

Executive Summary 2008-2009

Continuing a trend Grant County has had a decline in Program dollars for 2007-2008. The 2004-2005 total grant amounts equaled \$218,854. By 2005-2006 this had declined to \$150,056 and currently we are funded at \$143,364. Recently we have been notified that there has been an increase in funding to SSPH, this amount will double in 2007-2008 which will be much appreciated.

This steady decline in state funding has resulted in the need for the Health Department to look for creative ways to remain viable. Currently we are investigating a change in operations to the Health District through Blue Mountain Hospital. Although the Health Department will not be receiving funding dollars directly from the Health District, the Health District does have an understanding of health clinic management, clinical staffing issues and will be able to support the administrator in areas like purchasing and contracting.

In past annual plans access to dental care for the uninsured and low income families was identified as a significant problem. Within the past year, Grant County Health Department, through the Healthy Smiles for Grant County Dental Coalition has received a grant for \$80,000.00 to modify an existing building for use as a permanent dental clinic. The goal will be to operate twice a month in a permanent facility rather than quarterly as we are now doing using the World Vision Dental Van. Local dentists will continue to offer their services without charge. We have received a second grant for \$22,000.00 through the Commission of Children and Families that will allow the Health Department to pay for the dental hygienists and assistants needed to operationally support the clinic. It is also our intention to apply for an expansion of Rural Health Clinic (RHC) services to include urgent dental treatment for Medicaid open card members which would help the clinic become financially viable long term. Additionally, the clinic will ask for a small donation from patients who come for treatment. A "Five Minutes for Families" 2007 community survey, initiated by the Grant County Commission on Children and Families, ranked access to health care #6 out of 19 issues of great concern. This dental clinic is our Health Department effort to impact problems with access to dental health care, potentially improving the health of our county residents.

In the coming year it is our intention to apply for a school based health center grant. We have made application in the past but were not accepted. Through the efforts of the dental coalition we have successfully provided dental care to low and uninsured Grant County residents. This success demonstrates the ability of Grant County Health Department to recognize a critical need, identify community partners committed to making a change, establish a planning and oversight committee, and move an idea from concept to reality.

Grant County Health Department is also considering expanding our environmental health responsibilities to include the drinking water program. That decision will be dependant on adequate funding for the part time position that will be needed to fulfill the requirements of the program.

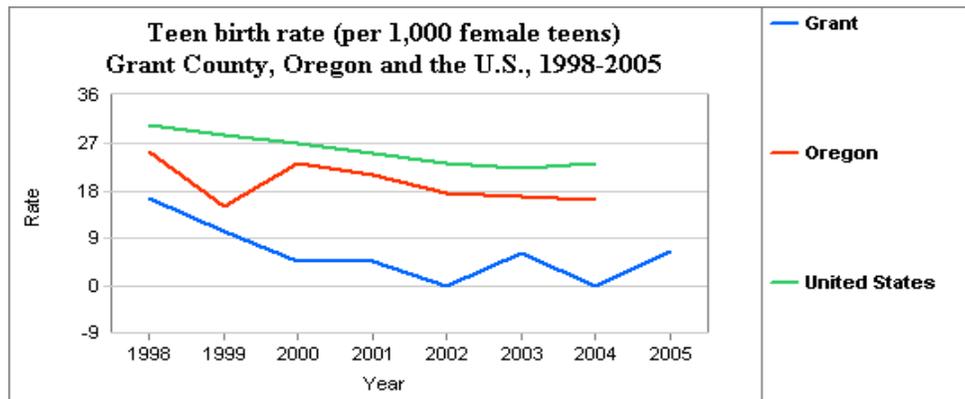
II. Assessment: n/a

III. Action Plan

A. Epidemiology and control of preventable diseases and disorders-no change

B. Parent and child health services, including family planning clinics:

This year rather than using our billing system to determine the number of family planning visits our data is taken from Ahlers. This requires a clarification of data from 2005-2006. In 2005-2006 Grant County Health Department had 624 family planning visits for 314 unduplicated women. For 2006-2007 this increased to 679 family planning visits for 315 unduplicated women.



The teen birth rate in 2005 was 6 per 1,000

There was 1 birth to females age 15-17 in 2005 and current Center for Health Statistics data shows no teen pregnancies for 2006-7 in the 10-17 age group.

WIC: This report has been previously submitted.

Maternal and child health:

Infant and perinatal health

i.f. One of our goals for 2008-2009 is to increase breast feeding rates in Grant County. In the past year one of the Health Department employees received certification as a lactation consultant and has since been working with the physicians and nurses at Blue Mountain Hospital to integrate the first breast feeding interaction into the immediate postnatal period. Additionally she participates in the prenatal classes.

ii.g.

Time Period: 2008-2009				
GOAL: Increase prevention of early childhood caries				
<p>1. Objectives: Our goal for 2007-2008 was to form a dental coalition with the ultimate goal of providing dental care to children without dental resources. We also hoped to provide urgent and emergent dental care to qualified children.</p> <p>We have met this goal through the use of the World Vision Dental Van. Over the past year 96 children and 11 adults received services for their most urgent dental needs. The monetary value of this care approaches \$40,000.</p> <p>Our goal for 2008-2009 is to establish a permanent site for the dental clinic so that services can be provided on a more frequent basis.</p>	<p>2. Plan for Methods/Activities/Practice</p> <p>a) We have received four grants totaling \$112,000. \$10,000 of this money will be used towards continuing service with the World Vision Dental Van until the permanent facility is completed.</p> <p>b) The dental coalition has been rolled into the health department due to the complexity of managing this service without fiscal and administrative support.</p> <p>c) We intend to work toward having the dental program become self sustaining, either through local contributions, grants or reimbursement.</p> <p>d) We intend to apply for an extension of our RHC to include dental services which will help the clinic become sustainable.</p>	<p>3. Outcome Measure(s)</p> <p>a) A permanent facility will be established for the provision of dental care to the needy of Grant County.</p> <p>b) Local dentists will continue to provide volunteer services but the Health Department will work to compensate them for their staff time.</p> <p>c. The permanent facility will not be operational until 2008 but we hope to exceed the number treated in the previous year by June 31, 2008.</p>	<p>4. Outcome Measure(s).</p> <p>More than 96 children and 11 adults were provided services between 1/2008-6/31/2008</p>	<p>5. Progress Notes</p> <p>We have accomplished a great deal in the past year, we hope to be operational by January 1 2008, providing services on a twice a month basis.</p>

Immunization Action Plan: Our goals for 2008-2009 are unchanged.

<p>Improve Td immunization rates for adults.</p>	<p>A. Continue to query about the status of Td immunization at the initial visit to the clinic. Anyone not up to date will be offered immunization. B. At the June Health Fair, all adults visiting the HD table will be asked about their current Td status, and if appropriate the immunization will be given.</p>	<p>A. All patients presenting to the clinic for the first time will be asked about their Td immunization status on the initial history and physical form. Patients who have not had a recent Td will be offered one. At the end of the year this number will be compared to the previous year.</p>	<p>Our Td numbers have not increased in the past year as we had hoped. In 2006, 91 doses were given to adults. This declined to 61 for 2007. It is our belief that this number is declining because we have immunized the majority of county residents.</p>	<p>Improve our Td rates by 10% for 2008-2009</p>
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³ **Outcome Measure(s) Results** – please report on the specific Outcome Measure(s) in this table.

⁴ **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.

July 2008 – June 2009

Objectives	Methods / Tasks	Outcome Measure(s)	Outcome Measure(s) Results³	Progress Notes⁴
<p>A. Improve hepatitis A and B immunization rates for adults 19-64</p>	<p>A. Ask about immunization status at each visit, offer information re: Hep A and B. B. Focus on offering immunizations to all participants in this age group at the health fair each year.</p>	<ul style="list-style-type: none"> • 1% increase in the number of Hep A and B immunizations given 	<p>Our immunization numbers for Hep A and Hep B have not improved over the past year as we had hoped. Our total for 2006-2007 was 50 doses of both Hep A and Hep B and 13 doses of combined vaccine. We will continue to offer the immunization at every clinic visit and at the June Health Fair. We also intend to offer the vaccine to inmates at the local correctional facility.</p>	<p>We have not been able to successfully implement a process that assures every adult person at each encounter is queried about their immunization status. We are currently evaluating the following possibilities: another more extensive media campaign, adding a question about immunization status on our intake form, including a brochure on Hep A,B immunization with information to each new client.</p>

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, and 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.

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

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

AND

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

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

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

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

OR

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

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

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

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

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.

___John Combs_____
Local Public Health Authority

___Grant_____
County

___5/15/08___
Date

Response to 105: We have a baccalaureate prepared nurse who is currently receiving training to be sanitarian. He is working with Ray Huff our contract sanitarian and they are covering both Grant and Harney counties. I do not anticipate he will have enough hours to practice independently until 2009.

**GRANT COUNTY HEALTH DEPARTMENT
ORGANIZATIONAL CHART**

GRANT COUNTY COURT

Mark Webb, Judge
Boyd Britton, Commissioner
Scott Myers, Commissioner

ADMINISTRATOR
NURSE SUPERVISOR

John Combs, RN, REHST, PHEP

MEDICAL DIRECTOR
HEALTH OFFICER

Robert E. Holland, M.D.

CONTRACT NURSES

Linda Sprouffske, RN

ALL OTHER DEPARTMENT STAFF

Donna Adams, Business Office Manager
Anna Gillihan, Secretary/Receptionist
Joanne Moles, Secretart/Receptionist