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January 13, 2012

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

RE: FY 2011/FY 2012 Annual Plan for Hood River County

Dear Mr. Engle:

Enclosed is Hood River County's FY 2012-2013 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.

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 2012-2013 Hood River County Health Department

During 2011 the local funding level was stable and there were no unpaid furlough days for county staff. The outlook for the upcoming year is similar to this year. A limited number of timber sales were held in 2011. The health department is planning to continue with the current staffing level which is still reduced from 2007. During more peak times staffing levels are not adequate to deliver service at the desired level, the lower staffing level also limits accreditation activities as well as any sort of program expansion.

There was a renewed level of partnership and collaboration among providers and programs in the county. These partnerships worked on community and health impact assessments and the resultant planning. Currently the main effort is around the needs of the medically uninsured population in the county. These partnerships will be invaluable as the role out of CCO's is accomplished. There is already local work being done to shape some positions on what is needed from a CCO from the local perspective.

A major accomplishment has been the sewer installation in the Windmaster area. The adoption rate has been good, all of the phase one hook ups has been accomplished and approximately 75% of the total hook ups have been made. This was facilitated by the county making funds available to help offset the costs of grinder pumps that many hookups needed due to the contours of the land in the health hazard overlay area. There is some interest in adjacent land owners being able to connect to the sewer line, at this time such activity is outside the regulations that govern the Windmaster expansion.

Accreditation is being pursued in only very minor ways due to lack of resources. The HD is taking part in technical assistance calls to be in as poised a position as possible. The fees that accompany the applications and recur are part of the issue.

The current decrease in the level of federal and state funding, both in direct dollars and service assistance is impacting the health department. At this point the local county funds are not able to offset these decreases. The entire fee structure for environmental health was examined and reviewed. Many of our fees were below the average for other counties. The decreased number of DEQ related permits has also had an impact locally. It is more difficult to increase other clinic fees, with the exception of lab and supply fees which are passed on at our cost to the client. For many of our clinic services we serve a safety net roll. We are endeavoring to maximize our billing, especially to third party payers. With the impending impact of CCO's and the Oregon Education Investment Board/Early Learning what the future of public health services will look like in Hood River County is very much up in the air. The health department is doing its best to position itself to keep offering population based services, potentially with a new focus.

II. HOOD RIVER COUNTY ASSESSMENT 2012-2013

Community assessments, in the past year in Hood River County, include a hospital needs and assets assessment, a Centers for Disease Control CHANGE format assessment and a health impact assessment for a new park development in the county. These assessment activities were carried out as a collaborative between Providence Hood River Memorial Hospital, Next Door Inc., Oregon State University Extension and Hood River County Health Department.

All of the assessment conclusions pointed toward the issues of chronic disease burden and the role that diet and exercise play. There is desire for open spaces that can be used for low cost and free physical activities, land that can be used for citizens to grow their own food and incorporation of worksite wellness activities. At this time plans are being formulated using grass roots level of funding as well as looking toward other funding sources that might be available. Sustainability is of prime concern and the current economic status of the state and county does not allow for certain maintenance of development even if funding for building can be found.

General County Information and Population – Hood River County (HRC) was established June 23, 1908 as the 34th 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. Median household income is \$47,967 and per capita personal income was \$22,759, which is a decrease. In 2009 the median gross rent was \$646; the median home value was \$325,914. In 2009 22.1% of households had an income of less than \$20,000, while 11.2% had incomes of \$100,000 or greater. The percentage of persons of all ages living below the poverty level is 12.9%, children in poverty is 20%.

WIC caseload has shown an overall increase during the year 2011. A large percentage of the WIC case load is of Latino ethnicity and there has been a decrease of the number of Latinos coming into the area for agricultural jobs. Due to budgetary constraints the WIC program moved back into the main HD building. This consolidation has added extra workload to the front office reception staff, but has allowed WIC clients to receive better service and bring the program back within standards and requirements. Client telephone calls are answered more promptly and check in process for appointments has been streamlined. There were 655 families served during 2011. Among WIC mothers 99.4 initiated breastfeeding for their infants. In 2011 the value of redeemed food instruments at authorized retailers in Hood River County was \$570,774. In 2011 26.5% of WIC clients were co-enrolled in food stamps, 85.5% in Oregon Health Plan and 1.5% in TANF.

Affordable housing remains an issue in Hood River County. In 2011 a new low income housing development opened for residents, there are forty units available, but the number of applicants was over 200. There are currently 9,271 housing units on record, building has slowed in the county as it has in the rest of the state. Of the housing units available 15.3% are in multi-unit structures. The median value of owner-occupied housing units through 2009 has decreased from \$325,914 to \$295,900 which is still higher than the state average of \$244,200. There are an average of 2.58 persons per household which is slightly above the state average. Population density is 42.8 persons per square mile.

The continued downturn in the global economy has greatly impacted the timber market, a key source of income for county government activity. During 2011 the county did carry out several timber sales, while the price was moderate, it was not up to pre-2008 levels. There is a restriction that the logs harvested by the county cannot be used for export, so the timber is seen in some senses as less desirable. The resources in the county timber fund are being closely monitored so as not to completely deplete this revenue reserve. There were only 88 building permits issued in 2010.

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. The health department continues to receive funding to assist in providing school health services to Hood River County School District. PHRMH is JCAHO accredited. PHRMH stopped the provision of services through their mobile health unit. Work is currently being done to determine what the best use of the mobile health unit might be; one thought is to use it as part of a school based health center model. Over the past year Providence has expanded its presence as a primary care provider opening a family practice clinic and increasing internal medicine clinics. Providence also continues to provide access to specialty care in urology, orthopedics, neurology, and cardiology.

The county has an FQHC. At this time the FQHC is experiencing challenges with continuing to provide care to uninsured citizens in the county. Planning is underway involving a wide variety of providers in the county on how to best address care for the uninsured while also collecting better data on the need and services provided. Pregnant women are able to receive prenatal care in the county and most providers accept Medicaid payment.

In the 2011 County Health Rankings funded by Robert Wood Johnson Foundation and compiled by University of Wisconsin, Population Health Institute Hood River County ranked second out of 33 counties for Health outcomes and fifth for health factors. Under the heading of health factors health behaviors ranking was seventh, clinical care ranking was fourth, social and economic factors ranking is fifth and physical environment ranking is first. Health outcomes rankings show Hood River County third for mortality and second for morbidity. The impression is that Hood River is a healthy place to live with a good ratio of primary care physicians and many opportunities for recreation and physical activity and good access to healthy food. On the other side of the picture 33% of adults do not have health insurance and the local food bank has seen a great increase in need. Many people accessing the food bank are those who have not had to rely on food subsidies in the past. Many people who have not been able to find employment in Hood River have left the area due to high housing costs and a limited job market. More information on county health rankings can be found at www.countyhealthrankings.org/oregon

1. Public Health Issues

Ageing Issues – Population estimates for 2010 showed 13% of county residents are 65 years and older. Estimates of population for 2009 show of those residents 65+ years 17% are 85 years and over. This remains steady at about 2% of total population. Yearly death rates are showing a slight decline over the last couple of years, but not a significant difference. There are currently 2 independent retirement living facilities; four assisted living facilities, and 1 nursing home. Dental care, prescription costs, transportation and housing costs remain 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 services from cardiologists, oncologists, a rheumatologist, 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, Hood River County ranks only 5.8 out of 10 for overall air quality compared to the country by one source. Another source states there were 303 days measured, with 300 of the days having good air quality. 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. Not much data is collected on air quality in Hood River County.

Births – Year to date data for 2010 shows that there were 278 births to Hood River County Residents (206 births in 2011 through September). There has been a decreasing trend since 2007. The crude birth rate continues to decline and in 2009 was 12.84/1,000 for total population, for the Hispanic population it was 21.84/1000. For the year 2009 the age specific birth rate for all women 10-17 years is 3.91/1,000. The birth rate for total women 18-19 years is 70 /1,000, which is stable. The rate for total women 20+ years is 60.95/1,000, which is a decrease. The risk factors of maternal minority race/ethnicity, maternal age 35 and older, 4 or more live births, and less than 12 years education were all higher than the state average. The low birth weight rate for HRC is significantly lower than the state average, none of the county births were extreme low birth weight.

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. Prenatal care was begun in the first trimester by approximately 80% of women in 2009. The rate for inadequate prenatal care is significantly less than the state average.

There were 41 induced terminations performed for Hood River County women in 2009. There were no abortions performed on girls less than 15 years of age in 2009, the highest number (16) was in women 20-24 years of age, this is a change from the previous most common age of 25-29 years of age.

In 2010 preliminary data indicates there were 108 first births (38.8%) up from 33.34% in 2007. In 2009 30 mothers (10.8%) indicated they had used tobacco while pregnant, this number is an increase, and the most impacted age group was mothers 20-24 years.

Communicable Disease – Hood River County continues to have a low occurrence for CD. There have been no major outbreaks in the past year; however there were 2 cases of measles in 2011. In 2011 Chlamydia continued to be the most frequently reported disease. There were 98 total cases of notifiable diseases or conditions in the county in 2011. The second most reported condition was chronic hepatitis C with 7 cases and 6 cases of campylobacter reported. There were 2 cases of active tuberculosis in the county in 2010 and none in 2011. There were a total of 15 animal exposures reported; no use of prophylactic rabies vaccine was required. Hood River County continues to maintain a high level of compliance for timely reporting of notifiable conditions to Oregon State Public Health Division.

Deaths – Median age for deaths in Hood River County for 2009 was 81 years if age, 80 years for men and 83 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 2009 shows the four leading causes of death in descending orders are: heart disease, cancer, cerebrovascular disease, and Alzheimer's Disease. 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. Of the 174 preliminary data deaths in 2009, one was less than one year of age, 2 in the range of 1-14 years, 5 in age range 15-34, 35 were from 35-64 years, 59 deaths were 64-84 years of age and the remaining 72 in those aged 65 and older. In 2009 23% of residents selected cremation, as their final disposition, 37% were removed out of state, but that is not unusual for a border county. There were 173 deaths that occurred in Hood River County in 2009 (YTD) of those 22 involved the medical examiner and of those 11 were autopsied. The health officer for the county serves as the medical examiner and is assisted by a deputy medical examiner. In 2009 there were 6 deaths due to Alcohol or drugs. Three were due to chronic alcoholic liver disease and three were due to other alcohol-induced causes. There were 30 deaths linked to tobacco use. Years of potential life lost before age 65 is lead by unintentional injury followed by cancer. Unintentional injury deaths were 11, 5 of which were motor vehicle related, 4 from falls and one each from fire and drowning.

Dental – adequate dental care remains a huge problem in the county. Give a Kid a Smile Day will be held in February again 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. ODS currently covers a larger number of children, ages 6-12 years, not currently covered by other dental insurance programs. The work of GDAC has brought about a decrease in the number of children needing extensive dental care. The need for routine dental care continues for adults, currently the only services offered are related to urgent need, frequently consisting of extraction.

Diabetes and other Chronic Diseases –

Diabetes accounted for 2 deaths in Hood River County in 2009. There are the same concerns for this chronic disease 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. At this point there is no good way to determine the morbidity of diabetes in the county. A study is underway to look at all payer data for diagnosis and treatment information that will give better data on this and other conditions. 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.

The health impact assessment showed that there is great interest in developing land near the City of Hood River where people can grow their own food, both to decrease monetary outlay for food and increase the nutritional value of meals. There is also a great desire to have safe outdoor areas for a variety of physical activities, not just organized field games such as baseball and soccer. Community meetings have given input on desires of the community. Healthy Active Hood River County (HAHRC) continues to meet and work on ways to promote physical activity across the lifespan, especially those geared toward entire family participation. The farmers market continues to grow in popularity, variety offered and there are some preliminary discussions of moving to a CSA model. Farmers donate fresh fruits and vegetables to the food bank to help improve the nutritional quality and variety of the assistance offered.

Emergency Medical Services – the city of Cascade Locks has had issues in 2011 with the provision of fire and ambulance services. At this time ambulance services are being contracted for outside the county.

Domestic Violence – In 2010 there were 88 assessments for child abuse/maltreatment done. Of those 39 were unfounded, in 24 cases a determination was unable to be made and 25 (28%) were

determined to be founded. The data for 2010 categorized 14 of the cases as involving neglect, 13 showed physical abuse, 7 involved sexual abuse and exploitation and there were 36 incidences of threat of harm. Hood River County had 5,641 children under the age of 18 in 2010, there were 49 victims reported for a rate of 9.0/1,000. The state rate was 12/7/1,000. Of the founded cases 12 (rate of 2.2/1,000) were served in home, while 29 (rate 5.3/1,000) were placed in foster care. In 2010 10 children entered foster care and 14 exited foster care. The median stay in foster care was 10.6 months. Age specific data for children experiencing at least one day in foster care showed 9 children ages 0-5 years, 13 children ages 6-12 years and 21 children 13 years and older. There are 14 foster homes with regular certification and 6 with special certification.

In 2010 there were 3000 nights of shelter provided. There were 40 temporary restraining orders issued, 6 of which were for stalking. Seven no contact orders were issued. These numbers are basically static; however there is an increase in the number of female offenders. The hot line run by Helping Hands receives about 100 calls per month.

In 2010 there were 12 full time law enforcement officers, which is a decrease from 15 in 2005-2007. Data shows that the City Hood River has a significantly lower crime rate than The Dalles. The crime index is 114.2, national average is 306.6. There were 145 thefts, 10 auto thefts, 24 burglaries and 2 assaults reported in 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. There have been no reports of adults with elevated blood lead levels.

Emergency Preparedness – the county continues to take part in regional and inter jurisdictional preparedness activities and exercises. Mass vaccine clinics are held each flu season to reach the maximum number of citizens at the lowest cost possible. Work continues on all hazards planning and changes are made to reflect the status of county resources and risk factors.

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 the majority of food handler classes are now taken through a computer-based program. In 2010 we had approximately 13 complaints of foodborne illness reported to us for 23 total food complaints on a variety of food service issues. All complaints on public restaurants are promptly investigated. We are continuing 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. This program has had the desired effect of an increased number of food service facilities scoring 95 and above. There have been no major foodborne illness outbreaks in the past year. Hood River had 191 licensed

temporary restaurants, 12 mobile units, and 94 restaurants in 2010. The downturn in the general economy seems to have prompted more people to open food service facilities, especially mobile units.

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, which has long experienced issues with sub surface septic disposal has seen sewer construction completed and service started. The compliance for hooking to the sewer system has been very high; all of the mandated connections have been made. The next deadline for connections in the health hazard overlay area is 2013. Home owners that required a pump for their system have signed up already in order to take advantage of a reimbursement incentive that helped them pay for the pumps.

Adolescent Health and Risks

Youth Suicide –The 2007-2008 OHT survey reported that 14.9% of 8th graders and 16.3% of 11th graders contemplated suicide in the last 12 months. Among 8th graders 3.9% had made one attempt and 2.1% had made 2-3 attempts. Among 11th graders 4.0% had made one attempt and 1.7% had made 2-3 attempts. There were no successful youth suicides in Hood River County in 2011.

Sexual Behavior – Youth Survey 2007-8 11th 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 8th and 11th 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 8th graders and 59.7% stated they used a condom the last time they had intercourse. Among 8th graders 74.5% and 85.3% of 11th graders used some form of contraception. Youth Survey 8th 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 11th graders and 62.9% of 8th graders stated they always wear a seatbelt. Among 11th graders 17.8% and 14% of 8th graders stated that they ridden in a car with a driver that had been drinking. Harassment was reported by 30.9% of 11th graders and 38.2% 8th graders. In the 8th grade the major issues were comments on appearance (clothes, acne, etc) and sexual comments. Among 11th 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 8th grade and 2.5% in 11th grade. Most students in both 8th and 11th 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 – the Hood River County Tobacco Fact Sheet shows that 94% of eighth-graders report that they live in smoke-free homes. Smoking was reported by 5% of eighth-graders and 15% of 11th-graders. This represents a 54% decline among 8th-graders and a 46% decrease among 11th-graders. Smokeless tobacco use among males was approximately 3% for 8th graders and 8% for 11th graders.

During the previous 30 days alcohol had been consumed by 45.4% of 11th grade and 31% of 8th grade students. Among students who consumed alcohol binge drinking was stated by 24.5% of 11th grade and 10.4% of 8th grade students. Over 83.6% of 11th grade and 66.2% of 8th 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 11th graders and 7.2% of 8th graders missed school due to alcohol consumption. The Hood River County Sheriff's department is well aware of where parties are held and tries to be very proactive in enforcement. The juvenile department in the county also takes an assertive stance with underage drinkers, starting with first time offenders.

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

Family Life – Over 95% of students in both 11th and 8th 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 8th graders and 80% of 11th graders responded that there was at least one teacher or other adult outside their home who really cares about them. The Hood River County Commission on Children and Families is very active in making positive experiences available for children and teens. Programs include Big Brother/Big Sister, athletic scholarships, movies, work opportunities, and after school gathering places with healthy environments.

Community Life – Among 11th graders, 82.2% stated they liked their neighborhood and 89.1% said they felt safe there. Among 8th 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 11th 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 8th 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 8th 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. Speakers and information are always available.

Immunizations – as a result of the 2011 immunization review process there were 375 exclusions letters were issued. The breakdown of categories shows: 51 for no records and 324 for incomplete immunizations. There were zero students that were actually excluded from attendance. The most frequent missing antigens were Hepatitis A and Tdap, and Varicella; these are the newest vaccines to be added to the exclusion cycle. Providence Hood River Memorial Hospital is now taking part in the Perinatal Hepatitis B program and Tdap for new parents. The up-to-date levels for the county continue to be greater than the state average. HRCHD met all of the LHD performance measures as set by OHA. More children are receiving their immunizations in their medical home. In 2009 HRC immunization rates were 74.1% for 6 completed vaccines; the statewide rate was 65.5%. In the recently completed school and children’s facility primary review Hood River County had a religious exemption rate of 6.9% and a medical exemption rate of 0.1%. The religious exemption rate was highest for children’s facilities, serving children 19 month to prekindergarten and lowest in the 7th grade. The state percentages show the same trend, but have a lower rate in children’s facilities. HRCHD continues to work with local providers to assure access to flu vaccine for all residents.

Injury Morbidity and Mortality – Unintentional injury is concentrated around motor vehicle accidents and incidents on Mount Hood. Mt. Hood Meadows in within the county boundaries and there have been a number of winter sport related fatalities. Injuries are also sustained by those attempting to summit the mountain. There is also a large water activity business in Hood River; despite the large number of people that come to the area to take advantage of wind surfing and kite boarding there have been few fatalities. Agriculture is a large employer in the county; there are accidental injuries and deaths involving tractors, orchard mowers, and ladders.

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 continues to be 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 – The Hood River Wasteshed’s Opportunity to Recycle Program was in full compliance in 2010 and was assigned the status of Approved on March 1, 2011. Hood River Wasteshed earned 6% in Recovery Rate Credits for a Total Recovery Rate of 32.4% easily surpassing our 25% goal. In 2010 Hood River County disposed of 17,782 tons of waste and recovered 6,392 tons of waste. Our overall permits issued for the Onsite Wastewater Program were up in 2010.

We issued 124 total permits in 2010 compared to 113 in 2009.

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 county mental health authority has just re-joined Greater Oregon Behavioral Health, Inc. as the Medicaid mental health management provider. 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.

Developmentally Delayed citizens are served locally, both in their homes and in a number of group home settings. There is an employment training sheltered workshop facility in the county. It was established in 1967. The worker base is about 150, they work in growing nursery stock, doing janitorial work, sewing, and secure document destruction.

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.

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 is a new park in the Odell area and a community center that is offering exercise classes to the public at no cost. There are also community gardens near this site. The county has recently donated land for use as community gardens. These community gardens promote local fresh food production. 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 2000 (20,411) to 2010 (22,346) was 9.5% which is less than the state growth rate and much less than the growth rate from 1990 to 2000. Hood River County has about 0.58% of the state population. Median age is 33.5 years.

Gender - Data for 2008 shows that gender, overall there are approximately 50% males and 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 27% of the population to be under 18 years, 61% are 18-64 years, 9% to be age 65-80, and 6% to be 80+ years.

Race/ethnicity - approximately 70% of the residents are white, excluding Hispanic ethnicity, 1% is black, 1% is Native American, and 2% is Asian/Pacific Islander. Of these races approximately 27% 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 consistently carries out all scheduled surveys and consistently earns all of the money available for drinking water work. There are currently 18 active water systems in Hood River County.

Teen Pregnancy – Births to teens in HRC in 2009 were below state rates for those 10 to 17 years of age (3.9/6.1) , 15-17 years (10.4/15.5), higher in 18-19 years (65.8/58.0) and on par for the overall ages 15-19 years (32.6/32.5). The preliminary rolling rate for ages 15-17 for July 2010 to June 2011 is 20.6 which is higher than the state rolling rate of 16. The percentage of teens served by the family planning program in 2010 was 26.6%.

Unintended pregnancy –In 2010 there were 1142 unduplicated clients served in 2135 visits. Of those seen 37.3% were no charge and 78.2% were at or below 100% of the federal poverty level, 50.4% qualified for service under the CCARE program, there were 363 new clients, and 721 continuing clients, 10 of the clients were under 15 years of age, 145 clients were between the ages of 15 and 17 years of age. Of the total clients 94.6% were white and 48.1% were Hispanic. The estimated number of women in need served was 70.6% compared with the state estimate of 44.9%. Family planning clients uninsured for primary care was 94.1%

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 2011-12, there were no further reductions in county general fund support; the development of the health department budget will be starting soon and will be completed by mid-February with adoption by the county board of commissioners in June. Costs charged to the HD for the services offered continue to rise for salaries and materials and services, utility costs and fuel 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. The County was without a contract for its union employees for approximately 16 months. This caused a lot of angst among staff. The practice of furlough days for county employees has been discontinued.

Maintenance of continued adequacy of local public health services was maintained in 2011. What the future for 2012 will hold is much unknown. The impact of the state's new Early Learning Council and Coordinated Care Organizations is unknown. There may be major shifts in work load and type.

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 to monitor and preserve the health of citizens. Reporting from labs and providers remains timely and appropriate. There were two cases of measles in 2011, one in an adult who was exposed in New York and a non-familial epi linked infant. Due to good vaccine coverage and investigation there have been no further cases reported. Immunization services continue to be 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. See additional information under unintended pregnancy heading above.

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. The county does continue to be above the state level for up to date childhood immunizations.

Through Providence Charitable Care, OHP, the CAWEM waiver 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 three 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 effort to bring all food service providers into compliance with statutes, rules and program guidelines continues. 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. The HD is involved in a working group for looking at ways to provide a medical home for uninsured residents.

III. Action Plan 21012-2013

CONTROL OF REPORTABLE COMMUNICABLE DISEASES

Current condition – Hood River County continues to have a fairly low rate of communicable diseases and conditions, there were 98 reported in 2011. 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. Requirements include conducting investigations of sporadic cases and outbreaks, monitor and control of 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. The HD continues to encourage local providers to contact us with clinical diagnoses as well as those that are lab confirmed so that planning for any needed control measures can be started.

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. The next most coming condition was chronic hepatitis C. Enteric, generally parasitic conditions are next most common. There were two cases of measles in 2011, but there have been no other major outbreaks of disease in the last five years.

The HD has adopted the use of 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 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 including attendance at the annual OR EPI conference

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 ORPHEUS 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.

Tuberculosis Case Management

Current Condition or Problem –

- There are no current active cases of tuberculosis in the county.

Goals –

- Monitor for any new active tuberculosis cases
- Completion of treatment for LTBI and active disease

Activities –

- Maintain contacts in primary care settings to assure providers are remembering to consider tuberculosis when assessing clients
- In the event of an active case of tuberculosis arrange for DOT for active cases, including incentives if appropriate and available
- Interview LTBI cases for names and addresses of contacts for potential case findings

- Maintain staff training 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. The current staff has been in place for several years and so has provided stability and constancy to the program.

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.
- The Health Department building and campus are 100% tobacco free. Discussions have been held about ways to possibly initiate this policy at other county buildings and potential barriers.
- Hood River County will respond to all complaints of violation of the Smoke Free Work Place Law according to the protocol specified in the Delegation Agreement.
- Hood River County will continue to try to increase the proportion of smoke free multi-unit properties in the county.
- Hood River County continues to work in cooperation with Wasco County and Columbia Gorge Community College to review existing tobacco-free campus policy and move toward implementation.
- Work is being carried out with Hood River County Fair to pass a tobacco-free policy

See attached TPEP plan.

PARENT AND CHILD HEALTH

WIC –

- See plans under separate section. Review will be carried out in 2012.
- The WIC program moved back into the main health department facility in July 2011. This has facilitate other HD staff to assist WIC staff with check in, reminder calls, and FI printing.

IMMUNIZATION -

- See attached Immunization Plan

MCH BLOCK GRANT –

Current Condition –

At this time HRC is part of the CAWEM waiver for pregnant women. Providers are very happy to have this program in place as it removes the payment barrier for this population, providing better assurance for women having adequate prenatal care.

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. A SBHC could provide medical care to students in the county. The school district has expressed a renewed interest in the concept of a SBHC. Details on how this could be brought about are being examined. Some of the issues are what age/grade levels would be served, where would the SBHC be located, how would students, especially from other schools access it. The majority of the school buildings still do not have space available for clinical services.

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 –

- Continue county participation in the CAWEM waiver program.
- Maintain contact with funding opportunities for planning grants of SBHC
- Work with school district and other community partners regarding service provision models

Evaluation –

- Monitor data on number of women covered by the CAWEM waiver program
- Presence of 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 are available 24 hours per week, this does not seem to have adversely affected the program. Refills, counseling, etc will continue to be available five days per week. We provide a variety of available birth control methods. In 2010 these services have resulted in averting 229 unintended pregnancies and serving 1,432 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 47.8% and teens were 27% of clients served in 2010. Based on population estimates approximately 53.9% of sexually active females, aged 15-17 were served. Births in the 18-19 year age group are higher than the state average. Of clients served by HRC family planning program, 92.7% are below 150% FPL, nearly 59.7% were covered by Medicaid, and 94.1% are uninsured for primary care. This statistic is also borne out by the County Health Rankings.

See current family planning 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.

Low cost dental care for low income adults is extremely limited.

Goals –

- Improve the dental health of County residents, especially children. This goal continues, although some headway has been made.
- Maintain 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]) and ODS have 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.
- Usage of GDAC program by children has decreased. Give a Kid a Smile Day is seeing numbers about half of previous levels. Activities contributing to this decrease are:
 - Preventive messaging and activities (sealants etc)
 - Primary care provider training on checking for oral health
 - Healthy Kids insurance coverage including dental
 - ODS voucher program for uninsured children, modeled on the GDAC program

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 and follow-up of food complaints
- 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.

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
- Provide information on composting

Activities –

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

Evaluation –

- Annual Wasteshed report on solid waste and recycling activities
- Household hazardous waste collection is conducted on a monthly basis.
- Backyard composting bins are available

Subsurface Liquid Waste Disposal – Windmaster Area

Current Condition –

- The construction of the system has been completed and all mandated connections for the first phase have been completed. Some of the connections that will be required to be completed in 2013 have also been made. The reason for these is the reimbursement for connection that the county funded. The funding was primarily for grinder pumps required for some locations.

Goal –

- Connection of the remaining properties in the Windmaster Sewer District to the extended sewer lines by the 2013 date

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.
- The county health officer serves as the medical examiner with assistance from a physician's assistant.

Goals –

- Maintain assurance compliance
- Conduct a community health assessments
- 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 help 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 which will be reviewed by the medical examiner (health officer)
- 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
- In 2011 Hood River County HD issued 1273 certificates to fill 459 requests. The average completion was 1 day.

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.

HRCHD is 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. 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. This facility has been used for mass influenza vaccine clinics with success.

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

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 in the county is open at a decreased schedule from when it was funded by county government. The library is funded by an operating levy approved by county residents in November of 2010.

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. 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. During the 2010-2011 school year 584% of students are on free and reduced lunch program, this is out of an enrollment of 3,967 students. The highest rate is 89.5% at Cascade Locks School followed by Westside Elementary School at 87.8%, the lowest percentage is at Hood River Middle School and May Street Elementary with 47.8%.

Accreditation

Hood River County Health Department is looking at pursuing accreditation, but due to decreased staffing and funding levels this activity being worked on very slowly.

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.

Health Care Facility Cascade Locks

The City of Cascade Locks has weathered a great deal of turmoil during 2011. There was a recall of the mayor and majority of the city council, the city manager was terminated, the fire chief/EMS director resigned leaving the city without fire and ambulance services for a time. Although there is need for a facility there does not seem to be a sufficient patient base to provide staffing and services. The county and partners are looking at methods of providing medical

services to those in need. This may end up providing transportation to Hood River for services. The mobile health unit ceased operation as of July 1, 2011.

Affordable Housing

Despite the opening of an additional 40 units of low cost housing during the past year, there is still not a sufficient supply of low income housing. Another aspect of the need is affordable housing for the working force in lower wage jobs. Winter of 2012 is seeing the second year for operation of warming shelters in the county. Churches are using a rotating schedule of offering shelter overnight from December through March. A light meal is also offered. At this time all staffing is volunteer.

Healthcare for the uninsured

A wide partnership is meeting to discuss what the load of uninsured residents is, what sort of services they need, where services are being provided, how to provide medical homes for this population, how to provide quality care in the least expensive manner and how to gather better ongoing information on this population.

Loss of HIV Prevention Funding

Hood River County is one of the counties losing HIV prevention funds. While we do not have a large high risk population seeking services it will place a large burden on the HD to fund outreach and testing activities. One major concern is the use of rapid oral testing technology, these tests are more expensive per use, but when using the PHL for blood testing there is a much lower rate of people returning for their results. Many patients are not able to afford to pay the costs of the oral testing kit.

Chronic Disease Impact

With the advent of coordinated care organizations (CCO) there may be new opportunities for case management/coordination for residents with chronic disease. More quality care, coordinated among providers should result in positive outcomes toward the triple aim.

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 third Monday of the month with a work session preceding 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. Updates are given to the BOC at least semiannually and more frequently as needed or desired by either party.

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 next regularly scheduled triennial review will be conducted in April of 2013. All program areas are in compliance at this time.

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.



**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
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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

January 12, 2012

Tom;

The Hood River County Budget Committee will meet starting in April 2012 and will have the county budget for FY 2012-2013 ready for adoption at the June 18, 2012 Hood River Board of County Commissioners 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

VII. Minimum Standards

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

Organization

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

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

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

Control of Communicable Diseases

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

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

Environmental Health

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

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

Health Education and Health Promotion

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

70. Yes No Local health department supports healthy behaviors among employees.
71. Yes No Local health department supports continued education and training of staff to provide effective health education.
72. Yes No All health department facilities are smoke free.

Nutrition

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

Older Adult Health

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

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

Parent and Child Health

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

Primary Health Care

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

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

Cultural Competency

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

Health Department Personnel Qualifications

Local health department Health Administrator minimum qualifications:

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

Answer the following questions:

Administrator name: Ellen Larsen

Does the Administrator have a Bachelor degree? Yes No

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

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

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

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

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

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

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

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

Administrator holds a graduate certificate in Public Health from University of Washington. Environmental Health was not a requirement at the time of the coursework.

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

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

AND

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

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

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

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

OR

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

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

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

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

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

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.



Ellen Larsen, RN
Local Public Health Authority

Hood River
County

1/13/2012
Date

Hood River County Board of Commissioners

County Administrator

Health Department Director

Supervising Nurse

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

Office Manager

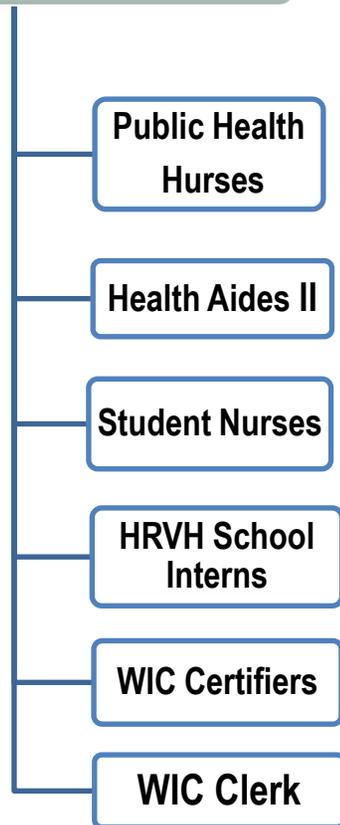
- Clerical
- Vital Statistics
- Business Services
- Support Services
- Information/Referral
- Department Operations
- Purchasing
- Payroll

Regulatory Health Services

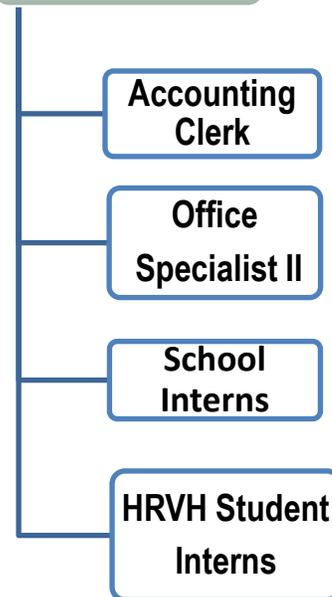
- Health Officer
- Laboratory
- Environmental Health Services
- Medical Examiner

Hood River County Health Department Director

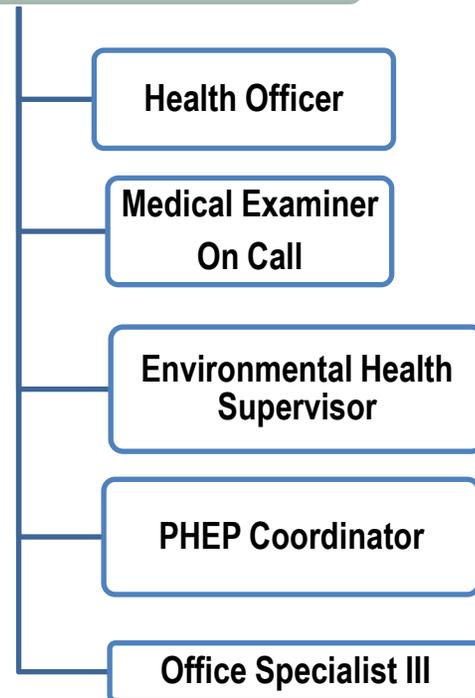
Nurse Supervisor



Office Manager



Regulatory Health Services



Hood River County Juvenile Crime Prevention Plan:

A Section of the Coordinated Comprehensive Plan Update 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

JANUARY 2010

The Commission on Children and Families was created in 1993 when the Oregon Legislature passed House Bill 2004. It empowers counties to address the specific needs of their children and families. The 1999 Oregon Legislature adopted Senate Bill 555, which declared “Communities provide the context for healthy children and families, and strong families and healthy communities are interdependent.” To support this focus on children, families, and communities, the legislation directed state agencies and local communities to plan together to provide programs that address needs and strengths.

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 pregnancy rates. Community building approaches have been demonstrated to be essential to improving children and family outcomes. 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 good 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. Partners work together to offer the variety of services individuals or families may need at any one time, or have the flexibility to develop the individualized services a particular child or family needs. Partners also recognize the value and importance of fostering a higher level of participation from the Hispanic community composing 25% of the county population and 40% of the 1-17 youth population. By working together agencies and service providers are able to direct children and families to existing resources or develop services to meet specific needs.

Hispanic input was solicited in several ways including membership on committees and staff. Si Se Pueda Coalition and the Rural Development Initiative both included predominantly Hispanic membership and identified local needs incorporated into the Plan.

The 2010 Juvenile Crime Prevention Plan is the first phase of the Coordinated Comprehensive Plan for Children and Families update. This portion of the plan is designed to reduce the number of youth who are at imminent risk of entering the juvenile justice system and/or through early intervention services, prevent youth with one or more criminal referrals from re-offending and moving further into the juvenile justice system. The full Coordinated Comprehensive Plan will be completed April 2010.

Multiple strategies allowed for input from a wide range of community members including agencies and selected individuals. 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 Alcohol, Tobacco and Other Drug Prevention Coalition directing activities throughout the community including extensive faith community participation.

In addition to careful data analysis, on-going education about juvenile crime prevention issues and best practices is included in annual community forums and monthly Commission on Children and Families and Resource Development Team meetings that include almost every child-serving partner in the county. Youth and adult Community Justice clients were also consulted for first-hand observations about crime prevention efforts, effectiveness and needs. A profile of current Juvenile Crime Prevention services and clients was provided from the NPC JCP Data Summary (attached).

Data analysis identified some interesting issues. Hood River County youth stayed in NORCOR (Northern Oregon Regional Correction Facility) for 698 detention days in 2007. This number rose 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.

Alcohol, tobacco and other drug prevention remains a primary focus 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 6th graders across the county in 2008 as the age of initial use was falling and we wanted 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. Tobacco use has gone down significantly in both 8th and 11th grades over time but the initial 6th grade (1-year) data shows an increase. We will watch this figure closely for trend data. 8th grade alcohol, binge drinking and marijuana rates fell over the last five years. 11th grade alcohol, binge drinking and marijuana remained stable. Stimulant (drug) use dropped for both 8th and 11th 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.

Analysis of Juvenile Crime Prevention program data shows that low and medium risk youth received 97% of the services. The Oregon Commission on Children and Families identified Hood River County as having a slight overrepresentation of Hispanic youth in the Juvenile Justice system. Hispanics are also overrepresented in Juvenile Crime Prevention Services. Theft and family conflict were the most common presenting behaviors. 20% of JCP referrals had a criminal referral in the 12 months prior to their JCP assessment. 100% of youth with either a criminal referral or no criminal referral did not have a subsequent criminal referral in the 12 months after starting JCP services.

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 after leaving high school. All of these 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 young people who must break the law to work and make a living when they leave school.

As identified earlier, one of the two most identified juvenile crime issues is family conflict. High needs foster homes are needed as are services for families with complex issues often including combinations of mental health, substance abuse, domestic violence and family functioning issues. There is also a need for intense interventions for the highest risk families, offered by very qualified staff and for a period long enough to identify issues, change high risk behaviors and teach new skills. Early childhood providers in the county work with identified families from birth through pre-school years to help develop strong parenting skills. 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 across the county. They are well received, but there is still a need for in-home supports and a very limited ability to provide this expensive service.

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 other at-risk behaviors. The County Board of Commissioners is spearheading a new low income housing development but it is only a beginning. The county is not in a financial position to finance additional housing developments. 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 agency staff 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.

Review of the data continues to show alcohol as the most used and abused substance by both adults and youth. Alcohol, tobacco and other drug (ATOD) prevention has been a priority issue for many years and is a county focus issue selected to measure progress. 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 efforts has been a priority for four years resulting in one-third of area churches actively being involved. Faith community drug prevention strategies include:

- **Information dissemination** – churches include alcohol, tobacco and other drug (ATOD) prevention messages in their newsletters and church speakers talk about the importance of drug and alcohol free lives for our young people to develop into healthy adults.
- **Prevention education** – churches train members to offer best practice parent education curriculum to their members and other community members. They also learn to provide drug free environments at youth activities and what to do when confronted with ATOD use.
- **Alternative activities** – churches have opened four drop-in centers for youth and two large youth centers were recently constructed. Churches also partner with schools and each other to help as needed. They are partnering with the Juvenile Department to make sure probationary youth are following the sanctions of their court orders while being involved in positive youth activities.
- **Problem identification and referral** – churches are meeting with area agencies to open the lines of communication and developing ways to fill specific needs such as foster homes.
- **Community based** – faith partners are integrated with community groups to address ATOD prevention as partners with local efforts reaching over one third of the county's population – both English and Spanish speaking.
- **Environmental** – churches develop policies to protect children and assist with reward and reminder and local alcohol assessments as local practices are evaluated and merchants recognized for their efforts to keep alcohol and tobacco out of the reach of children.

Data shows young people are starting to drink at younger ages and they are often binge drinking (defined as more than five drinks). A multi pronged approach is proposed to address both underage and binge drinking with a goal to reduce 8th and 11th grade alcohol use by 2011 and then maintain the reduction through 2014. Strategies include billboards, news articles, increased awareness of drug-free youth activities, parent education, open

container law, alcohol sales education/enforcement, minor decoys, etc. Youth are integrally involved in the planning and implementation of this plan. The ATOD Coalition membership includes a majority of very involved and dedicated youth. A past member, Yesenia Castro, was named the Community Anti-Drug Coalitions of America (CADCA) 2008 Outstanding Youth of the Year for her service to the coalition and preventing substance abuse. We hope she will return to the county after she completes her college education and continue to participate in ATOD prevention efforts.

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. 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 bingeing with the goal to get drunk. Without the whole county working together, changes of this magnitude would not be possible.

The following Juvenile Crime Prevention issues and strategies will be addressed in the 2009-2011 biennium:

ISSUE	STRATEGY
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)
	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)
School Success – Hispanic dropout rate 25% higher than Caucasian students	Hood River Valley School Liaison to connect Hispanic students and their parents with school (\$20,000 Juvenile Crime Prevention funds)

ISSUE	STRATEGY
57% of students on free/reduced lunches and median house cost the highest in the state	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 needed	Five after school programs provided by faith community
	After school programs at all elementary and middle schools (School District)
Age of first using drugs and alcohol dropping to 8-9 years	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 th 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 students unidentified	Identify homeless and runaway youth through Juvenile Department and School District personnel and document services need.

Hood River County is making steady progress in making this a wonderful place to live and raise families. The Oregon Progress Board used to measure state benchmarks and ranks county progress towards meeting the state goals. Hood River County was steadily moving up the Child Well-being Index from 9th in 1999 to 4th in 2007. They measured prenatal care, 8th grade alcohol use, child abuse, pregnant smoking and teen pregnancy rates. They do not reflect all child well-being measurements, but we were encouraged by our progress but the Oregon Progress Board lost funding and no longer keeps this statewide measure.

Hood River County will continue to systematically work towards a community that promotes the wellbeing of all children and families as indicated in the HRCCCF mission statement. The Juvenile Crime Prevention Plan outlined above has been reviewed and approved by the Commission on Children and Families and the County Board of Commissioners.

Allyson Pate
HRCCCF Chair

Ron Rivers
HRC-BOC Chair

The list below breaks JCP Planned services into three categories: Prevention, Basic and Diversion (bold and underlined). Note that many services are funded through community or other resources.

Prevention	Juvenile Department staff implementation of a risk screen and then directing additional attention and services to highest risk offenders (Juvenile Department)
	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)
	<u>Hood River Valley School Liaison</u> 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)
	Five after school programs provided by faith community
	After school programs at all elementary and middle schools (School District)
	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 th of July, etc. (Drug Free Communities and Drug Prevention funds)
	Work with adult event to reduce underage drinking (Drug Free Communities grant funds)
	Targeting at-risk middle school students for <u>best practice drug prevention program</u> to improve test scores for low income and Hispanic students. (\$22,500 Juvenile Crime Prevention funds , \$27,869 Drug Prevention, \$33,437 Youth Investment, \$12,068 Children Youth & Families)
Basic	Divert first time non-violent offenders to <u>Teen Court</u> (\$53,048 OYA Basic Services funds)
	Prioritize community safety and hold juveniles accountable at every level of juvenile system continuum (Juvenile Department)
	Provide <u>work crew</u> 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)
Diversion	Provide <u>wraparound services</u> for Juvenile Department youth (OYA Diversion Funds – through CEOJJC)

Youth are identified for prevention services through community referrals. Program staff works with local agencies to promote programs and identify youth and referral system. Decisions for services are determined by referring parties and program staff. Teen Court is limited to first time offenders cited for minor offenses. Big Brothers Big Sisters

referrals are for high risk youth needing an adult role model. School staff works hand-in-hand with Boys Council and Girls Circle facilitators to guide high risk youth into this skill building program. HRV High School staff refers Hispanic students to the school liaison who are in need of additional support or family connections. Wraparound services and work crew are provided to offender population including some Teen Court youth who serve on work crew.

**FAMILY PLANNING PROGRAM ANNUAL PLAN
FOR FY 2013**

July 1, 2012 to June 30, 2013

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:** Move forward with adapting family planning and reproductive health services to the requirements of state and national health care reform, including the use of electronic health records, partnering with Coordinated Care Organizations (CCOs), investigating participation in health insurance exchanges, etc.
- Goal 2:** Assure ongoing access to a broad range of effective family planning methods and related preventive health services, including access to EC for current and future use.
- Goal 3:** Promote awareness and access to long acting reversible contraceptives (LARCs).
- Goal 4:** Address the reproductive health disparities of individuals, families, and communities through outreach to 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) and by partnering with other community-based health and social service providers.

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 to 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.

Specific agency data is also provided to help with local agency planning. If you have any questions, please contact Carol Elliot (971 673-0362) or Connie Clark (541 386-3199 x200).

**FAMILY PLANNING PROGRAM ANNUAL PLAN FOR
COUNTY PUBLIC HEALTH DEPARTMENT
FY 2013**

July 1, 2012 to June 30, 2013

Agency: Hood River County Health Department Contact: Patricia Elliott

Goal # 3

Problem Statement	Objective(s)	Planned Activities	Evaluation
<p>Long Acting Reversible Contraceptives (LARCs) are highly effective, convenient, cost effective, and suitable for a wide variety of women. Last year, the HRCHD inserted 33 IUDs/IUSs.</p>	<p>Increase the number of IUD/IUS insertions by 8% in the 2012-13 FY.</p>	<p>*Develop information and training materials to address knowledge gaps and misinformation, as well as evidence-based screening tools. *Direct market LARCs to client population through appropriate educational materials and outreach. *Staff training at the pre-service level to include all FP providers and HSAs in order to ensure knowledgeable staff response in intake, counseling, clinic protocols, consent forms, record keeping and the management of side effects and complications. *Staff training on managing high cost of LARC methods through the use of manufacturers programs and effective billing. *Continue to monitor success of activities and alter plan as needed.</p>	<p>*Staff and patient surveys on effectiveness of materials and trainings. *Evaluate billing reimbursements on a quarterly basis. *Evaluate CVR data on a quarterly basis.</p>

	<p>Increase the number of referrals/administrations of other forms of LARCs (Implanon, Depo Provera) by 2% in the 2012-13 FY.</p>	<ul style="list-style-type: none"> *Develop information and training materials to address knowledge gaps and misinformation, as well as evidence-based screening tools. *Direct market LARCs to client population through appropriate educational materials and outreach. *Staff training at the pre-service level to include all FP providers and HSAs in order to ensure knowledgeable staff response in intake, counseling, clinic protocols, consent forms, record keeping and the management of side effects and complications. *Staff training on managing high cost of LARC methods through the use of manufacturers programs and effective billing. *Utilize an effective referral system to encourage clients to seek services that are not provided by HRCHD through a partnering provider. *Continue to monitor success of activities and alter plan as needed. 	<ul style="list-style-type: none"> *Staff and patient surveys on effectiveness of materials and trainings. *Evaluate billing reimbursements on a quarterly basis. *Evaluate CVR data on a quarterly basis. *Evaluate referral ease and appropriateness with partnering providers.
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Goal # 4

Problem Statement	Objective(s)	Planned Activities	Evaluation
<p>It is widely recognized that women of color suffer from reproductive health disparities, including unintended pregnancies. Aggregate county data shows that 62% of teen pregnancies occur among Hispanic youth ages 10-17.</p>	<p>Decrease Hispanic teen pregnancy rates in HRC by 8% by the end of FY 2013.</p>	<ul style="list-style-type: none"> *Work with school nurse to provide classroom and network education to Hispanic youth in that setting. *Ensure that school nurse is visible and easily accessed. * Continue to work with HS Hispanic support groups to increase outreach to at-risk teens. *Continue to work with HRC Juvenile Department to provide targeted outreach to high risk teens. *Work with Nuestra Comunidad Sana to provide outreach to the Hispanic community. *Work with La Clinica Del Carino to promote HD services through their clinic and health promoters. *Work with DHS programs (CPS and Self-Sufficiency) to promote HD services. *Continue to provide culturally competent services at the HD, and to provide confidential, teen-friendly atmosphere. *Continuing to work with parenting teens to increase promotion of FP services. *Continue to promote services through local media and events. 	<ul style="list-style-type: none"> *Client satisfaction surveys. *CVR data. *Review Ahlers data. *Review rolling pregnancy rates. *Survey teen groups to see how they would like to access services.

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 2012
(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 Fiscal Year.

Goal / Objective	Progress on Activities
Increase FP services to males by 1% by the end of FY 2011.	There has been no increase in the % of males being seen in HRCHD FP program. We lost a major provider of vasectomy procedures in Hood River. Most vasectomy clients we refer to NCPHD because they have a provider in the department that performs vasectomies.
Increase distribution of EC by 2.4% by end of FY 2011.	There has been no increase in the distribution of EC within the HRCHD FP program. In fact, a decrease of 1% occurred. We have actually had a decrease in the total number of FP clients over the past 4 years.

Local Public Health Authority Immunization Annual Plan Checklist
July 2012-June 2013
Hood River County Health Department

LHD staff completing this checklist: Patricia Elliott, RN

State-Supplied Vaccine/IG

- 1. Uses the Oregon Immunization Program (OIP) Vaccine Administration Record (VAR), or a county VAR given prior approval by OIP
- 2. Accurately codes all immunizations according to OIP Vaccine Eligibility Charts
- 3. Pays quarterly Billable Project invoices in timely manner

Vaccine Management & Accountability

- 4. Has an assigned immunization program coordinator
- 5. Uses OIP-approved Standard Operating Procedures for Vaccine Management
- 6. Uses and maintains OIP-acceptable refrigeration equipment
- 7. Uses and maintains OIP-acceptable temperature tracking, calibrated and certified thermometers in every vaccine containing refrigerator & freezer
- 8. Has an OIP-approved vaccine emergency plan
- 9. Complies with OIP vaccine expiration & wastage requirements

Delegate Agencies

- 10. Has one or more delegate agencies: LHD has up-to-date addendum agreements for each site N/A
- 11. Has one or more delegate agencies: LHD has reviewed each site biennially, following OIP guidelines N/A

Vaccine Administration

- 12. Has submitted annual Public Provider Agreement & Provider Profile
- 13. Provides all patients, their parents or guardians with documentation of immunizations received
- 14. Complies with state & federal immunization-related document retention schedules
- 15. Does not impose a charge for the cost of state-supplied vaccines or IG, except for Billable Project or Locally Owned doses
- 16. Does not impose a charge of more than \$15.19 per dose for VFC/317 vaccine
- 17. Does not deny vaccine administration to any VFC or 317-eligible patient due to inability to pay the cost of administration fee, and waives this fee if client is unable to pay

Immunization Rates & Assessments

- 18. Participates in the annual AFIX quality improvement immunization assessment and uses rate data to direct immunization activities

Perinatal Hepatitis B Prevention & Hepatitis B Screening and Documentation

- 19. Provides case management services to all confirmed or suspect HBsAg-positive mother-infant pairs
- 20. Has a process for two-way notification between LHD and community hospital infection control or birthing center staff of pending deliveries by identified HBsAg-positive pregnant women
- 21. Enrolls newborns into case management program & refers mother plus susceptible household & sexual contacts for follow-up care
- 22. [Multnomah County only] provides centralized case management work over the tri-county area of Washington, Clackamas & Multnomah N/A
- 23. Documents & submits to OIP the infant's completion or status of 3-dose Hepatitis B vaccine series by 15 months of age (excluding Washington & Clackamas counties) N/A
- 24. Works with area hospitals to promote the Hepatitis B birth dose vaccine to all infants and Hepatitis B vaccine and IG to affected infants whose mothers are HBsAg positive or whose status is unknown
- 25. Screens all pregnant women receiving prenatal care from public programs for HBsAg status or refers them to other health care providers for the screening
- 26. Works with area hospitals to strengthen hospital-based screening & documentation of all delivering women's hepatitis B serostatus
- 27. If necessary, has an action plan to work with area hospitals to improve HBsAg screening for pregnant women
- 28. Requires and monitors area laboratories & health care providers to promptly report HBsAg-positive pregnant women

Tracking & Recall

- 29. Forecasts shots due for children eligible for immunization services using ALERT IIS
- 30. Cooperates with OIP to recall any patients who were administered sub-potent (mishandled or misadministered) vaccines

WIC/Immunization Integration

- 31. Assists and supports the Oregon Health Authority (OHA) to provide WIC services in compliance with *USDA policy memorandum 2001-7: Immunization Screening and Referral in WIC*

Vaccine Information

- 32. Provides to patients or patient's parent/legal representative a current VIS for each vaccine offered
- 33. Confirms that patients or patient's parent/legal representatives has read or had the VIS explained to them, and answers questions prior to vaccine administration
- 34. Makes VIS available in other languages

Outreach & education

35. Designs & implements a minimum of two educational or outreach activities in each fiscal year (July 2012 through June 2013). [Can be designed for parents or private providers and intended to reduce barriers to immunization. This can not include special immunization clinics to school children or for flu prevention.] **Report activity details here:**

(Activity 1) August 2012, staffs an informational booth at Kidz Day in Hood River Jackson Park on vaccine awareness. This is a multi-agency event with to encourage family health/wellness in the community.

(Activity 2) Participates in monthly local radio show to discuss public health issues. A minimum of four programs a year are devoted to topics pertaining to vaccinations, including adult and childhood vaccines.

(Activity 3) October, 2012 - monthly staff meeting will be devoted to immunization education for all staff. Topics will include forecasting, coding, data entry, vaccine options, and annual influenza-season refresher.

Surveillance of Vaccine-Preventable Diseases

36. Conducts disease surveillance in accordance with *Communicable Disease Administrative Rules*, the *Investigation Guidelines for Modifiable Disease*, the *Public Health Laboratory Users Manual*, and OIP's *Model Standing Orders for Vaccine*

Adverse Events Following Immunizations

37. Completes & returns all reportable LHD patient adverse event VAERS report forms to OIP
38. Completes the 60-day and/or 1-year follow up report on prior reported adverse events if requested by OIP
39. Completes & returns VAERS reports on other adverse events causing death or the need for related medical care, suspected to be directly or indirectly related to vaccine, either from doses administered by the LHD or other providers

School/Facility Immunization Law

40. Complies with Oregon School Immunization Law (ORS 433.235-433-284)
- a. Conducts secondary review of school & children's facility immunization records
 - b. Issues exclusion orders as necessary
 - c. Makes immunizations available in convenient areas and at convenient times
41. Completes & submits the required annual Immunization Status Report to OHA by the scheduled deadline
42. Covers the cost of mailing/shipping: school exclusion orders to parents, and packets to schools & other facilities

American Recovery & Reinvestment Act (ARRA) Stimulus Funds

43. Completes and meets all ARRA (state and federal) reporting requirements **including the ARRA Final Summary Report by November 30, 2011.**

Report submitted? Yes No

Performance Measures

44. Meets the following performance measures: [Refer to your 2011 Performance Measure spreadsheet]
- Yes No: 4th DTaP rate of $\geq 90\%$, or improves the prior year's rate by 1% or more
 - Yes No: Missed Shot rate of $\leq 10\%$, or reduces the prior year's rate by 1% or more
 - Yes No: Correctly codes $\geq 95\%$ of state-supplied vaccines per guidelines in ALERT IIS
 - Yes No: Completes the 3-dose hepatitis B series to $\geq 80\%$ of HBsAg-exposed infants by 15 months of age
 - Yes No: Enters $\geq 80\%$ of vaccine administration data into ALERT IIS within 14 days of administration

Terms & Conditions Particular to LPHA Performance of Immunization Services

- 45. Reimburses OHA for the cost of wasted state-supplied vaccines/IG when required
- 46. Returns at LHD's expense all styrofoam containers shipped from Oregon Immunization Program (and not by McKesson)
- 47. Participates in state-sponsored annual immunization conferences, and uses dedicated OIP-provided funds for at least one person to attend

Reporting Obligations & Periodic Reporting

48. Submits, in timely fashion, the following reports (along with others required & noted elsewhere in this survey):
- Monthly Vaccine Reports (with every vaccine order)
 - Vaccine Orders (according to Enhanced Ordering Cycle [EOC] assignment)
 - Vaccine inventory via ALERT IIS
 - Immunization Status Report
 - Annual Progress Report
 - Corrective Action Plans for any unsatisfactory responses during triennial review site visits N/A

Non-Compliance Explanation Detail Sheet

Use these table rows to document any checklist statements you were unable to check off or answer with a "Yes". Be sure to insert the corresponding statement number for each response.

Q.

To Submit:

1. Save and print this document for your records
2. Include a copy with Agency Annual Plan
3. Submit as an attachment via e-mail to: Oregon.VFC@state.or.us

**Oregon Healthy Communities Program
Local Health Department Implementation Grants 2011-2012**

Application Cover Sheet	
Local Health Department Name	Hood River County Health Department
Program Coordinator Name	Shaun Anderson
Phone	541-387-6890
E-mail	Shaun.Anderson@co.hood-river.or.us
Program Supervisor Name	Commission on Children and Families Joella Dethman
Phone	541-386-2500
E-mail	Joella.Dethman@co.hood-river.or.us
Local Health Department Administrator Name	Ellen Larsen
Phone	541-386-9181
E-mail	Ellen.Larsen@co.hood-river.or.us

Local Tobacco Control Advisory Group

Briefly summarize how community leaders were consulted to select the strategic direction and priorities, including those related to reducing health disparities, for the Local Program Plan for this grant application. Add rows as needed.

Community Leader, Partner, Stakeholder or other Advisor consulted Name of individual	Name of Organization	Briefly describe how this Advisory Group member helped guide the development of the Local Program Plan.	If applicable, note the BPO(s) in which this individual or organization will continue to be involved.
Ellen Larsen	Health Department	Ellen provides constant feedback on work plan objectives. Both her experience and longevity in the community extend important relationships and influence policy change.	All BPO's
Lorena Sprager	La Clinica del Carino, The Next Door Inc.	Lorena vice chair of Healthy Active Hood River County Coalition. She is a Health Promotion manager at La Clinica del Carino serving Hispanic/farm workers/low income. Health Promotion. Lorena provides private consultation on cultural diversity. Both of these roles focus on chronic disease prevention and services targeted	BPO#1

Attachment 1

		populations.	
Rena Whittaker	Providence Hood River Memorial Hospital Foundation	Executive director for the foundation and raises money for vouchers related to pre screening colorectal and breast cancer. She helps guide in the area of chronic disease prevention by collaboration efforts.	BPO #1
Maija Yasui	Hood River County Commission on Children and Families Prevention Specialist	Heads the ATOD coalition. She is able to provide past and present data as well as establish key relationships in the community	All BPO's
Joella Dethman	Director of Commission on Children and Families	Sets county wide Strategic Prevention plan for youth zero to twenty-four years old and families. She sits on the Head Start Advisory Board and Resource Directory 211 Board.	All BPO's
Ruby Mason	Mid Columbia Housing Authority	Ruby support local plan and is an advocate for tobacco free housing in HUD Housing	BPO#4

Attachment 1

Dr. Frank Toda	Columbia Gorge Community College President	Direct and support Columbia Gorge Community College Assessment of student desire and movement to strengthen tobacco free policy.	BPO #5
Elise Venusti	Chief Executive Officer La Clinica del Carino	Supports 100% tobacco free campus. Continued conversation and development of timeline and policy	BPO# 14
Ron Rivers	Hood River County Commissioner	Supports tobacco free County Fair commitment for advocacy for tobacco free county property.	BPO#9
Ellen Mallon	Hood River County Health Department	Public health team- collaborate efforts on tobacco prevention /chronic disease prevention. Representative on the Healthy Active Hood River County Coalition	BPO#1
Deirdre Kasberger	County Juvenile Department Director	Supports tobacco free efforts. She is juvenile enforcement of MIPT and providing alternative consequences	BPO#2

Attachment 1

<p>Bob Dais</p>	<p>Assistant Superintendent</p>	<p>Advocate on tobacco free campuses. Supportive of tobacco free fair and Columbia Gorge Community College</p>	<p>All BPO's</p>
<p>Sue Samet</p>	<p>Mid- Columbia Council of Governments Living Well program</p>	<p>Mid Columbia facilitates Living Well Program involved with Chronic disease and prevention. We meet with representatives once a month to discuss tobacco prevention focus in the work place</p>	<p>BPO#1</p>
<p>Janet Hamada</p>	<p>Next Door Inc. Director</p>	<p>Janet is the executive Director of The Next Door Inc. meet monthly to discuss prevention focus as well as ways to strengthen policies around reducing health disparities. The Next Door Inc. provides the community with programs such as New Parent Services, Nuestra Comunidad Sana (outreach to Latino health</p>	<p>BPO#1</p>

Attachment 1

Mary- Gayle Wood	Wasco County Tobacco Prevention Coordinator	Shared housing management companies that we share in both counties. She will work to promote policy change in both housing, health systems, and community college	BPO#4, 5, 14
Mark England- RN	Clinical Services Director at La Clinica del Carino	Mark is an advocate for a tobacco free campus and is a key stake holder.	BPO#14
Jesus Acosta	OSU Extension, 4-H	Jesus supports a tobacco free county fair and can be influential with the fair board. He will represent the youth sector-4H at fair	BPO#9
BARB SEATTER	Ex. Director of Mid Columbia Center for Living	Barb supports tobacco prevention efforts and ATOD coalition- supportive of tobacco free campus at MCCFL	BPO#14

Local Health Department TPEP Grant
Local Program Plan Form 2011-12

Local Health Department: Hood River County
Best Practice Objective: BPO # 1 Building Capacity for Chronic Disease Prevention, Early Detection, and Self-Management
SMART Objective: By June 2012...Hood River County will promote self-management programs including Living Well/Tomando Control de Su Salud, Arthritis Foundation Exercise Program and the Quit line through networks/partnerships/referrals using 5 different media types.
Critical Question: 1. Explain how data describing disparities in health risks and outcomes led you to prioritize the SMART objective,

Attachment 1

activities or partners identified for this BPO.

Working collaboratively with the chronic disease prevention gives tobacco prevention an avenue to support environmental policy change. Hood River Public Health actively works in the community to assess tobacco related chronic disease issues such as cardiovascular disease, rheumatoid arthritis, asthma, and it exacerbates other chronic diseases such as diabetes. OSU extension provides Living Well classes and Providence Health Systems also has programs around cessation and chronic disease prevention. A partnering nonprofit The Next Door Inc. provides services to the Latino Community as coordinating Hispanic outreach with La Clinica del Carino and health promotions.

First Quarter Activities (July 1, 2011-Sept. 30, 2012)		First Quarter Report (due Oct. 21, 2011)
Coordination & Collaboration	<ul style="list-style-type: none"> • Contact Providence Health systems and collaborate with voucher program manager for pre-screening which include colorectal cancer and breast cancer. • Face to face with Lauren Fein, FCD Faculty/SNAP Ed Area Coordinator at OSU Extension to develop ways to promoting early detection and self-management efforts • Contact AAA director Bill Larson director of the Living Well Program seeking interest and collaboration around assessing future of living well Workshops. • • • 	<ul style="list-style-type: none"> • August 2011- Was able to provide state Quit line cards and information to Providence • August 2011- Continue to meet with Lauren Fein about opportunities to collaborate. She is a strong supporter of tobacco prevention efforts • Quit line information is being distributed at the Living Well Workshops. We have collaborated with OSU Extension and Living Well Facilitators on keeping Quit line material. Working with Jean Hockman to submit article in Area on Aging

Attachment 1

	<ul style="list-style-type: none"> • • • Attend HAHRC coalition quarterly to discuss opportunities in developing action items around chronic disease prevention and Healthy Communities action plan. 	<p>Newsletter.</p> <ul style="list-style-type: none"> • Ongoing- Attend HAHRC meetings quarterly. We started and action plan around tobacco prevention and chronic disease prevention.
Assessment	<ul style="list-style-type: none"> • Review and document Hood River County insurance coverage for colorectal, breast, and cervical coverage • • • • • Review assessment data from the change tool to identify organizations for follow-up and networking. 	<ul style="list-style-type: none"> • August 2011- Completed- attended insurance meeting and explanation of benefits. County employees covered for preventative car- Need to get article in County Newsletter second Quarter. • Ongoing- We are still following up on the change tool results.
Education & Outreach (Development of Local Champions)	<ul style="list-style-type: none"> • Meet with the Next Door Inc- Nicole Mejia and Lorena Sprager on reviewing the Healthy Communities change tool assessment data. 	<ul style="list-style-type: none"> • Completed- Met August 4th 2011- Reviewed change tool data- Next Door completed Worksite Wellness Policy with Lorena Sprager. Offered to be spokesperson on policy.
Media Advocacy	<ul style="list-style-type: none"> • Work with MET Group media staff to plan promotion of self management national 	<ul style="list-style-type: none"> • Not completed- Working on developing

Attachment 1

	<p>campaigns on colorectal cancer and arthritis foundation exercise.</p>	<p>relationships and ways to collaborate regarding both campaigns locally.</p>
<p>Policy Development, Promotion, & Implementation</p>	<ul style="list-style-type: none"> • Identify and support partners by attending key meetings such as Commission/ Area on Aging where policy and procedures are implemented. 	<ul style="list-style-type: none"> • September 2011- Attended Commission meeting. Barb Seeter Mid Columbia Center for Living was at the table during change tool assessment results.
<p>Promote the Oregon Tobacco Quit Line</p>	<ul style="list-style-type: none"> • Add accessibility to Quit line by adding “Click to Quit” link onto County website. • When discussing results of change tool assessment provide Quit line material at all meetings. • Add accessibility to 211 and the prevention magazine. 	<ul style="list-style-type: none"> • October 2011 completed- Worked with Ellen Larsen and Yolanda Mora to add Quit Line link on County website. • Continues- Quit line material is incorporated in all meetings when discussing change tool assessment • Completed September 2011- Called 211 which has Quit line incorporated. Wrote article on Quit line and also gave update on the additional online access.
<p>Second Quarter Activities</p>		<p>Second Quarter Report</p>

Attachment 1

(Oct. 1, 2011-Dec. 31, 2012)		(due Jan. 20, 2012)
Coordination & Collaboration	<ul style="list-style-type: none"> • Meet with Providence Health Systems Rena Whittaker on ways to promote chronic disease prevention efforts and share building capacity assessment results. • Attend Hood River faith community's coalition meeting to discuss resources already promoting prevention, early detection, and self management of chronic disease. • Attend HAHRC coalition quarterly to discuss opportunities in developing action items around chronic disease prevention and Healthy Communities action plan. 	
Assessment	<ul style="list-style-type: none"> • Work with Public Health Administrator to identify gaps in colorectal, breast, and cervical coverage and link the voucher program implemented at PHRMH • Assess completed Living Well programs in Hood River County • Review Hood River County Tobacco Quit line reports and assess focus on getting Quit line material out. 	
Education & Outreach (Development of Local Champions)	<ul style="list-style-type: none"> • Present information at Commission meeting on link between prevention and tobacco use in order to prevent onset and further complications of chronic disease in our community. • Contact Gabriel Muro outreach coordinator of The Next Door Inc to identify family taking advantage of local community garden and highlight in Hood River News. 	

Attachment 1

Media Advocacy	<ul style="list-style-type: none"> • Work with The Next Door Inc's Nicole Mejia on developing "personal stories" on successes with health program Pasos a Salud-Steps to Wellness to share in local newsletter or Hood River News. • Share Quit line with school for accessing parents of kids. 	
Policy Development, Promotion, & Implementation	<ul style="list-style-type: none"> • Attend Hood River County safety meeting and share wellness policy to seek interest. 	
Promote the Oregon Tobacco Quit Line	<ul style="list-style-type: none"> • Distribute Quit Line information at Faith Connection meetings while discussing chronic disease information. 	
Third Quarter Activities (Jan. 1, 2012-March 31, 2012)		Third Quarter Report (due April 20, 2012)
Coordination & Collaboration	<ul style="list-style-type: none"> • Attend HAHRC coalition quarterly to discuss opportunities in developing action items around chronic disease prevention and Healthy Communities action plan. 	
Assessment		
Education & Outreach (Development of Local Champions)		
Media Advocacy	<ul style="list-style-type: none"> • Highlight success of Hood River County Living Well Programs in Prevention Newsletter after reviewing assessment. 	

Attachment 1

Policy Development, Promotion, & Implementation	<ul style="list-style-type: none"> • Research with LPHD to identify additional funding opportunities for prevention and early detection. 	
Promote the Oregon Tobacco Quit Line		
Fourth Quarter Activities (April 1, 2012-June 30, 2012)		Fourth Quarter Report (due July 20, 2012)
Coordination & Collaboration	<ul style="list-style-type: none"> • Attend HAHRC coalition quarterly to discuss opportunities in developing action items around chronic disease prevention and Healthy Communities action plan. 	
Assessment		
Education & Outreach (Development of Local Champions)		
Media Advocacy		
Policy Development, Promotion, & Implementation		
Promote the Oregon Tobacco Quit Line	<ul style="list-style-type: none"> • Contact Arthritis Exercise program coordinator and seek ways to promote Quit line information 	

Local Health Department TPEP Grant

Local Program Plan Form 2011-12

Local Health Department: Hood River County	
Best Practice Objective: BPO # 2 Tobacco Free Worksites	
SMART Objective: By June 2012...will have implemented at least one Hood River County tobacco free worksite property	
<p>Critical Question:</p> <p>2. Explain how data describing disparities in health risks and outcomes led you to prioritize the SMART objective, activities or partners identified for this BPO.</p>	
<p>Critical Question: By having stronger policies for Hood River County Worksites will be key for developing community support providing a healthier environment to members of the community. Hood River County properties are accessed by all community members and by supporting a tobacco free work place it promotes the suggested norm that creates a Healthier Hood River County. The large cliental that access services at Hood River County Public health are individuals with a lower socio-economic status. Providing people with tobacco free environments as well as supporting cessation and Quit Line opportunities with hopes of decreasing health risks.</p>	
<p>First Quarter Activities (July 1, 2011-Sept. 30, 2012)</p>	<p>First Quarter Report (due Oct. 21, 2011)</p>

Attachment 1

<p>Coordination & Collaboration</p>	<ul style="list-style-type: none"> • Contact state worksite wellness coordinator Dawn Robbins to coordinate activities already going on in our community • Face to face with Denise Ford in Human Resources to gain support for moving on 100% tobacco free campus. Share results of change tool assessment. 	<ul style="list-style-type: none"> • August 2011- Emailed Denise about having face to face. Difficulty in getting appt. Will work on making that happen.
<p>Assessment</p>	<ul style="list-style-type: none"> • Attend County Department Head meeting to assess which department will mostly likely go 100% tobacco free referencing change tool assessment. • Review resources for adopting a tobacco-free workplace including “making it your business”, toolkit. • Research surveys used by other counties from TPEP to conduct with Hood River County employees. 	<ul style="list-style-type: none"> • Completed- Joella Dethman Commission on Children and Families attended Department Head Meeting. She asked which county Dept would most likely go. Two county employees were interested in more examples of county properties who were smoke and tobacco free. • August 2011- Completed • August 2011-Completed- Still compiling best method for our local County employees.
<p>Education & Outreach (Development of Local Champions)</p>	<ul style="list-style-type: none"> • Develop story with Ellen Larson Health Department Administrator on positive results from going 100% tobacco free from County 	<ul style="list-style-type: none"> • Completed- Ellen Larsen shared at the Department Head

Attachment 1

	<p>Health Department and steps of moving policy</p> <ul style="list-style-type: none"> • Meet with Elaine Thompson at Riverside Church to build support of County tobacco free worksite while collaborating with small children's park development at county courthouse. 	<p>meeting on steps of having a tobacco free policy.</p> <ul style="list-style-type: none"> • July 2011- Met with Elaine and exchange emails regarding completion of small children's park. Signs are being chosen and should be available next quarter. Two county employees were champions on this project and continue to be advocates for tobacco free county building properties.
Media Advocacy	<ul style="list-style-type: none"> • Work with Met group on creating story for county newsletter promoting tobacco free properties. 	July 2011- Didn't work with Met Group- Wrote article for Prevention Newsletter.
Policy Development, Promotion, & Implementation		
Promote the Oregon Tobacco Quit Line	<ul style="list-style-type: none"> • Distribute posters and Quit line cards in each County building in Hood River throughout year. 	Ongoing- First Quarter Checked buildings dropped off cards.
Second Quarter Activities (Oct. 1, 2011-Dec. 31, 2012)		Second Quarter Report (due Jan. 20, 2012)

Attachment 1

Coordination & Collaboration	<ul style="list-style-type: none"> • Meet with Ellen Larson Hood River Health Department Director on learning best practices with already going tobacco free 	
Assessment	<ul style="list-style-type: none"> • Analyze the results from the Healthy worksite assessment • Review resources for adopting a tobacco-free workplace including “making it your business”, toolkit. • Work with Administration Secretary Sandi Lain on distributing survey to all county employees. 	
Education & Outreach (Development of Local Champions)	<ul style="list-style-type: none"> • Work with the Hood River County administrator Dave Meriwether to act as a spokesperson for the Healthy Worksite initiative. • Work with identified county property manager in prioritizing steps on creation and implementation of tobacco policy. 	
Media Advocacy	<ul style="list-style-type: none"> • Contact pediatrician Michelle Beaman on writing op-ed supporting tobacco free county properties. 	
Policy Development, Promotion, & Implementation	<ul style="list-style-type: none"> • Identify and prioritize policy changes that are needed to support tobacco-free worksites for Hood River County Health Service 	
Promote the Oregon Tobacco Quit Line	<ul style="list-style-type: none"> • Contact Administrator Sandi Lain and submit article for monthly newsletter promoting cessation benefits and Quit line. 	
Third Quarter Activities (Jan. 1, 2012-March 31, 2012)		Third Quarter Report (due April 20, 2012)

Attachment 1

Coordination & Collaboration	<ul style="list-style-type: none"> • Face to face meeting with commissioner Ron Rivers on support for tobacco free county campuses. 	
Assessment	<ul style="list-style-type: none"> • Identify gaps that are identified from survey, policy review and worksite assessment • Review survey results and create talking points for presentation to employees. 	
Education & Outreach (Development of Local Champions)	<ul style="list-style-type: none"> • Present survey results to County safety committee and County Department Head meeting. 	
Media Advocacy	<ul style="list-style-type: none"> • Develop article and submit to Hood River News on importance of Tobacco Free Worksites. • Work with MET group on creating media attention around county property going tobacco free. 	
Policy Development, Promotion, & Implementation	<ul style="list-style-type: none"> • Provide technical assistance with sample policies to identified Hood River County worksite who is interested in adopting and implementing tobacco-free worksite policies. 	
Promote the Oregon Tobacco Quit Line	<ul style="list-style-type: none"> • Promote the Oregon Quit line to all employees and describe briefly the services available during employee meetings 	
Fourth Quarter Activities (April 1, 2012-June 30, 2012)		Fourth Quarter Report (due July 20, 2012)
Coordination & Collaboration		

Attachment 1

<p>Assessment</p>	<ul style="list-style-type: none"> • In the case of fallback from 100% tobacco free County property we will survey county opinion on stronger protections from second hand smoke which includes increase feet from building per ordinance. 	
<p>Education & Outreach (Development of Local Champions)</p>	<ul style="list-style-type: none"> • Identify champion of policy change to celebrate. 	
<p>Media Advocacy</p>	<ul style="list-style-type: none"> • Work with MET Group to develop article in Hood River News on Policy change in County 	
<p>Policy Development, Promotion, & Implementation</p>		
<p>Promote the Oregon Tobacco Quit Line</p>	<ul style="list-style-type: none"> • Promote the Oregon Quit line to all employees and describe briefly the services available during employee meetings 	

Local Health Department TPEP Grant

Local Program Plan Form 2011-12

Local Health Department: Hood River County
Best Practice Objective: BPO # 3 Implement Indoor Clean Air Act
SMART Objective: By June 2012... LPHA will have responded to all complaints of violation of the smoke free Workplace law according to the protocol specified in the IGA
Critical Question: 3. Explain how data describing disparities in health risks and outcomes led you to prioritize the SMART objective, activities or partners identified for this BPO. The Indoor Clean Air Act does and will continue to protect the public from second hand smoke in Hood River County. All complaints and violations help support the environmental change that is happening in Hood River. Smoking in public places endangers youth and families which increasing health risks. By reducing the exposure to second hand smoke for all people, tobacco-related health disparities may be reduced in Hood River County.

Attachment 1

First Quarter Activities (July 1, 2011-Sept. 30, 2012)		First Quarter Report (due Oct. 21, 2011)
Coordination & Collaboration	<ul style="list-style-type: none"> • Respond to complaints of violation via WEMS, while maintaining a hard copy file, and conducting site visits when appropriate. • In the case of an extended absence Maija Yasui will fill in or delegate another person to respond to complaints and coordinate with state liaison Jacqueline Villnave. • Continue the process of sending a copy of the Complaint Details for each complaint to the Health Administrator, as well as a copy of the IRL if applicable. 	<ul style="list-style-type: none"> • Ongoing- Completed July 2011 complaint • Ongoing • Ongoing- completed for July 2011 complaint
Assessment	<ul style="list-style-type: none"> • Engage with DHS/TPEP in evaluation activities to study compliance with the law 	Completed- Have DHS employee Cary Ramsey on coalition. Continued collaboration.
Education & Outreach (Development of Local Champions)	<ul style="list-style-type: none"> • In the event of staffing changes, difficulties with WEMS and questions about enforcement procedures, Jacqueline Villnave will be consulted 	Ongoing
Media Advocacy	<ul style="list-style-type: none"> • Submit article in local paper to publicize the smoke free law by educating the public. 	Not completed- Scheduled to put article in November newsletter.

Attachment 1

<p>Policy Development, Promotion, & Implementation</p>	<ul style="list-style-type: none"> • Explore and assess procedures for public education and responding to inquiries and complaints of violation of the Smoke free 	<p>Ongoing- attending Coffee Clatter second quarter to give information on responding to complaints or reporting violations.</p>
<p>Promote the Oregon Tobacco Quit Line</p>	<ul style="list-style-type: none"> • Provide quit line materials during compliance activities. 	<p>Completed and Ongoing</p>
<p>Second Quarter Activities (Oct. 1, 2011-Dec. 31, 2012)</p>		<p>Second Quarter Report (due Jan. 20, 2012)</p>
<p>Coordination & Collaboration</p>	<ul style="list-style-type: none"> • Respond to complaints of violation via WEMS, while maintaining a hard copy file, and conducting site visits when appropriate. • In the case of an extended absence Maija Yasui will fill in or delegate another person to respond to complaints and coordinate with state liaison Jacqueline Villnave. • Continue the process of sending a copy of the Complaint Details for each complaint to the Health Administrator, as well as a copy of the IRL if applicable. • Attend Coffee Clatter (downtown business) meetings to discuss information about state efforts on closing ICAA loop holes. 	
<p>Assessment</p>	<ul style="list-style-type: none"> • Engage with DHS/TPEP in evaluation activities to study compliance with the law 	
<p>Education & Outreach (Development of Local</p>	<ul style="list-style-type: none"> • Work with Devon Wells Fire Marshall to post link on website to the Smoke Free Workplace 	

Attachment 1

Champions)	<p>Law.</p> <ul style="list-style-type: none"> • In the event of staffing changes, difficulties with WEMS and questions about enforcement procedures, Jacqueline Villnave will be consulted 	
Media Advocacy		
Policy Development, Promotion, & Implementation	<ul style="list-style-type: none"> • Explore and assess procedures for public education and responding to inquiries and complaints of violation of the Smoke free 	
Promote the Oregon Tobacco Quit Line	<ul style="list-style-type: none"> • Provide Quit line material at all compliance activities. 	
Third Quarter Activities (Jan. 1, 2012-March 31, 2012)		Third Quarter Report (due April 20, 2012)
Coordination & Collaboration	<ul style="list-style-type: none"> • Respond to complaints of violation via WEMS, while maintaining a hard copy file, and conducting site visits when appropriate. • In the case of an extended absence Maija Yasui will fill in or delegate another person to respond to complaints and coordinate with state liaison Jacqueline Villnave. • Continue the process of sending a copy of the Complaint Details for each complaint to the Health Administrator, as well as a copy of the IRL if applicable. 	
Assessment	<ul style="list-style-type: none"> • Engage with DHS/TPEP in evaluation activities to study compliance with the law. 	

Attachment 1

Education & Outreach (Development of Local Champions)	<ul style="list-style-type: none"> • Work with Chamber of Commerce to post link on website to the Smoke Free Workplace Law. • In the event of staffing changes, difficulties with WEMS and questions about enforcement procedures, Jacqueline Villnave will be consulted 	
Media Advocacy		
Policy Development, Promotion, & Implementation	<ul style="list-style-type: none"> • Explore and assess procedures for public education and responding to inquiries and complaints of violation of the Smoke free 	
Promote the Oregon Tobacco Quit Line	<ul style="list-style-type: none"> • Provide quit line materials during compliance activities. 	
Fourth Quarter Activities (April 1, 2012-June 30, 2012)		Fourth Quarter Report (due July 20, 2012)
Coordination & Collaboration	<ul style="list-style-type: none"> • Respond to complaints of violation via WEMS, while maintaining a hard copy file, and conducting site visits when appropriate. • In the case of an extended absence Maija Yasui will fill in or delegate another person to respond to complaints and coordinate with state liaison Jacqueline Villnave. • Continue the process of sending a copy of the Complaint Details for each complaint to the Health Administrator, as well as a copy of the IRL if applicable. 	

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Assessment	<ul style="list-style-type: none"> Engage with DHS/TPEP in evaluation activities to study compliance with the law 	
Education & Outreach (Development of Local Champions)	<ul style="list-style-type: none"> In the event of staffing changes, difficulties with WEMS and questions about enforcement procedures, Jacqueline Villnave will be consulted 	
Media Advocacy		
Policy Development, Promotion, & Implementation	<ul style="list-style-type: none"> Make sure all procedures related to this objective are documented in writing and clear. 	
Promote the Oregon Tobacco Quit Line	<ul style="list-style-type: none"> Provide quit line materials during compliance activities. 	

Local Program Plan Form 2011-12

Local Health Department: Hood River County
Best Practice Objective: BPO # 4 Smoke Free Multi-Unit Housing
SMART Objective: By June 2012..., Two additional multi unit housing property in Hood River County will have adapted/strengthened no-smoking rules/policies.
<p>Critical Question:</p> <p>4. Explain how data describing disparities in health risks and outcomes led you to prioritize the SMART objective, activities or partners identified for this BPO.</p> <p>Our focus is to reduce tobacco use and exposure in Mutli Unit housing as well as vacation rentals in the community.</p>

Attachment 1

Hood River is an established vacation spot and we want to follow community norms for the vacation rental industry by encouraging and supporting them in promoting no-smoking policies as an amenity. By achieving an increase in tobacco-free multi unit housing we are decreasing exposure to second hand smoke and other chronic conditions. Statewide, two-thirds of rental households include at least one person for whom the danger of secondhand smoke should be a particularly elevated concern. The elderly, children, or those with a heart or lung condition. The smoking at Columbia View Apartments located in Cascade Locks which is one of the highest poverty areas in the Hood River County as well as youth that are exposed to second hand smoke. We have an established relationship with the property management team. Hood River Columbia View Apartments is a low income housing community. I

First Quarter Activities (July 1, 2011-Sept. 30, 2012)		First Quarter Report (due Oct. 21, 2011)
Coordination & Collaboration	<ul style="list-style-type: none"> • Collaborate with Health In Sight and TPEP Coordinator-coordination on MU Housing and Vacation Rental Properties • Participate in RSN Quarterly calls and meetings • Participate in Vacation Rental Quarterly calls. • Collaborate with Wasco County Mary Gayle on shared rental property management and trade associations. 	<ul style="list-style-type: none"> • Completed- ongoing work with Diane Laughter. Assisted in survey to vacation rentals • • Completed-Ongoing • Completed- Ongoing • Completed- Ongoing.

Attachment 1

	<ul style="list-style-type: none">• Explore collaboration opportunities with fire departments in Hood River and Wasco County and with Diane Laughter• Join Chamber of Commerce and attend meetings• Contact Pearl Cummings Neel Management Regional Manager on Cascade Locks Columbia View Apartments.• Attend an Oregon Rental housing Association meeting to network and build relationships with property owners and managers.	<ul style="list-style-type: none">• Ongoing- Hood River is building new Fire Department- Working with Devon Wells on not only smoke free but also tobacco free campus policy.• Not Completed- Working with Nancy Carlson who is the Events coordinator. She is an advocate for tobacco free events.• Completed- Emailed Pearl on 7/15/11. I emailed her again on 9/27/11. She stated that her manager Dan Disney. She stated they are in the process of making all of the properties smoke free. She would contact me when they needed help.• Not completed- scheduled for second quarter.
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Attachment 1

<p>Assessment</p>	<ul style="list-style-type: none"> • Participate in statewide evaluation • Participate in rental ad tracking tool • Identify which multi unit housing complex could benefit from a tenant survey 	<ul style="list-style-type: none"> • Completed- Ongoing • Completed- Ongoing • Completed- Cascade Locks Columbia View Apartments will benefit- we will work with Hood River Apartment managers moving into second quarter.
<p>Education & Outreach (Development of Local Champions)</p>	<ul style="list-style-type: none"> • Face to face visits with local landlords to discuss success and barriers of current policies who have already adapted a tobacco free policy. • Meet with Martha Yanez from Columbia View Apartments in Hood River to discuss strengthening of policy and to develop local champion of housing. Identify individuals who have benefitted from the policy. 	<ul style="list-style-type: none"> • Not completed- will focus on broader housing second quarter. • Completed- Met with Martha Yanez to discuss smoking in front of complex near bench. She asked for Quit line material and will assess area to see in bench needs to be moved.

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	<ul style="list-style-type: none"> • Contact Hood River Arends apartment complex landlord Toni Ybarra to discuss current tobacco policy and assess desire to strengthen policy. Discuss possible tenant survey. Identify individuals who have benefitted from the policy. • Work with property owners (as requested) to educate tenants about the policy change and the Oregon Tobacco Quit Line through posters, flyers, tenant newsletters or newspaper. 	<ul style="list-style-type: none"> • August 2011-Completed- not interested in survey at this time • August 2011-Completed- quarterly refill quit line cards and posters to rental offices.
<p>Media Advocacy</p>	<ul style="list-style-type: none"> • We will highlight Hood River Crossing Apartment complex in local paper on tobacco free policy. Work with manager to identify individual who could be benefitting from policy. • Promote smoke free MU Quarterly in ATOD newsletter 	<ul style="list-style-type: none"> • Completed- We highlighted them in local prevention newsletter and local paper. Very positive relations with manager. • Completed
<p>Policy Development, Promotion, & Implementation</p>	<ul style="list-style-type: none"> • Provide tools to landlords as they adopt tobacco-free policies • Provide “smoke-free building” and “smoke-free property” stickers for properties who adopt policies 	<ul style="list-style-type: none"> • Ongoing • Have not needed to provide yet. We will be looking into increasing signage at Hood river Crossing.
<p>Promote the Oregon Tobacco Quit Line</p>	<ul style="list-style-type: none"> • Distribute Quit line material to local landlords upon request. 	<ul style="list-style-type: none"> • Completed- Ongoing

Attachment 1

	<ul style="list-style-type: none"> Promote Quit line with Oregon rental housing Association newsletter 	<ul style="list-style-type: none"> Not completed- Will complete second quarter focusing with more focus on Multi unit housing
Second Quarter Activities (Oct. 1, 2011-Dec. 31, 2012)		Second Quarter Report (due Jan. 20, 2012)
Coordination & Collaboration	<ul style="list-style-type: none"> Collaborate with Health In Sight and TPEP Coordinator-coordination on MU Housing and Vacation Rental Properties Participate in RSN Quarterly calls and meetings Participate in Vacation Rental Quarterly calls. Collaborate with Wasco County Mary Gayle on shared rental property management and trade associations. Attend Oregon Rental housing Association meetings to network and build relationships with property owners and managers. 	
Assessment	<ul style="list-style-type: none"> Participate in statewide evaluation Tracking Form for multi Unit properties and Complete Quarterly Rental ad tracking tool. As requested assist property managers in conducting survey to tenants. Talk to landlord managers to seek interest in conducting tenant surveys to explore policy opportunities. 	
Education & Outreach (Development of Local Champions)	<ul style="list-style-type: none"> Work with property owners (as requested) to educate tenants about the policy change and the Oregon Tobacco Quit Line through posters, flyers, tenant newsletters or newspaper. 	

Attachment 1

Media Advocacy	Meet with Hood River Crossing onsite manager to assist in identifying tenant story or maintenance quotes on tobacco free housing for Hood River news .	
Policy Development, Promotion, & Implementation	<ul style="list-style-type: none"> • Provide “smoke-free building” and “smoke-free property” stickers for properties who adopt policies 	
Promote the Oregon Tobacco Quit Line	Collaborate with Wasco County TPEP coordinator Mary Gayle on communicating with Ruby Mason from Mid Columbia Housing Authority to promote Quit Line information on newsletters, websites.	
Third Quarter Activities (Jan. 1, 2012-March 31, 2012)		Third Quarter Report (due April 20, 2012)
Coordination & Collaboration	<ul style="list-style-type: none"> • Health Insight and TPEP Coordinator-coordination on MU Housing and Vacation Rental Properties • Participate in RSN Quarterly calls and meetings • Participate in Vacation Rental Quarterly calls. • Collaborate with Wasco County Mary Gayle on shared rental property management and trade associations. • Attend Oregon Rental housing Association meetings to network and build relationships with property owners and managers. 	

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<p>Assessment</p>	<ul style="list-style-type: none"> • Participate in statewide evaluation Tracking Form for multi Unit properties • Complete Quarterly Rental ad tracking tool. • Share results of assessment per request 	
<p>Education & Outreach (Development of Local Champions)</p>	<ul style="list-style-type: none"> • Collaborate with Wasco County Tobacco Coordinator Mary Gayle on ways to engage and train shared property managers • Invite Maria Yanez to meeting with Arends apartment manager to discuss positives in going tobacco free. • Work with property owners (as requested) to educate tenants about the policy change and the Oregon Tobacco Quit Line through posters, flyers, tenant newsletters or newspaper. • 	
<p>Media Advocacy</p>		
<p>Policy Development, Promotion, & Implementation</p>	<ul style="list-style-type: none"> • Provide “smoke-free building” and “smoke-free property” stickers for properties who adopt policies 	
<p>Promote the Oregon Tobacco Quit Line</p>	<ul style="list-style-type: none"> • Face to face meeting with Hood river County commissioner and Copper West Real-estate Maui Meyer on providing Quit line material in all rentals. 	
<p>Fourth Quarter Activities (April 1, 2012-June 30, 2012)</p>		<p>Fourth Quarter Report (due July 20, 2012)</p>

Attachment 1

<p>Coordination & Collaboration</p>	<ul style="list-style-type: none"> • Coordinate with Health in Sight and TPEP Coordinator-coordination on MU Housing and Vacation Rental Properties • Participate in RSN Quarterly calls and meetings • Participate in Vacation Rental Quarterly calls. • Collaborate with Wasco County Mary Gayle on shared rental property management and shared trade associations. • Attend Oregon Rental housing Association meetings to network and build relationships with property owners and managers. 	
<p>Assessment</p>	<ul style="list-style-type: none"> • Participate in statewide evaluation Tracking Form for multi Unit properties • Complete Quarterly Rental ad tracking tool. 	
<p>Education & Outreach (Development of Local Champions)</p>	<ul style="list-style-type: none"> • Work with property owners (as requested) to educate tenants about the policy change and the Oregon Tobacco Quit Line through posters, flyers, tenant newsletters or newspaper. 	
<p>Media Advocacy</p>		
<p>Policy Development, Promotion, & Implementation</p>	<ul style="list-style-type: none"> • Provide “smoke-free building” and “smoke-free property” stickers for properties who adopt policies 	

Attachment 1

Promote the Oregon Tobacco Quit Line	Distribute and educate local landlords about State Quit line material and access.	

Local Health Department: Hood River County		
Best Practice Objective: BPO # 5 Tobacco- Free Community Colleges		
SMART Objective: BY June 2012, the Columbia Gorge Community College in Hood river County will have identified a date for implementation of a Tobacco Free Campus.		
Critical Question:		
<p>5. Explain how data describing disparities in health risks and outcomes led you to prioritize the SMART objective, activities or partners identified for this BPO.</p> <p>Creating a stronger policy reduces the risks of second-hand smoke exposure and to provide a healthier environment for students, faculty, staff and visitors. Columbia Gorge Community College 2008 survey stated that 41% of students used tobacco who answered the question “do you currently use tobacco”. Columbia Gorge College is the only college campus in the Gorge. Oregon 2007 survey states that one in five students said they have experienced some immediate health impact from secondhand smoke exposure.</p>		
First Quarter Activities (July 1, 2011-Sept. 30, 2012)		First Quarter Report (due Oct. 21, 2011)
Coordination & Collaboration	<ul style="list-style-type: none"> Meet with Wasco County TPEP Coordinator Mary Gayle Wood to plan and schedule responsibilities for the first quarter. 	<ul style="list-style-type: none"> Completed

Attachment 1

	<ul style="list-style-type: none"> • Work with Shayna Dahl CGCC Student Life Advisor/ Student Affairs Coordinator and gain more student support for the 100% tobacco free campus 	<ul style="list-style-type: none"> • Completed- Shayna Dahl is no longer the Student Affairs Coordinator- I have been working with Karen Carter in Student Services. CGCC just hired a new Student Life Advisor and we will be rolling out a survey second quarter.
Assessment	<ul style="list-style-type: none"> • Assist Shayna Dahl on best ways to distribute fall 2011 CGCC student survey 	<ul style="list-style-type: none"> • Completed- Karen Carter reviewed survey. Allyson Smith in Wasco County is meeting with the Nursing Dept to seek interest in championing this campaign.
Education & Outreach (Development of Local Champions)	<ul style="list-style-type: none"> • Develop student support and local champions from past High school Health Media club who are attending local college, Lily Renteria, Ramon Martinez, Maribel Vidal 	<ul style="list-style-type: none"> • Lily Renteria and Maribel Vidal both are champions of a tobacco free college. A coalition is forming at CGCC and we will be working with Katherine Davis who is facilitating that process.
Media Advocacy		
Policy Development, Promotion, & Implementation	<ul style="list-style-type: none"> • Review Oregon colleges written tobacco free policies to share with developing champions and college staff. 	<ul style="list-style-type: none"> • Completed

Attachment 1

	<ul style="list-style-type: none"> • Schedule meeting with CGCC president Frank Toda on results from the student survey and timeline for projected policy implementation. 	<ul style="list-style-type: none"> • Not completed- survey will be sent out second quarter.
Promote the Oregon Tobacco Quit Line	<ul style="list-style-type: none"> • Distribute Quit line material to college campus quarterly on bulletin boards. . 	<ul style="list-style-type: none"> • Completed- distribute quit line material every quarter.
Second Quarter Activities (Oct. 1, 2011-Dec. 31, 2012)		Second Quarter Report (due Jan. 20, 2012)
Coordination & Collaboration	<ul style="list-style-type: none"> • Meet with Wasco County TPEP Coordinator Mary Gayle Wood to plan and schedule responsibilities for the second quarter. • Continue work with Shayna Dahl on strengthening tobacco free campus support by scheduling appropriate student group presentations. 	
Assessment	<ul style="list-style-type: none"> • Compile and review student survey data 	
Education & Outreach (Development of Local Champions)	<ul style="list-style-type: none"> • Give presentation to at least two student groups at CGCC based on survey results to gain support. 	
Media Advocacy	<ul style="list-style-type: none"> • Seek assistance with MET group to develop a local media campaign based on survey results and possible timeline for implementation. 	
Policy Development, Promotion, & Implementation	<ul style="list-style-type: none"> • Research and collect examples of 100% tobacco free college policies to share with college president Frank Toda. 	
Promote the Oregon Tobacco Quit Line	<ul style="list-style-type: none"> • Distribute Quit line material to college campus quarterly. 	

Attachment 1

Third Quarter Activities (Jan. 1, 2012-March 31, 2012)		Third Quarter Report (due April 20, 2012)
Coordination & Collaboration	<ul style="list-style-type: none"> Meet with Wasco County TPEP Coordinator Mary Gayle Wood to plan and schedule responsibilities for the third quarter. 	
Assessment		
Education & Outreach (Development of Local Champions)	<ul style="list-style-type: none"> Meet with College Board on results of survey and projected Timeline for policy implementation 	
Media Advocacy		
Policy Development, Promotion, & Implementation	<ul style="list-style-type: none"> Review model polices and share with President Frank Today creating a new policy for college. 	
Promote the Oregon Tobacco Quit Line	<ul style="list-style-type: none"> Distribute Quit line material to college campus quarterly. 	
Fourth Quarter Activities (April 1, 2012-June 30, 2012)		Fourth Quarter Report (due July 20, 2012)
Coordination & Collaboration	<ul style="list-style-type: none"> Meet with Wasco County TPEP Coordinator Mary Gayle Wood to plan and schedule responsibilities for the fourth quarter. 	
Assessment		
Education & Outreach (Development of Local Champions)		
Media Advocacy	<ul style="list-style-type: none"> Work with MET Group on creating a Media Advocacy plan announcing Tobacco free 	

Attachment 1

	Property.	
Policy Development, Promotion, & Implementation		
Promote the Oregon Tobacco Quit Line	<ul style="list-style-type: none"> • Distribute Quit line material to college campus quarterly. 	

Local Health Department: Hood River County
Best Practice Objective: BPO # 5 Tobacco- Free Outdoor Venues
SMART Objective: BY August 1, 2011, Hood River County Fair will have implemented a tobacco-free policy By June 2012, Port of Cascade Locks Movies in the Park series will have adopted a tobacco free policy
<p>Critical Question:</p> <p>6. Explain how data describing disparities in health risks and outcomes led you to prioritize the SMART objective, activities or partners identified for this BPO.</p> <p>Hood River County Fair has a significant number of Hispanics and people living in poverty in attendance. It is located in the highest poverty area of the county. The 2010 Providence Hood River Health assessment indicated Hispanics were concerned by tobacco use among their peers.</p> <p>The County fair is built around youth 4-H based activities with 4-H philosophy which underscores Head-Health-Heart-Hand-Hope for which are another reason to focus on tobacco use.</p> <p>The Port of Cascade Locks will reduce the visibility and exposure to second hand smoke. The Port has a “Movies in the Park” event which may have an attendance of 150-300 people. The Port of Cascade Locks Movies in the Park event was prioritized as an event with a high percentage of youth participants. Cascade Locks has the highest poverty rates in the county.</p>

Attachment 1

First Quarter Activities (July 1, 2011-Sept. 30, 2012)		First Quarter Report (due Oct. 21, 2011)
Coordination & Collaboration	<ul style="list-style-type: none"> • Coordinate with Fair Board manager Clara Rice on steps to advertise a tobacco free fair. • Participate on the Outdoor Venues committee calls through TPEP quarterly to gain ideas from other counties. 	<ul style="list-style-type: none"> • Completed- Assisted Fair on creating new signs for the fairgrounds. • Completed- Ongoing-. I missed two calls due to schedule
Assessment	<ul style="list-style-type: none"> • Attend Hood River fair board quarterly meeting and assess implementation of Fair signage. • Collaborate with Regional Support Network quarterly on lessons learned regarding local county fairs and parks • Assess tobacco use at 2011 County Fair Grounds. 	<ul style="list-style-type: none"> • Not completed- Will meet with champion Mike Schend second quarter to develop strategy before attending quarterly meeting. • Completed • Completed- Worked with Wy'east Health Media Club on assessing tobacco use. We have entered in the data and are preparing information for county fair board.

Attachment 1

	<ul style="list-style-type: none"> • Assess Cascade Locks Movies in the Park for implementation of a tobacco free event. 	<ul style="list-style-type: none"> • Completed- worked with Cascade Locks Health Media Club youth in announcing and assessing tobacco use at park event.
Education & Outreach (Development of Local Champions)	<ul style="list-style-type: none"> • Develop presentation and announcement with Cascade Locks Health Media Club for Movies in the park event. 	<ul style="list-style-type: none"> • Completed- The youth presented at three movies over the summer. They will announce at another on October 31st.
Media Advocacy	<ul style="list-style-type: none"> • Research resources on TPEP connections website for talking points for parks • Submit article in Hood River News and Prevention news letter thanking fair board for signage at the fair/ done by community member • Get picture of sandwich board for Cascade Locks Movies in the Park for Hood River News, newsletter, and Cascade Locks Bridge Tender 	<ul style="list-style-type: none"> • Completed • Not completed- We did submit article in prevention news letter in August 2011. • Completed- Wrote article in Prevention Newsletter. The news letter is sent to 200 community members electronically and 45 hard copies.
Policy Development, Promotion, & Implementation	<ul style="list-style-type: none"> • Research tobacco-free venue policies on TPEP website regarding implementation plan including enforcement and education. 	<ul style="list-style-type: none"> • Completed- ongoing

Attachment 1

	<ul style="list-style-type: none"> • Provide consultation to Port of Cascade Locks on developing a policy for other local events 	<ul style="list-style-type: none"> • Ongoing- working with the Cascade Locks Prevention Coalition. They are a new coalition and we are working on developing understanding of environmental strategies.
Promote the Oregon Tobacco Quit Line	<ul style="list-style-type: none"> • Distribute Quit line information to Port of Cascade Locks buildings upon request • Contact Next Door Inc to promote Quit Line material at fair booth at County Fair. 	<ul style="list-style-type: none"> • Completed- ongoing • Completed- Information was available with both the Next Door Inc and St. Francis group.
Second Quarter Activities (Oct. 1, 2011-Dec. 31, 2012)		Second Quarter Report (due Jan. 20, 2012)
Coordination & Collaboration	<ul style="list-style-type: none"> • Work with Healthy Active Hood River County Coalition to offer continued support for a tobacco free fair and Cascade Locks tobacco free events. • Participate on the Outdoor Venues committee calls through TPEP quarterly to gain ideas on from other counties. • Attend Cascade Locks action team meeting to discuss tobacco free events at Port of Cascade Locks • Integrate tobacco free policies into the newly formed drug prevention coalition in Cascade Locks strategic plan. 	-

Attachment 1

Assessment	<ul style="list-style-type: none"> • Attend Hood River fair board quarterly meeting and assess implementation and opportunities for strengthening tobacco free fair. 	
Education & Outreach (Development of Local Champions)	<ul style="list-style-type: none"> • Gain support from HAHRC members for Tobacco Free County Fair and develop plan with members to attend a Fair Board Meeting to report Fair assessment findings. • Educate the Cascade Locks Prevention Coalition on environmental policies and strategies that decrease youth access to tobacco and increase tobacco free environments. 	
Media Advocacy	<ul style="list-style-type: none"> • Research resources on TPEP connections website for talking points for additional tobacco free parks. • Work with Cascade Locks Health Media club on developing media around supporting additional tobacco free events in park 	
Policy Development, Promotion, & Implementation	<ul style="list-style-type: none"> • Research tobacco-free venue policies on TPEP website regarding implementation plan including enforcement and education. 	
Promote the Oregon Tobacco Quit Line	<ul style="list-style-type: none"> • Distribute Quit line information to Port of Cascade Locks buildings upon request • Health Media Club members will develop Quit Line advertising for the 2012 Tobacco Free Fair Book. 	
Third Quarter Activities (Jan. 1, 2012-March 31, 2012)		Third Quarter Report (due April 20, 2012)
Coordination & Collaboration	<ul style="list-style-type: none"> • Participate on the Outdoor Venues committee calls through TPEP quarterly to gain ideas on from other counties. 	

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	<ul style="list-style-type: none"> • Work with Wy'east Middle School Health Media club on preparing presentation to the County Fair board on success of no smoking signage and the importance of a tobacco free fair. 	
Assessment		
Education & Outreach (Development of Local Champions)	<ul style="list-style-type: none"> • Identify local champion in Cascade Locks to increase tobacco free environments at other park sites. 	
Media Advocacy	<ul style="list-style-type: none"> • Utilize Channel 23 for highlighting tobacco free sites 	
Policy Development, Promotion, & Implementation	<ul style="list-style-type: none"> • Research tobacco-free venue policies on TPEP website regarding implementation plan including enforcement and education. 	
Promote the Oregon Tobacco Quit Line	<ul style="list-style-type: none"> • Distribute Quit line information to Cascade Locks Port buildings upon request • Develop activities to publicize Quit line if County Fair goes move to go tobacco free. 	
Fourth Quarter Activities (April 1, 2012-June 30, 2012)		Fourth Quarter Report (due July 20, 2012)
Coordination & Collaboration	<ul style="list-style-type: none"> • Participate on the Outdoor Venues committee calls through TPEP quarterly to gain ideas on from other counties. 	
Assessment		

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Education & Outreach (Development of Local Champions)		
Media Advocacy	<ul style="list-style-type: none"> • Research resources on TPEP connections website for talking points for parks and county fairs. 	
Policy Development, Promotion, & Implementation	<ul style="list-style-type: none"> • Provide consultation to Port of Cascade Locks t on completion of Policy for family events in park. 	
Promote the Oregon Tobacco Quit Line	<ul style="list-style-type: none"> • Distribute Quit line information to Cascade Locks Port buildings upon request 	

Local Health Department: Hood River County
Best Practice Objective: BPO # 14 Tobacco Free Hospitals and Health Systems
SMART Objective: BY June 2012, La Clinica del Carino will have implemented a 100% tobacco free campus
<p>Critical Question:</p> <p>7. Explain how data describing disparities in health risks and outcomes led you to prioritize the SMART objective, activities or partners identified for this BPO.</p> <p>According to the January 2011 Oregon Tobacco Facts and Laws, nearly 32% of Oregonian’s who smoke do</p>

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<p>not have health insurance. An additional 37% of people who smoke are covered by Medicaid and the Oregon Health Plan. Many health providers will not serve Medicaid and OHP clients; La Clinica serves this disparate population and Hood River serves 7700 residents who would otherwise not receive services.</p>		
<p>First Quarter Activities (July 1, 2011-Sept. 30, 2012)</p>		<p>First Quarter Report (due Oct. 21, 2011)</p>
<p>Coordination & Collaboration</p>	<ul style="list-style-type: none"> • Meet with Wasco County TPEP Coordinator Mary-Gayle Wood to schedule and plan responsibilities for the first quarter. • Collaborate with RN Mark England on outcome of board meeting about timeline of implementation of tobacco free campus • Collaborate with Laura Saddler at the state on resources for providers that integrate cessation referral into brief visits. 	<ul style="list-style-type: none"> • Completed- Ongoing • September 2011- Board meeting was not scheduled We are working to find new champion in La Clinica. • Not completed- Cessation referral is being done at La Clinica at this time.
<p>Assessment</p>	<ul style="list-style-type: none"> • Determine what cessation benefits are currently available to employees and family members who have a medical benefit. • Determine what cessation benefits are available to clients who have medical coverage through Oregon Health Plan and private insurance. 	<ul style="list-style-type: none"> • Not completed- will work second quarter with the Director of La Clinica Elise Vensuti • Completed

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<p>Education & Outreach (Development of Local Champions)</p>	<ul style="list-style-type: none"> • Meet with management team members and other employees at La Clinica as specified by the director to cultivate support for process and policy change. • Initiate meeting with Health Promoters to see about their continued advocacy for tobacco free campus at La Clinica. 	<ul style="list-style-type: none"> • Completed-Met with Juana a front desk worker at La CLinica. She called about getting stickers because clients were smoking outside front door. • Completed- Met with Elizur Bello who is a health promoter at La Clinica. He stated that he would have a discussion with staff on building support for a tobacco free campus.
<p>Media Advocacy</p>		
<p>Policy Development, Promotion, & Implementation</p>	<ul style="list-style-type: none"> • Policy from Providence Hood River Memorial Hospital for a tobacco free campus will be shared by Mark England, La Clinica Champion at August quarterly meeting. Board will adapt or adopt depending on their frame of mind. 	<p>Completed- July 2011- Mary Gayle and I met with Mark and gave him both timeline and policy form Providence.</p>
<p>Promote the Oregon Tobacco Quit Line</p>	<ul style="list-style-type: none"> • Distribute Quit line material to La Clinica upon request 	<ul style="list-style-type: none"> • Completed August 2011. Request for poster and Quit line cards as well as Smoke free workplace stickers.
<p>Second Quarter Activities (Oct. 1, 2011-Dec. 31, 2012)</p>		<p>Second Quarter Report (due Jan. 20, 2012)</p>

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<p>Coordination & Collaboration</p>	<ul style="list-style-type: none"> • Meet with Wasco County TPEP Coordinator Mary-Gayle Wood to schedule and plan responsibilities for the second quarter. Mary is the lead responsible for Wasco County facilities. • Make presentation at La Clinica staff meeting on the benefits of supporting a tobacco free campus for employees and clients. This will reinforce their ability to help staff and clients comply with policy upon adoption. 	
<p>Assessment</p>	<ul style="list-style-type: none"> • Determine locations of recommended sign placement and language for the signs for the property 	
<p>Education & Outreach (Development of Local Champions)</p>	<ul style="list-style-type: none"> • Communication to La Clinica staff and patients on cessation benefits. 	
<p>Media Advocacy</p>	<ul style="list-style-type: none"> • Develop media attention including newspaper article and employee check inserts and patient reminders preparing for policy change. • Meet with Clinical Services Director Mark England on finding an employee or patient who would be willing to be featured in a newspaper story prior to policy change. 	
<p>Policy Development, Promotion, & Implementation</p>	<ul style="list-style-type: none"> • Meet with Ellen Larsen to establish community partnership with LCDC on the process of implementing policy if board indicates non-compliance issues with adopted policy. 	
<p>Promote the Oregon Tobacco Quit Line</p>	<ul style="list-style-type: none"> • Distribute Quit Line material to LCDC upon request. 	

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Third Quarter Activities (Jan. 1, 2012-March 31, 2012)		Third Quarter Report (due April 20, 2012)
Coordination & Collaboration	<ul style="list-style-type: none"> • Meet with Wasco County TPEP Coordinator Mary-Gayle Wood to schedule and plan responsibilities for the second quarter. Mary is the lead for Wasco County facility. 	
Assessment	<ul style="list-style-type: none"> • Determine if there are any policy compliance issues expressed by clients or staff through internal survey at La Clinica conducted by Mark England.. 	
Education & Outreach (Development of Local Champions)	<ul style="list-style-type: none"> • Work with LCDC staff to engage conversation with patients on ways to transition policy change. 	
Media Advocacy	<ul style="list-style-type: none"> • Contact MET group to assist in writing a special interest story for local newspaper and announcing policy change date. 	
Policy Development, Promotion, & Implementation	<ul style="list-style-type: none"> • Promotion of policy through signage. If there is an interest, have clients review signs designed by local youth for campus. 	
Promote the Oregon Tobacco Quit Line	<ul style="list-style-type: none"> • Include the quit line information in earned media. 	
Fourth Quarter Activities (April 1, 2012-June 30, 2012)		Fourth Quarter Report (due July 20, 2012)
Coordination & Collaboration		
Assessment	<ul style="list-style-type: none"> • Determine how to track effectiveness of policy change at La Clinica del Carino with staff 	

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Education & Outreach (Development of Local Champions)	<ul style="list-style-type: none"> • Develop award for LaClinica del Carino for annual celebration. 	
Media Advocacy		
Policy Development, Promotion, & Implementation		
Promote the Oregon Tobacco Quit Line	<ul style="list-style-type: none"> • Distribute Quit line material to MCCFL on request 	

Attachment A

FY 2011-2012 WIC Nutrition Education Plan

WIC Staff Training Plan – 7/1/2011 through 6/30/2012

Agency: Hood River

Training Supervisor(s) and Credentials: Patricia Elliott, RN

Staff Development Planned

Based on planned program initiatives, your program goals, or identified staff needs, what quarterly in-services and or continuing education are planned for existing staff? List the in-services and an objective for quarterly in-services that you plan for July 1, 2011 – June 30, 2012. State provided in-services, trainings and meetings can be included as appropriate.

Quarter	Month	In-Service Topic	In-Service Objective
1	August, 2011	Incorporating PCE skills using materials from Oregon WIC Listens to support your client in Breastfeeding	To become more comfortable using PCE skills in a wide variety of teaching topics, and to better support clients in successful breastfeeding.
2	October, 2011	2 nd NE option review and NE group lesson plan review. To include IBCLC and RD.	To discuss options for clients to meet 2 nd NE requirement and to modify group classes to include PCE skills and strategies.
3	January, 2012	Health Outcomes	Increase staff understanding of factors that influence health outcomes.
4	March, 2012	On-line Postpartum Nutrition Course	Increase staff understanding of factors that influence health outcomes.

**FY 2011 - 2012 WIC Nutrition Education Plan Form
New Plan Due 5/1/2012**

County/Agency: Hood River

Person Completing Form: Patricia Elliott

Date: 4/25/2011

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
by May 1, 2011
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 2 Objective: During planning period, staff will incorporate participant centered education skills and strategies into group settings.

Activity 1: Local agency staff will attend a regional Group Participant Centered training focusing on content design to be held in the fall of 2011.

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

Implementation Plan and Timeline including possible staff who will attend a regional training:

Hood River County WIC Staff will attend regional Group Participant Centered training focused on content design in the fall of 2011. We are currently waiting for notification of training dates and locations.

Activity 2: Each agency will modify at least one nutrition education group lesson plan from each category of core classes and at least one local agency staff in-service to include PCE skills and strategies by March 31, 2012. Specific PCE skills and strategies were presented during regional PCE Groups trainings held Fall 2010 and Spring 2011.

Implementation Plan and Timeline:

Hood River WIC CPA staff will meet with WIC coordinator, breastfeeding coordinator and RD to review group nutrition education lesson plans and modify those lesson plans to include PCE skills that include: opening the session, involving the group, using open-ended questions, affirmations, reflections, summarizing, and closing the session.

The August staff meeting will be used to provide a staff in-service on using PCE skills and strategies in the group setting.

Activity 3: Each agency will develop and implement a plan to familiarize all staff with the content and design of 2nd Nutrition Education options in order to assist participants in selecting the nutrition education experience that would best meet their needs.

Implementation Plan and Timeline:

Hood River WIC staff will review 2nd Nutrition Education options during the October , 2011 staff development meeting. This will be addressed in conjunction with the NE group lesson plan review and modification.

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

Year 2 Objective: During planning period, each agency will incorporate participant centered skills and strategies into their group settings to enhance their breastfeeding education, promotion and support.

Activity 1: Each agency will modify at least one prenatal breastfeeding class to include PCE skills and strategies by March 31, 2012. Specific PCE skills and strategies were presented during the PCE Groups trainings held Fall 2010 and Spring 2011.

Implementation Plan and Timeline:

Hood River WIC CPA staff will meet with WIC coordinator, breastfeeding coordinator and RD to review the prenatal breastfeeding group nutrition education lesson plan and modify the lesson plan to include PCE skills that include: opening the session, involving the group, using open-ended questions, affirmations, reflections, summarizing, and closing the session, as presented during the regional Group Participant trainings held in the fall of 2010, and the spring of 2011. This will be completed during the October, 2011 staff in-service.

Activity 2: Each agency’s Breastfeeding Coordinator will work with the agency’s Training Supervisor to provide an in-service to staff incorporating participant centered skills to support breastfeeding counseling.

Note: In-service content could include concepts from Biological Nurturing, Breastfeeding Peer Counseling Program – Group Prenatal Series Guide and/or Breastfeeding Basics – Grow and Glow Curriculum. An in-service outline and supporting resource materials developed by state WIC staff will be sent by July 1, 2011.

Implementation Plan and Timeline:

Hood River WIC staff will participate in an in-service provided by the breastfeeding coordinator. Following completion of this in-service, the staff will be able to demonstrate improved PCE skills in supporting breastfeeding counseling. The in-service will use approved curriculum and supporting resource materials as provided by the state WIC staff. This in-service will be provided during the August, 2011 staff meeting.

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

Year 2 Objective: During planning period, each agency will continue to develop strategies to enhance partnerships with organizations in their community that serve WIC participants by offering opportunities to strengthen their nutrition and/or breastfeeding education.

Activity 1: Each agency will invite at last one partner that serves WIC participants and provides nutrition education to attend a regional

Group Participant Centered Education training focusing on content design to be held fall of 2011.

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

Implementation Plan and Timeline:

Hood River WIC will extend an invitation to partners who provide nutrition education to attend a regional Group Participant Centered Education training focusing on content design that will be held in the fall of 2011. That invitation will be extended when notification is received of the date/time/location of the training.

Activity 2: Each agency will invite at least one community partner that provides breastfeeding education to WIC participants to attend a Breastfeeding Basics – Grow and Glow Training complete the Oregon WIC Breastfeeding Module and/or complete the new online Oregon WIC Breastfeeding Course.

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

Implementation Plan and Timeline:

Hood River WIC will extend an invitation to partners that provide breastfeeding education to attend a Breastfeeding Basics training, orient them to the Oregon WIC Breastfeeding Module and the new online Oregon WIC Breastfeeding Course when that is available.

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

Year 2 Objective: During planning period, each agency will continue to increase staff understanding of the factors influencing health outcomes.

Activity 1: Each agency will conduct a Health Outcomes staff in-service by March 31, 2012.

Note: An in-service outline and supporting resource materials developed by state WIC staff will be sent by July 1, 2011.

Implementation Plan and Timeline:

Hood River WIC will provide a staff in-service on Health Outcomes during the January, 2012 staff meeting, using materials provided by the state WIC Program.

Activity 2: Local agency staff will complete the new online Postpartum Nutrition Course by March 31, 2012.

Implementation Plan and Timeline:

All Hood River WIC staff will complete the new online Postpartum Nutrition Course by March 31, 2012. Completion dates will be documented in TWIST.

Activity 3: Identify your agency training supervisor(s) and projected staff quarterly in-service training dates and topics for FY 2011-2012. Complete and return Attachment A by May 1, 2011.

Agency Training Supervisor(s):

Patricia Elliott, RN