

Harney County Annual Plan 2007/2008

Executive Summary

Harney County is a large county with a small population, 10,000 acres and 7,670 residents. Along with these challenges we are seeing a shift in the ages of our population. The younger families are decreasing in numbers and the older retirees are increasing in numbers. The job opportunities are slim for the younger people to have an adequate income; therefore they rely on the programs that we offer such as WIC, Family Planning and Immunizations.

Our future goals are to address the issues of the older population as this is the shift in demographics. Being small, and still having the programs for the young that are labor intensive, the change is slow. We have, however, been able to collaborate with the local hospital and provide the class "Living Well with Chronic Conditions" twice a year for the past year and half. This has been well received by the community.

In the fall we visit each rural school. We present education on a health care issue. This year it was disease prevention on covering your cough and hand washing. We also bring vaccinations that are due along with flu and pneumonia vaccine for the community. We want to promote healthy lifestyles and medical career choices.

In the two years prior we have had problems acquiring adequate supplies of flu vaccine. It has impacted both our creditability as a provider of flu vaccine and also has greatly impacted the financial aspect of these clinics. This year our clinic attendance was down by 25%. The public is not waiting to see if we get vaccine but going to the commercial sites when vaccine is offered. We are caught between the recommendations of waiting until later in the fall for better outcomes of flu prevention or going with the public request of earlier vaccinations.

We experienced a Pertussis outbreak starting in December 2006 and lasting until March 2007. This stretched our resources and made the Incident Command Model very meaningful. During the outbreak we had 10 confirmed and 6 presumptive cases. We performed 64 naso pharyngeal tests for pertussis. We visited 4 schools in the county for special vaccination clinics with a total of 817 Tdap vaccinations given. We also spent 2 days in the Jr and Sr High schools with a Hand Washing Demonstration using visual glow germ return demonstrations. These schools were targeted as that is where the outbreak was the greatest. This becomes more amazing when our entire health department staff consists of 2 full time and 4 part-time employees.

A high point of the year came at the Immunization Conference held in May. We received 3 prestigious awards:

- For having the lowest missed shots rate among Oregon's Local Health Departments in 2006
- For demonstrating the most improvement in two year old immunization rates among Oregon's Local Health Departments in 2006
- For reaching the National Health People 2010 Goal of having at least 80% of two year olds fully vaccinated with the 4 DTaP, 3 Polio, 1MMR, 3 HIB, 3 HepB series

We are making inroads into Disaster Preparedness Plans for the county. This is a laborious task. The community is very interested and willing to be involved in its development.

Our Dental Health program is really taking off. The parents are very appreciative and willing to participate. We see the children as they go through the WIC clinic. Each child is given a visual exam and a fluoride varnish treatment every 6 months with referrals to their dentists. We work with the collaboration of the local dental office who are seeing the benefits of this program. The second phase of our dental health thrust is for the pregnant women. They are encouraged to have their dental health assessed with dental disease stopped followed by 2 weeks of using chlorhexidine mouth wash prior to the baby's birth. Following the babies birth chewing Xylitol sweetened gum for 6 months is encouraged with the gum provided under a grant funding source. This further reduces the incidence of tooth decay for children under 5 years old.

Funding is tight. We rely on Timber Receipt monies to fill in gaps that the state funding leaves. It is a challenge to meet the ever changing guidelines with dwindling funding sources. Fortunately we have been able to keep the programs going with generous contributions from the county general funds which have limits.

Harney County Annual Plan 2007/2008

Our Action Plan continues as described in the 2006/2007 Annual Plan. A brief summary of our commitment to the goals are as follows.

We are continuing our efforts in the immunization department for completeness of immunizations for 2 year olds and to keep the number of missed opportunities low.

We are dedicated in providing timely, thorough CD investigations.

Our family planning program continues to thrive. We work with the State to provide a wide range of options along with receiving appropriate reimbursement

The disaster preparedness plans are being written. We got off to a slow start but are working at getting the guidelines met.

We are again participating in the BCC Plan. It has new challenges but is an asset to our community.

Environmental health has been well received since the county now is supervising the program. The people receive more attention thus making this county's food services safer for all.

County Court
Steve Grasty – County Judge
Dan Nichols – County Commissioner
Jack Drinkwater – County Commissioner

Health Department Administrator
Steve Grasty

Cheryl Keniston RN
Health Department Supervisor

TB Management

Melanie Thomas, RN
Program Manager for:

Carolyn Wood RN &
Program Managers for:

Marilynn Scheen RN
Program Manager for:

Desi Davis – Office Manager
Program Manager for:

Patty Schultz
Office Assistant

Babies First/CaCoon
Maternal Case Manag.

Dental Health

Family Planning
Immunizations
Well Child
HIV Prevention/Education
Communicable Disease

Tobacco Cessation (not in place)
Car Seat Program/Safe Kids
Vital Records
WIC
Bio Terrorism
HAN

BCC



Harney County Health Department
2007-2008
Annual Plan

Maternal and Child Health Programs

Current Issues:

Prevention of early childhood cavities

Goals:

- Reduction and/or prevention of early childhood cavities
- Increase knowledge of dental disease and how to decrease it for the family
- Increase numbers of children and pregnant women with a dental home

Activities:

- Offer visual exams and fluoride varnish every 6 months
- Instruct on oral hygiene for the family
- Provide tooth brushes and dental floss
- Instruct on bottle mouth prevention
- Assist with finding dental homes for families

Evaluation:

- Keep tallies of reported visits to the dentist
- Request reports from the dentists on childhood cavities
- Keep tallies of visual problems noted on health office exams

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. N/A followed by the State
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. By the State
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. By the DEQ
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.
Not within the public health department
62. Yes No ___ Indoor clean air complaints in licensed facilities are investigated. By DEQ
63. Yes No ___ Environmental contamination potentially impacting public health or the environment is investigated. Not through the local Health Department
64. Yes No ___ The health and safety of the public is being protected through hazardous incidence investigation and response. Not directly through the local Health Department.
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 X Health department provides or refers to services that promote detecting chronic diseases and preventing their complications.
79. Yes ___ No X A mechanism exists for intervening where there is reported elder abuse or neglect.
80. Yes ___ No X 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 X 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 X No ___ Perinatal care is provided directly or by referral.
83. Yes X No ___ Immunizations are provided for infants, children, adolescents and adults either directly or by referral.
84. Yes X No ___ Comprehensive family planning services are provided directly or by referral.
85. Yes X 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 X No ___ Child abuse prevention and treatment services are provided directly or by referral.
87. Yes X No ___ There is a system or mechanism in place to assure participation in multi-disciplinary teams addressing abuse and domestic violence.
88. Yes X No ___ There is a system in place for identifying and following up on high risk infants.
89. Yes X 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 X 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.

104. Yes ___ No X 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.

Plans to meet the minimum qualifications continue to be a challenge. We will continue to take courses and in-services to increase the educational components necessary to better meet the needs of this position.

FY 2007 - 2008 WIC Nutrition Education Plan Form

County/Agency: Harney County Health Department

Person Completing Form: Desi Davis

Date: 5/15/07

Phone Number: 541 573-2271

Email Address: desireed@centurytel.net

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

Year 1 Objective: During plan period, staff will be able to correctly assess nutrition and dietary risks.

Activity 1:

All certifiers will complete the Nutrition Risk Module by December 31, 2007.

Resources: Nutrition Risk Module distributed to all agencies 2/07.
Information provided from Nutrition Risk Module Regional Train-the-Trainer sessions 4/07.

Implementation Plan and Timeline:

By December 31, 2007 all certifiers will have completed the new Nutrition Risk Module. We will have a planned in-service day for the certifiers to complete it as a group.

Activity 2:

All certifiers will complete the revised Dietary Risk Module (to be released September 2007) by March 31, 2008.

Resources: Information provided from Dietary Risk Module Training.

Implementation Plan and Timeline:

By March 31, 2008 all certifiers will have completed the new Dietary Risk Module. We will have a planned in-service day for the certifiers to complete it as a group.

Activity 3:

Each agency will select at least one staff member to participate in a State workgroup to identify key nutrition messages used in WIC and implement strategies for integrating these messages into clinic practices. See Attachment A for details on participation and content.

Staff name(s): Desi Davis

Email address(s): desireed@centurytel.net

Phone Number(s): (541) 573-2271

Activity 4:

Identify your agency training supervisor(s) and projected staff in-service training dates and topics for FY 2007-2008. Complete and return Attachment B by May 1, 2007.

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

Year 1 Objective A: During Plan period, each local agency will implement strategies to provide targeted, quality nutrition education.

Activity 1:

Using state provided resources, conduct a needs assessment of your community by September 30, 2007, to determine relevant nutritional health concerns and assure that your nutrition education offerings meet the needs of your WIC population.

Resources include: TWIST Reports, PEDS Data, Oral Health Data, Healthy Active Oregon Communities' Initiatives. Resources will be provided July 2007.

Implementation Plan and Timeline:

Using state provided resources, we will conduct a needs assessment of our community and determine relevant nutritional health concerns and assure that our 2nd NE offerings meet the needs of our WIC population. This will be completed by 9/20/07. We will use our finding to change our WIC NE Classes if needed.

Activity 2: Complete Activity 2A or 2B depending upon the type of second nutrition education activities your agency offers.

Resources include: Information from Goal 2, Activity 1, Oregon WIC Nutrition Education Guidance.

Activity 2A:

By October 31, 2007, submit an Annual Group Nutrition Education schedule for your agency for 2008. Complete and return Attachment C by October 31, 2007. Make copies of the schedule as needed. If your agency does not offer group nutrition education activities, complete Activity 2B.

Implementation Plan and Timeline:

We will set up 2nd NE classes for 2008 by 10/31/07. We will fill out and return Attachment C to the state.

Activity 2B:

If your agency does not offer group nutrition education activities, how do you determine 2nd individual nutrition education is appropriate to the individual client's needs?

Response:

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

Year 1 Objective: During Plan period, each local agency will develop at least one specific objective and implement at least one activity to help facilitate healthy behavior change for WIC staff and at least one specific objective and activity to help facilitate healthy behavior change for WIC clients.

This objective gives you the opportunity to address relevant issues and “customize” activities for your agency. For example, you could utilize findings from the prior 3 Year Nutrition Education Plan to determine the most common barriers to making healthy behavior changes. Develop the objective and activity to address those barriers.

Activity 1:

Local Agency Objective to facilitate healthy behavior change for WIC Staff:

Local Agency Staff Activity:

We will take our 15 minute breaks and walk for that time.

Implementation Plan and Timeline: Include why this objective was chosen, what you hope to change, how and when you will implement the activity, and how you will evaluate its effectiveness.

I have chosen this activity because we get so caught up in our work that we don't take our breaks, and we need them. And, to get out of the building and in to the fresh air is important. I plan on implementing this by July 1, 2007. I will then make up a survey and have them fill it out by October 31, 2007, so I can track their progress, i.e. how do you feel after your walk? Are you refreshed? Is it easier to make it through the day?

Activity 2:

Local Agency Objective to facilitate healthy behavior change for WIC Clients:

A fruits and veggies contest.

Local Agency Client Activity:

I would like to have a "contest" with our WIC clients. Have them keep track of their weekly fruits and veggies intake, then have them come in and turn a form in once a week. Whoever consumes the most fruits and veggies will win a prize. I would like to start on 7/1/07 and continue through 12/31/07.

Implementation Plan and Timeline: Include why this objective was chosen, what you hope to change, how and when you will implement the activity, and how you will evaluate its effectiveness.

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

Year 1 Objective: During Plan period, each local agency will develop at least one objective and activity to help improve breastfeeding outcomes for WIC staff or WIC clients.

Consider using findings from the prior 3 Year Nutrition Education Plan to help identify and address common barriers to breastfeeding.

Activity 1:

Breastfeeding Objective:
To increase breastfeeding in Harney County.

Breastfeeding Activity supporting the above objective:

Participate in World Breastfeeding week to raise awareness of the importance of exclusively breastfeeding for the first 6 months of life, and continue as long as mother and baby mutually desire.

Implementation Plan and Timeline: Include why this objective was chosen, what you hope to change, how and when you will implement the activity, and how you will evaluate its effectiveness.

During the week of August 1-7, 2007 we will run radio ads, put up posters at partner agencies, and give hand-outs on the importance of breastfeeding. We will get these materials from www.worldbreastfeedingweek.org.

**FAMILY PLANNING PROGRAM ANNUAL PLAN FOR HARNEY
COUNTY PUBLIC HEALTH DEPARTMENT
FY'08**

Agency: Harney County Contact: Marilyn Scheen RN

Goal 1: Assure continued high quality clinical family planning and related preventative health services to improve overall individual and community.

Problem Statement	Objective(s)	Planned Activities	Evaluation
Rate of pregnancies averted has decreased	Increase the availability of ECP's.	Reevaluate our policy and procedure for making ECP's available to our clients for consistency, fairness and effectiveness.	Assess quarterly the increase or decrease in ECP distribution. Quarterly survey of the services from the FP clients.
	Instruct in more effective BC methods	Train staff in teaching effective methods of BC.	Instruction for the staff on BC methods and teaching methods.

Goal 2: Assure ongoing access to a broad range of effective family planning methods and related preventative health services.

Problem Statement	Objective(s)	Planned Activities	Evaluation
Tight funding for the FP Program	Continue to offer high cost, medium cost and low cost contraception options.	Careful assessment of clients needs and wishes for use of BC methods. Staff training on BC methods and cost containment efforts.	Review revenue quarterly. Meet with staff quarterly for their feedback.

VI. Budget

Harney County Budget information can be obtained from:

Ellen Nellie Franklin, County Treasurer
450 N Buena Vista Ave
Burns, Oregon 97720
541-573 6541

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.

Steve Grasty, Harney County Judge
Local Public Health Authority

Harney County
County

June 18, 2007
Date