

*Crook County Health Department
A Healthier Future for the People of Crook County*

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



LOCAL PUBLIC HEALTH AUTHORITY Comprehensive Plan

2009-2012

*Crook County Health Department
A Healthier 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 and well-being of all people and the environment of our county.

April 15th, 2009

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 Comprehensive Plan for 2009-2012, 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

Muriel DeLaVergne-Brown, RNBS
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 Crook County is known for its' independent identity and spirit. Crook County Health Department continues to provide the five essential services required by Oregon law to meet the health needs of the community and through these mandated services; we are addressing the social and health problems of Crook County. The Public Health Services which meet assurance standards as described in OAR 33-014-055 include:

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

Crook County Health Department's projected budget of \$679,342 for FY 2009/2010, employs 10.45 full-time FTE. This is a slight increase in staffing from 2008/2009 based in new grant funding. The programs are primarily funded through the flat funding streams from the Department of Human Services – State Public Health. The Public Health Preparedness funding is critical to the success of the collaborations and integration of plans with emergency management. The department is growing and the biggest focus for the coming year is to improve revenue production and research new opportunities for public health programs.

The department is working with Pioneer Memorial Hospital creating a worksite wellness program for the county employees. We will be writing for the Healthy Communities Grant for the 2009-2010 fiscal year and incorporate the work of the Living Well Program. The department is working with community partners to create awareness about climate disruption, built environment, and looking for stimulus funding opportunities.

We continue to have concerns about prenatal care, high tobacco use, and the high number of individuals who are uninsured for medical care. Health indicators show a very high percentage of alcohol use by 8th graders, increasing child abuse rates, and high tobacco mortality. This Comprehensive Plan includes our action plan to address these and other public health issues in Crook County.

II. ASSESSMENT - COMPREHENSIVE

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

PUBLIC HEALTH IN CROOK COUNTY IS RESPONSIBLE FOR THE FOLLOWING FUNCTIONS IN CROOK COUNTY

- *Monitor health status to identify community health problems*
- *Diagnose and investigate health problems and health hazards in the community*
- *Inform, educate and empower people about health issues*
- *Mobilize community partnerships to identify and solve health problems*
- *Develop policies and plans that support individual and community health efforts*
- *Enforce laws and regulations that protect health and ensure safety*
- *Link people to needed personal health services and assure the provision of health care when otherwise unavailable*
- *Assure a competent public health and personal health care workforce*
- *Evaluate effectiveness, accessibility, and quality of personal and population-based health services*
- *Research for new insights and innovative solutions to health problems*

POPULATION

Crook County spans an area of 2,982 square miles and has one main community of Prineville of which 10,370 individuals live and the remaining 16,475 (Total Population – 26,845) live throughout the county in small communities such as Paulina, Post, Alfalfa, and Powell Butte (PSU – 2008 Population Report). The county ranks 16th in size among Oregon’s 36 counties and has grown 34% since the year 2000. The county is situated in the geographical center of Oregon and is surrounded by Deschutes County on the west and south, Jefferson and Wheeler on the north, and Grant and Harney counties on the East. Crook County remains the second fastest growing county at 3.9% in 2008. Forest products, agriculture, livestock and recreation/tourism services (two reservoirs) represent Crook County’s overall economy and recently with the closure of mills and the moving of the Les Schwab corporate office to Bend, the unemployment rate has reached the highest in the State of Oregon. In addition to lose of jobs, there are special transportation barriers for individuals living in the county.

July 1, 2008 Pop.	0-17 years	18-64 years	65+ years
26,845	6496	16,354	3,995
Total %	(24.2%)	(60.9%)	(14.6%)

The county is predominately white with the following demographics (2007):

- **93.6%** white, or **90.1%** white non-Hispanic
- **7.1%** Latinos (Hispanics)

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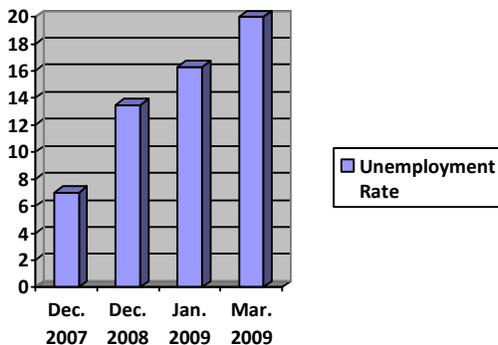
- .9% Native Americans
- 0.4% Asian/Pacific Islanders
- 0.1% African Americans
- 1.0% Other, including 2 or more races (non-hispanic)
- Female Population – 12,878 (2007)
- Male Population – 13,007 (2007)

ECONOMY: INCOME, POVERTY, AND HUNGER

On average, 15 percent of Crook County residents lived below the federal poverty level in the years 2005-2007. This represents a substantial rise from the 11 percent reported in the 2000 census. 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. Between 2006 and 2007, the economic sectors of manufacturing, natural resources, and government lost jobs. Trade, Transportation, and Utilities (the largest employment sector); Construction; and Leisure and Hospitality gained jobs. This last sector added 63 positions, an 11 percent increase, but paid an average of only \$13,800. In 2008-2009 many of these same jobs have been lost due to the decrease in construction. In addition:

- The level of educational achievement includes 87.5% of the adult population as high school graduates and 25.5% of the population having a bachelor’s degree or higher.
- The U.S. Census Bureau data reports the median household income in 2008 in Crook County was \$37,290 compared to \$42,944 for Oregon.
- The unemployment rate in January of 2008 was 8.9% and as of March 2009 is has risen to 20%, the highest in the state of Oregon.
- 2.4 per 1000 individuals filed bankruptcy in 2007, a 12% increase since 2006. Subprime loans accounted for 30.1% of loans in Crook County in 2007.

UNEMPLOYMENT RATES – CROOK COUNTY



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In the December 2008 Department of Human Services report; 3,675 individuals in Crook County received food stamps, 2,454 individuals were on the Oregon Health Plan, 346 individuals received assistance for needy families, and 726 received mental health and addiction services. In addition in, 15% of the population lived below the poverty line (state: 12%) and the population below 200% of poverty in 2007 was 35.7% compared to 29.6% for Oregon.

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 47.6% of public school children were eligible to receive free/reduced price lunches during the 2007 school year. On average, 1,179 children eat free/reduced lunches during the school year, while 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 dropout rate ranked 19th in 2005 and 26th in 2007.
- The Homeless Count for January 2008 documented 275 individuals and 152 households, with a total of 50 children.
- The area has lost a large number of jobs in construction, mills, and some positions with the corporate office of Les Schwab moving to Bend.
- The Crook County Public Safety ranking in Oregon (2007) was 33rd (Oregon Progress Board).
- Crook County Homeless Connect Event – May 2nd, 2009 with over 250 individuals and families attending the event and requesting services. The number of individuals needing health care services was very sobering. We used a volunteer Physician's Assistant and the department's 35 foot mobile to provide primary care services. We also provided immunization services to adults.

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, especially insurance and healthcare for young children
- Child care and early education
- Increased food-buying options and emergency food services

HEALTH CARE COVERAGE

In 2005, 13.8% of the Crook County population was enrolled in the Oregon Health Plan and that dropped to 9.1% in December of 2008 due to enrollment changes in OHP. A lower number of individuals were eligible for the services which increased the number of uninsured in Crook County. The Oregon Healthy Teens survey for 2007 documented that 40.4% of eleventh graders reported they had not had a checkup with a doctor or

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nurse practitioner during the past 12 months compared to 55.1% for the State of Oregon.

The 2000 census showed that 14.6% of the population of Crook County had no health insurance compared to 13.5% in Oregon, and 12% of children under age 18 had no health insurance compared to 11% statewide. These numbers undoubtedly have worsened with the current economic conditions.

The Office of Rural Health produced a study in the spring of 2007 which demonstrated 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 pediatric care. Currently another physician is leaving the county, and the shortage will be at the critical point. The FQHC – Mosaic Medical is booked out until the end of June.

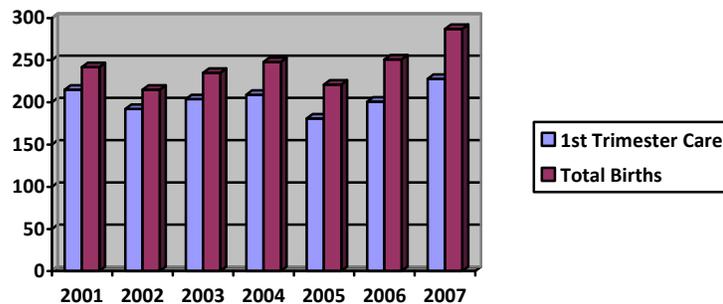
THE HEALTH OF MOTHERS AND INFANTS IN CROOK COUNTY

The number of births in Crook County increased from 221 in 2005 to 287 in 2007 with a slight increase in the Hispanic births. The percentage of mothers receiving first trimester prenatal care decreased from 89.3% in 2002 to 79.4% in 2007 demonstrating the lack of services and infrastructure to assist women access services.

Self-reported use of alcohol during pregnancy declined, but the tobacco use is substantial at 21.2% in 2007. The number of unmarried women is at 36.9%. The low birth weight rates increased in 2007 and will be important to monitor. Infant Mortality has remained low since 2002.

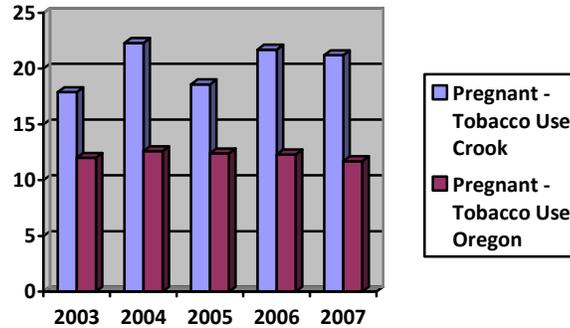
- Adequate Prenatal Care – 96.3% for 2007.
- First Trimester Prenatal Care – 79.4% for 2007 with the total number of births at 287 and 59 women who did not receive first trimester care as shown below:

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

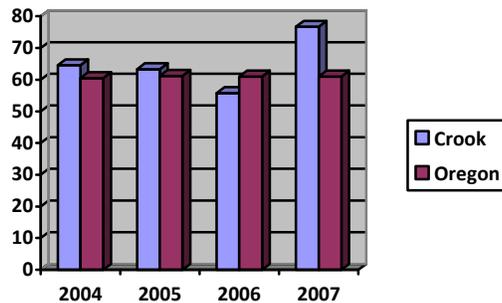


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Pregnant Women - Tobacco Use (DHS-CHS)



Low Birth Weight Rates – All Crook/Oregon (DHS-CHS)



The WIC Program continues to serve families in Crook County with 438 families served in 2008. This included 814 infants and children under 5 years of age and 324 pregnant women totaling 1,138 clients. The pregnant women served by WIC were 40% of the pregnant women in Crook County as compared to the 40% statewide percentage and 89.2% of the women started out breastfeeding their child following birth. The Crook County Program economic benefits (WIC vouchers) to the local economy in 2008 included \$476,263 dollars to grocery stores and \$2,228 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, lack of adequate providers, and the economic downturn. Up to date immunization rates for 24-35 month olds in 2008 improved to 81% from a low of 61% in 2006. The overall state rate was 69% for 2006. 21% of the Crook County Children receive their immunizations at the health department. The infant mortality rate (per 1,000 live births) from 2002 – 2005 was 7.6.

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Child Abuse

In Crook County, as documented by Children First for Oregon, there were 60 total founded instances of abuse in 2007. 9.3 out of 1000 children were substantiated victims of abuse.

- 60 children were victims of child abuse/neglect (9.3 per 1,000 children)
- 43% of victims of abuse/neglect were under age 6.
- 66 children in the county have been in foster care at least once during the past year.
- 2,413 reports of child abuse/neglect were made in this area in 2007. 39% of these reports were assessed, and 11% were founded.

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 includes Fluoride Varnish rinse for the Boy's and Girls Club in 2008, school-based fluoride program with the school nurses, a Head Start program, and Oral Health Education during the county library story time. The program reached 1600 children and has been very successful.

Child Care Availability

Child Care availability is a problem in Crook County with the Boys and Girls Club closing in the spring of 2008. Child Care Availability in 2006 ranked 33rd in the state and according to the Oregon Progress Board, the child wellbeing ranking in Crook County for 2007 was 18th in the state of Oregon. (This measure includes prenatal care, 8th grade alcohol use, child abuse, pregnant smoking, and teen pregnancy).

THE HEALTH OF CROOK COUNTY ADOLESCENTS

Health Care Access

The 2007 eighth grade survey documented that 57.5% (8th graders) and 40.4% (11th graders) of the Crook County school students did not see a health care provider in the past year compared to 47.3% (8th) and 55.1% (11th) for the State of Oregon, and 23.5% had a health need which was not met. A School Based Health Center would be an asset to the county and included in future goals.

Mental Health

The 2007 Oregon Teen survey respondents when asked had they considered suicide in the past 12 months answered 19.4% yes for 8th graders (15.6 – Oregon) and 11.5% for 11th graders (13.7% - Oregon). Mental Health services continue to take budget cuts and this impacts county teens.

Body Weight

Information from the 2007 Oregon Healthy Teens Survey indicates that 27.5% (25.9% - Oregon) of eighth graders in Crook County were at risk for being overweight. Among eleventh graders, 29.1% in Crook County and 23.2% in Oregon were at risk for being overweight. Obesity in childhood and adolescence is associated with increased risk of type II diabetes. One positive note on this issue is that the CHIP program along with committee members and high school students began the “Snacks at Ten” Program and fruit is provided at the high school daily for the morning break. It has become extremely popular and a model for other schools.

Injury Prevention

Students were asked about behaviors and characteristics that could have impact on their health and safety. As for seat belts, only 53.4% of 8th graders and 67.4% of 11th graders reported wearing seat belts all the time. Bicycle helmets were much lower with only 12.7% (21% - Oregon) of 8th graders of wearing a helmet vs. 9.8 (17.5% - Oregon) of 11th graders. This is an area of concern and possible collaboration with schools and law enforcement may improve this situation.

Nutrition and Physical Activity

Approximately 21.5% of Crook County eighth graders and 14.1% eleventh graders eat the recommended five servings of fruits and vegetables per day. Many Crook County youth do not participate in the recommended amount of vigorous physical activity on a regular basis with 60.2% (55.7% - Oregon) of 8th graders reporting exercising at least 60 minutes 5+ days in the past 7 days, vs. 48.9% (48.6% - Oregon) of 11th graders.

Sexual Activity and Sexually Transmitted Diseases

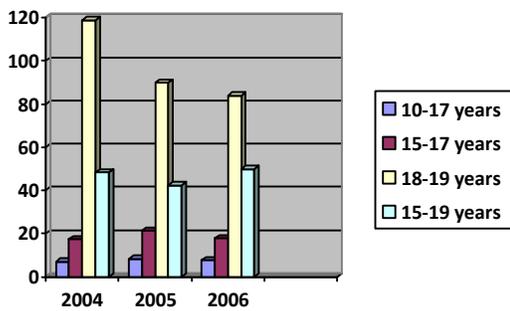
Over 47% of 11th graders in Crook County and 22% of 8th graders in the Crook County reported that they have had sexual intercourse. Among those having sex, 78.9% of the 11th graders used birth control, and 84.6% of the 8th graders. In regards to condom use

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of those individuals having sex, 81.4% of 8th graders used a condom compared to 55.3% of 11th graders in Crook County. 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 population were 126.9 in 2005 and 209.2 in 2006. Since that time, the cases continue to rise.

Teen Pregnancy and Births

Teen pregnancies and births continue to decline in Crook County and in Oregon. The Teen Pregnancy Rates in Crook County are as follows:



As demonstrated on the graph, the teen pregnancy rates of 18-19 year olds is high and the importance of family planning outreach is critical. The rates of younger teens remained somewhat stable, but since the department is only reaching 35.2% of teens in the county, there is room for improvement.

Tobacco, Alcohol, Marijuana Use, and Juvenile Recidivism

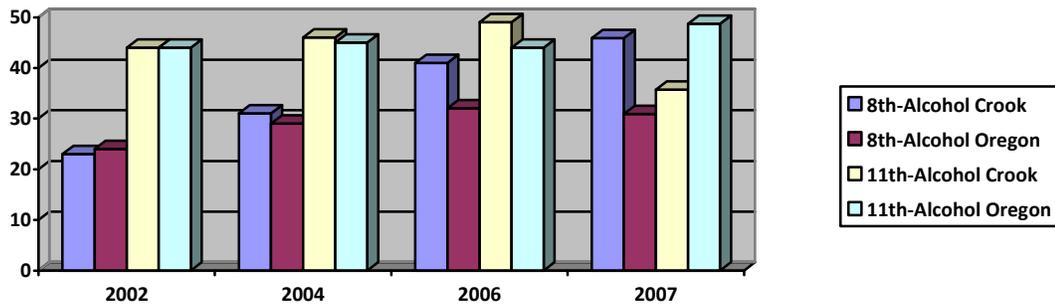
On the 2007 Oregon Healthy Teens survey (OHT), 45.9% of 8th graders and 35.7% of 11th graders reported having consumed beer wine or hard liquor in the previous 30 days. Amongst 8th graders, 22.2% (12.8 – Oregon) reported having 5 or more drinks in a short period of time during the last 30 day and 20% (27.3% - Oregon) of 11th graders. On the OHT survey, 12.9% of eighth graders and 13.8% of 11th graders reported use of marijuana during the past 30 days.

Information from the 2007 Oregon Healthy Teens:

- 19.8% of 11th graders report being a current smoker compared to 16.1% in Oregon, and 18.3% of 8th graders vs. 9.0% for the State of Oregon.
- 15.6% of 8th graders report using smokeless tobacco compared to 4% in Oregon.
- 10.1% of 11th graders report using smokeless tobacco compared to 8.3% in Oregon.
- Juvenile recidivism in 2006 was 30.3% and ranked 36th in the state. (Oregon Progress Board)

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Alcohol Use of Teens in Crook County



THE HEALTH OF CROOK COUNTY ADULTS

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 with 44.8 reported as overweight as compared to 37.0 statewide, and 23.8 reporting obesity compared to 22.1 statewide.

Nutrition and Physical Activity

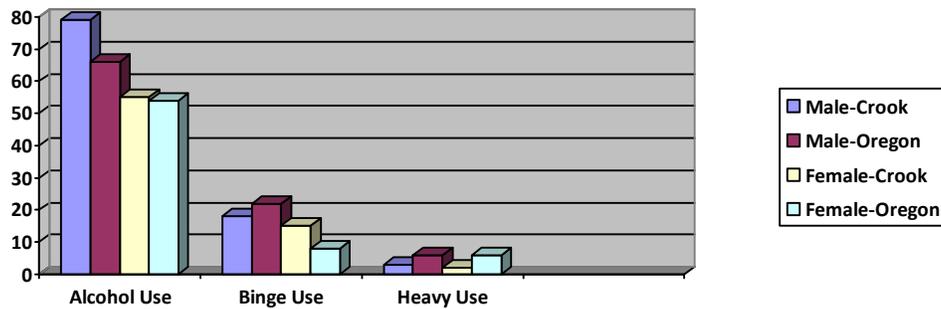
The latest Behavior Risk Factor Surveillance System indicated that only 23.9% of adults ages 18 and older in Crook County ate the recommended five servings of fruits and vegetables per day compared to 25.8 statewide. Over half of the adult population (55.5%) participates in the CDC recommended level of physical activity, which is moderate activity for 30 minutes five times a week or vigorous activity for 20 minutes three times a week.

Substance Use

The 2002-2005 Behavior Risk Factor Surveillance System indicated that 25.8% of adults in Crook County and 20.4% of adults in Oregon smoked cigarettes on at least some days. The percent of adults reporting alcohol use was 78.5% for males and 55.1% for females as compared to 69.9% and 53.5 statewide. 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.

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Alcohol Use – Adult Crook County



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

Figures for 2000-2004 show an age adjusted all causes of death rate of 837.0 as compared to the State of Oregon at 834.0. Much of this is a consequence of historically high smoking rates.

- Achieved age adjusted cancer mortality rates of **228.7** (state: 198.9).
- Lung cancer 61.8/100,000 as compared to 57.4 statewide.
- Had 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.

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.

COMMUNICABLE DISEASE

Chlamydia remains the most common reportable communicable disease in Crook County with 48 cases reported in 2008, 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 were 1 case of gonorrhea, and no new cases of syphilis. Other reportable

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disease reports in 2008 included: Campylobacteriosis, Giardiasis, Hepatitis B, Hepatitis C, Salmonellosis; and one active cases of tuberculosis in 2007. 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. Additional issues include the concern of water in this area and drop in groundwater levels over the last few years.

REFERENCES

Children's First for Oregon 2008 Report

DHS Oregon Public Health Statistics

DHS Report – Oregon Health Plan

<http://quickfacts.census.gov/qfd/states/41/41013.html> retrieved 3.27.2009

<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 preparedness requirements, the need for additional staff is great.

The program currently:

- Has a Communicable Disease/Tuberculosis Coordinator (LPN), and an STD/HIV Coordinator (RN), 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 responds and call the 24/7 staff if needed.
- Evaluation of facilities implicated in a food-borne outbreak will be assessed by Environment Health along with Public Health assistance.
- Investigations are completed in a timely manner, control measures are taken, and reports are completed, and sent to the State in the specific time frame.
- Access to prevention, diagnosis, and treatment services to protect the public.
- Communicable Disease trends are evaluated on a regular basis by the CD team and objectives are developed.
- Immunizations are provided to the public.
- Rabies immunizations are provided in the jurisdiction through the Hospital System.
- The communicable disease information is forwarded to the State through the CD database and immunization data-entry is completed daily.
- The program has generic press releases for risk communication response.
- We have not had the Healthy Communities grant and will be applying for these funds to move more into the chronic disease areas of concern, including asthma, diabetes, etc.

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

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Officer, Holly Jo Hodges, MD. The Nurse Practitioner offers clinics three times a month on Tuesdays at the Prineville location. Additional clinics are added if clinic need arises. According to the service data for Oregon Title X Family Planning Agencies, in 2007 there were 1,308 women in need (WIN) in our county between the ages of 13 and 44. We served 385 of those WIN clients in 2007, or 29%. Of the estimated number of teens in need of service ages 15-17, we served 35.2% and the program served 4.6% males. Our contraceptive services are estimated to have averted 61 pregnancies. The teen pregnancy rate in the county has remained stable, except for the 18-19 year olds. The program received the Male Reproduction Health grant this past year and staff trained to provide STI male exams. This program has become very popular and the #'s of male clients visiting the clinic has risen. The family planning program increased appointment slots and the number of clients is increasing.

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 is bilingual which helps with the increase number of Hispanic woman receiving care in the county. The women are referred to providers in the county for prenatal care including Mosaic Medical.

Nurse Home Visiting

There is one nurse and one Family Support Worker providing home visit services in Crook County. Health Start and MCM was provided through Pioneer Memorial Hospital until December 2008 when the Health Department took over the programs. We currently have a Public Health Nurse receiving referrals for MCM and have received a grant from Cascade Health System to get the program off the ground. A budget was created for MCM for the 2009-2010 FY and even though the reimbursement is very low for this program, Crook County will provide the service due to the importance of caring for pregnant women. The Healthy Start Program began in January of 2009 and staff is trained in (Parents as Teachers). Depending on the type of clients, staff uses Healthy Start Protocols, Babies First Protocols, or CaCoon Protocols. The Family Support Worker works under the supervision of the Public Health Nurse. All staff are trained in parent education and advocacy. The home visiting staff focus their home visits on prevention of family violence, substance abuse screening and intervention, nutrition, immunizations, child safety, and case management.

Intimate Partner Violence

Services are limited to the shelter in Bend, and with funding cut for the CCF programs, the outreach staff member in Crook County may move back to the Bend area. The Commission, along with justice department has written a grant for partner violence response in Crook County.

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Mental Health Services

There are cuts in the Mental Health System for Oregon which may affect mental health services for families and children.

Alcohol and Drug

There are cuts in the Drug and Alcohol Treatment system in Oregon which will affect families in Crook County. The alcohol use is high in the county as noted above.

Tobacco Cessation

There are inadequate resources for tobacco cessation for pregnant women. There are programs through the hospital and the 7th Day Adventist Church.

Breastfeeding Support

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

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 noted in 2008, 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 ration is 750 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 in the region is 19.1% which is 38% worse than the previous year. Many of these families use the emergency room as the last resort for medical care.

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 screening, and referral to medical providers for high risk infants. Additionally, we provide assessment of parent/child interaction (NCAST) and SIDS follow-up. The demand for screening and follow-up of high-risk infants (Babies 1st) is increasing and we currently responding to each referral. The Healthy Start Program is new to the Department and has been a wonderful asset for the coordination of services for families in Crook County.

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.

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DENTAL

The CHIP Dental Committee worked with the health department and community partners and coordinated 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

We are also investigating the possibility for providing services for pregnant women through the CHIP process.

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. The number of certificates processed has steadily increased during recent years with 246 **live resident births** and **1,074 deaths** in the County in 2008.

The department is in the process on creating the first annual public health report to be published Fall of 2009.

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 also 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, publish the 1st Crook County Annual Report in September; write articles for the newspaper, speaks to community groups, and appears on television regularly.

FAMILY PLANNING/STI

The Family Planning Program uses a broad selection of pamphlets and brochures for teaching CCHD clients. The education materials are kept current with scientific findings

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and community practice and are available in Spanish and English. Materials are selected for prevention as well as for education regarding specific conditions. We use many materials provided by the state and 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 Cascade Healthcare to provide services as needed. Additional lab work is sent to the Oregon State Public Health Lab. Client's testing may also be completed at Pioneer Memorial Hospital (Cascade Healthcare).

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 2007, the program served 441 families, 808 infants and children fewer than 5, and 344 pregnant, breastfeeding and postpartum women. The benefit to the community is \$503,250 dollars to grocery stores and \$1,880 to farmers. The WIC Nutrition Education Plan for 2009-2010 focuses on new objectives and training for WIC staff and plans to improve the farmer's market program.

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
- RUDI – Reduce Underage Drinking Initiative
- CHIP Advisory Board and committees (Community Health Improvement Partnership)
- Chair – Early Childhood Committee
- Homeless Leadership council along with various regional committee (Preparedness Coordinator)
- Multidisciplinary Team – Child Abuse
- CEAHEC – Cascades East Area Health Education Center
- Various other committees as deemed necessary for health department involvement.

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OLDER ADULT HEALTH – FLU, PNEUMONIA

Prevention messages are provided to 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. Crook County Health Department provides information to clients on information regarding diabetes, chronic disease, breast and cervical cancer, and immunization clinics.

E. ENVIRONMENTAL HEALTH SERVICES

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.

Due to personnel shortages based on lack of funding and medical leave actions the Environmental Health Department (EHD) has requested and received approval from the DHS Food borne Illness Program Manager to perform food facility inspections as part of achieving food service standardization to be completed within 18 months or the hiring of a EHS when funding returns that will meet the standardization requirements.

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

- EHD will maintain a 90% inspection rate of full-year and seasonal food service facilities.
- EHD will inspect temporary (non-benevolent) restaurants at a 90% compliance
- EHD will provide technical consultation to 100% of the benevolent temporary restaurants.
- EHD will implement an increased inspection schedule for licensed establishments if we feel they need them
- EHD will conduct pre-operational inspections following review of plans and prior to opening.
- EHD will conduct a complete inspection within 45 days of opening (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.

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The EHS employed by the County will provide technical information and consultation to the public and licensed establishments currently holding valid permits and licenses.

Budgetary constraints, lack of qualified EHS personnel to fill the vacant position and other program responsibilities have made it impossible to accomplish all requirements of the FIA during the last 3 years.

The health of the public has not been compromised or slighted as inspections have been performed on higher risk establishments. Only one food-borne outbreak has occurred in a Crook County licensed establishment in the past 3 years. All complaints received, receive follow-up. All schools in the county have been and will be inspected per ODE requirements.

The Environmental Health plan for water includes following the agreement, and all 58 systems are considered 100%. The Department uses a contracted individual from Deschutes County Health Department.

Environmental Health provides the on-site septic program and that is the actual money maker for the whole department (makes up the difference from food, pools, spas, RV parks, hotels, schools, etc.) On-site is picking up again and creates more of an issue for completing the work for food establishments and temporary event inspections. There may be a need to add additional staff for Environmental Health.

The 2006 Review indicated less than 100% inspections of food service facilities and less than 100% inspections of temporary food service facilities. Medical emergencies, lack of program funding and lack of personnel continue the trend through June 2009.

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 also provide fluoride varnish in the home. Care for children's teeth is discussed through health department visits. 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 the Health Department.

NUTRITION

Nutrition education and counseling is the primary focus of the WIC program. Nutrition counseling is also including 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 if funded.

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 has a staff member 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, but has difficulty providing for the increased number of individuals looking for care in the community with the downturn in the economy,

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

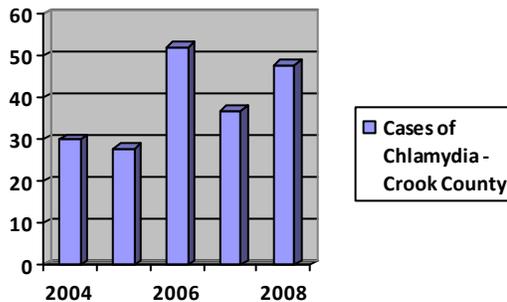
Crook County investigated 68 communicable disease cases in calendar year 2008 as compared to 50 in 2007. The number of cases of communicable disease has risen gradually with the increase in population and includes the following for 2008:

AIDS/HIV: 1 case, (0 in 2007, 1 in 2006)	Campylobacteriosis: 7 cases (2 in 2007)
Chlamydia: 48 cases (37 in 2007)	E. Coli: 1 case (0 in 2007)
Giardiasis: 2 cases (0 in 2007)	Gonorrhea: 1 case (0 in 2007)
Haemophilus influenza: 1 case (0 in 2007)	Hepatitis C: 5 cases (4 in 2007)
Salmonella: 2 cases (3 in 2007)	Tuberculosis: 0 cases (1 in 2007)

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 an increase of approximately 28 cases per year to 48 in 2008. 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 more frequently with trained staff.



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Tuberculosis Case Management

Crook County had an active case of tuberculosis in 2007, no cases currently, and two individuals on LTBI Therapy.

COMMUNICABLE DISEASE

Time Period: July 1, 2009 – June 30, 2010				
GOAL: To improve/maintain the health status of the citizens of Crook County by preventing/reducing the incidence of communicable disease, through outreach education, epidemiological investigation and surveillance activities.				
Objectives	Plan for Methods Activities Practice	Outcome Measure(s)	Outcome Measure(s) Results	Progress Notes
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 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 Health Administrator will be back-up for CD cases as required for case investigations.	Completed reports sent to state – monthly evaluation		

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Time Period: July 1, 2009 – June 30, 2010				
GOAL: To improve/maintain the health status of the citizens of Crook County by preventing/reducing the incidence of communicable disease, through outreach education, epidemiological investigation and surveillance activities.				
<p>C. Infection Control Professionals in 90% of hospitals within the jurisdiction are contacted twice a year to encourage reporting.</p> <p>-Provide documentation (SOPS) related to lab and provider reporting and active surveillance for use in the event of a public health emergency.</p>	<p>CD Coordinator will set up meetings with ED two times per year for present information as needed.</p> <p>Use standard developed SOPS and information for medical community for outbreaks, etc.</p>	<p>Improved reporting and communication with the medical community.</p> <p>Standard developed risk materials developed for use in outbreak situations.</p>		
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.		
E. Blood borne pathogen policies, protocols, and yearly training.	Update policy as needed, present yearly and develop computerized system for county training.	Completed yearly training and completed system for entire county 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.		
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 Epi-Or conference or other training in the state.	New staff who works in the CD program will have documentation of training with 60 days of hire.		

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Time Period: July 1, 2009 – June 30, 2010				
GOAL: To improve/maintain the health status of the citizens of Crook County by preventing/reducing the incidence of communicable disease, through outreach education, epidemiological investigation and surveillance activities.				
J. Each CD investigator has: -internet access -e-mail	CD investigator will have up to date IT needs.	CD Coordinator has up to date equipment.		
QA: The county has addressed the core function of communicable disease investigations and response in the triennial plan.	The Health Administrator will include this section in the annual plan.	Completed section in annual plan.		
QA: LPHA has standing orders for prophylaxis for the following: -Mening -Hepatitis B -Hepatitis A -Pertussis	Update orders as needed for the required diseases.	Up to date Standing Orders.		

HIV

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. 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. There is still a stigma associated with HIV/AIDS in Crook County.

Time Period: July 1, 2009 – June 30, 2010				
GOAL: To improve/maintain the health status of the citizens of Deschutes County by preventing/ reducing the incidence of communicable disease through outreach education, counseling, and testing for HIV.				
Objectives	Plan for Methods/ Activities/Practice	Outcome Measure(s)	Outcome Measure(s) Results	Progress Notes
A. Increase the percentage of high-risk residents counseling and tested for HIV by 10% for the 2009-2010 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 09-10.		

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Time Period: July 1, 2009 – June 30, 2010				
GOAL: To improve/maintain the health status of the citizens of Deschutes County by preventing/ reducing the incidence of communicable disease through outreach education, counseling, and testing for HIV.				
B. Increase community outreach using the new HIV Rapid Test.	Advertize the new HIV Rapid Test in the community to encourage HIV Testing	Increased the # of HIV Rapid Testing completed in Crook County.		
Time Period: July 1, 2009 – June 30, 2010				
GOAL: Provide a comprehensive continuum of primary care and supportive services that promote the mental, physical, and social well being of PLWHA.				
A. Increase the number of clients participating in HIV CM.	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

CURRENT CONDITION OR PROBLEM

Crook County's last case of active tuberculosis was in 2007. Latent tuberculosis infection (LTBI) clients include 6 cases. The program has been working with the soup kitchen in Crook County to implement pro-active TB screening. Challenges include budget constraints at the local level and state level for the program.

Time Period: July 1, 2009 – June 30, 2010				
GOAL: To provide comprehensive services to the community for the prevention and treatment of tuberculosis, while focusing on TB awareness and education throughout Crook County.				
Objectives	Plan for Methods/ Activities/Practice	Outcome Measure(s)	Outcome Measure(s) Results	Progress Notes
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.		
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 from 60% to 75%.	Improve follow-up with clients to document compliance.	Statistics from Oregon Health Services Objective		
D. Update policies, forms, and protocols annually. (Completed	Complete all new documents prior to triennial review – July 2009.	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, 2009 – June 30, 2010				
GOAL: Decrease the morbidity and mortality of West Nile Virus through the development of an updated West Nile Virus response plan.				
Objectives	Plan for Methods/ Activities/Practice	Outcome Measure(s)	Outcome Measure(s) Results	Progress Notes
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 provide this service.	Dead bird submission 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



Best Practice Objective # 1
Tobacco-Free Worksites

1. Objective: Tobacco Free Worksites

- By December, 2009, will have identified current worksite wellness programs, if any, provided by Crook County.
- By December 2009, will have completed the Healthy Worksite Assessment for the County Health Department.
- By June, County will have passed a tobacco-free campus policy.

2. Goal Areas for this Objective

- Primary: Eliminate/Reduce Exposure to Secondhand Smoke
- Secondary: Promote Quitting

3. Plan of Action

Coordination/Collaboration:

- A. Maintain quarterly relationship with County Wellness committee. Quarterly attendance at wellness meeting.
- B. Participate in CHIP (community health improvement partnership) Advisory Board to maintain current status of County Wellness climate and provide tobacco prevention wellness information monthly.
- C. Coordinate with County Health Department Director, as needed, to provide input on/benefits of county wellness policy for her to take to Department Head Meetings.
- D. Meet with County judge to provide information/benefits of creating a tobacco free campus by October 2009.

Assessment/Research

- A. Meet with Public Health Director to identify/develop assessment form, improving the tobacco related portions of the assessment specific to Crook County by October 2009.
- B. By August 2009, will have identified what county buildings/campuses are smoke-free and which are not, reported information to Wellness Committee
- C. Meet with County Treasurer re: health benefits by December 2009, to identify what/if any tobacco cessation benefits are provided to county employees.

Community Education and Outreach

- A. Create paycheck stuffers for all county employees with information on benefits provided by county health insurance, as well as Quit Line resources March 2010.
- B. Provide information on cessation services through the Quit Line and insurance carrier at yearly employee health fair(no date set)

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One time per year

Policy Development and Implementation

- A. Meet with County Judge , along with Health Director, following assessment to share findings and discuss any options for improvement, January 2010

4. Critical Questions

- A. The sectors of the community that have been prioritized with this objective are those employed by Crook County itself. The rationale is to identify and establish within the public health department to develop a correct assessment of the current climate for a wellness committee as well as where the county is at in the stages of change. The plan is that once this assessment part is complete on the small scale, i.e. the health department, next year we can work on developing a county wide assessment.
- B. I anticipate needing information on medical usage/chronic disease and insurance usage to present to county judge.

Local Program Plan Objective #2
Tobacco Free Hospitals

1. Objective: Tobacco Free hospitals

Pioneer Memorial Hospital has adopted a tobacco free campus policy as of December 2007. Within their policy all smoking patients are provided with a free screening and cessation support tools (Step Up, Quit Line, Quit Kits) via the admitting nurse and respiratory therapist. They are currently working on streamlining their OB services to provide cessation support and referral to pregnant patients.

2. Goal Areas for this Objective

- Primary: Eliminate and reduce exposure to second hand smoke and in-utero exposure to Nicotine.
- Secondary: Promote quitting

3. Plan of Action

Coordination/Collaboration:

- A. Meet with Health Officer to maintain dialogue about how policy is being received, concerns about implementation.
December 2009
- B. Support nurse educator and administration in creating policy addendum providing information as needed on other smoke-free hospital policies and best practice activities as needed.

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- C. Participate in CHIP (community health improvement partnership) main board meeting to develop working relationship in order to provide information and education regarding tobacco use and its effects on community health through monthly meetings.

Assessment/Research

- A. Identify current protocol of doctors via mailed survey to Pioneer Clinic and Hospital regarding smoking cessation issues, requesting concerns, input from practitioners by October 2009.

Community Education

- A. Promote and support Pioneer Memorial Hospital as they conduct education classes (Fresh Start Curriculum) on the risks of tobacco use in pregnancy by providing current information, pamphlets, flyers as requested.
- B. Use of the clearinghouse resources for information as needed.

Policy Development and Implementation

- A. Work with Nurse Educator to bring new policy on tobacco cessation resources and referral to providers by April/May 2009.

4. Critical Questions

- A. The sectors' of the community that this objective will reach is primarily pregnant women and those directly in contact with them i.e. family. The hospital is used by all ethnic, socioeconomic groups and is able to educate and affect change in a great number of people's lives. We are continuing this work from last year's work plan as it is still in progress. The purpose of focusing on the pregnancy population of Crook County is twofold. First, it allows us to provide tobacco prevention education and the affects of nicotine and smoke on the baby in-utero, therefore making for a healthier baby upon birth. Secondly, it allows us to help families create a healthy environment in which to raise children from the beginning which hopefully leads to a healthier life cycle as those children grow and become parents themselves. Both of these effects of this objective are to lessen the social norm that tobacco has on family lives.
- B. The assistance that I foresee needing from TPEP is in regards to policy writing, and data gathering assistance specifically regarding other states that have pregnancy cessation programs in place as well as creation of a survey to be administered via the hospital.

Best Practice Objective #3
Tobacco Free Community Colleges

We do not have a community college in our town.

Best Practice Objective #4
Smoke-free multi unit housing

1. Objective: Smoke-free multi unit housing

- By June 2009, 1 multi-unit housing facility in Crook County will be 100% tobacco-free.

2. Goal Areas for this Objective

- Eliminating/reducing exposure to secondhand smoke
- Countering pro-tobacco influences
- Promoting quitting

3. Plan of Action

Coordination/Collaboration:

- A. Contact Diane Laughter at Health In Sight to discuss local strategies for identifying and approaching housing managers by August 2009.
- B. Approach those property management companies to introduce self and explain the importance of smoke-free multi unit housing by September 2009.
- C. Meet with Tri-County TPEP Coordinators to discuss movement on objective, share insights and give feedback on strategies quarterly/as needed.
- D. Approach real estate offices with the information re: smoke free housing benefits by December 2009.

Assessment/Research

- A. Contact local Commission on Children and Families/Neighbor Impact for help in identifying what rental companies are present in Crook County as well as direction of other property management companies by September 2009.
- B. Work with Diane Laughter on how to assess landlords' readiness to adopt new policies quarterly/as needed.
- C. Report to Health In Sight, the prevalence of no smoking rental agreements, and the use of no smoking/smoke free rental listings in local area newspapers
Quarterly.

Community Education and Outreach

- A. Identify 5 local area property owners/managers to provide information and support on the benefits of smoke-free housing (emphasis on the business

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benefits of going smoke free: save money, less property damage and upkeep, less fires) by March 2010.

- B. Create flyers to be distributed via 2 local real estate offices (a lot of the real estate offices also rent their properties out by March 2010).

Policy Development, Implementation and Enforcement

- A. Provide assistance to land lords, real estate agents, as they contemplate adoption on no smoking policies as needed.
- B. Refer landlords to other external resources on smoke-free policy as needed.
- C. Advertisement of The Oregon Tobacco Quit Line as an important resource to be promoted to residents via landlords as needed.

Critical Questions:

- A. The sectors of the community that have been prioritized with this objective are renters and those who own rentals. This objective is a very important one in our community. We have a high cost of living, houses that are too expensive for most people to buy. There is a lot of HUD privately owned houses as well as a few multi-units. This objective allows us to reach a whole population of people who are lower income, and as research has shown individual who have a higher prevalence of smoking.
- B. The technical assistance I see needing is from Diane Laughter at Health In Sight. I have already met with her once to get her feedback on ways to accomplish policy change. I will continue to meet with her as needed to develop my plan.

Best Practice Objective #5

Local Agreement for Enforcement of the Smoke-free Workplace Law

1. Objective: IGA for the Indoor Clean Air Act

- A. By July 1, 2009, Crook County will respond to all complaints of violation of the Smoke free Workplace Law according to the signed Delegation Agreement

2. Goal Areas for this Objective

- Primary: Eliminating/Reduce Exposure to Secondhand smoke
Promote Quitting
- Secondary: Countering pro-tobacco influences

3. Plan of Action

Coordination/Collaboration:

- A. Communicate with Public Health Director regarding complaints, complaint process as new complaints come in to the department.
- B. Train public health Director as backup on using computerized WEMS system, protocol and time line by September 2009.

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- C. Maintain communication with TPEP liaison of any staffing changes, problems with WEMS and questions about enforcement protocols as needed.
- D. Coordinate with Environmental Health Director on protocol if he receives complaints, how to pass them on to county TPEP coordinator as needed.

Assessment

- A. Participate in all TPEP assessment activities to learn/improve WEMS system and protocols for enforcement as requested.

Community Education and Outreach

- A. Provide signage, posters and pamphlets for the public.
As Requested

Critical Questions

- A. This work plan objective is community wide as its targeted sectors.
- B. Technical assistance only as needed if WEMS is not working correctly.

Best Practice Objective #6
Tobacco Related Chronic Disease

1. Objective: Tobacco Related Chronic Disease

- By June 2010, Crook County TPEP Coordinator will attend 5 TROCD Capacity Building Institutes

2. Goal Areas for this Objective

- Primary: Eliminate/reducing exposure to secondhand smoke to promote quitting
- Secondary: Countering pro-tobacco influences

3. Plan of Action

Coordination/Collaboration:

- A. Participation in CHIP (community health improvement partnership) main board meeting to develop relationships with health partners in Crook County monthly.
- B. Participate in CHIP Dental committee, to develop relationships with dental community in order to provide input and direction on the link between tobacco use/chronic disease and dental care monthly.
- C. Participate in CHIP Prevention committee, focusing on childhood prevention issues. Provide information and assistance while developing relationships with other prevention coordinators and medical professionals to identify needs of children in our county monthly.

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- D. Participation in Crook County Community Coalition to develop relationships with community partners in order to identify gaps in health services provided quarterly.
- E. Provide pertinent information to Public Health Director to take to Community Coalition Executive Board, providing information on Tobacco Prevention while developing relationships with key community figures helps to identify gaps in community health services as needed
- F. Coordinate with TROCD coordinator over lapping work plan objectives; provide input and guidance on building relationships with key figures in the community related to chronic disease management weekly.

Assessment/Research

- A. Review existing data available on Crook County and the state as a whole with TROCD coordinator as needed.
- B. Develop a written compilation of data gathered via CHIP meetings and create a quarterly summary report quarterly.

4. Critical Questions

- A. The sector of the community that this objective will reach is those people suffering from Chronic Related Illnesses. The purpose of this objective is to identify a clearer picture of the effects that tobacco use has on the long term health of the people of Crook County by being a support to the TROCD Coordinator. With this information it can help us to show state and local community members, as well as policy makers' the importance of our community being a smoke-free place.
- B. The technical assistance that I see needing is help in developing a survey to identify the trends of our community.

Best Practice Objective 7
Tobacco-Free Head Start

1. Objective: Tobacco Free Head Start

- By June 2010, the local Head Start Program will have passed a tobacco free campus policy.

2. Goal Areas for this Objective

- Primary: Eliminate/Reduce Exposure to Secondhand Smoke to promote quitting.
- Secondary: Counter pro-tobacco influences

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3. Plan of Action

Coordination/Collaboration:

- A. Develop relationship via phone and one on one meeting's with Head Start Director and staff in order to present ALAO efforts to reduce exposure of tobacco products, benefits of adopting policy.
First Contact by September 2009 (Follow up As Needed)

Assessment/Research

- A. Provide assessment recommendations to Head Start Director from ALAO as requested.
- B. Work with Head Start director to identify current tobacco free policy and evaluate how comprehensive its scope by August 2009.

Community Education and Outreach:

- A. Provide information to Head Start regarding importance of adopting a more comprehensive tobacco free policy than is required by Oregon Department of Education by October 2009.
- B. Provide referral to resources i.e. Environmental Protection Agency, American Lung Association.

Policy Development and Implementation

- A. With the help of Head Start Director and Health Specialist, evaluate effectiveness of new policy in effect, and identify, if any, barriers to a more comprehensive policy by December 2009.
- B. Use American Lung Association policy checklist to help identify gaps in current policy by December 2009.

4. Critical Questions

- A. The audience targeted for this objective is children and those who are around children. The rationale is that prevention the start of tobacco use, with strong policies and education, will work in tandem to create healthier children and future adults.
- B. I see needing technical assistance from the American Lung Association for materials and input.

Local Tobacco Control Advisory Group

- A. Process: I went around and identified major contributors of the community in the following areas: school, legal, safety, hospital and community.
- B. I have arranged to have quarterly meetings with each of the members on an individual basis.

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- C. The following people have agreed to participate in the advisory board group and help me to focus my attentions where they can be utilized for the best outcomes.
- Safety: Dave Fields, Regional State Fire Marshall - Quarterly meetings.
 - Hospital: Sharon Vale, Pioneer Memorial Hospital CHIP Coordinator, Chronic Disease health educator monthly at CHIP Advisory Board Quarterly 1-1
 - School: Kim Goerhing, School Tobacco Prevention Education Program Quarterly
 - Head Start Director/health specialist, Local Crook County Chapter As needed to complete objective
 - Community: Cameo Chambers, Crook County Prevention Coordinator (Commission on Children and Families), Community Coalition Quarterly
 - Dr. Trevor Douglass-Local Practitioner Monthly at CHIP board meetings Quarterly 1-1
 - Dean Noyes-City Council Member/Bank President - Monthly at CHIP board meetings - Quarterly 1-1

DEVELOPMENT OF LOCAL CHAMPIONS

List specific actions the Local Lead Agency will take to further develop community Leaders' role and capacity as champions. Identify all of the following:

- A. Specific community leaders, including elected officials and administrative bodies, to which direct educational encounters will be provided. Specific community leaders that will be approached will be the county Judge Mike McCabe, Regional Fire Marshall, Public Health Director, and Environmental Health Director
- B. The means by which such education shall take place (one-to-one meetings, presentations, community forums, etc.)
- We will use one on one meetings, presentations to county court, other community events as needed/requested by Champion's
- C. Proposed schedule and frequency of educational encounters
- Frequency is as required to complete work plan objectives.
 - Most Champion's will be met with on a recurrent basis to both develop a stronger working relationship and to provide continued education on tobacco control.
- D. Purpose and intended outcomes of educational encounters (specifically related to tobacco prevention, sustaining a county and statewide infrastructure for tobacco-related disease prevention and health promotion, and promoting emphasis on policy, environmental, and systems change)
- The purpose of having Champion's for Crook County is to develop a

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stronger voice in the community regarding both tobacco control and chronic disease and how those two play off each other.

- The goal is to create with the County infrastructure a climate that allows for healthier choices both on an individual basis and as a community.
- Health promotion is becoming a topic that is gaining in importance for our county due to the high use of insurance and medical care, a lot for chronic diseases. The chance to develop a wellness program that is beneficial and proven effective will help lower those financial burdens on our county.

PLANS FOR OBESITY, ASTHMA, DIABETES

The department is in the process of writing for the Healthy Communities Grant.

**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

CURRENT CONDITION OR PROBLEM:

For fiscal year 2008-2009, the # of clients served was lower due to lack of trained staff. A new nurse was hired April of 2008, and the # of client’s services continues to grow. The staff is budgeted at .4 for Babies First.

Sixty two percent of clients served were enrolled in the Oregon Health Plan and Targeted Case Management was billed for 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 also began administration of the CCF Healthy Start Program January 2009 and coordinates the services between Babies First and Healthy Start which creates a strong continuum of care in Crook County, along with Maternity Case Management.

Time Period: July 1, 2009 – June 30, 2010				
GOAL: To improve the health of children in Crook County through Home Visiting Programs.				
Objectives	Plan for Methods/ Activities/Practice	Outcome Measure(s)	Outcome Measure(s) Results	Progress Notes
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.		

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Time Period: July 1, 2009 – June 30, 2010				
GOAL: To improve the health of children in Crook County through Home Visiting Programs.				
B. Distinguish general case management service from Babies 1 st high risk infant tracking for the purpose of better assessing Babies 1 st outcome	Initiate community meetings to plan for coordination.	Service protocols are consistent with new guidelines for Babies 1 st service.		

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, 2009 – June 30, 2010				
GOAL: Improve primary care access for children of all ages.				
Objectives	Plan for Methods/ Activities/Practice	Outcome Measure(s)	Outcome Measure(s) Results	Progress Notes
A. Develop a planning process for a School Based Health Center in Crook County.	Implement 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		
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 number of youth served receives health care focused on preventive health factors.		

PERINATAL

CURRENT CONDITION OR PROBLEM:

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

- Medical problems (hypertension, diabetes) can be managed.
- Referral for smoking, alcohol, drug use.
- Addresses psycho-social issues for the woman.

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 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 and providing outreach through Oregon Mothers Care. Local benchmarks for healthy birth outcomes have continued to improve.

Time Period: July 1, 2009 – June 30, 2010				
GOAL: Increase resources for pregnant women				
Objectives	Plan for Methods/ Activities/Practice	Outcome Measure(s)	Outcome Measure(s) Results	Progress Notes
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. 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.		

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Time Period: July 1, 2009 – June 30, 2010				
GOAL: Increase resources for pregnant women				
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



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FAMILY PLANNING

CURRENT CONDITION OR PROBLEM STATEMENT:

Clinics are three times a month which at times creates a longer waiting period for appointments than needed. The long wait adds to the “no-show” rate. Clients have a long wait on the day of their appointment as well. The process used to see Spanish-speaking clients in the clinic is lengthy. It is important to improve the clinic flow in order to see more clients in a timely manner. Data from 2008 demonstrated the % teen client population (≤ 19) served is 35.2% compared to 28.8% statewide. The woman in need (WIN) percentage is 29.4 compared to 29.6 for the State of Oregon. This is a needed area for outreach and improvement. The male as percentages of total clients is 4.6% compared to 4.3% for the statewide average. The number of clients seen in the clinic has improved this past year. With challenges of a small department, the clients are very appreciative of the services offered and are very complimentary towards the staff.

Time Period : July 1, 2009 – June 30, 2010				
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 excessive no show rates, and inability to see the needed number of clients in the county.	Complete monthly time studies monthly to monitor clinic flow and decrease the wait time by 10% by June 2010. Improve the no-show rate by 10% by June, 2010.	-Monthly time studies. -Manager will observe clinic flow. -Monitor information from the client satisfaction survey. -Set time standards for clinical services. -Research new client scheduling system.	-Improved client show rate and client process through clinic reports. -Improved efficiency and decreased no-show rate based on time study.	
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 2009-1010 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	
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 29.4% to 30% by July 2010.	-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.	
Increase the # of male clients attending the client for services.	-The # of male clients attending the clinic will increase by 3% in the 2009-2010 fiscal year.	-Continue outreach for males through the male reproductive health program grant.	-Increased % of males attending the reproductive health clinics.	

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Time Period : July 1, 2009 – June 30, 2010				
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 educational component to the schools provided by the health department.	-The department will provide 10 presentations to schools throughout the 2009-2010 fiscal year in Crook County by June 2010.	-Apply for an Americorp 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.	
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. 2009.	-Create bylaws -Recruit for positions -First meeting in September 2009.	-Advisory process for family planning materials.	

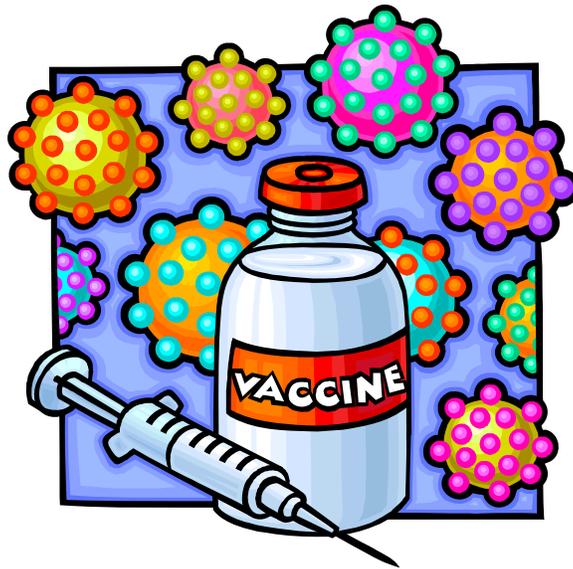
**FAMILY PLANNING – FAMILY PLANNING METHODS
AND PREVENTATIVE HEALTH**

Time Period: July 1, 2009 – June 30, 2010				
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.	Receive approval from county council to use Implanon for clients by September 2010.	-Health Director will meet with County Counsel for approval. -Family Planning Coordinator will order necessary items for insertion/removal of Implanon.	-Implanon Training completed for Nurse Practitioner (Completed) -Positive response to Department from county council on the use of Implanon. -Supplies in stock and NP begin use of Implanon in the clinical services.	
The % of visits where clients received equally or more effective method is at 87.2% compared to 92% statewide. This is an area for improvement.	Each client will be evaluated for an appropriate birth control method at each visit by July 2009	-Family Planning Coordinator will meet with FP staff and update as needed to improve this measure.	-Measure for % of visits where clients received equally or more effective method will improve by 2010.	

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Time Period: July 1, 2009 – June 30, 2010				
GOAL 2: Assure ongoing access to a broad range of effective family planning methods and related preventative health services.				
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.	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 2010.	

CROOK COUNTY IMMUNIZATION PROGRAM



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

Year 1: July 2008 – June 2009				
Objectives	Methods / Tasks	Outcome Measure(s)	Outcome Measure(s) Resultsⁱ	Progress Notesⁱⁱ
Reduce the number of children receiving their first immunization after the age of three months old by 5% over three years.	<ul style="list-style-type: none"> -Use Affix 2006 report as baseline for comparison. -Review current information available to expecting mothers. -Research activities taken by other health departments. -Assess barriers in Crook Co that contribute to late starts. -Make and distribute information packets to expecting mothers with value placed on the importance of 2 month well baby check. 	<ul style="list-style-type: none"> Reduce late starts by 2% the first year using AFIX data for 2006 as baseline. Determine barriers identified in Crook County. 	<ul style="list-style-type: none"> AFIX report showed an increase of 2% of late starts occurred. Barriers not completely identified. Continuing to research information. 	<ul style="list-style-type: none"> Review of expectant mothers completed. Other health departments late start activities researched. Informational packets created and distributed to local hospital.

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	-Visit and educate medical providers on accelerated immunization schedules.			
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**Local Health Department: CROOK
Outreach Activities: July 2008 – June 2009**

Activity 1: Community Involvement
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Objectives	Methods / Tasks	Outcome Measure(s)	Outcome Measure(s) Results	Progress Notes
A. Develop and maintain local supports for immunization through the early childhood committee. B. Reach out to community through educational venues and newspaper column.	-Identify and invite stakeholders that should participate in the coalition. Early Childhood meets every other month. -Establish a health department newsletter Develop community	-Health Department staff will attend early childhood meetings. -Printing of brochures, handouts, information for the library. -Newspaper column -Medical provider survey	-Health Administrator is the chair for the early childhood committee. -Brochure, information printed – Increased # of individuals vaccinated. -Several newspaper articles for immunizations	The Health Department’s Immunization Coordinator left the department and a new coordinator started on January 1 st , 2009. The program is moving forward in a very positive manner and we are working on

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	information to post at the library. -Continue to work with private medical community to educate.	completed.	throughout the year. -Meetings with medical community throughout the year.	agreements with Mosaic Medical for sub-contractor for the health department and delegate agency for Mosaic.
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Activity 2: Media Campaign during National Infant Immunization Week

Objectives	Methods / Tasks	Outcome Measure(s)	Outcome Measure(s) Results	Progress Notes
A. Educate community members on the importance of childhood vaccines.	-Letter will be sent to local newspaper explaining the importance of immunizations. -Bulletin board will be created in the waiting room of the health department addressing immunizations. -New School Requirements: Teach school personnel.	-Letter sent to media sources. -Board created and displayed in the month of April. -Worked with the school nurses to educate all the school personnel.	-Central Oregonian newspaper and local add channel both had information on flu vaccine this year. -Bulletin Board created and displayed in health department waiting room and at the library.	There were numerous articles on immunization in the paper including introducing the new immunization coordinator

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LOCAL HEALTH DEPARTMENT: CROOK

PLAN B: Chosen Focus Area: Adapting and Implementing a Vaccine Management SOP for LHD and Private Providers.

FISCAL YEARS 2008-2009

Year 1: July 2008 – June 2009

Objectives	Methods/Tasks	Outcome Measure(s)	Outcome Measure(s) Results	Progress Notes
A. Adapt and utilize the State working group Standard for Operating Procedures (SOP) guide for management and storage for LHD and private providers.	-Train health department staff on the SOP, have them read and sign acknowledging it's content. -Present SOP at a county sponsored immunization coalition meeting.	-100% of LHD staff will be trained on the adapted LHD vaccine SOP. -50% private providers will use the SOP modified as needed to their practice.	-100% LHD staff signed SOP. -SOP provided at coalition meeting. 100% private providers receive copy.	-SOP implemented staff trained at staff meeting on procedures. Continue to improve and train new employees. -Work continues on SOP to private providers at next training.

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2009-2011 Immunization Comprehensive Triennial Plan

Local Health Department:
Plan A - Continuous Quality Improvement: Reduce Vaccine Preventable Disease
Calendar Years 2009-2011

Year 1: July 2009-December 2009						
Objectives	Activities	Date Due / Staff Responsible		Outcome Measure(s)	Outcome Measure(s) Results	Progress Notes
A. Increase up to date immunization rates of kids 2 years old by 4%.	Use most recent AFIX assessment data as the baseline.	7/09	Anita M.	Baseline set.	To be completed for the CY 2009 Report	To be completed for the CY 2009 Report
	Use Alert and IRIS system at each visit to determine which shots are due.	6/10	Imm. Staff	Protocols reviewed by staff.		
	Give all shots due at each visit.	6/10	Imm. Staff	Quarterly in-service held to include: -vaccine administration techniques -catch up schedule		
	Write on immunization record date next immunization is due.	8/09	Anita	-reminder to give every shot due at any visit where child is seen -entering all doses into IRIS within 14 days. -practice forecasting		
	Provide quarterly staff in-service to review and implement - vaccine admin techniques - vaccine updates - current best practice and standards	8/09, 11/09, 2/10, 5/10		Screening and immunizations will be done at every visit by all staff UTD rate increased by at least 1%		

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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.	June 2010	Anita	Screening and immunizations at every visit by all staff	To be completed for the CY 2009 Report	To be completed for the CY 2009 Report
	Give all shots due unless truly contraindicated.	June 2010	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.	June 2010	Anita, Staff	2009 missed shot rate in AFIX assessment decreased by 3%.		
	Make time available for shots on same day as WIC appt.	June 2010	WIC Staff			
		Aug. 2009	Anita			

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Immunization Comprehensive Triennial Plan

Local Health Department:

Plan A - Continuous Quality Improvement: Reduce Vaccine Preventable Disease

Calendar Years 2009-2011

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 kids who are 2 years old by 1%.	<ul style="list-style-type: none"> -Use most recent AFIX assessment data as the baseline. -Continue screening each client for imms. at every visit. -Continue entering every shot into IRIS/ALERT from clinic within 14 days of adm. -Continue screening for imms at all WIC appts and referring to immunization nurse. -Continue to provide quarterly staff in-service to review and implement -vaccine admin techniques -vaccine updates -current best practice 	Anita	Ongoing	<ul style="list-style-type: none"> -Screening and immunizations at every visit by all staff -Immunizations protocols reviewed by all staff. -2009 timeliness report from OIP improved at least 1%. -Up to date rate increased by at least 4%. -Quarterly in-service held and documented in the minutes. 	To be completed for the CY 2010 Report	To be completed for the CY 2010 Report

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<p>B.Decrease The Crook County Health Department missed shot rate 1% each year.</p>	<p>-Use most recent AFIX assessment data as the baseline for missed shot rate. -Train staff on ways to decrease missed opportunities. -Training to include:</p> <ul style="list-style-type: none"> • Current best practice standards and practices • Using only true contraindications when deferring shots 	<p>Anita</p>	<p>Ongoing</p>	<p>-Screening done and imms, done at every visit by all staff including WIC and Healthy Start/Babies First and CACOON -Staff trained and understand policy of giving all shots due unless parent refuses even after education and counseling</p>	<p>To be completed for the CY 2010 Report</p>	<p>To be completed for the CY 2010 Report</p>
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**Local Health Department:
Plan A - Continuous Quality Improvement: Reduce Vaccine Preventable Disease
Calendar Years 2009-2011**

Year 3: January 2011-December 2011						
Objectives	Activities	Date Due / Staff Responsible		Outcome Measure(s)	Outcome Measure(s) Results	Progress Notes
A. Increase up to date immunization rates of kids who are 2 years old by 1%.	<ul style="list-style-type: none"> -Use most recent AFIX assessment data as the baseline. -Continue quarterly staff in-service to review and implement activities listed in year one -Continue to use Alert and IRIS system at each visit to determine which shots are due. -Continue to give all shots due at each visit. 	Anita	Ongoing	<ul style="list-style-type: none"> -Screening and imms at every visit by all staff -Quarterly in-service held with all staff. -Up to date rate increased by at least 1%. 	To be completed for the CY 2011 Report	To be completed for the CY 2011 Report

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<p>B. Decrease The Crook County Health Department missed shot rate 1% each year.</p>	<p>Use most recent AFIX assessment data as the baseline for missed shot rate</p> <p>Continue to train staff on ways to decrease missed opportunities. Training to include:</p> <ul style="list-style-type: none"> - Current best practice standards and practices <p>Using only true contraindications when deferring shots</p>	<p>Anita</p>	<p>Ongoing</p>	<p>Screening done and immunizations done at every visit by all staff including WIC and Healthy Start/Babies First and CACOON</p> <p>Staff trained and understand policy of giving all shots due unless parent refuses even after education and counseling</p>	<p>To be completed for the CY 2011 Report</p>	<p>To be completed for the CY 2011 Report</p>
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**Local Health Department:
Plan B – Community Outreach and Education
Calendar Years 2009-2011**

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. -Dedicate staff time to contact and recruit 1/3 or providers on list per year for an assessment. Keep recruiting until required # reached. -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	<p>List of providers created and possible clinics to recruit for AFIX identified</p> <p>OIP committed to provide services</p> <p>AFIX materials gotten from OIP and CDC and reviewed.</p> <p>Clinics contacted and educated on benefits of free AFIX assessments and feedback with staff.</p>	To be completed for the CY 2009 Report	To be completed for the CY 2009 Report

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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>Anita</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>To be completed for the CY 2009 Report</p>	<p>To be completed for the CY 2009 Report</p>
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**Local Health Department:
Plan B – Community Outreach and Education
Calendar Years 2009-2011**

Year 2: January-December 2010						
Objectives	Activities	Date Due /		Outcome Measure(s)	Outcome Measure(s) Results	Progress Notes
A. Provide AFIX Exchange for Crook County VFC and non VFC providers.	<ul style="list-style-type: none"> Pre-event activities to include: <ul style="list-style-type: none"> - Commit staff time and resources to project - Identify County VFC providers - Contact & work with State Immunization Program staff to set up event - Determine Costs, staff time needed, whether financial assistance - Hold (at least) monthly meetings to work on event planning - Decide on time, date, place and content of event - Find event site - Work with OIP staff to complete AFIX assessments on each provider - Send "Save the Date" postcards - Follow up phone calls - Registration for event - Provide pre- and day of event staffing - Host event and do introductions, etc. - Send post event thank you cards - Evaluate event success to modify future activities 	June 2010	Anita	<ul style="list-style-type: none"> Pre-event activities completed, schedule set, etc. (i.e., meetings, cost evaluation, invitations, phone calls, site and catering set up, etc. - AFIX assessments completed -AFIX exchange held -Evaluation of event and modification for following years' events completed -Evaluation results -Post-event activities completed -Pre-planning for next year's exchange begun 	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: private provider offices delegate agencies.</p>	<ul style="list-style-type: none"> -Commit staff time and resources to project -Determine the number of private providers in 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 OIP assistance with this project -Participate in AFIX training in order to answer questions during recruitment. -Dedicate staff time to contacting and recruiting 1/3 of providers on list per year for an assessment. Keep recruiting until required # reached. -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 -Provide reminder call to clinic 1 week prior to feedback -Attend feedback sessions and participate in discussion. Be responsible for handing out materials attendance. form completed, etc. Post-feedback, send note of appreciation to provider and recommend annual assessments 	<p>June 2010</p>	<p>Anita</p>	<p>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 assessment & feedback with staff</p> <p>List updated with 2nd year prospects Monthly and then bi-weekly contact with OIP health educator Reminder calls made Number of Feedbacks held Name of clinic(s) Feedback dates # participants at each Thank you notes sent post-feedback within 2 weeks of presentation</p>	<p style="text-align: center;">To be completed for the CY 2010 Report</p>	<p style="text-align: center;">To be completed for the CY 2010 Report</p>
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Immunization Comprehensive Triennial Plan

**Local Health Department:
Plan B – Community Outreach and Education
Calendar Years 2009-2011**

Year 3: January 2011-December 2011						
Objectives	Activities	Date Due / Staff		Outcome Measure(s)	Outcome Measure(s) Results	Progress Notes
A. Provide AFIX exchange for Crook County VFC and non VFC providers.	Pre-event activities to include: - Commit staff time and resources to project - Identify County VFC providers - Contact & work with State Immunization Program staff to set up event - Determine Costs, staff time needed, whether financial assistance is available - Hold (at least) monthly meetings to work on event planning - Decide on time, date, place and content of event - Find event site - Work with OIP staff to complete AFIX assessments on each provider - Send "Save the Date" postcards - Follow up phone calls - Registration for event - Provide pre- and day of event staffing -Host event and do introductions, etc. -Send post event thank you cards -Evaluate event success to modify future activities	June 2011	Anita	- Pre-event activities completed, schedule set, etc. (i.e., meetings, cost evaluation, invitations, phone calls, site and catering set up, etc. -AFIX assessments completed - AFIX exchange held -Evaluation of event and modification for following years' events completed -Evaluation results -Post-event activities completed -Pre-planning for next year's exchange begun	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: private provider offices and delegate agencies.</p>	<p>Commit staff time and resources to project</p> <p>Determine the number of private providers in 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</p> <p>Arrange for OIP assistance with this project</p> <p>Participate in AFIX training in order to answer questions during recruitment.</p> <p>Work with OIP Health Educator (to set feedback dates, complete other tasks, communicate on project, etc.)</p> <p>OIP to run assessments and present feedbacks</p> <p>Provide reminder call to clinic 1 week prior to feedback Attend feedback sessions and participate in discussion. Be responsible for handing out materials, getting attendance form completed, etc. Post-feedback, send note of appreciation to provider and recommend</p>	<p>June 2011</p>	<p>Anita</p>	<p>List of providers created and possible clinics to recruit for AFIX identified</p> <p>OIP committed to provide services</p> <p>AFIX materials gotten from OIP and CDC and reviewed. Clinics contacted and educated on benefits of free AFIX assessment & feedback with staff</p> <p>List updated with 2nd year prospects</p> <p>Monthly and then bi-weekly contact with OIP health educator Reminder calls made</p> <p>Number of Feedbacks held Name of clinic(s) Feedback dates # participants at each</p> <p>Thank you notes sent post-feedback within 2 weeks of presentation</p>	<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



3. FY 2009-2010 WIC Nutrition Education Plan Form

EVALUATION OF WIC NUTRITION EDUCATION PLAN FY 2008-2009

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

Year 2 Objective: During plan period, through informal discussions, staff in-services and or/targeted trainings, staff will be able to describe the general content of the new WIC food packages and begin to connect how these changes may influence current nutrition education messages.

Activity 1: *By October 31, 2008, staff will review the WIC Program's Key Nutrition Messages and identify which ones they need additional training on.*

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

- How were the WIC Program's Key Nutrition Messages shared with staff in your agency?
- Which messages did staff identify as needing additional training on?
- How did this training occur?

Response:

1. Due to the change in staffing of the Coordinator position, the in-service training on Key Nutrition Messages was completed March 26, 2009. All WIC staff sat down and went through all Key Messages, discussing how our clinic specifically have addressed them in the last year as well as how we want to address them in the future.
2. Staff identified a few Key Messages as ones that require more training to correctly and appropriately discuss with clients. Using a self evaluation critique of current practices, strengths and weaknesses the following issues were found to be present:

Pregnant Women—all nutrition messages we felt we have a strong focus on, understand the importance of and how to communicate that importance in a way that is focused on the individuality of each family/client. We feel with the addition/training on client centered counseling we will only get stronger in this area.

Breastfeeding Women—there was much discussion regarding how the current food packages were seen as supporting this category of Nutrition Messages. We felt that by having formula so readily available and easily accessible for all new mothers, there was a discrepancy between what the Nutrition Message says and what the food packages provide regarding breastfeeding being the best nutritional option for babies. Although, there was a concern with how to go about providing that information in a way that took

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into account that some women are not able to breastfeed or have valid reasons for not doing so and still providing them with the support that is tailored to their specific needs.

Postpartum Women—we felt that sometimes we lag behind in this area, not focusing as much as we could on the Nutrition Messages for this category of women. The focus tends to be on baby after they are here, and although we do the diet and nutrition assessments on women as well, more training is needed in how to approach these messages in a way that is focused on the specific needs of the woman. We felt that the way to accomplish this would be after the assessments are complete and you have a clearer picture of their health and lifestyle habits.

Children and Infants—nutrition messages for children staff felt pretty strong about their understanding and ability to share with our clients. We felt that this was another set on nutrition messages that did not match well with how the food packages currently exist. They identified that talking about TV time was something that was being missed during times with clients, and staff requested additional training in that area.

General—there were two nutrition messages that staff identified as needing additional training on: preparing, handling and storing food properly and less screen time.

3. Training has been provided on the Nutrition Messages identified during one on one informal meeting with staff members as they have had questions, as well as during our staff meetings 1 to 2 times a month. Our plan is to continue with these education opportunities as more questions arise.

Activity 2: *By March 31, 2009, staff will review the proposed food package changes and:*

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

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

- How did staff review the proposed food package changes?
- Which nutrition education messages were identified that need to be modified?
- How will these messages be shared with participants?

Response:

1. Staff sat down together during staff meetings 1 to 2 times a month. We reviewed all information provided by the state on the Fresh Choices food packages. We completed

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the staff in-services on milk (4/6), whole grains (4/6), infant nutrition (3/16), and medical documentation (3/16).

2. We chose to compare all aspects of old versus new in regards to food package plans. Staff was very positive with changes upcoming, stating that it is much more in line with the Key Nutrition Messages that already are in place, and solves a lot of the dissatisfaction with the current packages. They found that the Fresh Choices packages are much more balanced, in keeping with nutrition messages regarding balanced diet, and variety of diet. Regarding breastfeeding women, they found the addition of/re-categorization of amount of BF, is better suited to client centered approach as well as to the BF Key Nutrition Messages.
3. We will continue to share the Key Nutrition Messages with clients during individual educations as well as during group education opportunities.

Activity 3: *Identify your agency training supervisor(s) and staff in-service dates and topics for FY 2008-2009.*

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

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

Response:

1. The WIC agency training supervisor for the 2008-2009 year was Nelda Grymes. Since she has stepped down as WIC Coordinator, the training supervisor position is held by the new WIC Coordinator, Jennifer Chaney.
2. Staff in-service dates are as follows:

Quarter 1-WIC Nutrition Messages and Dietary Risk Module: identify staff training needs based on the discussed information.

Goal: September

Completion: October 31

Quarter 2-New WIC Modules: Educate staff and determine additional learning needs.

Goal: November

Completion: December 31

Quarter 3-New Food Packages: Gain knowledge on the new food packages and compare/review educational messages.

Goal: January

Completion: March 16

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Quarter 4-Physical Activity: Staff will become more educated on the importance of activity and set personal goals.

Goal: April

Completion: Ongoing

3. All staff in-services were completed. We found that due to staff turnover in the last six months, the time line goals that had been set were not meeting our needs. We ran about a month over on the goals, but we also found that the new food package in-service was not really ready to train on until the State WIC program has sent out information.
4. The goals set for each in-service were appropriate and we were able to accomplish them with the training topics. The fourth quarter goal of physical activity was more difficult to accomplish. No personal goals were set as a group during meetings, but individually; each staff member has been working on changes to their lifestyle that invites more opportunities for physical activity. We are also working as a whole at the health department to develop a wellness program for the county employee's. One step is going to be providing a treadmill or elliptical for health department staff to use during breaks. This idea has been received with great enthusiasm and excitement.
5. Our staff in-services addressed the core areas of the CPA Competency Model in a few ways. The main purpose of our in-service topics was to improve the quality of the program as a whole. To do this we felt that improving the education and staff understanding of specific core areas of the WIC program would accomplish that goal. Although all 11 areas of the model were incorporated into our in-services, specific areas of the model were at the forefront of our focus: nutrition assessment process, communication, critical thinking, and principles of nutrition. All these areas are very much a part of the Fresh Choices and WIC Listens programs and a requirement to understanding how and why the WIC program is changing.

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

Year 2 Objective: During plan period, each agency will assess staff knowledge and skill level to identify areas of training needed to provide participant centered services.

Activity1: By September 30, 2008 staff will review the assessment steps from the Dietary Risk Module and identify which ones they need additional training on.

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

- Did staff review the assessment steps from the Dietary Risk Module?
- Which steps did staff identify as needing additional training on?
- How did this training occur?

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Response:

1. Staff reviewed the assessment steps from the Dietary Risk Module on December 31st.
2. Staff identified that of the five steps to the diet assessment, they were struggling with the use of probing questions when paired with the client centered counseling model. They were concerned at the time that open ended questions were going to be difficult and clumsy, as well as time consuming.
3. Training on this issue has been ongoing in tandem with State issued in-services that have come out in the last 4 months.

Activity 2: By November 30, 2008, staff will evaluate how they have modified their approach to individual counseling after completing the Nutrition Risk and Dietary Risk Modules.

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

- How has staff modified their approach to individual counseling after completing the Nutrition Risk and Dietary Risk Modules?

Response:

1. Staff reported that they have become better at doing their individual counseling. It has helped them to focus their attentions better, be more concise about the information they are gathering, as well as allowed them to provide better nutrition education information.

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

Year 2 Objective: During plan period, in order to help facilitate healthy behavior change for WIC staff and WIC clients, each local agency will select at least one objective and implement at least one strategy from the Statewide Physical Activity and Nutrition Plan 2007-2012.

Activity 1: *Identify your objective and strategy to facilitate healthy behavior change for WIC staff.*

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

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

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Response:

1. The objective and strategy that our agency selected was to increase daily consumption of fruits and vegetables. During the monthly staff meetings, staff will focus on bringing healthy alternatives and at the end walk for 15 minutes.
2. We decided on this strategy because it was manageable and requirement only a small amount of commitment by staff.
3. Unfortunately, the goal and strategies for healthier options did not work as planned.
4. Providing healthier snacks, treats etc. was easy to accomplish for most staff. People seemed to appreciate the healthy options for munchies. The walking plan was not working. Numerous reason included winter weather, time constraints during staff meetings. Due to how many programs are running, taking extra time to exercise during an already over full meeting was not working. We have adjusted our goal to working with the wellness team at the county level, to complete an assessment of current county workers, options and plans for healthier lifestyles. We are also working on getting a treadmill in the health department that will be available to staff during breaks and lunch.

Activity 2: Identify your objective and strategy to facilitate healthy behavior change for WIC clients.

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

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

Response:

1. Our objective and strategy for healthy behavior change in WIC clients was to educate them on the benefits of physical activity and be given the Physical Activity Options.
2. Our agency decided on this strategy because we noticed a gap in the nutrition education we provided.
3. The strategy helped meet our goal of creating a physical education nutrition education plan.

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

Year 2 Objective: During plan period, in order to help improve breastfeeding outcomes for WIC participants, each local agency will select at least one objective and implement at least on strategy from the Statewide Physical Activity and Nutrition Plan 2007-2012.

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Activity 1: *Identify your objective and strategy to improve breastfeeding outcomes for WIC clients.*

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

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

Response:

1. The objective that we selected was to maintain the current level of breastfeeding initiation and increase by 2% this year the number of women exclusively breastfeeding for the first six months of the child's life. Our strategy was to call new mothers within three days of giving birth to offer breastfeeding support, information and guidance.
 2. We decided on this strategy because we wanted to see an increase in the focus on breastfeeding as the #1 way to feed a baby. We noticed that we had a lot of WIC client's who went directly to formula or supplemented and felt that if they were more educated on the benefits of breastfeeding etc. our numbers would rise.
 3. The strategy has definitely helped so far, and we are continuing to work with this strategy.
 4. All went well with our objective and strategy, though I think more communication with the hospital birthing center and the lactation consultant there would be beneficial. That will be part of our next year plan.
-

FY 2009 – 2010 WIC Nutrition Education Plan Form

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

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

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

Resources: Food Package Assignment Module to be released summer 2009.

Implementation Plan and Timeline:

WIC staff will meet every other Monday. Within one week of module being released by state, all WIC employees will receive copy to be completed by December 11, 2009, with a discussion to follow on the next meeting Monday.

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

Resources: Sessions on Infant Feeding Cues at the WIC Statewide Meeting June 22-23, 2009.

Implementation Plan and Timeline:

All WIC staff will attend Statewide Meeting in June and participate in the Sessions on Infant Feedings Cues. We will meet as a group by July 1, 2009 to go over what we have learned and explore any questions that may arise.

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

Example: Pregnant women will no longer be able to routinely purchase whole milk with the WIC FIS. If the nutrition education materials your agency uses indicates all pregnant women should drink whole milk, those materials would need to be revised.

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Implementation Plan and Timeline:

Coordinator and staff will go through all WIC classes to compare current lesson plans with the Key Nutrition Messages, identify changes needed and correct by August 1, 2009.

Coordinator will assign specific class lessons to WIC staff my May 1, 2009. We will meet as a group and discuss what changes are needed by July 1, 2009. Coordinator will make said changes.

Activity 4: Identify your agency training supervisor(s) and projected staff in-service training dates and topics for FY 2009-2010. Complete and return Attachment A by May 1, 2009.

Implementation Plan and Timeline:

Training Supervisor: Jennifer Chaney – WIC Coordinator

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

Phone: 541-447-5165 x202

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

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

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

Examples: Use state provided resources such as the Counseling Observation Guide to identify participant centered skills staff are using on a regular basis. Use state provided resources such as self evaluation activities done during the Oregon WIC Listens onsite visits to identify skills staff are working on and want to improve on.

Implementation Plan and Timeline:

WIC Listens Cohort 4 on site reviews will be on April 21st, 2009. Will take information from that to identify strengths and weaknesses of WIC staff.

By August 1, 2009 Coordinator will complete Counseling Observation Guide to identify currently used participant centered skills. From that identify what ones need improvement.

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

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Examples: Using the information from Goal 2, Activity 1, schedule quarterly staff meeting time to review Oregon WIC Listens Continuing Education activities related to participant centered skills staff identified they want to improve on. Schedule time for peer to peer observations to focus on enhancing participant centered services.

Implementation Plan and Timeline:

By September 1, 2009 the WIC Coordinator will sit down with each WIC staff member and go over self evaluation tool, and discuss ways staff members can improve their skill set.

During one WIC meeting per month, discussion will continue on how we can improve and tailor client centered counseling skills we have learned to more appropriately fit the individual clients that are seen in the clinic.

At these meetings, staff will identify continuing strengths and weaknesses of staffing and programmatic issues that could be seen as barriers to client centered counseling and identify practical solutions.

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

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

- Breastfeeding is a gift of love
- Focus on fruit
- Vary your veggies
- Make half your grains whole
- Service low-fat milk to adults and children over the age of 2.

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

Example: Determine which partners in your community are the highest priorities to contact such as medical providers, food pantries, breastfeeding coalitions, and/or Head Start programs. Provide a staff in-service, written materials or presentation to those partners regarding Fresh Choices.

Implementation Plan and Timeline:

By July 1, 2009, WIC Coordinator will have identified high priority partners in our community.

Staff will provide information on the Fresh Choices changes to those providers via mailing, phone calls, and faxed information.

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

Example: Your agency is a cooperative partner in a state led evaluation of Fresh Choices

Implementation Plan and Timeline:

With the help of the state WIC Research Analysts, we will identify the best way for our local WIC program to cooperate and help with the State evaluation of the Fresh Choices Program by April 30, 2010.

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

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

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

Resources: State provided Oregon WIC Breastfeeding Study data, the breastfeeding promotion assessment tool and technical assistance for using the tool. Technical assistance will be provided as needed from the agency's assigned nutritional consultant and/or the state breastfeeding coordinator.

Implementation Plan and Timeline:

WIC staff will meet as a group by October 1, 2009 and identify current breastfeeding promotion and support activities.

By November 1, 2009 staff will have identified strategies for improving our Key Nutrition Message around breastfeeding, and ways to implement those strategies.

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

Implementation Plan and Timeline:

Our implementation plan will vary depending on the identified strategies. It could involve certification appointments, educational material available, bulletin board and picture placement, group education classes available.

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Our timeline is to complete implementation by April 1, 2010.

Attachment A

FY 2009-2010 WIC Nutrition Education Plan
WIC Staff Training Plan – 7/1/2009 through 6/30/2010

Agency: Crook County

Training Supervisor(s) and Credentials: Jennifer Chaney, BS

Staff Development Planned

Based on planned new program initiatives (for example Oregon WIC Listens, new WIC food packages), your program goals, or identified staff needs, what quarterly in-services and or continuing education are planned for existing staff? List the in-services and an objective for quarterly in-services that you plan for July 1, 2009 – June 30, 2010. State provided in-services, trainings and meetings can be included as appropriate.

Quarter	Month	In-Service Topic	In-Service Objective
1	July 1, 2009	Infant feeding cues	Educate staff /State Meeting
	August 1, 2009	Lesson Plan Review	Identify and Improve Program
	August 1, 2009	Client Centered Counseling	Staff will identify continuing education needed to provide best possible care
	Sept. 1, 2009	Policy updates	Maintain current on WIC P & P
	Bi-Weekly Meetings	WIC updates/program updates Review of	Maintain effective program
	Sept. 1, 2009	Self Evaluation Tool	To discuss with individual staff members strengths and weaknesses to improve skills at providing CCC
	Quarterly	WIC Listens Continuing Education activities	Educate and inform WIC staff- continuing education

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2	Oct. 31, 2009	Civil Rights	Educate importance of rights of individuals
	Oct. 1, 2009	Breastfeeding Promotion and support	Identify updated tools and strategies
	Nov. 2009	Policy updates	Maintain current on P & P
	Dec. 2009	Food Package Module	Update staff
	Bi-Weekly Meetings	WIC program maintenance	Maintain effective program
	Quarterly	WIC Listens Continuing Education activities	Staff continuing education opportunities
	3	Jan 2009-March 2010	Policy updates
Bi-Weekly Meetings		WIC program Maintenance	Maintain effective program
Quarterly		WIC Listens Continuing Education activities	Staff continuing education opportunities
4	April 2010-June 2010	Policy updates	Maintain current on P & P
	Bi-Weekly Meetings	WIC program maintenance	Maintain effective program
	Quarterly	WIC Listens Continuing Education activities	Staff continuing education opportunities

ENVIRONMENTAL HEALTH



C. ENVIRONMENT HEALTH

CURRENT CONDITION OR PROBLEM:

Due to personnel shortages based on lack of funding and medical leave actions the Environmental Health Department (EHD) has requested and received approval from the DHS Food borne Illness Program Manager to perform food facility inspections as part of achieving food service standardization to be completed within 18 months or the hiring of a EHS when funding returns that will meet the standardization requirements.

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	Plan for Methods/ Activities/Practice	Outcome Measure(s)	Outcome Measure(s) Results	Progress Notes
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.	90% inspection rate.		
B. EHS will inspect temporary restaurants at a 90% compliance.		90% 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	Plan for Methods/ Activities/Practice	Outcome Measure(s)	Outcome Measure(s) Results	Progress Notes
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.		

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, 2009 – June 30, 2010				
GOAL: Development of a systematic plan for collecting statistics and publishing of annual public health report.				
Objectives	Plan for Methods/ Activities/Practice	Outcome Measure(s)	Outcome Measure(s) Results	Progress Notes
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. Worked with community partners to create a homeless shelter during the winter storm, and collaborated to create a homeless connect event in Crook County for May 2nd and now we are up to our necks in swine flu.

Time Period: July 1, 2009 – June 30, 2010				
GOAL: To improve the response to Public Health Emergencies throughout Crook County.				
Objectives	Plan for Methods/ Activities/Practice	Outcome Measure(s)	Outcome Measure(s) Results	Progress Notes
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 and 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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Time Period: July 1, 2009 – June 30, 2010				
GOAL: To improve the response to Public Health Emergencies throughout Crook County.				
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	Up-to-date plans – yearly. Review yearly	Maintained accurate plans for review.		
G. Maintain PHEP Written Procedures	Review yearly and as needed for updates.	Plans prepared for use and review.		
H. Training and Exercise Plan	-Complete training and exercises each year as required. -Completion of written exercise plans and AAR's.	Up-to-date exercise plan with AAR's turned in to the state.		
I. Promotion and Education	-Participate in community emergency planning meetings.	-Documented meeting notes and participate in community events.		

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 made between 2002 and now have significantly worsened this problem. To compound this situation, several local medical providers have left the community. There is not an urgent care office in Prineville and Mosaic (FQHC) is at capacity and unable to provide walk-in appointments.

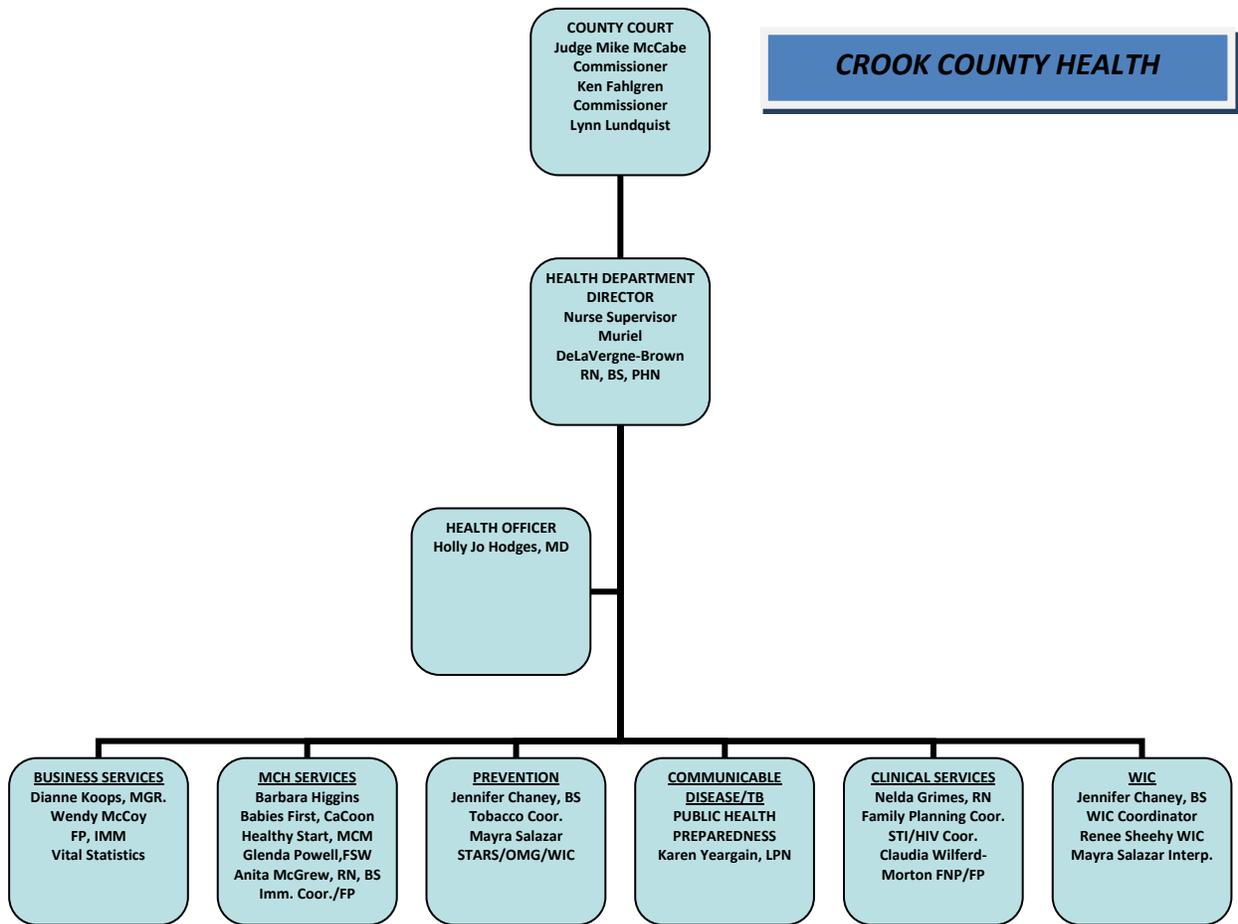
GOALS & ACCOMPLISHMENTS:

1. Mosaic Medical continues to see clients in Crook County, but they have had difficulty recruiting providers for their office.
2. Mosaic began to see pregnant women in the county in the spring of 2009 with Dr. Cleveland.
3. The department has begun the process of investigating the possibility of a school based health center in Crook County.
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.

Time Period: July 1, 2009 – June 30, 2010				
GOAL: Improve access for uninsured in Crook County.				
Objectives	Plan for Methods/ Activities/Practice	Outcome Measure(s)	Outcome Measure(s) Results	Progress Notes
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.	-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.				

IV. ADDITIONAL REQUIREMENTS

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CROOK COUNTY HEALTH

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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 if required. They meet twice monthly, and Health Agenda issues are placed on the agenda and the Health Administrator speak to the issue as needed. The Health Administrator reports to the County Judge – Mike McCabe.

PUBLIC HEALTH ADVISORY BOARD

The department is in the process of developing the bylaws for the development of the Public Health Advisory Board for the fall of 2009.

SENATE BILL 555:

The Public Health Director is on the Board for the Commission and coordinates activities and meetings with the CCF Director on a regular basis.

V. UNMET NEEDS

State General Fund

As noted in the Report on Gaps in Public Health Funding, the lack of funding created an environment where public health staff work harder and harder with fewer resources. It is a tragedy waiting to happen with the loss of programming due to budget cuts. These services reach our highest risk county citizens and lack of resources will create the perfect storm. No jobs, no support, and no services. 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.

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

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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 have to help them find care if possible. The FQHC has a waiting list and will not take walk-in clients.

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.

Hunger 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 highest alcohol use of 8th graders in the state created a circumstance whereby community partners came together to not only write a Drug Free Communities Grant, but quarterly partner meetings with all school district administration, CCF, Health Department, Mental Health, the DA, Juvenile Justice, and other Prineville Police.

Mental Health Services for Uninsured

The recent elimination of many behavioral health supports for our citizens needing these services present very real public health issues. Untreated behavioral health illness will have a cascading effect on public safety, employment, stable home environment and personal self-adjustment.

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 DA for Crook County recently submitted a grant to assist with family violence in the county.

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.

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Children’s Oral Health

Dental Care in Crook County has improved due to the work of the CHIP Program, but there is additional work needed concerning water fluoridation.

Childhood Obesity

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) has been extremely positive with a new program called “Snacks at Ten”. A refrigerator was purchased and fresh fruit is being delivered for the leadership class to sell during breaks. This just started last month and has been extremely effective. A farmer/rancher in the area is assisting with this program and working to incorporate “Farm to School” in Crook County, along with the school nurses, school staff, and the CHIP Committee members.

Community Assessment

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

- Lack of adequate dental services
- Inadequate mental health services
- Need for prevention programs
- Need for healthy lifestyle Programs
- Work with local partners (CHIP) to promote physical activity and healthy eating habits.
- Lack of health insurance for children and adults
- Low birth weight rates have risen
- Re-establish teen pregnancy prevention efforts within the community.
- Continue to improve immunization rates
- Develop and maintain an immunization coalition.
- 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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- Continue to assess the community throughout the year.
- 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.
- 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 08-09 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 attached.

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.

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

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

Older Adult Health

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

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

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

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

Parent and Child Health

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

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

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

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

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

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

88. Yes No ___ There is a system in place for identifying and following up on high risk infants. (In the process of hiring new Home Visit Nurse)

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89. Yes No There is a system in place to follow up on all reported SIDS deaths.
90. Yes No Preventive oral health services are provided directly or by referral.
91. Yes No Use of fluoride is promoted, either through water fluoridation or use of fluoride mouth rinse or tablets.
92. Yes No Injury prevention services are provided within the community.

Primary Health Care

93. Yes No The local health department identifies barriers to primary health care services.
94. Yes No The local health department participates and provides leadership in community efforts to secure or establish and maintain adequate primary health care.
95. Yes No The local health department advocates for individuals who are prevented from receiving timely and adequate primary health care.
96. Yes No Primary health care services are provided directly or by referral.
97. Yes No The local health department promotes primary health care that is culturally and linguistically appropriate for community members.
98. Yes No The local health department advocates for data collection and analysis for development of population based prevention strategies.

Cultural Competency

99. Yes No The local health department develops and maintains a current demographic and cultural profile of the community to identify needs and interventions.
100. Yes No The local health department develops, implements and promotes a written plan that outlines clear goals, policies and operational plans for provision of culturally and linguistically appropriate services.
101. Yes No The local health department assures that advisory groups reflect the population to be served.
102. Yes No The local health department assures that program activities reflect operation plans for provision of culturally and linguistically appropriate services.

Health Department Personnel Qualifications

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

Enrolled in a Graduate Certificate Program for Public Health at this time. To finish MPH within 4 years.

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

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

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

AND

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

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

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

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

OR

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

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

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

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

Agencies are required to include with the submitted Annual Plan:

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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: 4/26/09

Crook County Judge Mike McCabe
Commissioner Ken Fahlgren
Commissioner Lynn Lundquist
