

**5930 Work Plan
Consolidated Contract Deliverable**

LHJ Name: Wahkiakum County
 Date: 2/27/2008
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Due: April 15, 2008
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Performance Measure #1 – Increase the uptake of new and under-used child and adolescent vaccines; specifically focusing improvement efforts and reporting on Varicella, Rota Virus, HPV and Pediatric Influenza.

Reporting Measure

- A:** Number of doses of vaccine ordered by each LHJ
- B:** Number of doses administered as recorded in CHILD Profile

PM#	Objectives / Strategies	Action	Status As of Dec. 31, 2009
1	Visit every provider in the county that uses state supplied vaccine at least 1x this calendar year to provide education and training on CHILD Profile and recruit / improve their participation.	Increase PHN 0.8 FTE to 1.0 FTE	PHN position increased to 1.0 FTE. Provider received visit as planned.
1	Work with providers to incorporate the use of the reminder / recall portion of CHILD Profile to increase child vaccine timeliness and administration	Contact providers and help them implement reminder/recall activities.	Provider office closing effective 12/31/2009. Will work with new provider in 2010.
1	Re-establish vaccine recall system through Child Profile	Develop and implement procedure	In process
1	Offer immunizations at WIC Clinic	Continue to review all immunization records of WIC children at time of appointment and offer immunizations at that time	Immunizations are reviewed at time of WIC appointment and immunizations offered when appropriate.
1	Offer immunizations at Family Planning Clinic	Establish and implement procedure for screening and offering immunizations in Family Planning Clinic with emphasis on HPV vaccine	All Family Planning Clients are evaluated as to need for HPV, Hep B, and other immunizations. They may receive the immunizations at time of visit.
1	Increase community awareness of availability and importance of immunizations including Varicella, Rotovirus, HPV and seasonal influenza	Implement community awareness/ social marketing campaign	Not implemented due to H1N1

Performance Measure #2 – Improve the timely, complete identification and standard, effective investigation of notifiable conditions per WAC 246-101.

Reporting Measure

- A:** Percent of notifiable condition cases reported to the LHJ within the required timeframe (per WAC)
- B:** Percent of notifiable condition cases reported to the LHJ where investigation was initiated within the timeframe specified in the Guidelines
- C:** Percent of notifiable condition cases reported to the LHJ with a completed investigation as indicated by completion

PM#	Objectives / Strategies	Action	Status As of Dec. 31, 2009
2	Increase staff time; send to CD and PHIMs training; familiarize them with 2002 guidelines in PHIM; focus contact investigation and follow-up with every Chlamydia and Gonorrhea case.	Increase PHN from 0.8 FTE to 1.0 FTE; Increase Environmental Health Specialist from 0.9 FTE to 1.0 FTE. Increase Director (RN) time spent in CD training and policy development.	PHN position increased. EHS position was reduced due to decreased revenue. Director, PHN and Health Officer implemented revised CD policies and procedures in 2009.
2	Participation in Region IV Epi Team	PHN and Environmental Health Specialist to continue with Epi Training and participate in Regional exercises and/or outbreak investigation	PHN available to participate in regional Epi team but training postponed due to H1N1 outbreak.
2	Conduct in-house training on the policy for timely and complete case investigation		Relying on reports from DOH.
2	Increase community awareness of importance of STD prevention and testing	Implement community awareness/social marketing program	Campaigns postponed due to H1n1 outbreak.
2	Increase access to CD testing and education	Implement regular jail and CD program educational sessions and testing availability	PHN participating in jail and Chemical Dependency educational sessions and testing at least quarterly.

Performance Measure #3 – Develop and implement effective community and health care system interventions to address obesity and its consequent burden of chronic disease. Interventions may target worksites, schools, communities, or primary medical care.

Reporting Measure

A: Number and description of LHJ activities and interventions to address obesity or chronic disease and association risk factors in the community.

PM#	Activity	Activities	Status As of Dec. 31, 2009
3	Conduct community health assessment on obesity related topics	Increase Director time in assessment activities	No additional community health assessments conducted in 2009.
3	Conduct "Living Well with Diabetes" class	Contract with WSU Extension to provide diabetes education	One Living Well with Diabetes class conducted.
3	Sponsor "Container Gardening" Class to increase community awareness of ways to provide healthy food for their families	Contract with WSU Extension to coordinate Master Gardeners participation	One container gardening class conducted.
3	Staff weekly Farmer's Market booth providing information on healthy eating and physical activity	Increase PHN from 0.8 FTE to 1.0 FTE	Maintained booth at local Farmer's Market to provide cooking demonstrations and distribute healthy eating information

3	Sponsor annual "Great White Tail Deer Run" to increase the community's awareness of the importance of physical activity	Contract with WSU Extension to coordinate activities	Co-sponsored Great White Tail Deer run.
3	Implement "Meeting Well" program at county level	Work with BOCC to establish a policy	Unable to accomplish.
3	Publicize and promote Breast Feeding Policy for Working Mothers at St. James Family Center day care	PHN to work with facility; Director to develop promotion activities	Unable to accomplish
3	Promotion of healthy eating and physical activity at St. James Family Center Health & Safety Fair	PHN to staff event	Staffed booth at local Health & Safety Fair
3	Promotion of healthy eating and physical activity at County Fair	PHN and Outreach Worker to staff event; Add Outreach Worker 0.25 FTE	Staffed booth at County Fair.
3	Evaluation and referrals as needed for community members seeking preventive and medical care for obesity and other risk factors related to chronic diseases	Add Outreach Worker 0.25 FTE	0.25 FTE Outreach Worker added to Public Health in order to increase referrals to preventive and medical care for obesity and other risk factors related to chronic disease
3	Determine feasibility of establishing Well Program for Health & Human Services employees	Increase Director time for this activity	AmeriCorps volunteer assigned to this project. She is responsible for organizing staff to participate in insurance-sponsored wellness activities including exercise, healthy eating, and health screenings.