

# CENTRAL OREGON HEALTH COUNCIL AND CENTRAL OREGON HEALTH BOARD

Regional Health Improvement Plan: Public Health Update

**CENTRAL OREGON HEALTH BOARD**

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## Regional Health Improvement Plan: Public Health Update

### CENTRAL OREGON HEALTH COUNCIL (COHC) STRATEGIC INITIATIVES

The COHC has identified and is working on funding for eight initiatives for the coming year. These initiatives will drive the effort of the Council, Health Board and the CCO. These initiatives tie back to needs identified in the Regional Health Improvement Plan and directly involve public health in the region. These key initiatives are:

1. Maternal Child Health-Improve prenatal and early childhood wellness through the MCH care Coordination System.
2. School Based Health Centers-Strengthen partnership between primary care, public health and schools to improve the physical, oral and behavioral health of vulnerable populations.
3. Complex Care Coordination-To provide comprehensive care coordination for patients with complex and chronic health care needs to ensure they receive optimal, person-centered care with the most efficient use of resources.

HCI, web based public data information sharing is going live for the region. The next time will be integrating local regional data into the public system.

Tri-county project connect (lead by Crook County) flu vaccination project moved forward into regional action serving 350 people.

### COUNTY SPECIFIC UPDATES

Deschutes RWJ Immunization Data entry Improvement Quality Initiative is going forward.

Crook County presented to the Mosaic Medical Board a proposal to make all of their sites tobacco free including the one in Crook County. The Board voted to approve that proposal.

Deschutes Public Health Electronic Record system is being implemented and this will interface with lab process with St Charles.

Crook County managed a plague case and a number of meningococcal cases this last year in coordination with Deschutes.

Deschutes County facilities are now all tobacco free.

Crook County increased its public health education efforts through increased articles and advertising in the local media

Lynch School Based Health Center in Deschutes County is partnering with Mosaic to expand need medical services to adults.

Deschutes and Crook partnered to determine healthcare community barriers to influenza vaccine.

These are key public health updates to the Regional Health Improvement Plan. I have attached other local activities that represent the on-going work of local departments to fulfill the promise of the RHIP to make the region's population healthy. Jefferson County has not update changes impact the RHIP at this time.

## CROOK COUNTY PUBLIC HEALTH UPDATES FOR RHIP

The public health staff is dedicated and responsible for following the principles of the 10 Essential Elements of Public Health. Updates and notable efforts are noted.

### 1. Monitor Health Status to identify community health problems.

- Development of the Central Oregon Health Report and Central Oregon Health Improvement Plan with Deschutes and Jefferson Counties
- Monitoring of child, adolescent, and adult immunization rates – new immunization coordinator began in December of 2012
- Led the immunization effort for the Tri-County Project Connect – provided over 350 influenza vaccinations to high risk individuals
- Coordinated efforts for creation of the Central Oregon Health Report (Community Assessment) and the Regional Health Improvement Plan
- Coordinated efforts and acted as the contractor for the implementation of HCI in Central Oregon

### 2. Diagnose and investigate health problems and health hazards in the community.

- Incorporation of Environmental Health Licensed Facilities and Water into Public Health
- Completed triennial review with positive results for Crook County Environmental Health
- Identification of communicable disease cases and investigation
- Successful response to meningococcal outbreak and plague case in Crook County in 2012
- Identification health problems/hazards – Environmental Health

### 3. Inform, educate and empower people about health issues.

- Outreach for HIV/STDs; working with the health care community to improve reporting efforts in Crook County
- Offered immunizations to the health care community – determined healthcare community barriers to influenza vaccine with Deschutes County
- Provided School Based Health Care services in coordination with Mosaic Medical
- Improved outreach for public health services – presentations in the community throughout the year by staff
- Increased articles in the newspaper and advertising for public health services
- Developed activities for Public Health Week including a luncheon for partners, and community lunch and learns

### 4. Mobilize community partnerships to identify and solve health problems.

- Continued partnerships with Rimrock, CHIP, County Department, The Commission on Child and Families, and the City of Prineville to address community issues
- Created the Bike/Pedestrian Committee with VISTA support to assist the City of Prineville in their updating of the walking/bike path

- Continued partnership with emergency management and the medical community to foster public health preparedness relationships, developed HVA and updated the Crook County Emergency Operations Plan
- Participated on Advisory Councils and supported activities of the Central Oregon Health Board along with the Central Oregon Health Council
- Assisted in the development of job descriptions to hire COHB staff
- Chair of the Early Childhood Committee – fostering the development of the HUB as part of the Central Oregon Health Board
- Chair of the Central Oregon Health Council Operations Group
- Received a grant to remodel the School Based Health Center

**5. Develop policies and plans that support individual and community health efforts.**

- Continued development of local policies for tobacco control including coordination with the medical community to create a single prevention message within clinics and the emergency room
- Worksite wellness policy development and staffed the county worksite wellness committee
- Implemented improved breastfeeding friendly workplaces in Crook County
- Collaborated with Rimrock Health Alliance, Central Oregon Health Council, and the Central Oregon Health Board on supporting policy change to improve health in the region
- Presented tobacco policy to Mosaic Medical and their board voted to create a tobacco-free campus at all their sites including Crook County
- In the process of working with county court and the community on tobacco-free campuses and fairgrounds

**6. Enforce laws and regulations.**

- Provided 24/7 for disease reporting and response
- Responded to all Indoor Clean Air Act complaints within 24 hours
- Completed all Environmental Health requirements in a timely manner
- Developed plan with law enforcement to address tobacco control with youth in the county with the Prevention Program - CCF
- Reached 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.**

- Improved outreach for pregnant women and referral to Oregon Mother’s Care, continuation of Cowem Plus Program
- Continue to identify barriers to care for clients and link to services in the community through participation on the Central Oregon Health Board, Council, Ops group, and CCO Clinical Advisory Panel for Central Oregon
- The development of three initiatives for the CCO Central Oregon Health Council and Central Oregon Health Board - Living Well, Maternal Child Health Model of Care, and SBHC’s
- Improved referrals to Home visiting programs, including Nurse Family Partnership

**8. Assure competent workforce.**

- CPR training for staff
- Continued training for staff in ICS response
- Staff trained in specific job purpose – gaps identified each year
- Engaged staff in the development of the 1<sup>st</sup> Strategic Plan for CCHD in April 2012, Updated in December 2012 based on CCO work
- Creation of a new employee development plan and QI program
- Involved staff in the Public Health Accreditation process
- Creation of a new Workforce Development Plan

**9. Evaluate effectiveness, accessibility and quality of personal and population based services.**

- Continued coordination with regional efforts – Central Oregon Health Board for population based services – NFP, Teen Pregnancy Prevention, Public Health Preparedness Project
- Development of work-plan for the COHB to monitor evaluation
- Participation in the Central Oregon Health Council and Board initiatives to improve health in the region

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

- Participated on CREED – Participatory Based Research with OHSU
- Participated on research based programs with Deschutes and Jefferson Counties

Crook County Health Department's projected budget of \$1,003,806 for FY 2012/2013 employs 13.78 full-time FTE and two 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 OCHIN was implemented in June of 2011. The quality of the program data in the Reproductive Health Electronic Health Record enabled the department to apply for meaningful use dollars in the fall of 2012.

Several organizations in the region including the Rimrock Health Alliance, Central Oregon Health Council, and the Central Oregon Health Board 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 in coordination with Deschutes and Jefferson County completed the Central Oregon Health Report and Central Oregon Health Improvement Plan. In addition, Crook County completed a Strategic Plan and applied for accreditation which was reviewed December of 2012.

The Central Oregon Health Improvement Plan's strategic framework aligns with the Crook County Strategic Plan and Annual Plan work. The nine strategies are:

1. Improve health equity and access to care and services
2. Improve health
3. Improve health care and service delivery
4. Reduce cost and increase effectiveness
5. Strengthen health integration and system collaboration
6. Pursue excellence in health care and service delivery
7. Promote regional efforts
8. Strengthen health service organizations
9. Promote sound health policy

The Central Oregon Health Report was analyzed and the following ten areas were prioritized and recommended to the COHB and COHC for primary focus area in the Central Oregon Health Improvement Plan.

1. Health Disparity and Inequities
2. Access to Resources and Quality Services
3. Early Childhood Wellness
4. Safety, Crime and Violence
5. Preventive Care and Services
6. Chronic Disease Prevention
7. Alcohol, Drug and Tobacco Use
8. Behavioral Health and Suicide Prevention
9. Oral Health
10. Healthy Environments

Crook County is working with the tri-county area focusing on these areas along with monitoring critical Crook County issues.

The department's 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 through 2012 include the following:

↑ Worse   ↓ Improvement

**Health Outcomes:** ↓ 14<sup>th</sup> in 2010; 14<sup>th</sup> in 2011; 12<sup>th</sup> in 2012

**Health Factors:** ↑ 21<sup>st</sup> in 2010; 30<sup>th</sup> in 2011; 29<sup>th</sup> in 2012

**Health Behaviors:** ↑ 21<sup>st</sup> in 2010; 21<sup>st</sup> in 2011; 25<sup>th</sup> in 2012 (tobacco, diet, exercise, alcohol use, high risk sexual behavior)

**Clinical Care:** ↓ 9<sup>th</sup> in 2010; 20<sup>th</sup> in 2011; 14<sup>th</sup> in 2012 (access to care and quality of care)

**Social/Economic:** ↑ 27<sup>th</sup> in 2010; and 30<sup>th</sup> in 2011; 33<sup>rd</sup> in 2012 (education, employment, income, family and social support, and community safety)

**Physical Environ:** ↓ 17<sup>th</sup> in 2010; and 21<sup>st</sup> in 2011; 13<sup>th</sup> in 2012 (air quality, build environment)

## **2012 Deschutes County Health Services Public Health Update for RHIP**

On June 19, 2012, DCHS Public Health went live with OCHIN EpicCare Electronic Health Records (EHR). This implementation includes an electronic interface for lab processing with St Charles Medical Center, electronic prescription processing with local pharmacies, ability to share medical records with partnering agencies.

The Robert Wood Johnson foundation has selected the Immunization Data Entry Improvement Quality Initiative as one of the first 50 projects to be included in the developing Public Health Quality Improvement Exchange (PHQIX). PHQIX is a national online database and communication platform to help public health professionals share information about quality improvement initiatives.

Infrastructure in the HIV Prevention Program was rebuilt through the recruitment of eight volunteers. The team offers daily needle exchange clinic hours and HIV and Hepatitis C testing to high risk community members.

In 2012, the Environmental Health Program inspected over 2,700 public facilities in our communities, helping protect our food and water supply. Environmental Health continues to educate our community about protecting against preventable foodborne and waterborne diseases.

Deschutes County goes to a 100% Tobacco Free Facilities and Grounds. The policy was approved on January 23, 2013 by the Deschutes County Board of Commissioners.

The DCHS Tobacco Control program has worked with locally-owned and operated Deschutes Property and Fratzke Commercial Real Estate to help institute a smokefree policy on all 17 of its commercial campuses throughout Bend. The policy will include all indoor spaces, building entrances, walkways, outdoor seating areas and parking lots.

To prepare for National Public Health Accreditation efforts, two staff members attended the accreditation training in Washington DC to learn about navigating the application system, uploading documents, and document selection in order to continue moving the process forward.

“Disaster Preparedness for Community Responders” was presented to the Deschutes County Public Health Reserve Corps on April 26, 2012. Seventy-five officials and volunteers who attended from several response organizations indicated high satisfaction with an agenda that included captivating presentations on the human cost of the Joplin tornado and what to expect from a Cascadia subduction zone earthquake.

Sexual Assault Nurse Examiner (SANE) services have been fully implemented and 15 SANE exams have been completed as part of a community collaboration with St. Charles Hospital for 24/7 coverage for patients requesting SANE exams. Reproductive Health is actively involved with the local Sexual Assault Response Team (SART) as well as the Domestic Violence Council.

The DCHS Reproductive Health clinic received the award for the highest percentage of clients age 25 and under to receive Chlamydia testing in the state. In addition, the clinic has the largest percentage of clients who are able to receive Long Acting Reversible Contraceptives (LARCS) as a method of birth control.

The Reproductive Health clinic has been able to increase access to Gardasil (HPV) Vaccinations through partnering with the Merck Vaccine Patient Assistance Program (MVPAP). Deschutes was the first clinic on the West Coast to implement this program.

Last school year alone, 219 presentations were delivered (topics include Reproduction, Birth Control, STI's & Healthy Relationships/Communication) to over 5,700 students at all high schools in Deschutes County, four middle schools, three private schools, numerous at-risk and non-profit youth programs, Central Oregon Community College and OSU.

The My Future My Choice (MFMC) program was delivered to 1,836 6<sup>th</sup> grade students through the coordination of 152 high school volunteers. MFMC is a ten lesson curriculum that is delivered to fidelity at every single middle school in Bend/La Pine, Redmond and Sisters school districts.

Deschutes County WIC has received a competitive grant from the Oregon Health Authority program to fund a one day conference educating hospital staff and community partners about the process and importance of our local hospital earning the Baby Friendly Status; this included the creation of a community breastfeeding support group.

In August, 2012, the Health Services Immunization Program received a \$69,000 grant to provide Tdap and flu vaccine education and outreach to specific target audience, with the goal of increasing adult vaccine coverage in Deschutes County.

Outreach and education to increase flu vaccination among health care workers was conducted at four clinics and a hospital. One of the clinics reported that their employee flu vaccination rate increased from 68% in 2011-12 to 90% this year!

During the Pole Creek Fire in September 2013, DCHS Incident Command communicated health advisory messages to the affected town of Sisters through health advisories, media contacts, participating in semi-weekly community meetings at the Sisters Elementary School and daily Incident Command "Cooperators" meetings.

The DCHS Communicable Disease team implemented a robust Incident Command System emergency response to provide immediate up-to-date information and education to clinicians and the general public on the status of the 2012-2013 influenza crisis.

With dedicated outreach and support to the incarcerated, the homeless and alcohol and drug dependent populations, the Communicable Disease team has been able to offer HIV and Hepatitis C testing, counseling and referral and vaccinations to a countless number of residents who otherwise are without access.

A Health Impact Assessment was completed in the summer of 2012, analyzing regional transit service as it currently exists and evaluating how a coordinated and more efficient system would affect overall community health. The project focused on four health determinants that are impacted by transportation policy, including access to employment/jobs, physical activity and healthy nutrition community safety and access to healthcare services.

Worksite Wellness efforts continue to expand in Central Oregon. A regional team has developed a local toolkit to assist small-medium sized organizations to begin, maintain or expand their wellness programs.

DCHS Nurse Family Partnership has successfully implemented and is now fully staffed in the tri-county region. Demand for service is robust, particularly in Deschutes County; great outcomes credited to this evidence-based program are being seen.

The DCHS CaCoon program participated in an Adolescent Transitions grant targeted to help special needs youth transition to adult medical care, and assistance programs. The tools created have been shared with other CaCoon programs in the state, the School Based Health Centers and will be offered to Mosaic and COPA.

The Lynch School Based Health Center has partnered with Mosaic Medical to expand services to adults; demand for services has greatly increased.