

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

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



**LOCAL PUBLIC HEALTH AUTHORITY
Annual Plan Update
2013-2014**

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

Mission:

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

January 21, 2012

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

Dear Mr. Engle:

Enclosed please find Crook County's Public Health Annual Plan Update for 2013-2014, 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) 447-5165.

Sincerely,

Muriel DeLaVergne-Brown

Muriel DeLaVergne-Brown, RN, MPH
Public Health Director
Crook County Health Department

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I. EXECUTIVE SUMMARY UPDATE

Established in 1868, Prineville is the oldest community in Central Oregon, and one of the states's first incorporated cities. Prineville's origins are tied to the land in agriculture, forest products, the railroad, and manufacturing; and Crook County is known for its' independent identity and spirit. Crook County Public Health has provided services for over 50 years and continues to grow and provide the essential services contained in statute (ORS 431.416) and rule (OAR Chapter 333, Division 14). These include: Epidemiology and Control of Preventable Diseases; Parent and Child Health Services which includes education, screening and follow-up, counseling, referral, or health services for family planning, perinatal care, infants, and children; Health Statistics; Information and referral services to the public; and Environmental Health Services. In addition, Crook County provides many services described in ORS 333-0140-0050 including emergency preparedness, dental health prevention services, health promotion, laboratory services, medical examiner coordination with the sheriff's office, nutrition services throughout public health programs, older adult services (including chronic disease management), as well as primary health care through the coordination of services with Mosaic Medical School Based Health Center.

The Crook County Health Department completed the triennial review this year with positive results, completed a Strategic Plan, continued participation in the Central Oregon Health Board and Council, and is pursuing Public Health Accreditation.

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

1. Monitor Health Status to identify community health problems.

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

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

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

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- Identification health problems/hazards – Environmental Health
- 3. Inform, educate and empower people about health issues.**
- Outreach for HIV/STDs; working with the health care community to improve reporting efforts in Crook County
 - Offered immunizations to the health care community – determined healthcare community barriers to influenza vaccine with Deschutes County
 - Provided School Based Health Care services in coordination with Mosaic Medical
 - Improved outreach for public health services – presentations in the community throughout the year by staff
 - Increased articles in the newspaper and advertising for public health services
 - Developed activities for Public Health Week including a luncheon for partners, and community lunch and learns
- 4. Mobilize community partnerships to identify and solve health problems.**
- Continued partnerships with Rimrock, CHIP, County Department, The Commission on Child and Families, and the City of Prineville to address community issues
 - Created the Bike/Pedestrian Committee with VISTA support to assist the City of Prineville in their updating of the walking/bike path
 - Continued partnership with emergency management and the medical community to foster public health preparedness relationships, developed HVA and updated the Crook County Emergency Operations Plan
 - Participated on Advisory Councils and supported activities of the Central Oregon Health Board along with the Central Oregon Health Council
 - Assisted in the development of job descriptions to hire COHB staff
 - Chair of the Early Childhood Committee – fostering the development of the HUB as part of the Central Oregon Health Board
 - Chair of the Central Oregon Health Council Operations Group
 - Received a grant to remodel the School Based Health Center
- 5. Develop policies and plans that support individual and community health efforts.**
- Continued development of local policies for tobacco control including coordination with the medical community to create a single prevention message within clinics and the emergency room
 - Worksite wellness policy development and staffed the county worksite wellness committee
 - Implemented improved breastfeeding friendly workplaces in Crook County
 - Collaborated with Rimrock Health Alliance, Central Oregon Health Council, and the Central Oregon Health Board on supporting policy change to improve health in the region
 - Presented tobacco policy to Mosaic Medical and their board voted to create a tobacco-free campus at all their sites including Crook County

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- In the process of working with county court and the community on tobacco-free campuses and fairgrounds
- 6. Enforce laws and regulations.**
- Provided 24/7 for disease reporting and response
 - Responded to all Indoor Clean Air Act complaints within 24 hours
 - Completed all Environmental Health requirements in a timely manner
 - Developed plan with law enforcement to address tobacco control with youth in the county with the Prevention Program - CCF
 - Reached out to providers to enforce vaccination laws and rules (vaccine storage)
- 7. Link people to needed personal health services and assure the provision of health care where otherwise unavailable.**
- Improved outreach for pregnant women and referral to Oregon Mother's Care, continuation of Cowem Plus Program
 - Continue to identify barriers to care for clients and link to services in the community through participation on the Central Oregon Health Board, Council, Ops group, and CCO Clinical Advisory Panel for Central Oregon
 - The development of three initiatives for the CCO Central Oregon Health Council and Central Oregon Health Board - Living Well, Maternal Child Health Model of Care, and SBHC's
 - Improved referrals to Home visiting programs, including Nurse Family Partnership
- 8. Assure competent workforce.**
- CPR training for staff
 - Continued training for staff in ICS response
 - Staff trained in specific job purpose – gaps identified each year
 - Engaged staff in the development of the 1st Strategic Plan for CCHD in April 2012, Updated in December 2012 based on CCO work
 - Creation of a new employee development plan and QI program
 - Involved staff in the Public Health Accreditation process
 - Creation of a new Workforce Development Plan
- 9. Evaluate effectiveness, accessibility and quality of personal and population based services.**
- Continued coordination with regional efforts – Central Oregon Health Board for population based services – NFP, Teen Pregnancy Prevention, Public Health Preparedness Project
 - Development of work-plan for the COHB to monitor evaluation
 - Participation in the Central Oregon Health Council and Board initiatives to improve health in the region

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

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

Crook County Health Department’s projected budget of \$1,003,806 for FY 2012/2013 employs 13.78 full-time FTE and two on-call nursing staff. The programs are primarily funded through funding streams (state and federal) from the Oregon Health Authority – Oregon State Public Health. The department continues to grow, improve revenue production, and OCHIN was implemented in June of 2011. The quality of the program data in the Reproductive Health Electronic Health Record enabled the department to apply for meaningful use dollars in the fall of 2012.

Several organizations in the region including the Rimrock Health Alliance, Central Oregon Health Council, and the Central Oregon Health Board are striving to create new initiatives which are intended to improve health outcomes for residents of the region. Rimrock has been successful in bringing new providers to the community, and continues to make a difference. The department in coordination with Deschutes and Jefferson County completed the Central Oregon Health Report and Central Oregon Health Improvement Plan. In addition, Crook County completed a Strategic Plan and applied for accreditation which was reviewed December of 2012.

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

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

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

1. Health Disparity and Inequities
2. Access to Resources and Quality Services
3. Early Childhood Wellness
4. Safety, Crime and Violence
5. Preventive Care and Services
6. Chronic Disease Prevention

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7. Alcohol, Drug and Tobacco Use
8. Behavioral Health and Suicide Prevention
9. Oral Health
10. Healthy Environments

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

The department's concerns include issues with inadequate prenatal care, obesity, lack of physical exercise and nutrition, one of the highest tobacco use death rate in the state, underage drinking, and late stage diagnosis of breast cancer in women over 65. The county health rankings for Crook County 2010 through 2012 include the following:

↑ Worse ↓ Improvement

Health Outcomes: ↓ 14th in 2010; 14th in 2011; 12th in 2012

Health Factors: ↑ 21st in 2010; 30th in 2011; 29th in 2012

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

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

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

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

ASSESSMENT – ANNUAL – UPDATE

Regional Health Report – prepared by Sarah Kingston, MPH (Deschutes County)

<http://cohealthcouncil.org/resources/regional-health-assessment>

DESCRIPTION OF PUBLIC HEALTH INDICATORS AND ISSUES IN CROOK COUNTY

POPULATION

Crook County, located in the geographic center of Oregon, encompasses 2,982 square miles. Although considered rural, the county and region have experienced growth over the past ten years. From 2000 to 2010, Crook County has grown, yet with the loss of jobs, and other issues, the 2010 census population recorded 20,978 (PSU) individuals living in the county. The county’s main population center is Prineville, home to approximately 10,000 individuals, while the remaining individuals live throughout the county in small communities such as Paulina, Post, Alfalfa, and Powell Butte. Although Prineville is the county’s only incorporated city, the growth in the county has outpaced the growth within the city. This growth has affected the Powell Butte area, and the Juniper Canyon on the south side of town. While both areas have experienced growth, Powell Butte continues to be an area with higher than average household incomes and land values. The Juniper Canyon area on the other hand, is a mixed development with mid ranged housing in one canyon, and lower income, some substandard housing in the next canyon. These pocket areas have contributed to Juniper Canyon’s continued identification as one of Crook County’s areas of poverty, as in the rural Paulina area.

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

Population by Age: (US Census – 2010)

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

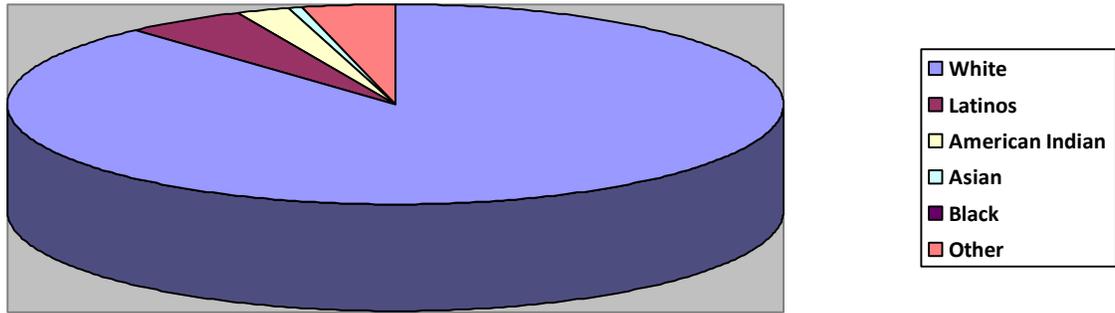
The county is predominately white with the following demographics (2010 – US Census):

- **94.4%** White
- **0.1%** Black or African American
- **5.6%** Latinos (Hispanics)

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- **2.1%** American Indian and Alaska Native
- **0.7%** Asian
- **0.0%** Native Hawaiian and Other Pacific Islanders
- **4.1%** Some Other Race

Population by Race/Ethnicity:



Births and Death, Crook County, 2000 – 2011 (Rates are age adjusted, per 1000)

	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011
Births	214	242	215	235	248	221	251	287	218	220	181	179
Birth Rate	11.1	12.2	10.6	11.6	12.0	9.7	10.2	11.1	N/A	N/A	N/A	N/A
Deaths	205	196	179	208	173	202	206	217	198	190	N/A	N/A
Death Rate	10.6	9.8	8.7	10.2	8.4	8.9	8.4	N/A	N/A	N/A	N/A	N/A

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

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

ECONOMY: INCOME, POVERTY, AND HUNGER

Based on the US Census Bureau 2010 estimate, 12.6% of Crook County residents lived below the federal poverty level. The poverty rate among single mothers reached 61% percent, 65% of Hispanics lived in poverty and over 25% of the county’s children live in poverty (Children’s

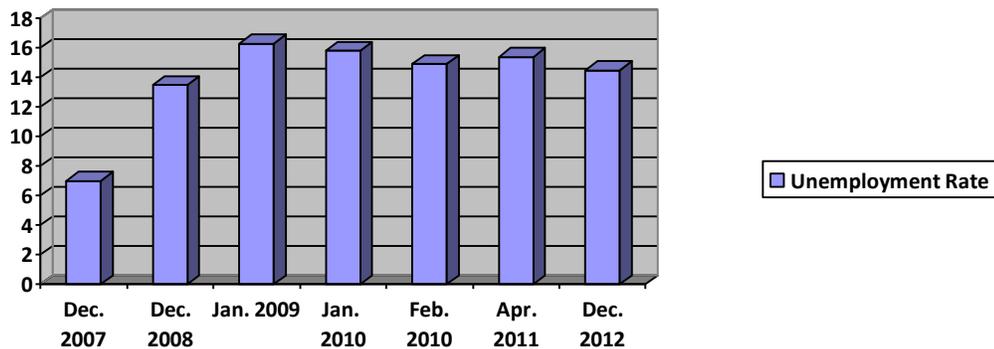
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First of Oregon). The county's population has grown, yet the number of non-farm jobs grew only 15 percent from 2001-2007. With the diversification of the economy, Crook County reported improved employment rates consistently from 2004-2007 with an upswing in development and construction jobs. Between 2006 and 2007, the economic sectors of manufacturing, natural resources, and government lost jobs. The latest economic downturn resulted in a plummeting of the employment rates. In 2008 and 2009 unemployment rates rose dramatically, culminating in a 21.4% unemployment rate in March of 2009 before leveling out to averages of 15.6%-17.6% during the final months of 2009. From November 2007 to November 2008, unemployment claims increased 57% in Crook County. The latest rates from the Fall of 2012 were 14.5%.

In addition:

- The level of educational achievement among the adult population consists of 80.5% high school graduates and 12.6% with a bachelor's degree or higher.
- Children First for Oregon reported \$55,500 is the median family income, which is 16% lower than the state median.
- The cohort graduation rate for 2011 was 69.1%.
- **9.71 per 1000 individuals filed bankruptcy in 2010, a 16% increase since 2009.**
- In 2011, 29.3% of children ages 0-17 lived in poverty.
- Two major economic stressors currently exist: the cost of housing and the impact of lack of medical costs due to lack of health insurance or the ability to cover medical emergency expenses.

UNEMPLOYMENT RATES – CROOK COUNTY



Hunger is most often a direct consequence of poverty and families with high poverty levels can only afford half of a basic family food budget. The economic downturn has increased the number of individuals requesting WIC services and 63.0% (1896) of public school children were eligible to receive free/reduced price lunches during the 2011-12 school year. On average, 732 children ate free/reduced lunches on a given day, while 287 lunches were served to children during the summer.

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

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

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

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

HEALTH CARE COVERAGE

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

Dental Care has improved with the opening of an Advantage Dental Clinic in the community, and there continues to be a collaborative project providing fluoride varnish to the k-5th grade students by school nurses. There is a portable cleaning unit in the SBHC and Advantage provides cleaning services to students.

Approximately, 14.6% of the population of Crook County had no health insurance compared to 13.5% in Oregon, and 13.7% of children under age 18 had no health insurance.

There still continues to be a shortage of health care providers in Crook County with the patient population as a large percent self pay, Medicare, and Medicaid compared to national averages. There is limited weekend and after hours coverage, no urgent care, no internal medicine, and lack of sufficient pediatric care. The School Based Health Center has improved access for children in the county.

THE HEALTH OF MOTHERS AND INFANTS IN CROOK COUNTY

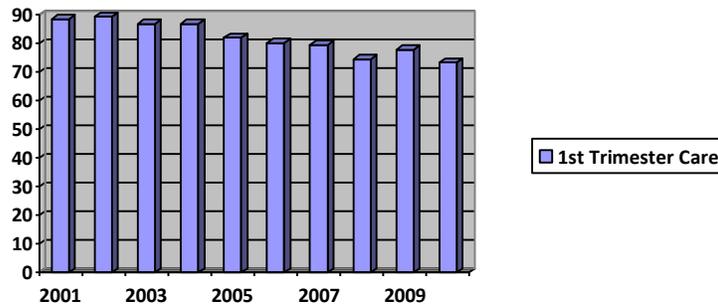
The number of births in Crook County has decreased from a high of 287 in 2007 to 179 in 2010. The percentage of mothers receiving first trimester prenatal care decreased from 89.3% in 2002 to 77% in 2009 demonstrating the lack of services and infrastructure to assist women in accessing essential services.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

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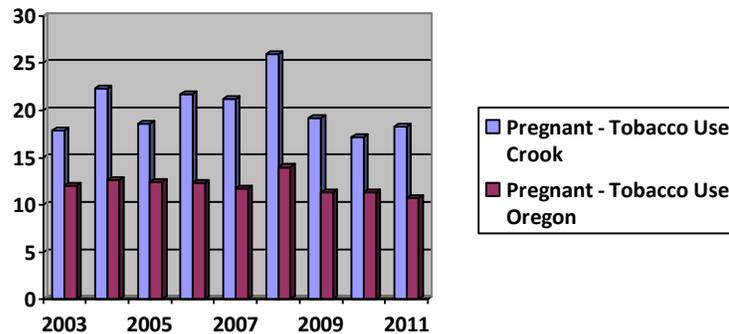
Self-reported use of alcohol during pregnancy declined, but the tobacco use is substantial at 21.2% in 2007; and, the percent of births to unmarried women for 2009 was at 33.2%. The low birth weight rates increased in 2007 and will be important to monitor. Infant Mortality has remained low since 2002.

- First Trimester Prenatal Care – The first trimester care has decreased since 2002 from a high 89.3 to 73.3 in 2010.
- Tobacco use for pregnant women continues to be a concern in Crook County.

1st Trimester Care % – Crook County (DHS-CHS 2001-2010)



Pregnant Women - Tobacco Use (DHS-CHS)



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

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

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THE HEALTH OF CHILDREN

Health care access for children has improved with Mosaic Medical and their operating the Crook County School Based Health Center. The increase in the number of children enrolled in the Health Kids program from June 2009 to September 2010 was 19.4%. The uninsured rate for children was 13.7 in 2001, a 28% improvement from 2010.

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

In relationship to immunizations, up- to- date immunization rates for 24-35 month olds in 2009 was 79.7%. The missed shot rate improved from 16% to 14%, and the total % of measures met for the Oregon Health Authority was 80%. Approximately 21% of the children in Crook County receive their immunizations at the health department, with the remaining receiving vaccinations in Prineville, Redmond, and Bend.

Child Abuse

In Crook County, as documented by Children First for Oregon, 2011:

- 2,243 reports of child abuse/neglect were made in 2009, of which 38% were assessed, and 26% were founded.
- 54 children in the county have been in foster care at least once in the past year.
- 13.3% of founded abuse/neglect/threat of harm referrals was related to domestic violence and 42.2% were related to substance abuse.
- 44.4% of children experiencing their first out-of-home placement were living with relatives.
- Five or fewer youth aged out of foster care.

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.

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Oral Health

In the 2008 Children’s First Report, 80% of children had cavities; 43% had untreated cavities and had not seen a physician. Programs to address the issue include: Fluoride Varnish rinse for the Boy’s and Girls Club in 2008, a school-based fluoride program with the school nurses, a Head Start program, and Oral Health Education during the county library story time. The oral health efforts have reached 1600 children and have been very successful. The program continues through the CHIP program and this year the Tooth Taxi came to Prineville and served children to the tune of \$33,000 worth of care. Currently, dental cleaning and varnish is provided through the School Based Health Center in Crook County. In addition, Advantage Dental opened an office in Prineville.

Child Care Availability

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

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

Health Care Access

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

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

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

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

Asthma

Do you have asthma (yes):

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

Mental Health

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

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

Body Weight

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

Overweight:

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

Obese:

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

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Personal Safety/Injury Prevention

Harassment in the Schools:

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

Drive a car a when you had been drinking:

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

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

Nutrition and Physical Activity

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

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

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

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

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

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

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

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

Sexual Activity and Sexually Transmitted Diseases

Have had sexual intercourse:

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

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

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

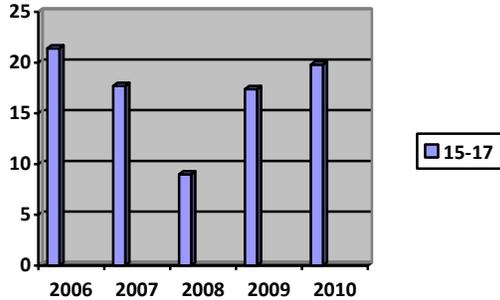
Of those having sex, used a condom:

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

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

Teen Pregnancy and Births

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



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

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

Current Tobacco Use:

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

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

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

Have you seen anyone smoke on school property?

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

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

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

Consumption of alcohol in the past thirty days:

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

Use of marijuana in the past 30 days:

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

Summary of illicit drug use in past 30 days:

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

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

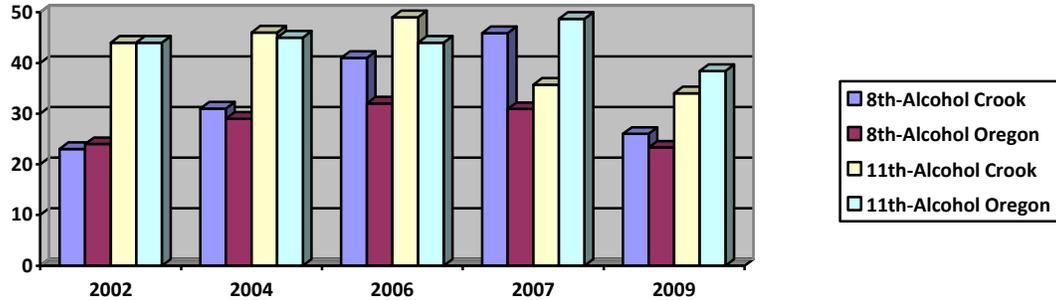
Crook	8 th grade	38.2%	Oregon	8 th grade	26.4%
Crook	11 th grade	41.7%	Oregon	11 th grade	41.4%

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

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

Alcohol Use of Teens in Crook County



THE HEALTH OF CROOK COUNTY ADULTS (BRFSS)

Chronic Disease

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

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

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

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Body Weight

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

Overweight (2002 – 2005):	Crook 44.8%	Oregon 37.0%
Overweight (2004 – 2007):	Crook 38.1%	Oregon 36.8%
Overweight (2006 – 2009):	Crook 39.1%	Oregon 36.1%
Obesity (2002 – 2005):	Crook 23.8%	Oregon 22.1%
Obesity (2004 – 2007):	Crook 23.8%	Oregon 24.1%
Obesity (2006 – 2009):	Crook 31.5%	Oregon 24.5%

Nutrition and Physical Activity

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

Nutrition – 5 fruits/veg. daily (2002 – 2005):	Crook 23.9%	Oregon 25.8%
Nutrition – 5 fruits/veg. daily (2004 – 2007):	Crook 16.0%	Oregon 26.6%
Nutrition – 5 fruits/veg. daily (2006 – 2009):	Crook 14.0%	Oregon 27.0%

Physical Activity – 5x a week – 30 min. (2002 – 2005):	Crook 55.5%	Oregon 54.7%
Physical Activity – 5x a week – 30 min. (2004 – 2007):	Crook 69.2%	Oregon 57.9%
Physical Activity – 5x a week – 30 min. (2006 – 2009):	Crook 68.4%	Oregon 55.8%

Substance Use

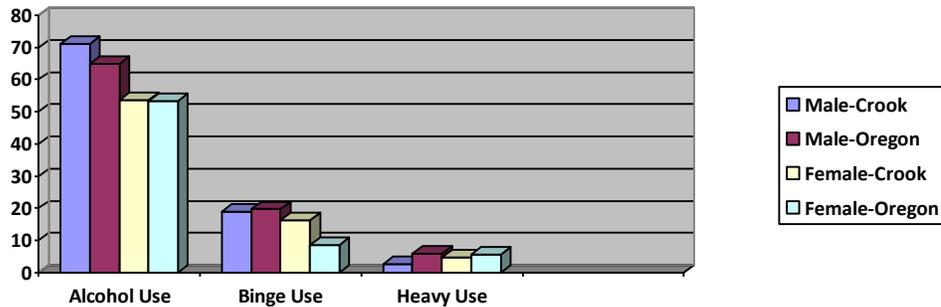
High alcohol and tobacco use continue to be a concern in Crook County. Every year in Crook County an average of 64 people die from tobacco use and 1,251 people suffer from a serious illness caused by tobacco use. 4,500 adults regularly smoke in Crook County which translates to an estimated 10 million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

Smoking (2002 – 2005):	Crook 25.8%	Oregon 20.4%
Smoking (2004 – 2007):	Crook 27.3%	Oregon 18.7%
Smoking (2006 – 2009):	Crook 23.3%	Oregon 17.1%

Alcohol Use – Males (2002 – 2005):	Crook 78.5%	Oregon 69.9%
Alcohol Use – Males (2004 – 2007):	Crook 71.7%	Oregon 64.8%
Alcohol Use – Males (2006 – 2009):	Crook 58.4%	Oregon 64.0%

Alcohol Use – Females (2002 – 2005):	Crook 55.1%	Oregon 53.5%
Alcohol Use – Females (2004 – 2007):	Crook 53.7%	Oregon 53.2%
Alcohol Use – Females (2006 – 2009):	Crook 53.3%	Oregon 54.4%

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



Unintentional Injury and Premature Death

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

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

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

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

COMMUNICABLE DISEASE

Crook County investigated 54 communicable disease cases in calendar year 2010 as compared to 82 in 2008. The number of cases of communicable disease decreased this past year, but it was an extremely busy year with the meningococcal outbreak and case of plague. Chlamydia remains the most common reportable communicable disease in Crook County with 28 cases reported in 2011. Recently, staff met with the emergency room staff to improve the reporting process for STD's. There were 2 cases of gonorrhea, and two early cases of syphilis.

ENVIRONMENTAL HEALTH ISSUES

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

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REFERENCES

Children's First for Oregon 2011 Report

DHS Oregon Public Health Statistics: BRFSS, Oregon Health Teen Survey

DHS Report – Oregon Health Plan

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

<http://oregonhealthinfo.com>

OHCS Poverty Report 2008

Oregon Progress Board Reports

Population Research Center, PSU, 2012

**ADEQUACY OF THE LOCAL PUBLIC HEALTH SERVICES AND ASSURANCE
OF THE FIVE BASIC SERVICES:**

**OVERALL THE DEPARTMENT JUST COMPLETED THE TRIENNIAL REVIEW WITH
POSITIVE RESULTS AND IS IN THE PROCESS OF PUBLIC HEALTH ACCREDITATION.**

A. EPIDEMIOLOGY AND CONTROL OF PREVENTABLE DISEASES AND DISORDERS

The minimum standards for Communicable Disease Control are met and the system for enhanced communicable disease control has improved. Yet, with the increased population and subsequent preparedness requirements, the need for additional staff is great.

The program currently:

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

TOBACCO PLAN UPDATE WILL BE SENT TO THE TOBACCO PROGRAM

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

REPRODUCTIVE HEALTH PROGRAM UPDATE

Crook County Health Department has one family planning site. The services provide reproductive health services under the Title X program guidelines and contraceptive services under CCare. All clinics provide care under standing orders/ protocols approved by the Health Officer, Maggie J. King, MD. The Nurse Practitioner offers clinics weekly on Thursdays at the Prineville location. According to the new 2011 service data for Oregon Title X Family Planning Agencies, the percentage (%) of women in need served was 22.7%. We served 467 clients; including 439 women and 28 men, (127 teens, and 82 Hispanic clients). Our contraceptive services are estimated to have averted 75 pregnancies. The teen pregnancy rate (15-17) decreased to 8.6 per 1000. 58.1% of new clients received a more effective birth-control method. Nelda Grymes was honored as the Oregon Family Planning Coordinator of the year. The number of new clients continues to rise vs. the continuing clients based on new standards and increased outreach in the community.

PARENT AND CHILD HEALTH SERVICES UPDATE

Prenatal Care Access Update

Crook County Health Department offers Oregon Mothers Care, and works with community partners to ensure prenatal care for women in the county. The OMC Coordinator assists women and refers to providers for prenatal care to Mosaic Medical, Redmond, or Bend Ob/Gyns. Crook, Jefferson, and Deschutes are working with area OB/Gyns on a Maternal Child Health Model of Care as part of the CCO work with Pacific Source.

Home Visiting Services Update

There are 1.8 FTE home visiting nurses and 1.2 FTE in Family Support Workers providing home visit services in Crook County. The department in coordination with Deschutes County is offering Nurse Family Partnership, along with Maternity Case Management, Babies First, and CaCoon. The department along with Jefferson and Crook County offered a Maternal Child Health Model of Care for CCO initiation. It was approved at the December 2012 COHC meeting. This will support an integrated program with primary care in Deschutes, Crook, and Jefferson Counties for home visiting. The Healthy Start Program completed National Accreditation with Health Families of America.

Intimate Partner Violence Update

Services are provided through a Saving Grace staff member in Prineville and the shelter is offered in Bend. Health Department staff serves on various committees for Saving Grace.

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Mental Health Services Update

Mental Health Services in Crook County are provided by Lutheran Community Services. The department participates as a member of the Behavioral Health Advisory Committee and participates in Central Oregon Health Council along with the Central Oregon Health Board.

Alcohol and Drug Update

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

Breastfeeding Support Update

The support for breastfeeding is strong in our county through home visiting, MCH programs and WIC. The department received a grant for promotion of breastfeeding and initiated a new updated breastfeeding friendly policy in the county for employees.

Multicultural Service Update

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

CHILD HEALTH SERVICES UPDATE

The department provides education, screening, and follow-up for growth and development services through the Home Visiting program. These services include hearing and vision screens, lead screens, and referral to medical providers for high-risk infants. Additionally, we provide assessment of parent/child interaction and SIDS follow-up. The School Based Health Center opened in 2011 with Mosaic Medical as the Medical Sponsor. They staff the clinic with a Medical Assistant and Physician, while the Crook county School Nurse is the SBHC Coordinator. It is a very successful model for Crook County.

CHILDREN WITH SPECIAL HEALTH CARE NEEDS UPDATE

Children with physical, cognitive, and social disabilities are case managed by a Public Health Nurse. The Local Health Department contracts with the Child Development and Rehab Center at OHSU to provide the “CACOON” program. The Central Oregon Health Departments are working on an initiative with St. Charles Health System and OHSU to provide OHSU resources and staff in the region.

DENTAL UPDATE

The department continues to contract with Advantage Dental to provide services at the School Based Health Center and through the WIC program. Advantage opened an office in Prineville, which has improved dental access in the area.

WIC (WOMEN, INFANTS AND CHILDREN) Update

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 2011, the program served 461 families, 733 infants and children younger than 5, and 236 pregnant, breastfeeding and postpartum women.

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The benefit to the community is \$449,364 dollars to grocery stores and \$2,896 to farmers. The percentage of WIC moms who start out breastfeeding is 82%. The WIC Nutrition Education Plan for 2012-2013 focuses on new objectives and PCE training for WIC staff. Farmer's market opportunities are increasing in Prineville.

The update will be sent to the State Program.

C. HEALTH STATISTICS – Regional Health Report

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

D. HEALTH INFORMATION AND REFERRAL SERVICES

HEALTH EDUCATION AND HEALTH PROMOTION Update

All health department programs provide health information and referrals to programs within our agency and to outside agencies that can help meet needs that are beyond the scope of our agency. Health education is provided through Crook County Health Department in each program. Support staff refer clients daily to community services, and the county recently instituted the 211 (Get Connected, Get Answers) system. The department's new website will go live in January 2012. Department staff continues to write articles for the newspaper, speak to community groups, and participate on radio and television as needed.

Crook County Health Department is the contract lead for implementation of the tri-county Health Communities Website – Go Live February 2012.

FAMILY PLANNING/STD

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

LABORATORY SERVICES

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

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NUTRITION Update

Screening, education, and assessment are provided through all programs as needed.

COMMUNITY ADVOCACY Update

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

OLDER ADULT HEALTH – FLU, PNEUMONIA Update

Prevention messages are provided to adults and seniors through the Immunization, Communicable Disease Program, and County Wellness Programs. Media events promoting adult immunizations are provided yearly.

E. ENVIRONMENTAL HEALTH SERVICES

GENERAL REQUIREMENTS Update

The Crook County Environmental Health (EH) program moved under the direction of Public Health in January of 2012. The department hired a fulltime REHS who works in Crook County and is contracted to Jefferson County part-time. Environmental Health provides licensed facility and food safety inspection and water system inspection, along with assisting on the climate change grant, and communicable disease issues with the CD Coordinator. The Health Department took over the dog bite investigations as well.

LICENSED FACILITIES Update

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

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

are inspected. The Triennial Review demonstrated a need to inspect vending machines which has been completed.

COMMUNICABLE DISEASE Update

Environmental Health Specialist works closely with the Communicable Disease team on food-borne outbreaks, investigations of possible food, water, or vector borne illnesses and surveillance for West Nile Virus.

DRINKING WATER SYSTEMS Update

In accordance with the Oregon Administrative Rules, public drinking water systems samples for required contaminants and report results. Environmental Health Specialists monitor the results and assist public drinking water system in achieving compliance with the Oregon Administrative Rules for Drinking Water Standards. When a sample from a public drinking water system exceeds a maximum contaminant level, Environmental Health staff investigates and takes appropriate action. The systems are covered by the new RHES in Crook County.

ON-SITE SEWAGE PROGRAM Update

The on-site program is under the Community Development Department.

INDOOR CLEAN AIR COMPLAINTS Update

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

EMERGENCY RESPONSE

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

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

DENTAL Update

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

HEALTH EDUCATION AND HEALTH PROMOTION Update

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 – No Change

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

NUTRITION – No Change

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

OLDER ADULT HEALTH Update

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

PRIMARY HEALTH CARE Update

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

ACTION PLAN

A. EPIDEMIOLOGY AND CONTROL OF PREVENTABLE DISEASES AND DISORDERS Update

COMMUNICABLE DISEASE

The past year for the Crook County Health Department was extremely busy with a Meningococcal Outbreak and Plague. It stretched the capacity, but we succeeded in providing a large number of vaccinations for Menactra, along with community partners and the pharmacies. An after-action report was completed and we provide the importance of capacity for all size health departments in preparedness capabilities. State Review was completed.

No specific changes to the program.

HIV SERVICES

Based on the data from the Triennial Review, Quality Improvement Standards and chart reviews were implemented by the Director.

TUBERCULOSIS SERVICES

No Specific Changes to Program

B. PARENT AND CHILD HEALTH SERVICES, INCLUDING FAMILY PLANNING CLINICS

BABIES FIRST/HEALTHY START/CACOON

No specific Changes to the Program.

CHILD AND ADOLESCENT HEALTH Update

The opening of the School Based Health Center in Prineville through Mosaic Medical in coordination with the Crook County School District.

PERINATAL

The coordination with Deschutes and Jefferson County for a Maternal Child Health Initiative with the CCO in Central Oregon was achieved.

FAMILY PLANNING PROGRAM

The Family Planning Annual to Plan will be sent to the State as required this year. No specific changes to the program.

C. ENVIRONMENT HEALTH

The Environmental Health Program is compliant with all standards. There is a new staff member – Max Hamblin who has been hired by Crook County Health Department and is contracted back to Jefferson County for some hours each week

D. HEALTH STATISTICS

No Specific Changes or Updates to the Program.

E. INFORMATION AND REFERRAL

No Specific Changes or Updates to the Program.

F. PUBLIC HEALTH PREPAREDNESS

No Specific Changes or Updates to the Program.

G. OTHER ISSUES

COMMUNITY SPECIFIC ACTION PLANS

PRIMARY CARE

ADDITIONAL REQUIREMENTS

See Attachment #1 (Organizational Chart)

BOARD OF HEALTH

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

PUBLIC HEALTH ADVISORY BOARD

The Central Oregon Health Board has created an Advisory Committee made up of directors and there is exploration of developing a Central Oregon Public Health Advisory Board.

TRIENNIAL REVIEW

All areas are met following the triennial review.

UNMET NEEDS

Crook County Health Department Accreditation

The department is in the process of accreditation at this point in time and will complete the process for evaluation by June 30, 2013.

Community Assessment

The Tri County Health Report was completed.

<http://www.cohealthcouncil.org/resources/regional-health-assessment>

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The top areas chosen for consideration regionally included the following areas.

- Healthy Environments
- Health Disparity/inequity
- Food Insecurity
- Behavioral Health
- Safety/Crime/Violence
- Access to Resources
- Oral Health
- Chronic Disease
- Early Childhood Wellness
- Alcohol/Drugs/Alcohol

The Health Report created the platform for the development of the Central Oregon Health Board Health Improvement Plan.

<http://www.cohealthcouncil.org/resources/rhip>

The strategic framework for the regional plan was based on nine strategies:

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

BUDGET

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

LHD SURVEY AND INDICATORS

Health Department Personnel Qualifications

Local health department Health Administrator minimum qualifications:

The Administrator must have a Bachelor degree plus graduate courses (or equivalents) that align with those recommended by the Council on Education for Public Health. These are: Biostatistics, Epidemiology, Environmental health sciences, Health services administration, and Social and behavioral sciences relevant to public health problems. The Administrator must demonstrate at least 3 years of increasing responsibility and experience in public health or a related field.

Answer the following questions:

Administrator name: Muriel DeLaVergne-Brown, RN, MPH

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

- a. **Yes X No ___ The local health department Health Administrator meets minimum qualifications:**

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

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- b. 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.

- c. 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.

- d. 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.

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

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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, MPH

Local Public Health Authority
Crook County

Date: 1/10/13

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



CROOK COUNTY HEALTH DEPARTMENT Organizational Chart

COUNTY COURT
Judge Mike McCabe
Commissioner Ken Fahlgren - Health
Commissioner Seth Crawford

Central Oregon Health Board

Central Oregon Health Board
Damien Sands, Executive Director

HEALTH DEPARTMENT DIRECTOR
Muriel DeLaVergne-Brown, RN, MPH

Health Officer
Dr. Maggie King

Administration
Dianne Koops, Office Manager
Wendy McCoy, Billing/Lead Clerk II

MCH Services
Barbara Higgins, RN
MCH Supervisor
Babies First, CaCoon, HS, MCM, NFP

Dean Laney, BSN
Glenda Powell, FSW
Renee Sheehy, FSW, WIC

WIC Services
Jennifer Chaney, BSS
WIC Supervisor, PHAB/MM/Quality Coordinator
Emma Reynolds, WIC Certifier, OMC, MFMC
Ruby Ruiz, WIC Clerk Interpreter
RDs
RanDee Anshutz
Juli Huddleston

Clinical Services
Nelda Grymes, BSN
Nursing Supervisor
Family Planning/HIV/STD Coordinator
Mindy Stomner, RN
Immunization Coor.
Claudia Wiseman, NP
On-Call Nursing Staff
Suzie Fisher, LPN

Health Promotion
Healthy Communities
Kris Williams, Tobacco Prevention Coordinator
Carly Rachocki, MPH
VISTA
Josephina Riggs
Cuidate
Wendy Perrin, RN, BSN
School Based Health Center

**Communicable Disease
Public Health Preparedness
Environmental Health
Climate Change**

Karen Yeargain, LPN
Max Hamblin, REHS
Julie Lancaster, Tech