



Deschutes County Health Services

Local Public Health Authority

COMPREHENSIVE ANNUAL PLAN 2010-2011

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I. EXECUTIVE SUMMARY

This summary provides an introduction to Deschutes County's Health Services Department (DCHS), the programs we offer and systems in which we work, the community we serve, our health and safety priorities and our financial resources. Deschutes County Health Services offers care at more than 40 community locations including 26 public schools, health clinics in east Bend, downtown Bend, Redmond and La Pine, five School Based Health Centers in four communities, agencies such as the KIDS Center and State Department of Human Services, area hospitals, care facilities and homes. Services are also provided through mobile outreach. For more information, go to www.deschutes.org/health-services or contact us at 541-322-7400.

This overview will form the basis of our 2010-2011 Public Health Plan as well as the 2011-13 Behavioral Health Plan. Both are required by the State of Oregon. The material will also be used in setting priorities for the County, preparing annual budgets and updating the Strategic Plan (Health Improvement Plan) in 2011.

This 2010 Deschutes County Health Services Plan includes a summary of our local public health services and systems and a look at the condition of health in our local communities.

Noteworthy is Deschutes County's February, 2009, merger of the former Health Department and the Mental Health Department into a single, integrated department. The goals associated with this action are to increase our efficiency, our cost effectiveness, our performance and our ability to integrate our services for the benefit of our county and its residents.

Our Mission:

To promote and protect the health and safety of our community.

Our Values:

Advocacy – The pursuit of community health, healthy lifestyles and access to health care.
Collaboration – True partnership with our customers, community agencies and coalitions.
Cultural competency – Awareness and responsiveness to the diversity in our community.
Excellence – A commitment to best practice and high quality service to the public.
Innovation – A willingness to try new approaches to better serve our community.
Professionalism – The highest level of personal integrity, conduct and accountability.
Stewardship – The wise, effective and efficient use of public resources.
Workplace health – Work sites that promote respectful interactions and healthy lifestyles.

Public Health: Deschutes County Health Services' Public Health Division consists of six program areas: Community Health, Reproductive Health, Maternal Child Health, Women, Infants & Children (WIC) Nutrition Program, Environmental Health (a July, 2010, transfer from the County Community Development Department), and Business and Program Support Services.

The Public Health Division has a primary responsibility to address issues related to the basic health and wellness of Deschutes County residents. The Division budget totals \$8.7 million with 69 FTE. The Division assesses, preserves, promotes and protects the public's health. A number of direct services are provided, including immunizations, family planning, prenatal care and School Based Health Centers as well as nutrition to

young children and their mothers. Other services include disease control, disaster preparedness, tobacco prevention, health education and community health monitoring.

DCHS continues to provide a comprehensive array of public health services which meet the assurance standards described in OAR 333-014-055. Our services include:

- Communicable disease control and all hazards public health preparedness;
- Family health programs: maternal child health, family planning, WIC and immunizations;
- Vital records, health statistics and health trend monitoring;
- Chronic disease services and tobacco prevention;
- Environmental health services
- Environmental toxicology investigation and intervention.

Service levels (visits and contacts) continue to rise. Projected levels for 2009-2010:

General health care services	18,876
WIC (Women Infants Children)	18,000
Immunization Shots for Tots clinics	438
BabiesFirst! and CaCoon	1,260
Vital records: birth, death requests	<u>2,660</u>
Total estimate as of March 2010	41,234

These numbers are not reflective of our mobile services (harm reduction), nor our mass immunization/TB testing clinics outside of Shots for Tots. Patient visits and public contacts are projected to total more than 42,000 in FY 2011.

Behavioral Health: Deschutes County Health Services' Behavioral Health Division's projected budget totals \$15.5 million with 106 FTE. The division helps county residents who are dealing with serious mental health and addictions issues. Staff and contracted agencies also help people with developmental disabilities and their families. Priority populations include Oregon Health Plan members, uninsured county residents with nowhere else to turn and people in crisis, who are often in unstable situations or are a danger to themselves or others. The division also coordinates services for county residents in care at the State Hospital or served through other agencies or facilities. These services alleviate community problems, assist people in need, promote client health and prevent more costly care and intervention. Behavioral Health will help more than 4,000 county residents in FY 2011. Behavioral Health consists of five program areas: Child and Family, Adult Treatment, Seniors Mental Health, Developmental Disabilities, and Business and Program Support Services.

Key Findings and Recommendations: As in other Oregon communities, we face significant health issues and health disparities due to demographic, geographic, economic and lifestyle factors. Our most significant issues include:

- The oral health status of low income children;
- Access to basic primary care services for low income, uninsured county residents as well as those with a Medicaid or Medicare benefit, including children;
- Obesity rates in both children and adults;
- Our health system's capacity to serve bilingual (primarily Hispanic) families;
- Our public health capacity to address sexually transmitted infection;
- Our public health capacity to address communicable disease and food-borne illness events that require epidemiological investigation and follow-up;
- Our public health capacity to address chronic disease (prevention, education, and policy);

- The health, social and economic impact of substance abuse including methamphetamine;
- Low but improving immunization rates for our young children;
- Drinking water quality preservation in southern Deschutes County; and
- Reduced life span for people with a serious mental illness or addiction.

Progress: The 2010-11 Annual Plan also recognizes notable progress in:

- Low teen pregnancy rates;
- Added capacity across the primary care safety net system;
- Exceptional breastfeeding rates among Deschutes County WIC mothers;
- Expansion of School Based Health Centers capacity in La Pine, Redmond and Bend; and
- Child immunization – dramatic improvement in the up-to-date rate for two-year-olds.

Deschutes County Health Services recommends continued focus on the long list of health issues challenging our communities and families. Though realistic about our state's financial resources during a down economy, we continue to endorse enhanced state financial support of our public health capacity to control diseases and address chronic conditions in our population. The department enjoys the support and active participation of our local Public Health Advisory Board, our Board of County Commissioners and a strong collegial relationship with our state public health partners as well as many local coalitions and agencies.

II. ASSESSMENT

A. The Community We Serve

This section describes the communities we serve and the condition of health in our local communities and across the Central Oregon region.

Demographics: As of July 2009, Deschutes County had 170,705¹ residents and is the fastest growing of Oregon's 36 counties. The population is likely to exceed 178,000 by July 2011. The county includes 36,781 children (ages 0-17; 21.5%), 110,110 adults (ages 18-64; 64.5%) and 23,814 seniors (ages 64 and up; 14%). The county grew by 2.2% (3,690 residents) from 2008 to 2009 compared to a State growth of 0.9%. Deschutes County cities include Bend (82,280 residents), Redmond (25,803), Sisters (1,925) and La Pine (1,625). Another 60,000 people live in rural areas outside these jurisdictions. Our Central Oregon region of 220,605 residents includes Crook and Jefferson counties.

Of note is the rate of growth in our senior adult population. Estimated in 2008 at over 35,000 persons in the tri-county region, this figure is expected to grow another 10,000 before the end of 2010 and to more than 100,000 over the next 30 years². The Medicare population in Deschutes County is expected to triple between 2010-2040, and there is serious reason to be concerned about where these people will receive care.

County Health Report: Deschutes County Health Services produces a County Health Report every two years as a community service. The fourth edition of this report was issued in January, 2010. The report offers regional data to assist local governments, community groups, health care providers, school districts and others in identifying and addressing health needs in our community. The report also helps inform our County Commissioners and county health boards as we complete our strategic and annual plans and set service and budget priorities. Please refer to the report (Appendix A) for a comprehensive assessment of our county's health. We will continue to produce this report and support the collection of health data and reporting on biennial basis.

Progress: Areas where Deschutes County meets state or national health objectives or has improved significantly over the past several years (examples only):

- a. Child immunization – dramatic improvement in the up-to-date rate for two-year-olds;
- b. Breastfeeding initiation rate – exceptional nationally among WIC programs at 93%;
- c. Air quality – ranked at the highest level of the Air Quality Index 96% of the time (2008);
- d. Harm reduction: injection drugs – successful programs for people using injection drugs;
- e. Prenatal care: first trimester – continuing to rank among the highest counties in Oregon;
- f. Smoking rate: adolescents – the rate has declined from 27% to 19.1%; and
- g. Contraceptive services – 78% of women needing publicly funded services are served compared to the Oregon average of 58.5%.

¹Demographic data was obtained from the Portland State University's Population Research Center. Most population data reflects figures for July 1, 2009, as certified by the Center in December, 2009 (<http://www.pdx.edu/prc>).

²Source: Central Oregon Council on Aging (www.councilonaging.org).

Significant Work Remains: Areas where more progress is needed include (examples only):

- a. Economic vitality declining – unemployment rates, housing foreclosures, bankruptcies;
- b. Families needing assistance – an increase in need for help: housing, food and health care;
- c. Dental health – lack of fluoridation in community water supplies;
- d. Health care access – a rise in number of residents without health care³;
- e. Cancer – rates that are statistically significantly higher than the statewide average⁴;
- f. Sexually transmitted infections – cases have risen dramatically over the past 10 years;
- g. Tobacco – number of pregnant women who smoke during their pregnancy;
- h. Tobacco – adolescent use of tobacco exceeds Oregon averages; and
- i. Suicide – ideations and attempts continue to be high among adolescents.

For more information, see the Deschutes County Health Report 2009 at www.deschutes.org/health (Quick Link). Presentations and copies of the Health Report are also available by calling 541-322-7400.

County Health Rankings: The University of Wisconsin Population Health Institute (PHI), in collaboration with the Robert Wood Johnson Foundation, has produced County Health Rankings, ranking each county within the 50 states according to its health outcomes and the multiple health factors that determine a county’s health. The summary report, “County Snapshots,” and the detailed information available in the full report are available on a new web site at www.countyhealthrankings.org. Based on the 2010 report, Deschutes County ranks sixth (of 33 participating counties) in health outcomes and second in health factors.

Health Outcomes: As reported by PHI, “health outcomes in the County Health Rankings represent how healthy a county is. We measure two types of health outcomes: how long people live (mortality) and how healthy people feel while alive (morbidity).” For the purpose of this project, mortality is measured through premature deaths (deaths before age 75). Morbidity is the term that refers to how healthy people feel while alive. The report ranks counties based on health related quality of life measures and birth outcomes.

Ranking of Central Oregon Counties:

Central Oregon	Mortality	Morbidity
Deschutes	5 (of 33)	8
Crook	13	16
Jefferson	32	31

Health Factors: As reported by PHI, “health factors in the County Health Rankings represent what influences the health of a county. We measure four types of health factors: health behaviors, clinical care, social and economic, and physical environment factors. In turn, each of these factors is based on several measures. A fifth set of factors that influence health (genetics and biology) is not included in the Rankings.”

³Predates potential benefit associated with 2010 federal legislation and greater access through an expansion of the Oregon Health Plan and the new Oregon *Healthy Kids Connect* Program.

⁴Higher cancer rates for malignant melanoma, prostate, thyroid, and the “all cancer” rate.

Ranking of Central Oregon Counties:

Central Oregon	Health Behaviors	Clinical Care	Social & Economic	Physical Environment
Deschutes	1	3	6	5
Crook	21	9	27	17
Jefferson	31	28	33	2

Health behaviors: Tobacco use, diet and exercise, unsafe sex, alcohol use
 Social & economic factors: Education, employment, income, family and social support, and community safety
 Clinical care: Access to care, quality of care
 Physical environment: Environmental quality, built environment

Important caution: While the University of Wisconsin data allows for a comparison between counties within a given state, all counties, including Deschutes, can make significant progress in improving the health of our communities and county residents. See the Health Report for numerous examples of areas where significant improvement is needed in Deschutes County.

Access to Health Care and Safety Net Health Services: Access to basic primary, dental and behavioral health care and medical services remains one of the foremost needs across our communities. It is estimated that approximately 37,000 Deschutes County residents lack any form of healthcare insurance and are disenfranchised from the health care system. Central Oregon, at 19.1%, has the highest uninsured rate in Oregon. Approximately 8,900 Deschutes County children remain uninsured, though the new Healthy Kids initiative should help significantly. It is estimated that 13% of our children live below the poverty line. Many children face significant health and dental issues⁵.

As reported in 2008, it is estimated that 92% of all Central Oregon employers employ less than 20 personnel, making the purchase of group insurance unaffordable for most. In addition, unemployment exceeds 15% (February, 2010) in Deschutes County. Recent initiatives by the Chamber of Commerce coupled with the new coverage product, SharedCare, through HealthMatters of Central Oregon should prove helpful.

A significant percent of the uninsured are the working poor as well as Hispanic families who have migrated to the region in recent years. In safety net services, it is not uncommon to find the medically disenfranchised have gone many years without care and present with advanced health conditions that might have been easily treated or avoidable had these individuals been able to access health services earlier. These problems present a considerable challenge in the safety net care setting.

Since 2003 we have also seen an increasing barrier to health care services for those insured individuals who have fee-for-service Medicare or Oregon Health Plan (OHP) coverage. This form of insurance is by no means a guarantee to health care services. An ever increasing number of physicians and practice groups are limiting and even refusing to treat clients with these forms of insurance, citing low reimbursement rates.

Safety net services include the following clinics that continue to serve our uninsured and underinsured populations. The La Pine Community Clinic, which began operations as a Federally Qualified Health Clinic (FQHC) in the summer of 2009, complements the work of the Mosaic Medical system which operates clinics in Bend, Prineville and

⁵Source: *Profile of Oregon's Uninsured, 2006*

Madras and cared for 30,000 patients across Central Oregon in 2008. Volunteers in Medicine Clinic of the Cascades (VIM) also provides an access point for low-income, medically uninsured residents of Deschutes County. The VIM clinic in Bend receives approximately 8,000 patient visits annually.

The School Based Health Centers (SBHC) in La Pine, Redmond and Bend thrive as critical access points to health services for many of the school age youth in Deschutes County. The clinics are unique in that they readily serve all children, ages 0-20, regardless of their insurance status or ability to pay. In the 2008-2009 fiscal year, a total of 1,741 patients were seen at the clinics. Planning grants are in process to open two new SBHCs in the 2010-2011 school year at Redmond and Sisters High Schools.

Healthy Kids Connect is low- to no-cost major medical insurance coverage for children ages 0-18 who live in Oregon. In addition to covering primary care, vision, dental and mental health care, this plan is non-exclusionary; no child will be denied coverage based on a pre-existing medical condition. Healthy Kids Connect is aimed at the working poor, families who have incomes that prohibit them from qualifying for OHP but not enough to purchase private health insurance.

Childhood Chronic Disease: Childhood asthma, diabetes and obesity are drawing increased attention at the local level. A coalition has been formed called Healthy Active Central Oregon (HACO) to identify and implement strategies aimed at addressing inactivity and obesity. The 2007-2008 Oregon Healthy Teens Survey reveals that 21.2% of our 8th graders and 20.8% of our 11th graders are overweight or at risk for becoming overweight. The Centers for Disease Control and Prevention estimate that 1 out of every 3 children born in the United States after the year 2000 will develop diabetes in their lifetime as rates of obesity and overweight continue to rise among youth.

Communicable Disease: The Communicable Disease Program in Deschutes County has seen an increase in reportable diseases steadily each year with the population growth. 2009 was an exception to the last decade of trends, where we have seen a small decline in reportable diseases, perhaps due to the decline in our population due to the shortage of employment options. The program has seen increased numbers of disease cases, food-borne outbreaks, and information requests from the community.

Sexually transmitted infections continue to be the most reported communicable disease with between 400-500 cases per year. The cases have nearly doubled in four years, which creates an increased workload on staff for follow-up.

Deschutes County continues to have slightly higher than average rates of Giardiasis (compared with other counties in Oregon). The number of Campylobacter continues to be our main waterborne disease, and rates are on the high end compared to other Oregon counties. The number of food-borne illness outbreaks (Norwalk) has increased dramatically with the growth of the community and retirement homes in the area. Deschutes County averages 15-20 cases of Hepatitis C a month (non-acute), and since it became reportable in 2005 we are continuing to see numbers rise.

After several years of no reported active tuberculosis (TB) disease, in the past three years we have seen a substantial increase in the number of suspect TB cases in our area. Each year we manage between 40-80 cases of Latent Tuberculosis, and 0-3 active cases.

The program has completed the development and activation of the Pandemic Flu Plan through the H1N1 Pandemic and is working with other employers and organizations to continue building an infrastructure that can address the threat of community-wide

disease outbreaks. The Communicable Disease Program continues to work closely with the Immunization Program and Preparedness Program to build relationships and to ensure lessons learned are applied to successful response initiatives in the future.

Disease rates over the past three years:

	<u>2009</u>	<u>2008</u>	<u>2007</u>
Chlamydia	402	439	390
Gonorrhea	7	6	8
Syphilis	7	7	2
HIV	6	3	5
Hepatitis C	195	196	185
Giardiasis	19	38	35
Campylobacteriosis	30	43	56
Salmonella	10	11	18
Norovirus	8	11	6
E.Coli	<u>3</u>	<u>5</u>	<u>4</u>
Totals	687	759	709

In July, 2010 the environmental health team is moving into Health Services where the other Public Health programs are located. The environmental health specialists will be integrated into the communicable disease program area to maximize shared expertise around disease prevention and environmental toxicology efforts.

Immunizations: Nearly 9,000 children have been served in our Shots-For-Tots program, and our up-to-date immunization rate for two-year olds has increased dramatically from 51% in 2005 to approximately 75% in 2007-2008. Reasons for the rate change include an increase in the amount of local vaccine data reported to the statewide immunization registry and a change by some clinical practices to provide doses closer to the recommended intervals.

Areas of priority to address are the rising rates of religious exemptions with Deschutes County which have grown in recent years to levels significantly higher than the statewide average. Additionally, the immunization team is focusing on increasing the rate of adolescents (11-12 year olds) receiving Tdap, HPV and Meningococcal vaccines, with an emphasis on Tdap, to decrease pertussis in our community.

In 2009, we expanded our Deschutes County Immunization Coalition to include major pediatric and family practice clinics.

Cultural Competency: Currently, the Latino population is the county's largest and fastest growing minority group. Many of these families are non-English speaking and require translators to ensure they receive safe, effective care and services. Hispanic mothers have good access to prenatal care regardless of their insurance status through the HealthyStart Prenatal Clinic. The service also offers childbirth and car seat safety classes in Spanish. Translation and cultural needs for Hispanic mothers are also well met in the Women, Infants & Children (WIC) program.

The reproductive health programs have front office and clinical staff who are bilingual. An interpreter is available for clinicians who do not speak Spanish. All educational materials and forms are available in English and Spanish. The clinic uses a certified translator to translate or review all Spanish materials. The staff has had cultural competency training and works very hard to meet the needs of all cultures that access services at the department.

In February, 2008, we started a “Males Only Clinic” and have marketed services toward men who have sex with men. The staff who work this clinic are well trained in the needs of this community. Deschutes County is committed to providing equal access and eliminating barriers to care for all clients.

Emergency Preparedness and Immunizations: The H1N1 pandemic response was an excellent opportunity to put our emergency preparedness plans into action. Program staff, community partners, volunteers and many others collaborated and incorporated the past five years of preparation to launch a successful response in regard to both medical capacity and a massive community vaccination effort. The expertise of our staff, strong agency partnerships, and a coordinated statewide response proved effective in mass distribution, public communication, and disease mitigation throughout the H1N1 event.

Environmental Health and Toxicology: In July, 2010, the environmental health team is moving to the Health Services department where the other Public Health programs are located. The environmental health specialists will be integrated into the communicable disease program area to maximize shared expertise around disease prevention and environmental toxicology efforts.

Family Violence: Family violence includes child abuse, domestic (intimate partner) violence, sexual assault, and elder abuse.

Child Abuse: In the tri-county region in 2009, there were 2,336⁶ reports of child abuse and neglect; 1,071 reports were referred for investigation and 265 of these were confirmed; 186 of these confirmed reports were in Deschutes County. In 2009, the reported child abuse case rate (per 1,000) in Deschutes County has decreased to 6.4 (from 7.4 in 2008 and 7.7 in 2007) and was considerably better than the State rate of 12.5. Neglect (39%) was the largest type of maltreatment, followed by threat of harm (37%) which includes: exposure to domestic violence, exposure to sexual abuse and other physical abuse (17%) and sexual abuse (10%). When you combine exposure to physical abuse and sexual abuse, it represents approximately 22% of all maltreatment. The top three stressors present in child abuse and neglect are drugs and alcohol, criminality (including domestic violence) and mental health issues. Although we follow a nationwide downward trend in abuse cases and Deschutes County does have the second lowest child abuse rate in Oregon, we are still above the 2010 Oregon Benchmark of 5.6 confirmed cases per 1,000 children.

Domestic Violence: In 2009, Saving Grace, the local organization for support, services and shelter for women and children, reports that 10,564 crisis services were provided for 4,249 people; 242 women and children were protected, fed, clothed and lodged for 2,811 days; and 2,511 hotline calls were answered.

Current community factors that impact the problem of family violence include increasing unemployment rates; lack of basic family resources for a growing number of people to address issues such as inadequate housing; financial stress; and drug and alcohol use.

⁶Source: State of Oregon Department of Human Services, compiled by Deschutes County Child Abuse System Task Force

Injury Morbidity and Mortality: Injury is the third leading cause of death in Oregon and claims more potential years of life lost than cancer, heart disease, or stroke. For persons under 44 years of age, injury is the leading cause of death in Oregon.⁷

Unintentional Injury Deaths, Deschutes County, 1999-2006:⁸

1999	2000	2001	2002	2003	2004	2005	2006
39	45	42	39	56	58	67	78

Of the 424 unintentional injury deaths listed above, 192 were due to motor vehicle accidents (45.3%). 102 were due to falls (24.1%).

Lactation Services: The department is deserving of recognition for programs that address breastfeeding including Maternal Child Health (MCH), Women, Infants & Children (WIC), HealthyStart Prenatal Care Clinic, and Oregon Mothers' Care. The agency seeks to improve coordination among these services to provide consistency for clients and maximize our resources. The WIC Program employs two International Board Certified Lactation Consultants (IBCLC) who conduct in-services with other departments to keep them updated on the latest breastfeeding information. The breastfeeding initiation rate among Deschutes County WIC clients is 93.3% based on 2009 state WIC data. This data ranks Deschutes County as third highest among all Oregon WIC agencies. In 2010, advanced breastfeeding education will be offered to MCH, WIC, HealthyStart and Oregon Mother's Care staff so our clients get the best information.

Behavioral Health: The National Institute of Mental Health estimates that 26.2% of Americans 28 and older (1 in 4 adults) suffer from a diagnosable mental health disorder in a given year. When applied to the 2009 population estimate of 170,705, this figure translates to over 44,000 Deschutes County residents.

Individuals Served by DCHS in 2009:

Adult Program	2,805
Child and Family Program	1,401
Alcohol and Drug Treatment	275

By action of the 2009 legislature, there will be a major expansion of Oregon Health Plan eligibility and, with that, an additional 105,000 Oregonians who will be able to access OHP's behavioral health benefits when needed.

There are barriers within Oregon's mental health care system that make access a challenge for many. Clients within Oregon's Medicaid program are typically able to find reasonable care when needed; however, those who are *not* Medicaid-eligible often face challenges in accessing treatment that is not focused solely on crisis services. Because of this gap in care, the numbers of individuals with serious mental illnesses who end up in emergency rooms, jails, and prisons continue to grow.

Oral Health: Dental decay remains a serious public health problem for Deschutes County residents. While tooth decay is largely preventable, it remains the most common chronic disease of children aged 5 to 17 years—five times more common than asthma—and is also a serious concern for many adults. Untreated decay can lead to

⁷Source: State of Oregon Department of Human Services' Oregon Injury Prevention and Epidemiology Program

⁸Source: State of Oregon Department of Human Services' Oregon Center for Health Statistics

infection, pain, and the loss of teeth. Emerging evidence points to a strong link between oral disease, many medical conditions and poor health outcomes.⁹

Many of the same barriers to obtaining medical care also apply to dental care including limited safety net services, limited numbers of local dentists who accept OHP clients, limited capacity to cover the total plan enrollment for the region and assignment of out-of-area dental providers to OHP clients. Local emergency rooms report a significant number of visits for complications of untreated dental problems. In addition, local dentists report low reimbursement rates for OHP clients. These clients are inherently more difficult to serve because of higher levels of dental problems and complications poorly covered by OHP.

Limited screening for children is provided in DCHS well child clinics and nurse home visiting programs. Eligible families may receive prescriptions for fluoride through well child clinics, and extensive prevention education is offered in all Maternal Child Health programs.

The OHP population of pregnant women served in Maternity Case Management has been identified as having high rates of dental problems and poor access to care. Head Start is re-organizing the Oral Health Coalition. A request by DCHS to participate in a prevention project in WIC (funded by the Oregon Dental Society) could improve access to dental care as well as create a better system of providing oral health information to WIC clients. The brochures developed by the original Oral Health Coalition continue to be distributed at our clinics, home visits, WIC and School Based Health Centers.

The department received a grant from the Oregon Dental Society to provide materials and fluoride for a dental screening program to be staffed by public health nurses to provide referral, education and fluoride varnish to children referred through WIC.

Fluoridation of community water supplies is the single most effective public health measure to prevent tooth decay and improve oral health over a lifetime. More than 50 years of scientific research has found that people living in communities with fluoridated water have healthier teeth and fewer cavities than those living where the water is not fluoridated. Despite this evidence, water sources in Deschutes County remain unfluoridated.

Prenatal Services: Deschutes County has developed a strong perinatal service system involving multiple community partnerships. A shared value among partners is prioritizing early access to prenatal care for all pregnant women regardless of income or insurance status. A highlight of this system is the partnership between St. Charles Health System and the department to provide the HealthyStart Prenatal Program, a safety net prenatal care clinic for uninsured pregnant women. The elements of the system are interdependent and reliant on each other to make an optimal contribution to the continuum of need for pregnant women and their families.

Preliminary data show there were 2,131 live births in Deschutes County in 2009. Of them, 135 were births whose moms enrolled in HealthyStart. Of note is that 102 of the HealthyStart births were to Hispanic mothers. The HealthyStart program saw 182 births in 2006, 187 in 2007, 143 in 2008, and a drop to 135 in 2009 with the declining Central Oregon economy. Pregnant women who are eligible for the Oregon Health Plan are seen in the HealthyStart Program until enrollment and then transferred to private care. Program staff processed and assisted 692 participants with their application for the Oregon Health Plan.

⁹Source: State of Oregon Department of Human Services' Oral Health Program

HealthyStart is a pilot project for the Perinatal Expansion program that allows Citizen Alien Waived Emergency Medical (CAWEM) eligible pregnant women to be enrolled in CAWEM Plus, which covers their prenatal care. The demographic profile of our clients has shifted slightly as some CAWEM eligible clients have left our area, and the newly low-income and unemployed are increasing in the clinic.

Overall, 97% of pregnant women received adequate prenatal care in 2009. The rate for starting prenatal care in the first trimester has decreased from 83% since the implementation of Oregon MothersCare in 1999 to 81.1% in 2009, compared to a state rate of 71.6%. This decrease is despite vigorous efforts in outreach to community partners in 2009-10. The department has seen a shift in our demographics to include more Caucasians who are recently uninsured due to loss of employment and who may not know how to access assistance obtaining OHP or prenatal care. The low birth weight rate was 6.0 % in 2009 which is a reduction from 6.7% in 2008. Infant mortality was 7.0% in 2009 compared to 0.6% in 2008.

Illicit Drug Use: Illicit drug use in Oregon exceeds the national per capita average, with higher rates of methamphetamine, marijuana, and illicit use of prescription drugs. A 2008 study by ECONorthwest puts total direct economic costs from illicit drug abuse at \$2.7 billion. Arrests for drug violations increased 44% from 2003-2007; and 27% of the Oregon corrections population is in the system due primarily to drug offenses, nearly three times higher than any other primary offense category.

Deschutes County has been designated a “High-Intensity Drug Trafficking Area” (HIDTA), one of seven in Oregon. This is a federal designation for areas within the United States that exhibit serious drug trafficking problems. Data from the HIDTA program and the Central Oregon Drug Enforcement team indicate continued high rates of methamphetamine abuse and growing rates of marijuana and prescription drug abuse. Heroin use among younger populations also seems to be on the rise.¹⁰

Methamphetamine: Although there has been a significant decline in the number of methamphetamine lab seizures due to restrictions on the availability of pseudoephedrine, methamphetamine continues to be widely abused and trafficked throughout the Central Oregon region. Large-scale drug trafficking organizations, primarily from Mexico and California, typically distribute methamphetamine throughout the region after transporting it up the I-5 and Highway 97 corridors. Serious methamphetamine related crime includes identity theft, abused and neglected children, and other serious person and property crimes.

Prescription Drug Abuse: Recent data indicate prescription drug abuse is the fastest growing type of substance abuse in Oregon. Treatment admissions for non-prescribed use of prescription drugs increased by 332% in Oregon from 1997-2006. Internet sites advertising and selling controlled prescription drugs increased by 70% between 2006 and 2007. Most of the sites selling these drugs (84%) did not require a prescription. Oregon is fourth among states leading the country in teen abuse of prescription pain relievers. In Deschutes County, 9.2% of 11th graders reported abuse of prescription pain relievers in the past 30 days.¹¹

¹⁰Sources: Oregon HIDTA Programs, 2008 Drug Threat Assessment, Deschutes County Sheriff's Office

¹¹Sources: State of Oregon Department of Human Services' Addictions and Mental Health Division; Oregon HIDTA Program, 2008 Drug Threat Assessment, Oregon Healthy Teens Survey, 2007-2008.

Suicide: Suicide is the second leading cause of death among Oregon youth ages 10-24. In Deschutes County there were 18 confirmed youth suicide attempts in 1999 resulting in hospitalizations or deaths of children ages 10-17. That figure rose to 49 in 2007—35 female and 14 male—prompting community-wide attention and discussion. While the majority of youth suicide attempts are among females, 82% of suicide deaths are among males. For every death among youth under the age of 18, there are an estimated 136 suicide attempts that are treated in hospital emergency rooms. Sadly, this data does not reflect the true magnitude of suicide attempts by Oregon youth, since the Adolescent Suicide Attempt Data System (ASADS), from which data this report is based, collects data from only those attempts where youth subsequently present to hospital emergency rooms.¹² Suicide for all ages accounted for 26 deaths in Deschutes County in 2007 and 32 in 2008.¹³

Deschutes County Health Services is partnering with the Oregon Public Health Division, Commission on Children and Families and area school districts to provide suicide prevention programs in four selected high schools. The new program, Caring Connections, is funded by the Garrett Lee Smith Memorial Act and will implement the RESPONSE curriculum for 9th grade students and will provide suicide intervention skills training to school staff in each of the four high schools. The three-year grant is providing staff training in ASIST (suicide intervention training) this school year with RESPONSE scheduled for implementation in the 2010-2011 school year. A community awareness campaign along with some opportunity for community members to receive training is also being implemented.

Unintended and Teen Pregnancy: Deschutes County Health Services continues to place high priority on teen pregnancy prevention. Although the teen pregnancy rate has decreased significantly in the past ten years, Deschutes County may see a slight rate increase for 2008. The teen pregnancy rate (per 1,000 females ages 10-17) in Deschutes County was 8.6 in 2007 and 9.2 in 2008. Preliminary 2009 data is showing that the rate may be going back down this year.

Public health staff collaborate with community partners to assure access to reproductive health education and services. This year the Reproductive Health Program, in collaboration with the schools, is providing the My Future-My Choice program (a comprehensive sexual health and life skills curriculum) to almost 2,000 middle school students with over 150 high school volunteers as mentors. Within the past year our health educators have taught more than 235 classes on reproductive health to almost 6,500 students in middle schools, high schools, Central Oregon Community College and at several facilities with high-risk youth. They have incorporated important components like healthy relationships and communication into their presentations to make the curriculum more comprehensive. We are currently working closely with our state partners to align our community objectives and outcomes with those of the Oregon Youth Sexual Health Plan.

2010 Priorities Adopted by our Advisory Boards: In addition to ongoing operation of a wide range of public health, behavioral health and support services, we have identified a number of critical projects that require special effort in 2010:

Accreditation Pilot Public Health: Selected as one of 19 counties nationwide, DCHS is using the new Public Health Accreditation tool to assess our operation and strengthen

¹²Source: State of Oregon Department of Human Services' Oregon Injury Prevention and Epidemiology Program, "Youth Suicide Attempts in Oregon, 2007 Data Report"

¹³Source: State of Oregon Department of Human Services' Oregon Center for Health Statistics

our agency. *Deliverables:* completed assessment; improvement priorities, quality improvement project.

Budget FY 2011: Prepare the 2011-12 budget based on operating costs and emerging priorities, adjusting for potential funding reductions. *Deliverable:* adopted budget.

Electronic Record Project: Begin a multi-year project to convert most DCHS operations to an electronic system. *Deliverable:* 2010 request for proposal, selection and early implementation.

Environmental Health Transfer: Integrate the Environmental Health Unit in the Community Development Department into DCHS. *Deliverable:* transfer of budget and staff July 2010. *Note:* also requires relocation of DCHS services to another Bend site.

Health Report: Publish the new 2009 Report early in 2010. *Deliverables:* with the Advisory Boards, review and select 1-3 projects for attention; disseminate the report; educate the public.

Integration: A major collaborative regional project through 2015, develop a model to integrate primary care and behavioral health services throughout Central Oregon. *Deliverables:* single point of accountability; infrastructure development; improve health outcomes, client satisfaction and cost containment.

Launch Development: As a major project through 2015, kick off our new child abuse prevention and child wellness initiative (5-year Federal grant). *Deliverable:* expand integrated services at a minimum of three school-based health centers.

New Manager: Successfully hire a new manager for Program Support Services with an emphasis on strengthening our quality improvement, initiating our new service integration project, and supporting our planning and evaluation activities. *Deliverable:* hire in first quarter.

County Goals & Objectives: The County asks each department to develop these measures as part of the budget process. *Deliverables:* Post quarterly updates of our progress in achieving 2009-10 objectives; propose 2011-12 goals and objectives.

Behavioral Health Biennial Plan: The State requires this plan every two years. *Deliverable:* develop and submit the adopted 2011-2012 plan to the State.

Public Health Triennial Plan: The State requires this comprehensive plan every three years. *Deliverable:* develop and submit the adopted 2010-2012 plan to the State.

Policy Manual DCHS: Review prior behavioral health and public health policies guiding our operation; update as needed. *Deliverable:* policy manual.

Residential Development: Consistent with our housing continuum, increase affordable housing for people with mental illness by 32 slots / units. *Deliverable:* 4 projects completed by December 2010 including three in Bend and one in Redmond.

Redmond 2011: With the County, explore the feasibility of creating a Redmond Service Center including a range of community based DCHS programs and services. *Deliverable:* a plan of services to be offered in Redmond in 2011 or later.

School-Based Health Centers: Continue efforts to expand school based centers throughout the county. *Deliverable:* open a second center in Redmond and the first center in Sisters in the fall of 2010.

Strategic Plan: The department currently has two adopted strategic plans. *Deliverable:* integrate and streamline the material into a single plan early in 2011.

Web Site Update: Recreate the current web sites into a single informative site that is easy to navigate and serves the public well. *Deliverable:* launch of new site early in 2011.

B. Adequacy of Public Health Services

Deschutes County Health Services provides quality service at an adequate level of capacity, given the resources provided through the County's General Fund, federal and state grants, and billable revenue. The department continues to face increased demand for required services at a faster pace than resources can match. This is particularly challenging in our Community Health (and communicable disease) Program, in our expansion of the number of School Based Health Centers (integrated model with primary care and behavioral health), and in Maternal Child Health (MCH). While the new 5-year Federal Launch Program begins providing client services in May 2010, we will also need to consider methods to sustain that work as part of our long-term financial plan.

The department provides exceptional services in its WIC, MCH, Communicable Disease, Family Planning and Environmental Health programs. The department has also added a greater emphasis in health promotion and chronic disease prevention by clustering tobacco prevention and education, Living Well with Chronic Conditions and chronic disease prevention efforts under one roof. Completion of the 2010 State Triennial Review process coupled with a planned 2011 national accreditation (through the Public Health Accreditation Board) are also expected to strengthen programming and operations.

C. Provision of Basic Public Health Services

The Department provides the five basic services outlined in statute (ORS 431.416) and related rule, OAR Chapter 333, Division 14:

1. Epidemiology and Control of Preventable Diseases and Disorders

The minimum standards for communicable disease control are met, and the system for enhanced communicable disease control has improved. With the increased population and preparedness requirements, the need for additional staff is great. The Communicable Disease Program responds 24/7 to information requests and currently sends a request to physicians who report Hepatitis C for permission to send educational information to the client. The program provides blood-borne pathogen training throughout the county and Hepatitis B vaccines for occupational purposes.

The department provides seasonal influenza surveillance. Data collected from provider testing through local clinics and hospital staff has given the department a better picture of the effects of seasonal influenza in the community, as well as enhancing our ability to share local statistics with the public.

There is also a focus on integrating planning among our Immunization, Communicable Disease and Preparedness programs to increase effectiveness and to decrease duplication of programming efforts.

The Communicable Disease team collaborates regularly with the media as a means to prevent the spread of disease in our area. The team works to ensure that education is available for the community when sought and works with local media to be proactive with public education around topics such as tuberculosis, MRSA and influenza.

Currently:

- The program has a Communicable Disease Program Manager, CD Coordinator, CD Health Educator, STD/CD backup RN, Immunization Coordinator, Public Health Preparedness Coordinator, HIV Case Manager, and support staff.
- There is a mechanism in place for 24/7 calls for communicable disease reporting and public health emergencies.
- Evaluations of facilities implicated in a food-borne outbreak are assessed by Environmental Health working in close collaboration with CD team staff. The Environmental Health Licenses Facilities Program will transfer into the department on July 1, 2010.
- Investigations are completed in a timely manner, control measures are taken, and reports are completed and sent to the state in the specific time frame.
- The program provides access to prevention, diagnosis, and treatment services to protect the public.
- Communicable disease trends are evaluated on a regular basis by the CD team, and objectives are developed.
- Immunizations are provided to the public.
- A needle exchange program was launched in 2005 and has grown exponentially since that time.
- Rabies immunizations are provided in the jurisdiction.
- The program has generic press releases for outbreak information.

2. Parent and Child Health Services

Prenatal Care Access: Reestablishment of the Oregon MothersCare system has resulted in significantly more OHP enrollments and referral to prenatal care. Our Oregon MothersCare staff was increased to 0.5 FTE in 2009 and has been able to increase services substantially. In 2006 our OMC program began faxing referrals to local dentists to assist women in access to dental care. The need for OMC is much greater than our current capacity, but our worker is also a WIC employee and has been able to help women with WIC certification during OMC appointments and with OHP assistance during WIC appointments. This has greatly benefited coordination of care and access to services. Oregon Mothers Care provided OHP assistance and referral to 688 clients in 2008, and in 2009 in 665.

This team works in close collaboration with our own HealthyStart Prenatal Service—a safety net clinic where low income women who are ineligible for OHP receive high quality prenatal care and birth delivery services. The clinic is a collaborative program of the department and St Charles Health System. Prenatal care was provided to 316 clients in 2008 in the HealthyStart prenatal clinic, but in 2009 the economic decline resulted in an exodus from our county with 269 clients being served in the clinic.

Dental Care: While OHP enrolled pregnant women have coverage for dental care, some area dentists refuse to provide care during pregnancy. OHP providers set pregnant women up with their first appointment for cleaning and X-rays, and the second appointment sometimes comes after their OHP coverage has ended. Women on the CAWEM Plus program have an open dental card and cannot find a dentist to serve them. Home visiting nurses estimate that nearly 97% of women on their caseloads have serious dental problems yet are unable to access care. Significant improvements have occurred with access to care and prevention efforts (see Oral Health Section).

Dental screening was provided by public health nurses for pregnant women and infants referred from WIC and our Latino Community Center. During the screening, clients received education on oral care, fluoride varnish if indicated, referral to OHP and dental care, and a dental kit containing educational materials in English or Spanish, toothbrush, toothpaste, and Xylitol gum. The supplies were purchased with a small grant from the Oregon Dental Society which was renewed in 2009.

In 2009, 29 dental screening clinics were held, with 205 clients seen; 203 fluoride varnish applications were applied. Currently, we are working on a collaboration with the Family Drug Court to host the Medical Teams International dental van at the department. Funding is provided by the Drug Court, but the van staff has had difficulty finding volunteer dentists, so the van has been unable to come monthly. The department maintains a three-page list of clients unable to access dental care elsewhere. Dental issues continue to be an insoluble problem despite the expansion of OHP for both children and adults.

Maternal Case Management and Social Services: Population growth has caused demand for services to greatly exceed nurse home visiting capacity. Administrative staff is participating with state staff in workgroups to redesign home visiting services.

Home visiting programs consist of Maternity Case Management in which 178 clients were served despite staffing shortages in 2009, and BabiesFirst! which saw 385 clients in 2009 of which some were also enrolled in CaCoon. The department contracts with Child Development and Rehabilitation Center to provide case management services through the CaCoon program to children with a medical diagnosis. Major work will be focused on development of the new home visiting framework guidance from recent state/county workgroups.

Public health nursing staff are current on NCAST training and use these tools to assess attachment and provide parent training. This year three staff will be trained on Promoting First Relationships.

Intimate Partner Violence: Services are limited to the local family violence shelter and lack an outreach/education component.

Behavioral Health Services: Behavioral health services are offered at many locations in the community including 26 public schools, agencies such as the KIDS Center and Oregon State Department of Human Services, area hospitals, care facilities and homes, and through mobile outreach. With the exception of co-occurring disorders, most county alcohol and drug treatment services to eligible, priority populations are provided via contracting with private agencies in Deschutes County. Services are limited; OHP penetration rates are in need of improvement statewide.

Tobacco Cessation: In Oregon, 19% of adults smoke cigarettes and 6% of adult males use smokeless tobacco. Among youth in the state, 9% of 8th graders and 17% of 11th graders smoke cigarettes. In Deschutes County, the past several years have seen a decline in the number of pregnant women who smoke. The most current data, 2007, indicates a rate of 12%, down from 18% in 1997.¹⁴

WIC—Women, Infants & Children: The WIC program offers nutrition counseling, referral services, breastfeeding education and food vouchers to women who are pregnant, post-partum and/or breastfeeding. The program also serves children from birth to five years old. In 2010, advanced breastfeeding education will be offered to MCH, WIC, HealthyStart Prenatal Program and Oregon Mother's Care staff so all our shared clients get the best information. Breastfeeding support remains strong in WIC and local hospital outreach programs. Support has improved with better coordination among perinatal services and the addition of the WIC Breastfeeding Peer Counselor Program as well as a strong Breastfeeding Coalition. The WIC program served 2,971 families (of whom 68 % were working families), 2,129 women, 5,224 infants and children under 5 in 2009. 93.3% of our moms started out breastfeeding, which is a reflection of the commitment and level of education on breastfeeding issues in our WIC department.

Multicultural Service: The growing need for translators and Hispanic service results in an increasing gap between need and capacity as medical and human services experience shortfalls in resources. The department has placed a strong emphasis on bilingual hires in key positions and invested in cultural sensitivity training.

Child Health Services: The department provides education, screening and follow-up for growth and development, hearing, vision, lead, and symptoms of illness for high-risk infants and children. These services are provided through School Based Health Centers (SBHC) in La Pine, Bend and Redmond; and nurse home visiting. Additionally, we provide assessment of parent/child interaction (NCAST) and Sudden Infant Death Syndrome (SIDS) follow-up.

Our La Pine School Based Health Center (SBHC) is located in the parking lot of the La Pine High School and within walking distance of the middle school and elementary school. Once registered, students are able to walk in for sick visits without missing school or requiring parents to miss work to accompany them. New SBHCs opened in Bend and Redmond in 2009 and are fully certified. Our safety net well-child clinic has been rolled into the respective SBHCs to provide care to children birth to age 20. Two new planning grants were obtained for centers at Sisters High School and Redmond High School in 2009 and, if successful, the centers will be certified in 2010. The existing centers served over 1,747 students in the 2008-2009 school year.

Deschutes County was chosen as a pilot site for Oregon's Launch Project under a federal grant which continues five years. Launch uses the SBHCs as a hub to provide integrated health, behavioral health, parent training and referral to children birth to age eight at risk for child abuse and neglect. The project funds a media campaign to raise community awareness of the importance of holistic preventive care for young children. Launch also drives collaborative efforts among providers of child health services locally and at the state level and will inform improvements in the service continuum of care.

¹⁴Source: Tobacco Prevention and Education Program. Deschutes County Tobacco Fact Sheet 2009.

Family Planning Services: Deschutes County Health Services maintains four reproductive health clinic sites to serve multiple areas of the county. We have two full-time clinics in Bend and Redmond, and within the past year we have expanded our services in La Pine from two Thursdays a month to every Thursday. For the past three years we have been serving youth and adolescents up to age 25 at the Downtown Health Center and have expanded those services to three and a half days a week. We offer a broad range of contraceptive methods and reproductive health services to clients who qualify. Of the family planning clients seen in 2009, 76% had no private insurance or Oregon Health Plan coverage.

All clinics provide care under policies, procedures, protocols and standing orders approved by the Medical Director, Mary Norburg, MD. Reproductive health staff meet on a regular basis to discuss program updates and case studies and to exchange information. The program delivered services to 3,559 unduplicated clients in 2009, with 5,949 clinic visits, and averted over 150 teen pregnancies.

The registered nurses working in reproductive health are required to complete a comprehensive training program and have nurse practitioner back-up available. The support staff are given training materials on the fundamentals of family planning that are based on up-to-date research and current guidelines. The training modules focus on birth control methods, anatomy and physiology, and STIs as well as communication skills, informed consent, and client education. We use a broad range of client education materials, many of which we have developed ourselves to meet the educational needs of the clients. These materials are reviewed by our Family Planning Advisory Committee. The materials are kept current and are available in Spanish and English. Materials are selected or developed for prevention as well as for education regarding specific conditions.

Our reproductive health community outreach and education has grown in the past several years. We have several health educators and AmeriCorps volunteers who actively participate with community partners. They attend the Bend-La Pine School District's Health Advisory Board meetings and play an important role in helping that school district come into compliance with the sexuality education guidelines.

3. Collection and Reporting of Health Statistics

Vital records work related to births and deaths is well organized, highly accurate and extraordinarily efficient thanks to a small staff of highly trained and dedicated professionals. The local Medical Examiner is now compiling and sending information to the department on deaths of public health significance and assisting in monitoring trend data related to injury and death due to illicit drug use. Vital statistics and communicable disease information is received and recorded in a timely manner.

The communicable disease (CD) information is forwarded to the State of Oregon through the new CD database; and immunization data entry is completed daily. The numbers of births and deaths continue to increase related to a rapid increase in overall county population. In the past two years we have witnessed an explosive rise in birth numbers.

Local partners have become increasingly reliant upon up-to-date and accurate population and birth forecast information for program and facility planning purposes. The department has improved access to vital statistics through links in

its website. Reportable disease has increased consistently with increased population and improved communication with local physicians and laboratories.

Recently, the Department has worked to inform the community of the condition of health across the community. This has been done by producing community health profile reports every two years and by selectively profiling specific health issues such as obesity, access to primary care, and the oral health condition of children. The 2009 Health Report is attached as Appendix A.

4. Health Information and Referral

Health information and education is provided through Deschutes County Health Services in each program. On a typical day, 125 or more calls are received from the public wanting information on health related matters. Callers seek information about a wide range of topics such as primary and behavioral health care, mold control, animal bites, how to access the Oregon Health Plan, current blue-green algae advisories, etc. Clinicians and front office staff frequently serve as brokers of information to clients and make referrals for additional health and social services.

5. Environmental Health

Deschutes County is fortunate to have a staff of highly trained and dedicated licensed environmental health specialists who do an outstanding job of assuring the safety of public food establishments, pools, spas, child care facilities and drinking water systems.

The Environmental Health Program (EH) provides plan review, consultation and inspection of regulated public facilities (restaurants, pools, tourist facilities, schools and child care centers) and on-site wastewater and dispersal systems. The program also regulates public water systems to provide safe drinking water and works with the department on a variety of epidemiology programs and issues. A close working relationship exists between the EH program staff and the communicable disease (CD) control team within the department. In recent years, there has been a number of EH issues addressed collaboratively between these two programs.

In July, 2010 the EH team will transfer to the Health Services department which will greatly expand capacity in all facets of EH, from food borne disease investigations to toxicology to emerging diseases. There will be location management changes with this July 1, 2010, transfer. Maintaining service productivity and quality of current programming will be a priority while looking for new ways to integrate into public health programming.

Licensed Facilities—Food Inspection Protection Program: Deschutes County, once again, holds the distinction of having the most licensed facilities to inspect per-capita in Oregon. Each year the EH staff inspects about 2,000 food service establishments, temporary and mobile food units, commissaries, warehouses, and bed and breakfast establishments. In addition, the Licensed Facility team conducts plan reviews on nearly 100 new or remodeled restaurants and provides about a thousand food handler tests. The team built a Verizon/AccuTerm database which provides for “real time” data. The staff also taught five food handler classes across the communities we serve. EH staff works closely with the County CD and State Department of Human Services teams on outbreak investigations and is on a legislative workgroup to reform the temporary restaurant requirements.

Safe Drinking Water: Environmental Health continues to provide professional, technical, and regulatory assistance to over 200 public water systems in Deschutes County. The team conducts dozens of comprehensive sanitary surveys and investigates about 30 water quality alerts associated with bacteriological and/or chemical contamination each year. The team makes sure the sampling protocols are followed and follows up on samples which do not meet the Federal Safe Drinking Water Standards. Security and emergency response plans are reviewed regularly.

The Environmental Health program has mapped all drinking water sources in Deschutes County. This will ensure that if a source is contaminated residents can be immediately notified and directed to the appropriate alternative water source.

Pool, Spa and Tourist Facilities: Environmental Health performs about 350 pool and spa inspections annually and an additional 50 inspections of tourist accommodations. In addition, the team reviews pool and spa plans for new facilities.

Schools and Child Care Facilities: Environmental Health conducts about 100 National School Lunch Program Inspections each year, serving over 19,500 students per day. In 2009, the EH team conducted 80 inspections of licensed child care facilities.

D. Adequacy of Other Key Services Critical to Public Health

Community Advocacy and Multicultural Health: The department has provided support to local community coalitions addressing hunger, homelessness, methamphetamine abuse, child abuse, health care, childhood obesity, asthma, transportation, domestic violence, and public safety. Note: Deschutes County Health Services hosts the Cascades East Area Health Education Center's medical interpreter students at our site to provide more clinical learning opportunities for the program.

Emergency Preparedness: Deschutes County emergency preparedness has improved with an infusion of grant money and a restructure of the department which emphasizes a team approach to disaster preparedness. Program staff have developed specific plans for a variety of potential threats and have initiated a new Citizen Corps program (comprising health professionals and law enforcement), engaging volunteers to assist with exercise development and real life threats such as the H1N1 event.

The department is a key player and lead planner of the Deschutes County Pandemic Influenza Plan and H1N1 Pandemic response initiatives. Planning partners who include school, health care, and first response leadership are engaged in planning and response activities and have identified areas for improvement. All hazard response plans are incorporated in the Deschutes County Emergency Response Plan.

The Department continues to work with the Deschutes County Emergency Manager to plan county exercises. We also continue to meet with Jefferson and Crook county leadership to improve regional preparedness coordination. Preparedness staff are leading the effort to improve the capability of all department staff to respond to an emergency through ICS/NIMS training.

Laboratory Services: The department provides laboratory services in compliance with CLIA standards. The lab director oversees the laboratory policies, procedures and quality assurance while providing technical services to clinicians. The department has a contract with Central Oregon Pathology to process our conventional pap smears, surgical biopsies and high risk HPV tests. Most other lab services are conducted at

Oregon Public Health Lab or the local lab at St. Charles Medical Center. This arrangement provides for full laboratory services for communicable disease, prenatal, family planning and sexually transmitted infection services. Local labs report conditions reportable to the Communicable Disease team.

Nutrition: Screening, education, and assessment are provided extensively in MCH and WIC programs and are offered to pregnant women in the prenatal care clinic. Targeted screening and assessment are provided to adults in family planning and safety net primary care clinics. An acute focus on school nutrition has been developing over the past two years; and Bend, La Pine and Redmond schools are well ahead of state mandates when it comes to the nature of foods served and sold on their campuses. Currently the SBHCs are partnering with the schools, Oregon State University Extension services and Parks & Recreation to try to develop a comprehensive program to assist families of children identified as overweight or obese. A group has formed to explore the R_x for Play research project and see if we can bring it to our community as another resource for these families.

Primary Health Care Access for Low-Income Residents: Approximately 37,000 Deschutes County residents are without health insurance coverage. In addition, those with fee-for-service Medicare and Oregon Health Plan coverage suffer from a private market health care community which has greatly limited or closed their practice to these individuals, citing low reimbursement rates. We estimate that nearly 40,000 residents suffer from an economic barrier to basic health services. Many of these are children, working adults and Hispanic families. DCHS continues to work in close collaboration with the local medical providers and community organizations to address the health care needs of our underserved populations.

HealthMatters Central Oregon—Health Services Hub: This is one of Oregon's non-profit, community based action groups that serves as a central clearing house to address system reform aimed at improving health and access to care. Initiatives of the collaborative involve employee health and worksite wellness, self management of chronic conditions, and community development initiatives that enhance the opportunity for residents to exercise, walk, bike and socialize. Most recently the collaborative has begun an initiative called SharedCare, which is a multi-share health coverage program currently being developed to provide health coverage for uninsured, low-income workers in Crook, Deschutes and Jefferson counties.

III. ACTION PLAN

A. Epidemiology and Control of Preventable Disease & Disorder

1. Communicable Disease

Current Condition Or Problem—General: A constant in the realm of public health is that communicable diseases have long been known to be the primary cause of morbidity and mortality in man. Over the past hundred years, the incidence and prevalence of communicable disease has diminished. These declining rates were due to improved systems of sanitation and hygiene practices as well as the development of vaccines to help prevent the spread of disease. However, in recent years morbidity and mortality rates are climbing from newly identified diseases and resurgence of old diseases. According to Oregon Health Services, the five most prevalent infectious diseases in Deschutes County for 2009 were:

- Chlamydia (405)
- Hepatitis C (195)
- Campylobacter (30)
- Giardiasis (19)
- Salmonellosis (10)

Chlamydia continues to be the highest reported disease in Deschutes County. The cases have doubled in the past four years, which has increased workload for our staff a great deal. Gonorrhea and syphilis have also established a presence in the past five years and continue to increase with the population growth.

Deschutes County continues to have a high number of waterborne disease cases and increased numbers of Norwalk-like viruses in congregated living settings.

After several years of no reported active tuberculosis disease, the past two years saw several new cases of both active TB and inactive infections (LTBI). Due to the large geographical area, it has been difficult for nurses to travel daily to do directly observed therapy. The travel and time allotted has put a strain on other program priorities.

Goal: To improve/maintain the health status of the citizens of Deschutes County by preventing/reducing the incidence of communicable disease through outreach education, epidemiological investigation and surveillance activities.

Timeliness of Disease Investigation: Deschutes County Health Services continues to respond quickly to reportable diseases, within the necessary window period, and typically all diseases are initiated in the first day and completed as soon as possible. In regard to working with the current database to ensure that the data is housed in the correct places to receive credit for reporting timeliness, the team will continue undergoing quality assurance processes to maximize accuracy.

Activities:

Target Population	Who	What	Timeline
Deschutes County residents	CD Coordinator	Objective 1: <ul style="list-style-type: none"> • Mechanism in place to receive, evaluate, respond to urgent disease reports 24 hours a day, 7 days a week. • Provide epidemiological investigations on 100% of reportable diseases within 24 hours. 	Ongoing
Deschutes County residents	CD Team	Objective 2: <ul style="list-style-type: none"> • Case investigations are complete. • 100% of reported cases are reported to DHS by end of the calendar week of the completion of the investigation. • Information and recommendations on disease prevention are provided to 100% of exposed contacts locally. • All demographics are completed on the case reports. • CD investigations are to begin within one working day of report • Update CD database as needed. 	Ongoing
Medical providers	CD Coordinator Outreach Worker	Objective 3: Increase the number of medical providers reporting CD appropriately through outreach and education. <ul style="list-style-type: none"> • An emergency system for communication of CD alert information will be maintained. 	Ongoing
Medical providers	CD Coordinator	Objective 4: A consistent system to provide feedback regarding the outcome of the investigation to the health care provider.	Ongoing
Deschutes County staff	CD Team	Objective 5: Provide blood-borne pathogen training to staff each year.	Ongoing
Deschutes County residents	CD Team	Objective 6: Update the Pandemic Influenza Plan based on lessons and feedback from the H1N1 Pandemic.	Ongoing

Evaluation:

Objective 1: 24/7 system in place with positive test results.

Objective 2: Completed reports sent to State—monthly evaluation.

Objective 3: Improved reporting and communication with medical community.

Objective 4: Development of a system for provider feedback and implementation.

Objective 5: Documented training.

Objective 6: Updated Pandemic Influenza Plan based on lessons and feedback from the H1N1 Pandemic.

Current Condition Or Problem—HIV: The number of HIV positive individuals continues to grow in Deschutes County with the increase in population. In 2009 we had 7 newly diagnosed cases of HIV. During the first year of the new HIV testing statistics, there were 16 reported cases of HIV in Deschutes County with 6 cases of AIDS. HIV positive individuals still find difficulty living in a community with fears around HIV. There are currently nearly 60 HIV positive clients enrolled in our HIV

Case Management Program. It is anticipated that HIV caseloads will grow steadily over the next few years as more people move to the area and with the downturn in the economy.

Future considerations include concerns about the need for medical care and medication with the loss of the Oregon Health Plan programs. In addition, nationally 39% of persons diagnosed with HIV received an AIDS diagnosis within the first year of diagnosis, whereas in Deschutes County over 50% of our newly diagnosed HIV clients have progressed to AIDS within the year. This is a sign that people are getting diagnosed later in their disease than in other areas of Oregon and the United States. Future trends and concerns also include the rising injection drug use in the county and Hepatitis C cases which have a high co-morbidity rate with HIV. We are focusing our outreach on high-risk groups which include those who use injection drugs and men who have sex with men.

Goal: To improve/maintain the health status of the citizens of Deschutes County by preventing/reducing the incidence of communicable disease through outreach education, counseling and testing for HIV.

Activities:

INTERVENTION NAME	TARGET POPULATION(S)	PROJECTED NUMBER OF TESTS	SITES
<i>Targeted</i> HIV Counseling and Testing	Men Having Sex with Men (MSM)	40	<ul style="list-style-type: none"> ▪ Deschutes County Health Services ▪ Downtown Health Center, Male Clinic, Fridays 2:00-4:00 p.m.
	Persons Who Inject Drugs (PWID)	120	<ul style="list-style-type: none"> ▪ Deschutes County Health Services ▪ Deschutes County Adult Jail ▪ Work Release Center ▪ Pfeifer & Associates Treatment ▪ BestCare Treatment Center ▪ Mobile Health Services van
	MSM/PWID	5	
	Partners of People Living With HIV/A (PLWH)	10	<ul style="list-style-type: none"> ▪ Deschutes County Health Services ▪ Downtown Health Center
Outreach to CTRS	MSM	70	<ul style="list-style-type: none"> ▪ Bend PRIDE ▪ Downtown Health Center, Male Clinic, Fridays 2:00-4:00 p.m. ▪ National HIV Testing Day ▪ Adult stores
	PWID	100	<ul style="list-style-type: none"> ▪ Mobile Health Services van ▪ Homeless Event ▪ Presentation
	MSM/PWID	0	
	Partners of PLWH	40	<ul style="list-style-type: none"> ▪ Case management services ▪ Positive Self-Management Class

INTERVENTION NAME	TARGET POPULATION(S)	PROJECTED NUMBER OF TESTS	SITES
OHROCS Needle Exchange (NEX)	PWID	100	<ul style="list-style-type: none"> ▪ Deschutes County Health Services ▪ Mobile Health Services van
OHROCS Outreach		100	<ul style="list-style-type: none"> ▪ Deschutes County Adult Jail ▪ Work Release Center ▪ Presentations ▪ BestCare Treatment ▪ Pfeifer & Associates Treatment

Current Condition Or Problem—Tuberculosis: Deschutes County has seen an increase in the amount of active TB cases, as well as LTBI cases in the past five years. There has been a trend of Hispanic clients with LTBI in the past three years. The amount of people receiving LTBI treatment, which ranges from 45-100, depends on the amount of screening outreach the program can provide. Staff hopes to work more with the homeless population and other high-risk groups to treat inactive infections before they become contagious.

Goal: To provide comprehensive services to the community for the prevention and treatment of tuberculosis, while focusing on awareness and education throughout Deschutes County.

Activities:

Target Population	Who	What	Timeline
Deschutes County residents	CD Coordinator	Objective 1: Increase the number of PPD provided to high risk populations, and decrease to low-risk populations.	Ongoing
Deschutes County residents	CD Coordinator	Objective 2: HIV testing will be offered to all cases and suspected cases of tuberculosis.	Ongoing
Deschutes County residents receiving LBTI from Department.	CD Coordinator	Objective 3: Improve the number of clients completing LTBI to a consistent 75%.	Ongoing
Medical providers	CD Coordinator	Objective 4: Increase awareness to medical providers for active TB cases.	Ongoing
Shelter residents	CD Coordinator Program Manager	Objective 5: Explore the implementation of a screening program for shelter residents.	By 2012
Deschutes County residents	CD Coordinator and Team	Objective 6: Update policies, forms, and protocols annually. (Completed.)	Ongoing
Deschutes County employees	CD Coordinator Program Manager	Objective 7: Update employee respiratory protection and screening program annually and provide fit testing for staff.	Ongoing

Evaluation:

- Objective 1: Target PPD tests provided through the Department.
- Objective 2: Documented HIV testing.
- Objective 3: Statistics from Oregon Health Services.
- Objective 4: Number of presentations and information packets to providers.
- Objective 5: Number of shelter residents receiving screening.
- Objective 6: Updated protocols and policies—documentation.
- Objective 7: Updated policy and documented fit testing.

Current Condition Or Problem—West Nile Virus: The Deschutes River Basin is home to the *Culex tarsalis*, *Culex pipiens*, and *Aedes vexans* mosquitoes. These mosquitoes all have the potential to carry West Nile Virus, and this will pose a threat for animals and humans in Deschutes County. The current problem includes lack of information to the general public and lack of a countywide vector control district. Deschutes County has had very few case reports, and each year it becomes less and less important to community members as risk seems more remote. The reality is that West Nile Virus is still very much a risk due to the likeliness of low community immunity levels.

Goal: Maintain a low morbidity and mortality of West Nile Virus through the development of an updated West Nile Virus response plan.

Activities:

Target Population	Who	What	Timeline
Deschutes County residents	Four Rivers Vector Control	Objective 1: Continue surveillance for the presence of specific mosquitoes throughout Deschutes County.	Ongoing
Deschutes County residents	Four Rivers Vector Control	Objective 2: Maintain vector control activities already in place.	Ongoing
Deschutes County residents	CD Coordinator Environment Health staff	Objective 3: Solicit dead bird submissions for testing from the public and appropriate local agencies.	Ongoing
Deschutes County residents	CD Team	Objective 4: Provide public information on personal protective measures.	Ongoing
Deschutes County residents	CD Coordinator	Objective 5: Continue public hotline for Deschutes County residents on the issues relating to West Nile Virus.	Ongoing each spring

Evaluation:

- Objective 1: Surveillance activities ongoing through spring and summer.
- Objective 2: Continue current vector control activities through contract with Four Rivers Vector Control.
- Objective 3: Dead bird submission information to the public and system in place.
- Objective 4: Dissemination of materials and articles to the general public.
- Objective 5: Completion of community forums and ongoing update of West Nile Response Plan.

2. Emergency Preparedness

Current Condition Or Problem: Emergency preparedness in Deschutes County has improved over the past eight years with grant support and staff who are dedicated to helping the department and community prepare for hazards that could overwhelm the county. Program staff have developed numerous plans, improved communicable disease response times, collaborated with community partners, developed a basic disaster response plan, and continue to work with the Deschutes County Emergency Manager to integrate DCHS plans into the County's Emergency Operations Plan.

Goal: To improve the response to communicable disease and public health emergencies throughout Deschutes County.

Activities:

Target Population	Who	What	Timeline
Deschutes County residents	CD Program Manager Preparedness Coordinator	Objective 1: Participate with Cascade Healthcare Community and Emergency Management in area preparedness planning. <ul style="list-style-type: none"> • Complete state requirements on drill development and practice, engaging community partners in the process. • Pandemic planning ongoing. 	Ongoing
Deschutes County residents	CD Team	Objective 2: All hazards plans are integrated into the Local Emergency Operations Plan.	Ongoing
County partners	CD Team	Objective 3: Mutual aid agreements are in place for the tri-county region.	Completed and Ongoing
Deschutes County residents	CD Program Manager	Objective 4: 24/7 contact information has been provided to DHS, Health Services and other public safety agencies.	Ongoing
Mass immunization population	Immunization Coordinator CD Coordinator	Objective 5: Update and review SNS Plan (CD).	Ongoing
Deschutes County residents	Preparedness Coordinator	Objective 6: Complete/update development of all plans: <ul style="list-style-type: none"> • Mass Prophylaxis • Smallpox Response • Pandemic Flu • Lab and provider reporting • Mass Casualty • Mechanisms for receiving and responding to CD reports • Identification and planning for meeting the needs of special populations 	Ongoing
Deschutes County residents	CD Team	Objective 7: Health risk information is communicated and disseminated through, but not limited to, the following measures: <ul style="list-style-type: none"> • Individual chosen to carry primary responsibility for coordinating aspects of public information communication has been designated. • The LHD Communication Officer actively participates in statewide planning and coordination of public health messages. • The LHD Communication Officer is educated in the concept of ICS communication structure. • Local staff has participated in training for risk communication and how to use those techniques effectively. 	Ongoing
Department staff	Preparedness Coordinator	Objective 8: Training plan for all staff to be ICS and NIMS compliant.	Completed

Evaluation:

- Objective 1: Ongoing Disaster Planning Group.
- Objective 2: Integration of all plans.
- Objective 3: Mutual aid agreements in place.
- Objective 4: 24/7 communication intact.
- Objective 5: Completed SNS Plan.
- Objective 6: Plans completed.
- Objective 7: Risk communication training documented and plan completed.
- Objective 8: Staff trained in ICS and NIMS.

3. Food-Borne Illness Reports

Food-borne illness in Deschutes County remained similar to previous years, with 3 E.coli, 10 Salmonella cases, and 30 Campylobacteriosis cases reported in 2009. Public Health and Environmental Health continue to work together to address outbreaks, health education in the community, and sharing workload to address community concerns. There has been an increase in the number of Norwalk-like illnesses, with multiple nursing home and school outbreaks reported. Each year it is challenging for staff to keep up with the growing number of Norovirus outbreaks in congregate settings reported to the County.

4. Immunizations

The Immunization Program has worked hard to improve rates for two year olds. In 1999, the County was ranked thirty-fifth in Oregon and steadily has moved up the scale to exceed state average in 2008. The extensive work with coalitions, community education and providers has made a difference in outcomes. The H1N1 Pandemic has been a challenge for all public health programs, with immunization programming being at the forefront of the response initiatives. Strong community relationships, committed staff members, and tri-county planning were necessities in the successfully coordinated response.

The Shots for Tots Program will continue with the sponsorship of the High Desert Rotary Club. The club has chosen the Shots for Tots Program as their project with funding each year through the Rotary Duck Race and numerous fundraising projects. The Immunization Program is also working closely with School Based Health Centers to increase immunization services.

Current Condition Or Problem: The Immunization Program needs to continue to grow with the increasing population in Deschutes County. The lack of providers who will see children with Oregon Health Plan is a concern, and the poverty level has increased with the increased unemployment. Shots for Tots and School Based Health Centers continue to fill a gap, but the gap is growing. The Immunization Program has worked hard to improve rates for two year olds, though there are still improvements to be made. The extensive work with coalitions, community education, and providers has made a difference in outcomes. Issues in Deschutes County include prevention of Pertussis and the need to increase Tdap vaccination among adolescents and adults; an increasing number of parents choosing not to immunize or to delay needed immunizations; Hepatitis B vaccinations implemented in the hospital, and the growing population of young children with no health care. Staff will continue to work with providers to increase Tdap vaccination rates among new parents and adolescents, and those who are in close contact with infants. We are seeing more physicians vaccinating infants at birth for Hepatitis B, which is an improvement from previous years.

Goal: To improve the mortality and morbidity rates of Deschutes County citizens by reducing vaccine preventable diseases.

Plan A - Continuous Quality Improvement: Reduce Vaccine Preventable Disease

Objectives	Activities	Date Due / Staff Responsible		Outcome Measure(s)	Outcome Measure(s) Results
<p>Increase the up-to-date rate for 2 year olds (431331) seen at Deschutes County Health Services by 1% a year over the next 3 years</p>	<ul style="list-style-type: none"> • Use most recent AFIX assessment data as the baseline • Work with Clinic Coordinator to provide a yearly staff in-service(s) to review immunization best practices, new immunizations, and education. • Give immunization updates at monthly clinic meetings and SBHC meetings. • Fully screen each patient for imms at every visit and immunize as needed. • Assure every shot is entered in IRIS/ ALERT from clinic and other sites within 14 days of administration. • Screen for imms at all WIC appts & ensure clients are referred to medical home or LHD immunization clinic 	12/10	HK	<ul style="list-style-type: none"> • Baseline set • Yearly in-service held on: ___ <ul style="list-style-type: none"> ○ Topics covered: ○ # attendees @ in-service • Monthly updates given at clinic and SBHC meetings. • Screening & imms at every visit by all staff • Training held for WIC staff on new IIS: ___. • All staff trained to talk with parents and able to answer questions about vaccine safety • BabiesFirst! CHNs now providing imm education at home visits. • Yearly training for data input/clerical staff initiated on ___ 	<p>To be completed for the CY 2010 Report</p>

Objectives	Activities	Date Due / Staff Responsible		Outcome Measure(s)	Outcome Measure(s) Results
<p>Increase the up-to-date rate for 2 year olds (431331) seen at Deschutes County Health Services by 1% a year over the next 3 years</p>	<p>Continue to:</p> <ul style="list-style-type: none"> • Use most recent AFIX assessment data as the baseline • Work with Clinic Coordinator to provide a yearly staff in-service(s) to review immunization best practices, new immunizations, and education. • Give immunization updates at monthly clinic meetings and SBHC meetings. • Fully screen each patient for imms at every visit and immunize as needed. • Assure every shot is entered in IRIS/ ALERT from clinic and other sites within 14 days of administration. • Screen for imms at all WIC appts & ensure clients are referred to medical home or LHD immunization clinic 	12/11	HK	<ul style="list-style-type: none"> • Baseline set • Yearly in-service held on: ___ <ul style="list-style-type: none"> ○ Topics covered: ○ # attendees @ in-service • Monthly updates given at clinic and SBHC meetings. • Screening & imms at every visit by all staff • Training held for WIC staff on new IIS: ___. • All staff trained to talk with parents and able to answer questions about vaccine safety • BabiesFirst! CHNs now providing imm education at home visits. • Yearly training for data input/clerical staff initiated on ___ 	<p>To be completed for the CY 2011 Report</p>

Objectives	Activities	Date Due / Staff Responsible		Outcome Measure(s)	Outcome Measure(s) Results
<p>Increase the up-to-date rate for 2 year olds (431331) seen at Deschutes County Health Services by 1% a year over the next 3 years</p>	<p>Continue to:</p> <ul style="list-style-type: none"> • Use most recent AFIX assessment data as the baseline • Work with Clinic Coordinator to provide a yearly staff in-service(s) to review immunization best practices, new immunizations, and education. • Give immunization updates at monthly clinic meetings and SBHC meetings. • Fully screen each patient for imms at every visit and immunize as needed. • Assure every shot is entered in IRIS/ ALERT from clinic and other sites within 14 days of administration. • Screen for imms at all WIC appts & ensure clients are referred to medical home or LHD immunization clinic 	12/12	HK	<ul style="list-style-type: none"> • Baseline set • Yearly in-service held on: ___ <ul style="list-style-type: none"> ○ Topics covered: ○ # attendees @ in-service • Monthly updates given at clinic and SBHC meetings. • Screening & imms at every visit by all staff • Training held for WIC staff on new IIS: ___. • All staff trained to talk with parents and able to answer questions about vaccine safety • BabiesFirst! CHNs now providing imm education at home visits. • Yearly training for data input/clerical staff initiated on ___ 	<p>To be completed for the CY 2012 Report</p>

**Plan B – Community Outreach and Education
Calendar Years 2010-2012**

Objectives	Activities	Date Due / Staff Responsible	Outcome Measure(s)	Outcome Measure(s) Results	Objectives
<p>Increase the number of participants using the new ALERT IIS in Deschutes County over the next three years in:</p> <ul style="list-style-type: none"> • Private provider offices • Schools • Childcare settings 	<ul style="list-style-type: none"> • Commit staff time and resources to project. • Assess the level of use of ALERT in schools, private practices and day cares using ALERT participation data. • Determine which type(s) of agencies to contact and focus effort on • Offer assistance to those sites needing help with the new IIS. • Encourage clinics to do electronic transfer. • Recruit any clinics not reporting • Collect promotion materials to be used when contacting & working with facilities • Compare numbers of ALERT users post recruitments and training to determine yearly increase. 	Due 12/10	HK	<ul style="list-style-type: none"> • A portion of the Immunization Coordinator's time committed throughout the year • Number of schools, clinics and day care facilities using and <u>not</u> using ALERT to forecast • Provide ALERT training at one of the coalition meetings. • Number of clinics not submitting shot records to ALERT determined • Visit a minimum of 3 clinics/year to offer technical assistance. • Promotion materials distributed to clinics, schools and daycare facilities • Number or percentage increase of ALERT participants 	<p>To be completed for the CY 2010 Report</p>
<p>Maintain strong membership in the Deschutes County Immunization Coalition (DCIC).</p>	<ul style="list-style-type: none"> • Commit staff time and resources to the coalition • Identify & assess local immunization issues & concerns • Identify possible new members and invite them to join. • Organize and host a minimum of four coalition meetings a year plus a yearly immunization training for clinics. • Gain input from members on agenda items. 	12/10	HK	<ul style="list-style-type: none"> • A portion of the Immunization Coordinator's time committed to organizing the coalition. • Four meetings are held throughout the year with planned agendas that include immunization issues and education. • One immunization training is held in August for clinics. 	

Objectives	Activities	Date Due / Staff Responsible	Outcome Measure(s)	Outcome Measure(s) Results	Objectives
<p>Increase the number of participants using the new ALERT IIS in Deschutes County over the next three years in:</p> <ul style="list-style-type: none"> • Private provider offices • Schools • Childcare settings 	<ul style="list-style-type: none"> • Commit staff time and resources to project. • Assess the level of use of ALERT in schools, private practices and day cares using ALERT participation data. • Determine which type(s) of agencies to contact and focus effort on • Offer assistance to those sites needing help with the new IIS. • Encourage clinics to do electronic transfer. • Recruit any clinics not reporting • Collect promotion materials to be used when contacting & working with facilities • Compare numbers of ALERT users post recruitments and training to determine yearly increase. 	Due 12/11	HK	<ul style="list-style-type: none"> • A portion of the Immunization Coordinator's time committed throughout the year • Number of schools, clinics and day care facilities using and <u>not</u> using ALERT to forecast • Provide ALERT training at one of the coalition meetings. • Number of clinics not submitting shot records to ALERT determined • Visit a minimum of 3 clinics/year to offer technical assistance. • Promotion materials distributed to clinics, schools and daycare facilities • Number or percentage increase of ALERT participants 	To be completed for the CY 2011 Report
<p>Maintain strong membership in the Deschutes County Immunization Coalition (DCIC).</p>	<ul style="list-style-type: none"> • Commit staff time and resources to the coalition • Identify & assess local immunization issues & concerns • Identify possible new members and invite them to join. • Organize and host a minimum of four coalition meetings a year plus a yearly immunization training for clinics. • Gain input from members on agenda items. 	12/11	HK	<ul style="list-style-type: none"> • A portion of the Immunization Coordinator's time committed to organizing the coalition. • Four meetings are held throughout the year with planned agendas that include immunization issues and education. • One immunization training is held in August for clinics. 	

Objectives	Activities	Date Due / Staff Responsible	Outcome Measure(s)	Outcome Measure(s) Results	Objectives
<p>Increase the number of participants using the new ALERT IIS in Deschutes County over the next three years in:</p> <ul style="list-style-type: none"> • Private provider offices • Schools • Childcare settings 	<ul style="list-style-type: none"> • Commit staff time and resources to project. • Assess the level of use of ALERT in schools, private practices and day cares using ALERT participation data. • Determine which type(s) of agencies to contact and focus effort on • Offer assistance to those sites needing help with the new IIS. • Encourage clinics to do electronic transfer. • Recruit any clinics not reporting • Collect promotion materials to be used when contacting & working with facilities • Compare numbers of ALERT users post recruitments and training to determine yearly increase. 	Due 12/12	HK	<ul style="list-style-type: none"> • A portion of the Immunization Coordinator's time committed throughout the year • Number of schools, clinics and day care facilities using and <u>not</u> using ALERT to forecast • Provide ALERT training at one of the coalition meetings. • Number of clinics not submitting shot records to ALERT determined • Visit a minimum of 3 clinics/year to offer technical assistance. • Promotion materials distributed to clinics, schools and daycare facilities • Number or percentage increase of ALERT participants 	To be completed for the CY 2012 Report
<p>Maintain strong membership in the Deschutes County Immunization Coalition (DCIC).</p>	<ul style="list-style-type: none"> • Commit staff time and resources to the coalition • Identify & assess local immunization issues & concerns • Identify possible new members and invite them to join. • Organize and host a minimum of four coalition meetings a year plus a yearly immunization training for clinics. • Gain input from members on agenda items. 	12/12	HK	<ul style="list-style-type: none"> • A portion of the Immunization Coordinator's time committed to organizing the coalition. • Four meetings are held throughout the year with planned agendas that include immunization issues and education. • One immunization training is held in August for clinics. 	

5. Tobacco Prevention Program

Deschutes County is above state average rates for smokeless tobacco use in adults as well as our 8th and 11th graders. We have seen a dramatic increase in cigarette smoking among our youth over the past five years, which spiked up to 27.8% of our 11th graders reportedly smoking in 2007. Though still above state average, our rates did improve in this area for the 2009 Healthy Teens collection period. Our Tobacco Prevention Coordinator and Tobacco Free Alliance are focusing on key areas that involve access to smoking cessation resources, reaching youth, promoting tobacco prevention resources in minority populations, and addressing second hand smoke exposure. Smoke-free public grounds, smoke-free multi-unit housing, cessation messaging, adequate resources, and best practice policies continue to be the primary focus areas of our Tobacco Prevention Program.

ADDITIONAL REQUESTS: No revision to the Alert Plan.

B. Parent and Child Health Services, Including Family Planning Clinics as Described in ORS 435.205

1. Women, Infants & Children (WIC)

EVALUATION OF WIC NUTRITION EDUCATION PLAN

FY 2009-2010

This plan was sent to Sara Sloan on April 19, 2010

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

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

Year 3 Objective: During planning period, staff will be able to work with participants to select the food package that is the most appropriate for their individual needs.

Activity 1: Staff will complete the appropriate sections of the new Food Package module by December 31, 2009.

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

- Did staff complete the module by December 31, 2009?
- Were completion dates entered into TWIST?

Response: WIC staff completed this module in July, 2009. All completion dates have been entered into TWIST.

Activity 2: Staff will receive training in the basics of interpreting infant feeding cues in order to better support participants with infant feeding, breastfeeding education and to provide anticipatory guidance when implementing the new WIC food packages by December 31, 2009.

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

- How were staff who did not attend the 2009 WIC Statewide Meeting trained on the topic of infant feeding cues?
- How has your agency incorporated the infant cues information into 'front desk', one-on-one, and/or group interactions with participants?

Response: All staff except Janet Harris attended the sessions at the state meeting. Janet reviewed the notes and asked questions for clarification. She also attended our Nutrition Ed meetings where she got more information. Our CPAs and even some MOAs/clerks (the ones who are also CLEs) are using the information in 1:1 counseling sessions to help parents understand their infant.

Activity 3: Each local agency will review and revise as necessary their nutrition education lesson plans and written education materials to assure consistency with the Key Nutrition Messages and changes with the new WIC food packages by August 1, 2009.

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

- Were nutrition education lesson plans and written materials reviewed and revised? The lesson plans have been reviewed and some revised.
- What changes, if any, were made?
 - In "Baby Signs for Mealtime" we will incorporate using the "more" sign for fruits and vegetables and discuss the importance with parents.
 - In "No Battles, Better Eating" we will discuss how decreasing juice and sweetened beverages can improve a child's appetite. Will also discuss how changing to lower fat milk (thus decreasing saturated fat) can help.
 - In "Fit Kids, Fit Families" will incorporate messages of increasing fruits/vegetables/whole grains and fiber as keeping fit inside.
 - In "Breastfeeding" and "Back to Work" will incorporate message that exclusive breastfeeding gives baby the most benefit.

Activity 4: Identify your agency training supervisor(s) and staff in-service dates and topics for FY 2009-2010.

Evaluation criteria: Please use the table below to address the following question in your response.

- How did your staff in-services address the core areas of the CPA Competency Model (Policy 660, Appendix A)?
- What was the desired outcome of each in-service?

FY 2009-2010 WIC Staff In-services

In-Service Topic and Method of Training	Core Competencies Addressed	Desired Outcome
<p>Example: Providing Advice</p> <p>Facilitated discussion during October 2009 staff meeting using the Continuing Education materials from Oregon WIC Listens.</p>	<p>Example: This in-service addressed several competencies in the core areas of Communication, Critical Thinking and Nutrition Education</p>	<p>Example: One desired outcome of this in-service is for staff to feel more comfortable asking permission before giving advice. Another desired outcome is for staff to use the Explore/Offer/Explore technique more consistently.</p>
Food Package Assignment Module: done as a group. Facilitated discussion	Addressed the core area "WIC Program Overview" regarding assigning food vouchers	Staff is able to correctly assign new food packages based on category, needs and preferences.
Oregon WIC Listens Strength & Weakness Assessment: facilitated discussion. Used 'Glowing, Growing, Sowing' assessment	Addressed the core area Communication	Staff was able to decide which areas of PCE they were comfortable with (glowing) and which they needed more practice on (sowing and growing)
Infant Feeding Cues Update: facilitated discussion lead by IBCLC	Addressed the core area "Principles of Life-Cycle Nutrition" specifically breastfeeding	Staff is more able to counsel clients on normal baby behavior with regard to crying and sleeping so parents don't always think the baby is hungry.
New Strategies for Supporting Breastfeeding": facilitated discussion lead by IBCLC	Addressed the core area "Principles of Life-Cycle Nutrition" specifically breastfeeding	Staff will be able to identify new ways DC WIC supports exclusivity and increased duration of breastfeeding

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

Year 3 Objective: During plan period, each agency will develop a plan for incorporating participant centered services in their daily clinic activities.

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

Evaluation criteria: Please address the following questions in your response:

- Which core components of participant centered services are used most consistently with your staff? What has made those the most easiest to adopt?
- Which core components have the least buy-in? What are the factors that make these components difficult to adopt?

Response: Staff rated themselves as "Glowing" in the areas of asking permission, opening the conversation (greet, introduce self, agenda, time), open-ended questions, affirmations. They have been easiest to adopt because they seem the most natural and many staff had these as part of their routine anyway. They are also very specific and quick so they were easy to add to an appointment. I am not comfortable stating that the following have the "least buy-in" because staff really want to adopt all techniques--they have "bought in" to all of it. The ones they rated most difficult to adopt were reflections, completing the assessment before educating, summarizing, focusing on participants' interests (specifically using circle charts). These are more difficult because they are the least natural and changed the way we do business most dramatically.

Activity 2: Each agency will implement at least two strategies to promote growth of staff's ability to continue to provide participant centered services by December 31, 2009.

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

- What strategy has been implemented to maintain the core components of participant centered services during a time of change?
- What strategy has been implemented to advance staff skills with participant centered services?

Response: To maintain the core components we have incorporated times at most monthly staff meetings to focus on a component of PCE. We then choose one component to focus on over the next month and then at the following staff meeting we discuss successes and challenges of implementing that component, and then move on to another one for the next month. To advance staff skills we have started conducting peer-to-peer observations and giving feedback to one another. We find this a bit daunting but it still provides better and more immediate education than any other form of review. This really provides focus on those items we still find the most difficult to incorporate.

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

Year 3 Objective: During planning period, each agency will develop a plan to consistently promote the Key Nutrition Messages related to Fresh Choices thereby supporting the foundation for health and nutrition of all WIC families.

Activity 1: Each agency will implement strategies for promoting the positive changes with Fresh Choices with community partners by October 31, 2009.

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

- Which community partners did your agency select?
- Which strategies did you use to promote the positive changes with Fresh Choices?
- What went well and what would you do differently?

Response: We selected our public health nursing staff, the Breastfeeding Coalition of Oregon, Head Start and our Healthy Start Prenatal Program. We provided inservices at their meetings to inform them of the food voucher

changes and how that would support the health of our clients. They were all extremely receptive to the information and we got very little negative feedback except the occasional "good luck with changing to low-fat milk." But, overall, the reception was very good. We will choose this same method of information delivery for other changes as well as it worked out nicely to have all staff together to ask questions and it allowed us to dispel myths, etc., all at once.

Activity 2: Each agency will collaborate with the state WIC Research Analysts for Fresh Choices evaluation by April 30, 2010.

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

- How did your agency collaborate with the state WIC Research Analysts in evaluating Fresh Choices?
- How were you able to utilize, if appropriate, information collected from your agency?

Response: N/A

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

Year 3 Objective: During plan period, each agency will develop a plan to promote breastfeeding exclusivity and duration thereby supporting the foundation for health and nutrition of all WIC families.

Activity 1: Using state provided resources, each agency will assess their breastfeeding promotion and support activities to identify strengths and weaknesses and identify possible strategies for improving their support for breastfeeding exclusivity and duration by December 31, 2009.

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

- What strengths and weaknesses were identified from your assessment?
- What strategies were identified to improve the support for breastfeeding exclusivity and duration in your agency?

Response: We found that we were strong all-around in breastfeeding knowledge, attitudes and education level of staff. We have strong coalition representation at the local and state level and have been a BF Mother Friendly employer for several years. We incorporate PCE into our breastfeeding counseling but may lack when it comes to discussing the health risks of formula. Our current job descriptions do not address attitudes nor knowledge related to breastfeeding. Anecdotally, we realized that many mothers supplement with formula or stop breastfeeding altogether because of their misinterpretation of their infants cues which makes them think they are not satisfying the baby. We have had our IBCLC, Jean Clinton, teach us about infant cues at several meetings and have one more in-service coming up on 4/22/2010. Our staff are able to share this information with clients so they begin to understand what their babies are trying to tell them and that the message isn't always "I'm hungry!" With this information, mothers are more confident in their breastfeeding, and less frustrated, both of which support duration and exclusivity.

Activity 2: Each agency will implement at least one identified strategy from Goal 4, Activity 1 in their agency by April 30, 2010.

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

- Which strategy or strategies did your agency implement to improve breastfeeding exclusivity and duration?
- Based on what you saw, what might be a next step to further the progress?

Response: Per above, we have been being trained on infant cues and how to share this information with parents. A next step we are hoping to achieve is to develop a class on infant cues and baby behavior (once USDA releases the information).

FY 2010 - 2011 WIC NUTRITION EDUCATION PLAN FORM

This form was sent to Sara Sloan on April 19, 2010

Goal 1: Oregon WIC Staff will continue to develop their knowledge, skills and abilities for providing quality participant centered services.

Year 1 Objective: During planning period, staff will learn and utilize participant centered education skills and strategies in group settings.

Activity 1: WIC Training Supervisors will complete the Participant Centered Education e-Learning Modules by July 31, 2010.

Implementation Plan and Timeline: All WIC Training Supervisors, Laura Spaulding, Janet Harris, Sherri Tobin and Jean Clinton will complete the PCE e-Learning Modules by July 31, 2010.

Activity 2: WIC Certifiers who participated in Oregon WIC Listens training 2007-2009 will pass the posttest of the Participant Centered Education e-Learning Modules by December 31, 2010.

Implementation Plan and Timeline: WIC Certifiers who participated in OWL training 2007-2009 will complete the PCE e-Learning Modules and pass the posttest by August 31, 2010 (in order to be able to take the group PCE training in the fall).

Activity 3: Local agency staff will attend a regional Group Participant Centered Education training in the fall of 2010.

Note: The training will be especially valuable for WIC staff who lead group nutrition education activities and staff in-service presentations. Each local agency will send at least one staff person to one regional training. Staff attending this training must pass the posttest of the Participant Centered Education e-Learning Modules by August 31, 2010.

Implementation Plan & Timeline including possible staff who will attend a regional training: Staff will attend a regional training on Group PCE in the fall of 2010. Any or all of the following staff will attend (depending on space available; the more the better because we all provide group education): Laura Spaulding, Jean Clinton, Theresa Reiter, Susan Christensen, Janet Harris, Grace Kennedy, Sherri Tobin, Maria O'Neill, Erin Hoar, Shannon Robles.

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

Year 1 Objective: During planning period, each agency will identify strategies to enhance their breastfeeding education, promotion and support.

Activity 1: Each agency will continue to implement strategies identified on the checklist entitled "Supporting Breastfeeding through Oregon WIC Listens" by March 31, 2011.

Note: This checklist was sent as a part of the FY 2009-2010 WIC NE Plan and is attached.

Implementation Plan and Timeline: By March 31, 2011, the WIC Coordinator and Lactation Specialist will review all WIC job descriptions and change them to include breastfeeding promotion knowledge, skills and attitudes as appropriate per position.

Activity 2: Local agency breastfeeding education will include evidence-based concepts from the state developed Prenatal and Breastfeeding Class by March 31, 2011.

Note: The Prenatal and Breastfeeding Class is currently in development by state staff. This class and supporting resources will be shared at the regional Group Participant Centered Education training in the fall of 2010.

Implementation Plan and Timeline: Deschutes County breastfeeding education will include evidence-based concepts learned at the Group PCE training in the fall of 2010. These concepts will be incorporated by March 31, 2011.

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

Year 1 Objective: During planning period, each agency will identify organizations in their community that serve WIC participants and develop strategies to enhance partnerships with these organization by offering opportunities to strengthen their nutrition and/or breastfeeding education.

Activity 1: Each agency will invite partners that serve WIC participants and provide nutrition education to attend a regional Group Participant Centered Education training fall 2010.

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

Implementation Plan and Timeline: Deschutes County WIC will invite local Head Start staff and local public health nursing staff to the Group PCE training in the fall of 2010. Chosen partners will also be invited to attend a one-day workshop on January 20, 2011 on Motivational Interviewing lead by Steven Berg-Smith.

Activity 2: Each agency will invite community partners that provide breastfeeding education to WIC participants to attend a Breastfeeding Basics training and/or complete the online Oregon WIC Breastfeeding Module.

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

Implementation Plan and Timeline: Deschutes County WIC will invite members of the public health nursing staff and Healthy Start prenatal program to attend a Breastfeeding Basics training as well as complete the online Oregon WIC Breastfeeding Module. We will offer the on-line module several times throughout the year beginning June 2011, or as soon as available. We will offer the Breastfeeding Basics class when we are informed that it is available.

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

Year 1 Objective: During planning period, each agency will increase staff understanding of the factors influencing health outcomes.

Activity 1: Local agency staff will complete the new online Child Nutrition Module by March 31, 2011.

Implementation Plan and Timeline: Deschutes County staff will complete the on-line Child Nutrition Module by March 31, 2011.

Activity 2: Identify your agency training supervisor(s) and projected staff quarterly in-service training dates and topics for FY 2010-2011. Complete and return Attachment A by May 1, 2010.

Agency Training Supervisor(s): Deschutes County training supervisors are Laura Spaulding, RD, WIC Coordinator; Janet Harris, MS, RD; Sherri Tobin, MS, RD, IBCLC; Jean Clinton, RN, BSN, IBCLC. See Attachment A for in-service training topics and dates.

Attachment A
FY 2010-2011 WIC Nutrition Education Plan
WIC Staff Training Plan – 7/1/2010 through 6/30/2011

Agency: Deschutes County

Training Supervisor(s) and Credentials: Laura Spaulding, RD, WIC Coordinator, Janet Harris, MS, RD, Sherri Tobin, MS, RD, IBCLC, Jean Clinton, RN, BSN, IBCLC.

Staff Development Planned

Based on planned program initiatives, your program goals, or identified staff needs, what quarterly in-services and or continuing education are planned for existing staff? List the in-services and an objective for quarterly in-services that you plan for July 1, 2010 – June 30, 2011. State provided in-services, trainings and meetings can be included as appropriate.

Quarter	Month	In-Service Topic	In-Service Objective
1	September 2010	Dental Update (if picked for grant) and Group PCE Training	Dental: review of dental grant, how to refer, services available, timeframe, etc. PCE training: how to provide PCE in a group setting
2	December 2010	Review/completion of Child Nutrition Module	To increase our understanding of factors affecting health outcomes
3	January 2011	PCE workshop/ Steven Berg-Smith	To increase our knowledge and ability to use Motivational Interviewing techniques
4	April 2011	Infant Cues Update 1:1/Class	To increase our knowledge in order to assist mothers in increasing duration and exclusivity of breastfeeding

2. Immunizations (See Epidemiology and Control of Preventable Diseases and Disorders section, page 25.)

3. Maternal Child Health

Perinatal

Problem: New home visiting framework requires engaging pregnant women by 28 weeks gestation, but many of our referrals are for women later in pregnancy who are now encountering elevated stress for basic needs.

Goal: The goal is to receive referrals right after the pregnancy test, or at least in first trimester, in order to maximize the length of service delivery and thereby have greatest impact on health and life course of client.

Activities:

1. Oregon Mothers Care (OMC) outreach worker to visit community agencies who provide pregnancy tests to inform of new program need to engage clients who are low income, teen parents by 28 weeks gestation.
2. Host a breakfast for Adult Self Sufficiency workers to inform of referral system via fax, new programming.
3. Host breakfast for each obstetrical practice in area and invite our Health Officer (who is OB/Gyn MD) to come along and act as resource person.
4. Inform department staff at general staff meeting.
5. Staff retreat to train on practice changes during transition
6. Continue to maximize productivity.
7. Meet with important community partners to inform about program changes, including Healthy Families, teen parent programs, others.
8. Explore implementation of Nurse Family Partnership as an evidence based model which is lacking currently in current model of Maternity Case Management.

Evaluation: Perform data collection, data analysis to see if additional measures are needed. Program outcomes for Maternal Case Management (MCM) will be collected in Perinatal Data sheet and analyzed at state level. Effectiveness of the referral system will be measured by percentage of clients entering MCM in first trimester and number receiving full MCM package as appropriate to their risk factors. OMC data will also be tracked.

Child Health

Problem: Children First 2009 data reports Deschutes county has a rate of 18.1% uninsured children, which is worse than Oregon overall by 40%. The unemployment rate and foreclosure rate have placed a huge burden on families and the agencies trying to support them.

Goal: The goal is to help children in our community access health care, and assist with applications to insurance coverage through Oregon Health Plan and Healthy Kids Connect.

Activities:

1. Expand School Based Health Center (SBCH) network to Sisters High School and Redmond High School to reach teen populations.
2. Offer OHP and Healthy Kids Connect application assistance at SBHCs.
3. Inform department staff on venues in community to access health care and receive application assistance.

4. Open all SBHCs to children birth to age 20 as an access point. Assist children to find medical home and refer to supportive services to stabilize families.

Problem: Department struggles to get referrals to CaCoon program immediately after medical issues are identified in infant, therefore family is not properly supported during the stressful time of new diagnosis.

Goal: The goal is to connect with family with medically high risk infant as soon as possible to offer maximum assistance and referral.

Activities:

1. Department PHNs will screen in collaboration with local Healthy Families of the High Desert (HFHD) program to identify high risk deliveries, network with HFHD, and outreach to NICU, hospital social workers and nurses.
2. Meet with HealthMatters leadership regarding their Links 4 Health Program to coordinate care, decide flow of referrals, minimize duplication of services.
3. Inform community partners and department staff of changes and expansion in CaCoon program target children.
4. Cooperate with START initiative to encourage community-wide developmental screening with standardized screening tool, and inform attendees of CaCoon expansion.
5. Participate on state CaCoon workgroup.

Evaluation: Perform data collection, data analysis to see if additional measures are needed. Program outcomes for Maternal Case Management (MCM) will be collected in Perinatal Data sheet and analyzed at state level. Effectiveness of referral system will be measured by percentage of clients entering MCM in first or second trimester and number receiving full MCM package as appropriate to their risk factors.

4. Family Planning

FAMILY PLANNING PROGRAM ANNUAL PLAN FOR FISCAL YEAR 2011 July 1, 2010 to June 30, 2011

As a condition of Title X, funding agencies are required to have a plan for their Family Planning Program, which includes objectives that meet SMART (Specific, Measurable, Achievable, Realistic, and Time-Bound) requirements. In order to address state goals in the Title X grant application, we are asking each agency to **choose two** of the following four goals and identify how they will be addressed in the coming fiscal year:

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

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

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

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

**FAMILY PLANNING PROGRAM ANNUAL PLAN FOR
COUNTY PUBLIC HEALTH DEPARTMENT
FISCAL YEAR 2011**

July 1, 2010 to June 30, 2011

Agency: Deschutes County Health Services

Contact: Kathleen Christensen

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
<p>There are some areas within the Family Planning Program at Deschutes County Health Services that we believe could be improved through an evaluation of current clinic scheduling and reception/clinical practices. We want to make the best use of the funding and resources provided to this program so we can increase the number of “women in need” served within our county.</p>	<p>The clinic supervisor and office supervisor are currently participating in the Clinic Efficiency Learning Group through the Center for Health Training and the Center for Disease Control. We will continue to participate in the Learning Group throughout the year completing projects that include production estimates, monitoring, goal setting and training.</p>	<ul style="list-style-type: none"> ➤ Regular monitoring of no-show rates and brainstorming how to improve those rates. ➤ Regular monitoring of slot utilization. ➤ Rearranging schedules for best clinic flow and optimum clinic availability. ➤ Research ways to streamline “Supply Visits.” ➤ Conduct a “Flow Analysis.” ➤ Research alternative forms of communication with our younger clients. ➤ Attend 2-day Clinic Efficiency Training in Seattle. 	<ul style="list-style-type: none"> ➤ Monthly no-show and slot utilization reports. ➤ Monthly budget report. ➤ Documenting increased available clinic appointment slots. ➤ Client and staff satisfaction. ➤ Flow Analysis results. ➤ Increased show rates for our confidential clients.
<p>Only 7.6% of the teen population of Deschutes County is being served at Deschutes County Health Services compared to 11.9% statewide. (There is a Planned Parenthood clinic in Deschutes County that serves a number of teens who are not counted in the above statistics.)</p> <p>Pregnancy rates for 10-17 year olds in Deschutes County have decreased since 1990 (15.5%) to 2007 (8.6%). Preliminary data shows a potential increase to 9.1% in 2008.</p>	<p>To increase the number of teens in need of birth control services who are seen at our clinics within the coming year.</p>	<ul style="list-style-type: none"> ➤ All high school students who attend one of our classes (BC/ Communication or STI/ Healthy Relationships) will receive information on how to access services. ➤ Provide outreach and resource information to high school teachers and counselors and the local community college. ➤ Research increasing hours at the Downtown Health Center and having a walk-in teen clinic schedule in Redmond. 	<ul style="list-style-type: none"> ➤ Alhers data and fiscal reports. ➤ Data from the Intake Form. “Where did you hear about our services?”

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
With an increase in birth control pricing and the availability and demand for high cost birth control, it is hard to keep the medication costs within budget.	During the next fiscal year we will continue to provide a broad range of birth control methods, while monitoring costs and being thoughtful of how medications are being dispensed.	<ul style="list-style-type: none"> ➤ Set as generous a limit as possible, based on the budget, for IUDs and Implanon inserted within Title X. ➤ Adjust the budget and reduce costs in other areas (medical supplies, etc.) to offset the increased costs of medications within the budget. ➤ All clients will be counseled thoroughly on the potential side effects to prevent premature removal of the chosen method. 	<ul style="list-style-type: none"> ➤ Monitoring of revenue and expenses. ➤ Track the length of time that high cost methods are used.
<p>The number of women in need of pap follow-up has increased at Deschutes County Health Services in the past year.</p> <p>Clients who have had a HGSIL pap at our clinic and subsequent colposcopy visit often need further services (LEEP) and have a hard time accessing affordable services within the community.</p>	Within the next year, all women with abnormal pap results will receive appropriate and timely follow-up recommendations and will be referred to colposcopy clinic as needed.	<ul style="list-style-type: none"> ➤ Evaluate the current pap tracking system for efficiency and timeliness by 9/10. ➤ Increase the number of colposcopy visits available based on the number of clients on the waiting list. ➤ Refer all clients with a HGSIL pap to Mosaic Medical Clinic. A relationship has been formed with the FQHC Mosaic Medical Clinic, and they have agreed to see all Deschutes County Health Services clients with HGSIL pap results for colposcopy and follow-up to assure access for low income clients. 	<ul style="list-style-type: none"> ➤ Staff report more efficiency in the system. ➤ Clients will wait no longer than one month for a colposcopy appointment. ➤ Monitor appointment waiting time and completeness of care with the clients referred to Mosaic.

Progress on Goals / Activities for Fiscal Year 10
(Currently in Progress)

Goal / Objective	Progress on Activities
Assure continued high quality clinical family planning and related preventive health services to improve overall individual and community health.	
<p>Goal 1, Objectives 1-2</p> <p>Increase number of clients who could qualify for FPEP to a verified status.</p>	With efforts from the Office Supervisor and Front Office Staff we have greatly increased the number of clients who are approved for FPEP services. Implementation of a new form has occurred and it is easy to monitor where the clients are in the process of becoming verified. Our FPEP income has increased significantly in the past 6 months.
<p>Goal 1, Objective 2</p> <p>Increase community awareness of services through advertising and community outreach.</p>	With social marketing funding from Administration we were able to produce and run a commercial on local television for 6 months. We also advertised in several local publications. We have established an ongoing advertising and promotion plan.
<p>Goal 1, Objective 3</p> <p>Provide geographically accessible services.</p>	We have continued to offer services in 4 clinic locations and have increased services to the La Pine area to weekly instead of 2 times per month. We have not yet completed a needs assessment for the Sisters area.

Goal / Objective	Progress on Activities
Assure ongoing access to a broad range of effective family planning methods and related preventive health services.	
Goal 2, Objective 1 Continue to provide a broad range of birth control methods while being thoughtful of how medications are dispensed.	Thorough counseling has helped clients make a more informed decision about having an IUD or Implanon inserted. A chart audit found that most of our clients receiving an IUD are leaving them in place at least 3 years. Calendar year 2009 we were able to get 53 Mirena IUDs through the ARCH Foundation for our Title X clients.
Goal 2, Objective 2 All Family Planning clients will understand where they can receive primary care and access to preventive health services within the community.	All clients are given information on primary care services, and clients with urgent primary care needs are fast tracked into care through the FQHC Mosaic Medical Clinic.

Progress on Title X Expansion Funds:

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

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

This past year we were able to have two of our clinicians trained on Implanon insertions and inserted 48 Implanons during the calendar year.

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

Due to the very large decrease in Title X funds for Deschutes County this fiscal year we have not been able to increase staff, number of service days or increase walk-in appointments.

- Add other related preventive health services, such as diagnosis and treatment of STIs:

In Deschutes County the number of Chlamydia cases has risen 620% since 1998, and the population has increased only 70%. Within our Reproductive Health Clinic we test and treat a number of clients for Chlamydia. We also have a tracking system for the clients seen within the Family Planning Program and notify clients of the need to rescreen at three months.

C. Environmental Health

Goal—Administration: Maintain a healthy work environment which promotes an atmosphere of collaboration, education, and high morale among the Environmental Health staff.

Objectives:

- Continue to cross train staff in all areas of Environmental Health to provide back-up and allow for a shifting workload during these uncertain times.
- Continue to learn and fine tune the processes required for licensing and tracking all EH functions through our data bases.
- Continue to update the web site to provide useful information to the public about EH programs.
- Explore alternative work scheduling to better serve the customers and alleviate the stress of the seasonal workload.

Goal—Food Service Facilities: To provide operators of food service facilities with the education and tools to protect the public from food-borne illness.

Objectives:

- Create and implement on-line Temporary Restaurant License application and issuance.
- Allow for one Environmental Health Specialist per year to train and be certified as a Standardized Inspection Officer by the Department of Human Services (DHS) to ensure greater consistency in licensed facility inspections.
- Update all existing handouts, brochures and information on the web site.
- Perform either self-assessment or baseline survey for the Food and Drug Administration's (FDA) Voluntary National Food Regulatory Standards Program.
- Send a newsletter to licensed restaurant and mobile food unit owners annually and explore other methods of informing food service operators of current events.
- Perform 100% of required inspections on all licensed food service establishments.

Goals—Pools and Spas: Provide oversight and education to all public pool and spa operators, and to protect the public from water-borne disease.

Objectives:

- Provide clear and detailed handouts to help educate pool and spa operators on relevant issues regarding pool and spa maintenance; best management practices; and local, state and federal rule changes.
 - Provide educational material to pool operators about changes to the wading pool rules.
 - Provide educational material to pool operators about changes required to submerged main drain grates and the Federal Virginia Graeme Baker Pool and Spa safety act
- Create an educational approach to routine inspections.
- Provide EH staff with opportunities to:
 - Gain pool and spa inspection experience,
 - Add to the diversity of understanding of pool management and chemical handling through continuing education, and
 - Learn effective communication methods targeting pool and spa operators.
- Investigate the need for a specific county ordinance to regulate continuing non-compliers and other rule abuses not addressed by state pool and spa codes.
- Ensure Deschutes County representation to any state committee is well informed and up-to-date on industry and code changes.

Goal—Drinking Water: Assure citizens of Deschutes County safe drinking water by implementing and enforcing drinking water standards through professional, technical, and regulatory assistance to all public water systems.

Objectives:

- Maintain current level of customer service for public health and drinking water inquiries.
- Continue to keep the number of Significant Non-Complier (SNC) systems to a minimum.
- Continue working on the additional 42 small public systems recently added to inventory.
- Maintain sanitary survey rate of 41 per year to meet increased inspection frequency and the addition of new water systems.
- Earn 90% or more of the Drinking Water State Revolving Fund allocation.
- Maintain immediate response time for water quality alerts.
- Continue to train additional staff in this growing program.
- Identify and inventory public water systems not currently regulated.

Goal—Health Services: To aid Deschutes County Health Services (DCHS) in their mission to promote and protect the health and safety of our community.

Objectives:

- Assist DCHS in food-borne illness investigations.
- Assist DCHS and Deschutes County disaster preparedness teams by becoming a part of the emergency response plans.

D. Health Statistics

Current Condition Or Problem: The process and activity of conducting community health needs assessment and planning continues to evolve as an area of focus for the department. We are proud to have delivered our fourth biennial community health report in January of 2010. Service planning and resource allocation decisions are increasingly dependent upon current, relevant and accurate baseline data specific to the local community. The essential purpose of these reports is to assist in community needs assessments and service planning. More recently the department and community partners have recognized the value of monitoring health indicators as a means to measure the success or impact of various human service programs.

Dynamic change in the social and economic environment has created an increased need for health and social support services at a time when public revenues are limited and the health system budget is strained. This climate necessitates highly targeted service provision to maximize the effect of programming. The department is a proud partner in this effort and has served as a leader to stimulate dialog, planning and resources dedicated to meeting the public health needs of our community.

The department has not yet developed a true center of emphasis on health statistic monitoring and reporting but has increasingly relied upon the abilities of a few key staff to produce regular updates in the form of health profiles. Frequent requests for specific information are assigned to the program or staff who seem most closely associated with the nature of the data being requested. This frequently results in staff having to fit the work into their other routine duties.

The department has intranet and web technology at its disposal in addition to several staff who demonstrate strong technical skills in this area. A challenge is to restructure work assignments to better accommodate for this growing area of need.

The 2009 Health Report, included as Appendix A, covers a wide variety of subject matter including population statistics, infectious disease, chronic disease, child and adolescent health and preventable disease.

Goal: Continue to produce a periodic health status report which monitors the priority health issues affecting the community.

Activities:

Target Population	Who	What	Timeline
Deschutes County residents	Management	We will survey our staffing capacity and talent then assign a lead role to a member of our team who can best assure managing the logistics of producing the report.	Ongoing
Deschutes County residents	Management	We will collect data from similar sources used in the 2002, 2004, 2007, 2009 reports and continue with trend reporting for 2011-2012.	Ongoing
Deschutes County residents	Management	We will closely align the focus of the report to complement the community priorities as identified in the comprehensive planning efforts associated with SB 555.	Ongoing
Deschutes County residents	Management	We plan to produce the next report in 2011.	Spring 2011

Evaluation: We will conduct a written survey to determine the opinion of key community partners related to the value, need for, content and quality of the report. This will include:

- Our own Public Health Advisory Board and Addictions & Mental Health Advisory Board
- Commission on Children and Families
- Educational Service District
- Central Oregon Health Council
- State human service agency partners

Goal: Develop resources (staff and time) dedicated to monitoring health trends and producing reports. The Director’s vision includes integrating community health promotion and prevention work with health statistics and monitoring.

Activities:

Target Population	Who	What	Timeline
Deschutes County residents	Management	Survey the department to determine scope of demand for providing health statistical information to the public, other community partners and for internal operations and projects	Ongoing
Deschutes County residents	Management	Based on this assessment, gauge the level of staff support necessary to meet this demand.	Ongoing
Deschutes County residents	Management	Structure this service to fit within a community health and prevention area of focused programming as resources allow.	Ongoing
Deschutes County residents	Management	Propose a placeholder in our budget for the resources necessary to create a center of emphasis in community health, prevention and health statistical reporting.	2008-09 Budget Cycle
Deschutes County residents	Management	Develop a location on our department web site which serves as a place to post and update critical health statistical information specific to Deschutes County.	By spring 2007

Target Population	Who	What	Timeline
Deschutes County residents	Management	Coordinate with the Central Oregon Health Council and the Commission on Children and Families to identify a plan of action for maintaining a wide variety of social and health performance measures.	Ongoing

Evaluation: We will assess the value of creating this type of new service from a cost versus utility perspective. This will involve an internal assessment of the value/efficiency of work redesign as well as assessing the value of providing data on our web site, determined by the number of “hits” to the system.

E. Information And Referral

Current Condition Or Problem: A significant volume of health information and referral is made across all programs and services on a daily basis. A Hepatitis scare in 2003 resulted in over 300 phone calls from the public in just four hours. The flu vaccine shortage of 2004 resulted in a similar demand for public information. We fear these examples may pale in comparison to the daily demand for information should West Nile Virus materialize. The information disseminated within formal clinical program activity with specific clients is very accurate, complete, and targeted. However, there is a randomness to public requests, by phone or in person, that is difficult to measure. The department does not track the frequency of requests or their nature but has become quite adept at referring callers to resources outside the public health domain.

Goals:

1. The department will survey for the frequency and nature of calls on a periodic basis.
2. Employee orientation will include training on providing information and referral advice.
3. Employees will be given an opportunity to provide input on methods to enhance the quality of this service.

Activities:

Target Population	Who	What	Timeline
Deschutes County residents	Management Front Office Team	We will survey the department to determine the scope and frequency of demand for providing health information and referral to the general public.	Ongoing
Health Services staff	Management	We will continue to develop basic employee orientation materials and training related to providing health information and referral.	Ongoing
Health Services staff	All staff	We will implement round-table discussion within and between work teams to elicit ideas related to enhancing the quality of this service. We will document ideas and assign specific tasks as part of an overall quality improvement process.	Ongoing

Evaluation:

1. We will report to staff and our advisory boards the results of our survey related to measuring the frequency and nature of information and referral calls from the general public.
2. We will implement a tool to measure the satisfaction and quality of orientation materials and training from the perspective of our staff.

3. We will implement a tool to measure the satisfaction and quality of service from the perspective of our clients/public.
4. We developed a new employee orientation checklist to assure we are preparing employees to provide information and referral as appropriate.
5. We will incorporate staff recommendations for enhancing the quality of this service into a formal quality improvement initiative for the department. The Program Support Services Manager will be charged with oversight on this activity.

F. Public Health Emergency Preparedness (See Epidemiology and Control of Preventable Diseases and Disorders section, page 25.)

G. Other Issues

None, other than noted in previous sections.

IV. ADDITIONAL REQUIREMENTS

An organizational chart is attached; see Appendix B.

The Public Health Advisory Board is established to enhance community relations with Deschutes County Health Services (DCHS) to increase public knowledge about public health issues and assist in the betterment of services provided by DCHS. The Board also advises the Board of County Commissioners concerning matters of public health and the operation of the public health system.

Senate Bill 555: The local Commission on Children and Families stands as a separate department within the Deschutes County organization structure.

- Deschutes County Health Services continues a close partnership with the Commission on Children and Families (CCF) in the development of many components of the local Comprehensive Community Plan.
- The Community Plan contains sections relevant to public health and behavioral health, and consistent with the Oregon Benchmark Project.
- The DCHS Director regularly participates in CCF planning work, is involved in the local Professional Advisory Committee to the CCF, and attends CCF executive team meetings.

V. UNMET COMMUNITY NEEDS

A. Primary Care

Current Condition Or Problem: There are approximately 37,000 uninsured individuals currently living in Deschutes County. This compares to approximately 27,000 just one year ago. Changes in Oregon Health Plan (OHP) eligibility made between 2002 and now have significantly worsened this problem. To compound this situation, many local medical care providers have simply closed their practices to the few remaining adult OHP clients and fee-for-service Medicare clients. Nearly 30% of our total population has severely limited or no access to basic physical health care services, behavioral health care, or oral health care.

La Pine, Oregon, is geographically isolated from most health care services in the County and has a population of approximately 14,000, with a median family income of about \$24,000 and an estimated 24% unemployment rate. The area has a high percentage of older adults (over the age of 65) at 22%. Recent years have seen the demise of private practice medical practices in this community. Even a Rural Health Clinic (RHC), established in 2003, has struggled financially in this market.

Goals And Accomplishments:

1. *Rural Health Clinic:* In September of 2003 a Rural Health Clinic in La Pine, Oregon, was formally designated by HRSA. This clinic has the capacity to serve approximately 6,000 to 8,000 clients, many of whom are Medicare/Medicaid. The clinic continues to experience cash flow challenges as well as difficulty with provider/practitioner recruitment.
2. *Mosaic Medical:* The department supported planning and a grant request to HRSA to establish a Federally Qualified Health Center (FQHC) "expansion" site in Bend. Mosaic Medical operates the clinic, which received more than 10,000 patient visits in its first full year of operation.
3. The Volunteers In Medicine (VIM): The VIM clinic in Bend, serving low-income uninsured residents of the county, received over 3,000 visits in its first year of operation and has been an invaluable resource to our communities.

4. HealthyStart Prenatal Clinic: The department continues to operate the HealthyStart Prenatal Clinic, which serves to offer universal access to prenatal and obstetrical care for all women regardless of ability to pay. The program served more than 269 women in 2009 and provided 135 deliveries.
5. School Based Health Centers (SBHC): An SBHC has been operating in the La Pine community since the spring of 2005. The clinic is operated as an extension of the department. Two new fully certified SBHCs opened in 2008, one in Bend and one in Redmond. The department currently has two planning grants—one to open a new center at Sisters High School and one to open a new center at Redmond High School.
6. Northwest (NW) Medical Teams Dental Van: The local VIM clinic, Central Oregon Oral Health Coalition and La Pine Community Action Team have been instrumental in bringing the NW Medical Teams mobile dental service to Central Oregon for repeated visits. This service targets low income uninsured residents of Central Oregon and is staffed by volunteer dentists and hygienists. The van has struggled to find volunteer dentists despite a huge demand for services, funding from the Deschutes Family Drug Court, and a location at the department offering scheduling support.
7. Kemple Dental Clinic: For more than 10 years Dr. H. M. Kemple has operated a free dental clinic for the disadvantaged children of Deschutes County, serving several thousand children to date. The clinic is currently housed at the Juvenile Corrections facility in Bend. The clinic is also struggling to find volunteer dentists.

Activities:

Target Population	Who	What	Timeline
Deschutes County residents	Health Services	Continue participation in community-based coalitions, councils, steering committees and boards which are dedicated to addressing access to health care for low income and medically uninsured individuals.	Ongoing
Deschutes County residents	Health Services	Work closely with community health care leaders from the hospital and medical clinic systems to establish a system of care for Medicaid clients.	Ongoing
Deschutes County residents	Health Services	Assess the capacity of the mid-level providers to open their practices to these clients.	Ongoing
Deschutes County residents	Health Services	Confirmation of the level of financial, medical, specialty support, and lab/radiology support across the medical community to assist with delivery of comprehensive health care to these individuals.	Ongoing
Deschutes County residents	Health Services	Develop a broad coalition of support from Deschutes County, private medical market and not-for-profit hospital system. Establish a Central Oregon Health Care SafetyNet Coalition. This activity has recently matured into a 501(c)(3) known as the Central Oregon Health Collaborative.	Ongoing

Evaluation: The timeline for preliminary evaluation of the components related to creating a system of care for the uninsured and Medicaid-OHP clients is ongoing as the situational needs and opportunities evolve. The ultimate test of success will be measured by the number of individuals who can be served by this system.

- B. Hunger and Nutritional Health:** This is a very significant problem for many of our families and children. While Deschutes County's population increased 24% from 2000-2005, the number of people accessing food bank programs each month increased by 45% during this same period. School district data suggest some primary schools have more than 60% of their students on public assistance meal programs. Unemployment and poverty in some areas of our county approach 25% of the individuals living there. Hunger is a very real problem.
- C. Behavioral Health Services for Uninsured:** The elimination of many behavioral health supports for our citizens needing these services presents very real public health issues. Untreated behavioral health issues will have a cascading effect on public safety, employment, stable home environment and personal self-adjustment.
- D. Family Violence:** The rapid rise in family violence incidents speaks loudly to the unmet need in this area. Deschutes County's rate of family violence well exceeds recent state averages. It is a system crying out for resources, at a time when social service supports in this area are being de-funded.
- E. Children With Special Health Care Needs:** Services for these very special children once again make the list as one of the most tragically under funded needs in our communities. Public and school health nurses continually struggle to find resources such as medical care access, respite care, treatment and durable medical equipment to help meet the needs of these children.
- F. Health and Social Support Assets for Ex-Incarcerated Populations:** Studies indicate a lack of basic supports stands as a significant barrier to successful re-entry for ex-incarcerated populations. A coalition of community agencies has begun to look at crafting a program specifically for adult women to aid in this endeavor.
- G. Children's Oral Health:** In Deschutes County, 55% of 6-8 year olds have a history of dental decay and 29% of these children have untreated dental decay. Dental disease accounts for 5.7 missed days of school for every 100 of our Deschutes County school children. Efforts to raise community awareness, to reach high-risk populations, and to discuss the merits of community water fluoridation are ongoing.
- H. Obesity and Chronic Disease Prevention:** The increasing prevalence of overweight children and adults across the United States and in Deschutes County is a major public health concern. Approximately 70% of Oregon deaths are due to chronic disease in which obesity is a primary risk factor. Since 1970 there has been a 200% increase in the prevalence of obesity among all children and a whopping 300% increase among teens. Per capita soft drink consumption has more than doubled in the past 30 years, and one fourth of all vegetables eaten in the United States are French fries. If we are unable to get our arms around this large problem, we face dire health consequences in the years ahead. The burden of this morbidity will impact not only the health of the nation but also will likely bankrupt an already overtaxed health care system.

VI. BUDGET

Budget location information: Sherri Pinner, Business and Operations Manager
 Deschutes County Health Services
 2577 NE Courtney Drive
 Bend, OR 97701
 (541) 322-7509

FINANCIAL ASSISTANCE AWARD

State of Oregon Department of Human Services Public Health Services			Page 1 of 3
1) Grantee Name: Deschutes County Health Dept.		2) Issue Date April 10, 2009	This Action ORIGINAL FY2010
Street: 2577 N. E. Courtney City: Bend State: OR Zip Code: 97701		3) Award Period From July 1, 2009 Through June 30, 2010	
4) DHS Public Health Funds Approved			
Program	Previous Award	Increase/ (Decrease)	Grant Award
PE 01 State Support for Public Health			189,488
PE 03 TB Case Management			1,208
PE 07 HIV Prevention Services HIV Prevention Block Grant Services Ryan White Title II HIV / AIDS Services			28,832
PE 08 Ryan White--Case Management			84,318
PE 08 Ryan White--Support Services			21,082
PE 12 Pub. Health Emergency Preparedness/(July-Aug. 9)			(a) 15,649
PE 12 Pub. Health Emergency Preparedness/(Aug 10-June30)			121,666
PE 13 Tobacco Prevention & Education			113,150
PE 15 Healthy Communities			65,000
PE 39 Maternity Case Management FAMILY HEALTH SERVICES			(e) 1,000
PE 40 Women, Infants and Children FAMILY HEALTH SERVICES			(b.c) 621,608
5) FOOTNOTES:			
a) July-August 9th awards must be spent by 8/9/2009 and a report submitted for that period.			
b) July-Sept. grant is \$155,402 and includes \$5,936 of minimum Nutrition Education and \$7,420 for Breastfeeding Promotion			
c) Oct.-June grant is \$486,206 and includes \$93,241 of minimum Nutrition Education and \$22,259 for Breastfeeding Promotion			
d) July - September grant is \$5,740 ; October - June grant is \$17,220			
e) \$1,000 must be spent by December 31, 2009.			
f) The Funding Formula includes 5 counties (Curry, Deschutes, Josephine, Klamath & Washington) with increased awards that are contingent on successful completion of May 2009 initial SBHC certification visit.			
g) MCH Funds will not be shifted between categories or fund types. The same program may be funded by more than one fund type, however, federal funds may not be used as match for other federal funds (such as Medicaid).			
6) Capital Outlay Requested in This Action:			
Prior approval is required for Capital Outlay. Capital Outlay is defined as an expenditure for equipment with a purchase price in excess of \$5,000 and a life expectancy greater than one year.			
PROGRAM	ITEM DESCRIPTION	COST	PROG. APPROV

**State of Oregon
Department of Human Services
Public Health Services**

Page 2 of 3

1) Grantee Name: Deschutes County Health Dept.		2) Issue Date April 10, 2009	This Action ORIGINAL FY2010
Street: 2577 N. E. Courtney City: Bend State: OR Zip Code: 97701		3) Award Period From July 1, 2009 Through June 30, 2010	
4) DHS Public Health Funds Approved			
Program	Previous Award	Increase/ (Decrease)	Grant Award
PE 40 WIC -- PEER Counseling FAMILY HEALTH SERVICES			22,960 (d)
PE 41 Family Planning Agency Grant FAMILY HEALTH SERVICES			142,109
PE 42 MCH-TitleV -- Flexible Funds FAMILY HEALTH SERVICES			41,171 (g)
PE 42 MCH-TitleV -- Child & Adolescent Health FAMILY HEALTH SERVICES			17,644 (g)
PE 42 MCH/Perinatal Health -- General Fund FAMILY HEALTH SERVICES			6,042 (g)
PE 42 MCH/Child & Adolescent Health -- General Fund FAMILY HEALTH SERVICES			11,337 (g)
PE 42 Babies First FAMILY HEALTH SERVICES			19,131 (g)
			20,018
FAMILY HEALTH SERVICES			
PE 43 Immunization Special Payments FAMILY HEALTH SERVICES			44,751
PE 44 School Based Health Centers FAMILY HEALTH SERVICES			120,000 (f)
5) FOOTNOTES:			
6) Capital Outlay Requested in This Action:			
Prior approval is required for Capital Outlay. Capital Outlay is defined as an expenditure for equipment with a purchase price in excess of \$5,000 and a life expectancy greater than one year.			
PROGRAM	ITEM DESCRIPTION	COST	PROG. APPROV

VII. MINIMUM STANDARDS

To the best of our knowledge we are in compliance with these program indicators according to the Minimum Standards for Local Health Departments:

A. Organization

1. Yes X No ___ A Local Health Authority exists which has accepted the legal responsibilities for public health as defined by Oregon law.
2. Yes X No ___ The Local Health Authority meets at least annually to address public health concerns.
3. Yes X 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 X No ___ Current local health department policies and procedures exist which are reviewed at least annually.
5. Yes X No ___ Ongoing community assessment is performed to analyze and evaluate community data.
6. Yes X No ___ Written plans are developed with problem statements, objectives, activities, projected services, and evaluation criteria.
7. Yes X No ___ Local health officials develop and manage an annual operating budget.
8. Yes X No ___ Generally accepted public accounting practices are used for managing funds.
9. Yes X No ___ All revenues generated from public health services are allocated to public health programs.
10. Yes X No ___ Written personnel policies and procedures are in compliance with federal and state laws and regulations.
11. Yes X No ___ Personnel policies and procedures are available for all employees.
12. Yes X No ___ All positions have written job descriptions, including minimum qualifications.
13. Yes X No ___ Written performance evaluations are done annually.
14. Yes X No ___ Evidence of staff development activities exists.
15. Yes X No ___ Personnel records for all terminated employees are retained consistently with State Archives rules.
16. Yes X No ___ Records include minimum information required by each program.
17. Yes X No ___ A records manual of all forms used is reviewed annually.
18. Yes X No ___ There is a written policy for maintaining confidentiality of all client records which includes guidelines for release of client information.
19. Yes X No ___ Filing and retrieval of health records follow written procedures.
20. Yes X No ___ Retention and destruction of records follow written procedures and are consistent with State Archives rules.
21. Yes X No ___ Local health department telephone numbers and facilities' addresses are publicized.
22. Yes X No ___ Health information and referral services are available during regular business hours.
23. Yes X 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 X 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 X 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.

B. 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. **(For some yes, others no.)**
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.

C. 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.

D. 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.

E. 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 Juvenile 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.

F. 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. **(These exist within the private and/or non-profit community but not all of these are available within the local health department.)**

G. Parent and Child Health

- 82. Yes No Perinatal care is provided directly or by referral.
- 83. Yes No Immunizations are provided for infants, children, adolescents and adults either directly or by referral.
- 84. Yes No Comprehensive family planning services are provided directly or by referral.
- 85. Yes No Services for the early detection and follow-up of abnormal growth, development and other health problems of infants and children are provided directly or by referral.
- 86. Yes No Child abuse prevention and treatment services are provided directly or by referral.

- 87. Yes No There is a system or mechanism in place to assure participation in multi-disciplinary teams addressing abuse and domestic violence.
- 88. Yes No There is a system in place for identifying and following up on high risk infants.
- 89. Yes No There is a system in place to follow-up on all reported SIDS deaths.
- 90. Yes No Preventive oral health services are provided directly or by referral.
- 91. Yes No Use of fluoride is promoted, either through water fluoridation or use of fluoride mouth rinse or tablets. **(Limited to MCH programs & WIC via dental varnish.)**
- 92. Yes No Injury prevention services are provided within the community.

H. 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.

I. 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.

J. Health Department Personnel Qualifications

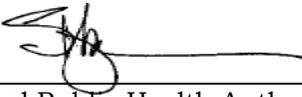
The local health department Health Administrator meets the minimum qualifications.

The local health department Supervising Public Health Nurses meet minimum qualifications.

The local health department Environmental Health Supervisor meets minimum qualifications.

The local health department Health Officer meets minimum qualifications.

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



Local Public Health Authority

DESCHUTES
County

Date



DESCHUTES COUNTY
Health Report

2009

Monitoring the Health of Our Community



Deschutes County Health Services presents this report to the residents of Deschutes County so they may be better informed about the health issues and behaviors that affect their lives.

INTRODUCTION

The Deschutes County Health Services Department is pleased to present the Deschutes County Health Report, compiled in 2009, for 2010 release. The purpose of this report is to provide region-specific data that can be used by local government and community agencies, health care providers, school districts, and other interested community members and groups to help identify and better address the health needs of Deschutes County residents.

The health indicators examined in this report are used to represent trends, when possible, by tracking measurable changes over time. To the extent that they are available, we also provide established national and statewide goals to gauge our progress. Our concept of health is broad, as indicated by the inclusion of local data regarding issues such as poverty, homelessness, domestic violence, and unemployment.

Areas where Deschutes County meets state or national health objectives or has improved significantly over the past several years:

- Child immunization rates - dramatic improvement in the up-to-date rate for two-year-olds
- Breastfeeding initiation rate - exceptional among Women, Infants, and Children programs across the country at 93%
- Air quality - ranked at the highest level of the Air Quality Index 96% of the time in 2008
- The establishment of successful harm reduction programs for people who use injection drugs
- First trimester prenatal care - continuing to rank among the highest in Oregon
- Smoking rate among eleventh graders has dropped from a reported 27% to 19.1%
- 78% of women in need of publicly funded contraceptive services were served compared to the state average of 58.5%

The report also points to areas where significant work still needs to be done. Examples are:

- + Indicators of decreasing economic vitality - soaring unemployment rates, housing foreclosures, and bankruptcy rates
- + More Deschutes County families in need of assistance for day-to-day needs, such as housing, food, and health care expenses
- + Lack of fluoridated community water supplies
- + Rising rates of Central Oregonians without health care coverage
- + Cancer rates that are statistically significantly higher than the statewide average - malignant melanoma, prostate, thyroid, and the "all cancer" rate
- + Cases of sexually transmitted infections that have risen dramatically over the past ten years
- + Pregnant women who smoke
- + Alcohol, tobacco and prescription drug use above state average among adolescents
- + Suicidal ideations and attempts continue to be high among adolescents
- + Large number of people with little to no access to adequate food, shelter and healthcare

It is our hope that the information provided in this report will motivate local government, community agencies, and citizens to collaboratively address the growing health needs across our county.

Note on data and benchmarks
(Healthy People 2010 Objectives and Oregon 2010 Benchmarks)

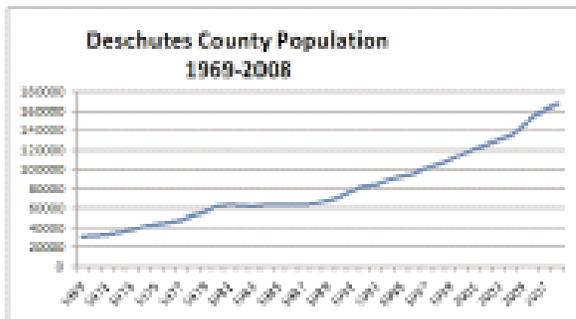
This report relies exclusively on secondary data, i.e., data collected by other organizations, and utilizes the most current data available from these sources. Healthy People 2010 objectives and Oregon Benchmarks are given in relation to Deschutes County data when available and appropriate. Healthy People 2010 is a federal initiative which sets national disease prevention and health promotion objectives to be achieved by the end of this decade. Oregon Benchmarks are set by the Oregon Progress Board as statewide objectives.

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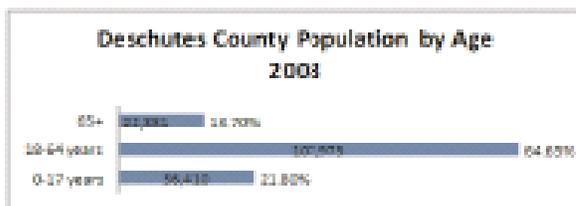
Demographics.....	pg 2	Immunizations.....	pg 16
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DEMOGRAPHICS

Population of Deschutes County, 2008: 167,015. Even amid the economic downturn, Deschutes County continues to be the fastest growing county in Oregon, with a 44.8% increase in population from April 2000-July 2008.



Source: Portland State University-Population Research Center, 2008 Oregon Population Report



Source: Portland State University-Population Research Center, 2008 Oregon Population Report

Population, Deschutes County Incorporated Cities, April 1, 2008

Bend	80,995
La Pine	1,610
Redmond	25,445
Sisters	1,875
Unincorporated	57,090

Source: Portland State University-Population Research Center, 2008 Oregon Population Report

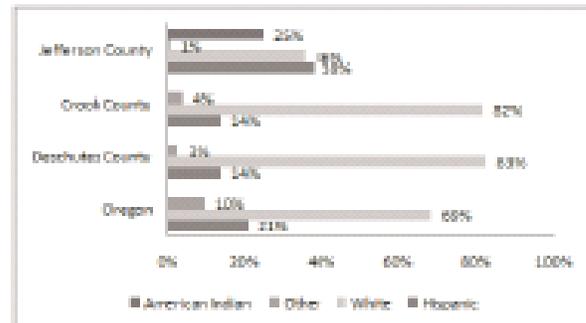
Births & Deaths, Deschutes County, 2000-2008

	2000	2001	2002	2003	2004	2005	2006	2007	2008
Births	1,400	1,480	1,467	1,575	1,663	1,783	1,806	1,863	1,948
Birth Rate*	12.3	12.1	11.8	12.1	12.3	12.4	12.1	13.0	N/A
Deaths	916	957	973	987	981	1062	1100	1095	1148
Death Rate*	7.8	8.0	7.9	7.9	7.3	7.9	8.0	N/A	N/A

N/A = Not available *Rates are age-adjusted, per 1,000

Source: DHS/Oregon Center for Health Statistics

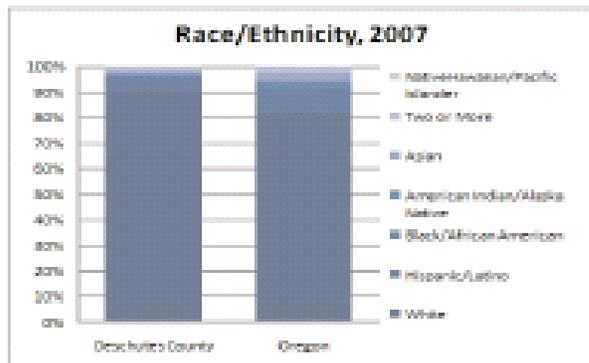
Race/Ethnicity of Mother, Births 2007



Source: DHS/Oregon Center for Health Statistics

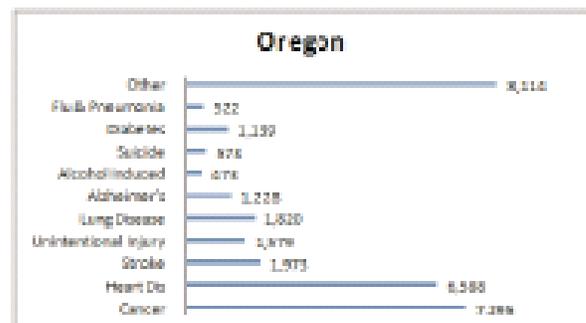
*Groups do not add up to 100% because persons of Hispanic origin may be of any race

Source: U.S. Census Bureau, Quickfacts



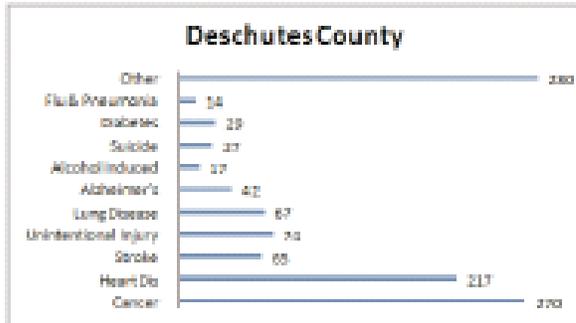
Source: DHS/Oregon Center for Health Statistics

Top 10 Leading Causes of Death by Type, Oregon 2006



Source: DHS/Oregon Center for Health Statistics

Top 10 Leading Causes of Death by Type, Deschutes County 2006



Source: WISAPregos Center for Health Statistics

Associated Press Economic Stress Index: May 2009

	May 2009	October 2007
Stress Index	19.35	5.78
Unemploy. Rate*	15.20%	4.80%
Foreclosure Rate	3.35%	0.50%
Bankruptcy Rate	1.60%	0.54%

*Unemployment rates not seasonally adjusted

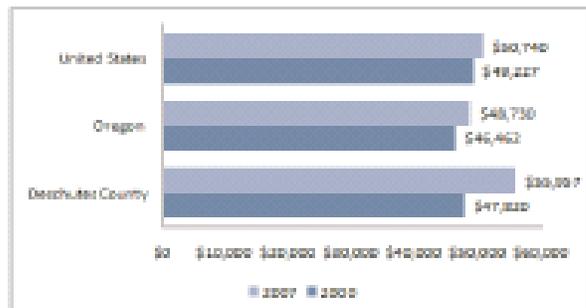
The Associated Press Economic Stress Index measures the relative impact of the recession and its recovery by integrating the cumulative effect of three economic indicators: unemployment, foreclosures, and bankruptcy. Deschutes County ranked fourth among American counties of more than 25,000 people in a measurement of the yearly rise in the AP Index. The higher the index's number for a county, the worse the recession's impact.

Source: Associated Press

ECONOMY

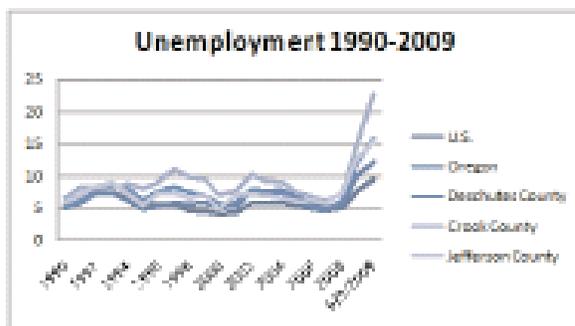
In December 2008, the National Bureau of Economic Research declared that the United States had been in recession since December 2007. Since then, unemployment rates have soared, as have housing foreclosures, bankruptcy rates, and other leading indicators of decreasing economic vitality. As a result, more Deschutes County families find themselves in need of assistance in order to meet day-to-day needs such as housing, food, and health care expenses.

Median Household Income



Source: U.S. Census, American Community Survey

Unemployment*, 1990-2009



*Data is from January of each year and is seasonally adjusted to reflect jobs that do not continue throughout the full calendar year.

Source: Oregon Employment Department

Personal Income, 2008

	2008 Per Capita Personal Income	U.S. Rank	Growth Rate
Bend*	\$34,968	162	-0.2%
Corvallis	\$37,211	121	2.2%
Eugene Springfield	\$33,601	203	2.2%
Medford	\$34,051	191	1.6%
Prid-Wascoover	\$39,436	73	1.5%
Basterton	\$31,141	265	2.5%

*Bend area includes all of Deschutes County

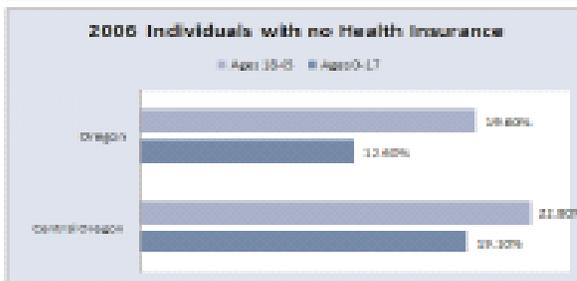
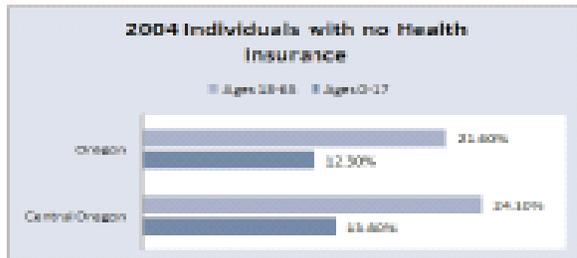
Source: U.S. Bureau of Economic Analysis

Deschutes County's per capita personal income fell 0.2% from 2007 to 2008. Nationally, average per capita income grew 2.2% for the 365 metropolitan statistical areas studied. Per capita income is calculated by dividing an area's total personal income by the population.

ACCESS TO HEALTHCARE

UNINSURED

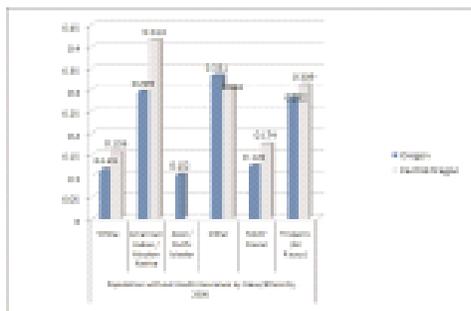
Individuals with no health insurance



*Combined regional estimates for Crook, Deschutes and Jefferson Counties
Oregon benchmark - 8% Healthy People 2010 objective - 0%
Source: Profile of Oregon's Uninsured, 2006 (new data not available)

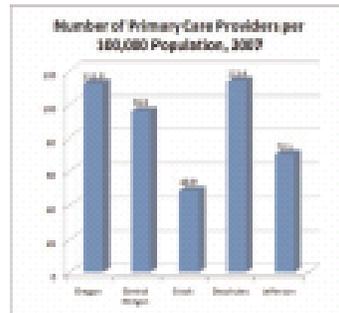
The percentage of uninsured Central Oregonians shown above equals approximately 37,489 people. Of those, 8,912 are children under the age of 18 years. The lack of health insurance has serious consequences. Because individuals without health insurance do not access routine care, preventive care, health screenings, or even acute care at the same rates as the insured, they face increased severity of illness and possibly premature death. Nationally, studies find worse outcomes for the uninsured who have chronic conditions such as diabetes, hypertension, HIV infection, end-stage renal disease, as well as for many cancers and traumatic conditions such as car accidents. Individuals without health insurance often do not receive timely screenings that would catch cancers at an early stage or receive needed monitoring and treatment to control chronic conditions. Consequently, individuals without health insurance receive care that is often 'too little and too late,' which makes health care much more expensive, a cost typically borne largely by the public.

Source: The Kaiser Commission on Medical and the Uninsured; Institute of Medicine, "Care Without Coverage: Too Little, Too Late, 2002"



Population Without Health Insurance by Race/Ethnicity, 2006

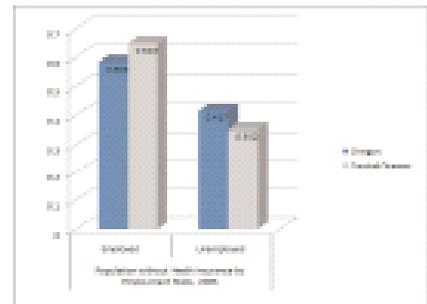
Source: 2006 Oregon Population Survey (new data not available)



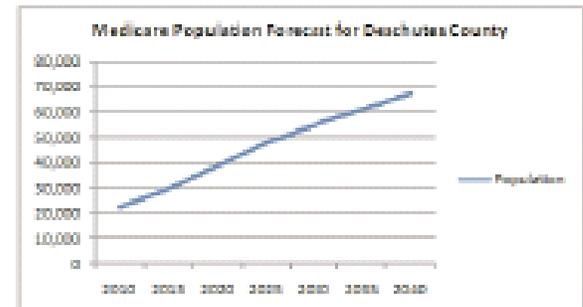
Number of Primary Care Providers Per 100,000 Population, 2007

Source: Oregon Board of Medical Examiners

Population Without Health Insurance by Employment Status, 2006



Source: 2006 Oregon Population Survey (new data not available)



MEDICARE

Medicare Population Forecast for Deschutes County, 2010-2040

Source: OASD Oregon Office of Economic Analysis

The Medicare population in Deschutes County is expected to triple between 2010-2040. There is serious reason to be concerned about where these people will receive care.

MEDICAID

Oregon Health Plan Enrollees

As of November 2008, there were 13,531 Oregon Health Plan clients in Deschutes County. Of those, 776 individuals were enrolled in the OHP Standard plan, which makes them "open card" patients. While they are permitted to seek care from any provider, there is no requirement that providers have to accept them as patients. The result has been an inability for many with OHP Standard coverage to access care and establish a medical home; however, there has recently been an increase in local clinical capacity to serve Medicaid-eligible clients at local federally-qualified health care centers.

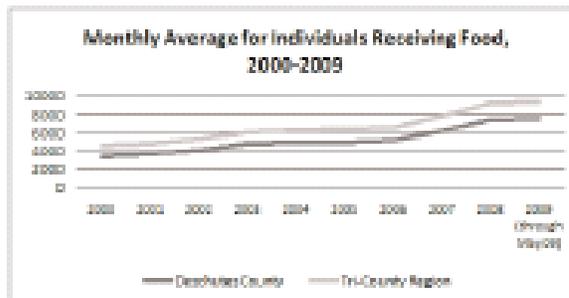
POVERTY, HUNGER, HOMELESSNESS

HUNGER

During the 2005-2007 period, Oregon had 12.4% of its population (458,000 people) living in households that struggled with hunger or were "food insecure." After being named the "Hungriest State in the Nation" in 2000, anti-hunger advocates joined forces to bring attention to the issue and implemented a five-year action plan to reduce hunger in Oregon. Success followed: in 2005, Oregon dropped from #1 to #17, a statistically significant improvement. However, rising joblessness and rising food and fuel costs have meant more families are struggling to meet their food needs. The result was a plunge back down to a #3 ranking for "very low food security."

Source: Gregor Haeger Relief Taskforce

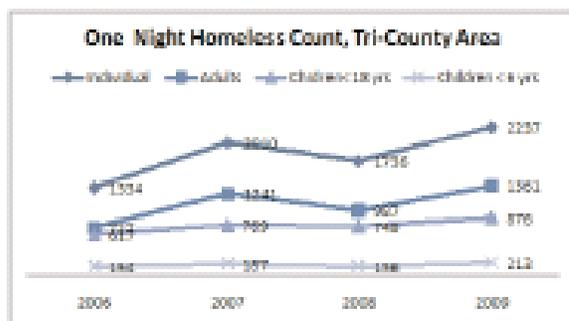
Food Bank Programs - Monthly Average for Individuals Receiving Food, 2000-2009



The amount of food accessed through local emergency food pantries has been steadily climbing over the past decade. While a portion of that can be attributed to a rise in population, most is likely due to rising unemployment, the recession, and rising food and fuel costs. The graph above represents the average number of clients helped by ten emergency food pantries throughout Central Oregon. In addition to these efforts, food is also supplied to approximately 30 other groups that provide a variety of services to clients including meal sites, shelters, brown bag programs, and other supplemental programs. These additional services help somewhere close to 5,000 people per month.

Source: Neighborhood

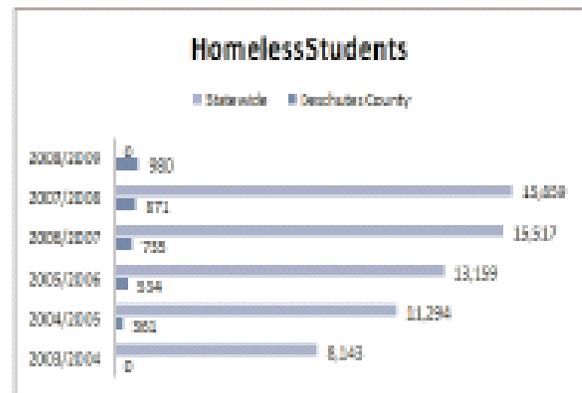
HOMELESSNESS



Every year at the end of January, the Homeless Leadership Coalition, with the help of numerous volunteers, conducts a count of homeless residents living in Deschutes, Jefferson and Crook counties. This count is a part of a national effort to identify the number of people struggling to find appropriate and adequate housing. This one-day count will provide the most up-to-date information about the number of individuals in Central Oregon who are struggling to find adequate housing. Through this data, local agencies and programs are able to qualify for increased funding, better target support services, and develop comprehensive plans to address poverty and homelessness in Central Oregon. The data from the past four years has shown an alarming increase in the number of people, adults and children, who are homeless or in transitional housing.

The primary self-reported reason for homelessness is economic hardship. In 2009, 54% reported that they were homeless because they could not afford rent. Only 14% had access to some form of shelter by a local housing provider. The remaining 85% were staying with family or friends, living outdoors or in cars, or staying in motel rooms. The number of emergency or transitional housing beds available throughout the region is extremely limited based on the need: there are approximately 217 emergency beds, 166 transitional housing beds, and 40 overflow beds, which includes vouchers for short-term motel stays.

Source: Neighborhood; Homeless Leadership Coalition



Homeless Students

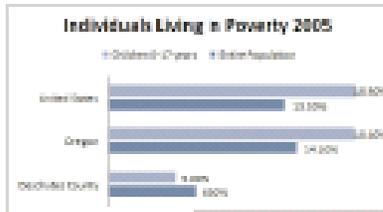
0 = Data not available

The dramatic increase in students living without a fixed, regular, and adequate nighttime residence can likely be attributed to the recent foreclosure crisis and recession. The numbers are expected to continue rising and are thought to be a significant undercount, as many students, especially at the high school level, do not want it known that they are homeless.

Source: Oregon Department of Education

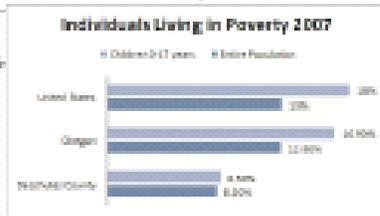
POVERTY

Individuals Living in Poverty, 2005 vs. 2007

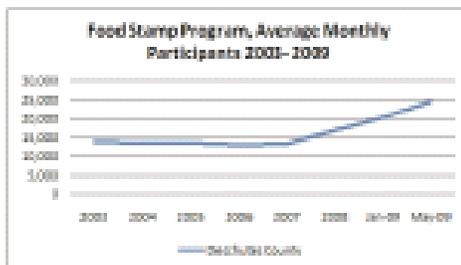


In Deschutes County, a total of 12,543 individuals, including 2,857 children, were living in poverty in 2007.

Source: U.S. Census Bureau, American Community Survey, 2007

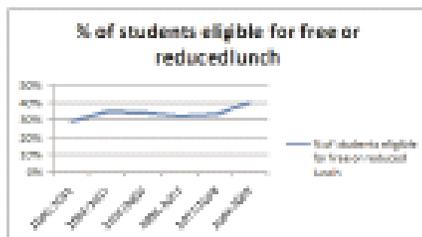


Food Stamp Program, Average Monthly Participants 2003- 2009



The Food Stamp Program is a federal nutrition program intended to help improve the health and well being of low-income households and individuals by providing them a means to meet their nutritional needs. Oregon's food stamp eligibility criteria is based on monthly income at 185% of the Federal Poverty Level. From 2003-2007, the average number of participants in Deschutes County remained fairly stable. Starting in 2008, however, the number jumped substantially and has continued to rise at alarming levels. A point-in-time look at May 2009 shows an increase of over 11,000 participants over the 2006 number.

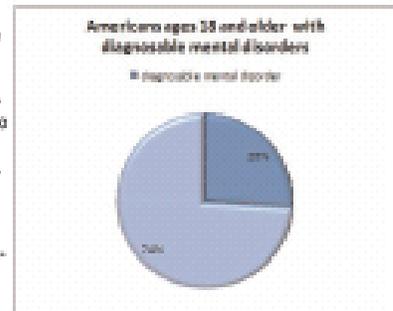
Students Eligible for Free or Reduced Lunch, Deschutes County



ADULT BEHAVIORAL HEALTH

The National Institute of Mental Health estimates that 26.2% of Americans ages 18 and older - about one in four adults - suffer from a diagnosable mental disorder in a given year. When applied to the 2008 population estimates for Deschutes County, this figure translates to 43,758 Deschutes County residents. Although mental disorders are widespread in the population, the main burden of illness is concentrated in a much smaller proportion - about 6%, or 1 in 17 - who suffer from a serious mental illness. Applied to Deschutes County, that would be 10,021 individuals.

Mental illnesses are medical conditions that disrupt a person's thinking, feeling, mood, ability to relate to others, and daily functions. Serious mental illnesses include major depression, schizophrenia, bipolar disorder, obsessive compulsive disorder, panic disorder, post-traumatic stress disorder, and borderline personality disorder. Most people diagnosed with a serious mental illness can experience relief from their symptoms by actively participating in an individual treatment plan.



Without treatment, the consequences of mental illness for the individual and society are alarming. Untreated mental illness is thought to cost more than \$100 billion each year in the United States. Along with the economic cost to society is the effect on the individual: unnecessary disability, unemployment, substance abuse, homelessness, incarceration, and suicide are all significantly more common among those with serious mental illness. Furthermore, a seven-year mortality data analysis commissioned by the Oregon Addiction and Mental Health Division showed that Oregonians who receive public substance abuse and/or mental health treatment have an average age of death that is significantly lower than the general population. This translates into between 16 and 35 years of potential life lost, depending on the type of treatment received.

Source: National Institute of Mental Health, National Alliance on Mental Illness; OHSU/Oregon Addiction and Mental Health Division, "Measuring Preventable Mortality Among Oregonians"

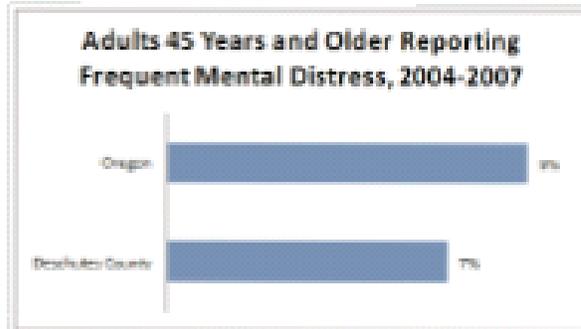
Adults in Good Mental Health,* 2004-2007

*Response to survey question asking if person had no poor mental health in past 30 days.



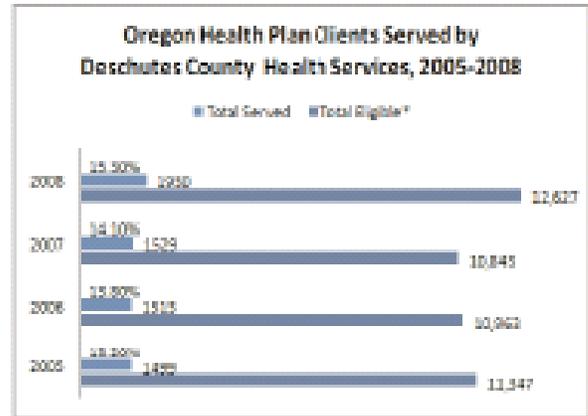
Source: DHS/Oregon Center for Health Statistics, Behavioral Risk Factor Surveillance System (BRFSS)

Adults 45 Years and Older Reporting Frequent Mental Distress, 2004-2007



Source: OHSU/Oregon Center for Health Statistics, Behavioral Risk Factor Surveillance System (BRFSS); "Healthy Aging in Oregon Counties, 2007"

Oregon Health Plan Clients Served by Deschutes County Behavioral Health, 2005-2008



*Eligibility is from November of each year

Source: Oregon Division of Medical Assistance Programs; Deschutes County Behavioral Health Division

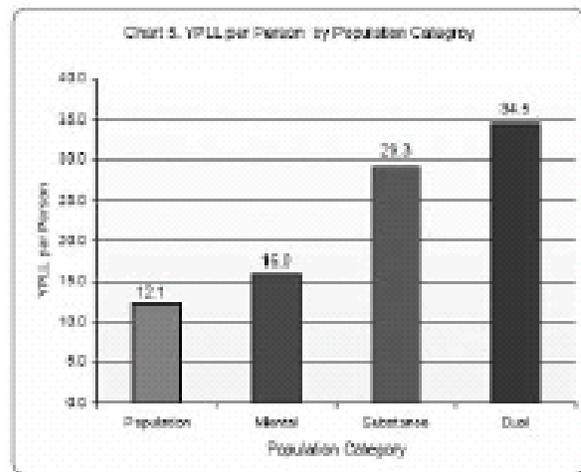
Years of Potential Life Lost (YPLL)

Years of Potential Life Lost (YPLL) is the amount of time deceased individuals would have lived to a predetermined expected life, if not for dying prematurely. Individuals with both mental health issues and substance abuse lost an average of 34.5 "years of potential life." Those with substance abuse issues alone lost 29.3 YPL, while persons with mental health problems lose approximately four YPL more than the general population.

Expanded Access to Mental Health Services

By action of the 2009 legislature, there will be a major expansion of Oregon Health Plan eligibility and, with that, an additional 115,000 clients who will be able to access OHP's mental health benefits. While the graph above represents only those served by Deschutes County Health Services, the OHP expansion will result in numerous additional clients served throughout the community.

Years of Potential Life Lost



Source: OHSU/Oregon Addiction and Mental Health Division, "Measuring Premature Mortality Among Oregonians," June 18, 2008

Remaining Gap in Mental Health Services

There are barriers within Oregon's mental health care system that make access a challenge for many. Clients within Oregon's Medicaid program are typically able to find reasonable care when needed; however, those who are not Medicaid-eligible often face challenges in accessing treatment that is not focused solely on crisis services. There are an estimated 27,609 persons in Oregon with a mental illness that are currently uninsured and not receiving services. Because of this gap in care, the numbers of individuals with serious mental illnesses who end up in emergency rooms, jails, and prisons, continue to grow.

Source: National Alliance on Mental Illness

ADULT CHRONIC DISEASE

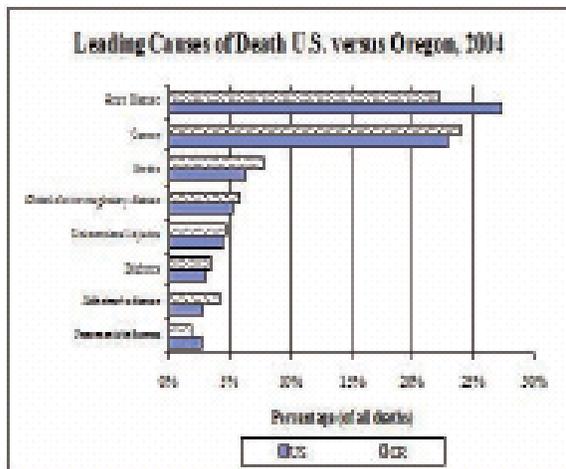
A chronic disease is an long-term illness or condition, such as heart disease, asthma, cancer and diabetes. The costs attributed to the treatment of chronic disease are staggering, and there is a direct connection between the burden of chronic disease and the rising costs of health care. For every dollar spent on health care in the United States, more than 75 cents goes toward the treatment of chronic illness. The impact this has on us as individuals and as a community, is great. Chronic diseases impact productivity, quality of life, longevity, and the economic well-being of our communities and our state.

There is a human cost to rising rates of chronic disease that cannot be ignored - a reduced quality of life linked to the symptoms of chronic illness, such as pain, fatigue, anxiety, and depression. These symptoms can cause the individuals to miss work and many other positive aspects of life because they are left to manage their disease on a continual basis.

The majority of chronic conditions result largely from individual behavior choices and are primarily related to three behaviors: tobacco use, physical inactivity and poor nutrition. For people diagnosed with chronic conditions, good disease management, including changes in tobacco use, nutrition, and physical activity, dramatically reduces the risk of complications.

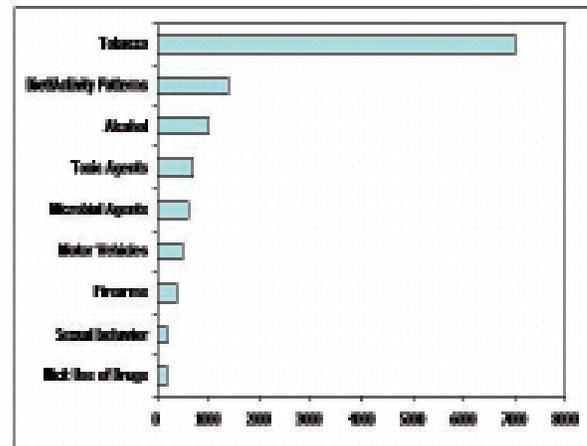
Source: DHS/Oregon Health Promotion/Chronic Disease Prevention Program, 2009 *At-Risk of Chronic Disease*

Cause of Death by Disease



Source: DHS/Oregon Health Promotion/Chronic Disease Prevention Program

What is Really Killing Oregonians, 2004



* Includes alcohol-related crashes

Source: CD Surveillance, May 17, 2005, Vol. 34, No. 10

Cardiovascular Disease

Cardiovascular disease includes coronary heart disease, atherosclerosis, stroke, and high blood pressure. Cardiovascular disease is the number one cause of death and disability in the United States and in Oregon. In 2006, the total cost of hospitalizations for these conditions was estimated at more than \$1.2 billion in Oregon.

Source: DHS/Oregon Heart Disease and Stroke Prevention Program

	Deschutes County	Oregon
Coronary Heart Disease*	3.2%	3.6%
Heart Attack*	3.2%	3.5%
Stroke*	1.9%	2.3%
Heart Disease Death Rate*	154.26	162.64
Stroke Death Rate**	41.39	48.79

Cardiovascular Disease Death Rate 2004-2007

*Behavioral Risk Factor Surveillance System, 2004-2007

**Rate is age-adjusted per 100,000 population, 2006

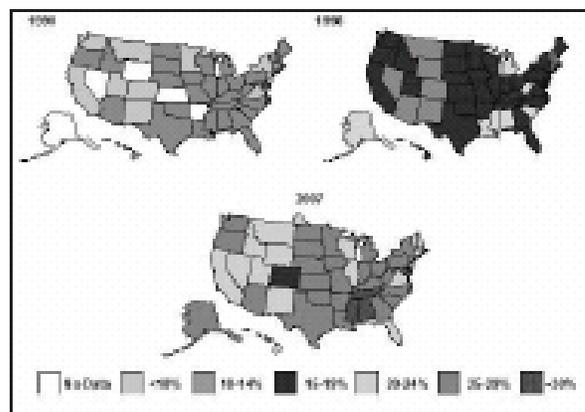
Source: DHS/Oregon Center for Health Statistics, Behavioral Risk Factor Surveillance System (BRFSS)

PREVENTION VS. TREATMENT OF CHRONIC DISEASE

The current health care system is set up to treat vs. prevent conditions that make people ill, a design that is contributing significantly to the rising cost of health care. Additionally, our system is being especially burdened by the cost of treatment for chronic disease. For every dollar spent on health care in the United States, more than 75 cents goes toward the treatment of chronic illness. By investing in proven prevention initiatives, the savings would be considerable. According to the Trust for America's Health, spending just \$10 per person per year on chronic disease prevention programs would save the U.S. more than \$16 billion in five years' time. There is a positive return on investment for proven prevention programs. However, currently less than 1% of total health care spending goes toward prevention (JOM Health Affairs, JAMA, via 09 Almanac, page 63).

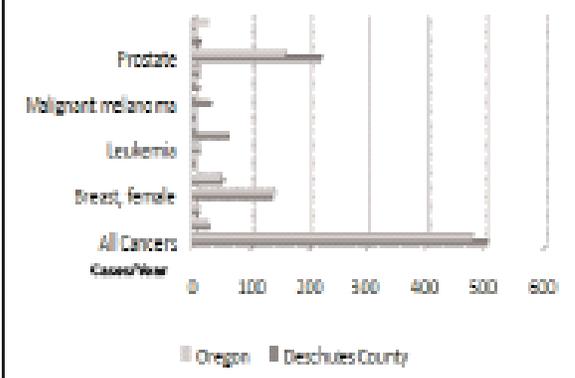
Source: 2009 Almanac of Chronic Disease

Obesity Trends Among U.S. Adults, 1990-2007



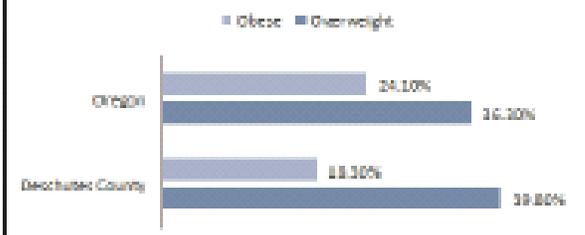
Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System (BRFSS)

Rates of Cancer Cases 1996-2005



Source: DPH/Oregon Cancer Registry (OCOR)/ Cancer in Oregon, 2005 (new data not available)

Deschutes County Overweight and Obesity,* Adults, 2004-2007



*Healthy People 2010 Objective for obesity: 15%
 *In adults, obesity is defined as a Body Mass Index (BMI) of 30 or more; overweight is a BMI of 25 or more. BMI is a measure of a person's weight in relation to his or her height. It is calculated as weight in kilograms (kg) divided by the square of height in meters (m²).

Source: BMS/Oregon Center for Health Statistics, Behavioral Risk Factor Surveillance System (BRFSS)

OBESITY

Since 1990, obesity rates have doubled for adults in Oregon and tripled for children. It has been estimated that health care spending per capita would be 10% lower if the rate of obesity had held steady since 1987. Obesity rates among all groups in society—regardless of age, race, gender, ethnicity, socioeconomic status, education level, or geographic region—have increased significantly.

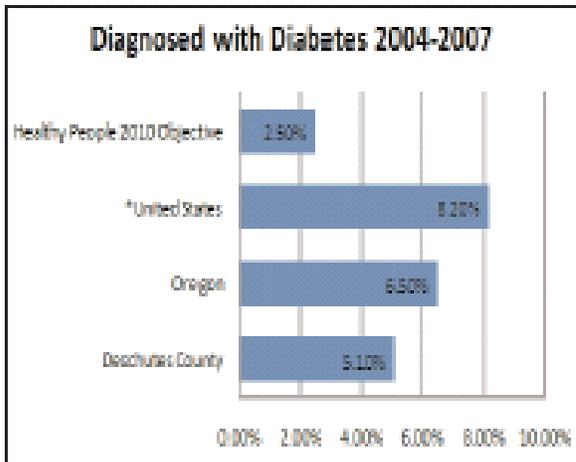
Source: Centers for Disease Control and Prevention; Office for Oregon Health Policy and Research

THE HEALTH CONSEQUENCES OF OBESITY

- Coronary heart disease
- Type 2 diabetes
- Cancer (endometrial, breast, and colon)
- High blood pressure
- High cholesterol
- Stroke
- Liver and gallbladder disease
- Sleep apnea and respiratory problems
- Osteoarthritis
- Gynecological problems (infertility, abnormal menses)

Source: Centers for Disease Control and Prevention

DIABETES



*U.S. data is from 2006

Source: DHS/Oregon Center for Health Statistics, Behavioral Risk Factor Surveillance System (BRFSS); Centers for Disease Control and Prevention, BRFSS

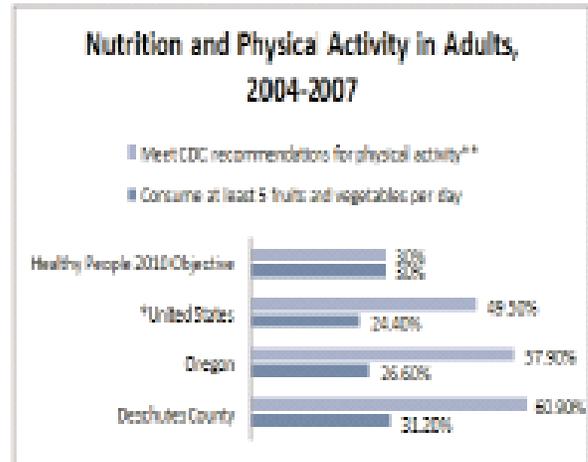
Diabetes is a serious medical condition that affects approximately 200,000 Oregonians and contributes significant costs to our health care system. A conservative estimate of diabetes care in 2006 puts the cost at over \$2 billion for the state of Oregon. The problem is also a growing one in that there has been a 35% increase in diabetes diagnoses between 1997 and 2006 throughout the state. In Deschutes County, the prevalence of diabetes is slightly lower than the state rate, however it is still two times higher than the Healthy People 2010 Objective.

Type 2 diabetes accounts for about 90% to 95% of all diagnosed cases of diabetes. Many people with type 2 diabetes can control their blood glucose by following a healthy meal plan and exercise program, losing excess weight, and taking oral medication.

Source: DHS/Oregon Diabetes Program, *The Burden of Diabetes in Oregon, 2006*

NUTRITION AND PHYSICAL ACTIVITY

Chronic diseases are heavily impacted by poor nutrition and lack of physical activity. Inactivity and poor food choices contribute significantly to the development of obesity, high blood pressure, heart disease, cancer, and diabetes, and are leading causes of disease and death among Deschutes County residents.



*U.S. percentage is from 2007 only

**moderate physical activity for 30+ minutes five or more days per week

Source: DHS/Oregon Center for Health Statistics, Behavioral Risk Factor Surveillance System (BRFSS); Centers for Disease Control and Prevention, BRFSS

Are You Getting Enough?

PHYSICAL ACTIVITY

Adults:

- At least 150 minutes of moderate intensity aerobic activity (equivalent to brisk walking) every week
- AND--
- Muscle strengthening on two or more days that works all major muscle groups

Children and Adolescents:

- At least 60 minutes every day. This activity should be age appropriate and include a mix of aerobic and muscle and bone strengthening activities.

For more information on physical activity recommendations go to: www.cdc.gov/physicalactivity/everyone/guidelines/index.html

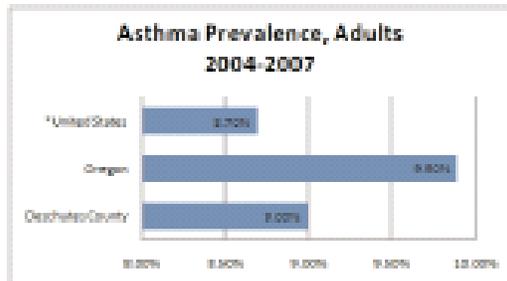
NUTRITION

- How many fruits and vegetables did you eat yesterday? Can you eat more today? To get a healthy variety, think color. Eating fruits and vegetables of different colors gives your body a wide range of valuable nutrients.

Nutrition needs vary based on gender, age, body size and physical activity level. A good rule of thumb is to make sure that you are eating lots of fruits and vegetables, whole grains, and low fat protein sources such as meat and beans while making sure to limit excessive amounts of sugars and saturated or trans fats.

For more information on nutrition needs go to: www.mypyramid.gov

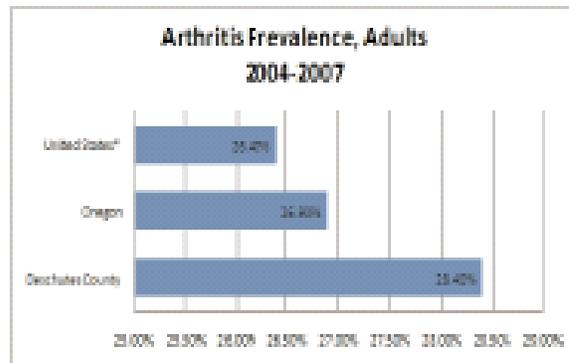
ASTHMA



*U.S. data is from 2008
 Source: OHSU/Oregon Center for Health Statistics, Behavioral Risk Factor Surveillance System (BRFSS); Centers for Disease Control and Prevention, BRFSS

Asthma is a lung disease that can be chronic and life threatening. It causes shortness of breath, coughing, and wheezing. Asthma symptoms occur when one is exposed to a trigger such as tobacco smoke, mildew, pollen, animal fur, and other irritating particles in the air. There is no cure for asthma, but it can be managed effectively with quality medical care and good patient self-management. Limiting exposure to asthma or allergy triggers from as many places as possible can often control asthma. In 2007, the total cost of asthma hospitalization in Oregon was estimated at more than \$28 million.
 Source: OHSU/Oregon Asthma Program

ARTHRITIS



*U.S. data is from 2007
 Source: OHSU/Oregon Center for Health Statistics, Behavioral Risk Factor Surveillance System (BRFSS); Centers for Disease Control and Prevention, BRFSS

Arthritis is an umbrella term used to describe over 100 different types of rheumatic diseases and conditions that affect joints, the tissue surrounding the joints, and other connective tissue. Certain rheumatic conditions can also involve the immune system and various organs of the body. Arthritis is the leading cause of disability in the United States.

While 27% of Oregonians have been diagnosed with arthritis, it is not just a condition that affects the elderly. Nearly 65% of those affected are under the age of 65. Susceptibility to arthritis is af-

ected by some non-modifiable risk factors, such as age, genetics, and gender. However, there are several modifiable risk factors that individuals can influence: overweight and obesity, joint injuries, certain types of infections, and occupations that involve repetitive knee bending.

Help for those with chronic health conditions!

LIVING WELL WITH CHRONIC CONDITIONS

Living Well with Chronic Conditions is a six-week workshop that provides tools for living a healthy life with ongoing health conditions, including diabetes, arthritis, asthma, heart disease, and any other condition that requires ongoing care.

Through weekly sessions, the workshop provides support for continuing normal daily activities and dealing with the many challenges that chronic conditions may bring about.

The workshop typically costs \$10 and is available in communities throughout Central Oregon.

To register or obtain more information, please call 541-322-7430 or visit: www.livingwellco.org

Economic Burden of Chronic Disease

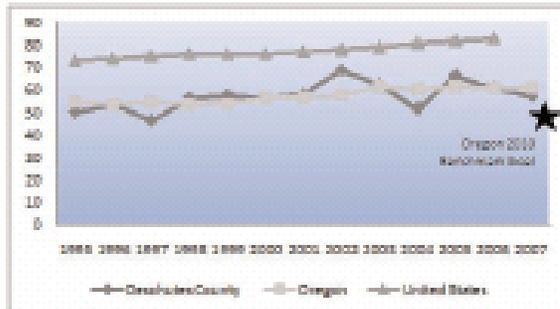
Over 75% of medical costs in the state of Oregon can be attributed to chronic disease. Hospital inpatient payments for treating three chronic conditions - diabetes, congestive heart failure and coronary heart disease - have increased over 20% from 2005-2007. If there is sustained growth in the number of Oregonians who have chronic diseases but do not have adequate access to disease management and primary care services, spending for expensive inpatient care will only continue to drive health care spending.

Treatment of chronic disease is just part of the costs incurred. A tremendous burden is also felt on businesses and affects competitiveness. Individuals with chronic conditions can be absent more or have decreased effectiveness while at work. With almost 40% of adult Oregonians reporting at least one chronic condition, productivity likely suffers as a result. Many simple and inexpensive changes can be made in the workplace to create an environment and culture that embraces and encourages healthy eating and physical activity, thereby boosting morale and productivity as a result.

Source: OHSU/Health Protection Chronic Disease Prevention Program; 2009 *Atlas of Chronic Disease*

MATERNAL, CHILD, and ADOLESCENT HEALTH

Low Birthweight Rate of Low Birthweight* Infants Per 1,000, 1995-2007

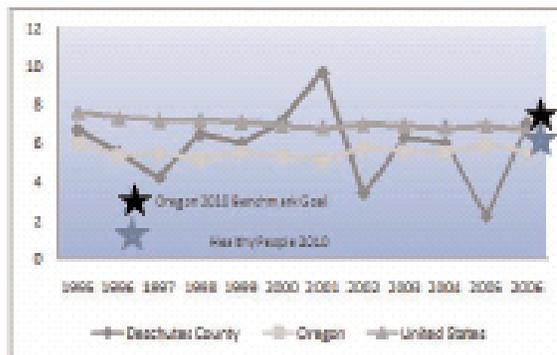


*Low birthweight is defined as under 2500 grams
**N/A = not available

Deschutes County has made some progress toward the Healthy People 2010 objective of 50 low birthweight infants per 1,000 births. A newborn's weight at birth is closely linked to its risk of early death and long-term morbidity. Low birthweight infants who survive are at increased risk for health problems ranging from neurodevelopmental disabilities to respiratory disorders.

Source: DHS/Oregon Center for Health Statistics; CDC/ National Center for Health Statistics

Infant Mortality Rate of Infant Mortality* Per 1,000 Live Births, 1995-2006



*Infant mortality is the death of a child prior to its first birthday

The Deschutes County infant mortality rate has been consistently lower than the national rate until just recently. The cause of the rise in rate from 2005 to 2006 is unknown thus far. Factors that affect infant mortality include smoking, substance abuse, poor nutrition, lack of prenatal care, medical problems, and chronic illness. Early and continuous prenatal care helps identify conditions and behavior that can lead to infant deaths.

Source: DHS/Oregon Center for Health Statistics; CDC/ National Center for Health Statistics

Percent of Women Receiving First Trimester Care, 1995-2007

Oregon Benchmark Target, 2010	Healthy People 2010												
	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007
Deschutes County													
Oregon					80.7%	81.1%	81.3%	81.4%	81.7%	80.4%	81.0%	79.2%	79.4%
United States	81.7%	81.2%	81.5%	82.0%	81.2%	81.2%	81.4%	81.7%	84.0%	84.2%	83.7%	83.2%	83.0%

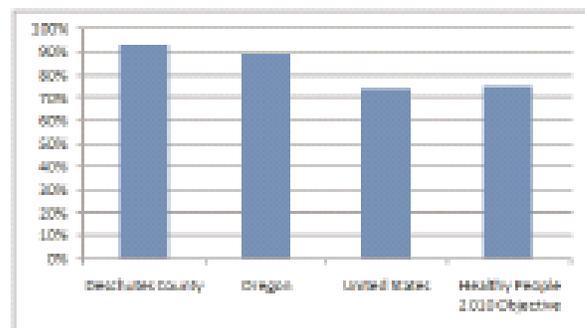
Source: DHS/Oregon Center for Health Statistics; CDC/ National Center for Health Statistics

Deschutes County continues to rank among the top Oregon counties with the highest rates of first trimester prenatal care. Early and continuous prenatal care is an important way to improve the long-term health of mothers and to prevent adverse birth outcomes.

BREASTFEEDING

Breastfeeding Initiation, 2008

Source: DHS/Oregon WIC Program; Centers for Disease Control and Prevention



Oregon ranks third in the nation for breastfeeding initiation at 89%. The Deschutes County initiation rate through the Women, Infant, and Children program (WIC) is even higher than the statewide average at 93%. Both the County and State rate far surpass the Healthy People 2010 objective of 75% breastfeeding initiation. The American Academy of Pediatrics (AAP) recommends that breastfeeding continue for at least one year. Breastfed babies are sick less than babies who are fed infant formula, and they have fewer ear infections, allergies, colds, and illnesses. These babies are also less likely to develop chronic conditions including obesity and diabetes later in life.

State Ranking of Breastfeeding Rates, 2008

- + Percent Ever Breastfed: Oregon ranks 3rd
- + Percent Breastfeeding at 6 Months: Oregon ranks 1st
- + Percent Breastfeeding at 12 Months: Oregon ranks 1st
- + Percent Exclusively Breastfeeding at 3 months: Oregon ranks 2nd
- + Percent Exclusively Breastfeeding at 6 months: Oregon ranks 2nd

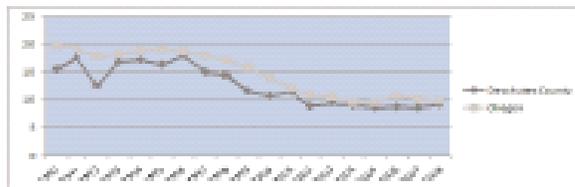
Source: DHS/Oregon WIC Program; Centers for Disease Control and Prevention

Contraceptive Service Delivery

Deschutes County reportedly had 7,902 women between the ages of 13 and 44 years old in need of publicly funded contraceptive services. Deschutes County reached 78% of these women compared to the state average of 58.5%.
Source: DHQ Family Planning Facts 2007

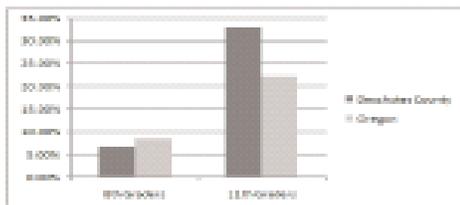
Teen Pregnancy

Rate of Teen Pregnancy Per 1,000 Females Ages 10-17, 1990-2008



*2008 data is preliminary Source: DHQ/Oregon Center for Health Statistics

Sexual Intercourse With Two or More Partners, 2005-2006



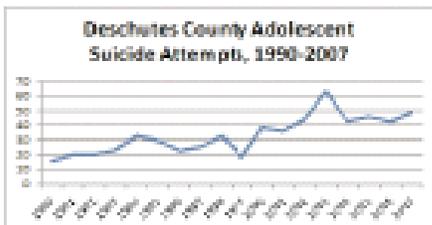
Source: Oregon Health Needs Survey, 2005-2006

ADOLESCENT SUICIDE ATTEMPTS

Suicide is the second leading cause of death among 15-24 year-old Oregonians. The frequency of reported suicide attempts is higher among girls compared to boys. In 2007, 74% of all reported attempts were among girls. A similar proportion of girls compared to boys is noted in past years. Although girls are more likely than boys to attempt suicide, boys are more likely to use more lethal means in their attempts. In 2005, the suicide death rate among males 15-24 years of age was 6 times higher than females in the same age group—a trend that generally continues throughout the life course among males. The suicide attempt data below does not reflect the true magnitude of suicide attempts by Oregon youth, since the Adolescent Suicide Attempt Data System (ASADS), from which data this report is based, collects only data from those attempts where youth subsequently present to hospital emergency rooms.

Source: DHQ/Oregon Injury Prevention and Epidemiology Program, "Youth Suicide Attempts in Oregon, 2007 Data Report"

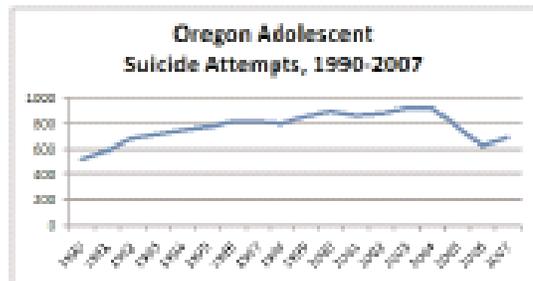
Deschutes County Adolescent Suicide Attempts*, 1990-2007



*These numbers reflect suicide attempts resulting in hospitalizations or deaths of children ages 10-17.

Source: DHQ/Oregon Injury Prevention and Epidemiology Program, "Youth Suicide Attempts in Oregon, 2007 Data Report"

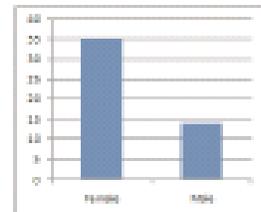
Oregon Adolescent Suicide Attempts*, 1990-2007



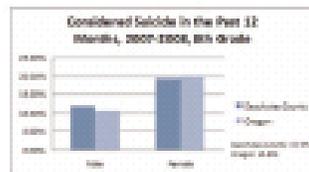
*These numbers reflect suicide attempts resulting in hospitalizations or deaths of children ages 10-17.

Source: DHQ/Oregon Injury Prevention and Epidemiology Program, "Youth Suicide Attempts in Oregon, 2007 Data Report"

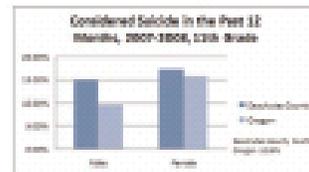
Number of Suicide Attempts, Deschutes County Youth Under 18 Years, 2007



Source: DHQ/Oregon Injury Prevention and Epidemiology Program, "Youth Suicide Attempts in Oregon, 2007 Data Report"



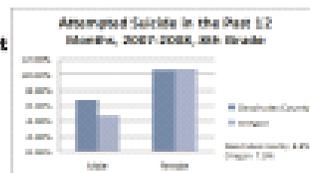
Considered Suicide in the Past 12 Months, 2007-2008, 8th Grade
Source: Oregon Health Needs Survey, 2007-2008



Considered Suicide in the Past 12 Months, 2007-2008, 11th Grade
Source: Oregon Health Needs Survey, 2007-2008

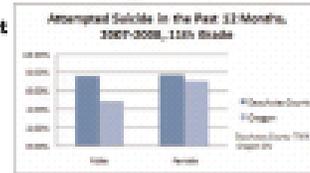
Attempted Suicide in the Past 12 Months, 2007-2008, 8th Grade

Source: Oregon Health Needs Survey, 2007-2008



Attempted Suicide in the Past 12 Months, 2007-2008, 11th Grade

Source: Oregon Health Needs Survey, 2007-2008



Factors associated with youth suicide include: prior suicide attempt, history of depression, substance abuse, family discord, relationship problems, discipline or legal problems, firearm access and feelings of hopelessness. In 2005, 71% of all attempts involved drugs, including over the counter medicines, pharmaceuticals, and street drugs.

Source: DHQ/Oregon Injury Prevention and Epidemiology Program, "Youth Suicide Attempts in Oregon, 2007 Data Report" and "Youth Suicide Facts, 2006"

DESCHUTES COUNTY HEALTH REPORT 2009



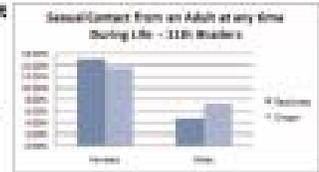
Source: DHS/Oregon Center for Health Statistics

*Preliminary data
Source: DHS/Oregon Center for Health Statistics



Sexual Contact from an Adult at Any Time During Life

Source: Oregon Healthy Teens Survey, 2007-2008



Intentional Physical Harm by an Adult



Source: Oregon Healthy Teens Survey, 2007-2008

CHILD ABUSE AND NEGLECT

Child maltreatment includes all types of abuse and neglect that occur among children under the age of 18. There are four common types of abuse - physical, emotion, sexual, and neglect. Child maltreatment has a negative effect on health in that abused children often suffer physical injuries, stress that can disrupt early brain development, and an increased risk of future problems with alcoholism, depression, drug abuse, eating disorders, obesity, smoking, sexual promiscuity, suicide, and certain chronic diseases.

A 2005 study reported that 14 percent of U.S. children experienced some form of child maltreatment. In terms of sexual abuse, one in four girls and one in seven boys will be the victim of some type of sexual abuse or assault before the age of 18.

Source: Centers for Disease Control and Prevention, American Journal of Preventive Medicine, Vol. 20, Issue 5, 439-438; Portland State University, Population Research Center

DOMESTIC VIOLENCE

Intimate partner violence (IPV) impacts individuals, families, and communities throughout Central Oregon. A survey conducted in 2001-2002 found that one in ten Oregon women age 20-55 experienced IPV is defined as physical and/or sexual assault by an intimate partner. In the five years preceding the survey—more than 85,000 women were victims of IPV. Applied to the local level, that would equal approximately 10,262 women in Central Oregon.

Saving Grace, formerly Central Oregon Battering and Rape Alliance, has provided support and services to survivors of domestic violence, sexual assault, dating violence, date rape and stalking since 1977. The private, non-profit organization provides free and confidential sheltering, support groups, temporary restraining order assistance, therapy, counseling and a 24-hour hotline to communities throughout Central Oregon. From January 2007-June 2008, Saving Grace reported the following outcomes:

- 2,048 hotline calls were answered
- 4,095 crisis services were provided for 1,494 people
- 277 women and children were protected, fed, clothed, and lodged for 3,113 days

Source: DHS/Injury and Violence Prevention Program; Saving Grace

Rate of Children Who Were Abused or Neglected,** 1990-2007

	2002	2003	2004	2005	2006	2007
Deschutes County	9.4	8.8	8.3	9.6	9.1	7.7
Oregon	9.7	10.8	12.0	13.0	13.8	12.2

Oregon 2005 Benchmark: 5.6 victims per 1,000

**Per 1,000 persons under 18 years

Foster care - 9% of children in foster care in Deschutes County did not have stable placements in 2007, meaning that they were moved three or more times in the previous 12 months. Statewide, the percentage was 16%.

Recurrence of maltreatment - In 2007, 5.2% of child abuse/neglect victims were re-abused within six months of prior victimization. Statewide, the percentage was 7.8%.

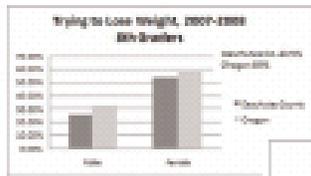
Source: Children First for Oregon, County Data Book

KIDS CENTER

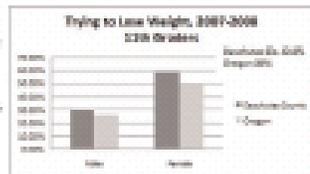
KIDS Center serves approximately 700 children per year in the 37-County area who need evaluation and treatment for sexual abuse, physical and emotional abuse, and neglect. Within the past year, the Center has seen an increase in kids seen as a result of Kary's Law, a new Oregon law enacted to protect children who may have been physically abused. An additional 100 kids were seen as a result of the law, designed to ensure that children with suspicious physical injuries are seen by a medical professional with clinical expertise in the recognition and treatment of child abuse.

While KIDS Center serves victims of all types of abuse, historically the vast majority of care given at the Center has been for child sexual abuse. To combat this threat in our community, KIDS Center is spearheading a revolutionary sexual abuse prevention training and outreach program in Central Oregon. This national research-based program, called Darkness to Light, educates adults to prevent, recognize, and react responsibly to child sexual abuse. It's estimated that for every 1 adult trained in this program, 10 children are better protected. To find out more, call the KIDS Center Prevention Program at 541-383-8198.

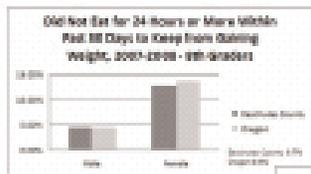
ADOLESCENT WEIGHT CONCERNS



Trying to Lose Weight, 2007-2008



Source: Oregon Healthy Teens Survey, 2007-2008



Did Not Eat for 24 Hours or More Within Past 30 Days to Keep from Gaining Weight, 2007-2008



Source: Oregon Healthy Teens Survey, 2007-2008

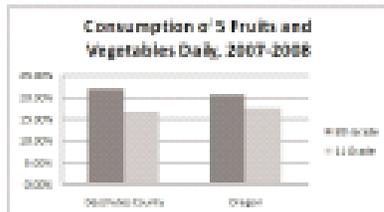
DIABETES

Type 2 diabetes, formerly known as adult onset diabetes, is being diagnosed more frequently in children and adolescents. The Centers for Disease Control and Prevention estimates that one in three U.S. children born since 2000 will develop diabetes in their lifetime as rates of overweight and obesity continue to rise among youth.

Source: Centers for Disease Control and Prevention

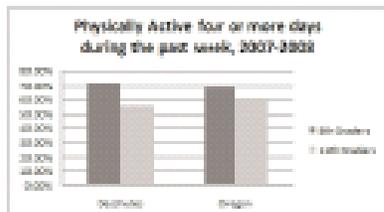
NUTRITION AND PHYSICAL ACTIVITY

Consumption of 5 Fruits and Vegetables Daily, 2007-2008



Source: Oregon Health Teens Survey, 2007-2008

Physically Active four or more days during the past week*, 2007-2008



* For a total of at least 60 minutes per day

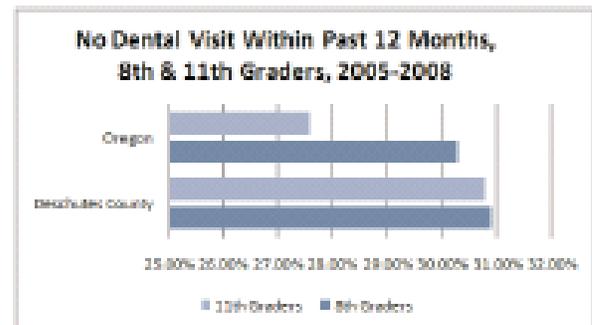
Source: Oregon Health Teens Survey, 2007-2008

ORAL HEALTH

Dental decay remains a serious public health problem for Deschutes County residents. While tooth decay is largely preventable, it remains the most common chronic disease of children aged 5 to 17 years—five times more common than asthma—and is also a serious concern for many adults. Untreated decay can lead to infection, pain, and the loss of teeth. Emerging evidence points to a strong link between oral diseases and many medical conditions and poor health outcomes.

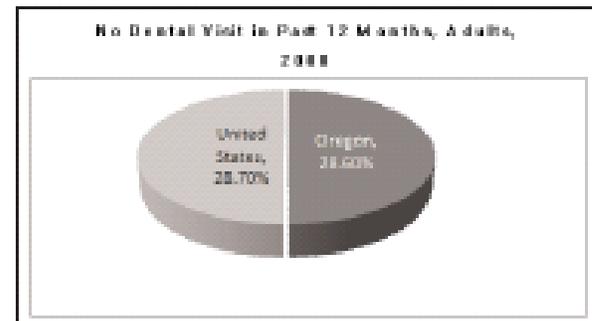
Source: DMS/Oral Health Program

DENTAL VISITS



Source: Oregon Health Teens Survey, 2005-2008

Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Survey



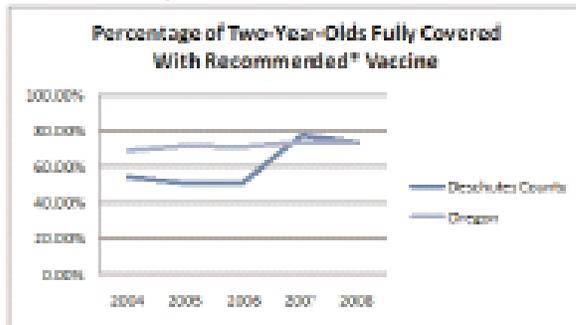
FLUORIDATED WATER

Fluoridation of community water supplies is the single most effective public health measure to prevent tooth decay and improve oral health over a lifetime. More than 50 years of scientific research has found that people living in communities with fluoridated water have healthier teeth and fewer cavities than those living where the water is not fluoridated. While many communities have naturally occurring fluoride at levels sufficient to prevent tooth decay, there are thousands of communities where naturally occurring fluoride levels are deficient. It is in these places that small amounts of fluoride have been added to drinking water supplies, resulting in decreasing rates of tooth decay. Water fluoridation is extremely cost effective. Every dollar spent on community water fluoridation saves from \$7 to \$42 in treatment costs depending on the size of the community.

Source: Surgeon General Statement on Community Water Fluoridation, December 3, 2001; DMS/Oral Health Program

IMMUNIZATIONS

Percentage of Two-Year-Olds Fully Covered With Recommended* Vaccines, 2005



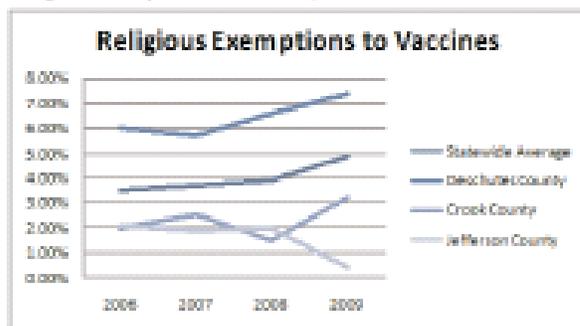
*Vaccines recommended by the Advisory Committee on Immunization Practices (ACIP). The Committee develops written recommendations for the routine administration of vaccines to the pediatric and adult populations. ACIP is the only entity in the federal government which makes such recommendations.

Source: DHS/Immunization Program

The up-to-date rate for Deschutes County two-year-olds improved dramatically in 2007. Reasons for the drastic increase include multiple factors, including a large increase in the amount of local vaccine data reported to the statewide immunization registry and a change by some clinical practices to provide doses closer to the recommended intervals.

Population-based immunization rates are calculated to reflect the percentage of children considered "up to date" on their immunizations by two years of age. The rates are affected by multiple factors, including parental choice to delay vaccination and clinical decisions to provide vaccines at intervals different from the Recommended Schedule.* The vaccines included prevent ten diseases: diphtheria, tetanus, pertussis, polio, measles, mumps, rubella, Haemophilus influenzae type b, hepatitis B, and chicken pox.

Religious Exemptions to Vaccines, 2006-2009



Source: DHS/Oregon Immunization Program

In Oregon, all children are required to have certain immunizations in order to attend school or childcare. Parents who have an objection to vaccines have the option of signing a "religious exemption" to some or all of the vaccines required. In signing such an exemption, those parents accept the authority of the local public

health agency to exclude their child from school and/or childcare if a case of a disease for which they are not protected should occur.

Religious exemptions have been on the rise in recent years, with Deschutes County rates growing to alarming levels. Deschutes County's exemption rate is significantly higher than the statewide average and continues to rank among the highest in Oregon. This is concerning for public health officials because as the pool of unvaccinated children grows, the greater the susceptibility of all community members to disease. Babies who are too young to have received their primary series of immunizations are at a particularly high risk, as are those members of the community - children and adults - who have medical conditions that preclude them from vaccinations.

Pockets of Under-Immunized Children

While most of the schools in Deschutes County have fairly low exemption rates, there are pockets of schools with extremely high rates, which consequently drives up our overall rate. It is this clustering of exemptions at specific schools within the county that has public health officials most concerned. Exemptions are at increased risk of acquiring and transmitting disease. When there are pockets of highly unimmunized or under-immunized youth in a community, especially when those children congregate in crowded areas like schools, the potential for disease spread is significantly magnified.

Pertussis Booster Shot - Adult Vaccine Helps Protect Babies

Pertussis, also known as whooping cough, is a highly contagious respiratory disease. It can cause rib fractures through severe coughing and can result in hospitalization and death. Infants are at the highest risk, having greater rates of hospitalization and complications from pertussis than older patients. Of the 100 nationwide deaths from pertussis during 2000-2004, 75 occurred in infants age one month or younger. Because the first dose of pertussis-containing vaccine (DTaP) isn't given until two months of age, those under two months - and those older babies whose parents elect to forgo vaccination - are the most vulnerable to infection. Adolescents and adults can spread the disease to infants.

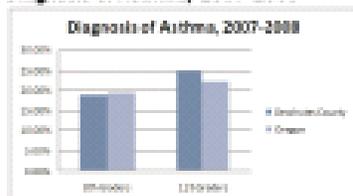


In recent years, four Oregon babies have died from pertussis. In the first few months of 2009, two Deschutes County infants were hospitalized with complications from the disease. It is crucial that adults and older children who spend time with infants be vaccinated with a booster dose to keep from spreading the disease to unimmunized or incompletely immunized babies. Adults who work around infants, such as health care workers and child care providers, should also receive the DTaP vaccine. Persons 10 years and older can receive DTaP vaccine in place of a routine booster dose of tetanus (Td) vaccine.

QUESTIONS ABOUT IMMUNIZATIONS?
 Deschutes County Immunization Coordinator
 541-322-7452

CHILDHOOD CHRONIC DISEASE

ASTHMA
Diagnosis of Asthma, 2007-2008



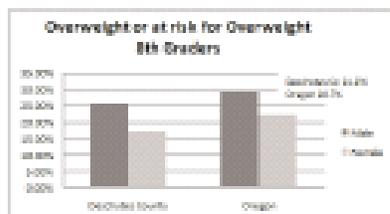
Childhood asthma is a disorder with genetic predispositions and a strong allergic component. Approximately 75 to 80 % of children with asthma have significant allergies.

Asthma is controllable through the proper use of medications and the reduction of exposure to asthma triggers.

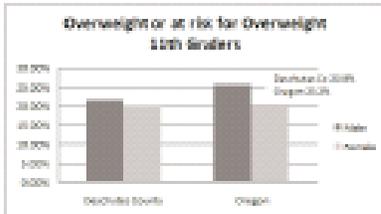
Source: Oregon Healthy Teens Survey, 2007-2008; American Lung Association

OVERWEIGHT AND OBESITY*

Overweight or At Risk for Overweight, 2007-2008



Healthy People 2010 Objective: 5%



*In those aged 6 to 19 years, overweight or obesity is defined as at or above the sex- and age-specific 95th percentile of Body Mass Index (BMI) based on CDC growth charts.

Although Deschutes County is doing well compared to the state, the percentage of overweight and obese children in the County still far exceeds the Healthy People 2010 objective, which calls for only 5% of children and adolescents as overweight or obese.

Source: Oregon Healthy Teens Survey, 2007-2008

CONSEQUENCES OF OBESITY IN CHILDREN AND ADOLESCENTS

Obesity has physical, psychological, and social consequences for children. Children and adolescents are developing obesity-related diseases, such as Type 2 diabetes, that were once seen only in adults. Obese children are more likely to have risk factors for cardiovascular disease, including high-cholesterol levels, high blood pressure, and abnormal glucose tolerance. One study of 5- to 17-year-olds found that 78% of obese children had at least one risk factor for cardiovascular disease and 39% of obese children had at least two risk factors.

Source: Centers for Disease Control and Prevention, "Obesity: Halting the Epidemic by Making Health Easier, 2009"

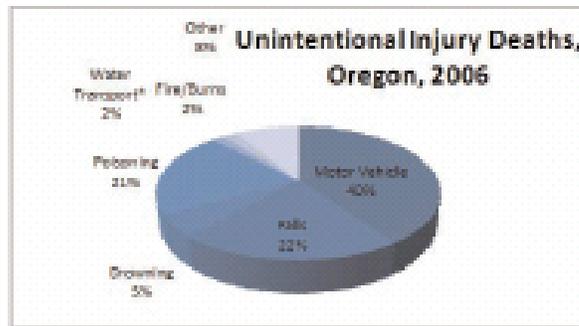
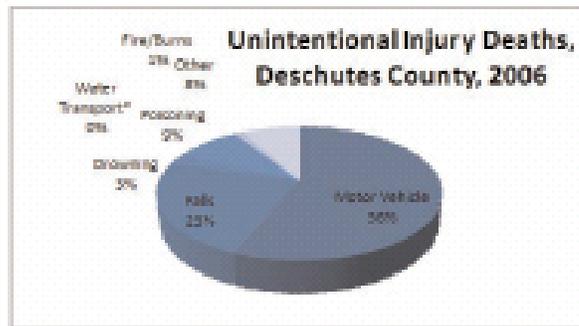
INJURY

Injury is the third leading cause of death in Oregon and claims more potential years of life lost in Oregon than cancer, heart disease, or stroke. For persons under 44 years of age, injury is the leading cause of death in Oregon. By implementing proven interventions, such as child car seats, seat belts, environmental measures to lessen traffic speed and volume in neighborhoods, bicycle helmets, and smoke detectors, injury deaths among children can be reduced significantly.

Source: DHS Oregon Injury Prevention and Epidemiology Program

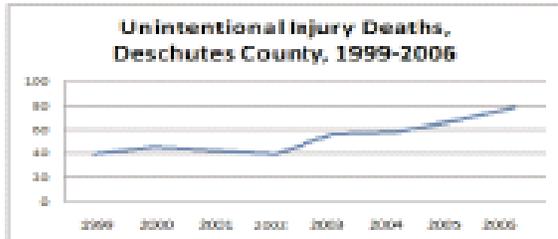
UNINTENTIONAL INJURY

More than 2,100 Oregonians die each year as the result of injury, and more than 1,400 of these are the result of unintentional injuries.



*Includes both drowning and other mishaps, but not voluntarily jumping from a watercraft

Source: DHS Oregon Center for Health Statistics
*Updated data not available



Of the 424 unintentional injury deaths listed above, 192 were due to motor vehicle accidents (45.3%). 102 were due to falls (24.1%).

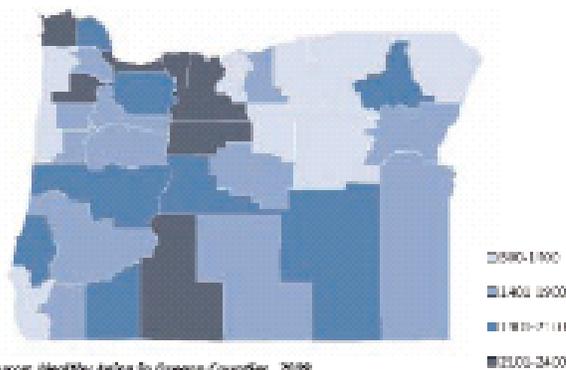
Source: OHSU/Oregon Center for Health Statistics
*updated data not available



The risk of fatal falls increases significantly with age. While the 2005 all-age death rate for falls in Oregon was 10.50 per 100,000, the death rate for those 75-84 years was 73.8. For those 85 and over, the death rate jumps up to 274.2 per 100,000. Many falls can be prevented through modifications to the living environment, regular vision checks, and exercise.

Source: OHSU/Oregon Center for Health Statistics

Fall hospitalization rate per 100,000 for adults 75 years and older in Oregon, Hospital Discharge Database, 2002-2006



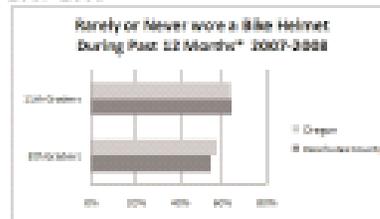
Source: Healthy Aging in Oregon Counties, 2009

Unintentional falls are the leading cause of injuries, fatal and nonfatal, for adults over the age of 65 years and are associated with the loss of independence and functional decline. In 2006, the estimated cost of hospitalization due to falls in Deschutes County was over four million dollars.

Rate per 100,000
Oregon: 1916
Deschutes County: 1961
Crook County: 1742
Jefferson County: 2330

Source: Healthy Aging in Oregon Counties, 2009
(updated data not available)

Rarely or Never Wore a Bike Helmet During Past 12 Months*, 2007-2008

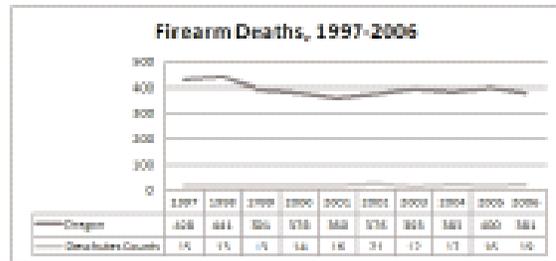


*Among those who rode a bicycle during that time

Source: Oregon Health News Survey, 2007-2008

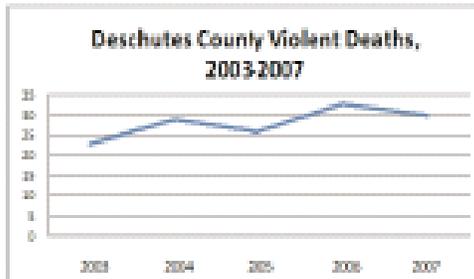
INTENTIONAL INJURY

Intentional injury refers to those injuries that have been purposely inflicted, either by the self or another. Examples are assaults, homicides, self-inflicted injuries and suicides.

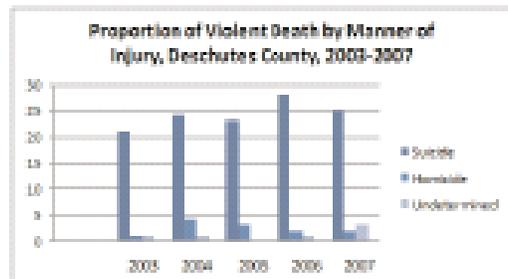


Source: OHSU/Oregon Center for Health Statistics

Of the 156 firearm deaths in Deschutes County, 1997-2006, 135 were due to suicide (87%). In Oregon, of the 3,931 firearm deaths, 3,120 were due to suicide (79%).



Source: OHSU/Oregon Center for Health Statistics



TOBACCO & OTHER SUBSTANCE ABUSE

TOBACCO - Adults

Tobacco use remains the leading preventable cause of death in Oregon, contributing to approximately 7,000 deaths each year. The economic costs of tobacco use are equally staggering in that it is estimated to be responsible for over \$2 billion in Oregon. Tobacco use is steadily declining in Deschutes County but still remains higher than both state and national objectives.

Source: Oregon Tobacco Prevention and Education Program

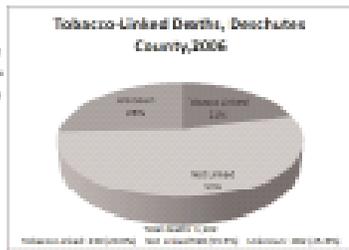
Every Year in Deschutes County...

- 230 people die from tobacco use (23% of local deaths)
- 4,359 people suffer from a serious illness caused by tobacco use
- Over \$35 million is spent on medical care for tobacco-related illness
- Over \$37 million is lost from decreased productivity due to tobacco-related disability and death

Source: Oregon Tobacco Prevention and Education Program, Deschutes County Tobacco Fact Sheet 2008; DHS/Oregon Center for Health Statistics

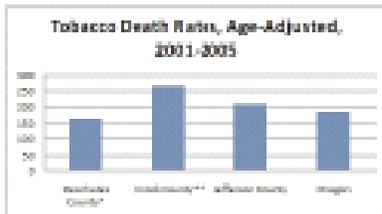
Tobacco-Linked Deaths, Deschutes County, 2006

In 2006, 21% of all deaths in Deschutes County were tobacco-related. Tobacco-related deaths are mainly due to three causes: cardiovascular disease, cancers, and respiratory disease.



Source: DHS/Oregon Center for Health Statistics
*Updated data not available

Tobacco Death Rates, Age-Adjusted, 2001-2005

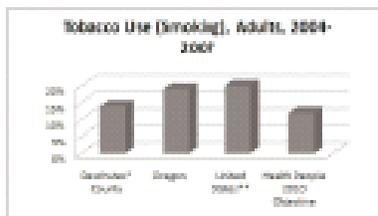


Rates are per 100,000 population
*Statistically significantly lower than the state rate
**Statistically significantly higher than the state rate

*Updated data not available

Tobacco Use (Smoking), Adults, 2004-2007

*Statistically significant difference compared to Oregon
**Data from 2007 only

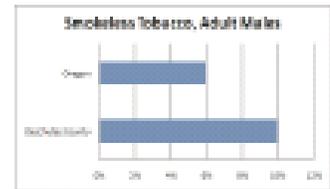


DHS/Oregon Center for Health Statistics, Behavioral Risk Factor Surveillance System (BRFSS); Centers for Disease Control and Prevention

While the prevalence of adult smokers in Deschutes County appears to be decreasing, we still have a great deal of work to be done to prevent the vast degree of death and disability caused by smoking cigarettes.

Smokeless Tobacco, Adult Males

Source: Oregon Tobacco Prevention and Education Program, Deschutes County Fact Sheet, 2008



Pregnant Women Who Use Tobacco

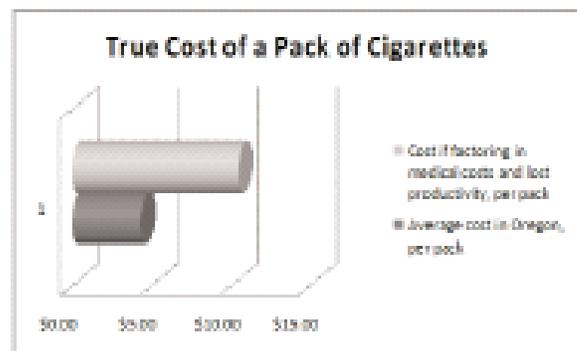


*2005 data
Source: Oregon Tobacco Prevention and Education Program, Deschutes County Tobacco Fact Sheet 2008

Tobacco use during pregnancy causes the passage of substances such as nicotine, hydrogen cyanide, and carbon monoxide from the placenta into the fetal blood supply. These substances restrict the growing infant's access to oxygen and can lead to adverse pregnancy and birth outcomes such as low birthweight, preterm delivery, intrauterine growth retardation, and infant mortality. Maternal smoking has also been shown to increase the risk of respiratory infections and inhibit allergic immune responses in infants.

Source: National Vital Statistics Reports, Vol. 37, No. 2, July 28, 2008

True Cost of a Pack of Cigarettes



■ Cost if factoring in medical costs and lost productivity, per pack
■ Average cost in Oregon, per pack

Source: TobaccoFreeCA.org; Centers for Disease Control and Prevention

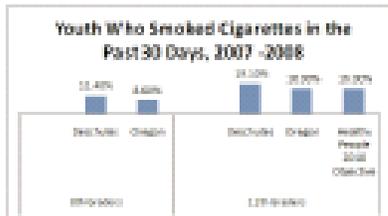
The Oregon Tobacco Quit Line, a free service to help tobacco users who want to quit, is available to all Oregonians.

1-800-784-8669 (English)
1-877-265-3863 (Spanish)

TOBACCO - Youth

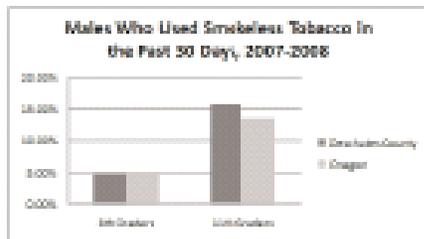
*2007 Oregon Benchmark was to have no more than 10% of Oregon's youth using tobacco products.

Youth Who Smoked Cigarettes in the Past 30 Days, 2007-2008



Source: Oregon Healthy Teens Survey, 2007-2008; Centers for Disease Control and Prevention

Males Who Used Smokeless Tobacco in the Past 30 Days, 2007-2008



Source: Oregon Healthy Teens Survey, 2007-2008

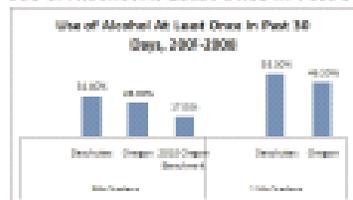
ALCOHOL & ILLICIT DRUG USE

Alcohol is the most commonly used and abused drug among youth in the United States. Age at first use of alcohol is an important indicator of future consumption. Youth who use alcohol before the age of 15 are five times more likely to develop alcohol dependence as an adult. These youth are also more likely to develop other drug dependency problems. Prevention and intervention can help to reduce risk factors and boost protective factors that guard against initiation of alcohol and drug use.

Source: Centers for Disease Control and Prevention

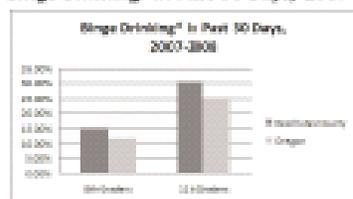
Youth

Use of Alcohol At Least Once in Past 30 Days, 2007-2008



Source: Oregon Healthy Teens Survey, 2007-2008

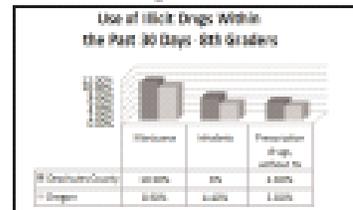
Binge Drinking* in Past 30 Days, 2007-2008



*5 or more drinks of alcohol in a row

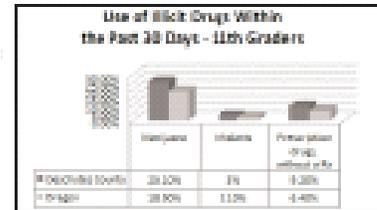
Source: Oregon Healthy Teens Survey, 2007-2008

Use of Illicit Drug Within the Past 30 Days, 2007-2008

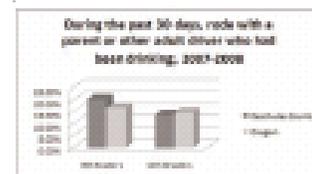


*Inhalants are products inhaled to get a high, such as paint, glue and many other household products.

Source: Oregon Healthy Teens Survey, 2007-2008



During the past 30 days, number of teenagers reports riding with a parent or other adult driver who had been drinking, 2007-2008



Source: Oregon Healthy Teens Survey, 2007-2008

11th Graders who have ridden in a vehicle with a teenage driver who had been drinking alcohol at least once, 2007-2008



Source: Oregon Healthy Teens Survey, 2007-2008

ILLICIT DRUGS

Illicit drug use in Oregon exceeds the national per capita average, with higher rates of methamphetamine, marijuana, and illicit use of prescription drugs. A 2008 study by ECGNorthwest puts total direct economic costs from illicit drug abuse at \$2.7 billion. Arrests for drug violations increased 44% from 2003-2007, and 27% of the Oregon corrections population is in the system due primarily to drug offenses, nearly three times higher than any other primary offense category.

In 1999, Deschutes County was designated a "High-Intensity Drug Trafficking Area" (HIDTA), a federal label for areas within the United States that exhibit serious drug trafficking problems and harmful impact other areas of the country. Data from the HIDTA program and the Central Oregon Drug Enforcement (CODE)* team indicate continued high rates of methamphetamine abuse and growing rates of marijuana and prescription drug abuse. Heroin use among younger populations also seems to be on the rise.

Source: Oregon HIDTA Program, 2008 Drug Threat Assessment; Deschutes County Sheriff's Office

*The Central Oregon Drug Enforcement team is a multi-agency narcotics investigation team comprised of detectives from the Bend Police Department, Deschutes County Sheriff's Office, Redmond Police Department, Ashland Police Department, Crook County Sheriff's Office, Jefferson County Sheriff's Office, Deschutes County District Attorney's Office, United States Drug Enforcement Administration, and the Oregon National Guard.

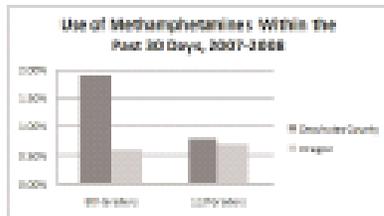
Methamphetamine (Meth)

Although there has been a significant decline in the number of meth lab seizures due to restrictions on the availability of pseudoephedrine, meth continues to be widely abused and trafficked throughout the Central Oregon region. Large-scale drug trafficking organizations, primarily from Mexico and California, typically distribute meth throughout the region after transporting it up the I-5 and Highway 97 corridors from the south. Serious meth-related crime is a regular problem reflected by identity theft, abused and neglected children, and other serious person and property crimes.

In 2008, the CODE team had 112 arrests due to meth possession and seized approximately five pounds of meth.

Source: Central Oregon Drug Enforcement Team; Deschutes County Sheriff's Office

Youth



Use of Methamphetamines Within the Past 30 Days, 2007-2008

Source: Oregon Health Dept Survey, 2007-2008

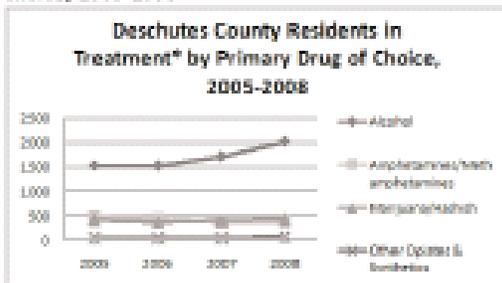
Prescription Drug Abuse

Recent data indicate prescription drug abuse is the fastest growing type of substance abuse in Oregon. Treatment admissions for non-prescribed use of prescription drugs increased by 332% in Oregon from 1997-2006. Internet sites advertising and selling controlled prescription drugs increased by 70% between 2006 and 2007. Eighty-four % of sites selling these drugs did not require a prescription. Oregon is fourth among states leading the country in teen abuse of prescription pain relievers. 9.2% of Deschutes County's 11th graders reported abuse of prescription pain relievers in the past 30 days.

Source: OHSU/Addiction and Mental Health Division; Oregon Health Program, 2008 Drug Threat Assessment

DRUG TREATMENT

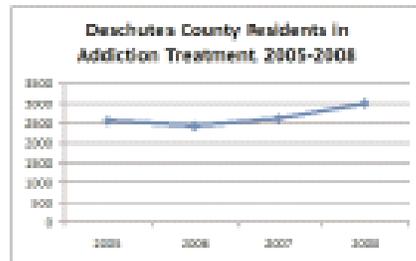
Deschutes County Residents in Treatment,* by Primary Drug of Choice, 2005-2008



*Includes only those served by the public sector, with the exception of BOP services and opiate replacement therapy, which is captured from all treatment sources.

Source: OHSU/Oregon Addiction and Mental Health Division

Deschutes County Residents in Addiction Treatment, 2005-2008



*Includes only those served by the public sector, with the exception of BOP services and opiate replacement therapy, which is captured from all treatment sources.

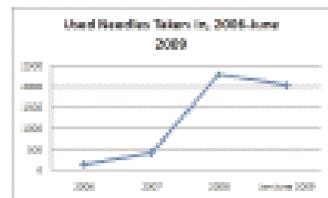
Source: OHSU/Oregon Addiction and Mental Health Division

HARM REDUCTION SERVICES

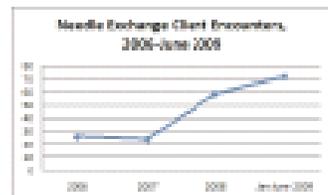
Needle Exchange Program

The purpose of the Deschutes County Health Services Needle Exchange Program is to reduce disease transmission.

Used Needles Taken In, 2006 - June 2009



Needle Exchange Client Encounters, 2006 - June 2009



Since its inception in 2006, the number of needles taken in by the Needle Exchange Program has increased by 1,385%. The number of individual client encounters has also increased as public health staff work to build trust within the community. Preventing disease among persons who inject drugs, reduces illness among Deschutes County Residents. Exchanging used needles for new, clean ones prevents the spread of blood borne illness, including HIV and Hepatitis B and C. While participating in the needle exchange program, clients are exposed to disease prevention education, given the opportunity to be tested for HIV and Hepatitis C, and provided with addiction and mental health information and referrals.

Source: Deschutes County Needle Exchange Program

ENVIRONMENTAL HEALTH

Drinking Water

In Deschutes County, 168 public water systems serve a total population of 131,384. From July 1, 2008 to June 30, 2009:

- ▶ Three systems did not meet federal EPA standards at some time. All three were returned to compliance.
- ▶ There were a total of 39 water quality alerts, all of which have been resolved.

Source: Deschutes County Environmental Health Division

Food Safety

In 2008, Deschutes County Environmental Health Inspected 640 food service establishments for sanitation and cleanliness. The inspections were also used to provide education for preventing food borne illness and to raise awareness on the importance of hand washing and hygiene, time and temperature control for potentially hazardous foods, and cross-contamination. The Deschutes County Environmental Health Division also investigated over 150 food borne illness complaints in 2008.

Source: Deschutes County Environmental Health Division

Restaurant scores are now available on the Web!
To learn more, visit
<http://www.deschutes.org/restaurantcores>

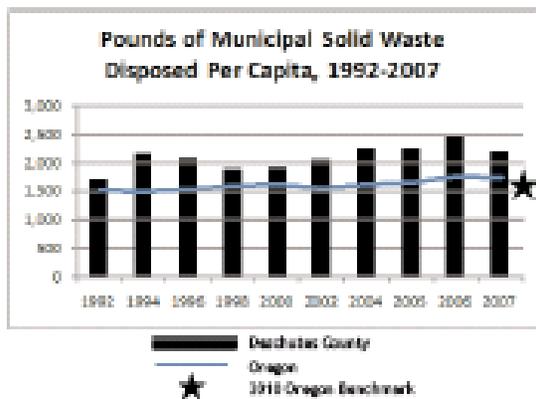
Outdoor Air Quality

Motor vehicles are the primary source of air pollution in Deschutes County. Emissions from cars contribute to ground level ozone pollution (smog), especially on hot summer days. Other major causes of pollution are wood stoves, gas-powered lawn mowers, motor boats, paints, solvents, aerosols, outdoor burning, and forest fires.

In 2008, Deschutes County had 350 days ranked at the highest level of the Air Quality Index ("good") and 15 ranked as "moderate."

Source: Oregon Department of Environmental Quality, 2008 Oregon Air Quality Data Summary

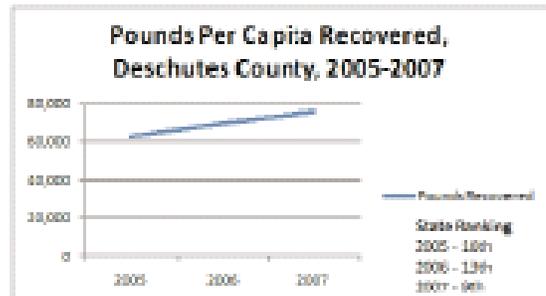
Solid Waste



Source: Oregon Department of Environmental Quality, Oregon Progress Board

Deschutes County continues to be among the highest producing counties in Oregon for pounds of municipal solid waste landfilled or incinerated per capita (see prior graph). The two main contributors to this ranking are waste from the construction and tourism industries.

Pounds Per Capita Recovered*, Deschutes County, 2005-2007



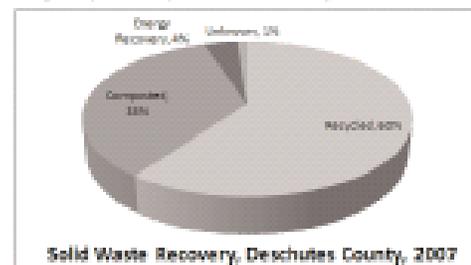
*Recovery refers to that which is recycled, composted, or used in energy recovery.

Source: Oregon Department of Environmental Quality

From 2005-2007, Deschutes County's statewide ranking has improved each year for pounds of solid waste per capita that is recovered. This suggests that positive changes are being made locally to reduce the amount of waste that ends up in landfills.

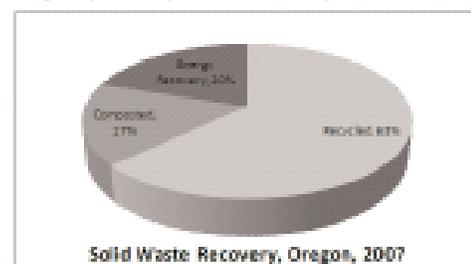
Manner of Solid Waste Recovery, Deschutes County, 2007

Source: Oregon Department of Environmental Quality



Manner of Solid Waste Recovery, Oregon, 2007

Source: Oregon Department of Environmental Quality



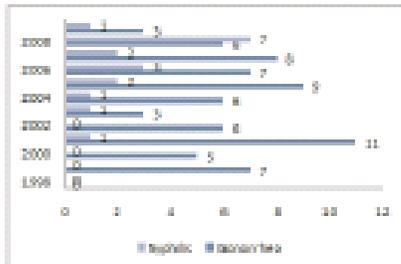
The pie charts above illustrate the breakdown of recovered waste for Deschutes County and the state of Oregon as a whole. It is expected that 2008 data will show Deschutes County mirroring the state much more closely, as much of our wood waste and yard debris has been going to energy recovery since 2007. This has been the result of increased interest in, and subsequent economic incentives for, renewable energy.

COMMUNICABLE DISEASE

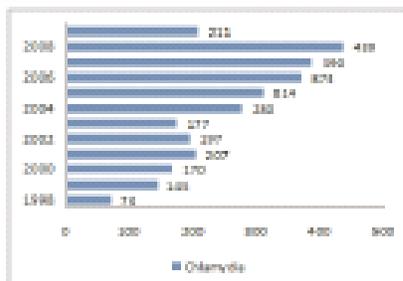
Sexually Transmitted Infections (STIs)

The number of sexually transmitted infections (STIs) reported and requiring clinical follow-up in Deschutes County has increased by 620% since 1998, while the population has only grown approximately 70% during that time. Follow-up for each case involves communication with the person testing positive for an STI in order to ensure treatment for the infection acquired and to determine the number of additional individuals who may have been exposed through sexual contact. Communication is then made with each of the potential contacts to notify them of their exposure and determine whether treatment may be necessary.

Deschutes County STI Cases, 1998-2008:



Source: DPH/Office of Disease Prevention and Epidemiology/ Selected Reportable Communicable Disease Summary, 2007; Deschutes County Communicable Disease Program



Chlamydia

Chlamydia is a common sexually transmitted infection (STI) caused by a bacterial infection. It is transmitted

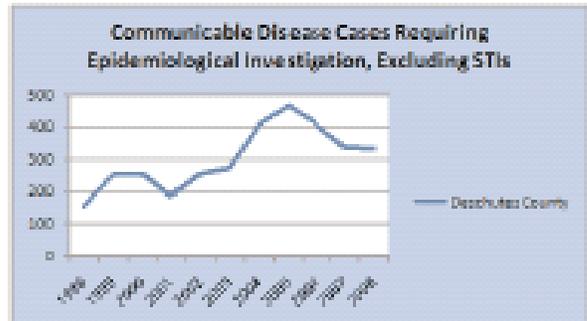
through oral, vaginal and anal sex. In 2008, as in previous years, Chlamydia accounted for the vast majority of STI diagnoses in Deschutes County - over 97%. Cases of Chlamydia have increased dramatically over the past ten years. Health officials are concerned with the rise in STIs as having one STI increases the chances of contracting HIV if exposed. Rationale for the increase

Incidence of Chlamydia by county of residence, Oregon, 1999-2007



In cases can be attributed to several factors including increased testing, increased/improved partner notification, and comprehensive education in the community regarding the risk of acquiring Chlamydia. Although curable, the infection can have severe consequences, including tubal pregnancy, pelvic inflammatory disease, and epididymitis which can lead to infertility. Possible complications in newborns of infected mothers are pneumonia and blindness.

Chlamydia is known as the "silent infection" because many of those infected will show no signs or symptoms. The lack of symptoms can delay prompt diagnosis and treatment leading to secondary complications and possible hospitalization. The vast majority of Chlamydia cases occur in youth ages 15-25 years, although any sexually active person can acquire the infection. Routine testing for Chlamydia is crucial for sexually active youth, adults with a history of multiple sexual partners, and anyone entering a new sexual relationship.



HIV/AIDS

There has been a total of 33 new HIV positive cases identified in Deschutes County since reporting began in October 2001. At the end of 2008, 74 Deschutes County residents were reported to be living with HIV/AIDS. This is considered a substantial underestimate for the County for several reasons: Many people are diagnosed elsewhere and then relocate to Central Oregon to live; HIV reporting began only relatively recently (October 2001); only half of all persons in the nation are ever tested for HIV; and estimates from the federal government show that one in five persons living with HIV in the United States are infected and do not know it. Stigma surrounding HIV and AIDS as well as unfounded fears of contagion help to keep this epidemic underground in Oregon, particularly in rural areas.

Several indirect indicators of risk for HIV infection exist in Deschutes County. Since the two major routes of HIV transmission are unprotected sex and the sharing of needles by persons who inject drugs, behavioral factors related to sex and drug use can serve as indirect indicators of possible true HIV rates in the County. For example, high rates of sexually transmitted infections (STI) among young adults and teens serve as a marker of unprotected sex. Case counts of STIs have skyrocketed in Deschutes County in the past ten years, leaving public health officials concerned that the true incidence of HIV may be much higher than currently understood.

Since 2006, public health outreach in Deschutes County involves a risk reduction program known as Needle Exchange. The Needle Exchange Program operates from the health services department and includes a mobile unit staffed by public health workers trained to provide drug treatment referrals, HIV testing, and risk reduction education to persons who inject drug. The number of people accessing needle exchange services has risen drastically. Further, there has recently been an influx of clients who report injecting methamphetamine, a drug known to be associated with high levels of unprotected sex and multiple partners, another indirect risk indicator for HIV transmission in Deschutes County.

DESCHUTES COUNTY HEALTH REPORT 2009

The Ryan White HIV Case Management Program in Deschutes County has had an average of 55 HIV positive clients participating in 2008-09. In addition to case management services, Deschutes County Health Services provides STI testing and treatment, HIV counseling and testing, and outreach that includes mobile van HIV testing services, free HIV testing day annually, and World AIDS Day activities each December. Wellness classes with a support component are offered twice a year to HIV positive persons and their partners.

HIV/AIDS Cases by Year of First Diagnosis, 1990-2007

Note: There have been an alarming six new cases of HIV/AIDS diagnosed in Deschutes County (as of 10/30/09). Half of these had progressed to full-blown AIDS when first tested and diagnosed.

Source: OHSU/Office of Disease Prevention and Epidemiology, "Epidemiologic Profile of HIV/AIDS in Oregon, 2007"

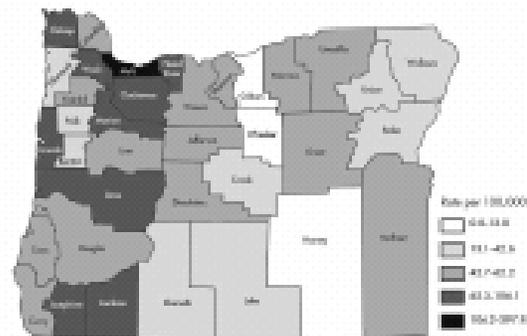
Living Oregon HIV/AIDS Cases as of 12/31/2008

Source: OHSU/Office of Disease Prevention and Epidemiology, HIV/STD/TB Program

	HIV	AIDS	Total HIV/AIDS
Creek County	2	5	7
Deschutes County	32	42	74
Jefferson County	2	10	12
Oregon	1,731	3,120	4,851

Source: OHSU/Office of Disease Prevention and Epidemiology, Selected Reportable

Persons living with HIV or AIDS by county of residence, Oregon, 1999-2007



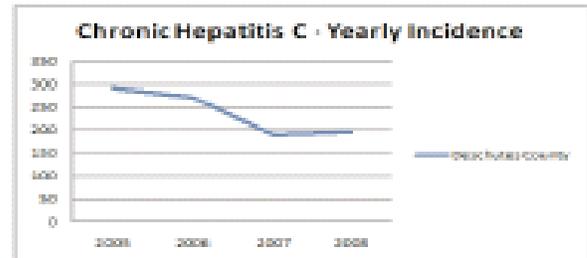
Communicable Disease Summary, 2007

DID YOU KNOW?
 There is a rapid HIV test that gives accurate results in just 20 minutes. Testing is available at several locations throughout Deschutes County. Call 541-322-7400 for more information or to schedule an appointment.

www.deschutes.org/healthreport

Chronic Hepatitis C is a liver disease caused by the Hepatitis C virus. It is spread by direct contact with human blood with most infections caused by the sharing of needles during injection drug use. The virus can also be transmitted through sexual contact and from infected mothers to their infants at birth. There is no vaccine for Hepatitis C.

*Note: Based on the graph above, it looks as though local Hepatitis C cases



have been declining in recent years. That is not the case. Hepatitis C became a reportable disease in 2005, which led to an initial surge in testing and reporting.

Source: Deschutes County Communicable Disease Program

GIARDIASIS

Giardiasis is an illness caused by the parasite, Giardia lamblia. Infection occurs after swallowing polluted water, eating uncooked contaminated food or by touching and putting contaminated objects in the mouth. Children in day care and their close contacts are at the greatest risk, as are hikers, campers, and others who drink untreated water from potentially contaminated sources. Travelers to disease-endemic areas should heed travel warnings on water quality. Infection often occurs without symptoms however, the most common symptoms of giardiasis are diarrhea, stomach cramps, and nausea. Over the past several years, the incidence of giardiasis in Oregon has consistently ranked higher than the nationwide average. Giardiasis can be prevented with proper hand washing and by avoiding exposure to fecally contaminated water.

Giardiasis Cases, 1999-2008

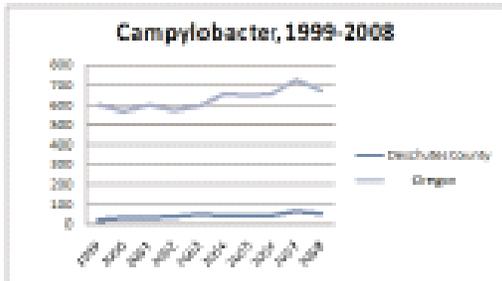
	Deschutes County	Oregon
1999	102	792
2000	53	673
2001	34	535
2002	29	432
2003	21	406
2004	28	443
2005	13	417
2006	40	425
2007	35	462
2008	38	442

Source: OHSU/Office of Disease Prevention and Epidemiology, Selected Reportable Communicable Disease Summary, 2007; Deschutes County Communicable Disease Program

CAMPYLOBACTERIOSIS

Campylobacter is the most common bacterial cause of diarrhea in the United States. Most cases occur as single cases in the summer months and not as part of a large outbreak, although outbreaks can occur. Children under four years of age have the highest rates of illness. Campylobacter is usually spread by eating or drinking contaminated food or water. It is sometimes spread through contact with infected people or animals. Campylobacteriosis can be

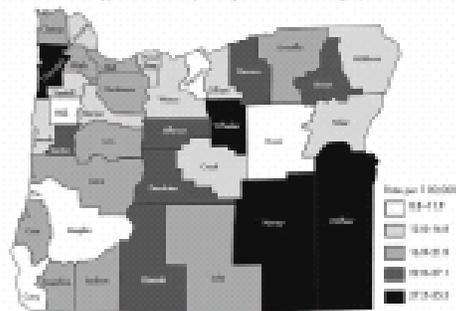
prevented with proper hand washing, food handling, and water treatment.



Campylobacter, 1998-2007

Source: *DESH Office of Disease Prevention and Epidemiology, Selected Reportable Communicable Disease Summary, 2007, Deschutes County Communicable Disease Program*

Incidence of campylobacteriosis by county of residence: Oregon, 1998-2007



INFLUENZA

Seasonal Influenza

During the 2007-08 flu season, Deschutes County started a seasonal influenza surveillance data base. Data is collected from local clinicians and laboratories on the rapid flu testing done for persons that present with flu-like illness. This information is used to gauge the impact influenza is having on our community and to follow the types of influenza (A or B) that are circulating. The 2007-2008 season showed influenza peaking locally during the month of February, while the 2008-2009 season had its peak in March.

On average, 5% to 20% of the U.S. population gets the flu each year. More than 300,000 people are hospitalized and approximately 36,000 die from flu-related complications. The best way to prevent the flu is by getting a flu vaccination each year.

Source: Deschutes County Communicable Disease Program; Centers for Disease Control and Prevention

Novel Influenza A (H1N1)

In April 2009, cases of a new Influenza A illness—originally called “swine flu”—appeared in Mexico and quickly spread to the United States and other countries. On June 11, 2009, the World Health Organization declared that a global pandemic of H1N1 was underway, indicating widespread illness throughout the world. The

United States continues to report the largest number of novel H1N1 cases of any country worldwide. Most people who have become ill have recovered without requiring medical treatment. Nineteen counties throughout Oregon have confirmed cases of H1N1 illness, with the first confirmed case in Deschutes County reported in mid-June. The true number of H1N1 illnesses is thought to be significantly higher than the number of “confirmed” cases, as those with mild illness generally do not seek medical care. Public health staff report cases have remained low throughout the summer and possibly increased in the fall.

Novel Influenza A (H1N1) is a respiratory illness related to seasonal influenza, but not usually seen in people. Similar to other respiratory diseases, it is spread from person to person through coughing and sneezing. The symptoms of H1N1 flu in people are similar to the symptoms of regular human flu and include fever, cough, sore throat, body aches, headache, chills and fatigue. Some people have reported diarrhea and vomiting. H1N1 may also cause a greater risk of influenza-related complications to people with underlying medical conditions.

Source: Centers for Disease Control and Prevention; *DESH Oregon Acute and Communicable Disease Prevention Programs*

Preventing a flu illness - What you can do to stay healthy:

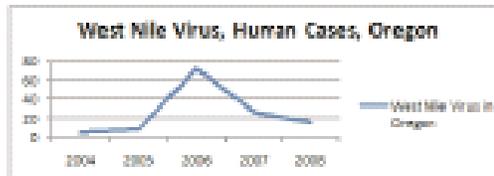
- Cover your nose and mouth with a tissue when you cough or sneeze. Throw the tissue in the trash after you use it.
- If you don't have a tissue, cover your cough with your shirt sleeve, not your hands.
- Wash your hands often with soap and water, especially after you cough or sneeze. Alcohol-based hand cleaners are also effective.
- Avoid touching your eyes, nose or mouth. This is how germs can spread.
- Try to avoid close contact with sick people.
- Get plenty of sleep, be physically active, manage your stress, drink plenty of fluids, and eat nutritious food.

OTHER COMMUNICABLE DISEASES

• **Norwalk-like Viruses:** In 2008, Deschutes County initiated 11 outbreak investigations of Norwalk-like illness, involving several dozen individual cases. Norwalk-like viruses are very contagious and can spread easily from person to person. Symptoms include nausea, vomiting, diarrhea, and some stomach cramping. In most people the illness is self-limiting with symptoms lasting for about one or two days, with no long-term health effects related to their illness.

• **West Nile virus** is transmitted to humans and animals through the bite of infected mosquitoes. The vast majority of those infected with the virus have no symptoms or have a mild fever and flu-like illness. In rare cases, the virus can cause encephalitis, an inflammation of the brain, or death. West Nile virus was first detected in Oregon in August 2004, with the first human, equine, and avian cases diagnosed. Since then, cases have increased significantly in Oregon, resulting in two human deaths. There have been no human cases acquired in Deschutes County. Deschutes County Health Services continues to conduct surveillance of West Nile Virus through testing of mosquitoes and dead birds.

West Nile Virus, Human Cases, Oregon



Source: *DESH Office of Disease Prevention and Epidemiology, West Nile Virus Summary Report, 2008*

EMERGENCY PREPAREDNESS

Deschutes County Health Services Department works closely with Deschutes County Emergency Management, first responders, local hospitals, and other community organizations to mitigate, prepare for, and respond to emergencies or disasters. Emergency scenarios include natural disasters, hazardous materials accidents, pandemic influenza, bio-terrorism, and other hazards. Preparedness education and outreach efforts are focused on the general public, vulnerable populations, schools, and the business and healthcare communities.

In April 2009, the Deschutes County Public Health Reserve Corps (DCPHRC) was established in order to support the existing public health infrastructure. The goal of the DCPHRC is to have a group of volunteer health professionals and support staff who are pre-trained, pre-verified, and ready to contribute their time and expertise preparing for and responding to public health emergencies. The Corps can also support public health activities in times of non-crisis by staffing immunization clinics, participating in preparedness exercises, and engaging in health promotion activities at community events. To learn more about the DCPHRC, contact Holly Nyquist at 541-322-7440.

DATA SOURCES

Behavioral Risk Factor Surveillance System

The Behavioral Risk Factor Surveillance System (BRFSS) is an ongoing random-digit dialed telephone survey of adults concerning health-related behaviors. The BRFSS was developed by the Centers for Disease Control and Prevention and is conducted in all states in the United States. Each year, 3,000 to 15,000 adult Oregonians are interviewed on questions related to health behavior risk factors such as seat belt use, diet, weight control, tobacco and alcohol use, physical exercise, preventive health screenings, and use of preventive and other health care services. The data are weighted to represent all adults aged 18 years and older. Each state may add questions to the survey. <http://www.cdc.gov/brfss>.

Center for Disease Control and Prevention

The Centers for Disease Control and Prevention (CDC) is one component of the federal Department of Health and Human Services (HHS), which is the principal agency in the United States government for protecting the health and safety of all Americans. The CDC's mission is to promote the health and quality of life by preventing and controlling disease, injury, and disability. <http://www.cdc.gov>

DHS/Oregon Addictions and Mental Health Division

The Department of Human Services' Addictions and Mental Health Division (AMH) works to assist Oregonians and their families to become independent, healthy and safe by promoting resilience and recovery through culturally competent, integrated, evidence-based treatments of addictions, pathological gambling, mental illness and emotional disorders, and preventing and reducing the negative effects of addictions and mental health disorders. <http://www.oregon.gov/DHS/addiction>

DHS/Center for Health Statistics

The Center for Health Statistics (CHS) is responsible for registering, certifying, amending, and issuing Oregon vital records. The CHS is also responsible for administering the statewide youth and adult behavioral health surveys. <http://www.dhs.state.or.us/dhs/ph/chs>

DHS/Office of Disease Prevention and Epidemiology

The Office of Disease Prevention and Epidemiology identifies, monitors and seeks to control the factors that threaten the health of Oregonians. The Office is comprised of the following programs: Injury Prevention and Epidemiology, HIV/STD/TB Program, Health Promotion and Chronic Disease Prevention, and Acute and Communicable Disease Program.

<http://www.oregon.gov/DHS/ph/odpe>

DHS/Public Health Division

The Public Health Division of the Oregon Department of Human Services includes multiple programs and offices that are cited within this document, including Oregon Asthma Program, Oregon Diabetes Program, Oregon Cancer Registry, Oregon Heart Disease and Stroke Prevention Program. For a full listing of Public Health Division programs, visit: <http://www.oregon.gov/DHS/ph/programs.shtml>.

National Alliance on Mental Illness

The National Alliance on Mental Illness (NAMI) began in 1979 and has been dedicated to improving the lives of individuals and families affected by mental illness. NAMI is a grassroots mental health advocacy organization that focuses on three cornerstones of activity: awareness, education, and advocacy. <http://www.nami.org>

National Center for Health Statistics

The National Center for Health Statistics (NCHS) is the Nation's principal health statistics agency. NCHS collects data from birth and death records, medical records, interview surveys, and through direct physical exams and laboratory testing to guide actions and policies with the aim of improving the health of residents of the United States. NCHS is a key element of our national public health infrastructure, providing important surveillance information that helps identify and address critical health problems.

<http://www.cdc.gov/nchs/hus.htm>

National Institute of Mental Health

The National Institute of Mental Health (NIMH) works to transform the understanding and treatment of mental illnesses through basic and clinical research, paving the way for prevention, recovery and cure. NIMH funds research by scientists across the country as well as in NIMH studies in the internal research program. <http://www.nimh.nih.gov>

Oregon Healthy Teens Survey

Since 2000, the Youth Risk Behavior Survey and the Oregon Public School Drug Use Survey have been combined into a single annual survey, Oregon Healthy Teens Survey (OHTS). The OHTS is Oregon's effort to monitor the health and well-being of adolescents through a comprehensive, school-based, anonymous and voluntary survey. OHTS is conducted among eighth and eleventh graders statewide. <http://www.dhs.state.or.us/dhs/ph/cha/youthsurvey>

Portland State University, Population Research Center

The Population Research Center began in 1956, initiated by the State of Oregon with the purpose to prepare annual population estimates for cities and counties in order to distribute state tax revenues. The original program was transferred in 1965 to Portland State University, where it has taken on additional duties including the Oregon State Data Center, the lead agency in the state for relationships with the U.S. Census Bureau. <http://www.pdx.edu/prc>

DESCHUTES COUNTY HEALTH SERVICES & INFORMATION



Health Services Director:
Scott Johnson, M.Ed.

Medical Directors:
Richard Fawcett, M.D.
Mary Horburg, M.D.
Stephen Knapp, M.D.
Marc Williams, M.D.

To download a copy of this report, visit:
www.deschutes.org/healthreport

LOCATIONS

BEND

Human Services Building
2577 NE Courtney Drive
541-322-7400

Downtown Health Center
(Serving young adults through age 25)
1128 NW Harriman
541-322-7457

Ensworth Elementary School
School-Based Health Center
2150 NE Daggett Lane
541-693-2222

Community Support Services
Behavioral Health
1128 NW Harriman Street
541-330-4637

Seniors' Mental Health Program
1130 NW Wall Street
541-385-1746

REDMOND

Becky Johnson Center
412 SW 8th Street
541-617-4775

Lynch Elementary School
School-Based Health Center
1314 SW Kalama
541-504-3589

LA PINE

La Pine Community Campus
(Limited hours)
51605 Coach Rd.
Clinic: 541-322-7400
School-Based Health Center:
541-536-0400

South County Services Center
Behavioral Health
51340 Highway 97
541-322-7500

DESCHUTES COUNTY HEALTH SERVICES

Clinic Services

Communicable Disease

Women, Infant and Children Program (WIC)

Maternal and Child Health Services

Prevention and Education Programs

Child & Family Behavioral Health Program

Adult Behavioral Health Treatment

Seniors Mental Health

Developmental Disabilities

Behavioral Health

Addictions and Mental Health Advisory Board:
Chair: Dolores Ellis
Vice-Chair: Glenda Lantis

Developmental Disabilities Planning Committee:
Coordinator: Kathy Drew

24-hour
Mental Health crisis services:
541-322-7500

Web Site:
www.deschutes.org/mentalhealth

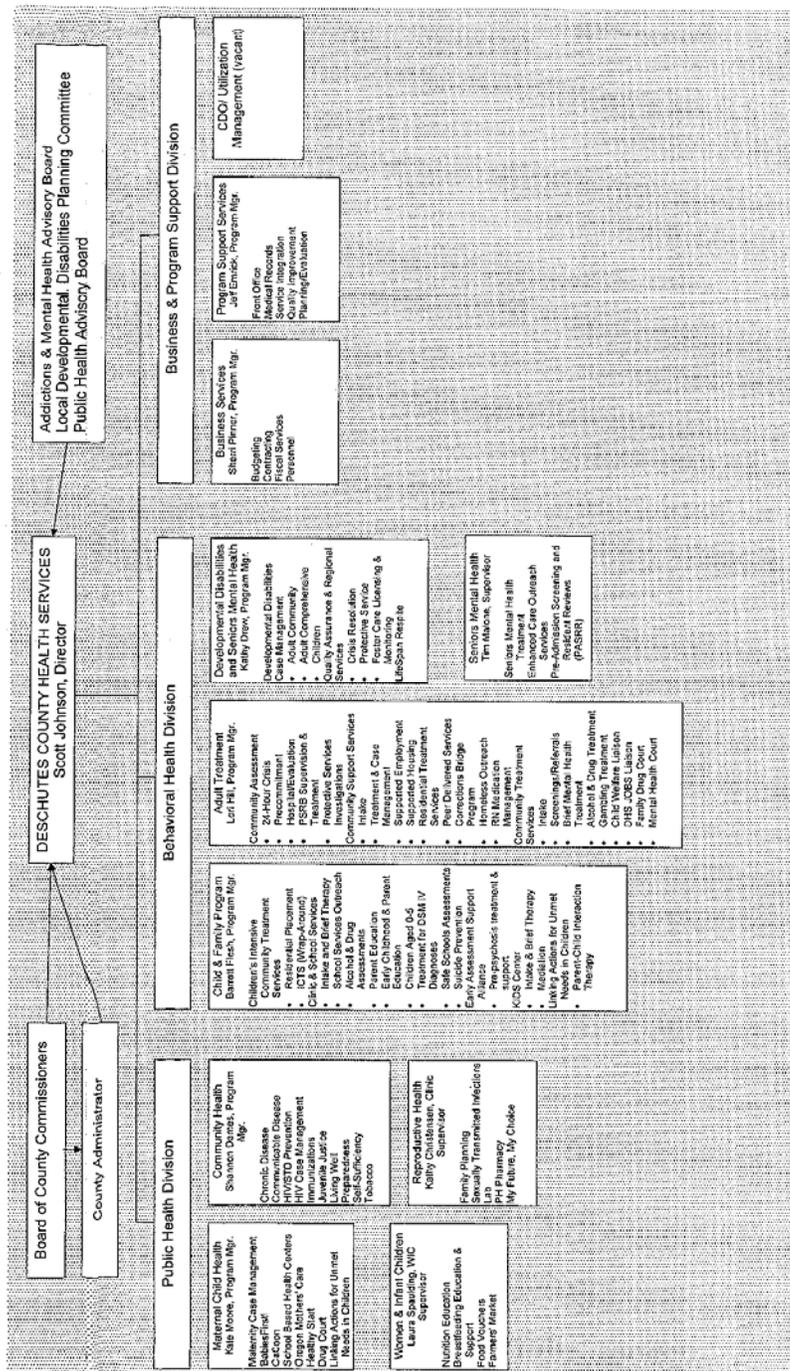
Public Health

Public Health Advisory Board:
Chair: Aylett Wright B.A.
Vice-Chair: Mary Jeanne Kuhar, M.D.

Communicable Disease Reporting
541-322-7418

Web Site:
www.deschutes.org/health

Appendix B Organizational Structure



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