

I. Executive Summary 2006-2007

Crook County continues to provide health services that meet Oregon state statutes and DHS contractual requirements. The broad assessment provided in Crook County's 2005-2006 annual plan remains without significant changes. Crook County continues to offer services at the 2005-2006 annual plan level. Actions that Crook County will focus on in the 2006-2007 year include the following:

- Continue to work with emergency preparedness partners to update old plans and implement new operations plans to be used during an emergency.
- Work with emergency management and ATAB 7 region to exercise plans.
- Enhance public education efforts regarding communicable disease including WNV, Avian Influenza, and other disease specific information as warranted.
- Work with local partners to promote physical activity and healthy eating habits.
- Re-establish teen pregnancy prevention efforts within the community.
- Reduce the number of children who are late to start their immunizations.
- Develop and maintain an immunization coalition with local providers.
- Provide WIC services to children and lactating women emphasizing on physical activity, 5ADay campaign and utilizing our certified lactation consultant to increase breast feeding rates.
- Family planning services available to women and men in need.

The Crook County Health Department has developed many partnerships within the community to aid us in the implementation of our efforts. As identified above there are many action items to be address; however, there are still many unmet needs in the community. Some of these unmet needs that will be touched upon by Crook County Health Department as time and budget allows are oral health needs for children and adults, prescription medication coverage and a comprehensive public health needs assessment.

II. Assessment

Plan posted with DHS at <http://oregon.gov/DHS/ph/lhd/lhd-annual-plan.shtml> is adequate. No substantial changes noted.

III. Action Plan

Plan posted with DHS at <http://oregon.gov/DHS/ph/lhd/lhd-annual-plan.shtml> is adequate. No substantial changes noted.

Maternal and Child Health Programs

Plan posted with DHS at <http://oregon.gov/DHS/ph/lhd/lhd-annual-plan.shtml> is adequate. No substantial changes noted.

B. Environmental health

Plan posted with DHS at <http://oregon.gov/DHS/ph/lhd/lhd-annual-plan.shtml> is adequate. No substantial changes noted

C. Health statistics

Plan posted with DHS at <http://oregon.gov/DHS/ph/lhd/lhd-annual-plan.shtml> is adequate. No substantial changes noted

D. Information and referral

Plan posted with DHS at <http://oregon.gov/DHS/ph/lhd/lhd-annual-plan.shtml> is adequate. No substantial changes noted

E. Other Issues

Review your current plan that is posted with DHS at <http://oregon.gov/DHS/ph/lhd/lhd-annual-plan.shtml> . If there are substantial changes, provide an update.

IV. Additional Requirements

See attached organizational chart of the local health department.

V. Unmet needs

Plan posted with DHS at <http://oregon.gov/DHS/ph/lhd/lhd-annual-plan.shtml> is adequate except that we now have state funding for our tobacco program. Other than being funded for tobacco prevention o substantial changes noted

VI. Budget

To obtain a copy of Crook County Health Department adopted FY 06-07 plan please contact:

Kathy Gray, Treasruer
200 NE Second St, Suite 100
541447-6554

VII. Minimum Standards

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.

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.
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.
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.
55. Yes No A written plan exists for responding to emergencies involving public water systems.
56. Yes No Information for developing a safe water supply is available to people using on-site individual wells and springs.
57. Yes No A program exists to monitor, issue permits, and inspect on-site sewage disposal systems.
58. Yes No Tourist facilities are licensed and inspected for health and safety risks as required by Chapter 333 Division 12.
59. Yes No School and public facilities food service operations are inspected for health and safety risks.
60. Yes No Public spas and swimming pools are constructed, licensed, and inspected for health and safety risks as required by Chapter 333 Division 12.
61. Yes No A program exists to assure protection of health and the environment for storing, collecting, transporting, and disposing solid waste.
62. Yes No Indoor clean air complaints in licensed facilities are investigated.
63. Yes No Environmental contamination potentially impacting public health or the environment is investigated.
64. Yes No The health and safety of the public is being protected through hazardous incidence investigation and response.
65. Yes No Emergency environmental health and sanitation are provided to include safe drinking water, sewage disposal, food preparation, solid waste disposal, sanitation at shelters, and vector control.
66. Yes No All license fees collected by the Local Public Health Authority under ORS 624, 446, and 448 are set and used by the LPHA as required by ORS 624, 446, and 448.

Health Education and Health Promotion

67. Yes No Culturally and linguistically appropriate health education components with appropriate materials and methods will be integrated within programs.
68. Yes No The health department provides and/or refers to community resources for health education/health promotion.
69. Yes No The health department provides leadership in developing community partnerships to provide health education and health promotion resources for the community.
70. Yes No Local health department supports healthy behaviors among employees.
71. Yes No Local health department supports continued education and training of staff to provide effective health education.
72. Yes No All health department facilities are smoke free.

Nutrition

73. Yes No Local health department reviews population data to promote appropriate nutritional services.
74. The following health department programs include an assessment of nutritional status:
- a. Yes No WIC
 - b. Yes No Family Planning
 - c. Yes No Parent and Child Health
 - d. Yes No Older Adult Health
 - e. Yes No Corrections Health
75. Yes No Clients identified at nutritional risk are provided with or referred for appropriate interventions.
76. Yes No Culturally and linguistically appropriate nutritional education and promotion materials and methods are integrated within programs.
77. Yes No Local health department supports continuing education and training of staff to provide effective nutritional education.

Older Adult Health

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

79. Yes No A mechanism exists for intervening where there is reported elder abuse or neglect.
80. Yes No Health department maintains a current list of resources and refers for medical care, mental health, transportation, nutritional services, financial services, rehabilitation services, social services, and substance abuse services.
81. Yes No Prevention-oriented services exist for self health care, stress management, nutrition, exercise, medication use, maintaining activities of daily living, injury prevention and safety education.

Parent and Child Health

82. Yes No Perinatal care is provided directly or by referral.
83. Yes No Immunizations are provided for infants, children, adolescents and adults either directly or by referral.
84. Yes No Comprehensive family planning services are provided directly or by referral.
85. Yes No Services for the early detection and follow up of abnormal growth, development and other health problems of infants and children are provided directly or by referral.
86. Yes No Child abuse prevention and treatment services are provided directly or by referral.
87. Yes No There is a system or mechanism in place to assure participation in multi-disciplinary teams addressing abuse and domestic violence.
88. Yes No There is a system in place for identifying and following up on high risk infants.
89. Yes No There is a system in place to follow up on all reported SIDS deaths.
90. Yes No Preventive oral health services are provided directly or by referral.
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:

A Master's degree from an accredited college or university in public health, health administration, public administration, behavioral, social or health science, or related field, plus two years of related experience.

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

**** Current health administer is considering applying for a masters in public health program.**

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

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

OR

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

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

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

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

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

Agencies are **required** to include with the submitted Annual Plan:

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

Local Public Health Authority

County

Date

See attachment 2006-2007 immunization plan

Appendix A

FY 2006 - 2007 WIC Nutrition Education Plan

County/Agency: *Crook*

Person Completing Form: *Melissa Levesque*

Date : *4/25/06*

Phone Number (541) *447-5165*

Email Address *melissa.levesque@co.crook.or.us*

Return this form electronically (attached to email) to: sara.e.goodrich@state.or.us

by May 1, 2006

Sara Goodrich, 971-673-0043

Overall Mission/Purpose: *To impact the success of the WIC family by targeting emerging health issues as identified through national and state data sources.*

Goal 1: **Decrease the risk of obesity among WIC participants by increasing physical activity awareness.**

Activity 1: (Required)

Assess your community's resources for safe, developmentally appropriate physical activity opportunities for families and their young children and provide a list of these resources to WIC clients.

Implementation Plan:

WIC Coordinator will make list for clients of physical activities available in our community. List to include activities offered through Parks & Recreation program and other community activities. This list will be updated quarterly.

Timeline:

October 2006

Activity 2: (Required)

Make available to clients a 2nd NE opportunity to increase physical activity.

Implementation Plan:

WIC Nutrition Education Increasing Your Physical Activity will be offered to clients 3 times per year.

Timeline:

June 2006

Activity 3: (Optional)

Participate in an organized “Turn off the TV Week” campaign April 2007.

Implementation Plan:

Will have information available to clients during Turn off TV week and extend that information for the entire month.
Will try to provide information to parents on effects of Increased screen time and provide alternative ideas.

Timeline:

April 2007

Goal 2: Increase the percentage of WIC participants who consume at least five daily servings of vegetables and fruits.

Activity 1: (Required)

Assess activities and resources in the community to promote fruits and vegetables and provide a list of these activities and resources to WIC clients.

Implementation Plan:

WIC Coordinator will assess the resources in our community and make a list of the available resources for all of our WIC clients.

Timeline:

May 2007

Activity 2: (Required)

Develop and implement **client**-centered activity/event by June 2007 in recognition of 5 A Day.

Implementation Plan:

Our clinic will have an activity in support of 5-a-day month. We may try to have this activity in conjunction with the new Farmers Market in Prineville. All clients will be invited to attend and this would count as their Nutrition Education. The activity may include cost comparison for fruits and veggies versus other foods, tasting new or different fruits and veggies and recipes for new ideas on preparation of these foods.

Timeline:

September 2006

Goal 3: Increase client participation in 2nd nutrition education contacts.

Activity 1: (Required)

Explore options for developing innovative partnerships for providing NE to clients in your agency.

Implementation Plan:

WIC Coordinator will continue to explore options for outside Nutrition Education available to clients. Will develop contract with any agencies that offer NE.

Timeline:

November 2007

Activity 2: (Required)

Assess your agency's 2nd nutrition education offerings and make changes as needed to improve your show rates.

Implementation Plan:

Will look at show rates for classes after first year of new NE offerings. Will make changes as needed according to show rates, popularity of classes, etc.

Timeline:

March 2007

Goal 4: Increase breastfeeding duration rates among WIC participants.

Activity 1: (Required)

Assess breastfeeding resources available in your community and create and/or update a resource list for clients.

Implementation Plan:

Coordinator will update Central Oregon Breastfeeding resource list. Resource list will include Deschutes County resources. Many of our clients seek services in Deschutes County and many resources available there are not available in our county.

Timeline:

August 2006

Activity 2: (Required)

The WIC agency will implement at least one new strategy to support client's breastfeeding goals.

Implementation Plan:

This will be a similar activity to last year, because this was not implemented in 2005-2006. IBCLC will contact mom after delivery if she has expressed plans of breastfeeding, as soon as possible, and will continue to call mom monthly to encourage her to continue BF and help problem solve any issues that may come

up. Once breastfeeding is well established, will not contact mom by phone monthly, however will encourage mom to call IBCLC at any point with questions. Some type of letter or postcard will be sent to those mom's who continue to BF each month up to six months encouraging them to continue.

Timeline:

August 2006

Activity 3: (Optional)

The WIC agency will participate in World Breastfeeding Week to raise the awareness of the importance of exclusively breastfeeding for the first 6 months of life and continue as long as the mother and baby mutually desire.

Implementation Plan:

This agency will participate in World Breastfeeding Week Activities. Some of the activities may include an ad in the local newspaper and local, weekly free public newsletter. We will also send information regarding breastfeeding promotion to the local physician's offices, OB unit, Adult and Family Services, and other agencies that serve pregnant and postpartum women.

Timeline:

August 2006

Activity 4: (Optional)

The agency will implement the Breastfeeding Mother-Friendly Employer project and receive designation from the Oregon Department of Human Services.

Implementation Plan:

WIC Coordinator to begin working with county health department to achieve Breastfeeding Mother-Baby Friendly Employer project. This will be done in regards to the new Health Department building, scheduled to be completed late fall 2006.

Timeline:

September 2006

Appendix B

Annual Report Form – WIC Evaluation of Nutrition Education Plan FY 2005-2006

WIC Agency: _____ Crook county _____
Person Completing the Form _____ Melissa Levesque _____
Date: _____ 03/11/2006 _____ Phone: _____ 541447-5165 _____

Direct questions to: Sara Goodrich, 971-673-0043

This section asks you to evaluate the nutrition education plan(s) you implemented during fiscal year 2005 – 2006. Answer the questions in “Outcome Evaluation” where a “response” is requested.

Please use the outcome evaluation criteria to assess the activities your agencies did for each Year 2 (i.e. 2005 – 2006) Objective. If your agency was unable to complete an activity, please indicate why.

Goal 1: Decrease the risk of obesity among WIC participants by increasing physical activity awareness.

Year 2 Objective:

During plan period, all WIC families will be provided information on the increasing rates of overweight children and adults and be able to make positive lifestyle choices to decrease the risk of overweight.

Activity 1: Assess client awareness regarding physical activity and identifying client barriers to getting adequate physical activity by using state provided assessment tool. This activity was **required**.

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

- What is one result from the client assessments that you have applied in your agency?

Response:

Several clients indicated that they weren't sure of what activities to do with their children and that they didn't have time. The materials provided to us by the state, playing with my baby, playing with my toddler and playing with my 2-5 year old. The handouts give parents ideas of activities that they can do with their child.

Activity 2: Using results from staff and client surveys, identify or develop, and implement at least one clinic activity to promote increased physical activity and increase awareness of the prevalence of overweight among staff and clients. This activity was **required**.

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

- Identify 3 barriers or ideas you learned from the staff and client surveys.
- What clinic activities did you develop to promote physical activity?
- How did the activities address the barriers or concerns identified in the surveys?

Response:

One activity our clinic will do in July is to decorate one of the walls of the health department with information regarding obesity statistics and lack of physical activities among children. We will include ideas of activities to promote activity among all children.

Three barriers identified were: parents view of no time, limited amount of safe areas for children to play, and lack of knowledge about the prevalence and reasons for obesity among children.

Activity 3: Participate in an organized "Turn off the TV Week" campaign April 2006. This activity was **optional**.

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

- Did your agency participate in "Turn Off the TV Week"? If so, describe what you did. How did it go?

- Do you plan to continue this activity? Why or why not? What resources would you need?
- What advice might you give to other WIC agencies if they were to try this?

Response:

Our agency had the turn off the TV posters up in our clinic for the entire year. We plan to continue to have these posters in the clinic. WIC staff will provide physical activity information to participants during the month of April. WIC Coordinator was gone during turn off TV week, so next year we hope to do more with this activity.

Activity 4: Participate in a community event that promotes physical activity. This activity was **optional**.

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

- Did your agency participate in a community event to promote physical activity? If so, describe what you did. How did it go?
- Do you plan to continue this activity? Why or why not? What resources would you need?
- What advice might you give to other WIC agencies if they were to try this?

Response:

We had hoped to extend this activity from the previous year when we had our “WIC Day at the Track” we were unable to have the activity this year because there was no special funding this year.

Goal 2: Increase the percentage of WIC participants who consume at least five daily servings of vegetables and fruits.

Year 2 Objective:

During plan period, staff will assess and promote client consumption of fruit and vegetables.

Activity 1: Assess client attitudes and behaviors regarding fruit and vegetable consumption using state provided tool. This activity was **required**.

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

- What is one result from the client assessments that you have applied in your agency?

Response:

One of the statements agreed upon by many parents in the survey was that fruits and veggies are expensive, as a result of this, we have added this issue to our fruits and veggie WIC class, showing participants how much you can actually get for your money. For example, what does a pound of apples look like or how many carrots can you get for the same amount as your donuts, etc.

Activity 2: Develop and implement a client centered activity or event during September 2005 in recognition of 5 A Day Month. This activity was **required**.

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

- What client centered activity or event did your agency implement for 5 A Day month?
- How did your agency decide on this activity or event?
- What went well and what would you do differently?

Response:

During September, our clinic had a canning class to show clients how they can preserve their fruits and vegetables to enjoy the entire year. The class covered canning, as well as freezing fruits and vegetables. We also gave our 5 a day brochures that we received from the state and decorated one of the walls in the health department with the materials provided to us by the state. The class was not attended by many WIC clients, only 3, so that could have gone better had there been more of an interest from participants. Many WIC and non WIC clients saw the wall so that was successful, and quite a few clients were given the 5 a day brochures.

Activity 3: Use client fruit and vegetable survey results to develop or modify individual or group nutrition education activities to promote fruit and vegetable consumption. This activity was **required**.

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

- Identify 3 client attitudes or behaviors you learned from the surveys.
- What nutrition education activities did your agency develop or modify to promote fruit and vegetable consumption?
- How did the activities address the results from the surveys?

Response:

3 client attitudes: most clients stated that fruits and veggies are expensive, they like most veggies and that they worry their child doesn't get enough fruits and veggies.

As a result of the survey was that fruits and veggies are expensive, as a result of this, we have added this issue to our fruits and veggie WIC class, showing participants how much you can actually get for your money. For example, what does a pound of apples look like or how many carrots can you get for the same amount as your donuts, etc. This activity shows clients how much fruits and veggies really do cost and by limiting some of the unhealthy foods from their shopping, they can buy more fruits and veggies.

Activity 4: Develop and implement a staff activity or event during September 2005 in recognition of 5 A Day Month. This activity was **optional**.

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

- Did your agency implement a staff activity or event for 5 A Day month?
- How did your agency decide on this activity or event?
- What went well and what would you do differently?

Response:

Staff members signed up to bring in different fruits and veggies during the month of September. Staff brought in food 2 times per week during September. All staff members enjoyed this activity and were excited to try new recipes.

Goal 3: Increase client participation in 2nd nutrition education contacts.

Year 2 Objective:

Assess clients' attitudes, wants, needs and barriers regarding attendance to nutrition education opportunities; develop

guidelines for nutrition education in your agency; and develop strategies to increase client participation in nutrition education. During the planning process, consider the impact of implementation of multiple month food instrument issuance (FLPP).

Activity 1: Assess client attitudes, needs, and barriers to attendance related to 2nd nutrition education using state provided tool.

Outcome Evaluation: Please address the following questions in your response. This activity was **required**.

- What is one result from the client assessments that you have applied in your agency?

Response:

Clients enjoyed hands on workshops and food/cooking demonstrations. We try to have a variety of activities and recipes for clients to take with them and as time allows, we have cooking demonstrations as it pertains to the particular class.

Activity 2: Compare results of client and staff surveys to state nutrition education minimum standards and develop guidelines for quality nutrition education in your agency. Minimum standards will be set in the areas of availability, accessibility, topic, content, delivery methods, marketing, assessment, and evaluation. This activity was **required**.

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

- Identify 5 attitudes, needs, and or barriers you learned from the surveys.
- What guidelines did you develop for quality nutrition education?
- How did the guidelines address the results of the surveys?

Response:

Many clients felt that they could attend class if: they could choose the time, if the classes related more to their family's needs, if there were more classes offered, some families needed help with transportation to the clinic.

As a result of the survey, as well as FLPP rollout, our clinic has doubled the number of classes we are offering with more variety of day of the week and time of the day. We have also added two non WIC nutrition education options, through the prenatal classes at the hospital as well as through the

local library. I think by increasing these options and increasing the offerings each month we have helped with some of the client and staff concerns.

Activity 3: Contact your Nutrition Consultant to review your agency's guidelines, then plan and schedule 2nd nutrition education offering in preparation for multiple month food instrument issuance. This activity was **required**.

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

- When did you and your Nutrition Consultant review your guidelines?
- How did your 2nd nutrition education plan offerings meet these guidelines?
- Have your 2nd nutrition education offerings been scheduled?

Response:

I met with my Nutrition Consultant in October and we reviewed the current NE offerings and ways we could add more options to clients, including ideas for non WIC NE. These new offerings have been scheduled beginning March 2006.

Activity 4: Assure staff who teach nutrition education classes complete the Providing Group Nutrition Education module and the appropriate Level 2 training modules. This activity was **required**.

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

- Have all staff who teach nutrition education completed the Providing Group Nutrition Education module and the appropriate Level 2 training modules?

Response:

Two staff members are currently working on modules which are scheduled to be completed by March 31, 2006.

Activity 5: Explore options for developing innovative partnerships for providing nutrition education to clients in your agency. This activity was **optional**.

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

- Did your agency begin a process for developing innovative partnerships for providing nutrition education?
- What did you use to begin the process?
- What will you need to continue?

Response:

We have developed a partnership with the local library for one evening and one daytime story time per month to be a WIC eligible NE and also with the prenatal classes offered through the hospital. For the prenatal classes, the client must attend on the night they discuss breastfeeding, or on the night they discuss prenatal nutrition. The process was very simple for both of these, I simply talked with the prenatal instructor and talked with the person at the library who is in charge of story time and they were both very excited about being able to offer this.

Goal 4: Increase breastfeeding duration rates among WIC participants by decreasing barriers to breastfeeding.

Year 2 Objective:

During plan period, WIC staff will assess client attitudes, beliefs, and barriers regarding continuing breastfeeding to at least 6 months of age, and implement strategies to support client breastfeeding goals.

Activity 1: WIC staff will have completed role-appropriate sections of the revised Breastfeeding Module. This activity was **required**.

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

- Have all staff completed role-appropriate sections of the revised Breastfeeding Module?

Response:

All staff have completed the breastfeeding module.

Activity 2: WIC staff will assess client beliefs, attitudes and barriers regarding continuing breastfeeding to at least 6 months of age by using state provided assessment tool. This activity was **required**.

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

- What is one result from the client assessments that you have applied in your agency?

Response:

I have not received these results at this time. It was very difficult to get a good number of BF surveys, but we did send in a few (less than 10 I think).

Activity 3: The WIC agency will implement at least one strategy to support client breastfeeding goals. This activity was **required**.

Examples of possible strategies:

- WIC Certifiers will use the 3-Step Counseling Strategy to help mother's identify their barrier(s) to breastfeeding 6 months.
- Effective open-ended questions.
- Affirming statements.
- Education/counseling strategies.
- Include a goal setting objective that all prenatal women who indicate they plan to breastfeed will identify a goal related to breastfeeding 6 months.
- Include a participant activity during the Breastfeeding Class wherein participants identify at least one barrier they face to breastfeeding at least 6 months. As a group, identify strategies to address these barriers.
- Institute a system for follow-up calls or written messages at critical periods of time when breastfeeding challenges may arise.
-

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

- Did your agency implement at least one strategy to support breastfeeding goals?
- How did the strategy address the identified issue?

Response:

IBCLC has been contacted for more referrals to see more women. These referrals have been received through the OB nurses at the hospital, by the local physicians and by clients themselves calling to discuss breastfeeding issues. All staff refer clients to IBCLC if they are having problems with breastfeeding and all women must talk with IBCLC or one of the nurses before switching to formula. I think that all of the above factors have helped our clients to continue with breastfeeding as long as they desire to do so. It is also helpful for them to have someone that they can call to ask questions

when they are unsure. This has given our clients a resource person, instead of just quitting.

Activity 4: The agency will implement the Breastfeeding Mother-Friendly Employer project and receive designation from the Oregon Department of Human Services. This activity was **optional**.

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

- Did the agency receive the designation of Breastfeeding Mother-Friendly?
- If not, were there components that were achieved?

Response:

We are currently in the process of having a new Health Department built, so this will be extended to next year and Coordinator will work on having the new space BF mother friendly.

Appendix C

FY 2006 ANNUAL PLAN FOR FAMILY HEALTH PROGRAMS Updated for FY 2007

Family Planning Program Plan

Name of Person Completing Plan: __Nelda
Grymes_____

Phone: 541-447-5165____ E-mail Address:
_Nelda.Grymes@co.crook.or.us

1. Please provide any plans you have for the upcoming fiscal year:

- To open or close any family planning clinic sites
NONE

- To add or reduce any FTE working in family planning
NONE

- To offer any new birth control methods
Possibly the Sponge when available

****Update:** We are now offering the sponge

- To contract or partner with another agency in your community to provide clinical, educational or other related services

* We are planning to partner with the Crook County School District (CCSD)

to bring a speaker into the schools. This speaker will speak specifically about Family Planning issues and STD's.

****Update:** We partnered with CCSD to bring Brad Henning to our schools in Dec. He is returning in May to give more presentations.

* We are partnering with Schools, hospital, Boys and Girls Club, FQHC,

COBRA, and the tobacco program to offer a health fair at the High School in the late fall of 2005.

*** Update: We had a health fair at the High School on Dec. 5th, we had a wide assortment of local businesses and programs represented.*

** We are currently assessing the community and we could possibly partner with Ochocho Community Clinic to open a school-based health center.*

**** Current**

2. Please see the FP service data included here to review your agency's Women In Need (WIN) data and provide a plan for reaching a greater share of this population in FY 05 – 06.

* Based on our WIN data the area that needs most improvement is women aged

20- 44. We intend to reach this population by giving out information packets about our services to purchasers of marriage licenses, to new moms via the hospital, and to stuff the payroll envelopes of our larger employers so that women will be aware of our services.

3. Please provide your plans for community education on family planning issues for the 2005 –2006 fiscal year, including how you intend to evaluate these activities.

* We will continue the Teen Pregnancy Prevention Network; we will meet bi-monthly during school months.

**** Ongoing**

* We will offer Family Planning education to the Middle school and High school

on demand. We will evaluate by the number of presentations given and the

number of students receiving the information.

****Current:** I am giving presentations to Middle School health classes each trimester.

* We will expand our website to include detailed information on all birth control methods.

**** Ongoing**

4. Please provide your plans for Quality Improvement in the 2005-2006 fiscal year, including how you intend to evaluate these activities.

* We will create a customer service survey. In years past we have participated in the survey conducted by PSI and this year it was not offered. We appreciate the feedback that this survey offered and will therefore create our own. The answers will be tallied and changes will be made to our services as appropriate.

* We are planning to move into a new building in late Spring 2006, with this move we will improve quality of service through more privacy, better clinic flow and ultimately more clinic time offered.

****Update:** The move is now planned for late Fall 2006.

5. Please provide your plan for improving or increasing client education or counseling (e.g. new approaches, techniques, protocols, procedures, screening, materials), including how you intend to evaluate these activities.

* We started and/or will start new screenings. We are already screening according to the Depo Provera black box warning and screening women for osteoporosis. We will be starting to screen for sexual coercion, our staff will have the training from the state in June 2005.

**** completed**

* We are incorporating a new approach with our teen clients that is called “40 Developmental Assets”. “40 Developmental Assets are concrete, common sense, positive experiences and qualities essential to raising

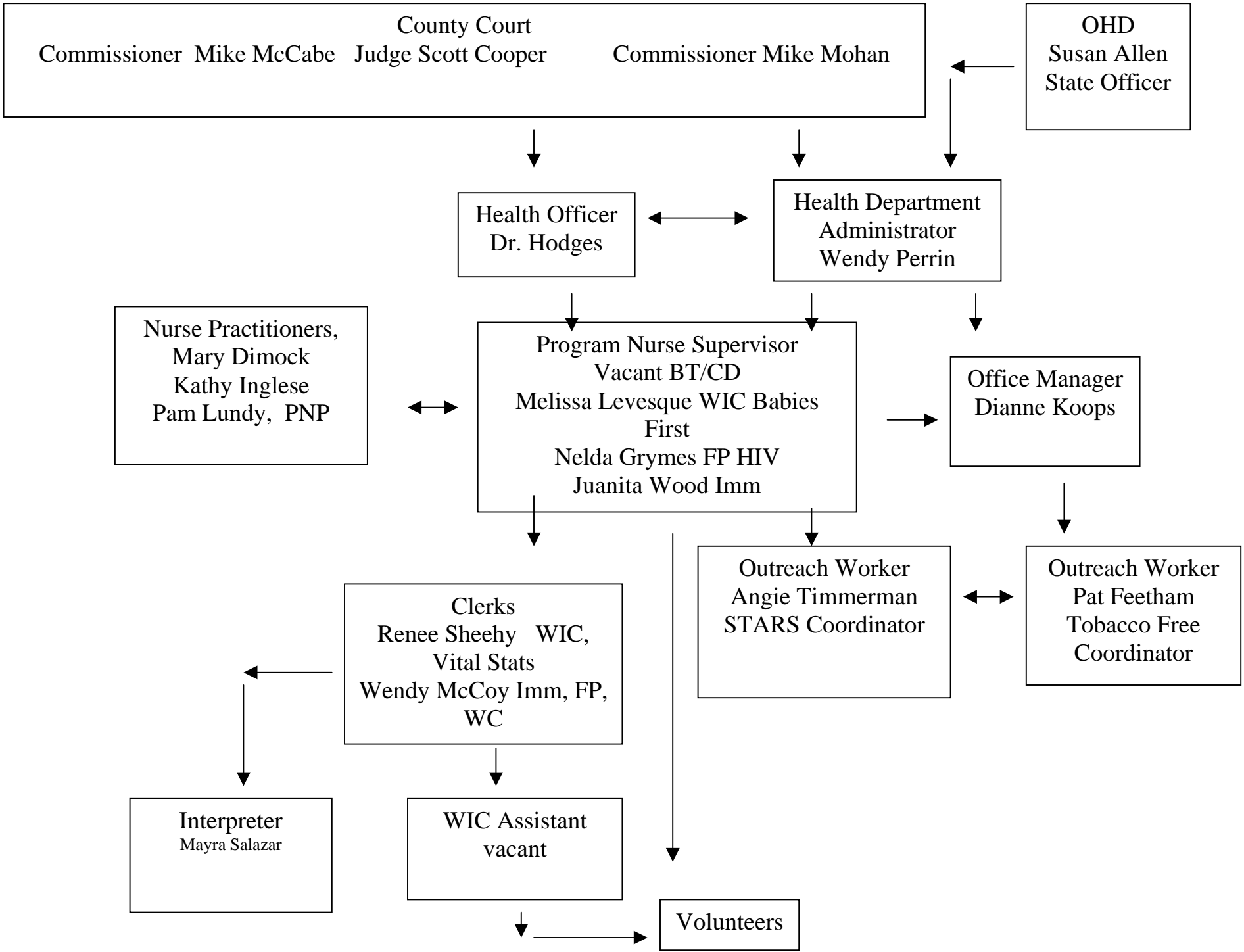
successful young people. These assets have the power during critical adolescent years to influence choices young people make and help them become caring, responsible adults.”

For more information about this approach please see www.search-institute.org.

**** Ongoing**

6. Please identify any topics or issues on which you would like additional information or technical assistance from state family planning program staff.

* Not at this time.



**Local Health Department: ~~Crook County, (1.) Core Public Health Function~~ Plan A
Continuous Quality Improvement: Reduce the late start rate at the LHD
Fiscal Years 2006-2008**

Year 1: July 2005 – June 2006				
Objectives	Methods / Tasks	Outcome Measure(s)	Outcome Measure(s) Results¹	Progress Notes²
A. Reduce the late start rate of 2 year olds seen at Crook County HD	Assess public & private maternity care providers to identify immunization practices. Obtain baseline data.	<ul style="list-style-type: none"> • 90 % of providers will be assessed to determine influences on late start rate by 2008. • Additional information on immunization will be offered to those providers assessed in 2006. 	Two public providers assessed: local hospital and local MD. Local MD wishes to remain a private entity and did accept some assistance with web sites and tools to assess PCV 7 immunizations.	Continue to assess other public providers in an ongoing continuous quality control process to determine other influences on late start rate. Develop interventions based on findings.
B. Partner with a public provider to reduce late starts	Assess public partner provider to determine best method of reducing late starts.	Offer two interventions: brochures and/or education on immunization	Partner provider will accept additional information on immunizations and will provide it to expectant parents in their practice, June 2006	Local hospital Maternity Unit will accept HD immunization info packets for placement in parent take home gift bags, June 2006

¹ **Outcome Measure(s) Results** – please report on the specific Outcome Measure(s) in this table.

² **Progress Notes** – please include information about the successes and challenges in completing the Methods/Tasks, any information that will help us better understand your progress, and any assistance from DHS that would have helped or will help met these objectives in the future.

Year 2: July 2006 – June 2007				
Objectives	Methods / Tasks	Outcome Measure(s)	Outcome Measure(s) Results¹	Progress Notes²
A. Reduce the late start rate of 2 year olds seen at Crook County HD.	<ul style="list-style-type: none"> Assess immunization information compiled from maternity care providers in Crook Co. Baseline data will guide chosen interventions aimed at educating providers and parents	<ul style="list-style-type: none"> 90 % of providers will be assessed to determine influences on late start rate by 2008. Additional information/intervention will be offered to those providers assessed in 2007. 	To be completed for the FY 2007 Report	To be completed for the FY 2007 Report
B. Partner with a public provider to reduce late starts	Baseline data will guide chosen interventions: reading level of clients.	Interventions aimed at decreasing late starts will be brief and easily read/understood by client family's	To be completed for the FY 2007 Report	To be completed for the FY 2007 Report

¹ **Outcome Measure(s) Results** – please report on the specific Outcome Measure(s) in this table.

² **Progress Notes** – please include information about the successes and challenges in completing the Methods/Tasks, any information that will help us better understand your progress, and any assistance from DHS that would have helped or will help met these objectives in the future.

Year 3: July 2007 – June 2008				
Objectives	Methods / Tasks	Outcome Measure(s)	Outcome Measure(s) Results¹	Progress Notes²
A. Reduce the late start rate of 2 year olds seen at Crook County HD	<ul style="list-style-type: none"> Final review of barriers to late start rates will be identified 	<ul style="list-style-type: none"> 90% of providers will be assessed to determine influences on late start rate this year. Other influences will be assessed- interventions will be proposed. 		To be completed for the FY 2008 Report
B. Partner with a public provider to reduce late starts	Final assortment of interventions as follows: brochures, educational sessions with 'out of the box' providers associated with expecting parents prior to delivery	Before and after delivery 50% of the providers associated with expectant parents (includes out of the box) will accept the assortment of interventions aimed at reducing late start rates	To be completed for the FY 2008 Report	To be completed for the FY 2008 Report

¹ **Outcome Measure(s) Results** – please report on the specific Outcome Measure(s) in this table.

² **Progress Notes** – please include information about the successes and challenges in completing the Methods/Tasks, any information that will help us better understand your progress, and any assistance from DHS that would have helped or will help met these objectives in the future.

**Local Health Department: Crook County, Plan B - Chosen Focus Area:
Develop & maintain a local coalition
Fiscal Years 2006-2008**

Year 1: July 2005 – June 2006				
Objectives	Methods / Tasks	Outcome Measure(s)	Outcome Measure(s) Results¹	Progress Notes²
B. Develop and maintain a local coalition	Draft bi-laws, vision, and meeting ground rules.	Present bi-laws and meeting ground rules for review of coalition members.	Bi-laws and meeting ground rules will be adopted by coalition	Implement meeting ground rules by reading them aloud before each meeting. Bi-laws will be held at the CHD in a coalition manual.
B. Assess additional methods of communicating with coalition members	Survey members to determine immunization information needs Assess best method of communicating changes in vaccine schedule	Coalition members will be kept up to date on new vaccines and changes in the schedule in between meetings	A newsletter will be initiated by the LHD with information on new vaccines, changes in the schedule, and vaccine storage & handling tips	The first issue of the newsletter was published and distributed to coalition members. Newsletter well received. Continue to print on a bi-annual basis and reassess frequency in 2007.

¹ **Outcome Measure(s) Results** – please report on the specific Outcome Measure(s) in this table.

² **Progress Notes** – please include information about the successes and challenges in completing the Methods/Tasks, any information that will help us better understand your progress, and any assistance from DHS that would have helped or will help met these objectives in the future.

Year 2: July 2006 – June 2007				
Objectives	Methods / Tasks	Outcome Measure(s)	Outcome Measure(s) Results¹	Progress Notes²
A. Develop and maintain a local coalition	<ul style="list-style-type: none"> Evaluate membership and determine additional community stakeholders interested in membership 	<ul style="list-style-type: none"> A comprehensive list of community stakeholders will be completed and placed in the coalition manual at the HD 	To be completed for the FY 2007 Report	To be completed for the FY 2007 Report
B. Assess different methods of communicating with coalition members	<p>Survey results will guide immunization information efforts.</p> <p>Assessment results will determine best method of communicating schedule changes</p>	Coalition members will be up to date on changes in vaccines, schedules, influenza, standing orders and other breaking news regarding vaccines as appropriate.	To be completed for the FY 2007 Report	To be completed for the FY 2007 Report

¹ **Outcome Measure(s) Results** – please report on the specific Outcome Measure(s) in this table.

² **Progress Notes** – please include information about the successes and challenges in completing the Methods/Tasks, any information that will help us better understand your progress, and any assistance from DHS that would have helped or will help met these objectives in the future.

Year 3: July 2007 – June 2008				
Objectives	Methods / Tasks	Outcome Measure(s)	Outcome Measure(s) Results¹	Progress Notes²
A. Develop and maintain a local coalition	<ul style="list-style-type: none"> Expand membership list as appropriate. Envision community initiatives appropriate for the coalitions support based upon the real needs of the community and input from members.	<ul style="list-style-type: none"> The coalition will choose a community initiative in which to take part for the coming year. The initiative will revolve about immunizations and may be a result of an AFIX assessment. 	To be completed for the FY 2008 Report	To be completed for the FY 2008 Report
B. Assess different methods of communicating with members	The newsletter will continue to be a viable interesting vehicle of communicating changes in the vaccine schedule	Coalition members will be up to date on new vaccines, influenza, standing orders and changes to the immunization schedule.	To be completed for the FY 2008 Report	To be completed for the FY 2008 Report

¹ **Outcome Measure(s) Results** – please report on the specific Outcome Measure(s) in this table.

² **Progress Notes** – please include information about the successes and challenges in completing the Methods/Tasks, any information that will help us better understand your progress, and any assistance from DHS that would have helped or will help met these objectives in the future.

Local Health Department: Crook County, (2)
Outreach Activities: July 2005 – June 2006

Activity 1: Coalition meeting				
Objectives	Methods / Tasks	Outcome Measure(s)	Outcome Measure(s) Results¹	Progress Notes²
A. Educate medical assistants on new Pertussis vaccine and '05-'06 flu vaccine	<ul style="list-style-type: none"> Obtain a power point presentation on Tdap and 2005-2006 flu seasons. 	<ul style="list-style-type: none"> Present Tdap, and flu info to medical assistants. Answer questions, provide vaccine brochures. 	90% of providers represented by their medical assistants attended meeting.	Information well received.
Activity 2: 51 st Polio Vaccine Anniversary				
Objectives	Methods / Tasks	Outcome Measure(s)	Outcome Measure(s) Results¹	Progress Notes²

¹ **Outcome Measure(s) Results** – please report on the specific Outcome Measure(s) in this table.

² **Progress Notes** – please include information about the successes and challenges in completing the Methods/Tasks, any information that will help us better understand your progress, and any assistance from DHS that would have helped or will help met these objectives in the future.

<p>A .Celebrate 51st polio vaccine anniversary in April, 2006. Combine celebration with National Infant Immunization Week April 22-29.</p>	<ul style="list-style-type: none"> • Obtain celebration activities packet from CDC web site. • Write letter to local newspaper for an editorial opinion • Hold a month long celebration and enter kids' names age 0-2 into a drawing on May 1. • Place signs about vaccine on all reader boards at public schools 	<ul style="list-style-type: none"> • Church bells will be rung in the community at 10am as they were 51 years ago when it was announced the vaccine was effective. • Community will become aware of the significance of vaccine preventable diseases. • Community will understand the need for continued vigilance. 	<p>Two church bells rang in the community. The immunization coordinator was interviewed for a front page story on the polio vaccine that ran 3 columns and was on 2 pages. Bulletin board with historical newspaper clippings of polio vaccine in Crook County was created in main lobby. Kids names were entered into a drawing for a \$25.00 Wal-Mart gift card.</p>	<p>The community participated in the outreach activities and was very supportive. All public schools displayed polio vaccine information on the reader boards. A local group of elders offered to tell their stories of participation in the polio vaccine. Many older adults offered their remembrances. News clippings were cut out and placed in the LHD scrap book.</p>
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