

Crook County Health Department



Local Public Health Authority

Annual Plan

2008-2009

I. Executive Summary

Crook County Health Department with 9.25 full-time FTE continues to provide Public Health Services which meet assurance standards as described in OAR 33-014-055. Services including:

- Communicable Disease Control
- All Hazards Public Health Preparedness
- Family Health Programs, such as MCH, FP, WIC, and Immunizations
- Vital Records
- Chronic Disease Services, such as the Tobacco Program, and Community participation in Healthy Lifestyles work with the CHIP Program (Community Health Improvement Project)
- Environmental Health Services: (via the Environmental Health Department)
- Environmental Toxicology Investigation and Intervention, such as high lead levels.

Key Findings and Recommendations:

The Crook County Health Department along with the Community Health Improvement Partnership and other community partners conducted a community assessment the spring and summer of 2007. Community-identified health priorities, along with DHS statistics identified the following health priorities.

- Lack of adequate dental services
- Inadequate mental health services
- Need for prevention programs
- Need for healthy lifestyle Programs
- Lack of health insurance for children and adults
- Teen pregnancy rates have risen
- Low birth weight rates have risen
- Low immunization rates
- Low rates for adult flu and pneumonia vaccine coverage
- High Tobacco use in pregnant women – 21.7%
- High mortality rate from tobacco use 34% (4th highest in the State)
- 23% of the adults reported smoking in the 2006 BRFSS
- Increased obesity rates
- Substance Abuse:
 - 20% of 11th grade student say they smoke
 - 46% of 8th grade students say they drank alcohol in the last 30 days

The 2008-2009 annual plan recognizes progress made towards completing a community needs assessment in collaboration with community partners this past

year and commends the good work by Wendy Perrin as Health Administrator. Wendy will be working with the Crook County Schools and remain an important partner for future projects. The Health Department has a new Public Health Administrator as of March 17, 2008, and will develop new strategies based on community needs. The broad assessment provided in Crook County's 2005-2006 annual plan remains without significant changes. Crook County continues to offices services at the 2005 – 2006 annual plan level and will submit a comprehensive plan in June 2009 as part of the required triennial review process. Updated plans for the WIC program, Family Planning Program, and Immunization Program have been submitted along with a current organization chart and the minimum standard questionnaire completed.

Actions that Crook County will focus on in the 2008-2009 year include the following:

- Continue to work with emergency preparedness partners to update plans and implement new operations plans to used during an emergency.
- Work with emergency management and ATAB 7 region to exercise plans.
- Enhance public education efforts regarding communicable disease including WNV and other disease specific information as warranted.
- Work with local partners (CHIP) to promote physical activity and healthy eating habits.
- Increase participation in the area of Chronic Disease programs.
- Work with Rotary, the medical community, and residents to improve immunization rates.
- Develop and maintain an immunization coalition.
- Provide WIC services to children and lactating women emphasizing on physical activity, 5 A Day campaign, Farmer's Market, and work to improve breast feeding rates.
- Re-establish teen pregnancy prevention efforts within the community.
- Assess clinics and the need for additional services.
- Market family planning services available to women.
- Work with the Kids Center in Child Abuse Prevention.
- Improve STI services available to women and men.
- Develop a strategic Plan for the Crook County Public Health Department.
- Coordinate efforts with the GIS department to assist in outbreaks as needed.
- Continue to assess the community throughout the year.

II. Assessment

Plan listed at <http://oregon.gov/DHS/ph/lhd/lhd-annual-plan.shtml> is adequate. No substantial changes notes. The slight changes that have been seen in a few of the MCH areas are being addressed.

III. Action Plan

A. Epidemiology and control of preventable diseases and disorders

No substantial changes noted from the plan listed at <http://oregon.gov/DHS/ph/lhd/lhd-annual-plan.shtml>. There will be one change in staffing for the coming Fiscal Year. The STI follow-up duties will be moving away from the CD/BT Coordinator to the Health Educator on staff and we will be moving forward to train additional staff to do STI exams as needed.

B. Parent and child health services, including family planning clinics as described in ORS 435.205

No substantial changes noted from the plan listed at <http://oregon.gov/DHS/ph/lhd/lhd-annual-plan.shtml>.

1. WIC: See Appendix C for 08-09 plans.
2. Immunization Program Update 08-09.
2. Maternal and Child Health Programs:

We continue to work on our goals and activities identified in our 2005-2006 annual plan. Ongoing efforts are needed to educate and support tobacco cessation in pregnant smoking mothers, decrease teen pregnancy rates and child abuse, and bike safety promotion. We are assessing a current increase in inadequate birth weights, and recently hired an MCH Nurse to continue to work in Home Visiting. We are also going to explore the possibility of beginning Maternity Case Management in the coming year. We are also working with the Commission on Children and Families on various issues so as not to duplicate services.

C. Environmental Health

Environmental health is coordinated through the Planning Department in Crook County, but we provide .2 FTE towards Environmental Health staffing to assist with food-borne outbreaks and assistance as needed.

D. Health statistics

No substantial changes from the plan posted at <http://oregon.gov/DHS/ph/lhd/lhd-annual-plan.shtml> .

E. Information and referral

No substantial changes from plan posted at <http://oregon.gov/DHS/ph/lhd/lhd-annual-plan.shtml> .

F. Other Issues

No changes see plan posted at <http://oregon.gov/DHS/ph/lhd/lhd-annual-plan.shtml>

IV. Additional Requirements

Agencies are **required** to include an organizational chart of the local health department with the annual plan.

Senate Bill 555:

Crook County Health Department is not the governing body that oversees the Commission on Child and Families (CCF). Local health department and CCF staff work closely together in planning processes. The director of the health department is a member of the CCF, chair of the early childhood committee and sits on the executive committee for the CCF. A positive cohesive partnership exists between the two entities in Crook County.

V. Unmet needs

No substantial changes from plan posted at <http://oregon.gov/DHS/ph/lhd/lhd-annual-plan.shtml> .

VI. Budget

The budget is currently being finalized. A copy of the Crook County 08-09 can be obtained by contacting Crook County Treasurer office at (541)447-6554 or email Kathy.gray@co.crook.or.us.

VII. Minimum Standards

Agencies are **required** to complete this section.

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. **(This has begun with new Administrator)**
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.
(This is currently being created)
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. **(This will be a done for the future year).**
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

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. (In the process of hiring new Home Visit Nurse)

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

103. 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.

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

104. 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.

105. 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.

106. 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.

VIII. Capacity Assessment – Attachment sent March 21st, 2008

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.

**Muriel DeLaVergne-Brown, RN, BS _____
Crook County
Local Public Health Authority County Date: 4/15/08**

Appendix A

Currently the local health department Health Administrator does not meet the Oregon State minimum qualifications. Listed below is the plan to acquire the required master's degree.

Task Time line:

Research master degree programs recommended by 7/08.

- Portland State MBA Program
- Concordia MBA Program
- Online Master's in Public Health

WIC PROGRAM INFORMATION



FY 2007-2008 WIC Nutrition Education Plan Form

County/Agency: Crook County

Person Completing Form: Nelda Grymes/Muriel DeLaVergne-Brown

Date: 4/15/08

Phone Number: (541) 447-5165

Email Address: ngrymes@h.co.crook.or.us

OVERALL MISSION/PURPOSE

The Oregon WIC Program aims to provide public health leadership in promoting the health and improved nutritional status of Oregon families by providing.

- Nutritional Education
- Breastfeeding Promotion
- Supplemental Nutritious Foods
- Partnerships With And Referral to Other Public And Private Community Groups

Goal 1:

Oregon WIC Staff will have the knowledge to provide quality nutrition education.

Year 1 Objective:

Objective:

During plan period through informal discussion, staff in-services and/or targeted trainings, staff will be able to describe the general content of the new WIC food packages and begin to connect how these changes may influence current nutrition education messages.

Activity 1:

By October 31, 2008, staff will review the WIC Program's Key Nutrition Messages and identify which one's they need additional training on.

Implementation Plan and Timeline:

WIC Staff will meet monthly as a group beginning in April and discuss the new information and messages that need to be provided to clients. They will complete an assessment and additional training will be provided to the group based on the assessment by October 31, 2008.

Resources: American Academy of Pediatrics – Pediatric Nutrition Handbook 5th edition, Maternal and Child Health Oral Health Website; <http://www.mchoralhealth.org/Openwide/>, My pyramid.gov

Activity 2:

By March 31, 2009, staff will review the proposed food package changes and:

- Select at least three food package modifications (for example, addition of new foods, reduction of current foods, elimination of current foods for specific category),
- Review current nutrition education messages most closely connected to those modifications, and
- Determine which messages will remain the same and which messages may need to be modified to clarify WIC's reasoning for the change and/or, reduce client resistance to the change.

Resources: May 2008 WIC Statewide Meeting Session, WIC Works Website materials – New WIC Food Packages Resource for WIC Staff
<http://www.nal.usda.gov/wicworks>, State materials.

Implementation Plan and Timeline:

All certifying staff will review the proposed food package changes in the monthly meetings and take the time to complete Activity 2 by March 31, 2009.

Activity 3:

Identify your agency training supervisor(s) and staff in-service dates and topics for FY 2008-2009. See Attachment A. Return Attachment A with your FY 2008-2009 Plan.

Staff name(s): Nelda Grimes, WIC coordinator

Email address(s): ngrymes@h.co.crook.or.us

Phone Number(s): (541) 447- 5165

Goal 2:

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

Year 1 Objective:

During Plan period, each agency will assess staff knowledge and skill level to identify areas of training needed to provider participant centered services.

Activity 1:

By September 30, 2008 staff will review the diet assessment steps from the Dietary Risk Module and identify which ones they need additional training on.

Implementation Plan and Timeline:

At a specific set meeting, Supervisor will give the staff the dietary assessment steps to review and staff will identify their training needs.

Activity 2:

By November 30, 2008 staff will evaluate how they have modified their approach to individual counseling after completing the Nutrition Risk and Dietary Risk Modules.

Implementation Plan and Timeline:

The State is providing an assessment tool and the supervisor will provide the tool to staff to complete and discuss at the monthly meeting by November 30, 2008.

Resources: State Provided guidance and assessment tools.

Goal 3:

Improve the health outcomes of WIC clients and WIC staff in the local agency service delivery area.

Year 1 Objective:

During plan period, in order to help facilitate healthy behavior change for WIC staff and WIC clients, each local agency will select at least one objective and implement at least one strategy from the Statewide Physical and Nutrition Plan 2007-2012.

Resources: A Healthy Active Oregon: Statewide Physical Activity and Nutrition Plan 2007-2012, Recommended Objectives and Strategies.

Activity 1:

Identify your objective and strategy to facilitate healthy behavior change for WIC staff.

Implementation Plan and Timeline:

The staff will increase their daily consumption of fruit and vegetables. During the monthly staff meetings, the staff will focus on bringing healthy alternatives and at the end of the staff meeting walk for 15 minutes.

Activity 2:

Identify your objective and strategy to facilitate healthy behavior change for WIC clients.

Implementation Plan and Timeline:

Clients will be educated on the benefits of physical activity and be given the Physical Activity Options.

Goal 4:

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

Year 1 Objective:

During plan period, in order to help improve breastfeeding outcomes for WIC participants, each local agency will select at least one objective and implement at least one strategy from the Statewide Physical Activity and Nutrition Plan 2007-2012.

Resource: A Healthy Active Oregon: Statewide Physical Activity and Nutrition Plan 2007-2012.

Activity 1:

Objective: Maintain the current level of breastfeeding initiation and increase by 2% this year the # of women exclusively breastfeed for the first six months of the child's life.

Implementation Plan and Timeline:

A staff member will call new mothers within three days of receiving the notice that they delivered. She will be offered breastfeeding support, information, and offer the client an opportunity to visit the health department for more information.

Attachment A
FY 2008-2009 WIC Nutrition Education Plan
Goal 1, Activity 3
WIC Staff Training Plan – 7/1/2008 through 6/30/2009

Agency:
 Training Supervisor(s) and Credentials:

Staff Development Planned

Based on planned new program initiatives (for example Oregon WIC Listens, new WIC food packages), 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, 2008 – June 30, 2009. State provided in-services, trainings and meetings can be included as appropriate.

Quarter	Month	In-Service Topic	In-Service Objective
1	September	WIC Nutrition Messages and Dietary Risk Module	Identify Staff Training Needs based on the discussed information.
2	November	New WIC Modules	Educate staff and determine additional learning needs.
3	January	New Food Packages	Gain knowledge on the new food packages and compare review educational messages.
4	April	Physical Activity	Staff will become more educated on the importance of activity and set personal goals.

EVALUATION OF WIC NUTRITION EDUCATION PLAN
FY 2007-2008

WIC Agency: **Crook County Health Department**

Person Completing Form: **Nelda Grymes/Muriel DeLaVergne-Brown**

Date: **4/15/08** Phone: **541-416-3990**

Return this form, attached to email to: sara.e.sloan@state.or.us by May 1, 2008

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

Goal 1:
Oregon WIC staff will have the knowledge to provide quality nutrition education.

Year 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.

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

- Did all certifiers successfully complete all the activities of the Nutrition Risk Module by December 31, 2007?
- Were the completion dates entered into TWIST and the competency achievement checklist filed for each certifier?

Response:

Due to staff turnover and time for training of new staff members, it has been challenging. Of three staff members, two are completed and one will complete the modules by the end of April.

Activity 2:
All certifiers will complete the revised Dietary Risk Module by March 31, 2008.

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

- Did all certifiers successfully complete all the activities of the Dietary Risk Module by March 31, 2008?
- Were the completion dates entered into TWIST and the competency achievement checklist filed for each certifier?

Response:

Due to staff turnover and training new staff members to work in the WIC program, of the three staff two are completed and one will complete the modules by the end of April.

Activity 4:

Identify your agency training supervisor(s) and staff in-service dates and topics for FY 2007-2008.

Outcome evaluation:

Please address the following questions in your response.

- Did your agency conduct the staff in-services you identified?
- Were the objectives for each in-service met?
- How do your staff in-services address the core areas of the CPA Competency Model?

Response:

Nelda has taken over as WIC Coordinator. Due to staff turnover two of the in-services were completed out of four.

Goal 2:

Nutrition Education offered by the local agency will be appropriate to the Clients' needs.

Year 1 Objective:

During plan period, each agency will implement strategies to provide targeted, quality nutrition education.

Activity 1:

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

Outcome evaluation:

Please address the following questions in your response:

- Was the needs assessment of your community conducted?
- What health concerns did you determine were relevant to your community?
- What did you do with the information you collected?

- Who did you communicate the results of your needs assessment with?

Response:

1. The needs assessment was completed by Nelda Grymes.
2. The health concerns were:
 - Buying fresh fruit and vegetables is difficult for clients due to cost.
 - Economic issues came up for clients.
 - Physical activity level is low for clients.
 - Lack of taking vitamin supplements.
3. The information collected helped create a new class to inform the clients (WIC BITS)
4. The results were communicated with State Office, Local WIC Staff, and Health Administrator.

Activity 2:

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

Activity 2A:

By October 31, submit an Annual Group Nutrition Education schedule for 2008.

Activity 2B:

If your agency does not offer group nutrition education activities, how do you determine 2nd individual nutrition education is appropriate to the clients' needs?

Outcome Evaluation:

Please address the following questions in your response.

- If your agency offers group nutrition education, did you submit your Annual Group Nutrition Schedule for 2008?
- How do you assure that your nutrition education activities meet the needs of your WIC population?

Response:

We are conducting group education classes five times per month. We will begin submitting this information to the state as needed.

Goal 3:

Improve the health outcomes of WIC clients and WIC staff in the local agency service delivery area.

Year 1 Objective:

During plan period, each local agency will develop 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.

Activity 1:

Local Agency Objective to facilitate healthy behavior change for WIC staff.

Local Agency Staff Activity.

Outcome Evaluation:

Please address the following questions in your response.

- How did your agency decide on this objective and activity?
- Did the activity help meet your objective?
- What went well and what would you do differently?

Response:

1. It was decided at a staff meeting.
2. Increasing the fruits and vegetables helped meet the objective.
3. Turnover in staff created some difficulty with completing the objective, and we will focus on improving outcomes for the coming year.

Activity 2:

Local Agency Objective to facilitate healthy behavior change for WIC clients.

Local agency Client Activity.

Outcome Evaluation:

Please address the following questions in your response.

- How did your agency decide on this objective and activity?
- Did the activity help meet your objective?
- What went well and what would you do differently?

Response:

1. To increase the physical activity of WIC families – We are not sure how this was decided.
2. This idea and promotional information was handed out to clients.
3. Turnover in staff created issues – The survey was not completed and will be for this future year.

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 develop at least one objective and activity to help improve breastfeeding outcomes for WIC staff or WIC clients.

Activity 1:

Improve Workplace Acceptance of Breastfeeding.

Outcome Evaluation:

Please address the following questions in your response.

- How did your agency decide on this objective and activity?
- Did the activity help meet your objective?
- What went well and what would you do differently?

Response:

1. The opportunity with the move into the new building.
2. The ability to provide breastfeeding friendly environment with move into new building, and community promotion.
3. Policies are being developed to help promotion.
4. Staff turnover created some issues with promoting the work in the community.

**FAMILY PLANNING PROGRAM ANNUAL PLAN FOR
COUNTY PUBLIC HEALTH DEPARTMENT
FY'09**

July 1, 2008 to June 30, 2009

Agency: Crook County Health Department Contact: Nelda Grymes, RN

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

Problem Statement	Objective(s)	Planned Activities	Evaluation
Changes in FPEP enrollment have led to decreased revenue which threatens our ability to maintain current services or to add new ones.	Increase awareness of actual value of services provided to all clients.	1. Review policy & procedure with staff at staff meetings quarterly. 2. Figure out value of service for each client	Quarterly and fiscal revenue reports
	Continue striving to increase revenue from donations by June, 30, 2009.	1. Ask every client for a donation at every visit.	Increased Revenue
	Create new Family Planning Brochures and market the services in the community.	1. Create brochure and set up marketing information at various locations in the community – CCF, library, schools	Increased # of clients.

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

Problem Statement	Objective(s)	Planned Activities	Evaluation
Unable to offer IUD's at this time due to untrained staff.	NP able to offer IUD's by 6/30/08	Set up a training/preceptor day for NP in March 2008.	IUD training certificate

Progress on Goals / Activities for FY 08
(Currently in Progress)

Goal / Objective	Progress on Activities
NP able to offer IUD's by 6/30/2008	NP has completed manufacturer trainings for both types of IUD's, preceptor is all that remains.
Increase revenue from donations by 10% by 6/30/08	We are currently at a 3.5% increase over last year's revenue.

Local Health Department: CROOK

Outreach Activities: July 2008 – June 2009

Activity 1: Community Involvement				
Objectives	Methods / Tasks	Outcome Measure(s)	Outcome Measure(s) Results ¹	Progress Notes ²
<p>A. Develop and maintain local supports for immunization through the early childhood committee.</p> <p>B. Reach out to community through educational venues and newspaper column.</p>	<p>Identify and invite stakeholders that should participate in the coalition.</p> <p>Establish semi-annual meetings.</p> <p>Establish a health department newsletter.</p> <p>Establish newspaper column.</p> <p>Develop community information to post at the library.</p> <p>Continue to work with private medical community to educate.</p>	<p>Health Department staff will attend early childhood meetings.</p> <p>Printing of brochures, handouts, information for the library.</p> <p>Newspaper column.</p> <p>Medical provider survey completed</p>	<p>Meeting attendance</p> <p>Brochure, information printed – Increased # of individuals vaccinated.</p> <p>Printed column.</p> <p>Provider survey results.</p>	<p>Crook County 125th anniversary celebration open house for all community members, educated non-medical community members about vaccines. Outreach to non-medical community members. The development of a community coalition began, but it has been difficult keeping members at the table. Will continue to look at alternatives such as the Early Childhood group which is part of the CCF Group. New administrator is part of this group.</p>

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

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

Activity 2: Media Campaign during National Infant Immunization week				
Objectives	<u>Methods / Tasks</u>	Outcome Measure(s)	Outcome Measure(s) Results ¹	Progress Notes ²
A. Educate community members on the importance of childhood vaccines.	<p>Letter will be sent to local newspaper explaining the importance of immunizations.</p> <p>Bulleting board will be created in the waiting room of the health department addressing immunizations.</p> <p>New School Requirements: Teach school personnel.</p>	<p>Letter sent to media sources.</p> <p>Board created and displayed in the month of April.</p> <p>100% of PRS personnel will attend August 08 meeting.</p>	<p>Central Oregonian newspaper and local add channel both had information on flu vaccine this year.</p> <p>Bulletin Board created and displayed in health department waiting room.</p> <p>Hosted and MD Breakfast with P. Cieslak speaking.</p>	<p>The flu vaccine information was accepted and over 85% of the private vaccine was used.</p> <p>The coordinator briefly discussed the ACIP criteria for determination of the #24-25 mo/olds fully immunized with the 4:3:1:3:3:1 series.</p> <p>The AFIX data surprised the physicians in that they did not realize some of the rates were so low for kids returning to the clinics. They are making and effort to improve.</p>

Local Health Department: CROOK
Plan A - Continuous Quality Improvement: Reducing Late Starts
Fiscal Years 2006-2008

Year 1: July 2008 – June 2009				
Objectives	Methods / Tasks	Outcome Measure(s)	Outcome Measure(s) Results¹	Progress Notes²
Reduce the number of children receiving their first immunization after the age of three months old by 5% over three years.	<p>Use Affix 2005 report as baseline for comparison.</p> <p>Review current information available to expecting mothers.</p> <p>Research activities taken by other health departments.</p> <p>Assess barriers in Crook Co that contribute to late starts.</p> <p>Make and distribute information packets to expecting mothers with value placed on the importance of 2 month well baby check.</p> <p>Visit and educate medical providers on accelerated imm schedules.</p>	<p>Reduce late starts by 2% the first year using AFIX data for 2005 as baseline.</p> <p>Determine barriers identified in Crook County.</p>	<p>AFIX report showed an increase of 2% of late starts occurred.</p> <p>Barriers not completely identified.</p>	<p>Review of expectant mothers completed.</p> <p>Other health departments late start activities researched.</p> <p>Informational packets created and distributed to local hospital.</p>

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Year 2: July 2006 – June 2007				
Objectives	Methods / Tasks	Outcome Measure(s)	Outcome Measure(s) Results ¹	Progress Notes ²
A. Reduce the number of children receiving their first immunization after the age of three months old by 5% over three years.	<p>Use Affix 2005 report as baseline for comparison.</p> <p>Continue to assess barriers in Crook Co that contribute to late starts.</p> <p>Visit and educate medical providers on accelerated imm schedules.</p> <p>Update educational packets and distribute them in Lamaze classes, day care facilities.</p>	<p>Reduce late starts by 2% the first year using AFIX data for 2005 as baseline.</p> <p>Determine barriers identified in Crook County.</p>	<p>Additional barriers identified include are language issues, rural transportation issues, lack of financial resources, lack of education about vaccines. FQHC and HD hosted M. Grumm from the state who provided the latest information on immunizations at the Tri-County Meeting of RN, MAs, FNPs, and several physicians from local FQHC Spring of 2007. 80% participation recorded.</p>	<p>Informational packets related to immunizations, timeliness of vaccination, where to get vaccination, how to obtain immunizations if one doesn't have insurance. LHD's program for first set of shots at 2 months linked with gift bags made by the Friends of the Library and the importance of starting out shots at the right time highlighted within the informational packet. All birth moms received the packet. No one has refused the information. Packets with English and Spanish. Explore Shots for Tots Program. All HD staff reinforces timeliness of shots.</p>

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Year 3: July 2007 – June 2008				
Objectives	<u>Methods / Tasks</u>	Outcome Measure(s)	Outcome Measure(s) Results ¹	Progress Notes ²
Reduce the number of children receiving their first immunization after the age of three months old by 5% over three years.	<p>Readdress previous methods and make changes</p> <p>Do a local survey on what worked and what has not.</p>	Reduce late starts by 5% overall using the 2005 AFIX data as the baseline.	AFIX: Late start rate 2005 late start rate was 18%, 2006 increased to 27%, and then decreased to 11% for 2007.	<p>Shots for Tots Clinic was held February 16th and in September. 50 clients were given immunizations at each clinic. SFT will be held two times per year.</p> <p>With the assistance of the HO, sent representatives to the OPIC Meeting in September 2007. AFIX data was provided to each clinic. Immunization Coordinator began education program for Crook County MA's. Positive turnout. Subjects covered included: AFIX, Autism, Specific Vaccines Information, Missed Opportunities, Giving all shots due, Valid dosing intervals, VIS. Monthly teaching sessions will continue.</p> <p>Local survey demonstrated financial and transportation issues.</p>

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Local Health Department: CROOK

Plan B - Chosen Focus Area: Adapting and implementing a vaccine management SOP for LHD and private providers.

Fiscal Years 2006-2008

Year 1: July 2005 – June 2006				
Objectives	Methods / Tasks	Outcome Measure(s)	Outcome Measure(s) Results¹	Progress Notes²
A. Adapt and utilize the State working group Standard for Operating Procedures (SOP) guide for management & storage for LHD and private providers.	<p>Train health department staff on the SOP, have them read and sign acknowledging its content.</p> <p>Present SOP at a county sponsored immunization coalition meeting.</p>	<p>100% of LHD staff will be trained on the adapted LHD vaccine SOP.</p> <p>50% of private providers will use the SOP modified as needed to their practice.</p>	<p>100% LHD staff signed SOP.</p> <p>SOP provided at coalition meeting. 100% of private providers received copy.</p>	<p>LDP SOP implemented staff trained at staff meeting on procedures. Continue to improve and train new employees.</p> <p>Work continues on SOP to private providers at next training.</p>

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

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Year 2: July 2007 – June 2008				
Objectives	<u>Methods / Tasks</u>	Outcome Measure(s)	Outcome Measure(s) Results ¹	Progress Notes ²
A. Adapt and utilize the State working group Standard for Operating Procedures (SOP) guide for management & storage for LHD and private providers.	<p>Update education and training for staff and train any new staff on the SOP for vaccine management and storage.</p> <p>Continue to advocate the SOP for vaccine management and storage at coalition meetings. CCHD staff and or VFC staff will monitor progress.</p>	<p>100% of LHD staff are trained on the SOP and have signed acknowledgement</p> <p>100% of the local medical clinics have an SOP for vaccine management and storage in use at their sites.</p>	<p>LHD staff is aware of the SOP and know what actions to take to resolve issues R/T vaccine management and handling if they are called upon to do so.</p> <p>The SOP was utilized to mitigate the cost of lose of power event to the FQHC community clinic. The FQHC has now implemented the SOP and is training their staff to respond.</p>	<p>Vaccine inventory will increase the new VBMIP model implementation in August 2007. Updated staff on changes to inventory and SOP. Continue to work with FQHC staff and F/U on procedures implemented since the loss of power event in May, 2007. Worked within established relationships and continued to advocate best vaccine practices.</p>

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Year 3: July 2008 – June 2009				
Objectives	<u>Methods / Tasks</u>	Outcome Measure(s)	Outcome Measure(s) Results¹	Progress Notes²
A. Adapt and utilize the State working group Standard for Operating Procedures (SOP) guide for management & storage for LHD and private providers.	Update education and training for staff and train any new staff on the SOP for vaccine management and storage. Continue to advocate the SOP for vaccine management and storage at coalition meetings and review local medical clinic's SOPs on a site visit.	100% of LHD staff are trained on the SOP and have signed acknowledgement 100% of the local medical clinics have an SOP for vaccine management and storage in use at their sites, and will be able to present it at a site visit.	100% of Immunization Staff Training on SOP. The health department has had a large turnover of staff in the past year. There is a new Health Administrator and she has a new orientation model for employees learning about the Immunization Program. Private Sector offices training and monitored for 100% compliance.	Next Year

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**CROOK COUNTY HEALTH DEPARTMENT
ORGANIZATION CHART**

