

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

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

April 22, 2010

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 2010-2011 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 Health Department

Annual Plan

2010 – 2011

I. Executive Summary:

Harney County Health Department has had a busy year.

- We fought the HINI flu fight.
- We participated in the community wide needs assessment through the CHIP process.
- We wrote a start up grant for a School Based Health Center and were awarded the start up grant.
- We are now busy with completing the initial phase of the SBHC Grant.
- We have picked up the Wise Woman program.
- We have weathered changes in the WIC program.
- We have been able to continue our small Dental Program.
- We will be able to offer a new birth control method, Implanon.
- We also were privileged to have a staff nurse go to Haiti to help with the earthquake emergency through Northwest Medical Teams

With a small staff that is motivated and dedicated to the people in Harney County this was all accomplished.

Our population remains small. (Approximately 7,500 for the entire 10,000 square mile county.) The needs of the county remain constant with the % of people using the health department in line with other counties. All personnel are cross trained to be able to offer these services.

This year Harney County has had a large amount of teen pregnancies. We are collaborating with the Commission on Children and Families and the high school staff to develop plans to assist all of the agencies and families in our endeavor to have a healthy community.

The Tobacco Prevention and Education Program is moving along well. The community is receiving and accepting the information well and is accommodating to the new No Smoking regulations that have been required.

We continue to work on Disaster Preparedness plans and procedures for the County.

The training program that Grant County and Harney County have partnered together in for an Environmental Health Specialist is progressing well. The community is pleased to have this service provided locally with issues dealt with in a timely fashion.

The county is very supportive in giving enough funding to be able to offer the core services as the regulations require. With funding tight we are unable to expand services that would be beneficial to groups other than children and young women.

Harney County Annual Plan
2010-2011 Update

Epidemiology and Control of preventable diseases and disorders:

We have made great strides in improving our reporting time to the OPHD. This was achieved through increased education and understanding of the process. We have focused on timeliness, accuracy and trending of diseases.

We had an outbreak of Cryptosporidium which the state epidemiology program did a thorough investigation. This was a great learning experience for our county.

We have been able to take the message of communicable diseases and prevention into the schools. This has been a novel experience as one of our nurses has been in Haiti with disaster relief. She is able to bring disease prevention information to the classrooms in a very new and interesting way.

The HINI immunization program was well run in the county. Some glitches occurred due to the scarcity of the vaccine. Overall the population that wanted to have the vaccine was able to receive it.

Tuberculosis Program

We continue to be vigilant in capturing TB cases in the county. As of now we do not have any cases needing treatment.

We continue to provide TB testing for the county.

Tobacco Prevention Education Program

The county has followed the state mandates in smoking bans. This has been received much better than expected.

The smoking restrictions for apartment rentals have had a good response both from the tenants and owners.

We received one complaint this year and it was resolved quickly without problems.

Parent and child health services and family planning clinics:

In spite of ongoing efforts our WIC clientele varies. We are working to keep our slots full as the service is greatly needed.

With online and teleconferences we have had the opportunity to attend classes that would otherwise be unable for us to attend. During the next year our goal is to utilize more of these classes.

The family planning clinic will be offering Implanon starting this summer. This is a new service we are able to offer due to the Implanon Company offering classes to our FNP.

We have an abnormal amount of teen pregnancies in the county this year. We are partnering with the schools and Commission on Children and Families to study the problem to ascertain if it is a coincidence or the tip of a larger problem. We are working together to develop strategies

for reducing teen pregnancies in Harney County. Even though we have set policies for family planning at our future SBHC it will certainly be an education piece of this program.

We again have a Dietician who will hold WIC certification appointments for the High Risk participants. We also are partnering with Malheur County to provide experience for a Dietician student this summer.

We are contracting with Child Care Resource to provide these services to the county.

Environmental Health

We continue to partner with Grant County with the sanitarian trainee. This has worked very well. The county is pleased with this service that is being provided.

We have several changes of ownership in the county but no food borne illnesses reported. The complaints we receive from the public have been investigated in a timely fashion with quick resolution to the issues.

The Harney County Drinking water Emergency Response Plan was written this year

Health Statistics

The electronic death certificates have made this service much more efficient to provide. We continue to register authorized users to the system.

Information and Referral

We continue to update our handout material. During the year when different issues are of importance we feature this information. Referrals for colposcopy services continue to be one that is used often.

Public Health Emergency Preparedness

We continue to man the 24/7 hotline phone. This year we also have acquired satellite phones through the state. These work well here in the county.

There has been a turn over in the partner designees at the hospital and the city. We are working and learning with them as each program grows and changes.

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. Through involvement in the CHIP program we have made some progress. The Tooth Taxi will be coming. The Oregon Dental Association was able to provide sealants and fluoride varnish to several classes in Burns Schools. We are making small inroads to this big need. We are no where capable of providing

the amount of dental care that is needed in the county with the Dental Clinic we hold at the WIC office and the Burns Dental Group. There is a great lack in finances and practitioners.

Remote Location:

The specialty physicians come from the Bend area. This year we will have oncologists come along with other specialties. To have special services such as colposcopys, they still need to travel out of town. The closest for this service is 130 miles away. Today gas is \$3.10 a gallon making this a big financial burden.

Chronic Disease Programs:

We offer the class Living Well With Chronic Conditions twice a year. We also support the Tai Chi classes at the Senior Center. With staffing and budget constraints this is the limit of what we can offer. Our goal is to have diabetes education along with other health care diagnosis groups.

Family Planning:

Our colposcopys are forced to seek care outside of our community. We can refer most problems to our local physicians but for specialists they need to drive at least 130 miles to a specialists practice.

IV. Budget

For budget information contact

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

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

Health Department Administrator
Steve Grasty

Cheryl Keniston RN
Health Department Supervisor

TB Management

Melanie Thomas, RN
Program Manager for:

Barbara Rothgeb &
Program Managers for:

Marilynn Scheen RN
Program Manager for:

Desi Davis – Office Manager
Program Manager for:

Kriss Renfro
Office Assistant

Babies First/CaCoon
Maternal Case Manag.

Dental Health

Family Planning

Vital Records

BCC

Immunizations

WIC

Well Child

Ramla Richardson
Program Manager for:

HIV Prevention/Education

Bio Terrorism

Communicable Disease

HAN

Tobacco Cessation

Harney County Health Department ---- TO BE UPDATED when new information is received from State Immunization Program

Immunization Annual Plan 10-11

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	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 10-11**

Goal	Problem Statement	Objectives	Planned Activities	Evaluation
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.	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 2011	<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 2011.	<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 4. Offer Implanon insertion and removal. 	Review the history form and the client and provider feedback Have been able to offer IUD insertions. Will start offering Implanon insertion and removals starting summer 2010.

FY 2010 - 2011 WIC Nutrition Education Plan Form

County/Agency: Harney County Health Department
Person Completing Form: Desi Davis
Date: 4/21/10
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, 2010
Sara Sloan, 971-673-0043

Goal 1: Oregon WIC Staff will continue to develop their knowledge, skills and abilities for providing quality participant centered services.

Year 1 Objective: During planning period, staff will learn and utilize participant centered education skills and strategies in group settings.

Activity 1: WIC Training Supervisors will complete the Participant Centered Education e-Learning Modules by July 31, 2010.

Implementation Plan and Timeline:

Cheryl Keniston is our training supervisor. She will log on to the e-learning site, and complete all modules by 7/31/10.

Activity 2: WIC Certifiers who participated in Oregon WIC Listens training 2007-2009 will pass the posttest of the Participant Centered Education e-Learning Modules by December 31, 2010.

Implementation Plan and Timeline:

Marilynn Scheen and Desi Davis will log on to the e-learning site and complete all modules and tests by 12/31/10

Activity 3: Local agency staff will attend a regional Group Participant Centered Education training in the fall of 2010.

Note: The training will be especially valuable for WIC staff who lead group nutrition education activities and staff in-service presentations. Each local agency will send at least one staff person to one regional training. Staff attending this training must pass the posttest of the Participant Centered Education e-Learning Modules by August 31, 2010.

Implementation Plan and Timeline including possible staff who will attend a regional training:

Marilynn and Desi attended the Group PCE training on March 9th in Baker City. We will take the post test on the e-learning website by 8/31/10.

Goal 2: Oregon WIC staff will improve breastfeeding support for women in the prenatal and post partum time period.

Year 1 Objective: During planning period, each agency will identify strategies to enhance their breastfeeding education, promotion and support.

Activity 1: Each agency will continue to implement strategies identified on the checklist entitled “Supporting Breastfeeding through Oregon WIC Listens” by March 31, 2011.

Note: This checklist was sent as a part of the FY 2009-2010 WIC NE Plan and is attached.

Implementation Plan and Timeline:

We will complete the check list and decide on 3-4 of the most important implementations. We will then work on completing those implementations by 3/31/11.

Activity 2: Local agency breastfeeding education will include evidence-based concepts from the state developed Prenatal and Breastfeeding Class by March 31, 2011.

Note: The Prenatal and Breastfeeding Class is currently in development by state staff. This class and supporting resources will be shared at the regional Group Participant Centered Education training in the fall of 2010.

Implementation Plan and Timeline:

We will attend the prenatal and breastfeeding class that is being developed by the State WIC Office. We will implement the key

issues we learn into our prenatal and breastfeeding certifications by 3/31/11.

Goal 3: Strengthen partnerships with organization that serve WIC populations and provide nutrition and/or breastfeeding education.

Year 1 Objective: During planning period, each agency will identify organizations in their community that serve WIC participants and develop strategies to enhance partnerships with these organization by offering opportunities to strengthen their nutrition and/or breastfeeding education.

Activity 1: Each agency will invite partners that serve WIC participants and provide nutrition education to attend a regional Group Participant Centered Education training fall 2010.

Note: Specific training logistics and registration information will be sent out prior to the trainings.

Implementation Plan and Timeline:

We will talk to our local Head Start and invite them to attend the Group PCE education training in the fall of 2010.

Activity 2: Each agency will invite community partners that provide breastfeeding education to WIC participants to attend Breastfeeding Basics training and/or complete the online Oregon WIC Breastfeeding Module.

Note: Specific Breastfeeding Basics training logistics and registration information will be sent out prior to the trainings. Information about accessing the online Breastfeeding Module will be sent out as soon as it is available.

Implementation Plan and Timeline:

When training logistics and registration information becomes available, I will send that information to our hospital and see if they can send one or two nurses who work in the OB department to this training.

Goal 4: Oregon WIC staff will increase their understanding of the factors influencing health outcomes in order to provide quality nutrition education.

Year 1 Objective: During planning period, each agency will increase staff understanding of the factors influencing health outcomes.

Activity 1: Local agency staff will complete the new online Child Nutrition Module by March 31, 2011.

Implementation Plan and Timeline:

When Child Nutrition Module becomes available online, each staff member will complete it by 3/31/11.

Activity 2: Identify your agency training supervisor(s) and projected staff quarterly in-service training dates and topics for FY 2010-2011. Complete and return Attachment A by May 1, 2010.

Agency Training Supervisor(s): Cheryl Keniston

EVALUATION OF WIC NUTRITION EDUCATION PLAN

FY 2009-2010

WIC Agency: Harney County Health Department

Person Completing Form: Desi Davis

Date: 4/21/10 Phone: 541-573-2271

Return this form, attached to email to: sara.e.sloan@state.or.us by May 1, 2010

Please use the following evaluation criteria to assess the activities your agencies did for each Year Three 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 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 module by December 31, 2009.

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

- Did staff complete the module by December 31, 2009?
- Were completion dates entered into TWIST?

Response: **Yes, we had a staff meeting on 10/1/09 and we all completed the New Food Package Module and the dates were entered into TWIST.**

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.

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

- How were staff who did not attend the 2009 WIC Statewide Meeting trained on the topic of infant feeding cues?
- How has your agency incorporated the infant cues information into 'front desk', one-on-one, and/or group interactions with participants?

Response: We received the handout at the Statewide Meeting and we went over it with the staff members who could not attend. However, both certifiers were in attendance and the office staff knows to transfer calls/walk-ins with questions regarding this to the certifiers.

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.

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

- Were nutrition education lesson plans and written materials reviewed and revised?
- What changes, if any, were made?

Our training supervisor reviewed the lesson plans, and most were not changed. However for the first 6 months, we had a Q&A period at each class concerning the new food packages.

Activity 4: Identify your agency training supervisor(s) and staff in-service dates and topics for FY 2009-2010.

Evaluation criteria: Please use the table below to address the following question in your response.

- How did your staff in-services address the core areas of the CPA Competency Model (Policy 660, Appendix A)?
- What was the desired outcome of each in-service?

FY 2009-2010 WIC Staff In-services

In-Service Topic and Method of Training	Core Competencies Addressed	Desired Outcome
<p>Example: Providing Advice</p> <p>Facilitated discussion during October 2009 staff meeting using the Continuing Education materials from Oregon WIC Listens.</p>	<p>Example: This in-service addressed several competencies in the core areas of Communication, Critical Thinking and Nutrition Education</p>	<p>Example: One desired outcome of this in-service is for staff to feel more comfortable asking permission before giving advice. Another desired outcome is for staff to use the Explore/Offer/Explore technique more consistently.</p>
<p>Fruits/Veggies/Whole Grains</p>	<p>Addressed the new food packages</p>	<p>Our desired outcome was for the staff to feel more comfortable with any questions the clients might have with the new food packages.</p>
<p>Food Package Modules</p>	<p>Reviewed and completed the appropriate modules together</p>	<p>Our desired outcome was to finish the modules together so anybody having a question could ask a coworker.</p>
<p>Getting the Iron you Need</p>	<p>Hand outs on Iron rich foods</p>	<p>Our desired outcome was to get the certifiers more comfortable talking about low HGB with clients</p>
<p>Farmers Market</p>	<p>Went to the website to learn about Farmer's Market and reviewed the handouts Maria sent.</p>	<p>Our desired outcome was to learn about the Farmer's Market and how the coupons work.</p>

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

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

Activity1: 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.

Evaluation criteria: Please address the following questions in your response:

- Which core components of participant centered services are used most consistently with your staff? What has made those the most easiest to adopt?
- Which core components have the least buy-in? What are the factors that make these components difficult to adopt?

Response: **The easiest was the introductions, setting the agenda, and reviewing the affirmations.**

The hardest was the active listening. Some of our clients do not want to talk, they are too busy dealing w/ their child or they just want to hear what we have to say and get their vouchers. We are using more of the open ended questions to help solve this problem.

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.

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

- What strategy has been implemented to maintain the core components of participant centered services during a time of change?
- What strategy has been implemented to advance staff skills with participant centered services?

Response: **Working together and helping to remind each other of the little things and how well PCE works.**

Attend all trainings and try to send other staff to trainings as they become available.

Goal 3: Improve the health outcomes of WIC clients and WIC 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.

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

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

- Which community partners did your agency select?
- Which strategies did you use to promote the positive changes with Fresh Choices?
- What went well and what would you do differently?

Response: We chose Head Start. We went there and updated them on the new food packages, gave them hand outs for their clients, and answered any questions they had. They were very excited about the new foods and we got the “it’s about time” from them.

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

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

- How did your agency collaborate with the state WIC Research Analysts in evaluating Fresh Choices?
- How were you able to utilize, if appropriate, information collected from your agency?

Response: We did not do any collaboration with the state WIC Research team.

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

Year 3 Objective: During plan 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.

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

- What strengths and weaknesses were identified from your assessment?
- What strategies were identified to improve the support for breastfeeding exclusivity and duration in your agency?

Response: **We are all pro breastfeeding here. The weaknesses are competing with what their doctor tells them, that it's ok to formula feed.**

We will talk more to ALL pregnant women about the importance of breastfeeding and the new changes.

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

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

- Which strategy or strategies did your agency implement to improve breastfeeding exclusivity and duration?
- Based on what you saw, what might be a next step to further the progress?

Response: **Talking with the pregnant women who come in here about the importance of breastfeeding, and how much easier and healthier it is for their baby.**

Our next step is to talk to the doctors about it. Remind them that WIC is pro breastfeeding and it would help a lot if they didn't encourage the use of formula.

Assessment Area	Using the key below check the response that describes your agency's readiness level					Current Status	Ideas for Future Efforts
	1	2	3	4	5		
A. Breastfeeding Policies and Procedures							
1. Our WIC agency breastfeeding policy affirms the value of breastfeeding and influences all aspects of clinic operations.					X	We are very pro Breastfeeding here and I believe it shows in all we do.	
2. Our WIC agency/county health department has applied for and received the state designation as a <i>breastfeeding mother friendly employer</i> and displays the certificate on site.	X					We have not done this yet.	Our WIC Coordinator will find out how to go about getting this certificate and displaying it.
3. Breastfeeding promotion knowledge, skills and attitudes are part of position descriptions and the employee evaluation process.	X					We have never had the breastfeeding aspect in our employee evaluation process.	We will add a section to our employee evaluation process that asks about bf knowledge and skills.
B. Staff roles, skills and training							
1. All WIC staff use Oregon WIC Listens skills when talking with pregnant women and mothers about breastfeeding.					X	I believe we ROCK at this!	
2. All WIC staff have completed the breastfeeding module level appropriate for their position.					X		
3. Our WIC agency has a sufficient number of staff who have completed a 5 or 6 day advanced breastfeeding training such as the Portland Community College Lactation Management course. (Note: A sufficient number based on your agency's caseload and the need for breastfeeding services.)				X		One of our certifiers has done this training.	
4. Our WIC agency has an IBCLC on staff.	X						
C. Prenatal Breastfeeding Education and Support							
1. WIC staff use Oregon WIC Listens skills to encourage pregnant women to share their hopes and beliefs about breastfeeding and respond accordingly.					X	We have been doing a really great job with the ORWL for all of our clients.	
2. WIC staff help women to recognize their own unique strengths which will help them breastfeed successfully.					X		

Assessment Area	Using the key below check the response that describes your agency's readiness level					Current Status	Ideas for Future Efforts
	1	2	3	4	5		
3. WIC staff prepare women to advocate for themselves and their infants during the hospital or home birth experience.		X					We need to do this more so the women who want to bf are not intimidated by the doctors pushing the formula.
4. WIC staff encourage women to fully breastfeed, unless contraindicated.					X		
5. Women planning to combine breastfeeding and formula feeding are informed of the impact on breastfeeding and potential health risks.					X		
6. WIC staff teach women infant behavioral cues and how these relate to breastfeeding success.					X		
7. WIC staff help women prepare for breastfeeding after returning to work or school.				X			
D. Postpartum Education and Support							
1. Our WIC agency offers breastfeeding support throughout the postpartum period.				X			
2. Staff members contact each breastfeeding mother within 1-2 weeks of expected delivery to assess any concerns or problems and to provide assistance.	X					We have never done this.	This would be a great thing to do and I will talk to the other certifier about implementing this strategy.
3. WIC staff with advanced breastfeeding training are available to assess, assist and/or refer all mothers requesting breastfeeding help within 1 business day of her contacting the WIC office.					X		
4. WIC staff encourage and support mothers to fully breastfeed throughout the postpartum period, unless contraindicated.					X		
5. Breastfeeding mothers wanting to combine breastfeeding and formula feeding are informed of the impact on breastfeeding and potential health risks					X		

Assessment Area	Using the key below check the response that describes your agency's readiness level					Current Status	Ideas for Future Efforts
	1	2	3	4	5		
6. WIC staff teach women about infant behavioral cues and how these relate to breastfeeding success.					X		
7. Our agency provides breast pumps when needed.					X		
E. Breastfeeding Food Packages							
1. WIC staff assess each pregnant woman's breastfeeding intentions and provide information about how WIC supports breastfeeding including no formula issuance in the first month postpartum.					X		
2. A WIC CPA completes an assessment when a breastfeeding mother requests formula and tailors the amount of formula provided. Breastfeeding assistance is also provided to help the mother protect her milk supply.					X		
F. Creating a community that supports breastfeeding.							
1. Our agency participates in a local breastfeeding coalition, task force, and/or the statewide						We do not have a bf coalition in Harney	We will ask the hospital if some of their OB nurses would like to help start a bf

Assessment Area	Using the key below check the response that describes your agency's readiness level					Current Status	Ideas for Future Efforts
	1	2	3	4	5		
Breastfeeding Coalition of Oregon (BCO).	X					County.	coalition for Harney County.
2. Our agency staff collaborate with nurses, lactation staff and physicians at area hospitals to support breastfeeding in the community.				X		We help out any way we can.	
3. Our agency staff communicate with local medical providers on a regular basis to promote breastfeeding and WIC services.							
4. Our agency works with breastfeeding peer support organizations in the community such as La Leche. If no organizations are available, write in N/A						N/A	
5. Our agency promotes breastfeeding through local media.			X			During special times of the year we place ads in our newspaper.	We need to do this more often, maybe quarterly.

Attachment A

FY 2010-2011 WIC Nutrition Education Plan

WIC Staff Training Plan – 7/1/2010 through 6/30/2011

Agency: Harney County Health Department

Training Supervisor(s) and Credentials: Cheryl Keniston, RN

i. Staff Development Planned

Based on planned program initiatives, 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, 2010 – June 30, 2011. State provided in-services, trainings and meetings can be included as appropriate.

Quarter	Month	In-Service Topic	In-Service Objective
1	July 2010	Farmer's Market	Get some "farmer's market" training and discuss how the Farmers Market vouchers will go out this summer.
2	October 2010	Supporting Breastfeeding through ORWL	Review the checklist sent by the state and pick 3-4 implementations we find most important, and then implement them.
3	January 2011	Child Nutrition	Take the Child Nutrition training modules (online) and complete the tests and discuss them at our staff meeting.
4	April 2011	New Annual Plan	Review the 2011-2012 Annual Plan and discuss ways to implement it. Reviewing the 2010-2011 plan as well.

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.

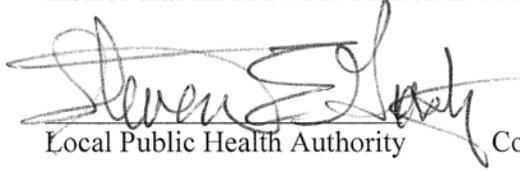
d. Yes X No ___ The local health department Health Officer meets minimum qualifications:

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.

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.

 Harney 4/22/2010
Local Public Health Authority County Date