

Harney County Health Department
420 N Fairview Ave
Burns, Oregon 97720

January 23, 2013

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

Dear Tom,

Attached please find Harney County's Public Health Annual Plan for 2012-2013 which is being submitted pursuant to OR 431.385. This plan has been prepared according to instructions and assures that the activities defined in ORS 431.374 – 431.416 are performed. If you have any questions or need further information, please contact us at 541-573-2271.

Respectfully,

Barbara Rothgeb, Director & Nursing Supervisor
Harney County Health Department

Harney County Health Department Annual Plan 2012-2013

Executive Summary

Harney County remains large in area, 10,133 square miles. Our population went down by 177 persons in the 2010 census count. That was a decrease of 2.5 %. We still have a high unemployment rate. The major industries are cattle and hay ranching, medical services, and government agencies.

The health department programs are well utilized by the population. We have a transient population in WIC. They come to town then leave when things do not work out. Even with great migration in and out our numbers remain fairly stable.

It was decided to not pursue a School Based Health Center due to the tight budgets of the county, the school district, and the state. Much work had gone into the development of the program. It was with much sadness that we were forced to stop it at this time.

Our staffing of the office has been in flux. Our current staff is 2 1 full time RN's, 1 ½ Office Staff, ½ TPEP, 1 Medical Assistant, and ½ time RN 1/2 Supervisor. Everyone is cross trained and very good at finding ways to accommodate all the activities of the Health Department. A new Director/Nursing Supervisor was hired in January of 2012 as a 1/2 time position combined with a ½ time RN position. In addition to the regular employed staff, the Health Department was approved as a site for a VISTA volunteer. An MPH prepared VISTA volunteer joined us in April to work on Healthy People projects. She has been administering the CDC Adult immunization Grant, working with the local hospital on a HEAL (Healthy Eating Active Living) grant and doing various other projects as well.

The county values the services that are provided to the county and are very supportive financially and of the programs.

The Intimate Partner Violence grant being administered by the HHOPE(domestic violence) shelter is currently under review by the Department of Justice. Hopefully, the partnership previously organized between DHS, HHOPE and the Health Department will be intact and functioning at the end of the review.It has been a year that we have participated. Success is slow but it is building with community education and dedicated workers.

Our partnership with Grant County continues with the Environmental Specialist doing our sanitary inspections. John Combs has completed his internship and now is licensed on his own. He continues to provide excellent service to the residence of Harney County.

Harney County Health Department

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Assessment

Harney County is a large county in eastern Oregon. The county population is 7,422 and has an area of 10,133 square miles resulting in a population of 0.7 per square mile. This in itself makes health delivery an issue. The per capita income for the county is \$3,000 less than the state. The median household income for HC residents is \$34,066 which is \$14,000 less than the Oregon average. We are an economic disadvantage county. It is interesting that the community as a whole continues to have a positive attitude toward life in general.

We remain an "old west" culture. Our county is managed by the County Judge who is also the public health administrator. There are also two elected county commissioners. They deal not only with health issues but economic and social issues facing our county. We do embrace the modern way of life but our basic core values remain with our forefathers who were honest hard working individuals who took enjoyment from everyday occurrences.

The southern section of the county is mostly large cattle ranches. Our ranch workers are called buckaroos after the influence that the Spanish had in the south west. With fuel prices high and distance being an issue, the ranch residents come to town possibly once a month for supplies and appointments. We at the health department recognize these challenges and work to provide services when needed. During the fall the Health Department visits the small communities. We set up shop and offer flu, pneumonia, Tdap and other vaccinations needed by the children. We also bring health related programs for the school children. Our goal is to improve their health education and interest them in careers in the health field.

Chronic disease and heart disease is higher than the state average. One factor that affects both is the rate of tobacco use in the county. We have made inroads into reducing tobacco use but much more work needs to be done. Smokeless tobacco remains high on the list of tobacco products used in Harney County both in the male and female populations.

During the past year Harney District Hospital has offered programs for weight loss that have been very successful. They are also working on activity programs for both adults and children. The CHIP program was instrumental in organizing a community garden and working with the schools to provide more healthy choices. The community as a whole is embracing these efforts.

We are participating with DHS, and Grant County in the IPV (Intimate Partner Violence) Grant. Although the administration of the grant is currently under review, it is hoped that soon the function of confidential support personnel will again be available to our clients and community at the Health Office. Its focus is on young pregnant women. We are having good response, but again our numbers are small.

The Harney County Health Department has a new Director/Supervisor since January 2012. Staffing has changed the past year. We continue to reevaluate the programs and staffing. We will continue to evaluate positions and the body of work that is needed to be done to effectively bring quality services to the residents of Harney County.

Harney County Health Department
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Updates

1. **Epidemiology and control of preventable diseases and disorders;**
All CD nurses have been trained in ORPHEUS for disease reporting
We have been kept busy with chronic Hep C cases
2. **Parent and child health services, including family planning clinics;**
We have a new nurse coordinator for Babies 1st and CaCoon.
We are pleased with the response to Implanon.
Our teen pregnancy rate has decreased.
Family Planning clinics continue to offer a full range of contraceptive options
3. **Collection and Reporting of health statistics;**
We have a new deputy registrar to assist with these duties
4. **Health information and referral services;**
We keep updated information on services and information
5. **Environmental health services;**
Our environmental specialist trainee is now the specialist
We have very good working relationship with the establishments
A Healthy People VISTA volunteer joined us in April, 2012. She has been working with a private well testing project for arsenic levels.
6. **Tuberculosis;**
We have successfully completed updating our orders and protocols
here have been no active cases of tuberculosis identified in the county
7. **Tobacco prevention, education and control;**
We have had a dedicated and consistent coordinator for the past year
We are poised to move forward
8. **Disaster Preparedness;**
A program coordinator was hired in March, 2012 to fill the public health need as well as to work with other agencies within the county in meeting their program requirements for emergency preparedness.

Appendix C

**Harney County Health Department
Family Planning**

Time Period: 2012-2013				
GOAL: Keep enrollment up				
Objectives	Plan for Methods/ Activities/Practice	Outcome Measure(s)	Outcome Measure(s) Results	Progress Notes
A. Keep enrollment up	Keep program current. Keep all current and new methods available	Gather numbers using services quarterly.		
B.				
Time Period: 2012-2013				
GOAL: Adequate Income for Services				
Objectives	Plan for Methods/ Activities/Practice	Outcome Measure(s)	Outcome Measure(s) Results	Progress Notes
A. Collect appropriate fees and bill all services delivered	Careful charting by nurses. Careful and timely billing by staff.	Evaluate income in comparison to expenses quarterly.		
B				
Time Period:				
GOAL:				
Objectives	Plan for Methods/ Activities/Practice	Outcome Measure(s)	Outcome Measure(s) Results	Progress Notes
A.				
B.				

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Local Board of Health:

The Local Board of Health is the County Judge and Board of Commissioners. The County Judge is the Public Health Administrator. They meet 2 times a month. The budget is reviewed along with pertinent issues in the Public Health domain.

Senate Bill 555:

Harney County Court is the governing body that oversees the local Commission on Children and Families.

Unmet Needs:

Dental health remains a health need for both young and old. Burns Dental Group is the only dental office in town and they are busy.

We also are working with Harney District Hospital to develop county wide efforts in reducing obesity. Finances are issues for operating small group activities and initiating new programs.

Budget:

For budget information contact:

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

VII. Minimum Standards

To the best of your knowledge, are you in compliance with these program indicators from the Minimum Standards for Local Health Departments?

Organization

1. Yes No A Local Health Authority exists which has accepted the legal responsibilities for public health as defined by Oregon Law.
2. Yes No The Local Health Authority meets at least annually to address public health concerns.
3. Yes No A current organizational chart exists that defines the authority, structure and function of the local health department; and is reviewed at least annually.
4. Yes No Current local health department policies and procedures exist which are reviewed at least annually.
5. Yes No Ongoing community assessment is performed to analyze and evaluate community data.
6. Yes No Written plans are developed with problem statements, objectives, activities, projected services, and evaluation criteria.
7. Yes No Local health officials develop and manage an annual operating budget.
8. Yes No Generally accepted public accounting practices are used for managing funds.
9. Yes No All revenues generated from public health services are allocated to public health programs.
10. Yes No Written personnel policies and procedures are in compliance with federal and state laws and regulations.
11. Yes No Personnel policies and procedures are available for all employees.

12. Yes No All positions have written job descriptions, including minimum qualifications.
13. Yes No Written performance evaluations are done annually.
14. Yes No Evidence of staff development activities exists.
15. Yes No Personnel records for all terminated employees are retained consistently with State Archives rules.
16. Yes No Records include minimum information required by each program.
17. Yes No A records manual of all forms used is reviewed annually.
18. Yes No There is a written policy for maintaining confidentiality of all client records which includes guidelines for release of client information.
19. Yes No Filing and retrieval of health records follow written procedures.
20. Yes No Retention and destruction of records follow written procedures and are consistent with State Archives rules.
21. Yes No Local health department telephone numbers and facilities' addresses are publicized.
22. Yes No Health information and referral services are available during regular business hours.
23. Yes No Written resource information about local health and human services is available, which includes eligibility, enrollment procedures, scope and hours of service. Information is updated as needed.
24. Yes No 100% of birth and death certificates submitted by local health departments are reviewed by the local Registrar for accuracy and completeness per Vital Records office procedures.

25. Yes No To preserve the confidentiality and security of non-public abstracts, all vital records and all accompanying documents are maintained.
26. Yes No Certified copies of registered birth and death certificates are issued within one working day of request.
27. Yes No Vital statistics data, as reported by the Center for Health Statistics, are reviewed annually by local health departments to review accuracy and support ongoing community assessment activities.
28. Yes No A system to obtain reports of deaths of public health significance is in place.
29. Yes No Deaths of public health significance are reported to the local health department by the medical examiner and are investigated by the health department.
30. Yes No Health department administration and county medical examiner review collaborative efforts at least annually.
31. Yes No Staff is knowledgeable of and has participated in the development of the county's emergency plan.
32. Yes No Written policies and procedures exist to guide staff in responding to an emergency.
33. Yes No Staff participate periodically in emergency preparedness exercises and upgrade response plans accordingly.
34. Yes No Written policies and procedures exist to guide staff and volunteers in maintaining appropriate confidentiality standards.
35. Yes No Confidentiality training is included in new employee orientation. Staff includes: employees, both permanent and temporary, volunteers, translators, and any other party in contact with clients, services or information. Staff sign confidentiality statements when hired and at least annually thereafter.

36. Yes No A Client Grievance Procedure is in place with resultant staff training and input to assure that there is a mechanism to address client and staff concerns.

Control of Communicable Diseases

37. Yes No There is a mechanism for reporting communicable disease cases to the health department.

38. Yes No Investigations of reportable conditions and communicable disease cases are conducted, control measures are carried out, investigation report forms are completed and submitted in the manner and time frame specified for the particular disease in the Oregon Communicable Disease Guidelines.

39. Yes No Feedback regarding the outcome of the investigation is provided to the reporting health care provider for each reportable condition or communicable disease case received.

40. Yes No Access to prevention, diagnosis, and treatment services for reportable communicable diseases is assured when relevant to protecting the health of the public.

41. Yes No There is an ongoing/demonstrated effort by the local health department to maintain and/or increase timely reporting of reportable communicable diseases and conditions.

42. Yes No There is a mechanism for reporting and following up on zoonotic diseases to the local health department.

43. Yes No A system exists for the surveillance and analysis of the incidence and prevalence of communicable diseases.

44. Yes No Annual reviews and analysis are conducted of five year averages of incidence rates reported in the Communicable Disease Statistical Summary, and evaluation of data are used for future program planning.

45. Yes No Immunizations for human target populations are available within the local health department jurisdiction.

46. Yes No Rabies immunizations for animal target populations are available within the local health department jurisdiction.

Environmental Health

47. Yes No Food service facilities are licensed and inspected as required by Chapter 333 Division 12.

48. Yes No Training is available for food service managers and personnel in the proper methods of storing, preparing, and serving food.

49. Yes No Training in first aid for choking is available for food service workers.

50. Yes No Public education regarding food borne illness and the importance of reporting suspected food borne illness is provided.

51. Yes No Each drinking water system conducts water quality monitoring and maintains testing frequencies based on the size and classification of system.

52. Yes No Each drinking water system is monitored for compliance with applicable standards based on system size, type, and epidemiological risk.

53. Yes No Compliance assistance is provided to public water systems that violate requirements.

54. Yes No All drinking water systems that violate maximum contaminant levels are investigated and appropriate actions taken.

55. Yes No A written plan exists for responding to emergencies involving public water systems.

56. Yes No Information for developing a safe water supply is available to people using on-site individual wells and springs.

57. Yes No A program exists to monitor, issue permits, and inspect on-site sewage disposal systems.

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

Health Education and Health Promotion

67. Yes No Culturally and linguistically appropriate health education components with appropriate materials and methods will be integrated within programs.
68. Yes No The health department provides and/or refers to community resources for health education/health promotion.

69. Yes No The health department provides leadership in developing community partnerships to provide health education and health promotion resources for the community.
70. Yes No Local health department supports healthy behaviors among employees.
71. Yes No Local health department supports continued education and training of staff to provide effective health education.
72. Yes No All health department facilities are smoke free.

Nutrition

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

Older Adult Health

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

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

Parent and Child Health

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

91. Yes No Use of fluoride is promoted, either through water fluoridation or use of fluoride mouth rinse or tablets.
92. Yes No Injury prevention services are provided within the community.

Primary Health Care

93. Yes No The local health department identifies barriers to primary health care services.
94. Yes No The local health department participates and provides leadership in community efforts to secure or establish and maintain adequate primary health care.
95. Yes No The local health department advocates for individuals who are prevented from receiving timely and adequate primary health care.
96. Yes No Primary health care services are provided directly or by referral.
97. Yes No The local health department promotes primary health care that is culturally and linguistically appropriate for community members.
98. Yes No The local health department advocates for data collection and analysis for development of population based prevention strategies.

Cultural Competency

99. Yes No The local health department develops and maintains a current demographic and cultural profile of the community to identify needs and interventions.
- 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.
100. Yes No The local health department assures that advisory groups reflect the population to be served.

101. 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

Local health department Health Administrator minimum qualifications:

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

Answer the following questions:

Administrator name: Steven Grasty

Does the Administrator have a Bachelor degree? Yes ___ No X

Does the Administrator have at least 3 years experience in public health or a related field? Yes X No ___

Has the Administrator taken a graduate level course in biostatistics? Yes ___ No X

Has the Administrator taken a graduate level course in epidemiology? Yes ___ No X

Has the Administrator taken a graduate level course in environmental health? Yes ___ No X

Has the Administrator taken a graduate level course in health services administration? Yes ___ No X

Has the Administrator taken a graduate level course in social and behavioral sciences relevant to public health problems? Yes ___ No X

a. Yes ___ No _ The local health department **Health Administrator** meets minimum qualifications: See attached

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

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

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

AND

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

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

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

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

OR

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

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

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

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

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

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Plan for Administrator:

1 – The Administrator is planning on taking the advanced courses offered by the State.

Re: Harney County Public Health administrator qualifications;

To whom it may concern:

The Harney County Court has a 38+ year history of designating the County Judge as public Health Administrator for this county. The County Judge serves as county administrator, budget officer, representative for the court to various local and area health care groups (mental health and physical health). The judge has represented the county to both the state legislature and congress in Washington DC. And this position has been an active participant in the Oregon Association of Counties organization.

The county believes that the 14+ year experience of myself provides experience in lieu of education. At the same time I feel an obligation for continuing education to fulfill the duties of a public health administrator. The challenge is and will remain that in this large state access to education is not equal. Distance alone makes an additional day a requirement to participate in education only available in the Salem/Portland area.

My plan remains to seek education opportunities during 2013 and to participate in those to increase by education in public health administration.

A handwritten signature in black ink that reads "Steven E. Grasty". The signature is written in a cursive style with a large, stylized initial 'S'.

Steven E. Grasty, Harney County Judge Jan 22, 2013

Harney County Health Department
Annual Plan Update 2012-2013

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

Local Public Health Authority County Date