

Harney County Health Department

420 N Fairview

Burns, Oregon 97720

Phone 541-573- 2271

April 14, 2011

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 2011 – 2012 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 – 431.416 are performed. If you have any questions or need further information, please contact me at 541-573- 2271.

Respectfully,

Cheryl Keniston, Supervisor

Harney County Health Department

Harney County Health Department

Executive Summary

April 2011

We continue to be busy accommodating the various programs with dedicated but limited staff. We are able to do so by being very flexible and having many job skills that are required by the various programs.

Our largest programs are WIC, Immunizations and Family planning. The remaining programs are important to our community but are much smaller in scale.

Our collaboration with other counties and agencies has increased our services provisions to maximize dollars.

We work with Grant County to provide Environmental Health and the Drinking Water Program. This has been a very worthwhile service for us both in the service they provide and also in the income these programs generate. The food and motel services are dependent on tourist travel. These businesses in Harney County work off a small margin. It is important for inspections be done to ensure that the establishments meet the requirements to protect their businesses and clients. In these economic times we need every business in Harney County to survive and thrive.

The Immunization program has upgraded its vaccine storage facilities. We were able to purchase a vaccine refrigerator and a vaccine freezer. The capabilities include computerized data loggers with a new recording system. This enables us to safely store the vaccine that is used in our clinic.

The office has taken the ELR training and is now able to use the system to improve the Communicable Disease reporting to the county. The intent is to be able to quickly respond to lab results preventing the spread of disease.

The HD has worked on the second year of planning and implementing a School Based Health Center. Much planning was accomplished. The community, the schools and the county were all in favor of the service. The site was chosen. The remodel was beginning. The proper staffing was identified and on board. Then the financial angle was re-assessed. The operating budget was so very tight that all parties chose to table it for this year. The school budget, the county budget, the state budget and the federal budget are still very undecided. The planning team decided to hold off on proceeding further at this time. We are disappointed in this outcome but understand the financial commitment of the project.

HCHD has partnered with DHS and HHOPE (Harney County Domestic Violence Program) for the IPV Grant. (Intimate Partner Violence). This project is in the very beginning and so far all parties are very pleased with the client's participation and outcomes.

Harney County Health Department

Annual Plan 2011 – 2012

Updates

Epidemiology and control of Preventable Diseases and Disorders:

There has not been an outbreak in the past fiscal year for us. We have dealt with the reportable diseases as needed. We have all gone to class and now are on the ELR system. We are seeing a greater number of chronic HCV cases and are entering them in the state data base.

Tuberculosis:

We continue to test and follow up as needed.

Tobacco Prevention and Education Program:

We have continued to monitor establishments in Harney County according to the Clean Air Act. We also are working with landlords to instill smoke free rentals. We are partnering with the Commission on Children and Families to effectively reach and teach an increased number of HC residents.

Environmental Health:

The partnership with Grant County continues to be a great asset to us. We have not had any reported food borne illnesses this year.

Health Statistics:

In the past year we have had 89 births. 5 were to mothers in the 10 to 17 year old range, and 5 were to the 18 – 19 year old range. Only 1 teen birth was a low birth weight out of the 8 that were listed as low birth weight. These numbers are from the Oregon.gov website. This is a great accomplishment for us as we had a greater than usual teen pregnancy rate for that year.

Public Health Emergency Preparedness:

We have had a major turnover in key players in the county along with a vacancy in our coordinators position. We are hard at work to accomplish the requirements of this program.

School Based Health Center:

We received funding for the second year planning and set up for the SBHC. We have worked tirelessly in efforts to open this spring. The school board, the county, the community and the medical community are all in favor of its opening. Unfortunately the budget numbers come out so tight that it is with regret that we are not perusing its opening at this time.

Healthy Communities Grant:

The assessment is coming to a close. The findings reveal that we lack the infrastructure to support health lifestyles. It found that we lack leadership to promote and get people involved in healthy lifestyles and also lack healthy food choices in the community at large. This leads to higher medical needs with diminished resources.

Local Board of Health:

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

Senate Bill 555:

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

Unmet Needs:

Dental health remains a health need for both young and old. We have been given \$1,000 for ongoing supplies in our small program that we are pleased with. It is from the CHIP fund which shows that the community also recognizes the need for ongoing dental care. We are making small strides but there remain much dental disease issues that go unresolved.

We do not have the infrastructure to promote healthy lifestyles in an ongoing meaningful way.

IV: BUDGET

For budget information contact:

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

VII. Minimum Standards

Required

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

I. 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.

II. Health Department Personnel Qualifications

Required

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: Stephen Grasty

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

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

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

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

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

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

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

a. Yes ___ No x **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.

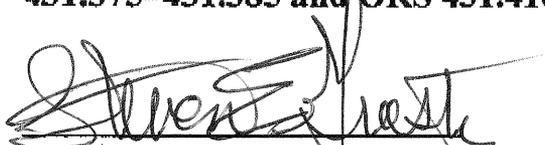
d. Yes x No ___ The local health department Health Officer meets minimum qualifications:

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.


Local Public Health Authority

Harney _____
County

4/18/11 _____
Date

Attachment A

FY 2011-2012 WIC Nutrition Education Plan

WIC Staff Training Plan – 7/1/2011 through 6/30/2012

Agency: Harney County Health Department

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

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, 2011 – June 30, 2012. State provided in-services, trainings and meetings can be included as appropriate.

Quarter	Month	In-Service Topic	In-Service Objective
1	July 2011	Iron, and how to get enough in your diet	Learning how to help clients get the iron they need in their diets, and not have to take the supplements
2	Oct 2011	Breast Feeding	Reminders on how to talk about breast feeding to clients who don't really want to listen
3	Jan 2012	Fitness	Teaching the clients the importance of exercise in pregnancy, infancy, and children
4	April 2012	Heart Healthy Issues	Teaching clients how to keep their heart healthy through a good diet and exercise.

EVALUATION OF WIC NUTRITION EDUCATION PLAN
FY 2010-2011

WIC Agency: Harney County Health Department

From: Desi Davis

Date: 4/9/11 Phone: 541-573-2271

Return this form, attached to email to: sara.e.sloan@state.or.us by May 1, 2011

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

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 online Participant Centered Education Module by July 31, 2010.

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

- Did your WIC Training Supervisor complete the module by December July 31, 2010?
- Was the completion date entered into TWIST?

Response: Cheryl Keniston did complete the module, however it was not entered into TWIST at that time. It has been entered now.

Activity 2: WIC certifiers who participated in Oregon WIC Listens training 2008-2009 will pass the posttest of the Participant Centered Education e-Learning Modules by December 31,2010.

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

- Did all certifiers who participated in Oregon WIC Listens training 2008-2009 pass the posttest of the Participant Centered Education e-Learning Modules by December 31, 2010?

Response: Yes, Marilyn Scheen and Desi Davis took the online posttest and passed.

Activity 3: Local agency staff will attend a regional Group Participant Centered training in the fall of 2010. The training will be especially valuable for WIC staff who lead group nutrition education activities.

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

- Which staff from your agency attended a regional Group Participant Centered Education in the fall of 2010?
- How have those staff used the information they received at the training?

Response: Desi Davis attended the Group Participant Centered Education. She came back and shared the information and tips with the others who teach the NE classes, but have been unable to attend them.

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.

Activity1: Each agency will continue to implement strategies identified on the checklist entitled “Supporting Breastfeeding through Oregon WIC Listens” by December 31, 2010.

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: The strengths were that we are getting better able to discuss breast feeding with our clients. The weakness is that the clients have usually made up their minds and do not want to listen if they are not interested. Strategies were just being more open and explaining better the importance and ease of breast feeding.

Activity 2: Each local agency will implement components of the Prenatal Breastfeeding Class (currently in development by state staff) in their breastfeeding education activities by March 31, 2011.

No response needed. The Prenatal Breastfeeding Class is still in development.

Goal 3: Strengthen partnerships with organizations 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 strengthen partnerships with these organizations by offering opportunities for 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.

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

- Which community partners did your agency invite to attend the Group PCE training fall of 2010?
- How do you feel partnerships with those agencies were enhanced?
- What went well and what would you do differently?

Response: We invited the Early Childhood Center to go, but they were unable to attend. We already work hand in hand with them, so our partnership is amazing.

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

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

- Which community partners did your agency invite to attend a Breastfeeding Basics training and/or complete the online WIC Breastfeeding Module?
- How do you feel partnerships with those agencies were enhanced?
- What went well and what would you do differently?

Response only if you invited community partners to attend a Breastfeeding Basics training. The online WIC Breastfeeding Course is still in development. N/A

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 June 30, 2011.

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

- Did/will the appropriate staff complete the new online Child Nutrition Module by June 30, 2011?
- Are the completion dates entered into TWIST?

Response: We are in the process of reviewing the Child Nutrition Module as a group and will then take it individually online, before June 30, 2011. It will then be entered into TWIST.

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

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 2010-2011 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>“Listening to our clients” discussion in July 2010.</p>	<p>We reviewed the PC strong points, and practiced on ourselves to remind us how to talk to the clients and how to listen.</p>	<p>The outcome of this was to remind ourselves of how to use the PC activities and listen better to the clients.</p>
<p>“Heart healthy foods” were discussed in October 2010.</p>	<p>This was an activity for all of us to focus on which foods were heart healthy.</p>	<p>The outcome of this was to find out for ourselves which foods were good for your heart, and then be able to pass them on to our clients.</p>
<p>“Vitamin D” was discussed in January 2011.</p>	<p>We reviewed the Vitamin D information given to us by the state.</p>	<p>The outcome of this was to be able to talk to our clients about the</p>

		importance of Vitamin D and how to get that in your diet.
Our April 2011 in-service will be on this year's Farmers Market.	This is only the second year we have done Farmers Market coupons and we all need to be reminded how to use them, who can get them, what you can get on them, and where/how they are to be used.	The outcome of this is to remind us how the coupons are used, and to be able to teach our clients about Farmers Market.

FY 2011 - 2012 WIC Nutrition Education Plan Form

County/Agency: Harney County Health Department

Person Completing Form: Desi Davis

Date: 4/12/11

Phone Number: 541-573-2271

Email Address: desireed@centurytel.net

Return this form electronically (attached to email) to: sara.e.sloan@state.or.us
by May 1, 2011
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 2 Objective: During planning period, staff will incorporate participant centered education skills and strategies into group settings.

Activity 1: Local agency staff will attend a regional Group Participant Centered training focusing on content design to be held in the fall of 2011.

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

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

All NE staff will attend, including both CPAs. This will be completed in the Fall of 2011 at the state training.

Activity 2: Each agency will modify at least one nutrition education group lesson plan from each category of core classes and at least one local agency staff in-service to include PCE skills and strategies by March 31, 2012. Specific PCE skills and strategies were presented during the PCE Groups trainings held Fall 2010 and Spring 2011.

Implementation Plan and Timeline:

One class will include PCE skills for groups by changing the teaching style to be more “open forum type” rather than a “teacher/student” style.

Activity 3: Each agency will develop and implement a plan to familiarize all staff with the content and design of 2nd Nutrition Education options in order to assist participants in selecting the nutrition education experience that would best meet their needs.

Implementation Plan and Timeline:

In November 2010, Desi had an in-service to familiarize the staff with the content and design on second nutrition education options in order to assist participants in selecting the NE experience that would best meet their needs.

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

Year 2 Objective: During planning period, each agency will incorporate participant centered skills and strategies into their group settings to enhance their breastfeeding education, promotion and support.

Activity 1: Each agency will modify at least one prenatal breastfeeding class to include PCE skills and strategies by March 31, 2012. Specific PCE skills and strategies were presented during the PCE Groups trainings held Fall 2010 and Spring 2011.

Implementation Plan and Timeline:

By March 2012, our BF class will start an “open forum” to discuss breast feeding; fears, helps, tips, etc.

Activity 2: Each agency’s Breastfeeding Coordinator will work with the agency’s Training Supervisor to provide an in-service to staff incorporating participant centered skills to support breastfeeding counseling.

Note: In-service content could include concepts from Biological Nurturing, Breastfeeding Peer Counseling Program – Group Prenatal Series Guide and/or Breastfeeding Basics – Grow and Glow Curriculum. An in-service outline and supporting resource materials developed by state WIC staff will be sent by July 1, 2011.

Implementation Plan and Timeline:

After we receive the in-service outline sent by the State in July 2011, we will schedule an in-service for all staff to teach PCE skills to support breast feeding counseling.

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

Year 2 Objective: During planning period, each agency will continue to develop strategies to enhance partnerships with organizations in their community that serve

WIC participants by offering opportunities to strengthen their nutrition and/or breastfeeding education.

Activity 1: Each agency will invite at least one partner that serves WIC participants and provides nutrition education to attend a regional Group Participant Centered Education training focusing on content design to be held fall of 2011.

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

Implementation Plan and Timeline:

We will again invite the Early Childhood Education staff to attend the regional Group Participant Centered Education training focusing on nutrition education and breast feeding content, when it is held this fall.

Activity 2: Each agency will invite at least one community partner that provides breastfeeding education to WIC participants to attend a Breastfeeding Basics – Grow and Glow Training complete the Oregon WIC Breastfeeding Module and/or complete the new online Oregon WIC Breastfeeding Course.

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

Implementation Plan and Timeline:

We will invite the OB nurses from the Harney District Hospital to attend a Breast Feeding basics training this fall.

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

Year 2 Objective: During planning period, each agency will continue to increase staff understanding of the factors influencing health outcomes.

Activity 1: Each agency will conduct a Health Outcomes staff in-service by March 31, 2012.

Note: An in-service outline and supporting resource materials developed by state WIC staff will be sent by July 1, 2011.

Implementation Plan and Timeline:

By March 31, 2012 we will have a staff in-service on factors influencing health outcomes, using the outline and supporting materials that are developed and sent to us from the State WIC Staff.

Activity 2: Local agency staff will complete the new online Postpartum Nutrition Course by March 31, 2012.

Implementation Plan and Timeline:

By March 31, 2012 all WIC staff will complete the online Post Partum Nutrition course.

Activity 3: Identify your agency training supervisor(s) and projected staff quarterly in-service training dates and topics for FY 2011-2012. Complete and return Attachment A by May 1, 2011.

Agency Training Supervisor(s):

Our agency training supervisor is Cheryl Keniston.

**Harney County Health Department
Family Planning Annual Plan 11-12**

Goal	Problem Statement	Objectives	Planned Activities	Evaluation
Keep enrollment up. Sign up in appropriate programs. Bill appropriately. Use the resources correctly. Appropriate requesting for donations.	Changes in programs and billing have made keeping the requirements current. Not effective in requesting donations.	Have clients in appropriate programs. Have adequate income for services served. Request donations from clients in terms that they will respond to.	<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 best use of program eligibility. and donation request.. 	<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 2021.	<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 and Implanon insertions and removals..

Harney County Health Department ---- TO BE UPDATED when new information is received from State Immunization Program
Immunization Annual Plan 11-12

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 assess when numbers are available
	Increase the numbers of girls who start and complete Gardasil Vaccination Start giving Gardasil to boys	Promote Gardasil Vaccine to the community	Keep records of numbers and compare with current numbers of eligible young persons in the county	This continues to be a popular vaccine in our community
Current Issue				
Current Issue	Goals	Activities	Outcome Measures	Progress Note
New vaccines are now available to be offered	Continue to offer Rotavirus Vaccine	Promote Rotavirus vaccinations in the community	Continue to recommend Rotavirus Vaccine to eligible children Keep records of numbers given during the year	Continue to keep records to compare statistics in house
No longer carry Zoster	Have cost and amounts needed to purchase become more doable to small counties	Continue to promote its use	Have persons vaccinated for shingles in our county	Obtain numbers from the local pharmacies on doses given