Crook County Health and Human Services Department

Strategic Plan 2016-2020

12-28-16

VISION: "A healthy and safe future for the people of Crook County"

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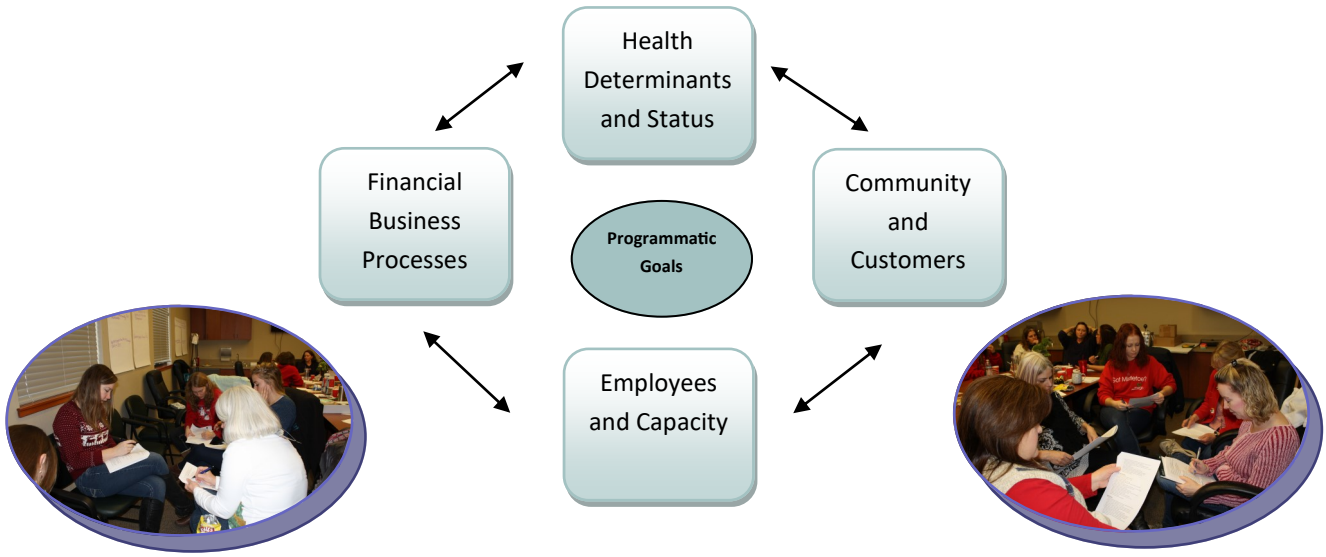
INTRODUCTION

In December 2015, Crook County Health Department (CCHD) initiated a strategic planning process. This document is an update to the original strategic plan developed in 2012. The 2016 Strategic Plan strives to align business activities to the vision and strategy of the organization, improve internal and external communications, and monitor organizational performance against strategic goals. The plan addresses strategic goals, objectives, performance measures, and initiatives with four perspectives of an organization: Health Determinants and Status, Financial/Business Processes, Employees and Capacity, and Community and Customers.



The department team met in December of 2015 to identify organizational priorities, define strategic goals, and develop strategies, measures, and deliverables for each goal. The process included a review of the 2012 CCHD Strategic Plan to determine completed goals and a plan to move forward. The 2016—2020 Strategic Plan was synchronized with the following through 2016:

- 2016 Central Oregon Regional Health Improvement Plan (RHIP)
- Oregon Modernization of Public Health Plan (PH Mod)
- Crook County Strategic Plan
- Addition of Human Services and Corrections Health programming

The Strategic Plan actions will be monitored through the Quality Improvement and Leadership Team with yearly progress updates.

ORGANIZATIONAL DESCRIPTION

Crook County Health & Human Services (CCHHS) focuses on prevention and uses selected interventions to prevent the spread of disease and reduce health risks. Prevention strategies are population based and designed to improve the overall health of communities. Through childhood immunizations and other services, CCHHS strives to make Crook County a safe and healthy place to live. Public health is on call 24/7/365 to respond to any public health emergency or disaster that could affect our community. Public health prevention measures also save taxpayers the costly expense of future medical treatment and premature death.

The Department currently provides the basic public health services as dictated by Oregon Revised Statutes. This includes:

- Prevention and Control of Communicable Diseases
- Parent-Child Health Services including Family Planning
- Environmental Health Service
- Public Health Emergency Preparedness
- Collection and Reporting of Health Status, Health Information, and Referral to other community agencies and clinical service providers

The future of public health in Oregon includes implementation of HB 3100, which will lead public health to a modernized model by 2023. This includes specific Foundational Programs: communicable disease, prevention and health promotion, environmental health, and access to clinical preventive services. As part of modernization, health departments are required to demonstrate the following competencies:

- Leadership and organizational competencies
- Health equity and cultural responsiveness
- Community partnership development
- Assessment and epidemiology
- Policy and planning
- Communication capabilities
- Emergency preparedness and response

The recommended priorities for 2017-2019 include:

- Communicable Disease
- Environmental Health
- Emergency Preparedness
- Healthy Equity
- Population Health Data (Assessment and Epidemiology)
- Leadership and Organizational Competencies—Performance Management and Accountability

Vision

"A healthy and safe future for the people of Crook County"

Mission

"The role of Crook County Health & Human Services Department is to preserve, promote, and improve the health and well-being of populations, communities, and individuals."

Values

Excellence—Fiscal Responsibility—Trust
Creativity and Innovation—Empowerment of Staff

Guiding Principles

- *We will demonstrate our respect for community members through our understanding and compassionate actions on behalf of those we serve.*
- *Every employee of CCHHS is part of the team. As a team, we will work to achieve our vision.*
- *All people must be treated with fairness, respect, and dignity in a culturally and linguistically relevant way demonstrating health equity.*
- *We will speak with honesty and act with the courage to "walk our talk".*
- *We will ensure courteous and efficient customer service.*
- *We will use our resources effectively, realizing that without community support we cannot effectively meet our vision and goals.*
- *We will maintain strong partnerships with community organizations, schools, and others to enhance public well-being.*
- *We will promote excellence in all we do.*
- *Creative and innovative "win-win" solutions to problems and issues will be encouraged.*
- *Positive risk taking and change is a norm.*

2016-2020 Strategic Goals

Health Determinants and Status

1. Promote Health and Prevent Disease
2. Monitor Community Health
3. Improve Awareness and Access to Public Health Services
4. Improve Referral and Follow-up Pathways

Financial/Business Process

5. Enhance, Allocate and Use Resources Effectively
6. Improve Business Practices

Employees and Capacity

7. Enhance System Performance and Quality Improvement
8. Strengthen Workforce to Address Emerging Issues and Future Trends in Public Health

Community/Partners

9. Enhance Marketing and Communication Plan
10. Coordinate and Integrate Services with Community Partners
11. Prepare to Respond to Public Health Threats and Emergencies
12. Promote Health Equity through Policy

partners

Health Determinants and Status

Goal 1: Promote Health and Prevent Disease

Foundational Programs and Capabilities: Communicable Disease, Environmental Health, Assessment and Epidemiology, Health Equity

Intended Results and Outcomes

- Reduced prevalence and incidence of disease
- Increased healthy behaviors
- Decreased health disparities and increased health equity

Strategies	Measures and Deliverables
1A. Participate in a system of community supports to prevent child abuse and neglect, safely reduce the number of children in foster care, and prevent family violence. (RHIP)	• Participate with community partners to decrease the rate of child abuse from 11.1 per 1000 (Department of Human Services, 2015) to 9.0 per 1000. • Participation in For the Children and Crook County Multi-Disciplinary Team.
1B. Monitor disease, health behaviors, disparities, social determinants and other factors that affect health to ensure programs and services meet documented need and demonstrate health equity.	• Evidence of a comprehensive health promotion program based on community need and the Regional Health Improvement Plan. • Timely action newsletters.
1C. Enforce laws and regulations that promote and protect health. (PH Mod)	• 100% of communicable disease & ICAA investigations will be completed within 10 days, as defined by OHA. • 100% of licensed facilities will receive inspections, as defined by rule.
1D. Improve oral health. (RHIP/SHIP)	• By 2019, increase the percentage of pre and postnatal women who have had a dental visit from 55.2% to 60% (RHIP, 2016).
1E. Provide evidence-based programs in health promotion and prevention. (RHIP/SHIP)	• Decrease the prevalence of adults who report no leisure time physical activity from 16% (BRFSS, 2010-2013) to 14%. • Decrease the prevalence of adults obesity from 27% (BRFSS, 2010-2013) to 20%. • Decrease the prevalence of 11th and 8th graders who are overweight from 14% and 16% respectively to 13% and 14%. (OHT) • Increase the percentage of women who breastfeed exclusively in the first 6 months from 33% (WIC, 2015) to 40%.

Strategies	Measures and Deliverables
1F. Prevent and reduce tobacco use. (RHIP/SHIP).	• Decrease the percentage of cigarette smoking among pregnant women from 19% to 12%. (OHA, 2013) • Decrease the prevalence of cigarette smoking among adults from 31% (BRFSS, 2010-2013) to 20%. • Decrease the prevalence of smoking among 8th graders from 3.1% (OHT, 2015) to 1.5% • Decrease the prevalence of smoking among 11th graders from 9.2% to 5% (age-adjusted) (OHT, 2015). • Enforce laws and regulations for ICAA and respond to indoor clean air act violations and complaints.
1G. Integrate Behavioral Health Prevention into Public Health.	• Documentation of training (ASSIST) for staff.
1H. Reduce harm associated with alcohol and substance use. (RHIP/SHIP)	• Decrease incidence of opioid overdose. • Decrease the percentage of 8th graders who used alcohol at least once within the last 30 days from 11.7% (OHT, 2015) to 9%. • Decrease the percentage of 11th graders who used alcohol at least once within the last 30 days from 32% (OHT, 2015) to 24%.
1I. Develop, advocate, and implement policies and activities that support individual and community health in the aging population. (PH Mod)	• Documentation of the number of policies developed. • Documentation of activities developed for aging population in Crook County.
1J. Develop and implement a system to monitor climate influence on health. (PH Mod)	• System in place to monitor air quality and asthma correlations. • Implement programs advocating for improved residential water use.

Goal 2: Monitor Community Health

Foundational Programs and Capabilities: Assessment and Epidemiology

Intended Results and Outcomes

- Reduced prevalence and incidence of disease
- Increased healthy behaviors
- Decreased health disparities and increased health equity

Strategies	Measures and Deliverables
2A. Participate in the development of the Regional Health Assessment and Regional Health Improvement Plan. (RHA/RHIP)	• Completed Regional Health Assessment and Regional Health Improvement Plan. • CCHHS 2016-2020 Strategic Plan aligned with priorities identified in RHIP.
2B. Develop data analytic capabilities through the Health Promotion Specialist Data Analyst position.	• Documentation of monthly data monitoring through Quality Improvement process.
2C. Develop system for monitoring community health demographic information and Regional Health Improvement Plan. (PH Mod)	• Monthly documentation through Quality Improvement process. • Monthly documentation through the Central Oregon Health Council (COHC) work-plans. • Community survey completed annually.

Goal 3: Improve Awareness and Access to Public Health Services

Foundational Programs and Capabilities: Access to Clinical Services, Health Equity

Intended Results and Outcomes

- Increased access to public health services
- Improve health through collaboration with community partners

Strategies	Measures and Deliverables
3A. Coordinate and integrate services through collaborative community partnerships, i.e. Maternal Child Health Initiative. (RHIP)	• Documentation of partnerships. • Increase the percentage of children who receive a developmental screen before age of 3 from 56% to 62%. (OHA Quality Measures)
3B. Expand public health home visiting services to reach a greater proportion of the population in need. (RHIP)	• 100% of pregnant women screened for referral to provider and services. • Increase the number of women in Crook County who receive prenatal care beginning in the first trimester from 77.8% to 90%. (OHA Quality Metrics) • Reduce low birth weight infants to less than 5% of births. (OHA)
3C. Ensure environment and services are trauma-informed and linguistically, culturally, and developmentally appropriate. (RHIP)	• 90% of respondents to CCHHS client satisfaction surveys are satisfied with staff sensitivity toward their culture and background. • Surveys collected and analyzed quarterly.
3D. Increase access to effective contraception for women of reproductive age. (RHIP)	• Increase effective contraceptive use among women of childbearing age from 31.4% to 50%. (OHA Quality Metrics)
3E. Improve immunization rates. (RHIP, BRFSS, and Oregon Health Improvement Plan)	• Increase the Crook County immunization status (0-24 mo.) from 63% to 80%. (OHA) • Increase the percentage of adults age 65+ who receive annual influenza vaccine from 62.4% to 68%. (BRFSS, 2010-2013)
3F. Assess clinical services to identify gaps, needs, and opportunities. (PH Mod)	• Assessment and recommendations completed annually.

Goal 4: Improve Referral and Follow-up Pathways

Foundational Programs and Capabilities: Access to Clinical Services, Health Equity

Intended Results and Outcomes

- Increased staff knowledge of referral processes
- Improved referral process for clients

Strategies	Measures and Deliverables
4A. Develop a process for tracking client referrals.	• Provide quarterly reports of program referral activities Quality Improvement Team. • Monitored through Quality Improvement Team Meetings.
4B. Develop relationships with providers to improve referral processes.	• Documentation of partner meetings.
4C. Focus on improved networking with Department of Human Services. (PH Mod)	• Quarterly outreach meetings with Department of Human Services. • Documentation of meetings.

Goal 5: Enhance, Allocate, and Use Resources Effectively

Foundational Programs and Capabilities: Leadership

Intended Results and Outcomes

- Resources are maximized to meet obligations, fit strategic priorities, and support community health
- Effectively assess, prioritize, and distribute funding, staff, assets, and expertise

Strategies	Measures and Deliverables
5A. Use data to assess resource allocation and align resources with strategic priorities. (PH Mod)	• Budgets developed for every program using identified data requirements. • Monitor resource allocation for alignment with strategic priorities.
5B. Enhance and monitor contracting and billing to ensure maximum revenue. (PH Mod)	• Review of monthly reports to assess income and billing outcomes. • Contracts in place.
5C. Assure financial viability of Crook County Health & Human Services Programs. (PH Mod, PHAB)	• Annual report to Board of Health.
5D. Monitor budget monthly and align with program goals and performance measures.	• Documentation of monthly monitoring of program budgets.
5E. Secure monetary and non-monetary resources that address identified needs (grant monitoring).	• Receipt and monitoring of identified grants. • Receipt of resources to address the RHIP through Central Oregon Health Council and Quality Incentive Metric funding.
5F. Improve technology to enhance billing process and efficiency. (PH Mod)	• Completed implementation of OCHIN/EPIC electronic health record modules.
5G. Create funding program for the School Based Health Center for support and health education.	• Documentation of meetings and coordination with Mosaic for School Based Health Center.
5H. Implement and align resources with Public Health Modernization. (PH Mod)	• Documentation of regional meetings and plan development.

Financial/Business Process

Goal 6: Improve Business Practices

Foundational Programs and Capabilities: Leadership

Intended Results and Outcomes

- Programs, services, and plans are aligned/integrated to maximize effectiveness
- Optimization of Electronic Health Record Systems
- Staff knowledge of policies and procedures

Strategies	Measures and Deliverables
6A. Review organizational structure annually and align to meet agency needs.	• Updated organizational chart. • Alignment with Modernization.
6B. Document, evaluate, and update work processes, policies, and procedures annually. (PH Mod)	• Maintain positive performance/findings on Triennial Review, Oregon Health Authority visits, Public Health Accreditation, and programmatic reviews.
6C. Optimize use of technology to increase efficiency, support work, and meet agency needs. (PH Mod)	• OCHIN electronic health record Home Visiting Module Completed. • OCHIN electronic health record Jail Health Module Completed.
6D. Increase internal communication and collaboration between programs.	• Documentation of staff meetings. • Documentation of program meetings.
6E. Update clinical policies and procedures yearly.	• Updated and signed yearly standing orders.

Goal 7: Enhance System Performance and the Public Health Quality Improvement System

Foundational Programs and Capabilities: Leadership

Intended Results and Outcomes

- Overall system of evaluation and accountability for programs.
- Data-informed environment where decisions and processes are linked to strategic goals and the Regional Health Improvement Plan

Employees/Capacity

Strategies	Measures and Deliverables
7A. Review all department policies, procedures and protocols as needed and annually, at minimum. (PH Mod)	• All policies and procedures stored on the shared drive. • Documentation of yearly review and or update of policies and procedures.
7B. Evaluate service and program outcomes as determined by Performance Management Yearly Plans. (PH Mod, PHAB)	• Documentation of monthly goals monitoring. • Documentation of monthly budget monitoring.
7C. The Performance Management Plan and QI Plan are aligned and updated annually. (PH Mod, PHAB)	• Documentation of yearly update for the Performance Management Plan • Documentation of yearly update for the Quality Improvement Plan.
7D. Assess customer service practices. (PHAB)	• Quarterly Customer Satisfaction Results.
E. Complete Modernization of Public Health Gap Analysis and development of the Public Health Modernization Plan. (PH Mod)	• Completed Public Health Modernization Plan.
7F. Accreditation standards are monitored and maintained through improved practice. (PHAB)	• Workgroups created for Public Health Accreditation Board (PHAB) work. • Annual PHAB report completed. • Annual documentation of Strategic Plan review.

Goal 8: Strengthen Workforce to Address Emerging Issues and Future Trends in Public Health

Foundational Programs and Capabilities: Leadership

Employees/Capacity

Intended Results and Outcomes

- Opportunities to enhance career goals and skills are available.
- Core competencies are identified and achieved.
- Excellence through shared staff vision and purpose.

Strategies	Measures and Deliverables
8A. Implement Learning Management and Performance Management System. (PH Mod, PHAB)	• Functional Learning Management system through Human Resources for training staff.
8B. Tie each position to performance management outcomes through evaluation and core competencies. (PHAB)	• Updated job descriptions to monitor performance management. • Recognition for excellence. • Self-care encouraged to increase staff resiliency. • 100% of job descriptions updated and core competencies identified. • 100% of staff performance evaluations include specific development goals.
8C. Revise and implement Workforce Development Plan. (PHAB)	• Updated Workforce Development Plan.
8D. Develop leadership practices that cultivate healthy relationships, teams, and organization. (PH Mod, PHAB)	• Positive job satisfaction as rated by staff. • 100% of performance evaluations completed on time.
8E. Empower staff to share responsibility for team and organizational culture. (PHAB)	• Retention monitored and reviewed quarterly.

Goal 9: Enhance Marketing and Communication Plan

Foundational Capability: Communication

Intended Results and Outcomes

- A fully developed and implemented external communication plan.
- Increased awareness of public health in Crook County.

Community/Partners

Strategies	Measures and Deliverables
9A. Update the Crook County Health Department Communication Plan. (PH Mod, PHAB)	• County Public Information contractor involved in updating the CCHHS communication plan. • Designation and development of work plan for department Public Information Officer. • Completed CCHHS marketing and awareness plan. • Reporting of marketing activities on Shared Drive Spreadsheet. • Public forums used to provide health tips to residents (flu, quitline, etc). • Allocation of program funds to marketing. • Complete plan for distributing marketing materials to partners. • Develop schedule and input process for bulletin boards. • Completed annual report for the community by May. • Improve the department's ability to communicate to clients through My Chart. • Staff designated to ensure Facebook updates provided at least twice per week.
9B. Website made current and relevant. (PH Mod, PHAB)	• Website links reviewed by assigned staff every six months and improved as needed.
9C. Support the development and maintenance of systems to regularly review community health demographics and data. (PH Mod, PHAB)	• Annual report of updated demographic information reviewed by the QI team.
9D. Improve internal communication	• Monthly all-staff meetings. • Bi-weekly program staff meetings. • Completion of annual staff satisfaction surveys.

Goal 10: Coordinate and Integrate Services with Partners

Foundational Programs and Capabilities: Leadership

Intended Results and Outcomes

- Crook County Public Health has a voice at regional, state, and national levels
- Public Health and partners offer services in the most efficient, effective, and accessible manner possible

Community/Partners

Strategies	Measures and Deliverables
10A. Establish commitment from partners to annually share Public Health Goals and Strategies. (PHAB)	• Documentation of monthly meeting with Lutheran Community Services North West. • Documentation of monthly meeting with Health Officer. • Meetings established for CCHHS staff and providers to meet staff and providers from partner organizations.
10B. Explore the development of a Public Health Advisory Board. (PH Mod)	• Meeting with tri-county health department for decision making on Public Health Advisory Board.
10C. Participate in regional health system transformation. (RHIP, PHAB)	• Staff participation on regional, state, and national committees and boards to improve public health.
10D. Participate in development of Regional Health Assessment and Improvement Plan. (RHA, RHIP, PHAB, PH Mod)	• Completed Regional Health Assessment (RHA) and Regional Health Improvement Plan (RHIP). • Results and implications of RHA and RHIP analyzed and reviewed. • CCHHS 2016-2020 Strategic Plan aligned with identified priorities in RHIP. • Staff involved in the RHA and RHIP process—Community Assessment.
10E. Participate on regional, state, and national boards as possible to improve public health.	• Documentation of CCHHS staff participation in RHIP, regional, state, and national projects.
10F. Apply for grant opportunities through Central Oregon Health Council and Pacific Source.	• Monitoring of grant opportunities.

Community/Partners

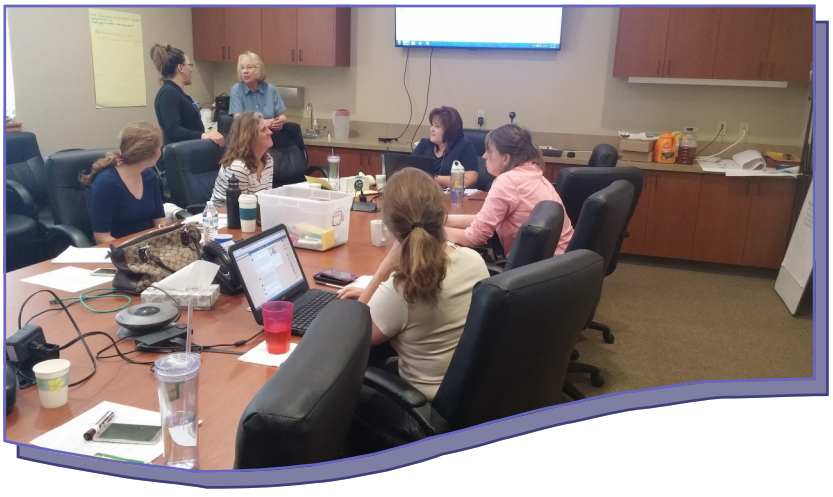
Goal 11: CCHD is Prepared to Respond to Public Health Threats and Emergencies

Foundational Capability: Public Health Preparedness

Intended Results and Outcomes

- Improved community resiliency.

Strategies	Measures and Deliverables
11A. Enhance emergency preparedness capacity throughout the community. (Crook County Strategic Plan). (PH Mod, PHAB)	• Training program maintained by Public Health Emergency Preparedness Coordinator and offered monthly to staff. • Increased presence in community. • Training provided by Public Health Emergency Preparedness Coordinator for community volunteers, including the Faith Based Community. • Documentation of staff training and exercise events.
11B. Increase capability in the area of vulnerable populations and planning. (PH Mod)	• Documentation of participation in Faith Based Network. • Work-plan developed for vulnerable populations. (Low SES, Disabled, Mental Health)
11C. Integrate behavioral health preparedness into public health response. (PH Mod)	• Documentation of development of behavior response plan.



Community/Partners

Goal 12: Promote Health Through Policy

Foundational Programs and Capabilities: Policy and Planning

Intended Results and Outcomes

- Health related policies to address priority population health needs and disparities are implemented

Strategies	Measures and Deliverables
12A. Participate in Coalition of Local Health Officials (CLHO) process for future legislative priorities for public health agencies. (PHAB)	• Tracking and monitoring of CLHO legislative priorities through session. • Staff updated and recommendations provided on positions on health policy. • Opportunities available for staff input regarding legislative/policy decisions.
12B. Provide quarterly updates to community leaders about public health legislative matters. (PHAB)	• Documentation of meetings with County Court and City Council on legislative/ policy matters.
12C. Institute transportation and zoning policies that encourage mass transit, walking, biking, and use of green space for physical activity. (PH Mod, PHAB, RHIP)	• Documentation of the local transportation policies/plans enacted.
12D. Increase the number of schools using the Centers for Disease Control School Health Index to improve their health policies and programs. (RHIP)	• Collaboration with schools to provide evidence-based interventions such as "Let's Move! Active Schools" that promote physical activity and nutrition education.
12E. Educate the public on health policy issues. (PH Mod, PHAB)	• Documentation of number of increased policy decisions. • Align health policy strategies with CCHHS priorities.
12F. Develop, advocate, and implement policies that support individual and community health. (PH Mod, PHAB)	• Community participation in Diabetes Prevention Program. • Increase in referrals to chronic disease self-management and prevention programs.

Regional Health Improvement Plan
PRIORITY AREAS—Public Health Role

Diabetes - Health Indicators:

- ⇒ Decrease the prevalence of adults who are overweight (BMI 25-29.9) from 33% to 31%.
- ⇒ Decrease the prevalence of 11th graders and 8th graders who are overweight from 14% and 16%, respectively to 13% and 14%.
- ⇒ Decrease the percentage of OHP participants with BMI greater than 30 from 31.5% to 30.9%.

Cardiovascular Disease - Health Indicators:

- ⇒ Decrease the prevalence of tobacco use among adults from 23% to 20%.
- ⇒ Decrease the prevalence of smoking among 11th and 8th graders from 12% and 6%, respectively to 9% and 3%.

Behavioral Health Identification and Awareness - Health Indicators:

- ⇒ Increase the number of SBIRT/CRAFFT screenings provided in health care settings to greater than 12%.

Behavioral Health: Substance Abuse and Chronic Pain - Health Indicators:

- ⇒ Increase the number of successful referrals of people with moderate to sever Substance Abuse Disorders from medical setting to specialty SUD services.

Oral Health - Health Indicators:

- ⇒ Increase the percentage of pre and postnatal women have had a dental visit from 55.2% to 60%.
- ⇒ Increase the percentage of children 6-14 years who received a dental sealant to 20%.
- ⇒ Decrease the percentage of 1st and 2nd graders with untreated dental decay that participate in the School Dental Sealant Program by 5%.
- ⇒ Increase the percentage of children 0-5 who received a dental service within the reporting year to 40%.

Reproductive Health and Maternal Child Health - Health Indicators:

- ⇒ Increase the number of women who receive prenatal care beginning in the first trimester from 86% to 90%.
- ⇒ Decrease the percentage of cigarette smoking among pregnant women from 19% to 12%.
- ⇒ Reduce low birth weight infants to less than 5% of live births.
- ⇒ Increase effective contraception use among women of childbearing age in Central Oregon from 31.4% to 50%.
- ⇒ Increase the child immunization status rate (0-24 months) from 62.1% to 80%.

State of Oregon Priorities

STATE HEALTH IMPROVEMENT PLAN PRIORITIES

- Prevent and Reduce Tobacco Use
- Slow the Increase of Obesity
- Improve Oral Health
- Reduce Harms Associated with Alcohol and Substance Use
- Prevent Deaths from Suicide
- Improve Immunization Rates
- Protect the Population from Communicable Diseases
  -Foodborne Illnesses
  -Health Care-Associated Infections
  -Sexually Transmitted Infections
  -Hepatitis C

PHAB STANDARDS—REQUIREMENTS

PHAB

Domain 1: Conduct and Disseminate Assessments Focused on Population Health Status and Public Health Issues Facing the Community

Standard 1.1: Participate in or Lead a Collaborative Process Resulting in a Comprehensive Community Health Assessment

Standard 1.2: Collect and Maintain Reliable, Comparable, and Valid Data that Provide Information on Conditions of Public Health Importance and On the Health Status of the Population

Standard 1.3: Analyze Public Health to Identify Trends in Health Problems, Environmental Public Health Hazards, and Social and Economic Factors that Affect the Public's Health

Standard 1.4: Provide and Use the Results of Health Data Analysis to Develop Recommendations Regarding Public Health Policy, Processes, Programs, or Interventions

Domain 2: Investigate Health Problems and Environmental Public Health Hazards to Protect the Community

Standard 2.1: Conduct Timely Investigations of Health Problems and Environmental Public Health Hazards

Standard 2.2: Contain/Mitigate Health Problems and Environmental Public Health Hazards

Standard 2.3: Ensure Access to Laboratory and Epidemiology/Environmental Public Health Expertise and Capacity to Investigate and Contain/Mitigate Public Health Problems and Environmental Public Health Hazards

Standard 2.4: Maintain a Plan with Policies and Procedures for Urgent and Non-Urgent Communications

Domain 3: Inform and Educate about Public Health Issues and Functions

Standard 3.1: Provide Health Education and Health Promotion Policies, Programs, Processes, and Interventions to Support Prevention and Wellness

Standard 3.2: Provide Information on Public Health Issues and Public Health Functions Through Multiple Methods to a Variety of Audiences

Domain 4: Engage with the Community to Identity and Address Health Problems

Standard 4.1: Engage with the Public Health System and the Community in Identifying and Addressing Health Problems through Collaborative Processes

Standard 4.2: Promote the Community's Understanding of and Support of Policies and Strategies that will Improve the Public's Health

PHAB STANDARDS—REQUIREMENTS

PHAB

Domain 5: Develop Public Health Policies and Plans

Standard 5.1: Serve as a Primary and Expert Resource for Establishing and Maintaining Public Health Policies, Practices, and Capacity

Standard 5.2: Conduct a Comprehensive Planning Process Resulting in a Community Health Improvement Plan

Standard 5.3: Develop and Implement a Health Department Organizational Strategic Plan

Standard 5.4: Maintain an All Hazards Emergency Operations Plan

Domain 6: Enforce Public Health Laws

Standard 6.1: Review Existing Laws and Work with Governing Entities and Elected/ Appointed Officials to Updated as Needed

Standard 6.2: Educate Individuals and Organizations on the Meaning, Purpose, and Benefit of Public Health Laws and How to Comply

Standard 6.3 Conduct and Monitor Public Health Enforcement Activities and Coordinate Notification of Violations among Appropriate Agencies

Domain 7: Promote Strategies to Improve Access to Health Care

Standard 7.1: Assess Health Care Service Capacity and Access to Health Care Services

Standard 7.2: Identify and Implement Strategies to Improve Access to Health Care Services

Domain 8: Maintain a Competent Public Health Workforce

Standard 8.1: Encourage the Development of a Sufficient Number of Qualified Public Health Workers

Standard 8.2: Ensure a Competent Workforce through Assessment of Staff Competencies, the Provision of Individual Training and Professional Development, and the Provision of a Supportive Work Environment

Domain 9: Evaluate and Continuously Improve Processes, Programs, and Interventions

Standard 9.1: Use a Performance Management System to Monitor Achievement of Organizational Objectives

Standard 9.2: Develop and Implement Quality Improvement Processes Integrated Into Organizational Practice, Programs, Processes, and Interventions

the Official Responsibilities of the Health Department and the Governing Entity

Standard 12.3: Encourage the Governing Entity's Engagement In the Public Health Department's Overall Obligations and Responsibilities

PHAB STANDARDS—REQUIREMENTS

Domain 10: Contribute to and Apply the Evidence Base of Public Health

Standard 10.1: Identify and Use the Best Available Evidence for Making Informed Public Health Practice Decisions

Standard 10.2 Promote Understanding and Use of the Current Body of Research Results, Evaluations, and Evidence-Based Practices and Appropriate Audiences

Domain 11: Maintain Administrative and Management Capacity

Standard 11.1: Develop and Maintain an Operational Infrastructure to Support the Performance of Public Health Functions

Standard 11.2: Establish Effective Financial Management Systems

Domain 12: Maintain Capacity to Engage the Public Health Governing Entity

Standard 12.1: Maintain Current Operational Definitions and Statements of the Public Health Roles, Responsibilities, and Authorities

Standard 12.2: Provide Information to the Governing Entity Regarding Public Health and the Official Responsibilities of the Health Department and the Governing Entity

Standard 12.3: Encourage the Governing Entity's Engagement In the Public Health Department's Overall Obligations and Responsibilities

PHAB

SWOT THEMES ANALYSIS

Strengths

1. Received Public Health Accreditation
2. Our workforce: accessible to the community, quality care, positive, friendly, knowledgeable, respected reputation
3. Our willingness to embrace change, evidence based, patient centered
4. Knowledge of the community, welcoming, open door policy
5. Supportive county government for public health programs
6. Collaborative community partners
7. Electronic health record system
8. Positive Triennial Review/Partner Relationships
9. New Staff
10. Improved vision for care and customer service
11. Staff development

Opportunities

1. State, regional, local support of health reform—Modernization of Public Health
2. Better care for our clients through integration
3. Work with regional partners through WEBCO and Central Oregon Health Council
4. Grant opportunities – VISTA, AmeriCorps members, Health Promotion staff
5. Electronic Health Record Implementation/ MCH
6. Environmental Health as part of CCHD
7. Improved social marketing for Public Health—tobacco cessation, WIC, FP
8. Implement "One Key Question" Funding from CCO
9. Implementation of Tri-County initiatives
10. Public Health Preparedness Training
11. Improved health education in the schools
12. Continued participation by staff/director at local, regional, state, and national meetings
13. Improve social media policies

Challenges/Weaknesses

1. Complex regulatory requirements
2. Management in a changing environment
3. Measuring the impact of our work (outcomes)
4. Small department—infrastructure challenges
5. Funding issues
6. Multi-cultural needs
7. Need for competitive salaries with other health departments
8. Space issues
9. Increased need for coordination with CCO
10. Communication with DHS

Threats

1. A down economy; impact on community, funding
2. Community concerns—Health care reform
3. Impact of social determinants of health
4. High unemployment in Crook County
5. Changing political climates
6. Lack of public understanding of the role of public health
7. Climate change
8. Natural disasters
9. Terrorism/Domestic
10. Lack of community support for pregnant teens
11. High risk populations due to relocation
12. Staff burnout
13. Lack of resources, housing
14. Increased drug use, child abuse
15. Funding variability creates challenges
16. Homeless population increasing

SUCCESSES NOTED FROM THE 2012 STRATEGIC PLAN

- Completion of the Central Oregon Regional Health Assessment and Regional Health Improvement Plan
- Completion of the Modernization of Public Health gap analysis.
- Health Department bilingual staff completed program certification
- Excellent 2015 State Triennial Review
- The Crook County Kids Clinic (SBHC) expanded with a Pediatrician, Nurse Practitioner, and Mental Health Therapist
- Coordinated Home Visit Services with Jefferson and Deschutes County to coordinate a regional Maternity Case Management Program with a regional coordinator
- Increased RN availability during WIC clinics for immunizations
- Completed a Climate Change Project and coordinated efforts with the City of Prineville
- Incorporated Environmental Health into Crook County Health Department
- Tobacco Prevention staff collaborated with Mosaic Medical to create a Tobacco Free campus policy for Mosaic and Crook County Health Department
- Tobacco Prevention staff worked with Crook County Library to adopt a Tobacco Free Campus policy
- Continued work with the City of Prineville and Crook County in coordination with Central Oregon Trail Alliance to improve walking, bicycle trails, and develop a Bike Park in Prineville
- Coordinated Worksite Wellness Team for Crook County/City of Prineville
- Completed Public Health Accreditation Process and become accredited in Fall of 2014
- Received an award for Small Health Department of the Year through NACCHO
- Participated in the development of the Early Learning Hub in Central Oregon
- Implemented Electronic Health Record and Practice Management system
- Improved billing through additional contracting agreements with insurance companies
- Created infrastructure to hire a fulltime Public Health Preparedness Coordinator
- Participated in a multi-county MOU for Public Health Preparedness in Crook County and Cascadia Exercise
- Continued AmeriCorp/VISTA successful program
- Received awards in the WIC Program for outstanding service
- Participated regionally to create a Tri-County Health Families Program
- Created infrastructure to expand Health Promotion Programs

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ABBREVIATIONS

BRFSS	Behavioral Risk Factor Surveillance Survey
CCHD	Crook County Health Department
CCHHS	Crook County Health & Human Services
CDC	Centers for Disease Control
CLHO	Coalition of Local Health Officials
COHC	Central Oregon Health Council
ICAA	Indoor Clean Air Act
DHS	Department of Human Services
OHA	Oregon Health Authority—Public Health
OHT	Oregon Healthy Teen Survey
OHSU	Oregon Health Sciences University
PHAB	Public Health Advisory Board
PH Mod	Public Health Modernization
PIO	Public Information Officer
QI	Quality Improvement
QIM	Quality Incentive Metric
RHA	Regional Health Assessment
RHIP	Regional Health Improvement Plan
SHIP	State of Oregon Health Improvement Plan
WIC	Women, Infant, and Children's Program

APPROVAL SIGNATURES:

_____ _____

Seth Crawford, County Judge **Date**

_____ _____

Jerry Brummer, Commissioner **Date**

_____ _____

Muriel DeLaVergne-Brown, RN, MPH **Date**

Crook County Health & Human Services Director

Crook County Health and Human Services

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For information or questions about this document contact Crook County Health & Human Services at 541-447-5165.

"Public Health is all around us: the water we drink, the immunizations we receive, and the environment in which we live."

"Health Care is vital to all of us some of the time, but public health is vital to all of us all of the time."

C. Everett Koop