

*Crook County Health Department
A Healthy and Safe Future for the People of Crook County*

**Crook County Health Department
375 NW Beaver St., Suite 100
Prineville, Oregon 97754**



**LOCAL PUBLIC HEALTH AUTHORITY
Annual Plan
2011-2012**

*Crook County Health Department
A Healthy and Safe Future for the People of Crook County*

Mission:

In partnership with the community we serve, the Crook County Health Department protects, provides, and enhances the health, safety, and well-being of all people and the environment of our county.

May 1st, 2011

Tom Engle
Department of Human Services
800 N.E. Oregon Street, Suite 930
Portland, OR 97232

Dear Mr. Engle:

Enclosed please find Crook County's Public Health Annual Plan Update for 2011-2012, which is being submitted pursuant to ORS 431.385. This plan has been prepared according to your instructions and assures that the activities defined in ORS 431.375-431.385 and ORS 431.416 are performed. If you have any questions or need further information, please contact me at (541) 416-3986.

Sincerely,

Muriel DeLaVergne-Brown, RNBS, GCPH

Muriel DeLaVergne-Brown, RNBS, GCPH
Public Health Director
Crook County Health Department

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I. EXECUTIVE SUMMARY

Established in 1868, Prineville is the oldest community in Central Oregon, and one of the states's first incorporated cities. Prineville's origins are tied to the land in agriculture, forest products, the railroad, and manufacturing; and Crook County is known for its' independent identity and spirit. Crook County Public Health has provided services for over 50 years and continues to grow and provide the five basic services contained in statute (ORS 431.416) and rule (OAR Chapter 333, Division 14). These include: Epidemiology and Control of Preventable Diseases; Parent and Child Health Services, Family Planning, Environmental Health Statistics, Collection and Reporting of Health Services, and Health Information and Referral.

In addition, many services described in ORS 333-0140-0050 are provided including emergency preparedness, health promotion including chronic disease management, as well as immunizations. **The public health staff is dedicated and responsible for following the principles of the 10 Essential Elements of Public Health.**

- 1. Monitor Health Status to identify community health problems.**
 - Develop annual health report through community assessment
 - Lead for the development of the tri-county community assessment plan
 - Monitor child, adolescent, and adult immunization rates
 - Participate in special immunization projects
 - Offer adult vaccinations
 - Review health and social histories of clients in all programs as required
- 2. Diagnose and investigate health problems and health hazards in the community.**
 - Testing of water
 - Identification of communicable disease cases and investigation
 - Identification health problems/hazards – environmental health
- 3. Inform, educate and empower people about health issues.**
 - Outreach for HIV/STDs
 - Offer immunization to health care community – focus group to determine healthcare community barriers to influenza vaccine with Deschutes County
 - SBHC services – open May 2011
 - Family Planning and STD services
 - Develop community campaigns as needed
- 4. Mobilize community partnerships to identify and solve health problems.**
 - Partnership with Rimrock, CHIP, and Commission on Child and Families to address community issues
 - Partnership with emergency management and medical community to foster public health preparedness relationships

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- Participate on Advisory Council and Support activities of the 190 Central Oregon Health Board along with the Central Oregon Health Council
- 5. Develop policies and plans that support individual and community health efforts.**
- Continue development of local policies for tobacco control
 - Contract with Crook County School District and Mosaic Medical for coordination of School Based Health Center services
 - Worksite wellness policy development
 - Collaborate with Rimrock Health Alliance, Central Oregon Health Council, and the 190 Central Oregon Health Board on supporting policy change to improve health in the region
- 6. Enforce laws and regulations.**
- Provide 24/7 for disease reporting and response
 - Respond to all Indoor Clean Air Act complaints within 24 hours
 - Complete all Environmental Health requirements in a timely manner
 - Develop plan with law enforcement to address tobacco control with youth in the county
 - Reach out to providers to enforce vaccination laws and rules (vaccine storage)
- 7. Link people to needed personal health services and assure the provision of health care where otherwise unavailable.**
- Identify pregnant women and refer to Oregon Mother's Care, development of Cowam Plus Program
 - Identify barriers to care for clients and link to services in the community
 - Living Well referrals
 - Home visiting program referrals
- 8. Assure competent workforce.**
- CPR training for staff
 - Trained staff in ICS response
 - Staff trained in specific job purpose – gaps identified each year
 - Support staff training, assign Nursing Supervisor to training for staff
 - Engage staff in strategic planning for public health in Crook County
- 9. Evaluate effectiveness, accessibility and quality of personal and population based services.**
- Continue coordination with regional efforts – Central Oregon Health Council for population based services
 - Collaborate with Rimrock to assess primary care efforts
 - Assess access with children – SBHC planning

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10. Research for new insights and innovative solutions to health problems.

- Continue to engage community partners to focus on dangers of secondhand smoke to multi-unit property owners
- Based Practice based programs for Teen Pregnancy Prevention
- Cultivate new relationships with Oregon State for Community Assessment work

Crook County Health Department’s projected budget of \$883,418 for FY 2011/2012 employs 12.07 full-time FTE and three on-call nursing staff. The programs are primarily funded through funding streams (state and federal) from the Oregon Health Authority – Oregon State Public Health. The department continues to grow, improve revenue production, and will implement the OCHIN/EPIC Practice Management and Electronic Health Records system in June of 2011.

Several organizations in the region including Rimrock Health Alliance, HealthMatters, Central Oregon Health Council, and the Central Oregon Health Board (190) are striving to create new initiatives which are intended to improve health outcomes for residents of the region. Rimrock has been successful in bringing new providers to the community, and continues to make a difference. The department is currently working with a contractor from St. Charles Medical Center to complete a tri-county community needs assessment, along with assistance from Deschutes and Jefferson County. Following the completion of the Community Needs Assessment; a health improvement plan and strategic plan will be updated the Central Oregon will apply for accreditation.

The future is exciting and yet there have many health concerns to address. The department concerns include issues with inadequate prenatal care, obesity, lack of physical exercise and nutrition, one of the highest tobacco use death rate in the state, underage drinking, and late stage diagnosis of breast cancer in women over 65. The county health rankings for Crook County 2010 and 2011 include the following:

Health Outcomes:	14 th in 2010; 14 th in 2011
Health Factors:	21 st in 2010; 30 th in 2011
Health Behaviors:	21 st in 2010; 21 st in 2011 (tobacco, diet, exercise, alcohol use, high risk sexual behavior)
Clinical Care:	9 th in 2010; 20 th in 2011 (access to care and quality of care)
Social/Economic:	27 th in 2010; and 30 th in 2011 (education, employment, income, family and social support, and community safety)
Physical Environ:	17 th in 2010; and 21 st in 2011 (air quality, build environment)

The economic hardships to Crook have been hard, yet the future has some exciting opportunities. Our action plan addresses health concerns in Crook County.

II. ASSESSMENT - ANNUAL

1. DESCRIPTION OF PUBLIC HEALTH INDICATORS AND ISSUES IN CROOK COUNTY

POPULATION

Crook County, located in the geographic center of Oregon, encompasses 2,982 square miles. Although considered rural, the county and region have experienced growth over the past ten years. From 2000 to 2010, Crook County has grown, yet with the loss of jobs, and other issues, the 2010 census population recorded 20,945 individuals living in the county. The county's main population center is Prineville, home to approximately 10,000 individuals, while the remaining individuals live throughout the county in small communities such as Paulina, Post, Alfalfa, and Powell Butte. Although Prineville is the county's only incorporated city, the growth in the county has outpaced the growth within the city. This growth has affected the Powell Butte area, and the Juniper Canyon on the south side of town. While both areas have experienced growth, Powell Butte continues to be an area with higher than average household incomes and land values. The Juniper Canyon area on the other hand, is a mixed development with mid ranged housing in one canyon, and lower income, some substandard housing in the next canyon. These pocket areas have contributed to Juniper Canyon's continued identification as one of Crook County's areas of poverty, as in the rural Paulina area.

The county is surrounded by Deschutes County to the west and south, Jefferson and Wheeler counties to the north, and Grant and Harney counties to the East. Economically, Crook County's growth has leveled out this past year and forest products, agriculture, livestock, construction, and recreation/tourism services (two reservoirs) represent Crook County's overall economy. Recently, the county was fortunate to gain a Facebook data center as a new business and there is talk of additional data centers moving to the area along with wind and solar farms. The unemployment rate is still high, gas prices create hardships, and there are transportation barriers due to the lack of a fixed route bus system from Prineville to Redmond and Bend.

Population by Age: (US Census – 2010)

2010 Population	0-17 years	18 and over
20,978	5,100	14,082
Total %	(26.6%)	(78.1%)

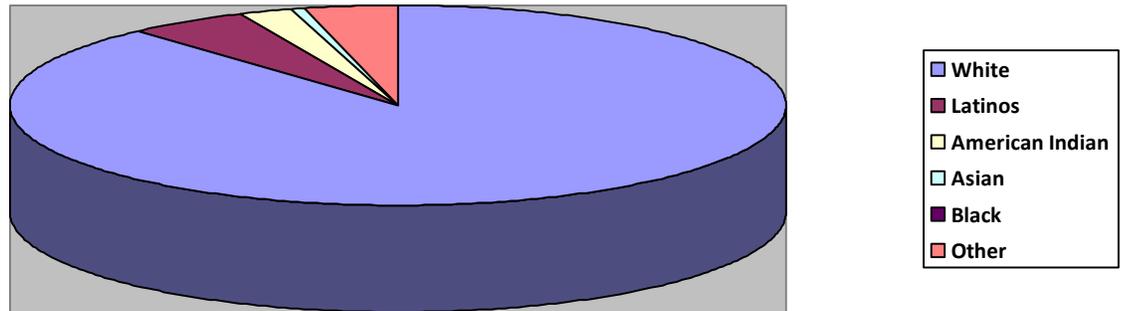
The county is predominately white with the following demographics (2010 – US Census):

- **94.4%** White
- **0.1%** Black or African American
- **5.6%** Latinos (Hispanics)
- **2.1%** American Indian and Alaska Native

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- **0.7%** Asian
- **0.0%** Native Hawaiian and Other Pacific Islanders
- **4.1%** Some Other Race

Population by Race/Ethnicity:



Births and Death, Crook County, 2000 – 2009 (Rates are age adjusted, per 1000)

	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010
Births	214	242	215	235	248	221	251	287	218	220	179
Birth Rate	11.1	12.2	10.6	11.6	12.0	9.7	10.2	11.1	N/A	N/A	N/A
Deaths	205	196	179	208	173	202	206	217	198	190	
Death Rate	10.6	9.8	8.7	10.2	8.4	8.9	8.4	N/A	N/A	N/A	N/A

The age of our population is changing. From 2006-2008 the 0-17 population has increased by 355 youth, but now encompasses a little over 24% of the total population compared to 25% in 2008 and births decreased from a high of 287 to 179 in 2010. There Increase in older populations possibly reflects the overall trend of population growth in Crook County from 2000 to present, where the majority of new residents were working-age adults seeking employment.

While the population continues to primarily identify as non-Hispanic white, we have experienced slight increases in our ethnic population which is currently at 9.8%, compared to 7.1% in 2000. The ethnic population continues to be comprised of predominantly Hispanic and Native American. Community service agencies continue to struggle to find and maintain Bilingual staff with limited funding.

ECONOMY: INCOME, POVERTY, AND HUNGER

Based on the US Census Bureau 2008 estimate, 12.6% of Crook County residents lived below the federal poverty level. The poverty rate among single mothers reached 61% percent, 65% of Hispanics lived in poverty and one-quarter of the county’s children live in poverty. The county has seen steady population growth, yet the number of non-farm jobs grew only 15 percent from 2001-2007. With diversification of our economy and

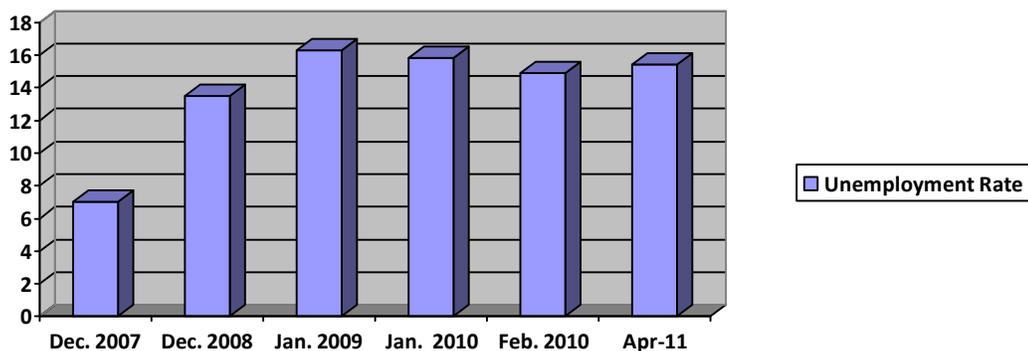
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following the national trend of the economic upswing, Crook County had reported improved employment rates consistently from 2004-2007 with an upswing in development and construction jobs. Between 2006 and 2007, the economic sectors of manufacturing, natural resources, and government lost jobs. The latest economic downturn has resulted in a plummeting of our employment rates. In 2008 and 2009 unemployment rates rose dramatically, culminating in a 21.4% unemployment rate in March of 2009 before leveling out at averages of 15.6%-17.6% during the final months of 2009. From November 2007 to November 2008, unemployment claims increased 57% in Crook County. Currently for the spring of 2011, the unemployment rate in Crook County is at 14.8%.

In addition:

- The level of educational achievement among the adult population consists of 80.5% high school graduates and 12.6% with a bachelor's degree or higher.
- Children First for Oregon reported \$51,700 is the median family income, which is 16% lower than the state median.
- The high school graduation rate improved to 91% in 2009.
- The unemployment rate in January 2008 was 8.9%; rose to 16.1% in February 2009, and declined to 15.8% in January 2010 and to 14.9% in February 2010.
- **8.4 per 1000 individuals filed bankruptcy in 2009, a 291% increase since 2006.**
- Subprime loans made up 30.1% of all loans in the county in 2007.
- Currently, 21.4% of children ages 0-17 report living in poverty.
- Two major economic stressors currently exist: the cost of housing and the impact of lack of medical costs due to lack of health insurance or the ability to cover medical emergency expenses.

UNEMPLOYMENT RATES – CROOK COUNTY



Hunger is most often a direct consequence of poverty and families with high poverty levels can only afford half of a basic family food budget. The economic downturn has increased the number of individuals requesting WIC services and 62.6% of public school children were eligible to receive free/reduced price lunches during the 2010 school year. On average, 1,055 (796 - 2009) children eat free/reduced lunches on a given day, while

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no children receive services during the summers due to lack of a summer lunch program.

Other indications of poverty in Crook County included (Oregon Office of Rural Health):

- The homeless count for January 2010 documented 244 individuals and 111 households, with a total of 62 children.
- The Crook County Overall Crime three year ranking in Oregon was 28th (Oregon Progress Board).

Primary needs for the low-income population in Crook County include:

- Housing, including affordable rental units and solutions to homelessness
- Energy efficiency
- Public Transportation
- Primary Healthcare
- Child care and early education
- Increased food-buying options and emergency food services

While population growth has continued for the county, there have been some challenges for the school district. There continue to be budget cuts, which has affected the morale in the community. During the 2008-09 school year more than \$1.4 million dollars was cut from the district budget and school was closed two weeks earlier than originally planned. This has become a major issue for after school, recreational and co-curricular activities for youth, in addition to vocational and career track programs at the High School. All programs that were supplemental to mandated services were cut and community fundraising coupled with donated coaching/adult supervision has provided activities at a reduced level.

HEALTH CARE COVERAGE

In January 2011, 3,361(16%) individuals were enrolled in the Oregon Health Plan and the Oregon Healthy Teens survey for 2010 documented that 56% of eleventh graders reported they had not had a checkup with a doctor or nurse practitioner during the past 12 months.

Dental Care has improved with the opening of an Advantage Dental Clinic in the community, and there continues to be a collaborative project providing fluoride varnish to the k-5th grade students by school nurses. We will also have a portable cleaning unit in the SBHC and Advantage will provide cleaning services to students. The 2008 Oregon Healthy Teen Survey documented that only 66% of 11th graders had seen a dentist in the past 12 months.

Approximately, 14.6% of the population of Crook County had no health insurance compared to 13.5% in Oregon, and 19% of children under age 18 had no health

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insurance compared to 11% statewide. These numbers should begin to improve with the Healthy Kids program implementation.

There still continues to be a shortage of health care providers in Crook County with the patient population as a large percent self pay, Medicare, and Medicaid compared to national averages. There is limited weekend and after hours coverage, no urgent care, no internal medicine, and lack of sufficient pediatric care. Since last year, a new rural health clinic has opened and several providers have joined the community, and the SBHC will open in the spring of 2011.

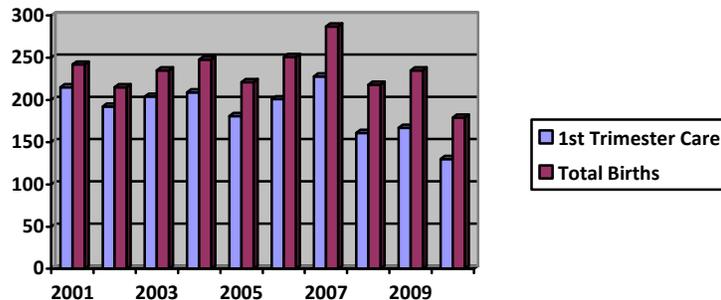
THE HEALTH OF MOTHERS AND INFANTS IN CROOK COUNTY

The number of births in Crook County has decreased from a high of 287 in 2007 to 179 in 2010. The percentage of mothers receiving first trimester prenatal care decreased from 89.3% in 2002 to 77% in 2009 demonstrating the lack of services and infrastructure to assist women in accessing essential services. Pioneer Memorial Hospital made the decision to stop deliveries in 2009 due to lack of available physicians. The women are being referred to Mosaic Medical (FQHC in Prineville) and providers in Redmond and Bend. Since the last report, two OB providers from Redmond are seeing women in Prineville on Tuesday, and a new OB/GYN will begin with Mosaic medical in September of 2011.

Self-reported use of alcohol during pregnancy declined, but the tobacco use is substantial at 21.2% in 2007; and, the percent of births to unmarried women for 2009 was at 33.2%. The low birth weight rates increased in 2007 and will be important to monitor. Infant Mortality has remained low since 2002.

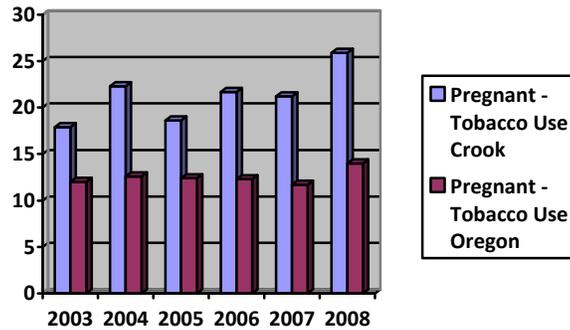
- Adequate Prenatal Care – 96.3% for 2007, 98.1% for 2008, and 95.9% in 2009.
- First Trimester Prenatal Care – The first trimester care continues to remain in the 74%-77% range and the total number of births is decreasing.
- Tobacco use for pregnant women continues to be a concern in Crook County.

1st Trimester Care/Total Births – Crook County (DHS-CHS 2001-2010)

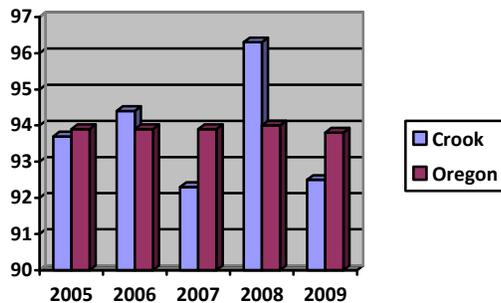


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Pregnant Women - Tobacco Use (DHS-CHS)



Adequate Birth Weight Rates – All Crook/Oregon



The WIC Program continues to serve pregnant women and families in Crook County, serving 475 families in 2009. This included 852 infants and children under 5 years of age and 331 pregnant women totaling 1,183 clients. The pregnant women served by WIC decreased from 40% to 29% of the pregnant women in Crook County as compared to the 38% statewide percentage. This is a concern and the staff will be developing an improved marketing program to make sure pregnant women know about the program. The changes in the prenatal care system may have impacted these numbers.

86.5% of the women in the program started out breastfeeding their child following birth. The Crook County Program economic benefits (WIC vouchers) to the local economy in 2009 included \$451,607 dollars to grocery stores and \$2,044 dollars to farmers through the farmer’s market program.

THE HEALTH OF CHILDREN

The health of children in Crook County is of concern with the high number of children lacking access to health care, yet this is improving with the Healthy Kids Program. The increase in the number of children enrolled in the Health Kids program from June 2009 to September 2010 was 19.4%. The opening of the SBHC will also affect these outcomes.

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The infant mortality rate (per 1,000 live births) from 2002 – 2005 was 7.6 and based on Children's First Report 2010 improved to 4.4 which is 8% better than the previous year.

In relationship to immunizations, up- to- date immunization rates for 24-35 month olds in 2009 was 72%. The missed shot rate improved from 16% to 14%, and the total % of measures met for the Oregon Health Authority was 80%. Approximately 21% of the children in Crook receive their immunizations at the health department, with the remaining receiving vaccinations in Prineville, Redmond, and Bend.

Child Abuse

In Crook County, as documented by Children First for Oregon, there were 35 total documented instances of abuse in 2010 with a rate of 5.3; a 4% decrease from the previous year.

- 35 children were victims of child abuse/neglect (5.3 per 1,000 children).
- 12 children were threat of harm victims (1.8 per 1000 children) 5% improvement from 2008.
- The rate of 96.6 for foster care placement stability is a 2% improvement from 2009 with 35 children in foster care. 40% of children in out-of-home placement were living with relatives.
- 2,336 reports of child abuse/neglect were made in 2009, of which 38% were assessed, and 11% were founded.
- 21.9% of founded abuse/neglect/threat of harm referrals was related to domestic violence and 62.5% were related to substance abuse.

Studies have found that:

- 80% of young adults who had been abused met the diagnostic criteria for at least 1 psychiatric disorder at the age of 21 (including depression, anxiety, eating disorders, & post-traumatic stress disorder).
- Abused children are 25% more likely to experience teen pregnancy.
- Abused teens are 3 times less likely to practice safe sex, putting them at greater risk for sexually transmitted infections.
- Children who experience child abuse & neglect are 59% more likely to be arrested as a juvenile, 28% more likely to be arrested as an adult, and 30% more likely to commit violent crime.
- Nearly 65% of the people in treatment for drug abuse report being abused as children.
- 36.7% of all women in prison and 14.4% of all men in prison in the United States were abused as children.

Oral Health

In the 2008 Children's First Report, 80% of children had cavities; 43% had untreated cavities and had not seen a physician. Programs to address the issue include: Fluoride Varnish rinse for the Boy's and Girls Club in 2008, a school-based fluoride program with

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the school nurses, a Head Start program, and Oral Health Education during the county library story time. The oral health efforts have reached 1600 children and have been very successful. The program continues through the CHIP program and this year the Tooth Taxi came to Prineville and served children to the tune of \$33,000 worth of care.

Child Care Availability

Child Care availability continues to be problem. Child Care Availability (slots per 100 ages 0-13) was 448 and a rate of 10 for 2010. This is 41% worse than 2009.

THE HEALTH OF CROOK COUNTY ADOLESCENTS (Oregon Health Teen Survey 2009)

Health Care Access

Health care needs were not met in the past twelve months:

Crook	8 th grade	20.4%	Oregon	8 th grade	19.9%
Crook	11 th grade	18.4%	Oregon	11 th grade	20.1%

Seen a medical provider in the past 12 months for checkup other than injury or illness:

Crook	8 th grade	53%	Oregon	8 th grade	45.1%
Crook	11 th grade	56%	Oregon	11 th grade	53.2%

Asthma

Do you have asthma (yes):

Crook	8 th grade	12.2%	Oregon	8 th grade	18.1%
Crook	11 th grade	10.4%	Oregon	11 th grade	21.6%

Mental Health

The 2009 Oregon Teen survey respondents who answered 'yes' when asked if they had considered suicide in the past 12 months:

Crook	8 th grade	19.9%	Oregon	8 th grade	18.2%
Crook	11 th grade	17.6%	Oregon	11 th grade	13.5%

Body Weight

Obesity in childhood and adolescence is associated with increased risk of type II diabetes.

Overweight:

Crook	8 th grade	22.0%	Oregon	8 th grade	15.4%
Crook	11 th grade	11.4%	Oregon	11 th grade	13.2%

Obese:

Crook	8 th grade	15.0%	Oregon	8 th grade	11.2%
Crook	11 th grade	8.9%	Oregon	11 th grade	10.4%

Personal Safety/Injury Prevention

Harassment in the Schools:

Crook	8 th grade	40.0%	Oregon	8 th grade	40.8%
Crook	11 th grade	27.3%	Oregon	11 th grade	27.4%

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Drive a car a when you had been drinking:

Crook	11 th grade	9.0%	Oregon	11 th grade	7.0%
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Participate in Choking Game:

Crook	8 th grade	7.6%	Oregon	8 th grade	7.4%
Crook	11 th grade	23.1%	Oregon	11 th grade	9.0%

Nutrition and Physical Activity

Answered 'yes' when asked if they ate less than they should because there was not enough money to buy food:

Crook	8 th grade	18.0%	Oregon	8 th grade	16.4%
Crook	11 th grade	29.2%	Oregon	11 th grade	18.1%

Eating the recommended five servings of fruits and vegetables per day:

Crook	8 th grade	18.8%	Oregon	8 th grade	21.3%
Crook	11 th grade	18.5%	Oregon	11 th grade	17.6%

Participate in the recommended amount of vigorous physical activity on a regular basis : (60 minutes 5+ days in the past seven days)

Crook	8 th grade	51.8%	Oregon	8 th grade	57.5%
Crook	11 th grade	57.2%	Oregon	11 th grade	44.3%

How many days they were in physical education classes per week:

Crook	8 th grade	40.0% reported no days during the week;	Oregon	18.5%
Crook	11 th grade	58.4% reported no physical education classes.	Oregon	63.9%

Sexual Activity and Sexually Transmitted Diseases

Have had sexual intercourse:

Crook	8 th grade	22.7%	Oregon	8 th grade	17.7%
Crook	11 th grade	52.5%	Oregon	11 th grade	48.4%

Of those having sex, used a method to prevent pregnancy:

Crook	8 th grade	67.9%	Oregon	8 th grade	77.7%
Crook	11 th grade	79.6%	Oregon	11 th grade	80.9%

Of those having sex, used a condom:

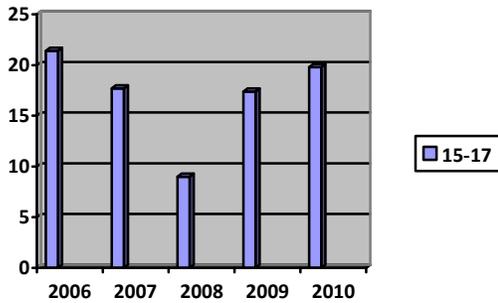
Crook	8 th grade	60.6%	Oregon	8 th grade	67.4%
Crook	11 th grade	32.1%	Oregon	11 th grade	58.4%

Rates of sexually transmitted diseases tend to be higher among 15-19 year-olds than among other age groups. Chlamydia infections are the most frequently reported STD. Chlamydia case rates among 15-19 year olds declined from 1994 to 1999 and increased in 2000 and 2001, before falling again in 2002. The Chlamydia rates in Crook County per 100,000 populations were 126.9 in 2005 and 209.2 in 2006. Since that time, the cases continue to rise with a rate of 256.3 in 2009.

Teen Pregnancy and Births

Teen pregnancies and births are again on the rise in Crook County and in Oregon. The Teen Pregnancy Rates in Crook County are as follows:

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As demonstrated on the graph, the teen pregnancy rates of 15-17 years olds per 1000 varies but has risen again in 2010, so the importance of family planning outreach is critical.

Tobacco, Alcohol, Marijuana Use, Illicit Drug Use (2009 Oregon Health Teens Survey – Crook County Results)

Current Tobacco Use:

Crook 8 th grade	13.0%	Oregon 8 th grade	11.2%
Crook 11 th grade	23.9%	Oregon 11 th grade	18.6%

Has anyone offered, sold, or given you an illegal drug on school property?

Crook 8 th grade	18.0%	Oregon 8 th grade	18.8%
Crook 11 th grade	37.4%	Oregon 11 th grade	25.6%

Have you seen anyone smoke on school property?

Crook 8 th grade	30.1%	Oregon 8 th grade	32.8%
Crook 11 th grade	46.4%	Oregon 11 th grade	55.4%

Use of prescription drugs (without doctor's order) in the past 30 days:

Crook 8 th grade	7.4%	Oregon 8 th grade	5.3%
Crook 11 th grade	11.3%	Oregon 11 th grade	7.9%

Consumption of alcohol in the past thirty days:

Crook 8 th grade	26.0%	Oregon 8 th grade	23.3%
Crook 11 th grade	34.0%	Oregon 11 th grade	38.4%

Use of marijuana in the past 30 days:

Crook 8 th grade	9.4%	Oregon 8 th grade	10.6%
Crook 11 th grade	26.3%	Oregon 11 th grade	21.99%

Summary of illicit drug use in past 30 days:

Crook 8 th grade	15.1%	Oregon 8 th grade	18.2%
Crook 11 th grade	32.0%	Oregon 11 th grade	26.4%

In the past 12 months, how many of your best friends smoked cigarettes:

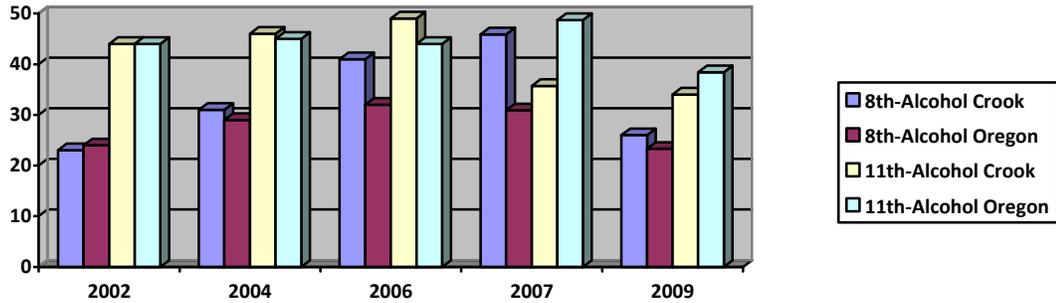
Crook 8 th grade	38.2%	Oregon 8 th grade	26.4%
Crook 11 th grade	41.7%	Oregon 11 th grade	41.4%

In the past 12 months, how many of your best friends have tried alcohol:

Crook 8 th grade	55.6%	Oregon 8 th grade	43.4%
Crook 11 th grade	66.7%	Oregon 11 th grade	66.4%

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Alcohol Use of Teens in Crook County



THE HEALTH OF CROOK COUNTY ADULTS (BRFSS)

Chronic Disease

Chronic disease rates in Crook are high with 41.3% adults reporting high cholesterol and a slightly higher percentage of individual reporting diabetes. Only 59.3% of adults reported receiving flu and pneumonia vaccinations. 26.9% of Oregonians suffered from diagnosed arthritis as compared to 24.6% for Crook County. In addition, the diabetes burden in Crook County is high with 7.3% as compared to 6.2% in the State of Oregon. It is estimated that 2.4% of the residents have undiagnosed diabetes.

Mortality Statistics Crook County: 2000 – 2004; Rate per 100,000; actual deaths

CAUSE OF DEATH	CROOK RATE	# OF DEATHS	RATE OREGON
All Causes of Death	873.0	961	834.0
Heart Disease	201.2	220	191.8
Cerebrovascular Disease	46.8	52	68.8
Chronic Lower Resp. Disease	58.8	67	49.1
Cancer	183.6	212	198.4
Lung Cancer	61.8	72	57.4
Breast Cancer	31.7	20	25.7
Tobacco Use Related Deaths	269.5 (highest in State)	320	184.8
Colon Cancer	18.2	21	18.4
Alcohol Induced	10.1	12	12.6
Unintentional Injury	47	37	46

Body Weight

Obesity has become the second most important preventable cause of disease, disability, and death. The proportion of adults in Crook County who are at risk of health problems related to being overweight is higher than the state rate.

Overweight (2002 – 2005): Crook 44.8% Oregon 37.0%
 Overweight (2004 – 2007): Crook 38.1% Oregon 36.3%

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Obesity (2002 – 2005):	Crook 23.8%	Oregon 22.1%
Obesity (2004 – 2007):	Crook 23.8%	Oregon 24.1%

Nutrition and Physical Activity

Nutrition and Physical activity are important to one’s health. The latest Behavior Risk Factor Surveillance System survey for Crook County indicated there is work to be done to improve in these areas.

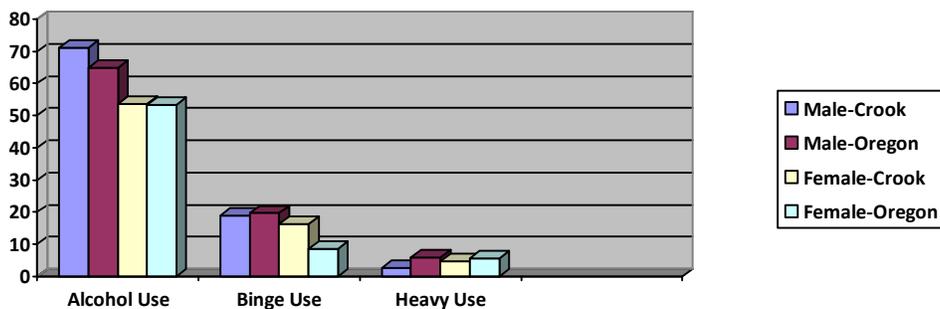
Nutrition – 5 fruits/veg. daily (2002 – 2005):	Crook 23.9%	Oregon 25.8%
Nutrition – 5 fruits/veg. daily (2004 – 2007):	Crook 16.0%	Oregon 26.6%
Physical Activity – 5x a week – 30 min. (2002 – 2005):	Crook 55.5%	Oregon 54.7%
Physical Activity – 5x a week – 30 min. (2004 – 2007):	Crook 69.2%	Oregon 57.9%

Substance Use

High alcohol and tobacco use continue to be a concern in Crook County. The tobacco related death rate at 269.5 per 100,000 is the highest rate in the State of Oregon. Every year in Crook County an average of 64 people die from tobacco use and 1,251 people suffer from a serious illness caused by tobacco use. 4,500 adults regularly smoke in Crook County which translates to an estimated 10 million spent on medical care for tobacco related illnesses and 10 million in productivity lost due to tobacco related deaths. The percentage of babies born to women who smoked while pregnant was 21.2% compared to 12% for the State of Oregon.

Smoking (2002 – 2005):	Crook 25.8%	Oregon 20.4%
Smoking (2004 – 2007):	Crook 27.3%	Oregon 18.7%
Alcohol Use – Males (2002 – 2005):	Crook 78.5%	Oregon 69.9%
Alcohol Use – Males (2004 – 2007):	Crook 71.7%	Oregon 64.8%
Alcohol Use – Females (2002 – 2005):	Crook 55.1%	Oregon 53.5%
Alcohol Use – Females (2004 – 2007):	Crook 53.7%	Oregon 53.2%

Alcohol Use – Adult Crook County (BRFSS 2004 – 2007)



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Unintentional Injury and Premature Death

The unintentional injury rates are a bit higher in Crook County at 47/100,000 as compared to 46/100,000. Motor Vehicle injuries are 20.5 compared to 15.6 statewide. There are high numbers of motor vehicle accidents and a percentage of individuals who are not wearing seat belts when these accidents occur.

Leading Causes of Death (all rates per 100,000)

Figures for 2000-2004 show an age adjusted all causes of death rate of 873.0 as compared to the State of Oregon at 834.0. Much of this is a consequence of historically high smoking rates.

- Age adjusted cancer mortality rates of **183.0 per 100,000** (state: 198.4).
- Lung cancer 61.8/100,000 as compared to 57.4 statewide.
- Higher rates of breast cancer, at 31.7, higher than the state levels of 25.7.
- Colon cancer at 18.2 compared to 18.4 for the State of Oregon.
- COPD at 58.8 compared to 49.1 for Oregon.
- Chronic Liver Disease at 10.8 compared to 9.9 Statewide.
- Diabetes (any mention) 70.3 compared to 66.6 Statewide.

COMMUNICABLE DISEASE

Crook County investigated 82 communicable disease cases in calendar year 2010 as compared to 68 in 2008. The number of cases of communicable disease has risen gradually with the increase in population. Chlamydia remains the most common reportable communicable disease in Crook County with 59 cases reported in 2010, compared to 37 in 2007. The numbers continue to increase; and, once the STI clinic was instituted, there has been an increase in male clients. There was 1 case of gonorrhea, and one case of syphilis. Other cases of reportable diseases in 2010 included: Campylobacteriosis, Giardiasis, Hepatitis B, Hepatitis C, and one active cases of tuberculosis in 2009/10. In addition, there were multiple outbreaks at nursing facilities throughout the year.

ENVIRONMENTAL HEALTH ISSUES

The environmental health program licenses and inspects restaurants, motels, RV parks, and pools. The lack of adequate staffing in Crook County for Environmental Health creates gaps in the program. The Environmental Health Director may retire in this next year and there is discussion to bring water and food services into Public Health. Additional issues include the concern of water in this area and the drop in groundwater levels over the last few years.

REFERENCES

Children's First for Oregon 2008 Report
DHS Oregon Public Health Statistics: BRFSS, Oregon Health Teen Survey
DHS Report – Oregon Health Plan
<http://quickfacts.census.gov/qfd/states/41/41013.html> retrieved 3.27.2009

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<http://oregonhealthinfo.com>

OHCS Poverty Report 2008

Oregon Progress Board Reports

Population Research Center, PSU, March 2009

Population Research Center, PSU, 2008

2/3. A DESCRIPTION OF THE ADEQUACY OF THE LOCAL PUBLIC HEALTH SERVICES AND DESCRIPTION OF THE FIVE BASIC SERVICES:

A. 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. Yet, with the increased population and subsequent preparedness requirements, the need for additional staff is great.

The program currently:

- Has a Communicable Disease/Tuberculosis Coordinator (LPN completing RN), and an STD/HIV Coordinator (RN – Completing BSN), Immunization Coordinator, and support staff. The Public Health Director also has extensive training in Communicable Disease Control/Preparedness and provides back-up in an emergency.
- Has a mechanism in place for 24/7 calls for communicable disease reporting and public health emergencies, 911 response, and calls to alert the 24/7 staff if needed.
- Will evaluate facilities implicated in a food-borne outbreak by Environmental Health along with Public Health Communicable Disease Coordinator.
- Completes investigations in a timely manner, takes control measures, and completes reports which are entered into Orpheus in the specific time frame.
- Provides access to prevention, diagnosis, and treatment services to protect the public.
- Evaluates Communicable Disease trends on a regular basis by the Communicable Disease team and objectives are developed.
- Provides immunizations to the public.
- Provides Rabies immunizations in the jurisdiction through the St. Charles System – Pioneer Memorial.
- Forwards communicable disease information to the State through Orpheus and immunization data-entry is completed within 14 days.
- Development of generic press releases for risk communication response.

B. PARENT AND CHILD HEALTH SERVICES, INCLUDING FAMILY PLANNING CLINICS AS DESCRIBED IN ORS 435.205

FAMILY PLANNING CLINICS

Crook County Health Department has one family planning site, and offers services to outlying areas through the Mobile Van (Paulina, Post). The clinics provide reproductive health services under the Title X program guidelines and contraceptive services under FPEP. All clinics provide care under standing orders/ protocols approved by the Health Officer, Maggie J. King, MD. The Nurse Practitioner offers clinics weekly on Thursdays at

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the Prineville location. According to the service data for Oregon Title X Family Planning Agencies, in 2010, the percentage (%) of women in need served was 20%. Due to the need to see more clients, we increased the nurse practitioner's time to weekly. We served 500 clients; including 454 women and 46 men, (142 teens, and 82 Hispanic clients). Our contraceptive services are estimated to have averted 58 pregnancies. The teen pregnancy rate (15-17) increased to 19.8 per 1000 with a higher number of pregnancies in the Hispanic population. The program continues to reach out to males and the percentage of males seen in the clinic continues to rise. An addition to the clinic is the ability to provide Implanon by the nurse practitioners. This has become a very popular method of birth control.

PARENT AND CHILD HEALTH SERVICES

Prenatal Care Access

Crook County Health Department offers Oregon Mothers Care, and works with community partners to ensure prenatal care for women in the county. The OMC Coordinator assists women and refers to providers for prenatal care to Mosaic Medical, Redmond, or Bend. Mosaic Medical provides prenatal care and will be adding an OB provider in September of 2011. Redmond OB offers services every Tuesday in Prineville. The women then deliver in Redmond or Bend.

Home Visiting Services

There are 1.5 FTE home visiting nurses and 1.2 FTE in Family Support Workers providing home visit services in Crook County. The Healthy Start Program has been a very positive addition to the Home Visiting Programs in Crook County. This year we added a part-time Family Support Worker who is able to provide WIC services in the field and the .5 nursing position is vacant at this time. Depending on the type of client, staff uses Healthy Start Protocols, Babies First Protocols, or CaCoon Protocols. The Family Support Workers work under the supervision of the Public Health Nurse. All staff are trained in parent education and advocacy. The home visiting staff focuses their home visits on prevention of family violence, substance abuse screening and intervention, nutrition, immunizations, child safety, and case management. The department is currently working with Deschutes and Jefferson to explore a NFP program in the Central Oregon area.

Intimate Partner Violence

Services are provided through a Saving Grace staff member in Prineville and the shelter is offered in Bend. The county received a Domestic Violence grant through the Commission on Children and Families and the department participates in data collection and input for the project.

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Mental Health Services

Mental Health Services in Crook County are provided by Lutheran Community Services. The department continues involvement as a member of the Behavioral Health Advisory Committee and participates in Central Oregon Health Council behavioral health planning. Participation also includes Quality Improvement projects through the advisory council to the Central Oregon Health Council and Central Oregon Health Board.

Alcohol and Drug

The department works with the Commission on Children and Families Prevention Coordinator on the C4 Community Coalition, the CCF Board, and the Prescription Drug Task Force.

Tobacco Cessation

There continues to be inadequate resources for tobacco cessation for pregnant women along with other county residents. Pioneer Memorial is providing a smoking cessation program for county residents, and the department will provide some outreach through an AmeriCorps Member in 2011-2012.

Breastfeeding Support

The support for breastfeeding is strong in our county through home visiting, MCH programs and WIC.

Multicultural Service

The department has one full-time employee who is bi-lingual in Spanish. Resources throughout the county are limited.

CHILD HEALTH SERVICES

As previously noted, in 2009 around 43% of eighth graders did not have a medical check-up or physical exam in 2007 and there is not access to a School Based Health Center in Crook County. There are 3,322 students for every 1.0 FTE school nurse and the preferred ratio is 750 students per nurse. The Health Department has not provided a Well Child Clinic at the Department for the past five years and refers children to their medical home, Pioneer Memorial Clinic, and Mosaic Medical. The uninsured rate for children is improving due to the Healthy Kids Program, yet many families still use the emergency room as the last resort for medical care. The positive news is that a new rural health clinic is opening in May of 2010 and the SBHC will open May of 2011.

The department provides education, screening, and follow-up for growth and development services through the Home Visiting program. These services include hearing and vision screens, lead screens, and referral to medical providers for high-risk infants. Additionally, we provide assessment of parent/child interaction and SIDS follow-up. The demand for screening and follow-up of high-risk infants (Babies 1st) is increasing and we are currently responding to each referral. The Healthy Start Program has been a very positive addition to the department.

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CHILDREN WITH SPECIAL HEALTH CARE NEEDS

Children with physical, cognitive, and social disabilities are case managed by a Maternal Child Health nurse specialist. The Local Health Department contracts with the Child Development and Rehab Center at OHSU to provide the “CACOON” program. The new Integration Project through HealthMatters is also providing a Community Health Worker for referral of clients to the CaCoon Nurses and St. Charles Medical Center is offering a new PEDAL assessment clinic for high risk children so they do not have to travel to Portland.

DENTAL

The CHIP Dental Committee worked with the health department and community partners to coordinated oral screening and fluoride varnish. The program was granted money through the Crook County Court (\$2,500) and the Juan Young Trust (\$2,500) for varnish kits. The community partners included:

- Dr. Tony Ramos and staff
- Crook County School
- Crook County Health Department
- CHIP (Pioneer Memorial Hospital)
- Head Start
- Healthy Start
- OHSU School of Dentistry – Rural Student Rotations
- Central Oregon Dental Society
- Central Oregon Dental Hygienist Association

This past year a Dental Group of stakeholders met, discussed the need in Crook County, and a new dental clinic through Advantage Dental (Managed Care) opened an office in Prineville to assist the Oregon Health Plan clients.

C. COLLECTION AND REPORTING OF HEALTH STATISTICS

Collection of vital statistics and communicable disease information is received and recorded in a timely manner. The number of births and deaths continue to increase related to an increase in overall County population. Crook County is one of the fastest growing counties in Oregon. The county continues to process death certificates and does not process birth certificates due to all births now taking place in Deschutes County.

D. HEALTH INFORMATION AND REFERRAL SERVICES

HEALTH EDUCATION AND HEALTH PROMOTION

All health department programs provide health information and referrals to programs within our agency and to outside agencies that can help meet needs that are beyond the scope of our agency. Health education is provided through Crook County Health Department in each program. Support staff refer clients daily to community services, and the county recently instituted the 211 (Get Connected, Get Answers) system. The department will be updating the Website this summer and publish the 1st Crook County Annual Report in June of 2010 (Crook County at Work – 2011). Department staff continues to write articles for the newspaper, speak to community groups, and participate on radio and television as needed.

FAMILY PLANNING/STI

The Family Planning Program uses a broad selection of pamphlets and brochures for teaching clients. The education materials are kept current with scientific findings, best practice, and are available in Spanish and English. Materials are selected for prevention content as well as for education regarding specific conditions. The department uses materials provided by the state and any development of our own brochures and handouts are approved through an advisory process.

LABORATORY SERVICES

CCHD provides laboratory services in compliance with CLIA standards. The Health Officer is the lab director and the department has a contract with St. Charles - Prineville to provide services as needed. Additional lab work is sent to the Oregon State Public Health Lab through the courier system.

NUTRITION

Screening, education, and assessment are provided extensively in Maternal Child Health and WIC programs and are also offered to clients in other health department programs such as Family Planning.

WIC (WOMEN, INFANTS AND 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 2009, the program served 475 families, 852 infants and children younger than 5, and 331 pregnant, breastfeeding and postpartum women. The benefit to the community is \$451,607 dollars to grocery stores and \$2,044 to farmers. The WIC Nutrition Education Plan for 2011-2012 focuses on new objectives and PCE training for WIC staff. Farmer's market opportunities are increasing in Prineville.

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COMMUNITY ADVOCACY

The Crook County Health Department staff participates on the following coalitions and committees:

- Mental Health Advisory Board
- Commission on Children and Families Board
- C4 – Prevention Committee
- (Commission on Children and Families) Positive Youth Development Committee
- Prescription Drug Task Force
- Rimrock Health Alliance
- CHIP Advisory Board and committees (Community Health Improvement Partnership)
- (Commission on Children and Families) Chair – Early Childhood Committee
- Homeless Leadership Council along with various regional committee (Preparedness Coordinator)
- Multidisciplinary Team – Child Abuse
- Cascades East Area Health Education Center (CEAHEC)
- HealthMatters
- CLHO – PHPLT, Chronic Disease, LGAC, Human Services
- Central Oregon Health Council – Advisory Council
- Central Oregon Health Assessment Lead for counties
- Central Oregon Health Board (190) Lead
- Various other committees as deemed necessary for health department involvement.

OLDER ADULT HEALTH – FLU, PNEUMONIA

Prevention messages are provided to adults and seniors through the Immunization, Communicable Disease Program, and County Wellness Programs. Media events promoting adult immunizations are provided yearly, and the new Immunization Coordinator is very committed to improving the adult immunization rates in Crook County and the goal for the coming year is to improve influenza immunization rate for health care providers.

E. ENVIRONMENTAL HEALTH SERVICES

GENERAL REQUIREMENTS

The Crook County Environmental Health (EH) program is operated through the Crook County Environmental Health Department and provides licensed facility and food safety inspection, on-site sewage disposal permitting, and public water system inspection and assurance work. The team is cross trained in a number of aspects of Environmental Health services to take advantage of workflow that is often dependent upon the local winter climate. A close working relationship exists between the EH program staff and the Communicable Disease Coordinator. The Public Health Director has an oversight role in all critical CD and EH case situations that have human health impacts.

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Based on personnel and other department responsibilities the following standards have been set for the department.

- EHD will maintain a 100% inspection rate of full-year and seasonal food service facilities.
- EHD will inspect temporary (non-benevolent) restaurants at a 100% compliance
- EHD will provide technical consultation to 100% of the benevolent temporary restaurants.
- EHD will implement an increased inspection schedule for licensed establishments if deemed necessary.
- EHD will conduct pre-operational inspections following review of plans and prior to a location's opening.
- EHD will conduct a complete inspection within 45 days of opening a (restaurant) and assign a notice
- EHD has all required field equipment required by Food borne Illness Agreement (FIA) to perform required inspections.
- The Food Program Policy Manual will be maintained and current.

LICENSED FACILITIES

The EHS employed by the County will provide technical information and consultation to the public and licensed establishments currently holding valid permits and licenses. The facilities are inspected. The 2009 Review indicated less than 100% of food service facilities and less than 100% of inspections of temporary food services facilities. This has been corrected.

COMMUNICABLE DISEASE

Environmental Health Specialist works closely with the Communicable Disease team on food-borne outbreaks, investigations of possible food, water, or vector borne illnesses and surveillance for West Nile Virus. EH also investigates animal bite reports and maintains surveillance for rabies along with Public Health. There has been only one food-borne outbreak has occurred in a Crook County licensed establishment in the past 3 years. All complaints received, are followed-up. All schools in the county have been and will be inspected per ODE requirements.

DRINKING WATER SYSTEMS

In accordance with the Oregon Administrative Rules, public drinking water systems samples for required contaminants and report results. Environmental Health Specialists monitor the results and assist public drinking water system in achieving compliance with the Oregon Administrative Rules for Drinking Water Standards. When a sample from a public drinking water system exceeds a maximum contaminant level, Environmental Health staff investigates and takes appropriate action. All 58 systems are considered 100% compliant and have written emergency response plans. The Department uses a

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contracted individual from Deschutes County Health Department to carry out the drinking water system requirements.

ON-SITE SEWAGE PROGRAM

Environmental Health provides the on-site septic program, which is the main revenue source for the environmental department (makes up the difference from food, pools, spas, RV parks, hotels, schools, etc.). On-site has decreased with the economy changing and the work has focused on food establishments and temporary event inspections.

INDOOR CLEAN AIR COMPLAINTS

The Tobacco Prevention Education Program Coordinator is responsible for responding to complaints and adherence to the guidelines for the Indoor Clean Air Act. There is strong partnership between the Tobacco Coordinator and the Environmental Health staff to ensure compliance of the Indoor Clean Air Act.

EMERGENCY RESPONSE

The Environmental Health Specialist is available to investigate reports of environmental contamination that would affect the public and the environment. They provide support to the health and safety of the public in the event of a hazardous incident investigation. The Environmental Health Specialist is part of the Emergency Response Team and is responsible for inspecting emergency shelters to assure safe drinking water, sewage disposal, food preparation, solid waste disposal, and vector control.

4. A DESCRIPTION OF THE ADEQUACY OF OTHER SERVICES OF IMPORTANCE TO YOUR COMMUNITY.

DENTAL

The county does not have fluoridated water. There are many wells in the county which are non-fluoridated. The CHIP program has a very active Dental Committee with representation from Health Department staff. Dental awareness is conducted through WIC and home visit programs. The Home Visit nurses and school nurses provide fluoride varnish in clinics. The maternal child health programs continue to provide outreach for dental services and works to improve access to dental care for pregnant women and children.

HEALTH EDUCATION AND HEALTH PROMOTION

Health education and promotion are components in all Health Department programs. This includes breastfeeding support, parent education, safety car seats, safer sex practices, and worksite wellness programs.

MEDICAL EXAMINER

The medical examiner in Crook County is contracted by Crook County Public Health.

NUTRITION

Nutrition education and counseling is the primary focus of the WIC program. Nutrition counseling is also included in Maternal Child Health Programs, Family Planning. The department assists the county in worksite wellness programs, nutrition programs, and will move towards more outreach with the Healthy Communities program in the next fiscal year.

OLDER ADULT HEALTH

The department provides flu vaccines and other immunizations to the older adult population. We are a contracted provider for the Breast and Cervical Cancer Program, which serves women (and men), ages 40-64 who meet the eligibility criteria. The department also has new staff trained in the Living Well Program and will begin programs this summer.

PRIMARY HEALTH CARE

The department does not provide primary care. We assist with the application process for the Oregon Health Plan, and refer to local providers, including Mosaic Clinic (FQHC). The department provides Oregon Mother's Care, and refers pregnant women for care.

III. ACTION PLANS



EPIDEMIOLOGY AND CONTROL PREVENTABLE DISEASE AND DISORDERS
(OAR 333-014-0050 (2) (a) and ORS 431.416 (2) (a) :

COMMUNICABLE DISEASE INVESTIGATION AND CONTROL:

CURRENT CONDITION OR PROBLEM:

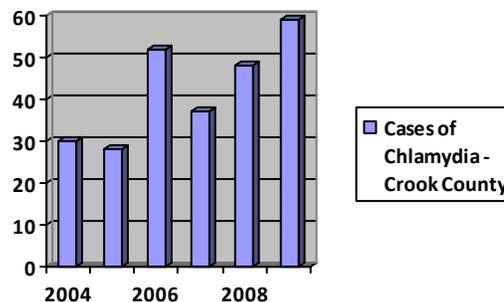
Communicable Disease

Crook County investigated 82 communicable disease cases in calendar year 2009 as compared to 68 in 2008. The number of cases of communicable disease has risen gradually with the increase in population and includes the following for 2009:

- AIDS/HIV: 2007 – 1; 2006 – 1
- Chlamydia: 2009 – 59; 2008 - 48; 2007 - 37
- Giardiasis: 2009 – 3; 2008 – 3; 2007 - 0
- Haemophilus influenza: 2008 – 1
- Salmonella: 2008 – 2; 2007 – 3
- Campylobacteriosis: 2009 – 7; 2008 – 7
- E. Coli: 2008 – 1;
- Gonorrhea: 2009 – 2; 2008 – 1; 2007 – 0
- Hepatitis C (Chronic): 2009 – 8; 2008 – 5; 2007 – 4
- Tuberculosis: 2009 – 1; 2008 – 0; 2007 – 1
- Hepatitis B (Chronic): 2009 – 2

Sexually Transmitted Infections

The sexually transmitted disease, **Chlamydia** continues to be the highest reported disease in Crook County. The cases have increased over the last few years with a steady increase from 37 in 2007 to 59 in 2009. As noted in the community assessment, the Chlamydia rates in Crook County per 100,000 populations were 126.9 in 2005 and 209.2 in 2006. Since that time, the cases continue to rise with a rate of 256.3 in 2009. The staff is currently seeing male STI clients and female clients are being seen in the Family Planning Clinic. Female STI exams will take place in the coming fiscal year with the coordinator trained to see clients.



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COMMUNICABLE DISEASE/STD's

Time Period: July 1, 2011 – June 30, 2012		
GOAL: Decrease the morbidity and mortality of communicable disease in Crook County.		
OBJECTIVES	ACTIVITIES	EVALUATION
A. Mechanism in place to receive, evaluate, respond to urgent disease reports 24 hours a day, 7 days a week.	Phone #'s listed and information available for 911 to contact public health.	The 24/7 System will place with positive test results and pass the state testing system quarterly.
B. Case investigations are complete ($\geq 90\%$); includes race, ethnicity, hospitalization status, outcome, birth date, and occupation if required. - $\geq 100\%$ of reported cases are reported to Health Services within the specified time frames. - $\geq 90\%$ of cases are investigated and contact identification initiated within the specified time frames: Hepatitis A, B – 90%; Meningitis – 100% - $\geq 90\%$ of case report forms are sent to Health Services by the end of the calendar week of the completion of the investigation. -Information and recommendations on disease prevention are provided to 90% of exposed contacts located; 100% for Meningitis.	CD coordinator will respond to all cases and STD Coordinator will be back-up for CD cases as required for case investigations.	Completed reports completed in Orpheus – monthly evaluation.
C. Infection Control Professionals in 90% of hospitals within the jurisdiction are contacted twice a year to encourage reporting. -Provide documentation (SOPS) related to lab and provider reporting and active surveillance for use in the event of a public health emergency.	CD Coordinator will participate in the monthly safety meetings at St. Charles – Pioneer Use standard developed SOPS and information for medical community for outbreaks, etc.	Improved reporting and communication with the medical community. Standard developed risk materials developed for use in outbreak situations.
D. Rabies immunizations for human and animal target populations are available within the public health jurisdiction.	Rabies vaccinations are Available through the local ED.	Rabies vaccination available in the county through St. Charles – Pioneer Memorial.
E. Blood borne pathogen policies, protocols, and yearly training.	Update policy as needed, present yearly training to staff and new staff within 30 days of employment.	Completed yearly training and new employee training.
F. The LHD has access to educational materials on each of the diseases listed.	Update educational sheets yearly as needed. Maintain online.	Completed risk communication sheets available for use in the county.
G. The LHD will maintain generic press release and letters to use in case of an outbreak.	Risk communication materials updated and available for use.	Completion of the risk communication plan.

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H. New staff will receive training within 60 days of employment and obtain 8 hours of CME every 2 years.	All new staff will attend training through the Or-Epi conference or other training in the state.	New staff who work in the CD program will have documentation of training with 60 days of hire.
J. Each CD investigator has: -internet access -e-mail	CD staff will have up-to-Date IT needs met.	CD Coordinator has up to date equipment.
K. QA: LPHA has standing orders for prophylaxis for the following: -Mening -Hepatitis B -Varicella -Hepatitis A -Pertussis	Update orders as needed for the required diseases.	Up-to-date Standing Orders.
L. Communicable Disease staff will attend Or-Epi every year.	CD staff will attend Or-Epi Spring of 2011.	Attendance at Or-Epi.
M. Stabilize growing STD rates and offer STD services including case investigation and treatment to all individuals seeking assistance.	Assure 100% of countywide contacts to be evaluated and treated.	Staff will enter data in Orpheus and monitor outcomes.
N. Increase outreach activities for STD's in Crook County.	STD services will be publicized, educational outreach activities.	Monitor number of individuals requesting service.
O. Update policies, forms, and protocols annually. (Completed for triennial review in June of 2009)	Update all new documents prior to triennial review – July 2012.	Updated protocols and policies – documentation.

HIV SERVICES

CURRENT CONDITION OR PROBLEM

The number of HIV positive individuals remains low in Crook County according to statistical data. Future trends and concerns include the rising IDU use in the County, and Hepatitis C cases which have a high co-morbidity rate with HIV. The county does not receive HIV Prevention dollars from the state, but we do have staff trained to provide testing and implemented the Rapid HIV test for use as needed. The county continues to serve clients through the Ryan White Program and did increase the number of clients served this past year. Issues for clients continue to be concern for the continued ability to gain access to medications, transportation, and poverty caused by job loss and disability.

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Time Period: July 1, 2011 – June 30, 2012		
GOAL: Decrease the morbidity and mortality of HIV in Crook County.		
OBJECTIVES	ACTIVITIES	EVALUATION
A. Increase the percentage of high-risk residents counseling and tested for HIV by 10% for the 2011-2012 FY.	Outreach to community for HIV testing services, including working with the medical community to test clients.	Increased number of HIV Tests performed for fiscal 2011-2012.
B. Increase community outreach using the new HIV Rapid Test.	Advertise the new HIV Rapid Test in the community to encourage HIV Testing	Increased the # of HIV Rapid Testing completed in Crook County.
A. Increase the number of clients participating in HIV Case Management.	Client education and outreach – meet with medical community and inform providers on the scope of services available for case management in Crook County.	Increased number of participants in the HIV Case Management Program.
B. RN will conduct yearly assessments and discussions with CM clients – yearly labs, plans, acuity levels.	Follow schedule and complete assessment prior to timeline.	Timely assessments, QA assessments, client satisfaction Completed care plans, labs, acuity levels form completed
C. Follow-up with clients when referrals are made for client services.	All follow-up documented in HIV CM charts.	All documented follow-up in chart.

TUBERCULOSIS SERVICES

CURRENT CONDITION OR PROBLEM

Crook County had a case of active tuberculosis in 2007, no cases in 2008, and an active case in 2009-2010. Latent tuberculosis infection (LTBI) clients include 5 cases. The program has been working with the soup kitchen in Crook County to implement proactive TB screening. Challenges include budget constraints at the local level and state level for the program.

Time Period: July 1, 2011 – June 30, 2012		
GOAL: Decrease the morbidity and mortality of tuberculosis in Crook County.		
OBJECTIVES	ACTIVITIES	EVALUATION
A. Increase the # of PPD provided through CCHD by 10%.	Department will work with providers to evaluate positive PPD's.	Number of PPD's provided through CCHD.

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B. HIV Testing will be offered to all cases and suspected cases of Tuberculosis	Nurses will test all suspected TB cases and document findings.	Documented HIV Testing
C. Improve the number of clients completing LTBI to 85%.	Improve follow-up with clients to document compliance.	Statistics from Oregon Health Services – Completion rate of LTBI
D. Update policies, forms, and protocols annually. (Completed for triennial review in June of 2009)	Complete all new documents prior to triennial review – July 2012.	Updated protocols and policies – documentation
E. Update employee respiratory protection and screening program annually and provide fit testing for staff.	The CD Coordinator and Health Administrator will follow compliance.	Updated policy and documented fit testing

WEST NILE VIRUS

CURRENT CONDITION OR PROBLEM

Crook County is home to the Culex Tarsalis, Culex pipiens, and Aedes vexans mosquito. These mosquitoes all have the potential to carry WNV, and this will pose a threat for animals and humans in Crook County. The county does have a county-wide vector control district.

Time Period: July 1, 2011 – June 30, 2012		
GOAL: Decrease the morbidity and mortality of West Nile Virus through the development of an updated West Nile Virus response plan.		
OBJECTIVES	ACTIVITIES	EVALUATION
A. Continue surveillance activities for the presence of specific mosquitoes throughout Crook County.	Provided through the Vector Control District.	Surveillance activities ongoing through Spring and Summer.
B. Solicit dead bird submissions for testing from the public and appropriate local agencies.	The CD Coordinator and Environmental Health Staff provides this service.	A system in place for dead bird submission and information to the public and system in place
C. Provide public information on personnel protective measures. Send updated plan to officials.	Public Information out to the public.	Collection of materials and articles to the general public

TOBACCO PREVENTION, EDUCATION, AND CONTROL



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Local Health Department: CROOK COUNTY HEALTH DEPARTMENT		
Best Practice Objective: BPO # 1, Building Capacity for Chronic Disease Prevention, Early Detection and Self-Management.		
SMART Objective: By June 2012...Pioneer Memorial Hospital will have adopted a policy for implementing tobacco prevention and cessation referrals for all Cardio-Vascular Emergency Department visits.		
Critical Question: Explain how data describing disparities in health risks and outcomes led you to prioritize the SMART objective, activities or partners identified for this BPO. Crook County has approximately 23% of adults who smoke, as well as 25% of 11 th graders who report as smokers. The rate of pregnant women in the county who report tobacco use is 20%. With no immediate care facility in the county, residents use the Emergency Department at the local hospital for healthcare. This is an opportunity to reach the underserved and uninsured residents who have a higher incidence of tobacco use statistically.		
First Quarter Activities (July 1, 2011-Sept. 30, 2012)		First Quarter Report (due Oct. 21, 2011)
Coordination & Collaboration	Contact Hospital Administration to determine level of support for adopting policy to implement tobacco prevention and cessation referrals in Emergency Department. Participate in monthly CHIP (Community Health Improvement Partnership) and Rimrock Health Alliance mtgs., to develop relationships w/community partners and healthcare providers, to build capacity for tobacco and chronic disease prevention. Contact St. Charles Health Center cancer education department to determine level of support for Crook County tobacco education programs.	
Assessment	Assess current level of cessation intervention in Emergency Room by staff.	
Education & Outreach (Development of Local	Share local tobacco facts with Hospital administration to garner support for tobacco	

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Champions)	intervention policies.	
Media Advocacy		
Policy Development, Promotion, & Implementation	In cooperation with CHIP coordinator, determine best practice samples for policy implementation in Emergency Department at local hospital.	
Promote the Oregon Tobacco Quit Line	Provide Quit Line information to local Hospital and medical providers for patient distribution.	
Second Quarter Activities (Oct. 1, 2011-Dec. 31, 2012)		Second Quarter Report (due Jan. 20, 2012)
Coordination & Collaboration	If LPHD receives March of Dimes grant, partner with coordinator to determine best approach of medical providers on the 5-A's program. Participate in monthly CHIP (Community Health Improvement Partnership) and Rimrock Health Alliance mtgs., to develop relationships w/community partners and healthcare providers, to build capacity for tobacco and chronic disease prevention.	
Assessment	In cooperation with Emergency Department or other hospital staff, research and assess best practices for tobacco intervention policy.	
Education & Outreach (Development of Local Champions)	Partner with local youth group or AmeriCorps Member to promote Great American Smokeout activity.	
Media Advocacy	Approach local media to promote local Great American Smokeout activities.	
Policy Development, Promotion, & Implementation	Draft sample policy for implementation by Emergency Department.	
Promote the Oregon Tobacco Quit Line	Provide Quit Line information to local food bank, DHS office and soup kitchen for client distribution.	

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Third Quarter Activities (Jan. 1, 2012-March 31, 2012)		Third Quarter Report (due April 20, 2012)
Coordination & Collaboration	Participate in monthly CHIP (Community Health Improvement Partnership) and Rimrock Health Alliance mtgs., to develop relationships w/community partners and healthcare providers, to build capacity for tobacco and chronic disease prevention.	
Assessment		
Education & Outreach (Development of Local Champions)		
Media Advocacy		
Policy Development, Promotion, & Implementation	Provide sample tobacco intervention policies to local hospital for implementation in Emergency Department.	
Promote the Oregon Tobacco Quit Line	Provide Quit Line information to pharmacies, mental health and medical providers for patient distribution.	
Fourth Quarter Activities (April 1, 2012-June 30, 2012)		Fourth Quarter Report (due July 20, 2012)
Coordination & Collaboration	Participate in monthly CHIP (Community Health Improvement Partnership) and Rimrock Health Alliance mtgs, to develop relationships w/community partners and healthcare providers, to build capacity for tobacco and chronic disease prevention.	
Assessment	Assess the use of new tobacco intervention policy with hospital staff.	
Education & Outreach (Development of Local Champions)		
Media Advocacy		
Policy Development, Promotion, & Implementation		
Promote the Oregon Tobacco Quit Line	Provide Quit Line information to local medical providers for distribution to patients.	

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Local Health Department: CROOK COUNTY HEALTH DEPARTMENT		
Best Practice Objective: BPO # 2, Title Tobacco Free Worksites		
SMART Objective: By June 2012...One additional worksite will have adopted a tobacco-free campus policy.		
<p>Critical Question: Explain how data describing disparities in health risks and outcomes led you to prioritize the SMART objective, activities or partners identified for this BPO.</p> <p>In Crook County, smokeless tobacco use rates have increased over the past year. Adult smokeless tobacco use has increased 2%, while 8th grade use has increased 7% and 11th grade increased 6%. By adopting tobacco-free campus policies, smokeless tobacco is targeted as a risk factor along with smoking.</p>		
First Quarter Activities (July 1, 2011-Sept. 30, 2012)		First Quarter Report (due Oct. 21, 2011)
Coordination & Collaboration	<p>Collaborate with LPHD staff to utilize CHANGE tool community assessment results from 2010 to compile list of worksites to approach for tobacco-free campus policies.</p> <p>Participate in County Wellness Committee to promote tobacco-free campus policy agenda.</p> <p>Participate in regional Worksite Wellness committee and local CHART to glean support and tools for local policy promotion.</p>	
Assessment	From above list, collect and review worksite tobacco policies	
Education & Outreach (Development of Local Champions)	<p>Contact TCIP to determine if Action Forums are scheduled in Crook County.</p> <p>Through LPHD director, contact County Court for support of County tobacco-free campus policy.</p>	
Media Advocacy		
Policy Development, Promotion, & Implementation	Support tobacco free policy enforcement efforts of Crook County Parks and Recreation district through business cards advertising policy.	

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Promote the Oregon Tobacco Quit Line	Promote Quit Line through County and City employee payroll inserts.	
Second Quarter Activities (Oct. 1, 2011-Dec. 31, 2012)		Second Quarter Report (due Jan. 20, 2012)
Coordination & Collaboration	<p>Approach HR and/or management of targeted worksites to determine level of support and readiness to adopt tobacco free policy.</p> <p>Participate in County Wellness Committee to promote tobacco-free campus policy agenda.</p> <p>Participate in regional Worksite Wellness committee to glean support and tools for local policy promotion.</p>	
Assessment	If interest is generated from targeted worksites, assist HR/Management with employee assessment.	
Education & Outreach (Development of Local Champions)		
Media Advocacy		
Policy Development, Promotion, & Implementation	Contact local DHS management to offer support for education and enforcement of tobacco-free campus policy.	
Promote the Oregon Tobacco Quit Line	In cooperation with local DHS office management, promote Quit Line through pamphlets and business cards by providing holders for lobby/office areas.	
Third Quarter Activities (Jan. 1, 2012-March 31, 2012)		Third Quarter Report (due April 20, 2012)
Coordination & Collaboration	<p>Participate in County Wellness Committee to promote tobacco-free campus policy agenda.</p> <p>Participate in regional Worksite Wellness committee to glean support and tools for local policy promotion.</p>	
Assessment		
Education & Outreach (Development of Local Champions)		

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Media Advocacy		
Policy Development, Promotion, & Implementation	If interest warrants, develop sample tobacco policies for targeted worksites.	
Promote the Oregon Tobacco Quit Line	Promote Quit Line to employees by offering Quit Cards to worksites for distribution in January.	
Fourth Quarter Activities (April 1, 2012-June 30, 2012)		Fourth Quarter Report (due July 20, 2012)
Coordination & Collaboration	Participate in County Wellness Committee to promote tobacco-free campus policy agenda. Participate in regional Worksite Wellness committee to glean support and tools for local policy promotion.	
Assessment	Re-assess targeted list for additional potential worksites to approach for tobacco-free policy implementation.	
Education & Outreach (Development of Local Champions)	Partner with regional Worksite Wellness committee to develop worksite wellness tool kit for area businesses.	
Media Advocacy		
Policy Development, Promotion, & Implementation		
Promote the Oregon Tobacco Quit Line	Promote Quit Line in Regional Worksite Wellness tool kit.	

Local Health Department: CROOK COUNTY HEALTH DEPARTMENT
Best Practice Objective: BPO # 3, IMPLEMENT THE INDOOR CLEAN AIR ACT.
SMART Objective: By June 2012...CROOK COUNTY HEALTH DEPARTMENT WILL HAVE RESPONDED TO ALL COMPLAINTS OF VIOLATION OF THE SMOKEFREE WORKPLACE LAW ACCORDING TO THE PROTOCOL SPECIFIED IN THE IGA.
Critical Question: Explain how data describing disparities in health risks and outcomes led you to prioritize the SMART objective, activities or partners identified for this BPO.

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<p>The Indoor Clean Air Act is countywide and helps to reduce exposure of workers to secondhand smoke and the associated health risks. In health factors rankings for 2010, Crook County ranked 21 out of 33, which indicates we are low in factors that influence the health of the county. Supporting and enforcing the ICAA will improve healthy lifestyle behaviors for the county.</p>		
<p>First Quarter Activities (July 1, 2011-Sept. 30, 2012)</p>		<p>First Quarter Report (due Oct. 21, 2011)</p>
Coordination & Collaboration	Attend Prineville Chamber of Commerce meetings to identify new businesses to area.	
Assessment	Participate in OHA/TPEP evaluation activities to study compliance rates and associated topics.	
Education & Outreach (Development of Local Champions)	Visit new businesses in county to communicate Indoor Clean Air Act requirements and determine compliance.	
Media Advocacy		
Policy Development, Promotion, & Implementation	LPHA will continue to train new Tobacco prevention personnel on how to respond to complaints and enforce the ICAA according to OAR, IGA and OHA procedures. Respond to complaints of violation regarding the ICAA following Oregon Admin. Rules, the IGA and OHA procedures, including WEMS use.	
Promote the Oregon Tobacco Quit Line	Offer Quit Line cards to businesses for handing out to employees and/or patrons smoking outside of premises.	
<p>Second Quarter Activities (Oct. 1, 2011-Dec. 31, 2012)</p>		<p>Second Quarter Report (due Jan. 20, 2012)</p>
Coordination & Collaboration	Attend Prineville Chamber of Commerce meetings to identify new businesses to area. Visit existing businesses to assess signage and compliance with ICAA.	
Assessment	Participate in OHA/TPEP evaluation activities to study compliance rates and associated topics.	

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Education & Outreach (Development of Local Champions)	Visit new businesses in county to communicate Indoor Clean Air Act requirements and determine compliance.	
Media Advocacy		
Policy Development, Promotion, & Implementation	Respond to complaints of violation regarding the ICAA following Oregon Admin. Rules, the IGA and OHA procedures, including WEMS use.	
Promote the Oregon Tobacco Quit Line	Offer Quit Line cards and brochures to new businesses for employees and patrons smoking on premises.	
Third Quarter Activities (Jan. 1, 2012-March 31, 2012)		Third Quarter Report (due April 20, 2012)
Coordination & Collaboration	Attend Prineville Chamber of Commerce meetings to identify new businesses to area.	
Assessment	Participate in OHA/TPEP evaluation activities to study compliance rates and associated topics.	
Education & Outreach (Development of Local Champions)	Visit new businesses in county to communicate Indoor Clean Air Act requirements and determine compliance.	
Media Advocacy		
Policy Development, Promotion, & Implementation	Respond to complaints of violation regarding the ICAA following Oregon Admin. Rules, the IGA and OHA procedures, including WEMS use.	
Promote the Oregon Tobacco Quit Line	Offer Quit Line cards and brochures to new businesses for employees and patrons smoking on premises.	

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Fourth Quarter Activities (April 1, 2012-June 30, 2012)		Fourth Quarter Report (due July 20, 2012)
Coordination & Collaboration	Attend Prineville Chamber of Commerce meetings to identify new businesses to area.	
Assessment	Participate in OHA/TPEP evaluation activities to study compliance rates and associated topics.	
Education & Outreach (Development of Local Champions)	Visit new businesses in county to communicate Indoor Clean Air Act requirements and determine compliance.	
Media Advocacy		
Policy Development, Promotion, & Implementation	Respond to complaints of violation regarding the ICAA following Oregon Admin. Rules, the IGA and OHA procedures, including WEMS use.	
Promote the Oregon Tobacco Quit Line	Offer Quit Line cards and brochures to new businesses for employees and patrons smoking on premises.	

Local Health Department: CROOK COUNTY HEALTH DEPARTMENT	
Best Practice Objective: BPO # 4, SMOKE FREE MULTI-UNIT HOUSING	
SMART Objective: By June 2012...the proportion of smoke free multi-unit properties in Crook County will have increased 20% from baseline.	
<p>Critical Question: Explain how data describing disparities in health risks and outcomes led you to prioritize the SMART objective, activities or partners identified for this BPO.</p> <p>23% of adults in Crook County smoke, compared to 17% statewide. 13% of 8th graders report living in a home environment where people smoke. Statewide, 15% of all renters, and 21% of those who live in multi-unit housing, say that secondhand smoke drifts into their home on a regular basis.</p>	
First Quarter Activities (July 1, 2011-Sept. 30, 2012)	First Quarter Report (due Oct. 21, 2011)

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Coordination & Collaboration	<p>Partner with Deschutes and Jefferson counties to continue collaboration with Central Oregon Rental Owners Association (COROA).</p> <p>Collaborate with Health In-Sight to develop relationship with local landlords.</p> <p>Attend Chamber of Commerce monthly meetings.</p> <p>Attend quarterly calls and meetings for RSN.</p>	
Assessment	<p>Assemble list of names of landlords and unit managers of all multi-unit housing in Prineville.</p> <p>Quarterly, collect and report tracking of properties that have adopted NO-SMOKING policies and Rental Ad Tracking Tool to Health In Sight.</p>	
Education & Outreach (Development of Local Champions)	<p>Utilize Health In Sight to develop ad in Quarterly COROA newsletter to promote Smoke Free housing in Central Oregon.</p> <p>Attend at least one COROA meeting to offer TA for smoke-free rental housing.</p> <p>Utilize Smoke-free Housing NW website in landlord contacts.</p>	
Media Advocacy		
Policy Development, Promotion, & Implementation	<p>Utilize local landlord list to make contacts to determine tobacco policy for multi-unit housing in Prineville.</p>	
Promote the Oregon Tobacco Quit Line	<p>Provide Quit Line cards and posters to COROA for landlord distribution.</p>	
Second Quarter Activities (Oct. 1, 2011-Dec. 31, 2012)		Second Quarter Report (due Jan. 20, 2012)
Coordination & Collaboration	<p>Face to face meeting with Deschutes and Jefferson county to partner on regional multi-unit smoke free housing projects.</p> <p>Attend Chamber of Commerce monthly meetings.</p> <p>Attend quarterly calls and meetings for RSN.</p>	

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Assessment	Quarterly, collect and report tracking of properties that have adopted NO-SMOKING policies and Rental Ad Tracking Tool to Health In Sight.	
Education & Outreach (Development of Local Champions)	Place ad in quarterly COROA newsletter to promote smoke free housing in Central Oregon. Contact COROA to offer Guest Speaker on Smoke Free housing at one of their monthly educational meetings.	
Media Advocacy	Promote smoke-free housing in local ATOD newsletter.	
Policy Development, Promotion, & Implementation	In cooperation with Health In Sight, develop tool to encourage owners and rental agencies to advertise smoke-free policy in all rental advertising.	
Promote the Oregon Tobacco Quit Line	Promote Quit Line in COROA advertising.	
Third Quarter Activities (Jan. 1, 2012-March 31, 2012)		Third Quarter Report (due April 20, 2012)
Coordination & Collaboration	Attend Chamber of Commerce monthly meetings. Attend quarterly calls and meetings for RSN.	
Assessment	Quarterly, collect and report tracking of properties that have adopted NO-SMOKING policies and Rental Ad Tracking Tool to Health In Sight.	
Education & Outreach (Development of Local Champions)	In cooperation with Health In Sight, develop an educational piece with local quotes to encourage landlords to adopt smoke free housing policies. Offer smoke-free business cards to multi-unit landlords with smoke-free policy.	
Media Advocacy		
Policy Development, Promotion, & Implementation	Approach landlords with above educational piece through direct contact or local media.	

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Promote the Oregon Tobacco Quit Line	Promote Quit Line in all smoke free housing education outreach to landlords.	
Fourth Quarter Activities (April 1, 2012-June 30, 2012)		Fourth Quarter Report (due July 20, 2012)
Coordination & Collaboration	Face to face meeting with Deschutes and Jefferson counties to collaborate on regional smoke free multi-unit housing projects. Attend Chamber of Commerce monthly meetings.	
Assessment	Quarterly, collect and report tracking of properties that have adopted NO-SMOKING policies and Rental Ad Tracking Tool to Health In Sight.	
Education & Outreach (Development of Local Champions)	Attend at least one COROA meeting to provide TA to rental owners for smoke-free housing.	
Media Advocacy	If appropriate, utilize Public Health Week to promote smoke-free housing.	
Policy Development, Promotion, & Implementation	Make contact with at least one landlord who has not adopted a tobacco-free policy to provide TA and information for policy adoption.	
Promote the Oregon Tobacco Quit Line	Provide Quit Line cards and posters to COROA for landlord distribution.	

Local Health Department: CROOK COUNTY HEALTH DEPARTMENT
Best Practice Objective: BPO # 8, Title TOBACCO FREE SCHOOLS
SMART Objective: By June 2012...Crook County Middle and High Schools will have assessed current tobacco policies and develop strategies to improve upon implementation of policy.
Critical Question: Explain how data describing disparities in health risks and outcomes led you to prioritize the SMART objective, activities or partners identified for this BPO.
CROOK COUNTY TOBACCO USE AMONG YOUTH ROSE FROM 2009 TO 2010. AMONG 8 TH GRADERS, SMOKING INCREASED 4% AND SMOKELESS TOBACCO USE INCREASED 7%.

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AMONG 11 TH GRADERS, SMOKING INCREASED 3% AND SMOKELESS TOBACCO USE INCREASED 6%.		
First Quarter Activities (July 1, 2011-Sept. 30, 2012)		First Quarter Report (due Oct. 21, 2011)
Coordination & Collaboration	Meet with new school superintendant to inform district of current tobacco use conditions among local youth. Collaborate with School Based Health Center staff to garner support for policy evaluation.	
Assessment	Conduct review of student tobacco use data using Oregon Healthy Teens data.	
Education & Outreach (Development of Local Champions)	Share current county tobacco use conditions with school staff. In cooperation with administration, schedule training for staff on youth tobacco addiction and current policy implementation.	
Media Advocacy		
Policy Development, Promotion, & Implementation	Research best practice tools for assessing current Middle and High school tobacco policy. Offer business cards advertising tobacco free policy to schools for distribution at events where the public is invited.	
Promote the Oregon Tobacco Quit Line	Educate staff to promote Quit Line through new School Based Health Center. Offer Quit Line information to be distributed by staff to students.	
Second Quarter Activities (Oct. 1, 2011-Dec. 31, 2012)		Second Quarter Report (due Jan. 20, 2012)
Coordination & Collaboration	Schedule meeting with Middle and High School Health teachers to determine support of assessment.	
Assessment	In cooperation with school staff, determine best process for tobacco policy assessment.	
Education & Outreach (Development of Local Champions)	Contact parent group to educate on local tobacco use facts and garner support for	

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Champions)	assessment.	
Media Advocacy	In cooperation with district, write op-ed for media regarding local tobacco facts and information on what the schools are doing to reduce youth smoking rates.	
Policy Development, Promotion, & Implementation	Work with administration, LPHA, & community to further develop current policy of offering alternative tobacco education to MIPT youth in lieu of suspension.	
Promote the Oregon Tobacco Quit Line	Promote Quit Line in media outreach for assessment.	
Third Quarter Activities (Jan. 1, 2012-March 31, 2012)		Third Quarter Report (due April 20, 2012)
Coordination & Collaboration	Collaborate with schools and community partners to assess Middle and High school health and safety.	
Assessment	Compile results of assessment.	
Education & Outreach (Development of Local Champions)	Present results of assessment to school district administration.	
Media Advocacy		
Policy Development, Promotion, & Implementation		
Promote the Oregon Tobacco Quit Line	Promote Quit Line to school staff in January through District office.	
Fourth Quarter Activities (April 1, 2012-June 30, 2012)		Fourth Quarter Report (due July 20, 2012)
Coordination & Collaboration	Contact participants of assessment to develop team for action planning.	
Assessment		
Education & Outreach (Development of Local Champions)	Assemble a team of staff, administration, youth and parents to develop an action plan for improving students health based on results of assessment.	
Media Advocacy	In cooperation with the school district, present results of assessment and planning to	

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	local media.	
Policy Development, Promotion, & Implementation	Make recommendations to schools/district for policy changes based on results of assessment.	
Promote the Oregon Tobacco Quit Line		

Local Health Department: CROOK COUNTY HEALTH DEPARTMENT		
Best Practice Objective: BPO # 9, TOBACCO-FREE OUTDOOR VENUES		
SMART Objective: By June 2012...IN COOPERATION WITH CROOK COUNTY PARKS AND RECREATION THE CITY OF PRINEVILLE WILL ADOPT A TOBACCO FREE ORDINANCE FOR CITY PARKS AND ADVERTISE POLICY THROUGH SIGNAGE.		
<p>Critical Question: Explain how data describing disparities in health risks and outcomes led you to prioritize the SMART objective, activities or partners identified for this BPO.</p> <p>CROOK COUNTY TOBACCO USE AMONG YOUTH ROSE FROM 2009 TO 2010. AMONG 8TH GRADERS, SMOKING INCREASED 4% AND SMOKELESS TOBACCO USE INCREASED 7%. AMONG 11TH GRADERS, SMOKING INCREASED 3% AND SMOKELESS TOBACCO USE INCREASED 6%. BY THE CITY OF PRINEVILLE ADOPTING A TOBACCO FREE PARKS ORDINANCE IT BRINGS RENEWED AWARENESS OF THE POLICY TO THE COMMUNITY AND REINFORCES POSITIVE BEHAVIORS TO OUR YOUTH.</p>		
First Quarter Activities (July 1, 2011-Sept. 30, 2012)		First Quarter Report (due Oct. 21, 2011)
Coordination & Collaboration	<p>Contact City of Prineville Manager to determine best avenue for approaching City Council and Mayor for Tobacco-Free Parks Ordinance.</p> <p>Participate in Tobacco Free Outdoor workgroup.</p>	
Assessment	<p>Assess tobacco free signage at Pioneer, Ochoco Creek and Skate park.</p> <p>Assess what signs are available from other tobacco-free outdoor venues, statewide.</p>	

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Education & Outreach (Development of Local Champions)	Partner with CHIP to promote tobacco-free parks policy at all CHIP outdoor sanctioned events. Approach sponsor of Picnic in the Park event for support of policy.	
Media Advocacy		
Policy Development, Promotion, & Implementation	In collaboration with Parks employees, develop and provide business cards to advertise policy to park users. Ask Picnic in the Park sponsor to advertise smoke free policy at event.	
Promote the Oregon Tobacco Quit Line	Promote the Quitline on business cards parks employees distribute to park users.	
Second Quarter Activities (Oct. 1, 2011-Dec. 31, 2012)		Second Quarter Report (due Jan. 20, 2012)
Coordination & Collaboration	If City support warrants, work with Parks and Rec to develop sample ordinances. Participate in Tobacco Free Outdoor workgroup.	
Assessment		
Education & Outreach (Development of Local Champions)		
Media Advocacy		
Policy Development, Promotion, & Implementation	In cooperation with Parks and Rec., develop local signs for advertising policy in parks. Assess three more parks for proper signage.	
Promote the Oregon Tobacco Quit Line	Promote the Quit Line on business cards for parks employees to distribute to park patrons.	
Third Quarter Activities (Jan. 1, 2012-March 31, 2012)		Third Quarter Report (due April 20, 2012)
Coordination & Collaboration	Participate in Tobacco Free Outdoor Workgroup.	

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Assessment		
Education & Outreach (Development of Local Champions)		
Media Advocacy		
Policy Development, Promotion, & Implementation	Assess three additional parks for proper signage.	
Promote the Oregon Tobacco Quit Line	Promote Quit Line through distribution of business cards to advertise tobacco free parks policy.	
Fourth Quarter Activities (April 1, 2012-June 30, 2012)		Fourth Quarter Report (due July 20, 2012)
Coordination & Collaboration	Participate in Tobacco Free Outdoor workgroup.	
Assessment		
Education & Outreach (Development of Local Champions)	In cooperation with Parks and Rec., advertise tobacco free parks policy through Spring and Summer contracts with teams and coaches for summer league play.	
Media Advocacy		
Policy Development, Promotion, & Implementation		
Promote the Oregon Tobacco Quit Line	Promote Quit Line through distribution of business cards to advertise tobacco free parks policy.	

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Local Tobacco Control Advisory Group

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

Community Leader, Partner, Stakeholder or other Advisor consulted	Name of Organization	Briefly describe how this Advisory Council member helped guide the development of the Local Program Plan.	If applicable, note the BPO(s) in which this individual or organization will continue to be involved.
Name of individual			
Ken Fahlgren	Crook County Court	Provides guidance to LHD in making contacts and presenting to regional leaders to promote self-management and cessation resources for the workplace and community.	BPO # 1,2,3,4,8 & 9
Sharon Vail	Rimrock Health Alliance and CHIP	Provides guidance to LHD in making medical and community contacts to promote self-management and cessation resources.	BPO # 1,2,3,4,8 & 9
Bob Gomes, CEO	Pioneer Memorial Hospital	Provides guidance to promote healthy communities and reduce chronic disease through CHIP and Rimrock Health Alliance.	BPO # 1
Maureen Crawford	Crook County Parks & Rec. Director	Provided guidance and direction in developing Tobacco Free Outdoors BPO plan.	BPO # 2 & 9
Megan Haase	Chief Executive Officer Mosaic Medical	Provides ongoing medical contacts for local FQHA.	BPO # 1 & 2
Josh Cook, MD	Emergency Department Director, PMH	Provided guidance in partnering with local hospital for Chronic Disease Prevention, Early Detection and Self-Management.	BPO # 1
Bill Gowan, Director	Crook County Chamber of Commerce	Community education for Chronic Disease Prevention and contacts with new businesses in	BPO # 1, 2 & 3

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		community.	
Muriel DeLaVergne-Brown Director	Crook County Health Department	Community Education, contacts with County Court, and local health providers.	BPO #'s 1,2,3,4,8 & 9
Diane Laughter	Health In Sight	Guidance and direction for implementation of Smokefree housing policy work.	BPO # 4
Rocky Miner, Principal	Crook County High School	Guidance and direction for policy updating at school.	BPO # 8
Stacy Smith, Principal	Crook County Middle School	Guidance and direction for policy updating at school.	BPO # 8

**B. PARENT AND CHILD HEALTH SERVICES, INCLUDING FAMILY
PLANNING CLINICS AS DESCRIBED IN ORS 435.205**

1. Use this section to describe problems, goals, activities, and evaluation related to parent and child health from OAR 333-014-0050 (2) (b) and ORS 431.416 (2) (b).

BABIES FIRST/HEALTHY START/CACOON

CURRENT CONDITION OR PROBLEM:

The Babies First Program is been extremely successful this past year, reaching budget goals by March 2010. The MCH program received .5 FTE nurse for home visiting for the 2010-2011 year, but the position is vacant at this point in time.

The majority of the clients were enrolled in the Oregon Health Plan and Targeted Case Management billable services. The most common reason for referral was prematurity, especially when occurring in families who are compromised with poverty, domestic violence, parental mental disability, and substance abuse problems. The average length of follow up is through the first year of life. At some point during follow up, nearly 30% of children assessed for development demonstrated abnormal results and received referral to the local Early Intervention Program. For the majority of children followed, Babies First was the only source of ongoing developmental assessment and monitoring. The program is growing with an increased number of referrals to Crook County Health Department. The Department’s Healthy Start Program has been a positive addition to the services and creates a very positive continuum of care.

Time Period: July 1, 2011 – June 30, 2012		
GOAL: To promote the physical, social, and mental health of at-risk infants and children through the direct provision of site and home-based visiting services.		
OBJECTIVES	ACTIVITIES	EVALUTION
A. To improve the ability of the provider community to rapidly identify and efficiently triage high-risk infants to existing services.	Implement new guidelines for returning this service to original mission of high risk infant tracking.	Changes in rates of appropriate referrals and decrease in eligible children who are referred to community services late.
B. Distinguish general case management service from Babies 1 st high risk infant tracking for the purpose of better assessing Babies 1 st outcomes.	Initiate community meetings to plan for coordination.	Service protocols are consistent with new guidelines for Babies 1 st service. Reports provided at the Early Childhood meetings.

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C. Home visits include documentation of assessments and screenings following all policies and procedures for each home visit program including proper documentation for billing.	Monthly review of charts to evaluate.	Compliance 100% for all home visit programs and 100% of the children will be up-to-date on their immunizations.
D. Improve the referral system for home visiting programs.	Update materials for outreach and visit offices in Redmond and Bend.	100% referrals and improved communication with partners in Redmond and Bend for high risk infants.
E. Data collection is completed for all home visiting programs and each nurse will have specific performance measures for the number of visits per week.	Chart within the week for all home visits.	100% completed documentation on each client verified by chart reviews.
F. All home visit staff will attend training as needed for their specific position.	Attend all training as required by specific home visiting programs.	All staff has received required training as needed for programs.
G. Collaboration with Deschutes and Jefferson County to explore regional model for Family Nurse Partnership.	Attend meetings, meet monthly or more often to explore the NFP model.	Development of new regional program to address home visiting funding and new models.

CHILD AND ADOLESCENT HEALTH

CURRENT CONDITION OR PROBLEM:

Primary Care - Nearly 30% of the County's uninsured are children between the ages of 1 and 17. Of these children, those ages 0-10 are most likely to access safety net care related to need for immunizations, monitoring of growth, etc. As children from families without insurance reach adolescence, they are far less likely to access care of any type. Local schools report that lack of health care accounts for a significant amount of school absence, especially with adolescents. Safety net primary care offered at the LHD is very limited and in jeopardy due to increasing costs that cannot be covered with existing funding. Future planning includes exploring the need for school based health centers in Prineville.

Time Period: July 1, 2011 – June 30, 2012		
GOAL: Improve primary care access for children of all ages.		
OBJECTIVES	ACTIVITIES	EVALUATION
A. Develop a planning process for a School Based Health Center in Crook County.	Implement Continuous Quality Improvement (CQI) process for data collection in LSBHC to demonstrate effectiveness of model and initiate planning efforts for additional sites.	Produce positive outcomes for sentinel conditions addressed in service

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B. Participate with community to improve access to care for children of all ages in the community.	Develop strategies for offering more comprehensive health services within program	Increased numbers of youth served receive health care with focus on preventive factors.
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PERINATAL

CURRENT CONDITION OR PROBLEM:

The perinatal program in Crook County has been fragmented over the past years and the outcomes need improvement. Approximately 20.1% of pregnant women smoke and a large number did not receive first trimester prenatal care (defined as fewer than 5 visits before the third trimester). Early prenatal care is important because:

- Medical problems (hypertension, diabetes) can be managed.
- Referrals can be made for smoking, alcohol, drug use.
- Psycho-social issues can be addressed.

Maternity Case Management was provided through Pioneer Memorial Hospital, and they only visited small numbers of women. The Mosaic Medical Clinic (previously Ochoco Clinic) offered prenatal care, and in recent years lost a provider and thus the services were dropped. Recently, they have hired a new physician who is providing prenatal care and services to women. The Department began the Maternity Case Management Program for Crook County (no longer provided by Pioneer Memorial Hospital) and the Healthy Start Program, so we are currently collecting statistics for the program. The department is in the process of establishing a strong network of community providers who can receive referrals for pregnant women to ensure healthy pregnancies and birth outcomes. Additionally, the department is providing outreach through Oregon Mothers Care. Local benchmarks for healthy birth outcomes have continued to improve.

Time Period: July 1, 2010 – June 30, 2011		
GOAL: Increase resources for pregnant women		
OBJECTIVES	ACTIVITIES	EVALUATION
A. Coordinated community effort is in place to implement new or improved resources for this problem.	Develop the Maternity Case Management Program.	Document the number of women seen in MCM.
B. Increase outreach efforts to target populations.	Coordinate efforts with the OMC Coordinator from Deschutes to visit offices in Redmond and Bend.	Increase the number of women participating in MCM.

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B. Decrease the % of pregnant women who use tobacco in Crook County.	Work with the tobacco program and providers to decrease the # of pregnant women who use tobacco. Promote the 5A's of cessation protocol.	The % of pregnant women who smoke in Crook County will decrease to 17%.
C. Increase access to early and adequate prenatal care.	Refer women to OMC, and MCM. Develop outreach materials.	% of infants born to women receiving prenatal care beginning in the first trimester.
D. Increase breastfeeding to six months.	Refer all women to the WIC program for nutrition education. Work with Pioneer Memorial Hospital	% of women who exclusively breastfeed their infants at hospital discharge.

FAMILY PLANNING PROGRAM



FAMILY PLANNING

**FAMILY PLANNING PROGRAM ANNUAL PLAN FOR
COUNTY PUBLIC HEALTH DEPARTMENT
July 1, 2011 to June 30, 2012**

Agency: Crook County Health Department

Contact: Nelda Grymes

CURRENT CONDITION OR PROBLEM STATEMENT:

Clinics have increased to weekly with a new nurse practitioner has improved the wait times for appointments. We are seeing improvement in the “no-show” rate. We implemented time studies, and used a LEAN RPI process to improve the clinic operation. We will continue to monitor clinic flow. Data from 2009 demonstrated the % teen client population (≤ 19) served is 28.4% compared to 26.4% statewide. The woman in need (WIN) percentage is 24.2% compared to 21% for the State of Oregon. This is continued need for outreach and improvement. The male as percentages of total clients is 9.2% compared to 6.6% for the statewide average. The number of male clients seen in the clinic continues to climb and the benefit of dollars to improve in this area was very helpful. The addition of the new nurse practitioner has been wonderful. She also works in Deschutes County, has an incredible level of training and experience and focuses specifically on reproductive health. Since she started, we began offered Implanon to clients with much success. The clients are very appreciative of the services offered and are very complimentary towards the staff noted on client satisfaction surveys.

Time Period: July 1, 2011 – June 30, 2012				
GOAL 1: Assure continued high quality clinical family planning and related preventive health services to improve overall individual and community health.				
Problem Statement	Objectives	Planned Activities	Evaluation	Progress Notes
There is an increased need for family planning services in Crook County and as noted above we have improved no-show rates and want to see continued improvement.	-Complete monthly time studies monthly to monitor clinic flow and decrease the wait time by 10% by June 2012.	-Monthly time studies. -Continue progress through RPI process. -Monitor information from the client satisfaction survey. -Set time standards for - clinical services. -Research new client scheduling system. -Implement new practice management and HER system in May 2011.	Improved client show rate and client process through clinic reports. -Improved efficiency and decreased no-show rate based on time study	-The wait time objective was met through time study monitoring through the family planning program. The no-show rate decreased from 24.16% to 20%. We will continue to monitor

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Time Period: July 1, 2011 – June 30, 2012				
GOAL 1: Assure continued high quality clinical family planning and related preventive health services to improve overall individual and community health.				
Need to gather client information to document client satisfaction and way to improve the clinical services.	Client satisfaction survey will be provided to clients quarterly through the 2011-2012 fiscal year.	-Update and print client satisfaction surveys. -Reception staff will hand out to clients quarterly for a one week period.	-Customer feedback -Staff feedback	We created a client satisfaction survey and continue to use in the programs. Staff is provided the information for feedback.
The Women in Need % served in the county is slightly less than the state average and needs improvement.	-The WIN in Crook County percentage will increase from 24.2% to 30% by July 2012.	-Increase outreach for family planning services in the community through outreach cards. -Increase the women referred to FP through other health department programs.	-Increased WIN percentage of women served in the county.	We did improve and will continue to work on this measure.
Increase the # of male clients attending the client for services.	-The # of male clients attending the clinic will increase by 3% in the 2011-2012 fiscal years.	-Continue outreach for males through the male reproductive health program grant.	-Increased % of males attending the reproductive health clinics.	We continue to see increased #'s of males in the clinic.
There is not a consistent educational component to the schools provided by the health department.	-The department will provide 10 presentations to schools throughout the 2011-2012 fiscal years in Crook County by June 2012.	-Apply for an AmeriCorps volunteer to assist with outreach and education in the schools for the Reproductive Health Program. -Train additional staff to provide community outreach – including volunteers.	-10 presentations completed in the community and the schools. -Increase in #'s of clients to the department.	-The AmeriCorp Members continue to complete this work for the health department.

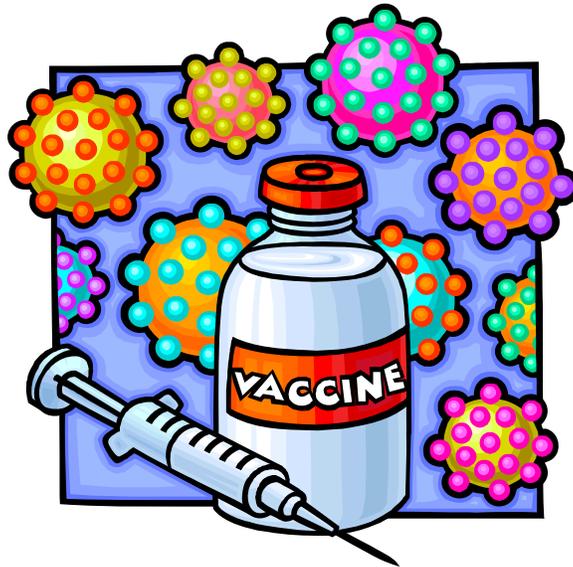
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Time Period: July 1, 2011 – June 30, 2012				
GOAL 1: Assure continued high quality clinical family planning and related preventive health services to improve overall individual and community health.				
There is not a consistent family planning advisory process in place.	-The Crook County Health Department will develop a Public Health Advisory Board by Sept. 2010.	-Create bylaws -Recruit for positions -First meeting in September 2010.	-Advisory process for family planning materials.	We have assigned this process to the CCF Board of which there are community members. The Public Health Director is part of this board and will guide the process. We will also use the expertise of the My Future My Choices students to assess brochure.

**FAMILY PLANNING – FAMILY PLANNING METHODS
AND PREVENTATIVE HEALTH**

Time Period: July 1, 2011 – June 30, 2012				
GOAL 2: Assure ongoing access to a broad range of effective family planning methods and related preventative health services.				
Problem Statement	Objectives	Planned Activities	Evaluation	Progress Notes
Unable to offer Implanon clients in Crook County. The new nurse practitioner is very experienced and offering to clients in regularly.	Increase the # of clients using Implanon in Crook County.	-New nurse practitioner is offering to clients. -Family Planning Coordinator will order necessary items for insertion/removal of Implanon.	-Increased # of clients with Implanon -Supplies in stock and NP begin use of Implanon in the clinical services.	We now offering Implanon.
The % of visits where clients received equally or more effective method is at 86.8% compared to 91% statewide. This is an area for improvement.	Each client will be evaluated for an appropriate birth control method at each visit by July 2012.	-Family Planning Coordinator will meet with FP staff and update as needed to improve this measure. -New nurse practitioner will implement best practice approaches.	-Measure for % of visits where clients received equally or more effective method will improve by 2012.	Our % actually dropped a bit to 86.8%. The adding of a new nurse practitioner will address this area of concern.
Proportion of visits at which female client received EC for future use (2008) was documented as a total of 3.7% compared to 18.7% Statewide and could use improvement. It improved in 2009 to 13.5% and still needs additional improvement.	The % of women receiving EC for future use will increase from 3.7% to 15%.	-Research the data entry for FP to see if the lack of information is a data entry issue. -Family Planning Coordinator will work with staff to make sure EC is dispensed appropriately.	-Proportion of visits at which female client will received EC for future use will increase by 2012.	Our current numbers improved to 22.5 for teens from 12.4 and 9.7 for adults from 2.6. We did have percentage improvement. We will continue to work in this area.

CROOK COUNTY IMMUNIZATION PROGRAM



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Crook County 2009 - 2011 Plan A - Continuous Quality Improvement: Reduce Vaccine Preventable Disease

Year 1: July 2009 – December 2009 – We will update this plan with new AFIX data.

Objectives	Activities	Date Due / Staff Responsible		Outcome Measure(s)	Outcome Measure(s) Results	Progress Notes
A. Increase the up-to-date for 2 years olds seen at the Crook County Health Department by 2% a year over the next 3 years.	Use most recent Assessment, AFIX assessment data as the baseline.	7/09	Anita M.	Baseline set.		
	Use Alert and IRIS system at each visit to determine which shots are due.	12/09	Imm. Staff	Protocols reviewed by staff.	The AFIX data is used to evaluate the work for the year.	The past year, the department changed immunization coordinators.
	Give all shots due at each visit.	6/09	Imm. Staff	Quarterly in-service held to include: -vaccine administration techniques	The staff reviewed the protocols to determine vaccinations during vision.	Kathy Fost began in October of 2009 during the H1N1 event. She remained very busy during that time and beginning in January she has focused on learning the immunization program, working with providers, and improving technique.
	Write on immunization record date next immunization is due.	8/09	Imm. Staff	-catch up schedule -reminder to give every shot due at any visit where child is seen	The staff continues to work to improve the missed shot rate.	
	Provide quarterly staff in-service to review and implement	8/09, 11/09, 2/10, 5/10	Anita	-entering all doses into IRIS within 14 days. -practice forecasting	Screening and immunizations were done at each visit.	
	<ul style="list-style-type: none"> - vaccine admin techniques - vaccine updates - current best practice and standards 			Screening and immunizations will be done at every visit by all staff UTD rate increased by at least 1%	This year has been one of change so not all training was completed due to change of staff.	

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Objectives	Activities	Date Due / Staff Responsible		Outcome Measure(s)	Outcome Measure(s) Results	Progress Notes
B. Decrease the Crook County Health Department missed shot rate 3% each year.	Use most recent AFIX assessment data as the baseline for missed shot rate.	Dec. 09	Anita	Screening and immunizations at every visit by all staff	The missed shot rate improved to ___ for 2009. The nursing staff provides all shots due when possible. There are still parents that refuse this protocol. The program has improved the screening of children in WIC and staff is available to provide the immunizations the majority of the time on the same day.	We continue to improve processes. This past year has been a bit challenging with the hiring of one immunization coordinator who then returned to the hospital. The current coordinator is very excited about the position and already received outstanding reviews from partners during the school exclusion process. Kathy Fost will become a great coordinator and I have been fortunate to have Mindy train her.
	Give all shots due unless truly contraindicated.	Dec. 09	Anita	Staff trained and understands policy of giving all shots due unless parent refuses even after education and counseling.		
	Screen for immunizations at all WIC appointments and Healthy Start Home Visits. Refer to HD immunization clinic when due for shots.	Dec. 09	Anita, Staff	2009 missed shot rate in AFIX assessment decreased by 3%.		
	Make time available for shots on same day as WIC appt.	Dec. 09	WIC Staff			
		Dec. 09	Anita			

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Crook County 2009 - 2011 Plan A - Continuous Quality Improvement: Reduce Vaccine Preventable Disease

Year 2: January 2010 – December 2010						
Objectives	Activities	Date Due / Staff Responsible		Outcome Measure(s)	Outcome Measure(s) Results	Progress Notes
A. Increase up to date immunization rates of children at 2 years of age by 1%.	-Update plan as needed.	7/10	Kathy F.	Baseline set. UTD rate increased by at least 1%	To be completed for the CY 2010 Report	To be completed for the CY 2010 Report
	-Use most recent Assessment, AFIX assessment data as the baseline.	8/10	Imm. Staff	Screening and immunizations will be done at every visit by all staff		
	-Use Alert and IRIS system at each visit to determine which shots are due.			Protocols reviewed by staff.		
	-Give all shots due at each visit.	8/10	Imm. Staff	Quarterly in-service held to include:		
	-Write on immunization record date next immunization is due.			-Vaccine administration techniques		
-Provide quarterly staff in-service to review and implement/private provider in-service 2x a year.	-Vaccine storage					
- Vaccin admin techniques	8/10	Imm. Staff	-Catch up schedule			
- Vaccine updates	8/10	Kathy F.	-Reminder to give every shot due at any visit where child is seen			
- Current best practice and standards	11/10		-Entering all doses into IRIS within 14 days.			
- Vaccine storage techniques	2/11		-Practice forecasting			
- Education	5/11					

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B. Decrease The Crook County Health Department missed shot rate 1% each year.	Use most recent AFIX assessment data as the baseline for missed shot rate.	Dec. 2010	Kathy F.	2009 missed shot rate in AFIX assessment decreased by 3%.	To be completed for the CY 2010 Report	To be completed for the CY 2010 Report
	Give all shots due unless truly contraindicated.	Dec. 2010	Kathy F.	Screening and immunizations at every visit by all staff		
	Screen for immunizations at all WIC appointments and Healthy Start Home Visits. Refer to HD immunization clinic when due for shots.	Dec. 2010	Kathy F. Staff	Staff trained and understands policy of giving all shots due unless parent refuses even after education and counseling.		
	Make time available for shots on same day as WIC appt.	Dec. 2010	WIC Staff Kathy F.	WIC staff training and reminders.		

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Crook County: 2009 – 2011 Plan A - Continuous Quality Improvement: Reduce Vaccine Preventable Disease

Year 3: January 2011 – December 2011						
Objectives	Activities	Date Due / Staff		Outcome Measure(s)	Outcome Measure(s)	Progress Notes
A. Increase up to date immunization rates of kids who are 2 years old by 1%.	-Update plan as needed.	7/11	Kathy F.	Baseline set. UTD rate increased by at least 1%	To be completed for the CY 2011 Report	To be completed for the CY 2011 Report
	-Use most recent Assessment, AFIX assessment data as the baseline.	6/11	Imm. Staff	Screening and immunizations will be done at every visit by all staff		
	-Use Alert and IRIS system at each visit to determine which shots are due.	6/11	Imm. Staff	Protocols reviewed by staff.		
	-Give all shots due at each visit.	8/11	Kathy F.	Quarterly in-service held to include:		
	-Write on immunization record date next immunization is due.	8/11		-Vaccine administration techniques		
	-Provide quarterly staff in-service to review and implement/private provider in-service 2x a year.	11/11		-Vaccine storage		
	- Vaccine admin techniques	2/12		-Catch up schedule		
	- Vaccine updates	5/12		-Reminder to give every shot due at any visit where child is seen		
	- Current best practice and standards			-Entering all doses into IRIS within 14 days.		
	- Vaccine storage techniques			-Practice forecasting		
	- Education					

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B.Decrease The Crook County Health Department missed shot rate 1% each year.	Use most recent AFIX assessment data as the baseline for missed shot rate.	Dec. 2011	Kathy F.	2009 missed shot rate in AFIX assessment decreased by 3%.	To be completed for the CY 2011 Report	To be completed for the CY 2011 Report
	Give all shots due unless truly contraindicated.	Dec. 2011	Kathy F.	Screening and immunizations at every visit by all staff		
	Screen for immunizations at all WIC appointments and Healthy Start Home Visits. Refer to HD immunization clinic when due for shots.	Dec. 2011	Kathy F. Staff	Staff trained and understands policy of giving all shots due unless parent refuses even after education and counseling.		
	Make time available for shots on same day as WIC appt.	Dec. 2011	WIC Staff Kathy F.	WIC staff training and reminders.		

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Crook County 2009 - 2011 Plan B – Community Outreach and Education

Year 1: July 2009 – December 2009						
Objectives	Activities	Date Due / Staff Responsible		Outcome Measure(s)	Outcome Measure(s) Results	Progress Notes
A. Promote AFIX exchange in private provider offices	<ul style="list-style-type: none"> -Determine the number of private providers in the county. – ask OIP for list of providers who have never received an AFIX assessment or who have not received one in 3 or more years. -Arrange for OPI assistance with this project. --Keep list of “no thanks” clinics to contact next year. -Work with OIP Health Educator (to set feedback dates, complete other tasks, communicate on project, etc.) -OIP to run assessments and present feedbacks. 	Anita	Sept. 2009	<ul style="list-style-type: none"> List of providers created and possible clinics to recruit for AFIX identified OIP committed to provide services AFIX materials gotten from OIP and CDC and reviewed. Clinics contacted and educated on benefits of free AFIX assessments and feedback with staff. 	<p>Anita started the process of contacting private providers and then decided to go back to the hospital. Kathy Fost began at the department right when H1N1 was ramping up so is still working on this project for the coming year. Kathy will receive her first report this month and we will cover the information. She has met providers and will follow through on this process.</p>	<p>Kathy Fost will begin this process this summer since H1N1 took the majority of her time and she was learning the immunization program.</p>

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<p>B. Promote AFIX in new delegate agency</p>	<p>-Coordinate with Mosaic Medical Center to become delegate agency. -Arrange for OPI assistance in starting delegate agency. -Educate Mosaic Medical Center providers in AFIX. -Work with OIP Health Educator (to set feedback dates, complete other tasks, communicate on project, etc.)</p>	<p>Kathy</p>	<p>Aug. 2009</p>	<p>-OIP committed to provide services -AFIX materials gotten from OIP and CDC and reviewed with Mosaic Medical</p>	<p>We did not receive the final copy from Mosaic. The executive director left three weeks ago and we are back on track with this process.</p>	<p>Kathy Fost and Muriel will work with Megan Haase, the medical director to re-start this process.</p>
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Crook County 2009 - 2011 Plan B – Community Outreach and Education

Year 2: January 2010 – December 2010						
Objectives	Activities	Date Due / Staff Resp.		Outcome Measure(s)	Outcome Measure(s) Results	Progress Notes
A. Promote AFIX Exchange in private provider offices	<ul style="list-style-type: none"> -Continue this process -Determine the number of private providers in the county. <ul style="list-style-type: none"> – ask OIP for list of providers who have never received an AFIX assessment or who have not received one in 3 or more years. -Arrange for OPI assistance with this project. <ul style="list-style-type: none"> --Keep list of “no thanks” clinics to contact next year. -Work with OIP Health Educator (to set feedback dates, complete other tasks, communicate on project, etc.) -OIP to run assessments and present feedbacks. 	Kathy	Sept. 2010	<ul style="list-style-type: none"> List of providers created and possible clinics to recruit for AFIX identified OIP committed to provide services AFIX materials gotten from OIP and CDC and reviewed. Clinics contacted and educated on benefits of free AFIX assessments and feedback with staff. 	To be completed for the CY 2010 Report	To be completed for the CY 2010 Report

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<p>B. Promote AFIX in new delegate agency</p>	<ul style="list-style-type: none"> -Continue work with Mosaic -Coordinate with Mosaic Medical Center to become delegate agency. -Arrange for OPI assistance in starting delegate agency. -Educate Mosaic Medical Center providers in AFIX. -Work with OIP Health Educator (to set feedback dates, complete other tasks, communicate on project, etc.) 	<p>Kathy</p>	<p>Aug. 2010</p>	<ul style="list-style-type: none"> -OIP committed to provide services -AFIX materials gotten from OIP and CDC and reviewed with Mosaic Medical 	<p>To be completed for the CY 2010 Report</p>	<p>To be completed for the CY 2010 Report</p>
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Crook County 2009 - 2011 Plan B – Community Outreach and Education

Year 3: January 2011 – December 2011						
Objectives	Activities	Date Due / Staff Resp.		Outcome Measure(s)	Outcome Measure(s) Results	Progress Notes
A. Promote AFIX Exchange in private provider offices	<ul style="list-style-type: none"> -Continue this process -Determine the number of private providers in the county. – ask OIP for list of providers who have never received an AFIX assessment or who have not received one in 3 or more years. -Arrange for OPI assistance with this project. --Keep list of “no thanks” clinics to contact next year. -Work with OIP Health Educator (to set feedback dates, complete other tasks, communicate on project, etc.) -OIP to run assessments and present feedbacks. 	Kathy	Sept. 2011	<ul style="list-style-type: none"> List of providers created and possible clinics to recruit for AFIX identified OIP committed to provide services AFIX materials gotten from OIP and CDC and reviewed. Clinics contacted and educated on benefits of free AFIX assessments and feedback with staff. 	To be completed for the CY 2011 Report	To be completed for the CY 2011 Report

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<p>B. Promote AFIX in new delegate agency</p>	<ul style="list-style-type: none"> -Continue work with Mosaic -Coordinate with Mosaic Medical Center to become delegate agency. -Arrange for OPI assistance in starting delegate agency. -Educate Mosaic Medical Center providers in AFIX. -Work with OIP Health Educator (to set feedback dates, complete other tasks, communicate on project, etc.) 	<p>Kathy</p>	<p>Aug. 2011</p>	<ul style="list-style-type: none"> -OIP committed to provide services -AFIX materials gotten from OIP and CDC and reviewed with Mosaic Medical 	<p>To be completed for the CY 2011 Report</p>	<p>To be completed for the CY 2011 Report</p>
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WIC PROGRAM



EVALUATION OF WIC NUTRITION EDUCATION PLAN
FY 2010-2011

WIC Agency: Crook County Health Department

Person Completing Form: Jennifer Chaney, WIC Supervisor

Date: 4-22-2011 Phone: 541-447-5165 ext. 208

Return this form, attached to email to: sara.e.sloan@state.or.us by May 1, 2011

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

Goal 1: Oregon WIC staff will 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 online Participant Centered Education Module by July 31, 2010.

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

- Did your WIC Training Supervisor complete the module by December July 31, 2010?
- Was the completion date entered into TWIST?

Response:

- 1. The WIC Training Supervisor completed all online PCE Modules by 4-15-2010.**
- 2. The completion date was entered into TWIST.**

Activity 2: WIC certifiers who participated in Oregon WIC Listens training 2008-2009 will pass the posttest of the Participant Centered Education e-Learning Modules by December 31, 2010.

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

- Did all certifiers who participated in Oregon WIC Listens training 2008-2009 pass the posttest of the Participant Centered Education e-Learning Modules by December 31, 2010?

Response:

- 1. Yes, all certifiers completed the post tests by August 13, 2010.**

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Activity 3: Local agency staff will attend a regional Group Participant Centered training in the fall of 2010. The training will be especially valuable for WIC staffs who lead group nutrition education activities.

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

- Which staff from your agency attended a regional Group Participant Centered Education in the fall of 2010?
- How have those staff used the information they received at the training?

Response:

- 1. The staff members that attended the regional Group PCE training in the fall of 2010 were Mayra Salazar, Renee Sheehy, Dawn Wilson, Jennifer Chaney.**
- 2. We have all used the information received to edit and change our GE classes to include a more PCE format.**

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.

Activity1: Each agency will continue to implement strategies identified on the checklist entitled "Supporting Breastfeeding through Oregon WIC Listens" by December 31, 2010.

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:

- 1. Strengths identified from our use of the assessment tool were:**
 - Need to work on getting our agency the state designation as breastfeeding mother friendly workplace. Although we have stickers on the front doors saying that we are breastfeeding friendly and advertise the use of our BF room to mothers on WIC, we do not actually have the certificate.**
 - Breastfeeding promotion skills, knowledge and attitudes are not part of our employee job descriptions and evaluation process.**
 - We do inform both pregnant and BF mom's of the differences between breastfeeding and formula feeding. We find that this is a very important sensitive subject and use of PCE skills is very important to use to maintain a positive rapport with clients. Although we always push BF as the #1 choice for feeding babies, we also give**

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information on formula as requested and try to be led not by our own agenda but by the client's wishes and desires for their situation.

-At this point we are not contacting breastfeeding moms within 2 weeks of birth. We do not have the staffing time to be able to take this on. This is something that we are interested in taking on in the next year.

-We are not providing specific breastfeeding promotion in the media locally. Although we do place ads in a local newspaper, it is a general WIC ad. Our goal is to expand this to include both breastfeeding specific information and information for Farmer's Market season.

Activity 2: Each local agency will implement components of the Prenatal Breastfeeding Class (currently in development by state staff) in their breastfeeding education activities by March 31, 2011.

No response needed. The Prenatal Breastfeeding Class is still in development.

Goal 3: Strengthen partnerships with organizations 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 strengthen partnerships with these organizations by offering opportunities for 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.

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

- Which community partners did your agency invite to attend the Group PCE training fall of 2010?
- How do you feel partnerships with those agencies were enhanced?
- What went well and what would you do differently?

Response:

1. We invited the OSU Extension Food Program Coordinator, Glenda Hyde.
2. Our partnerships have enhanced this due to better communication about our WIC BITS classes and collaboration plans for those classes.
3. All is going well with them, though I think that continued education on their part of WIC food packages and PCE workflow will enhance our already good relationship.

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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 WIC Breastfeeding Module.

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

- Which community partners did your agency invite to attend a Breastfeeding Basics training and/or complete the online WIC Breastfeeding Module?
- How do you feel partnerships with those agencies were enhanced?
- What went well and what would you do differently?

Response only if you invited community partners to attend a Breastfeeding Basics training. The online WIC Breastfeeding Course is still in development.

N/A

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 June 30, 2011.

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

- Did/will the appropriate staff complete the new online Child Nutrition Module by June 30, 2011?
- Are the completion dates entered into TWIST?

Response:

- 1. All of our CPA's have completed the Child Nutrition Module.**
- 2. All completion dates have been entered into TWIST as well.**

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

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?

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FY 2010-2011 WIC Staff In-services

In-Service Topic and Method of Training	Core Competencies Addressed	Desired Outcome
Recap of FDNP season Q1	Nutrition Education, Program Integrity	Identification of successes and improvements needed for next years' FDNP season
Training Supervisor to complete e-learning modules Q1	Communication, Multicultural awareness, critical thinking, technology literacy, nutrition education	Improvement of staff skills
Lesson Plan Review Q1	Program Integrity, Principles of life-cycle nutrition, Communication, Multicultural awareness, critical thinking, nutrition education	Improvement of WIC program
Client Centered Counseling Q1	Program Integrity, Principles of life-cycle nutrition, Communication, Multicultural awareness, critical thinking, nutrition education	Staff able to identify gaps in training to improve their skills
Policy Updates Q1	Program Integrity	Maintain current on rules and policy of wic program
Self Evaluation Tool Q1	Program Integrity, Principles of life-cycle nutrition, Communication, Multicultural awareness, critical thinking, nutrition education	Staff members develop strengthened CCC skills.
Regional Group PCE Training Q1	WIC Program Integrity, Communication, Multicultural awareness, critical thinking, nutrition education	Improvement of PCE skills in Group Ed settings
Civil Rights Q2	Program Integrity	Maintain highest level of customer service
Breastfeeding Promotion and Support-checklist for supporting breastfeeding through Oregon WIC listens Q2	Nutrition assessment process, communication, critical thinking, nutrition education, community resources and referrals	Identified strategies to improve our breastfeeding program
WIC Listens Continuing Education Activities	Communication, Multicultural awareness,	Continued development of staff skills and abilities

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Q2, Q3, Q4	critical thinking, nutrition education	
Weight and Height inservice Q4	Program integrity, nutrition assessment process, anthropometric and biochemical data collection techniques	Maintain high level of accuracy in providing of program
Read and discuss new updated Happy Healthy Teeth and Calcium classes using PCE skills. Q3	Nutrition Education, Communication	Continue developing our PCE skills and services provided using PCE skills
On line Child Nutrition Module Completed Q3	Principles of lifecycle nutrition, communication, critical thinking, technology literacy, nutrition assessment process, nutrition education	Continued development of nutrition education skills and knowledge
On line Basic Nutrition Module Q3	Principles of lifecycle nutrition, communication, critical thinking, technology literacy, nutrition assessment process, nutrition education	Continued development of nutrition education skills and knowledge
On line Prenatal Nutrition Module Q3	Principles of lifecycle nutrition, communication, critical thinking, technology literacy, nutrition assessment process, nutrition education	Continued development of nutrition education skills and knowledge
Breastfeeding Coalition of Oregon Conference on Breastfeeding-attended by our Clerk and CPA/Interpreter Q2	Principles of life-cycle nutrition, nutrition education, community resources	Provided training to improve breastfeeding education skills
NWA Breastfeeding Conference in San Diego Q1	Principles of life-cycle nutrition, nutrition education, community resources	Provided training to improve breastfeeding education skills
NWA Conference in Portland Oregon(May 2011)-All WIC staff will attend		

FY 2011 - 2012 WIC Nutrition Education Plan Form

County/Agency: Crook County Health Department
Person Completing Form: Jennifer Chaney-WIC Program Supervisor
Date: April 28, 2011

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Phone Number: 541-447-5165 x208

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

Return this form electronically (attached to email) to: sara.e.sloan@state.or.us
by May 1, 2011
Sara Sloan, 971-673-0043

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

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

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

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

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

- 1. The following staff will attend the fall PCE training:**
 - Jennifer Chaney-WIC Supervisor/Training Coordinator**
 - Emma Reynolds-WIC Clerk**
 - Mayra Salazar-WIC CPA/Interpreter**
 - Renee Sheehy-Family Service Worker/WIC CPA**

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

Implementation Plan and Timeline:

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1. **Crook County wic staff will meet with our contracted Dietician, RanDee Anshutz and make modifications to all classes that we provide to be PCE focused:**
 - a. **Happy, Healthy, Teeth(by March 31, 2012)**
 - b. **Increasing Your Calcium(by March 31, 2012)**
 - c. **Breastfeeding Your Baby(c-r by June 2012)**
 - d. **Prenatal Nutrition**
 - e. **Healthy Breakfasts**
 - f. **Feeding Your Child Under 2**
 - g. **Kids in the Kitchen**
 - h. **Healthy Snacks**
 - i. **Food Safety**
 - j. **Slow Cooker Cooking**
 - k. **Making a Fast Meal**
 - l. **Learning the Benefits of Low Fat Milk**
 - m. **Budgeting Your food dollars**
 - n. **Cooking With Beans**
 - o. **Whole Grains**
 - p. **Basic Nutrition**
 - q. **Increasing Your Iron**
 - r. **Christmas Snacks**

2. **By December 2011, the training coordinator will develop an in-service for use with local staff on: “How to identify and help a WIC client who might have Postpartum Depression”, specifically using PCE skills and strategies learned during Group trainings.**

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

Implementation Plan and Timeline:

1. **By August 2011, training coordinator will develop a local form for use by WIC staff with WIC clients to better identify and explain nutrition education options which can be given to the client.**
2. **By March 2012, training coordinator will provide a “dry run” exercise for WIC staff using the newly redeveloped nutrition education classes using PCE skills for the first two classes.**
3. **By June 2012, will complete a “dry run” exercise for WIC staff of the remainder of classes available that have been redeveloped using PCE skills.**

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

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

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

Implementation Plan and Timeline:

1. By March 31, 2012 Crook County WIC staff will meet with our contracted Dietician, RanDee Anshutz and make modifications to the Breastfeeding class that we provide to be PCE focused.

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

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

Implementation Plan and Timeline:

1. By January 2012, Training Coordinator will create an in-service on the concept of Biological Nurturing and use of PCE skills to improve ability to help pregnant and breastfeeding women.

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

Year 2 Objective: During planning period, each agency will continue to develop strategies to enhance partnerships with organizations in their community that

serve WIC participants by offering opportunities to strengthen their nutrition and/or breastfeeding education.

Activity 1: Each agency will invite at least one partner that serves WIC participants and provides nutrition education to attend a regional Group Participant Centered Education training focusing on content design to be held fall of 2011.

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

Implementation Plan and Timeline:

- 1. WIC Supervisor will invite the Healthy Start/CACOON/Maternity Case Management Family Service Workers to attend our regional Group PCE training in the fall of 2011.**

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

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

Implementation Plan and Timeline:

- 1. Training Coordinator will invite Healthy Start/CACOON/Maternity Case Management staff to complete the new online Breastfeeding Course within two months of becoming available.**

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

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

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

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

Implementation Plan and Timeline:

- 1. By October 2011, Training Coordinator will create in-service with the use of the state WIC materials to provide training with the goal of increasing the understanding of local WIC staff of the factors that influence health outcomes.**

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

Implementation Plan and Timeline:

- 1. By February 2012, all local agency staff will complete the new online Postpartum Nutrition Course. We will meet to discuss new information learned and discuss any questions.**

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

Agency Training Supervisor(s): Jennifer Chaney, WIC Supervisor

**Attachment A
FY 2011-2012 WIC Nutrition Education Plan
WIC Staff Training Plan – 7/1/2011 through 6/30/2012**

Agency: Crook County Health Department

Training Supervisor(s) and Credentials: Jennifer Chaney B.S.S.

Staff Development Planned

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

Quarter	Month	In-Service Topic	In-Service Objective
1	July-August 2011	Policy Updates	Maintain Program Integrity
	Weekly	Weekly Staff Meetings	Program Integrity, Nutrition Assessment, Communication, Multicultural Awareness, Critical Thinking, Nutrition Education, Community Resources and Referrals
	Fall 2011	3 day Breastfeeding Training with State	Improvement of WIC program, education of staff
2	October-November 2011	Policy Updates	Maintain Program Integrity
	Weekly	Weekly Staff Meetings	Program Integrity, Nutrition Assessment, Communication, Multicultural Awareness, Critical Thinking, Nutrition Education, Community Resources and Referrals
	Fall 2011	Regional PCE Training	Communication, Critical Thinking
	October 2011	Civil Rights In-service	Program Integrity, Multicultural awareness
	October 2011	Risk Factor/Health Outcomes In-service	Program Integrity, Nutrition

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	October 2011		Assessment, Communication, Multicultural Awareness
	November 2011	Conflict Resolution In-service	Program Integrity, Multicultural awareness
	December 2011	Postpartum Depression In-service	Communication, Critical Thinking
3	January-February 2012	Policy Updates	Maintain Program Integrity
	Weekly	Weekly Staff Meetings	Program Integrity, Nutrition Assessment, Communication, Multicultural Awareness
	January 2012	Biological Nurturing In-service	Improve CPA understanding of Breastfeeding, Communication, Critical Thinking
	February 2012	Postpartum Nutrition On Line Module	Improve Nutrition Assessment, Critical Thinking, Principles of Life-Cycle nutrition
	March 2012	Evaluate and read 2 classes with PCE goal	Communication, Nutrition Education
	March 2012	Evaluate Breastfeeding Class with RD	Communication, Nutrition Education
4	May-June 2012	Policy Updates	Maintain Program Integrity
	Weekly	Weekly Staff Meetings	Program Integrity, Nutrition Assessment, Communication
	June 2012	Complete evaluation of GE classes to include PCE	Communication, Nutrition Education

ENVIRONMENTAL HEALTH



C. ENVIRONMENT HEALTH

CURRENT CONDITION OR PROBLEM:

The on-site work for the department has drastically decreased and the EH department worked to improve services based on the 2009 department review.

Time Period: July 1, 2011 – June 30, 2012		
GOAL: Crook County shall be vigilant in its continuous and ongoing efforts to reduce or eliminate environmental health risk factors.		
OBJECTIVES	ACTIVITIES	EVALUATION
A. EHD will maintain a 90% inspection rate of full-year and seasonal food service facilities.	The EHD will maintain programs and contract with additional help as needed to meet requirements for food and water program.	100% inspection rate.
B. EHS will inspect temporary restaurants at a 100% compliance.		100% inspection rate.
C. EHD will provide technical consultation to 100% of temporary restaurants.		100% inspection rate for temporary facilities.
D. EHD will conduct a pre-operational inspection following review of plans and prior to opening.		100% inspection rate for new facilities.
E. Follow the agreement for water program.		Agreement completed for water program.

D. HEALTH STATISTICS

CURRENT CONDITION OR PROBLEM:

The Department provides the vital statistics through birth and death certificates for the county. The Department also provides statistics for other programs when asked. We are developing a process for collecting statistics and will publish an annual statistical report in the fall of 2009.

Time Period: July 1, 2009 – June 30, 2010		
GOAL: Development of a systematic plan for collecting statistics and publishing of annual public health report.		
OBJECTIVES	ACTIVITIES	EVALUATION
A. Each program coordinator will review methods for collecting outcome data for their respective program and submit to the Public Health Administrator yearly for a yearly report.	Collect the materials and create document for submission.	Yearly annual report.
B. Crook County will meet its obligation to promote the public's health through the provision of vital statistics services, including birth, death, fetal death recording, registration, and analysis.	Staff will ensure availability of birth certificate or death certificate within one working day. Preserve confidentiality.	Quarterly compliance review to confirm document availability within one working day.

E. INFORMATION AND REFERRAL

CURRENT CONDITION OR PROBLEM:

Public Health clients in Crook County often have needs that are out of the range of services offered at the health department. The department is constantly referring client to other agencies, but losing another health care provider in the community will created a dangerous shortage of health care providers in the community.

The request for information is difficult to measure. The Department does not track the frequency of request or their nature, but has become quite adept at referring callers to resources outside the public health domain. A very handy brochure from our local Family Resource Center contains a wealth of service referral information and is frequently used by reception staff.

Time Period: July 1, 2011 – June 30, 2012		
GOAL: Maintain standards for ensuring the public’s access to information of the public nature and a referral system to assure assistance to the community.		
OBJECTIVES	ACTIVITIES	EVALUATION
A. The department will develop a survey to document frequency and nature of calls.	Collect the materials and create document for submission.	Yearly annual report.
B. The department will maintain informational resources for referral to clients.	Implement and use the new 211 referral system for clients.	Resources referrals available in the department.
C. Updates and presentations will continue at staff meetings to keep staff informed for new services including the new 211 system in the tri-county region.	Updates at each staff meeting.	Documented training and updates at staff meetings.
D. The website for the department will be maintained and current.	The staff has a training plan in development for training to be able to keep their own area in the website up-to-date.	Current information on the website.

F. PUBLIC HEALTH PREPAREDNESS

CURRENT CONDITION OR PROBLEM:

Emergency Preparedness in Crook County continues to improve with the collaborative efforts of the Preparedness Coordinator. The department has developed emergency response plans, pod plans, smallpox plans, pandemic flu plans, improved CD response times, collaborated with community partners, and continue to work with the County Emergency Manager to implement all the information into the County response plan. This past year, the team has performed POD clinics for Shots for Tots and the Homeless Connect Event. We also worked with community partners to create a homeless shelter during the winter storm, and will collaborate to create a homeless connect event in Crook County June 10th, 2010.

Time Period: July 1, 2011 – June 30, 2012		
GOAL: To improve the response to Public Health Emergencies throughout Crook County.		
OBJECTIVES	ACTIVITIES	EVALUATION
A. Complete all reports in a timely manner for the preparedness program.	Public Health Administrator will monitor testing system and maintenance of program.	Completed reports – 100%
B. Maintain the communications systems and testing component Coordinator will become trained as a HAM Radio Operator.	-Coordinator will participate in all testing of system. -Continue coordination and participation in HAM Radio community. -Coordinator will attend classes for HAM Training.	100% participation in testing of system with positive outcomes.
C. Maintain risk communication program.	Public Health Director and Coordinator will update and maintain all information for the risk communication program.	Information is maintained online for outbreaks, etc.
D. Telephone call system.	Maintain updated phone system and 24/7 response.	100% response on 24/7 issues.
E. Complete the Public Health Vulnerability assessment, and POD Security system, and ESF * Plan.	Updated as needed	These are completed and will be maintained.

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<p>F. Maintain Public Health Emergency Plans: -Emergency Communication Plan -POD Plan -Pandemic Influenza Plan -Chemical Event Plan -Natural Disaster Plans -Radiation Plan -Behavioral Health Plan</p>	<p>Up-to-date plans – yearly. Review yearly</p>	<p>Maintained accurate plans for review.</p>
<p>G. Maintain PHEP Written Procedures</p>	<p>Review yearly and as needed for updates.</p>	<p>Plans prepared for use and review.</p>
<p>H. Training and Exercise Plan</p>	<p>-Complete training and exercises each year as required. -Completion of written exercise plans and AAR's.</p>	<p>Up-to-date exercise plan with AAR's turned in to the state.</p>
<p>I. Promotion and Education</p>	<p>-Participate in community emergency planning meetings.</p>	<p>Documented meeting notes and participate in community events.</p>

G. OTHER ISSUES

COMMUNITY SPECIFIC ACTION PLANS

PRIMARY CARE

CURRENT CONDITION OR PROBLEM:

The uninsured individuals in Crook County statistics continue to rise with the high unemployment rate. Changes in OHP eligibility between 2002 and now have significantly worsened this problem for adults. Compounding this situation is the loss of several local medical providers who have recently left the community. In the last year, a new provider has come to the community, yet there is not an urgent care office in Prineville and Mosaic (FQHC) is not always able to take walk-in clients.

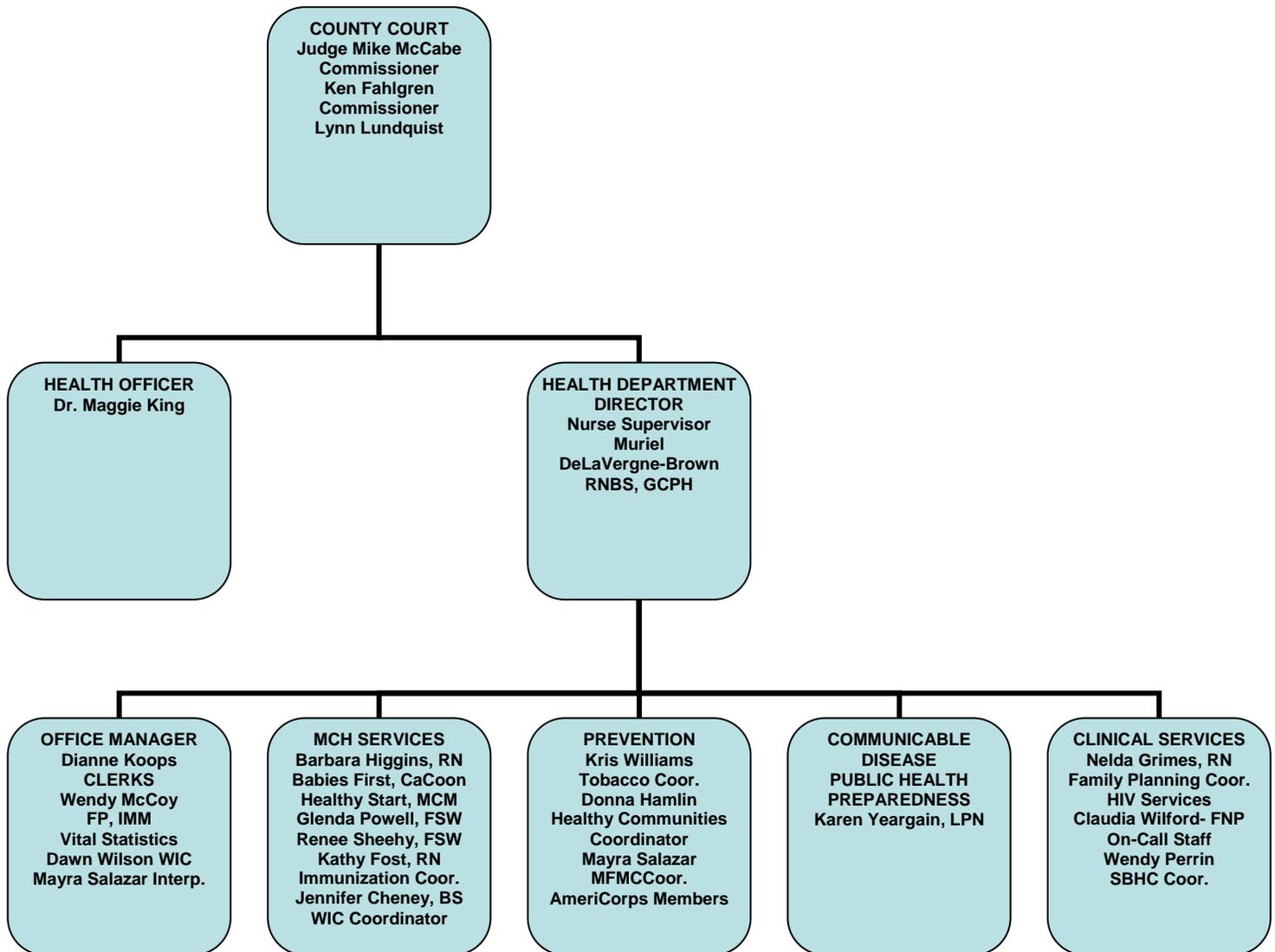
GOALS & ACCOMPLISHMENTS:

1. Mosaic Medical continues to see clients in Crook County and a new rural health clinic will open Spring of 2010.
2. Mosaic began to see pregnant women in the county in the spring of 2009 with Dr. Cleveland.
3. The department received a grant for a School Based Health Center to open spring of 2011.
4. NW Medical Teams Dental Van: The Mosaic FQHC brings the Dental Van to Prineville once a month for service in the local area. The van is staffed by volunteer dentists and hygienists.
5. Rimrock Health Alliance was formed and is bringing partners of the medical community together to improve healthcare in Crook County.
6. Partnership with the Regional Health Authority.

Time Period: July 1, 2010 – June 30, 2011		
GOAL: Improve access for uninsured in Crook County.		
OBJECTIVES	ACTIVITIES	EVALUATION
A. Continue participation in community-based coalitions, counsels, steering committees and board which are dedicated to addressing access to health care for low income, and medically uninsured individuals.	Participate in Health Matters, and other community organizations to improve access to care for Crook County residents. Co-Chair of the Stakeholders group for the regional health authority.	Increased access to health care in Crook County.
B. Work closely with community health care leaders from the Hospital and medical clinic systems to improve access.	Participate with Rimrock Health Alliance in Crook County	Improved access for individuals in Crook County.

IV. ADDITIONAL REQUIREMENTS

Crook County Health Department Organizational CHART



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BOARD OF HEALTH

The Board of Health is made up of the County Judge, and two commissioners. The Board will meet as the Board of Health as needed and once per year they meet with the Public Health Director to discuss program and public health issues. As county court, they meet twice monthly, and Health issues are placed on the agenda and the Health Director speaks to the issue as needed. The Health Administrator reports to Ken Fahlgren – who also represents the county on Central Oregon Health Board.

PUBLIC HEALTH ADVISORY BOARD

The development of the Public Health Advisory Board has been placed on hold due to the development of the Central Oregon Health Council and Board.

SENATE BILL 555:

The Public Health Director:

- Board member for the Commission and on the Executive Committee
- Chair of the Early Childhood Committee
- Participates on the Prevention Committee, Prescription Drug Task Force, and Positive Youth development committee
- Supervises the Healthy Start Program

V. UNMET NEEDS

State General Fund

State support for Public Health is still low for Oregon rating 43rd in the country. The Local System Capacity Assessment reported that:

- 43% gap in local government's capacity to provide the Ten Essential Functions of Public Health.
- Community health planning, policy development, evaluation, and quality assurance have less than 50% capacity due to lack of funding for such activities.

In community polling:

- 70% of Oregonians support wellness and prevention efforts to improve their communities' health.
- 64% believe government has a role in improving their community's health and that government programs should be improved and enhanced.

In addition, with increasing demands on community health centers and a decreasing ability to respond, public health departments are increasingly becoming the community safety net that residents turn to for assessment and assistance with access.

Crook County Health Department Accreditation

The department is very interested in becoming accredited by 2012 and is working with Deschutes County and Jefferson to that end. We are currently participating in Project Public Health Ready and hope that will become one of the first steps towards accreditation.

Health Impact Assessments

The department has participated in a HIA in Crook County this past year concerning pedestrian and Bicycle Safety and also participates on the Tri-County HIA concerning a transportation system.

Climate Change – Environmental Health Issues

This is another area of interest, yet Environmental Health is in another department and capacity is short in the department for this type of work without a health educator. The department wrote this into the HVA for the next five years and will address this issue as needed.

Shortage of Primary Care Providers

This is a significant problem in the County with another provider leaving in June. The FQHC is also short on providers. There is not an urgent care clinic in the community which increases the number of clients going to the emergency room. As of April 2009, an estimated 19% of Oregonians are uninsured and therefore face serious financial barriers to Health Care services. The FQHC has been hit with provider shortages, and the primary care physicians in the community are not able to see individuals without insurance. In many cases, individuals needing care are going to the emergency room. The health department does not offer primary care or well child. This creates a circumstance where individuals come to our office and we

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have to help them find care if possible. The FQHC has a waiting list and currently is short on providers.

Prenatal Care and Home Visiting

Additional staffing is needed for prenatal and Babies First Home Visiting due to increased referrals and demand on the system. With the closing of Pioneer Memorial for deliveries, there are challenges with monitoring the prenatal care. The majority of the women are going to Redmond and Bend for Prenatal care and we are currently setting up a meeting with the Oregon Mother's Care Coordinator in Deschutes County to visit providers and leave materials for Crook County women. We are referring pregnant women from the WIC program into home visiting programs.

Hunger, Food Insecurity, and Nutritional Health

This is a very significant problem for many of our families and children. School District data suggest some primary schools have greater than 60% of their students of public assistance meal programs. Unemployment and poverty in some areas of our County approaches 25% of the individuals living there. Hunger is a very real problem and Crook County does not offer a summer lunch program.

Tobacco, Alcohol Use, and Drug Addiction

Crook County has one of the highest uses of tobacco in the state, high number of pregnant women who smoke, and 41% of 8th graders reported using alcohol in the past 30 days in 2007. The high alcohol use of 8th graders is still a concern even though the 8th grade percentage dropped to 26% in 2009. There is a new prevention coordinator at CCF and the community partners are organizing an Underage Drinking Town Hall meeting in May 2010. While many community partners are working on these issues, there remain to be concerns in Crook County with high alcohol use, tobacco use, and drug addiction. One of the new trends is the prescription drug use of high school kids (non doctor ordered). A prescription drug task force has formed and is promoting the safe disposal of prescriptions through a drop box at the police station and several more throughout the community.

Family Violence

The rapid rise in family violence incidents speaks loudly to the unmet need in this area. Crook County's rate of family violence is increasing, especially with the high unemployment rate. The county did receive the grant for Domestic Violence for the next five years.

Children With Special Health Care Needs

Services for these very special children once again make the list of one of the most tragically under-funded needs in our communities. Public Health Nurses and School Health Nurses continually struggle to find resources, in terms of medical care access, respite care, treatment and durable medical equipment to help meet the needs of these children. We have one nurse who is able to make CaCoon visits in the county and the department is working with state partners to investigate new home visiting programs for the future in Oregon.

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Oral Health and Prevention

Dental care in Crook County has improved due to the work of the CHIP Program and fluoride varnish programs. Since last year, community partners met with Advantage Dental (OHP Dental Managed Care Provider) and they opted to open a new office in Prineville seeing Oregon Health Plan clients, along with other clients (insurance and uninsured).

Obesity, Lack of Physical Activity, and Nutrition

The increasing prevalence of overweight children and adults across the United States and in Crook County is a major public health concern. The work in Crook County through the CHIP (Community Health Improvement Partnership) continues to address nutrition, obesity, and physical activity and the Health Department is an active partner. Since the county will not have the Healthy Communities funding for 2011-12, we will continue to work with community partners as much as possible to continue this type of work.

Community Assessment

The Crook County Health Department continues to assess the community and will create the first annual health report spring of 2010. Community-identified health priorities, along with DHS statistics identified the following health priorities.

- Lack of adequate dental services
- Need for prevention programs – Will begin the Healthy Communities program in 2010-2011
- Need for healthy lifestyle Programs - worksite
- Work with local partners (CHIP) to promote physical activity and healthy eating habits.
- Continue to provide outreach for the Healthy Kids program
- Low birth weight rates
- Establish the School Based Health Center in the spring of 2011
- Re-establish teen pregnancy prevention efforts within the community through a collaboration with Commission on Children and Families
- Continue to improve immunization rates
- Low rates for adult flu and pneumonia vaccine coverage
- High Tobacco use in pregnant women – 21.7%
- High mortality rate from tobacco use 34% (4th highest in the State)
- 23% of the adults reported smoking in the 2006 BRFFS and the mortality rates for tobacco use are one of the highest rates in the State.
- Increased obesity rates
- Assess clinics and the need for additional services
- Market family planning services available to women
- Work with the Kids Center in Child Abuse Prevention
- Improve STI services available to women and men
- Develop a strategic Plan for the Crook County Public Health Department.
- Coordinate efforts with the GIS department to assist in outbreaks as needed

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- Substance Abuse:
 - 20% of 11th grade student say they smoke
 - 46% of 8th grade students say they drank alcohol in the last 30 days

In addition continued to work in public health preparedness is always important for the County. This includes:

- Work with emergency management and ATAB 7 region to exercise plans
- Assist the new emergency manager in development of the county planning group
- Participate in the Project Public Health Ready Initiative
- Enhance public education efforts regarding communicable disease including H1N1, WNV and other disease specific information as warranted

VI. BUDGET

A copy of the Crook County 11-12 can be obtained by contacting Crook County Treasurer office at (541)447-6554 or email Kathy.gray@co.crook.or.us. The Projected Revenue Information is will be sent as soon as the budget is adopted.

VII. MINIMUM STANDARDS

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

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

Organization

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

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

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

Control of Communicable Diseases

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

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41. Yes No ___ There is an ongoing/demonstrated effort by the local health department to maintain and/or increase timely reporting of reportable communicable diseases and conditions.

42. Yes No ___ There is a mechanism for reporting and following up on zoonotic diseases to the local health department.

43. Yes No ___ A system exists for the surveillance and analysis of the incidence and prevalence of communicable diseases.

44. Yes No ___ Annual reviews and analysis are conducted of five year averages of incidence rates reported in the Communicable Disease Statistical Summary, and evaluation of data are used for future program planning.

45. Yes No ___ Immunizations for human target populations are available within the local health department jurisdiction.

46. Yes No ___ Rabies immunizations for animal target populations are available within the local health department jurisdiction.

Environmental Health

47. Yes No ___ Food service facilities are licensed and inspected as required by Chapter 333 Division 12.

48. Yes No ___ Training is available for food service managers and personnel in the proper methods of storing, preparing, and serving food.

49. Yes No ___ Training in first aid for choking is available for food service workers.

50. Yes No ___ Public education regarding food borne illness and the importance of reporting suspected food borne illness is provided.

51. Yes No ___ Each drinking water system conducts water quality monitoring and maintains testing frequencies based on the size and classification of system.

52. Yes No ___ Each drinking water system is monitored for compliance with applicable standards based on system size, type, and epidemiological risk.

53. Yes No ___ Compliance assistance is provided to public water systems that violate requirements.

54. Yes No ___ All drinking water systems that violate maximum contaminant levels are investigated and appropriate actions taken.

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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.

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66. Yes No ___ All license fees collected by the Local Public Health Authority under ORS 624, 446, and 448 are set and used by the LPHA as required by ORS 624, 446, and 448.

Health Education and Health Promotion

67. Yes No ___ Culturally and linguistically appropriate health education components with appropriate materials and methods will be integrated within programs.

68. Yes No ___ The health department provides and/or refers to community resources for health education/health promotion.

69. Yes No ___ The health department provides leadership in developing community partnerships to provide health education and health promotion resources for the community.

70. Yes No ___ Local health department supports healthy behaviors among employees.

71. Yes No ___ Local health department supports continued education and training of staff to provide effective health education.

72. Yes No ___ All health department facilities are smoke free.

Nutrition

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

74. The following health department programs include an assessment of nutritional status:

a. Yes No ___ WIC

b. Yes No ___ Family Planning

c. Yes No ___ Parent and Child Health

d. Yes No ___ Older Adult Health

e. Yes ___ No Corrections Health

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

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

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

Older Adult Health

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

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

80. Yes No Health department maintains a current list of resources and refers for medical care, mental health, transportation, nutritional services, financial services, rehabilitation services, social services, and substance abuse services.

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

Parent and Child Health

82. Yes No Perinatal care is provided directly or by referral.

83. Yes No Immunizations are provided for infants, children, adolescents and adults either directly or by referral.

84. Yes No Comprehensive family planning services are provided directly or by referral.

85. Yes No Services for the early detection and follow up of abnormal growth, development and other health problems of infants and children are provided directly or by referral.

86. Yes No Child abuse prevention and treatment services are provided directly or by referral.

87. Yes No There is a system or mechanism in place to assure participation in multi-disciplinary teams addressing abuse and domestic violence.

88. Yes No There is a system in place for identifying and following up on high risk infants.

89. Yes No There is a system in place to follow up on all reported SIDS deaths.

90. Yes No Preventive oral health services are provided directly or by referral.

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91. Yes No Use of fluoride is promoted, either through water fluoridation or use of fluoride mouth rinse or tablets.

92. Yes No Injury prevention services are provided within the community.

Primary Health Care

93. Yes No The local health department identifies barriers to primary health care services.

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

95. Yes No The local health department advocates for individuals who are prevented from receiving timely and adequate primary health care.

96. Yes No Primary health care services are provided directly or by referral.

97. Yes No The local health department promotes primary health care that is culturally and linguistically appropriate for community members.

98. Yes No The local health department advocates for data collection and analysis for development of population based prevention strategies.

Cultural Competency

99. Yes No The local health department develops and maintains a current demographic and cultural profile of the community to identify needs and interventions.

100. Yes No The local health department develops, implements and promotes a written plan that outlines clear goals, policies and operational plans for provision of culturally and linguistically appropriate services.

101. Yes No The local health department assures that advisory groups reflect the population to be served.

102. Yes No The local health department assures that program activities reflect operation plans for provision of culturally and linguistically appropriate services.

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Health Department Personnel Qualifications

The Administrator must have a bachelor degree plus graduate courses (or equivalents) that align with those recommended by the Council on Education for Public Health. These are Biostatistics, Epidemiology, Environmental Health Services, Health Services Administration, and Social and Behavioral Sciences relevant to public health programs. The Administrator must demonstrate at least 3 years of increasing responsibility and experience in public health or a related field.

Answer the following questions:

Administrator Name: Muriel DeLaVergne-Brown

Does the Administrator have a Bachelor degree?	Yes	X	No
Does the Administrator have at least 3 years experience in public health or a related field?	Yes	X	No
Has the Administrator taken a graduate level course in biostatistics?	Yes	X	No
Has the Administrator taken a graduate level course in epidemiology?	Yes	X	No
Has the Administrator taken a graduate level course in environmental health?	Yes	X	No
Has the Administrator taken a graduate level course in health services administration? (In the Fall 2010)	Yes	X	No
Has the Administrator taken a graduate level course in social and behavioral sciences relevant to public health problems?	Yes	X	No
Does the Administrator have at least			

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

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

Completed Graduate Certificate in Public Health and will graduate in 2013 with an MPH.

104. Yes __ No X The local health department Supervising Public Health Nurse meets minimum qualifications:

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

AND

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

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

The appointed Nursing Supervisor – Nelda Grymes is completing a BSN.

105. Yes X No ___ The local health department Environmental Health Supervisor meets minimum qualifications:

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

OR

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

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

106. Yes X No ___ The local health department Health Officer meets minimum qualifications:

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

Agencies are required to include with the submitted Annual Plan:

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

Muriel DeLaVergne-Brown, RN, BS *Muriel DeLaVergne-Brown, RNBS*

Crook County Local Public Health Authority County Date: 5/1/11

**Crook County Judge Mike McCabe
Commissioner Ken Fahlgren
Commissioner Seth Crawford**