

**Harney County Health Department
420 N. Fairview
Burns, OR 97720**

**Phone: 541/573-2271
Fax: 541/573-8388**

May 7, 2009

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

Dear Mr. Engle,

Attached please find Harney County's Public Health Annual Plan for 2009-2010 which is being submitted pursuant to ORS 431.385. This plan has been prepared according to your instructions and assures that the activities defined in ORS 431.375 – 431.385 and ORS 431.416 are performed. If you have any questions or need further information, please contact me at (541) 573-2271.

Sincerely,

Cheryl Keniston

Cheryl Keniston, Supervisor
Harney County Health Department

Harney County Annual Report

2009-2010

I. Executive Summary

Harney County is large in size but sparsely populated. We are pleased to have a new adequate building to provide services. With the efforts of a hard working cross trained staff we have been able to meet the standards for the programs we provide.

Due to budget restraints we are unable to branch out into other needed areas like Chronic Disease Programs. Through start up grants from the State of Oregon and a grant from the Oregon Dental Association we have been able to continue our dental clinic. We would like to increase the size of the dental clinic to be able to offer more services to more residents of Harney County but funding is a factor. We work in close collaboration with Burns Dental Clinic in our endeavors to provide dental education, referrals and fluoride varnish to children. This partnership is invaluable to the Health Department.

We have embraced the new interview policies of WIC which is going well.

We have increased the methods of birth control in Family Planning.

We are training two new part time employees in Communicable Disease investigation.

Our newest program is the Drinking Water Program. With it in the county we are able to combine Environmental Health inspections along with the Drinking Water inspections to make them more cost effective. With long distances this has greatly enhanced each program in better services for the community and more economically feasible for the county.

Our health department is successful due to many factors. We have the support of our County Court, our governing body, the medical community, the residents of Harney County, the Oregon State Health Department, and the dedicated staff of Harney County Health Department. Each of these factors assist the Health Department in bringing the excellent services we provide to the county.

**Harney County Health Department
Comprehensive Assessment
2009 - 2012**

II. Assessment – Comprehensive

Harney County is the largest county in Oregon with 10,134 square miles. It is also one of the least populated with an estimated population of 6,767 per Quick Facts. This is .8 persons per square mile. This in itself poses great challenges. We are not a rich county and do not have a large industrial base. With great distances to travel for the residents, we try to be very adaptable to their schedules.

Of interest facts:

- We share with Grant County the largest Ponderosa Pine Forest in the nation
- We have more than 100,000 head of beef cattle
- In 1889 Harney County was carved out of Grant County and named for Harney Lake
- Harney Lake was named for Maj. Gen. William S. Harney, Commander of the Department of Oregon, U.S. Army from 1858-59
- Our average annual precipitation is 10.13 inches
- Our main income is from forest products, manufacturing, livestock and agriculture

The average median household income in 2007 was \$37,432 vs. \$48,735 which is the state average. The average household size is 2.45. Our below poverty level is 16.1% with the Oregon average being 13.0 %. This makes our programs very important to the ongoing health of the community.

The services provided by HCHD to the county residents are invaluable as cost of health care is high. We have 1,420 uninsured persons of all ages which is 19.4% of the population.

Our WIC program has 250 persons enrolled which provide nutritious foods to these families who without this assistance would go without or have much fewer choices.

The population is of interesting demographics. Approximately 5,000 residents live in the Burns- Hines area with the other 2,700 spread thinly in the remaining county.

We have a growing retired population with 17.4% over age 65. There are 21.7 % between 0 and 17 years old and 60.9%. in the 18 to 64 year olds. The smallest group is the 20 to 29 year olds. This group has very limited job opportunities in the county which might account for the dramatic decrease in this age group. The ratio of male to female is separated by 1.4% with the greater being male.

We have had several industry closures. The latest was Monaco Coach Works which employed 120 persons. The Oregon Youth Correction Facility in Harney County is under consideration for closing due to state budget reductions. OYA employs 50 full time persons. The Federal work force has been reduced the past several years. Living wage paying jobs are at a premium in the county. With increased fuel costs the ranching community is feeling the financial crunch also. Cattle prices remain a market fluctuation commodity. These all reinforce the need for the valuable services offered by the Health Department.

Birth and Death preliminary statistics for 2008 have 13 more births than deaths. Births 74 and Deaths 61. There were no births to women under 18 years old and 5 born to women 18 to 19 years old. The remaining 65 births were to women over 20 years old. Prevalence of infants born to mothers who used tobacco state wide is 12%. Our county is higher in tobacco use than the state average.

Deaths for 18 to 64 years old are 13 with 48 being 65+ years old. The major causes of deaths in Harney County in 2003 were heart disease, cancer and chronic lower respiratory diseases. With the

demographics remaining fairly stable the causes of deaths would be similar today.

Direct costs due to medical expenditures in Harney County contributed to tobacco related illness in 2005 was \$3.4 million dollars. This is a huge figure for a sparsely populated county.

Even with the financial status of the County being grim the population remains positive that things will change. The County Court, our governing body, supports the Health Department in their programs. They are concerned about the health care of the community and work to improve it.

Our communicable disease program continues to monitor for the spread of disease. We follow up on all reportable diseases. We have a 24 hour line manned by staff to allow us to be reached after hours and on weekends for public health emergencies. Being a small county our CD department is manned by staff nurses. Two years ago we had a pertussis outbreak which involved all office personnel and many in the health community. Working with the State Communicable Disease Division and much effort by the staff we were able to contain the outbreak. Most often our investigations are because of Chlamydia and Campylobacter bacteria and do not have broad reaching community effects.

During the past year we have added two new programs to the Health Department's range of services. They are the Tobacco Prevention and Education Program and the Drinking Water Program. Both were able to be picked up due to adequate funding behind them. Cost of programs are carefully reviewed and evaluated. We cannot keep programs that are costly without adequate funding. This makes cost containment an ongoing focus for all programs.

The emerging and improvement of ease of use of different modes of meeting delivery has been a great boon to us. Webinars,

teleconferences, and video conferencing has made ongoing education available without high travel cost.

Adequacy of the local public health services.

Harney County has dedicated employees that can provide day to day services. Staffing remains tied to funding. With staff willing to cross train in all areas we can provide adequate core services. Online classes provide education without taking practitioners out of the office. This assists with staffing because we still need to operate even when key persons are called away to training. Living in a remote part of Oregon travel time to and from meetings becomes a big time and expense issue. If or when there is unusual circumstances such as outbreaks or disasters we will not be able to meet the extra needs for more than a day or two.

Harney County Health Department provides the five basic services contained in statute by:

Epidemiology and control of preventable diseases and disorders by:

- Having 24/7/52 hour contact in place for reporting of diseases and disasters
- Have process and policies in place to investigate communicable diseases and other health hazards
- We provide diagnostic and consultative communicable disease services by testing and submitting these to the Oregon State Public Health Lab
- Having continuing education specific to disease prevention provided to staff in house and through state classes
- Having an active surveillance system for our County which includes Harney District Hospital, High Desert Clinic, Toni Feist FNP Clinic and surrounding counties public health departments

- Having policies in place to assure early detection , education and prevention activities to limit the spread of disease
- We offer vaccinations for communicable diseases that are available and standard for health departments in Oregon
- We work with the local veterinary clinic to assure rabies vaccinations are available in Harney County
- We collect and analyze statistics on communicable disease and other hazards to facilitate planning and educational outreach. We have valuable assistance from the State Health Department to assist us with these findings.

Parent and child health services including family planning clinics as described in ORS

435.205

- We offer Babies 1st and CaCoon home visiting programs
- We collaborate with the early childhood center to provide education and screenings
- We offer childhood and adult vaccinations
- Information is in English and Spanish with provisions for other languages as needed
- We conduct well child clinics and clinics for sports physicals
- We conduct our family planning services following the Title X guidelines
- We operate a dental clinic which includes prevention education, fluoride varnish, and visual exams with referrals to their dentist of choice

Collection and reporting of health statistics:

- We have one Registrar and three Deputy Registrars to provide Birth and Death reporting, recording and registration in a timely manner
- We use the state electronic Birth and Death Registry
- We enroll new physicians to the electronic registry system

- We analyze health indicators annually in the county related to morbidity and mortality

Health information and referral services

- We have a dental program in which we provide health information and referrals
- We have an extensive pamphlet collection on pertinent public health issues that are available in the lobby and by request. These are updated with current issues as needed. They can be provided in languages other than English as needed.
- We offer verbal health information with our client encounters and on telephone inquires.
- We have policies in place as to when to refer person(s) and to who to refer them to
- We offer presentations to various groups and schools on public health issues
- We offer classes “Living Well with Chronic Conditions” twice yearly

Environmental Health Services:

- We have a Registered Sanitarian and a Trainee Sanitarian that work part time to provide services to the county.
- We have expanded and now provide the Drinking Water Program
- We provide services to inspect and license tourist facilities, institutions public swimming pools and spa pools as required by Oregon State Law
- We receive and investigate complaints of food services
- We offer Food Handler Testing

Other Services of Importance:

Disaster Preparedness

- We have plans in place for Pandemic Flu, Chemical, Radiation, Natural Disasters, accessing the Strategic National Stockpile
- We have HAN registration for all employees and key persons in the community
- We collaborate with training exercises with community partners

Tobacco Prevention and Education Program

- We provide information to individuals and businesses on smoking and issues surrounding smoking
- We provide information on new laws concerning smoking and along with the state enforce them
- We work with the schools to firm up their no smoking policies

Other

- Nutritional services are through WIC
- We do not provide primary health care services
- We use the state and outside labs for diagnostic and screening tests
- We do provide Medical Examiner services and fund autopsies
- We do not do Shellfish Sanitation services
- Our Older Adult Program is limited to the class “Living Well With Chronic Conditions” given twice a year

Harney County Comprehensive Plan 2009-2012

III. Action Plan

A. Epidemiology and control of preventable diseases and disorders

Current condition or problem:

HCHD assures control of reportable communicable disease through surveillance, investigation and reporting of communicable disease and other health hazards. HCHD works with local reporting agencies and community partners to facilitate timely reporting and active surveillance for disease. Our CD staff works closely with the State CD department to assure accurate and timely resolution to events and diseases in HC. The CD staff is trained in CD and is engaged in continuing education programs.

Goals:

To detect, prevent and control communicable disease in our community through active surveillance, environmental measures, immunization and education.

Activities:

- CD investigations done according to state requirements and reported timely
- Continuous surveillance in the community for disease trends
- Have the 24/7 call in place to be notified and notify persons of emergency issues
- Give presentations to groups and schools concerning communicable disease prevention
- Staff is versed in policies and procedures concerning CD issues and assist in keeping them current
- Utilize the Electronic Laboratory Reporting system to receive reports from the laboratories
- Continually work to reduce barriers for immunizations

- **Evaluation:**
- Review CD log monthly to assess for timeliness , accuracy and trending of disease
- Review educational needs of CD staff and arrange for appropriate education
- Regularly assess HC vaccination process to remove barriers

Tuberculosis Program

Our Tuberculosis program has an up to date plan for treatment, testing and follow up.

We have not had an active case in over 10 years.

We keep non-expired TB meds in our office with protocols and policies on usage.

We continue to monitor for active and latent cases of TB

Tobacco Prevention Education Program

Problems:

Our county has a high number of persons of all ages who use tobacco

Goals:

To educate on tobacco related health issues and decrease the exposure to second hand smoke

Activities:

Monitor the compliance according to the Oregon State Laws

- No smoking within 10 feet of an entrance or air intake of a building
- No smoking in bars or restaurants

- Assist property owners in non smoking policies for rental properties

Evaluations:

- Keep records of complaints and resolutions
- Do interviews with a sampling of bars and restaurants to evaluate the impact this law has had on their business
- Continue to evaluate the progress of non smoking rental properties

Harney County Comprehensive Plan 2009-2012

B. Parent and child health services and family planning clinics

Current condition or problem:

HCHD provides services to women and children through the following programs; family planning, immunization, Babies 1st, WIC, CaCoon, Maternity Case Management, Dental and education and referral.

Goals:

To provide these services to parents and children to increase their knowledge base and access to nutrition education, child development, family planning options and other associated health issues.

Activities:

- Instruct clients in nutrition, child development , family planning and associated health issues as relevant
- Carefully balance client needs and services with resources
- Provide staffing for visiting nurses
- Keep staff nurses up to date with ongoing educational opportunities
- Offer a wide variety of family planning options
- Offer Family Planning services consistent with Title X guidelines

Harney County Comprehensive Plan 2009 – 2012

C. Environmental health

Current condition or problem:

HCHD employs a part time Sanitarian and a Sanitarian Trainee that fulfills the needs of the county and meets the state requirements. They provide inspections, consultation and investigation of complaints of food services, tourist facilities, schools, day care, public swimming pools and spas. They provide the services for the Drinking Water Program following state guidelines.

Goals:

To detect, prevent and control food born illness in HC. To monitor drinking water supplies per ORS regulations.

Activities:

- Inspect each identified licensed facility according to ORS regulation
- Follow up on complaints or noncompliance of facilities
- Provide information and education to the public
- Assist with outbreaks, disasters or other incidents
- Keep current on issues and regulations

Evaluation:

- We will monitor license issued with establishments requiring inspections and licensure
- We will review complaint investigations and resolution
- We will continue to evaluate financial statistics of the program

Harney County Comprehensive plan 2009-2012

D. Health Statistics

Current condition or problem:

All birth and death information is processed in a timely manner to meet the minimum requirements. We have one Registrar and three Deputy Registrars all part time.

Goals:

To provide accurate and timely recording of births and deaths. To be able to furnish death certificates according to the ORS requirements.

Activities:

- Procedure is followed when birth and death information is given
- Death certificates are printed and charged as per ORS regulations
- New ME's in the county are verified and added to the electronic record system
- Annually analyze the mortality reports

Evaluation:

- Intaglio paper is all accounted for
- Proper billing and receipts are kept and reviewed bi-annually
- Continuing education is provided for the Registrar and Deputy Registrars

Harney County Comprehensive Review 2009 – 2012

E. Information and Referral

Current conditions or problem:

HCHD provides information and referral through phone inquiries, community planning and client appointments. Information regarding health department location, hours and services are available in local phone books.

Goals:

To provide current and relevant information and referral sources to the residents of HC.

Activities:

- Provide pamphlets in English and Spanish on current and relevant issues
- All employees are instructed in giving basic information
- We are prepared to verbally instruct clients in issues
- We are able to seek out reliable information when needed

Evaluation:

- We review literature in our displays to keep them updated and relevant
- We continue to be aware of relevant issues and acquire correct information to give to the public
- Teach employees on topics that are current and relevant to our community

Harney County Comprehensive Plan 2009 – 2012

F. Public Health Emergency Preparedness

Current conditions or problems:

HCHD has a Public Health Preparedness Coordinator who is the chief point of contact related to program issues. We have emergency plans written, and emergency public information phone line, 24/7 coverage for emergencies. We participate in the HAN system and have a HAN coordinator. HCHD is compliant with the ORS requirements and the intergovernmental agreement.

Goals:

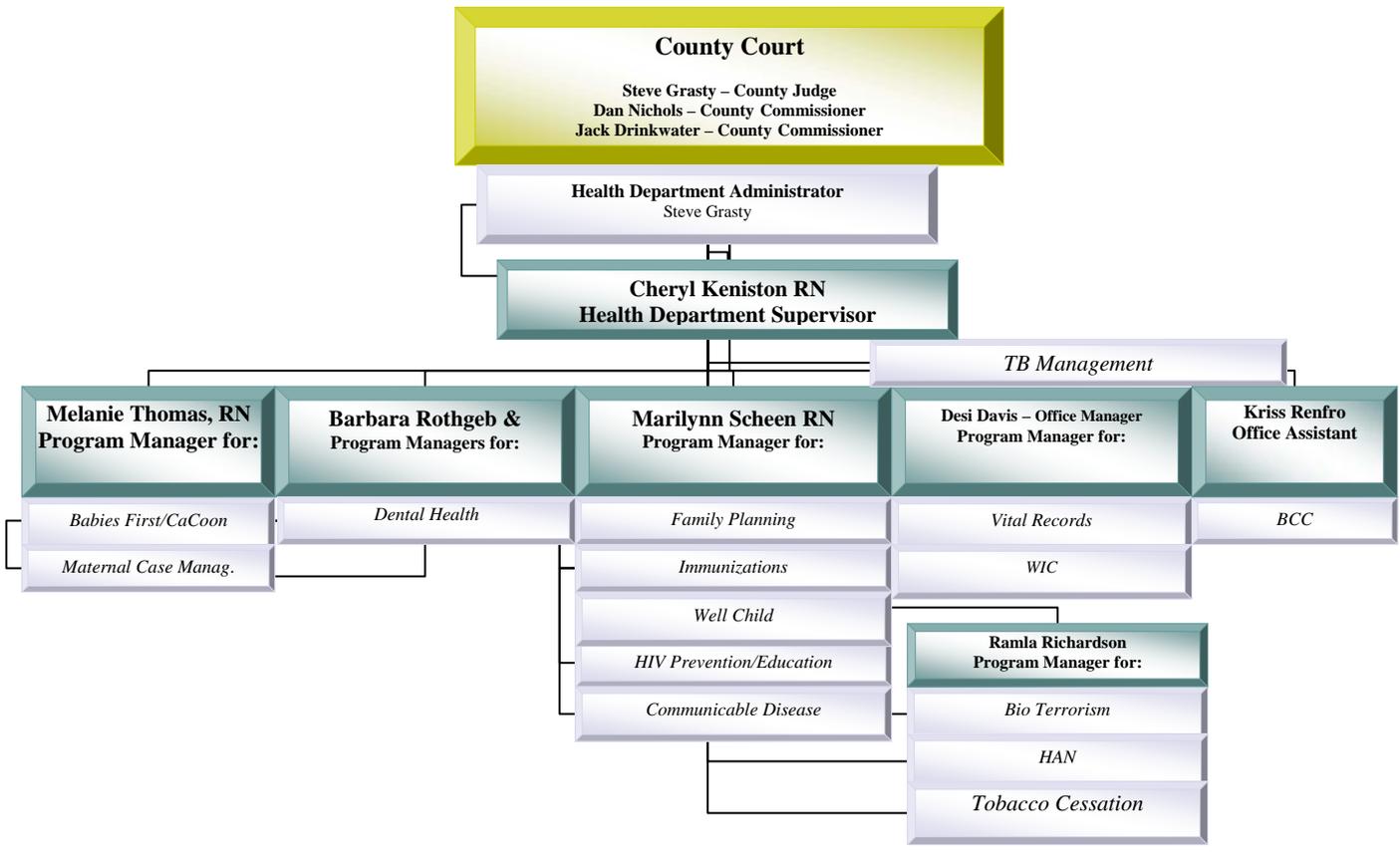
To be ready to meet the needs of emergency preparedness issues that might arise in HC and to assist HC residents in preparation for these emergencies.

Activities:

- To follow the requirements set forth in the intergovernmental agreement

Evaluation:

- Keep all staff engaged in continuing education
- Assess issues surrounding Hot Wash reports to improve the system
- Continue to keep the HAN program current and relevant to HC



IV. Additional Requirements

Harney County Board of Health is the Harney County Court.

Consists of:

- Steven Grasty , County Judge, HCHD Administrator
- Dan Nichols, Commissioner
- Jack Drinkwater, Commissioner

The HCHD Director reports directly to them.

Senate Bill 555:

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

V. Unmet Needs

Dental:

We have a small dental evaluation and fluoride varnish clinic for children. This is a small endeavor compared to the need of dental health in the county. We have one dental clinic that is very busy but cannot meet all needs in the county. Finances and access are great barriers.

Remote Location:

The specialty physicians are located out of town. When these appointments are needed the cost is high due to travel costs. This becomes a barrier to care.

Chronic Disease Programs:

We are unable to provide these services due to funding.

Family Planning:

Our local providers, who cannot provide colposcopys, are forced to send our clients out of the community.

VI. Budget

For budget information contact

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

**Harney County Health Department
Immunization Annual Plan 09-10**

Objectives	Goals	Activities	Outcome Measures	Progress Notes
Keep children up to date on their immunizations	Keep our rate of children 2 and under, fully immunized and above the state average of 72%	Continue to offer immunizations at all clinics	Assess efforts by counting numbers and % annually	We remain slightly above the LHD average at 73%
	Increase the numbers of girls who start and complete Gardasil Vaccination	Promote Gardasil Vaccine to the community	Keep records of numbers and compare with current numbers of eligible young women in the county	We have 68 young women who have started or completed the series
Current Issue				
Current Issue	Goals	Activities	Outcome Measures	Progress Note
New vaccines are now available to be offered	Continue to offer Rotavirus Vaccine Start offering Zoster To the community	Promote Rotavirus and Zoster vaccinations in the community	Continue to recommend Rotavirus Vaccine to eligible children Keep records of numbers given during the year	We have just started Zoster Vaccine. Continue to keep records to compare statistics in house

**Harney County Health Department
Family Planning Annual Plan 09-10**

Goal	Problem Statement	Objectives	Planned Activities	Evaluation
Assure continued high quality clinical family planning and related preventive health services to improve overall individual and community health	Changes in FPEP enrollment have led to increased staff time without additional reimbursement, threatening the ability of the agency to maintain current level of service	Increase revenue from donations by 10% for the period ending June 2010	<ol style="list-style-type: none"> 1. Develop a donation policy and procedure consistent with Title X guidelines. 2. Train staff in positions to make the donation request 3. Implement donation request policy 4. Evaluate policy for consistency, fairness and effectiveness. 	<ol style="list-style-type: none"> 1. Quarterly and fiscal year end revenue review 2. Customer feedback 3. Staff feedback
Goal	Problem Statement	Objectives	Planned Activities	Evaluation
Assure ongoing access to a broad range of effective family planning methods and related preventive health services	Ability to provide a broad range of effective family planning methods on a limited budget	To provide adequate patient and practitioner preference for the period ending June 2010	<ol style="list-style-type: none"> 1. Identify clients and provider preferences 2. Identify resources 3. Determine client satisfaction with chosen method per history form 	<p>The history form and the client and provider feedback Have been able to offer IUD insertions</p>

**Harney County Health Department
Maternal and Child Health Programs Annual Plan 09-10**

Current Issues	Goals	Activities:	Evaluation	Evaluation
Prevention of childhood cavities	Reduction and/or prevention of early childhood cavities Increase knowledge of dental disease Knowledge of how to decrease dental disease for the family Increase numbers of children and pregnant women with a dental home	1. Offer visual exams and fluoride varnish every 6 months Instruct on oral hygiene for the family Provide tooth brushes and dental floss to clients Instruct on bottle mouth prevention Assist with finding dental homes for families	Keep records of children in the program, Their dental problems and resolution	Coordinate records between the Burns Dental Group, Early Childhood and the Health Department to generate statistics of effectiveness. Comply with HIPPA regulations.

WIC:

Please see attached file for 2009-2010 Annual NE Plan

EVALUATION OF WIC NUTRITION EDUCATION PLAN
FY 2008-2009

WIC Agency: Harney County Health Department

Person Completing Form: Desi Davis

Date: April 29, 2009 Phone: 541-573-2271

Return this form, attached to email to: sara.e.sloan@state.or.us by May 1, 2009

Please use the outcome evaluation criteria to assess the activities your agencies did for each Year Two Objectives. If your agency was unable to complete an activity please indicate why.

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

Year 2 Objective: During plan period, through informal discussions, staff in-services and or/targeted trainings, staff will be able to describe the general content of the new WIC food packages and begin to connect how these changes may influence current nutrition education messages.

Activity 1: By October 31, 2008, staff will review the WIC Program's Key Nutrition Messages and identify which ones they need additional training on.

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

- How were the WIC Program’s Key Nutrition Messages shared with staff in your agency?
- Which messages did staff identify as needing additional training on?
- How did this training occur?

Response: The Harney County WIC Office chose “limit screen time, increase activity” as our WIC Key Nutrition Message. We researched the basis and the risks of unlimited screen time. We found that too much screen time, be it TV or video games, decreased a child’s imagination and increased their “laziness”. We implemented this information in to our WIC classes, certifications, and “front office” messages.

Activity 2: By March 31, 2009, staff will review the proposed food package changes and:

- *Select at least three food package modifications (for example, addition of new foods, reduction of current foods, elimination of current foods for a specific category).*
- *Review current nutrition education messages most closely connected to those modifications, and*
- *Determine which messages will remain the same and which messages may need to be modified to clarify WIC’s reasoning for the change and/or, reduce client resistance to change.*

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

- How did staff review the proposed food package changes?
- Which nutrition education messages were identified that need to be modified?
- How will these messages be shared with participants?

Response: The Harney County WIC Office reviewed the proposed food package changes from the information we received from the 2008 State WIC meeting. We decided to keep the breastfeeding information the same, since we always promote breastfeeding. We used state supplied education messages on the change in fresh fruits, whole grains, and reduction in juice. We started telling every client in January about the new changes taking place in August. We also gave them state supplied handouts if they wanted them.

Activity 3: Identify your agency training supervisor(s) and staff in-service dates and topics for FY 2008-2009.

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

- Did your agency conduct the staff in-services you identified?
- Were the objectives for each in-service met?
- How do your staff in-services address the core areas of the CPA Competency Model?

Response: Yes, our agency conducted the staff in-services that were identified, and each objective was met. We also attended the Oregon WIC Listens quarterly meetings where we addressed the core areas of the CPA competency model.

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

Year 2 Objective: During plan period, each agency will assess staff knowledge and skill level to identify areas of training needed to provide participant centered services.

Activity 1: By September 30, 2008 staff will review the assessment steps from the Dietary Risk Module and identify which ones they need additional training on.

Outcome evaluation: Please address the following questions in your response:

- Did staff review the assessment steps from the Dietary Risk Module?
- Which steps did staff identify as needing additional training on?
- How did this training occur?

Response: On September 15th, the staff at the Harney County Health Department completed the new Dietary Risk Module. We set up a staff meeting and completed this module together. We didn't really identify any steps needing additional training, since we were also doing the Oregon WIC Listens training.

Activity 2: By November 30, 2008, staff will evaluate how they have modified their approach to individual counseling after completing the Nutrition Risk and Dietary Risk Modules.

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

- How have staff modified their approach to individual counseling after completing the Nutrition Risk and Dietary Risk Modules?

Response: We used the WIC Training tool to do peer to peer evaluations. This helped to have someone, who is familiar to us, review us and talk about what we needed work on or what we excelled in.

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

Year 2 Objective: During plan period, in order to help facilitate healthy behavior change for WIC staff and WIC clients, each local agency will select at least one objective and implement at least one strategy from the Statewide Physical Activity and Nutrition Plan 2007-2012.

Activity 1: Identify your objective and strategy to facilitate healthy behavior change for WIC staff.

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

- Which objective and strategy did your agency select?
- How did your agency decide on this objective and strategy?
- Did the strategy help meet the objective?
- What went well and what would you do differently?

Response: We chose to have our worksite as the setting, and to facilitate healthy behavior changes for WIC staff. We decided on this together, wanting fresh fruits/veggies at our staff meetings instead of junk food. We are working on this strategy so we can increase by 5% the number of employees who consume 5 servings of fruits/veggies per day. We're still working on this, and I think it's going well. We haven't done any drawings yet, but we've had a few staff changes, and we're working on it.

Activity 2: Identify your objective and strategy to facilitate healthy behavior change for WIC clients.

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

- Which objective and strategy did your agency select?
- How did your agency decide on this objective and strategy?
- Did the strategy help meet your objective?
- What went well and what would you do differently?

Response: I chose the video games/computer/TV screen time for children as the objective for this activity. I was hoping to remind parents that bonding time is important to infants/children and change their ideas about screens as babysitters. I was hoping that if good habits start young, they will continue with it, helping to lower childhood obesity. I gathered information and wanted to meet with the medical practitioners in the area, but they didn't seem to want to waste time on this. So, we implemented it to the classes, certifications, and front office messages. We will continue to keep doing this, not preaching only reminding clients, of the importance on no screen time before age 2.

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

Year 2 Objective: During plan period, in order to help improve breastfeeding outcomes for WIC participants, each local agency will select at least one objective and implement at least one strategy from the Statewide Physical Activity and Nutrition Plan 2007-2012.

Activity 1: Identify your objective and strategy to improve breastfeeding outcomes for WIC clients.

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

- Which objective and strategy did your agency select?
- How did your agency decide on this objective and strategy?
- Did the strategy help meet your objective?
- What went well and what would you do differently?

Response: This is a harder objective than I thought it would be. We are having a heck of a time with the doctors in this area. If a woman is having the slightest hard time, the doctors are there to tell them to just use formula. We have one doctor who tells them, “my mom used formula on me, and I turned out just fine”. This is very hard when we are pushing for the breastfeeding only. We are sending one of our nurses to the Breastfeeding training in Portland, so she can be there for our WIC clients and they’ll be able to talk to someone besides their doctor for help.

Attachment A

FY 2009-2010 WIC Nutrition Education Plan

WIC Staff Training Plan – 7/1/2009 through 6/30/2010

Agency:

Training Supervisor(s) and Credentials:

- Staff Development Planned

Based on planned new program initiatives (for example Oregon WIC Listens, new WIC food packages), your program goals, or identified staff needs, what quarterly in-services and or continuing education are planned for existing staff? List the in-services and an objective for quarterly in-services that you plan for July 1, 2009 – June 30, 2010. State provided in-services, trainings and meetings can be included as appropriate.

Quarter	Month	In-Service Topic	In-Service Objective
1	July 2009	WIC Food Packages	More staff training on the new food packages and breastfeeding implementations.
2	October 2009	Review Core components of Participant Centered Services	Harney County has been through the Oregon WIC Listens training, but we will review our materials and compare self evaluations.
3	January 2010	Breastfeeding	As a staff, we will review with each other how the new mothers are doing with the new breastfeeding implementations.
4	April 2010	Implementation of the identified strategy from Goal 4, Activity 1.	We will discuss and make our plan for our implementation of the identified strategy from Goal 4, Activity 1.

VII. Minimum Standards

Both

Agencies are **required** to complete this section.

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

Organization

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

10. Yes No Written personnel policies and procedures are in compliance with federal and state laws and regulations.
11. Yes No Personnel policies and procedures are available for all employees.
12. Yes No all positions have written job descriptions, including minimum qualifications.
13. Yes No Written performance evaluations are done annually.
14. Yes No Evidence of staff development activities exists.
15. Yes No Personnel records for all terminated employees are retained consistently with State Archives rules.
16. Yes No Records include minimum information required by each program.
17. Yes No A records manual of all forms used is reviewed annually.
18. Yes No There is a written policy for maintaining confidentiality of all client records which includes guidelines for release of client information.
19. Yes No Filing and retrieval of health records follow written procedures.
20. Yes No Retention and destruction of records follow written procedures and are consistent with State Archives rules.
21. Yes No Local health department telephone numbers and facilities' addresses are publicized.
22. Yes No Health information and referral services are available during regular business hours.
23. Yes No Written resource information about local health and human services is available, which includes eligibility, enrollment

procedures, scope and hours of service. Information is updated as needed.

24. Yes No 100% of birth and death certificates submitted by local health departments are reviewed by the local Registrar for accuracy and completeness per Vital Records office procedures.
25. Yes No To preserve the confidentiality and security of non-public abstracts, all vital records and all accompanying documents are maintained.
26. Yes No Certified copies of registered birth and death certificates are issued within one working day of request.
27. Yes No Vital statistics data, as reported by the Center for Health Statistics, are reviewed annually by local health departments to review accuracy and support ongoing community assessment activities.
28. Yes No A system to obtain reports of deaths of public health significance is in place.
29. Yes No Deaths of public health significance are reported to the local health department by the medical examiner and are investigated by the health department.
30. Yes No Health department administration and county medical examiner review collaborative efforts at least annually.
31. Yes No Staff is knowledgeable of and has participated in the development of the county's emergency plan.
32. Yes No Written policies and procedures exist to guide staff in responding to an emergency.
33. Yes No Staff participate periodically in emergency preparedness exercises and upgrade response plans accordingly.
34. Yes No Written policies and procedures exist to guide staff and volunteers in maintaining appropriate confidentiality standards.

35. Yes No Confidentiality training is included in new employee orientation. Staff includes: employees, both permanent and temporary, volunteers, translators, and any other party in contact with clients, services or information. Staff sign confidentiality statements when hired and at least annually thereafter.
36. Yes No A Client Grievance Procedure is in place with resultant staff training and input to assure that there is a mechanism to address client and staff concerns.

Control of Communicable Diseases

37. Yes No There is a mechanism for reporting communicable disease cases to the health department.
38. Yes No Investigations of reportable conditions and communicable disease cases are conducted, control measures are carried out, investigation report forms are completed and submitted in the manner and time frame specified for the particular disease in the Oregon Communicable Disease Guidelines.
39. Yes No Feedback regarding the outcome of the investigation is provided to the reporting health care provider for each reportable condition or communicable disease case received.
40. Yes No Access to prevention, diagnosis, and treatment services for reportable communicable diseases is assured when relevant to protecting the health of the public.
41. Yes No There is an ongoing/demonstrated effort by the local health department to maintain and/or increase timely reporting of reportable communicable diseases and conditions.
42. Yes No There is a mechanism for reporting and following up on zoonotic diseases to the local health department.
43. Yes No A system exists for the surveillance and analysis of the incidence and prevalence of communicable diseases.

44. Yes No Annual reviews and analysis are conducted of five year averages of incidence rates reported in the Communicable Disease Statistical Summary, and evaluation of data are used for future program planning.
45. Yes No Immunizations for human target populations are available within the local health department jurisdiction.
46. Yes No Rabies immunizations for animal target populations are available within the local health department jurisdiction.

Environmental Health

47. Yes No Food service facilities are licensed and inspected as required by Chapter 333 Division 12.
48. Yes No Training is available for food service managers and personnel in the proper methods of storing, preparing, and serving food.
49. Yes No Training in first aid for choking is available for food service workers.
50. Yes No Public education regarding food borne illness and the importance of reporting suspected food borne illness is provided.
51. Yes No Each drinking water system conducts water quality monitoring and maintains testing frequencies based on the size and classification of system.
52. Yes No Each drinking water system is monitored for compliance with applicable standards based on system size, type, and epidemiological risk.
53. Yes No Compliance assistance is provided to public water systems that violate requirements.
54. Yes No All drinking water systems that violate maximum contaminant levels are investigated and appropriate actions taken.

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

Health Education and Health Promotion

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

Nutrition

73. Yes No Local health department reviews population data to promote appropriate nutritional services.
74. The following health department programs include an assessment of nutritional status:
- a. Yes No WIC
 - b. Yes No Family Planning
 - c. Yes No Parent and Child Health
 - d. Yes No Older Adult Health
 - e. Yes No Corrections Health
75. Yes No Clients identified at nutritional risk are provided with or referred for appropriate interventions.

76. Yes No Culturally and linguistically appropriate nutritional education and promotion materials and methods are integrated within programs.
77. Yes No Local health department supports continuing education and training of staff to provide effective nutritional education.

Older Adult Health

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

Parent and Child Health

82. Yes No Perinatal care is provided directly or by **referral**.
83. Yes No Immunizations are provided for infants, children, adolescents and adults either directly or by referral.
84. Yes No Comprehensive family planning services are provided directly or by referral.
85. Yes No Services for the early detection and follow up of abnormal growth, development and other health problems of infants and children are provided directly or by referral.

86. Yes No Child abuse prevention and treatment services are provided directly or by referral.
87. Yes No There is a system or mechanism in place to assure participation in multi-disciplinary teams addressing abuse and domestic violence.
88. Yes No There is a system in place for identifying and following up on high risk infants.
89. Yes No There is a system in place to follow up on all reported SIDS deaths.
90. Yes No Preventive oral health services are provided directly or by referral.
91. Yes No Use of fluoride is promoted, either through water fluoridation or use of fluoride mouth rinse or tablets.
92. Yes No Injury prevention services are provided within the community.

Primary Health Care

93. Yes No The local health department identifies barriers to primary health care services.
94. Yes No The local health department participates and provides leadership in community efforts to secure or establish and maintain adequate primary health care.
95. Yes No The local health department advocates for individuals who are prevented from receiving timely and adequate primary health care.
96. Yes No Primary health care services are provided directly or by referral.

97. Yes No The local health department promotes primary health care that is culturally and linguistically appropriate for community members.

98. Yes No The local health department advocates for data collection and analysis for development of population based prevention strategies.

Cultural Competency

99. Yes No The local health department develops and maintains a current demographic and cultural profile of the community to identify needs and interventions.

100. Yes No The local health department develops, implements and promotes a written plan that outlines clear goals, policies and operational plans for provision of culturally and linguistically appropriate services.

101. Yes No The local health department assures that advisory groups reflect the population to be served.

102. Yes No The local health department assures that program activities reflect operation plans for provision of culturally and linguistically appropriate services.

Health Department Personnel Qualifications

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

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

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

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

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

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

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

a. Yes No **The local health department Health Administrator meets minimum qualifications:**

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

b. 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.

c. 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.

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

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

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

FY 2009 - 2010 WIC Nutrition Education Plan Form

County/Agency: Harney County Health Department
Person Completing Form: Desi Davis
Date: 04/29/09
Phone Number: 541-573-2271
Email Address: desired@centurytel.net

Return this form electronically (attached to email) to: sara.e.sloan@state.or.us
by May 1, 2009
Sara Sloan, 971-673-0043

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

Year 3 Objective: During planning period, staff will be able to work with participants to select the food package that is the most appropriate for their individual needs.

Activity 1: Staff will complete the appropriate sections of the new Food Package Assignment Module by December 31, 2009.

Resources: Food Package Assignment Module to be released summer 2009.

Implementation Plan and Timeline:

All staff that the Harney County WIC Office will complete the appropriate sections of the new Food Package Assignment Module by December 31, 2009. We will have a staff in-service and complete it together.

Activity 2: Staff will receive training in the basics of interpreting infant feeding cues in order to better support participants with infant feeding, breastfeeding education and to provide anticipatory guidance when implementing the new WIC food packages by December 31, 2009.

Resources: Sessions on Infant Feeding Cues at the WIC Statewide Meeting June 22-23, 2009.

Implementation Plan and Timeline:

The staff at the Harney County WIC Office will receive the training in the basics of interpreting infant feeding cues in order to better support participants with infant feeding, breastfeeding education and to provide anticipatory guidance when implementing the new WIC food packages by December 31, 2009. We will attend the sessions on Infant Feeding Cues at the WIC Statewide Meeting on June 22-23, 2009.

Activity 3: Each local agency will review and revise as necessary their nutrition education lesson plans and written education materials to assure consistency with the Key Nutrition Messages and changes with the new WIC food packages by August 1, 2009.

Example: Pregnant women will no longer be able to routinely purchase whole milk with their WIC FIs. If the nutrition education materials your agency uses indicates all pregnant women should drink whole milk, those materials would need to be revised.

Implementation Plan and Timeline:

The WIC NE instructor will review and revise as necessary our nutrition education lesson plans and write new educational materials to assure consistency with the Key Nutrition Messages and changes with the new WIC food packages by August 1, 2009. All new lesson plans will coincide with the new Key Nutrition Messages.

Activity 4: Identify your agency training supervisor(s) and projected staff in-service training dates and topics for FY 2009-2010. Complete and return Attachment A by May 1, 2009.

Implementation Plan and Timeline:

Cheryl Keniston is the training supervisor for Harney County WIC Office. Please see Attachment A to review our projected staff in-services training dates and topics.

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

Year 3 Objective: During planning, each agency will develop a plan for incorporating participant centered services in their daily clinic activities.

Activity 1: Each agency will identify the core components of participant centered services that are being consistently utilized by staff and which components need further developing by October 31, 2009.

Examples: Use state provided resources such as the Counseling Observation Guide to identify participant centered skills staff are using on a regular basis. Use state provided resources such as self evaluation activities done during Oregon WIC Listens onsite visits to identify skills staff are working on and want to improve on.

Implementation Plan and Timeline:

The WIC staff at the Harney County Health Department are working on several Counseling Observations from the participant centered services. We will be using the self evaluation activities once a month, and then review them with each other. This will help us work on the ones we really want to concentrate on.

Activity 2: Each agency will implement at least two strategies to promote growth of staff's ability to continue to provide participant centered services by December 31, 2009.

Examples: Using the information from Goal 2, Activity 1, schedule quarterly staff meeting time to review Oregon WIC Listens Continuing Education activities related to participant centered skills staff identified they want to improve on. Schedule time for peer to peer observations to focus on enhancing participant centered services.

Implementation Plan and Timeline:

The staff will have quarterly meetings (probably after the quarterly in-services) and review the self evaluations. We will use these when we have our peer to peer

observations once a month. This will help us make sure we are utilizing the self evaluation tools.

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

Year 3 Objective: During planning period, each agency will develop a plan to consistently promote the Key Nutrition Messages related to Fresh Choices thereby supporting the foundation for health and nutrition of all WIC families.

- *Breastfeeding is a gift of love.*
- *Focus on fruit.*
- *Vary your veggies.*
- *Make half your grains whole.*
- *Serve low-fat milk to adults and children over the age of 2.*

Activity 1: Each agency will implement strategies for promoting the positive changes with Fresh Choices with community partners by October 31, 2009.

Example: Determine which partners in your community are the highest priority to contact such as medical providers, food pantries, breastfeeding coalitions, and/or Head Start programs. Provide a staff in-service, written materials or presentation to those partners regarding Fresh Choices.

Implementation Plan and Timeline:

The Harney County WIC Staff will meet with the lactation consultant at the Harney District Hospital and provide an in-service for the new regulations for breastfeeding/formula feeding. We will meet with them before October 31, 2009. We will also meet with the Head Start program and give them an in-service on the new Fresh Choices. We will meet with them before October 31, 2009.

Activity 2: Each agency will collaborate with the state WIC Research Analysts for Fresh Choices evaluation by April 30, 2010.

Example: Your agency is a cooperative partner in a state led evaluation of Fresh Choices such as hosting focus groups or administering questionnaires with participants.

Implementation Plan and Timeline:

The Harney County WIC Office will be a cooperative partner in the state led evaluation of Fresh Choices. We will host focus groups and/or administer questionnaires with participants. We will do this before April 30, 2010.

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

Year 3 Objective: During planning period, each agency will develop a plan to promote breastfeeding exclusivity and duration thereby supporting the foundation for health and nutrition of all WIC families.

Activity 1: Using state provided resources, each agency will assess their breastfeeding promotion and support activities to identify strengths and weaknesses and identify possible strategies for improving their support for breastfeeding exclusivity and duration by December 31, 2009.

Resources: State provided Oregon WIC Breastfeeding Study data, the breastfeeding promotion assessment tool and technical assistance for using the tool. Technical assistance will be provided as needed from the agency's assigned nutrition consultant and/or the state breastfeeding coordinator.

Implementation Plan and Timeline:

Before December 31, 2009 the Harney County WIC Office staff will assess our breastfeeding promotion and support activities to identify strengths and weaknesses and identify possible strategies for improving their support for breastfeeding exclusivity and duration. We will use State provided Oregon WIC Breastfeeding Study data, the breastfeeding promotion assessment tool and any technical assistance for using the tool. We will also use technical assistance that will be

provided as needed by the agency's assigned nutrition consultant and/or the state breastfeeding coordinator.

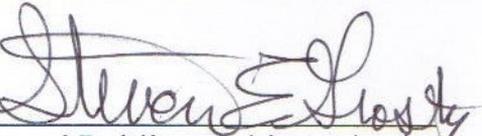
Activity 2: Each agency will implement at least one identified strategy from Goal 4, Activity 1 in their agency by April 30, 2010.

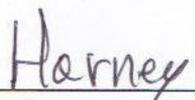
Implementation Plan and Timeline:

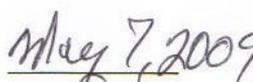
After identifying at least one strategy from Goal 4, Activity 1 we will implement it into our agency. We will do this by April 30, 2010.

Agencies are required to include with the submitted Annual Plan:

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


Local Public Health Authority


County


Date