



Lake County Public Health  
Annual Plan  
2007-2008

Prepared by  
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May 1, 2007

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	<b>I. Executive Summary</b>	

Lake County Public Health provides a wide range of services to meet the health needs of the community and the assurances required for federal, state and local funding. Public Health currently employs seven people for a total of 4.63 FTE. The four nurses and three deputy clerks provide the five essential services required by Oregon law. The challenge is to maintain these services with decreased funding and revenue. Most of our programs follow the funding streams that come to us through Oregon's Department of Human Services, Public Health Division. These funds have remained static or decreased while cost have gone up. Changes in the federal Family Planning Expansion Program, the timely availability of flu vaccine, and the alleviation of the Department of Medical Assistance Program standard benefits, have decreased the revenue generated by the health department.

The loss of timber funds decreased the amount of general fund dollars that were directed to public health. The Lake County Commissioners showed their support for public health by proposing an increase in general fund dollars to maintain current staffing levels. If the proposed budget is not accepted public health will loose a .85 FTE.

Lake County Health relies heavily on federal preparedness dollars to help provide timely reporting and investigations for communicable disease. This is especially important as sexually transmitted disease and Hepatitis C are increasing in our community. Communicable disease reporting will be a focus for 2007-2008. These dollars have also increased local community cooperation and the forming of a local preparedness committee. The local preparedness committee has addressed hazard mitigation, special populations and participated in several exercises in 2006-2006. Exercises will be the focus of emergency preparedness in the coming year.

This Annual Plan document provides action plans addressing the prioritized health issues of our community; communicable disease, maternal and child health and childhood obesity through WIC. The plan will guide the work of the dedicated staff in providing public health services to our community.

### **III. Action Plan**

## A. Epidemiology

Update: The new staff nurse has completed CD 101, 103 and 810 as required in the 2006-2007 annual plan. Date completed was August 2006.

<b>Current condition or problem:</b> The Communicable Disease Data Base was not been functioning until October of 2006. Data was faxed to the state as appropriate, but electronic transmission was not preformed in a timely manner.				
<b>Time Period: July 1, 2007 – June 30, 2008</b>				
<b>GOAL: Increase electronic data transmission within the appropriate time frame to 100%</b>				
Objectives	Plan for Methods/ Activities/Practice	Outcome Measure(s)	Outcome Measure(s) Results	Progress Notes
A Second user of the electronic date base will be trained.	1. Administrator will provide training.	1. Staff member will be able to transmit data.	1. E-mail from data base that states a successful transmission has taken place will be attached to the written form.	
<b>B.</b> Learn best practice for data base entry.	1. Participate in monthly data base calls.	1. Participation is logged in the meeting minutes.	1. 10 successful transmissions will be sent to the state with no errors.	
<b>Time Period: September 2007</b>				
<b>GOAL: Add sexually transmitted disease to the data base</b>				
Objectives	Plan for Methods/ Activities/Practice	Outcome Measure(s)	Outcome Measure(s) Results	Progress Notes
A. The ability to track sexually transmitted disease on the data base.	1. Contact J.A. Magnusen for download to data base.	1. Sexually transmitted disease will be added to data base.	1. Yearly report on sexually transmitted disease will be generated and used in report to UPIC and Commissioners.	
<b>B.</b>				

## B. Maternal and Child Health

**Current Condition or Problem – Lake County Public Health is the only agency in the county that provides child birth education. The childbirth education classes cover prenatal, labor and delivery and newborn care. The project is collaboration between the local doctors, hospital and public health.**

**Time Period: May and September of 2007, January of 2008.**

**GOAL: The education of pregnant women and their partners to assure the best outcome for their pregnancy.**

<b>Objectives</b>	<b>Plan for Methods/Activities/Practice</b>	<b>Outcome Measure(s)</b>	<b>Outcome Measure(s) Results</b>	<b>Progress Notes</b>
A. All pregnant women will have the opportunity to participate in childbirth education.	1. Communication with Dr. staff on dates of childbirth classes. 2. Pregnant women seen in WIC will be referred 3. Pregnant women seen in Family Planning will be referred.	1. A 25% increase in the number of women and their partners will attend the childbirth class.	1. Comparison on numbers of women and their partners attending the class on May 1, 2008 to May 1 2007. 2. Comparison of data from the number of first births in a year to the number of women taking classes.	
B. Educate pregnant women on healthy lifestyles prenatally to decrease low birth weight and preterm labor.	1. Quarterly childbirth education classes will provide education on healthy lifestyle choices while pregnant.	1. Decreased low birth weight in children born to women of Lake County. Decrease the number of preterm births in children born to women of Lake County.	1. The number of low birth rate children will decrease. Data will be gathered from yearly Morbidity and Mortality statistics.	

**Time Period: June 1, 2007 through June 1, 2008**

**GOAL: Early detection of hearing problems in children 0- 6 year of age.**

<b>Objectives</b>	<b>Plan for Methods/Activities/Practice</b>	<b>Outcome Measure(s)</b>	<b>Outcome Measure(s) Results</b>	<b>Progress Notes</b>
A. To perform hearing screens on 50% of the children age 0-6 months in Lake County	1. Medical staff at the hospital has been met with and asked for referrals. 2. Hearing screens are offered at the time of immunizations to all children 0-6 months 3. Hearing screens are offered to all children 0-6 months at home visits. 4. Collaboration with the ESD had been established for referral if a child does not pass the test a second time.	1. 50% of the children age 0-6 months in Lake County will have hearing screening. 2. All children meeting the referral criteria will be referred to ESD for further evaluation.	1. Data on the number of children screened will be kept in the hearing screen log. 2. Data will be kept on the number of children referred and those accepting services from ESD. 3. Data will be compared on a yearly basis.	
B.				

## FY – 2007-2008 WIC Nutrition Education Plan

County/Agency: Lake County Public Health Department

Person Completing Form: Vickie J. Hogen WIC Coordinator

Date: 03/26/2007

Phone Number: 541-947-6045

Email Address: vjhogenlcph@yahoo.com

Direct questions to: Sara Goodrich, 971-673-0043

This section asks you to write the nutrition education plan(s) for the fiscal year 2006 – 2007 2007-2008.

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

Year 1 Objective: During plan period, staff will be able to correctly assess nutrition and dietary risks.

Activity 1: All certifiers will complete the Nutrition Risk Module by December 31, 2007.

*Resources: Nutrition Risk Module distributed to all agencies 2/07. Information provided from Nutrition Risk Module Regional Train-the-Trainer sessions 4/07.*

#### Implementation Plan and Timeline:

Lilli George and Vickie Hogen will attend April 5<sup>th</sup> state “train your trainers” Beth Hadley will complete modules by 12/07.

Activity 2: All certifiers will complete the revised Dietary Risk Module (to be released September 2007) by March 31, 2008.

*Resources: Information provided from Dietary Risk Module Training.*

#### Implementation Plan and Timeline:

Lilli George, Vickie Hogen, and Beth Hadley will complete module by 03/08.

Activity 3: Each agency will select at least one staff member to participate in a State workgroup to identify key nutrition messages used in WIC and implement strategies for integrating these messages into clinic practices. *See Attachment A.*

Staff name(s): Vickie Hogen

Email address(s): vjhogenlcph@yahoo.com

Phone Number(s): 541-947-6045

Activity 4: Identify your agency training supervisor(s) and projected staff in-service training dates and topics for FY 2007-2008. *Complete and return Attachment B by May 1, 2007.*

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

Year 1 Objective A: During Plan period, each local agency will implement strategies to provide targeted, quality nutrition education.

Activity 1: Using state provided resources, conduct a needs assessment of your community to determine relevant nutritional health concerns and assure that your nutrition education offerings meet the needs of your WIC population by September 30, 2007.

*Resources: TWIST Reports, PEDS Data, Oral Health Data, Healthy Active Oregon Communities' Initiatives,*

Implementation Plan and Timeline:

Lake County will utilize appropriate TWIST reports, and we will contact Headstart for statistics that they have on our low income children. We will have completed the needs assessment by September 2007. After we have completed our needs assessment we will evaluate our current Nutritional Education materials.

Activity 2: Complete Activity 2A or 2B depending upon the type of second nutrition education activities your agency offers.

Activity 2A: By October 31, 2007, submit an Annual Group Nutrition Education Calendar for your agency for 2008. *Complete and return Attachment C by October 31, 2007.* If your agency does not offer group nutrition education activities, complete Activity 2B.

Implementation Plan and Timeline:

Activity 2B: If your agency does not offer group nutrition education activities, how do you determine 2<sup>nd</sup> individual nutrition education is appropriate to the individual client's needs?

Response:

Our agency offers Individual Education appointments to all clients. We schedule IE appointments at time of certification, or we run TWISTs "clients with no FI's" report, print mailing labels and

send out reminders. We take walk ins and offer IE when they come in to pick up checks. We always assess clients needs, and counsel appropriately. If no concerns are expressed then we offer specific material like, February is dental health month so we provide NE on dental health awareness. Or May is turn off the TV month, so we offer state provided "turn off the TV". We try to make sure NE material is appropriate for participant's age and needs.

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

Year 1 Objective: During Plan period, each local agency will select at least one specific objective and activity to help facilitate healthy behavior change for WIC staff and at least one specific objective and activity to help facilitate healthy behavior change for WIC clients. For example, utilize findings from the prior 3 Year Nutrition Education Plan to determine the most common risks/barriers to making healthy behavior changes. Develop the objective and activity to address those risks/barriers.

Activity 1:

Local Agency Objective to facilitate healthy behavior change for WIC Staff:

Our objective is to increase daily physical activity in all of our staff members.

Local Agency Staff Activity:

Staff encourages daily physical activity. All of our staff encourages each other daily. We ask "Are you going to walk at lunch" or "Are you going to Curves" "

Implementation Plan and Timeline: Include why this objective was chosen, what you hope to change, how and when you will implement the activity, and how you will evaluate its effectiveness.

We decided to try daily encouragement instead of a one time activity. Many of our staff are members of curves. We go to Curves on our lunch break. Other staff members walk on lunch breaks daily. We encourage by going together and asking "Are you going to ? today" If some one is being lazy or doesn't feel like it we will ask again and go with them. We try and energize our selves on lunches and we all participate in daily encouragement. We support each others choice in physical activity and offer positive encouragement. We offer support to get started and follow through with daily physical activity. We hope to create healthy habits.

Lake County has already implemented daily encouragement. We will continue to follow through with daily encouragement for staff. In our May 2007 staff meeting we will ask staff to rate their current level of physical activity and then set a goal for our next staff meeting. At our September staff meeting we will see if staff has met goals and have them rate their level of physical activity.

Activity 2:

Local Agency Objective to facilitate healthy behavior change for WIC Clients:

Our objective is to encourage physical activity in our clients, and have fun doing it.

### **Local Agency Client Activity:**

Local agency will be partnering with Lake County Fair board to offer “Kids day” and a Kindergarten Rodeo.

Implementation Plan and Timeline: Include why this objective was chosen, what you hope to change, how and when you will implement the activity, and how you will evaluate its effectiveness.

We chose to put on the annual Kids day activities and add the kindergarten rodeo to the county fair in hopes of showing kids and parents that it is easy and fun to get physical activity. We have modified the existing kid’s day to incorporate more physical activities and fewer games like the bubble gum blowing contest. We will offer medallions and ribbons instead of candy bars as prizes. We will evaluate the events by using existing registration, and keeping track of events kids participated and seeing what our participation rates were.

Saturday, September 1<sup>st</sup> 2007 will be the “Kids day”

Sunday, September 2<sup>nd</sup> 2007 will be the Kindergarten rodeo.

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

Year 1 Objective: During Plan period, each local agency will select at least one objective and activity to help improve breastfeeding outcomes for WIC staff or WIC clients. Consider using findings from the prior 3 Year Nutrition Education Plan to help identify and address common barriers to breastfeeding.

#### Activity 1:

Local Agency Breastfeeding Objective:

Lake County’s main objective is to increase Breastfeeding duration in our moms.

Local Agency Breastfeeding Activity: Offer “Rock and Relax” booth at county fair again.

Implementation Plan and Timeline: Include why this objective was chosen, what you hope to change, how and when you will implement the activity, and how you will evaluate its effectiveness.

We have had positive responses from our past "Rock and relax" booths. We will offer more Breastfeeding information and our Breastfeeding referral list. We will continue to offer Breastfeeding education materials. We will try and make a short evaluation card for moms to fill out, and maybe try a visitor's sign in with room for comments.

## EVALUATION OF WIC NUTRITION EDUCATION PLAN FY 2006-2007

**WIC Agency:** \_\_\_Lake County Public Health department

**Person Completing Form:** \_Vickie Hogen WIC Coordinator

**Date:** \_03/26/2007 \_ **Phone:** 541-947-6045

Return this form, attached to e-mail, to: [sara.e.goodrich@state.or.us](mailto:sara.e.goodrich@state.or.us) by May 1, 2007.

**Please use the outcome evaluation criteria to assess the activities your agencies did for each Year 3 Objective. If your agency was unable to complete an activity, please indicate why.**

**Goal 1: Decrease the risk of obesity among WIC participants by increasing physical activity awareness.**

**Year 3 Objective:** During plan period, all WIC families will be provided information to help them make positive lifestyle choices to decrease the risk of overweight.

***Activity 1: (Required) Using the state provided tool, assess your community's resources for safe, developmentally appropriate physical activity opportunities for families and their young children and provide a list of these resources to WIC clients.***

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

Was the community assessment completed and a list of resources provided to WIC clients?

How did clients respond to the resource list?

Response:

Yes, community assessment was completed and a list of contact numbers for local community activities was put together. Our clients really liked the contact list, but a lot the activities were seasonal. So parents called contact numbers for certain things and were told they needed to call back at a later date. This is a list that will need to be updated frequently because contact people for sports changes frequently, so making sure the list is current is important. We also utilized the

town halls community events calendar that lists local things like fun runs, and mountain bike races.

Please provide a copy of the resource list your agency developed for clients.

**Activity 2:** (Required) Make available to clients a 2<sup>nd</sup> NE opportunity to participate in physical activity.

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

Was a 2<sup>nd</sup> nutrition education opportunity to increase physical activity made available to clients? If yes, describe what it was.

How/why did your agency choose this particular 2<sup>nd</sup> nutrition education opportunity?

Did your agency create a new opportunity or modify an existing opportunity?

How did clients respond to this opportunity?

Will you continue to make this opportunity available in the future?

Response:

All clients are offered a 2<sup>nd</sup> NE. We offer state provided handouts like the “Play with your child” series. We also offer state material like the physical activity pyramid. We try and offer age appropriate material, and encourage parents to become involved in their children’s physical activities. We will continue to offer 2<sup>nd</sup> NE opportunities to our clients. We offer individual education appointments to clients and offer flexible schedules, and take walk-ins.

We looked into adding a movement or dance class, but ran into space, cost, and liability concerns.

**Activity 3:** (Optional) Participate in an organized “Turn Off the TV Week” campaign April 2007.

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

Did your agency participate in “Turn Off the TV Week”? If yes, describe what you did. How did it go?

Do you plan to continue this activity? Why or why not? What resources would you need?

What advice might you give to other WIC agencies if they were to try this?

Response:

No our agency did not participate in “Turn off the TV” week. We do use the state provided “Turn off the TV” handout frequently in IE appointments, and we offered this handout as our monthly IE material in May.

**Goal 2: Increase the percentage of WIC participants who consume at least five daily servings of vegetables and fruits.**

Year 3 Objective: During plan period, staff will promote client consumption of fruits and vegetables.

**Activity 1:** *(Required) Using state provided tool, assess activities and resources in the community to promote fruits and vegetables and provide a list of these activities and resources to WIC clients.*

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

Was the community assessment completed and a list of resources provided to WIC clients?

How did clients respond to the list?

Response:

Lake County does not currently have any fruit or vegetable farmers or farm stands. Our clients must travel out of town to purchase fresh produce. Our sources for fruits and veggies are our local super markets. We offered the state provided farmers market list to clients who were traveling out of town. Lake County does have a “farmers market” June through October. Unfortunately it has minimal produce, there are usually arts and crafts booths, and some baked goods. We do not have a regular produce supplier. Once in a while someone will pay the 5.00 table charge and bring in some produce from their personal garden. If they don’t make enough to cover the 5.00 charge then it is waived. So there is no consistency in fresh produce. We did research the sources of fruits and vegetables, but did not make a resource list due to no farms or farm stands.

Clients who traveled out of town were given farmer’s market checks and the state provided listing of certain areas. Families who traveled liked the farmer’s market checks, but it is difficult to use them. Bend, Medford, and Klamath Falls where the most common areas for clients to travel to. State approved farmers market lists were provided for those areas when farmers market checks were issued.

Please provide a copy of the resource list your agency developed for clients.

**Activity 2:** (Required) Develop and implement a client centered activity/event by June 2007 in recognition of 5 A Day. Examples include: Bulletin Boards, Newsletters, and Classes.

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

- What client centered activity/event did your agency implement in recognition of 5 A Day?
- How did your agency decide on this activity/event?
- What went well and what would you do differently?

Response:

Our local agency did a bulletin board to encourage 5 a day. We offered fun tidbits of information on fruits and vegetables, and eating them.

**Goal 3: Increase client participation in 2<sup>nd</sup> nutrition education contacts.**

Year 3 Objective: During plan period, develop strategies to increase client participation in nutrition education.

**Activity 1:** (Required) Explore options for developing innovative partnerships for providing NE to clients in your agency.

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

Did your agency begin a process for developing innovative partnerships for providing NE?

What did you use to begin the process?

What will you need to continue?

Response:

Our agency contacted other local agencies like Lake District Hospital, our local extension office, our fair and rodeo office, and our local master gardeners club to try and establish some partnerships for promoting nutritional education. All of our contacts were made in person or by phone. All agencies that were contacted responded. We will need to follow up and follow through with the commitments that we have made with each agency.

**Activity 2:** (Required) Using state provided tool, assess your agency's 2<sup>nd</sup> nutrition education offerings and make changes as needed to improve your show rates.

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

- What nutrition education offerings were identified as most and least attended?

- What changes were made based on the results of your assessment?

Response:

We currently offer IE appointments to all clients. We offer flexible schedules, and take walk ins. We will schedule IE appointment when client is certified if they prefer, or we run monthly reports for “clients with no FI”s”, we print labels and mail reminders to these clients. We try and evaluate clients needs and interests, and offer appropriate NE material.

We are currently evaluating our NE materials with our contract RD and will use her suggestions to make appropriate changes in our NE material. W hope to have NE material reviewed by June 1, 2007.

**Goal 4: Increase breastfeeding duration rates among WIC participants.**

Year 3 Objective: During plan period, staff will promote exclusive breastfeeding for 6 months of age and implement strategies to support client’s breastfeeding goals.

**Activity 1:** *(Required) Assess breastfeeding resources available in your community and create and/or update a resource list for clients.*

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

Was an assessment done of the breastfeeding resources available in your community?

Was a community breastfeeding resource list created and/or updated?

Response:

Yes, Lake County did an assessment of our community breastfeeding resources. We created a new breastfeeding referral for Lake County, we also offer referral handouts from other sources.

**Activity 2:** *(Required) The WIC agency will implement at least one new strategy to support client’s breastfeeding goals.*

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

Did your agency implement at least one new strategy to support client’s breastfeeding goals?

How did the strategy address the identified issue?

Response:

Lake County offers breastfeeding support Monday thru Friday. We have a breastfeeding referral handout that is given to breastfeeding moms. We have made help available to all breastfeeding WIC moms. Our goal is to make sure breastfeeding moms have enough support and know where to go to get help.

**Activity 3:** *(Optional) The WIC agency will participate in World Breastfeeding Week to raise the awareness of the importance of exclusively breastfeeding for the first 6 months of life and continue as long as the mother and baby mutually desire.*

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

Did your agency participate in World Breastfeeding Week? If yes, describe what you did. How did it go?

What advice might you give to other WIC agencies if they were to try this?

Response:

Lake County put on our annual "Rock and Relax" booth at the county fair. We were able to advertise a little more this year, and hung up flyers at the fair to make sure moms knew it was available.

This is a fun event, I would encourage other counties to try offering something like this. It is a good way to get the message out to a lot of moms.

## WIC - Attachment A

### FY 2007-2008 WIC Nutrition Education Plan

#### Goal 1, Activity 3

#### Oregon WIC Key Nutrition Messages

An important component of quality nutrition education is having consistent key messages. Key messages are simple, short messages that can be considered generally universally true for a given population. Key messages will not cover every possible topic, but are broad messages, within which would be topics made specific to a client.

#### **Examples of key messages for each category of WIC clients:**

- Pregnant Women: *Early prenatal care is important for the health of mom and baby.*
- Breastfeeding Women: *Breastmilk is the best food for your baby.*
- Non-Breastfeeding Postpartum Women: *Eat enough foods from each of the different categories shown on the food pyramid. (mypyramid.gov)*
- Children: *Limit "screen time" to no more than 2 hours each day after a child is two years old. Before age 2, children should not watch TV.*
- Infants: *Introduce one new solid food at a time.*

#### **FY 2007-2008 NE Plan Activity**

During FY 2007-2008, a workgroup consisting of State and Local Agency staff will develop key nutrition messages for the Oregon WIC Program and strategies for integrating the messages into clinic practices. Most of the work this group will do can be done via email or over the phone. The initial activity of identifying nutrition messages for each WIC category will begin in July 2007. The desired outcome from the workgroup is that Oregon WIC Key Nutrition Messages will be completed and presented at the 2008 Statewide Meeting.

## WIC - Attachment B

### FY 2007-2008 WIC Nutrition Education Plan

#### Goal 1, Activity 4

#### WIC Staff Training Plan – 7/1/2007 through 6/30/2008

Agency \_\_\_Lake County Public Health Department

Your Agency's Training Supervisor(s) \_ V. Hogen

Training Supervisor Credential(s) WIC Coordinator

#### Staff Development Planned

Based on planned new 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 FFY 2007-2008.

Quarter	Month	In-Service Topic	In-Service Objective
1	June 07	Food package changes / CPR	Inform all staff of new WIC food list.
2	September 07	CPR/ Formula Bid changes	Inform all staff of formula changes and how it will be incorporated.
3	February 07	Cultural diversity/	Cultural awareness
4	May 07	Blood born Pathogen	

## WIC - Attachment C

### FY 2007-2008 WIC Nutrition Education Plan

#### 2008 Group Nutrition Education Calendar

**Agency Lake County Public Health**

**Lake County**

Month(s)	Client Category	Class Topic	Class Title	Brief Description
February	All	Dental health awareness	Dental health awareness Individual education only	We will offer state provided baby bottle tooth decay handout, and are working with home visit nurse to come up with NE for pregnant moms and the importance of dental health.
May	All	Turn off the TV	Turn off the TV Individual education only	We will offer state provided turn off the tv.
August and September	Pregnant women	Breastfeeding promotion	Breastfeeding Individual education only	Promote breastfeeding
June	All	5 a day	5 a day Individual education only	Will offer state provided fruits and veggie hand outs.

WIC Attachment E  
Lake County  
Physical Activity Resources

Lakeview:

AYSO Soccer: Rebecca Kinsman 947-5055 (\$75 soccer program)

Kids in motion: Ken Landue 947-5657 (\$20 per 6 wk session)

Lakeview Dance Studio: Sandy Lysne 947-5157 (\$90 per semester includes costume for dance. Semesters start Nov. - Jan. & Jan. – Mar.)

T-Ball Little League: Robin Callahan 947-2474 (\$45 season)

Swimming pool: Town hall 947-4957 (Season pass available, Low income season passes also available)

Cheerleading Camp: Janelle George 947-0952 (\$12 per camp)

Christmas valley:

Wrestling club: Daniel Ward 576-2214

**WIC Attachment E**  
**Physical Activity Assessment**

Lake County

<b>Resource Name</b>	<b>Days Open</b>	<b>Cost to Use Facility</b>	<b>Activities Possible</b>	<b>Accessibility Issues/Potential Barriers</b>	<b>Comments and Recommendations</b>
<b>Baseball/Tball</b>	<b>Wednesday Saturday</b>	<b>\$45 per season</b>	<b>Baseball Softball T ball</b>	<b>Cost</b>	
<b>Hay School Soccer Field</b>	<b>Tuesday Thursday</b>	<b>\$75 per Season</b>	<b>Soccer</b>	<b>Cost</b>	
<b>City Park</b>	<b>Everyday</b>	<b>No Cost</b>	<b>Active Play</b>		<b>Good Facility</b>
<b>Wading Pool</b>	<b>Tuesday – Friday</b>	<b>\$0.50 per child</b>	<b>Wading</b>	<b>1-5 year only Cost Seasonal</b>	
<b>City Tennis Court</b>	<b>Everyday</b>	<b>No Cost</b>	<b>Active Play</b>	<b>Seasonal</b>	
<b>City Side Walks</b>	<b>Everyday</b>	<b>No Cost</b>	<b>Walking</b>		
<b>Trails for Hiking and Biking</b>	<b>Everyday</b>	<b>No Cost</b>	<b>Hiking Jogging Mt. Biking</b>		<b>Technical Mt. trails are only appropriate for certain ages</b>
<b>High School Gymnasium</b>	<b>Saturday</b>	<b>\$20 per 6 week</b>	<b>Gymnastics Movement Class Basketball</b>	<b>Cost</b>	
<b>Dance Studio</b>	<b>Wednesday Saturday</b>	<b>\$90 for 3 month</b>	<b>Dance Ballet</b>	<b>Cost</b>	
<b>Warner Canyon Ski Area</b>	<b>Thursday- Sunday</b>	<b>\$25 a day</b>	<b>Skimg Snowboarding Sledding (no charge)</b>	<b>Cost Seasonal</b>	

WIC Attachment F  
Breastfeeding Support in Lake County.

Lake County Public Health wants to encourage moms to breastfeed their children. We know that encouragement and assistance is sometimes needed. So we have put together a list of contact names and numbers for our breastfeeding moms.

Lake County Public Health WIC 947-6045  
Vickie Hogen  
Beth Hadley  
Mary Wilkie

Babies First program 947-6045  
Jill Harlon

Lake District Hospital 947-2114  
Kathy Burkholder

Or contact your physician for a referral.

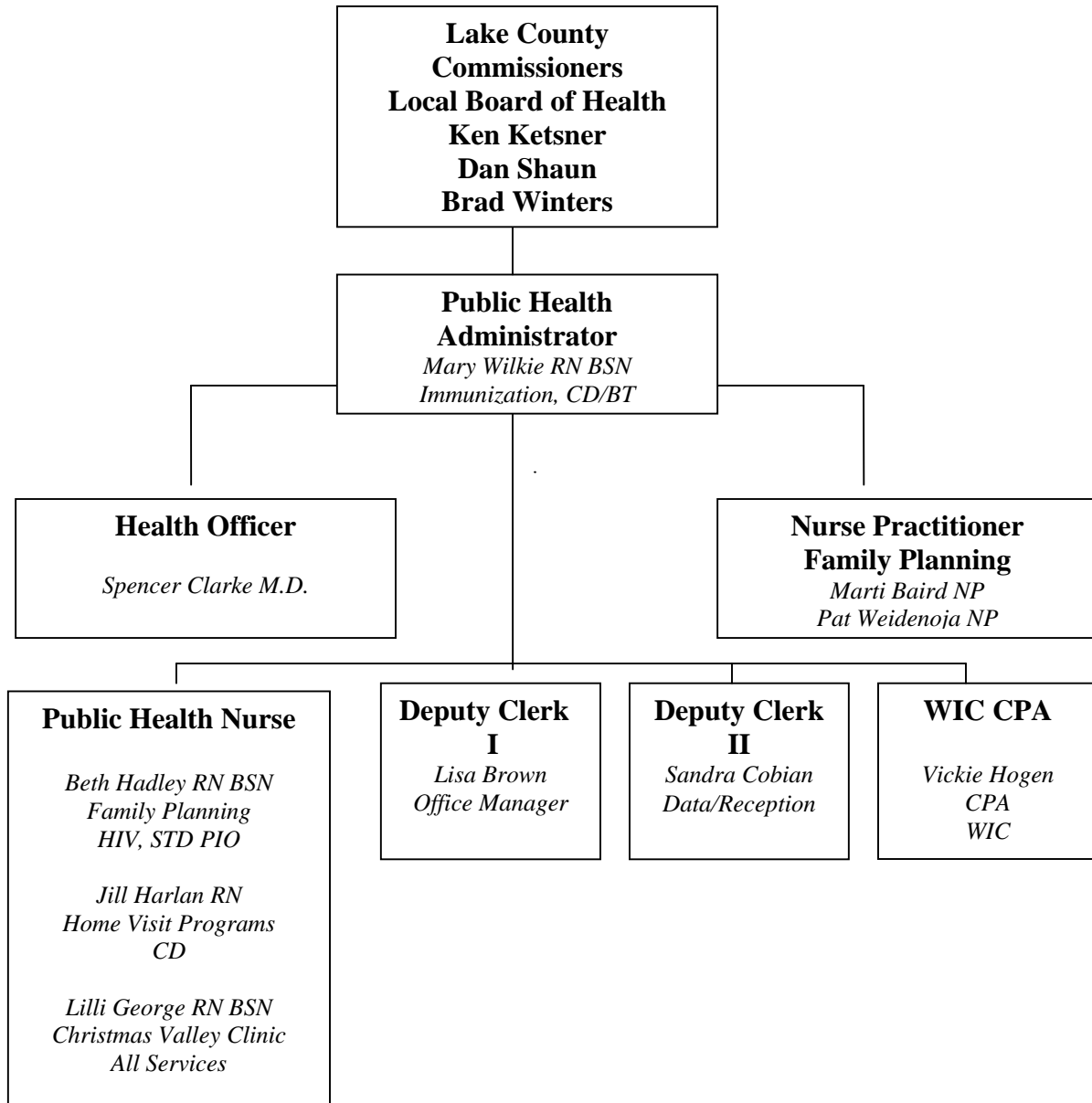
Remember Breast is best for baby.

WIC Attachment G  
Fruit and Vegetable List

Resource/Event Name, Location & Contact Information	Availability		Fruits and Vegetables Available	Accessibility Issues/Potential Barriers	Other Comments & Recommendations
	Season (Months when open)	Days & Times when Open			
Lakeview Farmers Market Community park behind Safeway	June thru October	Sat. mornings 9:00am to 1:00pm	Produce is not always available	There is no regular vendor for produce.	Very difficult to get produce, some times it is brought in from out of town, but very infrequent, or it is from someone's personal garden. Expensive
Safeway	Always open	7 days a week	Store bought produce always available		
Stewarts	Always open	7 days a week	Store bought produce always available		
Lake County Food share 947-3222	Year around	Tue. 10am - 12pm Fri. 2pm - 4pm	Canned goods only		

## IV. Additional Requirements

### A. Lake County Public Health Organizational Chart



**B. Senate Bill 555**

The Local Public Health Authority is the governing body that oversees the local Commission on Children and Families.

**V. Budget**

Agencies are not required to submit a budget as part of the annual plan. The Projected Revenue information will be provided in July of 2007 as required.

Contact for a copy of the Lake County Budget:

Robin Drinkwater, PHR  
Business Services Director  
Lake County Courthouse  
513 Center Street  
Lakeview, Oregon 97630  
(541)947-6073  
[rldrinkwater@co.lake.or.us](mailto:rldrinkwater@co.lake.or.us)

**VI. 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. *Not done by public health but by water system operators.*
52. Yes  No  Each drinking water system is monitored for compliance with applicable standards based on system size, type, and epidemiological risk. *Not done by public health but by water system operators.*
53. Yes  No  Compliance assistance is provided to public water systems that violate requirements. *By State Drinking Water and DEQ*
53. Yes  No  All drinking water systems that violate maximum contaminant levels are investigated and appropriate actions taken.
54. Yes  No  A written plan exists for responding to emergencies involving public water systems. *Yes, for the Town of Lakeview.*
55. Yes  No  Information for developing a safe water supply is available to people using on-site individual wells and springs.
56. Yes  No  A program exists to monitor, issue permits, and inspect on-site sewage disposal systems. *Not done by public health – County building and planning and Town of Lakeview Public Works*
57. Yes  No  Tourist facilities are licensed and inspected for health and safety risks as required by Chapter 333 Division 12.
58. Yes  No  School and public facilities food service operations are inspected for health and safety risks.

59. Yes  No  Public spas and swimming pools are constructed, licensed, and inspected for health and safety risks as required by Chapter 333 Division 12.
60. Yes  No  A program exists to assure protection of health and the environment for storing, collecting, transporting, and disposing solid waste. *Lake County Land fill does number 60.*
61. Yes  No  Indoor clean air complaints in licensed facilities are investigated.
62. Yes  No  Environmental contamination potentially impacting public health or the environment is investigated. *This would be referred*
63. Yes  No  The health and safety of the public is being protected through hazardous incidence investigation and response. *Nearest HAZMAT is Klamath Falls, Oregon.*
64. 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.
65. 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**

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

71. Yes  No  All health department facilities are smoke free.

### *Nutrition*

72. Yes  No  Local health department reviews population data to promote appropriate nutritional services.

73. 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

74. Yes  No  Clients identified at nutritional risk are provided with or referred for appropriate interventions.

75. Yes  No  Culturally and linguistically appropriate nutritional education and promotion materials and methods are integrated within programs.

76. Yes  No  Local health department supports continuing education and training of staff to provide effective nutritional education.

### *Older Adult Health*

77. Yes  No  Health department provides or refers to services that promote detecting chronic diseases and preventing their complications.

78. Yes  No  A mechanism exists for intervening where there is reported elder abuse or neglect.

79. 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.

80. 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. *These are provided in the community but not at public health.*

## Parent and Child Health

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

## Primary Health Care

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

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

*Cultural Competency*

98. Yes  No  The local health department develops and maintains a current demographic and cultural profile of the community to identify needs and interventions.
99. 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.
100. Yes  No  The local health department assures that advisory groups reflect the population to be served.
101. 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*

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

A Master's degree from an accredited college or university in public health, health administration, public administration, behavioral, social or health science, or related field, plus two years of related experience.

**RESPONSE: Currently the Public Health Administrator has 9 years of experience in public health – 6 of those as an administrator. The possibility of a certificate program has been explored. At this time the current administrator does not wish to spend personal funds for the**

certification. A cost versus benefit analysis will be presented to the Commissioners in September of 2007 to discuss the issue.

**103. 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.**

**104. 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.**

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

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

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

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

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

LAKE  
Local Public Health Authority

  
County

5-16-07  
Date