drug prevention funds)
	Life Skills training (churches)
School Success –	Hood River Valley School Liaison to connect Hispanic students and their parents with school (\$20,000 Juvenile Crime Prevention funds)
	Mentorship for youth needing positive adult role models and friends (\$12,500 Drug Prevention, \$2,500 Juvenile Crime Prevention, \$2,062 Great Start and \$5,438 Children Youth & Families funds)
After school activities	After school programs provided by faith community
	After school programs at all elementary and middle schools (School District and churches)
Alcohol and Drug use - youth*	Alcohol, Tobacco and Other Drug Prevention media campaign by middle and high school students (Drug Free Communities federal grant funds)
	Increase number of minor decoy and shoulder tap missions to reduce underage alcohol sales. (Drug Free Communities grant funds)
	Post alcohol laws and consequences for underage sales on alcohol products during high use times – Super Bowl, New Years, 4 <sup>th</sup> of July, etc. (Drug Free Communities and Drug Prevention funds)
	Work with adult event to reduce underage drinking (Drug Free Communities grant funds)
Homeless and runaway	Identify homeless and runaway youth through Juvenile Department and School District personnel and document services need.
Domestic Violence	Public awareness campaign INOKA – (Community Corrections, District Attorney’s office, Helping Hands)
Information & Referral	Resource Directory publication (CCF staff) and expansion of 211 (statewide I&R service)

*\*focus issues*

Recent release of County Health Rankings showed Hood River County with the highest overall ranking in the state for Health Behaviors, Clinical Care, Social & Economic Factors and Physical Environment. Hood River County will continue to systematically work towards a community that promotes the wellbeing of *all* children and families. The identified issues above will be addressed by a wide variety of agencies, groups and individuals in a collaborative fashion acknowledging that we are working towards a common goal – providing quality of life for all (children and families).

The Hood River County Coordinated Comprehensive Plan for Children and Families outlined above has been reviewed and approved by the Commission on Children and Families and the County Board of Commissioners.

---

Allyson Pate  
HRCCCF Chair

---

Date

---

Ron Rivers  
HRC-BOC Chair

---

Date