

Grant County Health Department

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Kimberly Lindsay, ADMINISTRATOR

February 12, 2014

To Whom It May Concern:

Attached to this email you will find the Grant County Health Department checklist for minimum standards for the 2014-2015 annual plan. Additional attachments include the organizational chart for the health department as well as the recent community health assessment that was completed by the Grant County CHIP, the Grant County Community Advisory Committee (CAC) Triangulation assessment and the Grant County CAC needs assessment.

The Grant County Health Department will provide all essential public health services as indicated per OAR 333-014-0050. The Local Public Health Authority meets the current Standards for Local Health Departments as identified in ORS 431.345.

Should you desire to obtain a copy of the Grant County Health Department budget, please contact:

Kimberly Lindsay
P.O. Box 469
Heppner, OR 97836

If you have any additional questions or concerns, please do not hesitate to contact me.

Sincerely,

Kimberly Lindsay
Administrator
Grant County Health Department

Grant
County
Community
Health
Needs
Assessment

2012-2013

2012-
2013

This Grant County CHNA summary report has been prepared for Blue Mountain Hospital District by Linda Watson, CHIP Coordinator, in cooperation with the Oregon Office of Rural Health. Required documentation includes: community involvement, process and methods, community input, community needs, and existing healthcare facilities.

Community
Health
Improvement
Partnership

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Community Involvement

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ATTACHMENTS

- ATTACHMENT 1: Grant County Community Health Needs Assessment
Triangulation of Data Report
- ATTACHMENT 2: Blue Mountain Eagle 2013 Medical Family Health Guide

Acknowledgments

“For a community to be whole and healthy, it must be based on people’s love and concern for each other.” Millard Fuller

I would like to take this opportunity to acknowledge and thank all of the community-minded people who supported the Grant County Community Health Improvement Partnership (CHIP) and the CHIP Coordinator throughout this project.

A debt of gratitude goes to Bob Houser, (CEO of Blue Mountain Hospital District, BMH), the BMH Board of Directors, and Strawberry Wilderness Community Clinic (SWCC) physicians and providers. It has been a huge step forward in the evolution of our local healthcare system for you to partner with the Oregon Office of Rural Health (ORH), and co-sponsor CHIP. Thank you for providing the opportunity for Grant County residents to voice their opinions about local healthcare issues and taking time to hear their concerns.

I am grateful for the support and guidance provided by Troy Soenen, Oregon Office of Rural Health (ORH). His knowledge of rural health and experience with CHIP organizations throughout the State of Oregon contributed greatly to our success. The ORH staff’s assistance through the Portland office to conduct the Grant County health survey, compile our quantitative data, provide web page maintenance, and supplying me with business support has been phenomenal, thank you all!

It was the volunteer efforts of each CHIP member that made this Community Health Needs Assessment (CHNA) process a community-driven project. Thanks to each of you for your time and your involvement. Grant County residents have been well represented throughout this project thanks to your dedicated efforts. Much appreciation goes to Carol Waggoner and Dr. Charlie Caughlin for serving as our CHIP Chair and Vice Chair.

Thank you to the BMH staff who assisted me with technical support, office set-up, maintenance, supplies, and administrative support. Special thanks goes to Kim Jacobs and the Any Thyme Café staff for planning and preparing healthy lunches for our monthly meetings, and for catering the breakfast meeting held with providers.

Thank you for the excellent media coverage our CHIP received from KJDY radio station and the Blue Mountain Eagle newspaper staff. You took an interest in CHIP from the beginning by providing us the opportunity to communicate, inform, and invite local residents to participate in CHIP and the community health needs assessment process.

The 2013 Medical Family Health Guide is an excellent resource for our community to use to navigate through the local healthcare system. Thank you for publishing this supplemental directory and for giving the CHIP Coordinator an opportunity to be included with preparation.

Acknowledgments, continued

Local business supported our CHIP public meeting by donating food items and supplies. Thank you to Subway of John Day, John Day Figaro's, Outpost Pizza Pub & Grill, Russell's Custom Meats & Deli, Chester's Thriftway, Any Thyme Café, and Ace Hardware. Appreciation goes to Blue Mountain Hospital, Families First, Grant County Regional Airport, United States Forest Service and Grant County Extension for loaning us flip chart easels and flip charts that were used at the meeting. Thank you Humbolt School staff for providing the meeting location. Much appreciation to Young Life volunteers who provided child care during the meeting and to Cornerstone Christian Fellowship for volunteering to provide transportation for local residents to attend the meeting.

Thank you to Grant County Court for agreeing to wave the Grant County Regional Airport meeting room fees which gave CHIP the opportunity to hold their monthly meetings in your beautiful facility. The saved fee costs will go into the community through the implementation of CHIP activities. Appreciation to Pat Bentz, Airport Manager, for his assistance with scheduling and room set up.

Appreciation to the Grant County School Districts for their cooperation in working with us as we invaded the schools and weighed and measured the kids for the Body Mass Index (BMI) research used in the Pediatric Obesity Study, conducted by Shawna Clark, F.N.P.

Appreciation goes to Paul McGinnis, M.P.A. and Stefan Shearer with Oregon Rural Practice-based Research Network for giving CHIP the opportunity to collaborate with the County Health Department and Grant County Extension Service. Thanks to Stefan for writing the NW Health Foundation HEAL grant proposal. Even though we did not receive the grant funding, our shared resources supported the local pediatric obesity study. Thanks to Paul for sharing his knowledge and resources which helped us conduct the weighing and measuring of public school age students. Thank you also for inviting the Grant County CHIP Coordinator to participate in the Health Extension Toolkit Panel Meeting held at Oregon Health Science University. And I would especially like to thank you Paul, for writing the CHIP manual that has been a valued resource throughout the project.

The Community Health Improvement Partnership members thank all of the Grant County residents that participated with the one-on-one interviews, returned completed mailed out needs assessment surveys, attended the public meeting and have showed an interest and have given your support to CHIP.

Special thanks and appreciation to my friends and family who volunteered their time throughout this project: Colleen Clark, for your help with photography and graphic art design; Tracie Unterwegner, for proof reading my reports and offering your suggestions; Sherry Rose, for your help with technical support; Katherine Manitsis for choosing CHIP for your community leadership class project; David Blood for proofing and writing advice; and Tracey Watson, for assisting me with meetings, proofing reports, and for your valuable input with CHIP.

Introduction

In April 2012, Blue Mountain Hospital (BMH), Strawberry Wilderness Community Clinic (SWCC), and the Oregon Office of Rural Health (ORH) co-sponsored the Community Health Improvement Partnership (CHIP) of Grant County. The purpose of the CHIP was to conduct a community-driven health needs assessment (CHNA) of the entire county. The goal was to collect information that would identify gaps in access to healthcare services and the health status of county residents. The assessment method was selected because it was developed specifically for rural communities and has been successful over the past twenty years. The process is extremely beneficial as it provides a structure for involving residents in determining how to organize the healthcare system according to the community's resources, needs, and wants. CHIP involves the community in evaluating local healthcare problems and designing specific ways to address these problems. By identifying gaps in local needs in health related resources and health status, we can plan strategically to address the current health issues within our rural communities.

Grant County resident Linda Watson was hired by Blue Mountain Hospital District in May 2012, to develop a Community Health Improvement Partnership. The objective of the Partnership was to coordinate a Grant County community health needs assessment under the guidance of Troy Soenen, Oregon Office of Rural Health Field Director.

The following CHNA summary report outlines the steps taken to implement the CHIP process and presents *key* findings as identified throughout the project. Detailed qualitative and quantitative data presentations and CHIP reports are available for review upon request. (See contacts, page 27)

Goals of the CHIP Partnership

The Partnership has six interrelated goals:

1. Improve the current health status of Grant County residents.
2. Involve as many local people as possible in the decision-making process.
3. Expand awareness of the health system's resources as well as issues facing healthcare delivery.
4. Develop new local leadership through training and experience in decision making.
5. Support the creation of projects and programs that are identified as community needs.
6. Educate residents about the role healthcare plays in economic development.

PROCESS AND METHODOLOGY



Grant County Health Fair CHIP display

June 2012 – August 2012: Community Awareness

Linda took the first step of introducing the Community Health Improvement Partnership to county residents at the Grant County Health Fair. She presented an eye-catching display with pictures of community activities, handed out business cards and brochures, and began visiting with local residents about CHIP and the need to have community involvement in the Grant County healthcare system. Linda scheduled follow up appointments with several individuals and groups to share further information about CHIP and Partnership involvement. A CHIP agreement was reviewed by interested individuals and the Partnership began its formation. Troy Soenen, ORH, began his monthly visits to John Day and worked closely with Linda and the Grant County CHIP.

PROCESS AND METHODOLOGY, CONTINUED

Bob Houser, CEO of the Blue Mountain Hospital District, hosted a breakfast meeting with clinic physicians and providers where Troy introduced the CHIP Coordinator and reviewed the CHIP process. Bob also informed the community about CHIP by submitting articles in the local newspaper which invited residents to become involved in community health discussion.

Throughout the summer, Linda continued expanding awareness about CHIP and the CHNA process by encouraging citizen involvement by meeting with groups and individuals throughout the county. She made it a priority to include residents living in the out-lying communities to be involved and contribute to the discussion of local healthcare. The local radio station hosted CHIP interviews to inform and encourage CHIP participation.

September 2012 - The Partnership Group

CHIP was enthusiastically joined by a broad-based group of 25 representatives from public health, health professionals, county and state service agencies, members of the rural communities, law enforcement, education, and local business owners.

Amy Charette - Confederated Tribes of the Warm Springs Reservation of Oregon
Andrea Officer - Bear Valley resident
Carol Waggoner, CHIP Chair - Oregon State University 4-H Extension
Daryl Ann Waltenburg, National Honor Society student - Dayville High School
Devin Moan - Commission on Children and Families
Dr. Benjamin Moore - John Day Eye Care
Dr. Charles Caughlin, CHIP Vice Chair - Blue Mountain Chiropractic Health Clinic
Dr. James Klusmier - BioSmile Dentistry
Gary Delany - Oregon State University Extension Office
Glen Palmer, County Sheriff - Grant County Sheriff's Office
Greg & Marla Armstrong - Len's Pharmacy
Jan Ensign - Long Creek /Monument resident
Kim Jacobs - Blue Mountain Hospital
Linda Starbuck -Seneca resident
Linda Watson, CHIP Coordinator – Mt. Vernon resident
Mary Armstrong- BioSmile Dentistry
Monty Nash, Principal - Humbolt Elementary School
Rayne Houser, National Honor Society student - Grant Union High School
Ruthie Moore - Dayville resident
Samantha Snyder, National Honor Society student - Grant Union High School
Sue Philo - Advantage Dental
Teresa Aasness - Families First Parent Resource Center
Thad Labhart - Community Counseling Solutions/County Health Department
Tracey Watson - Juniper Ridge Acute Care Center
Troy Soenen - Oregon Office of Rural Health
Veanne Weddle - Grant County Senior Programs

PROCESS AND METHODOLOGY, CONTINUED

September 2012 – March 2013 - CHIP Meetings

The Grant County Community Health Improvement Partnership was organized, structured, and launched to conduct the first community-based health needs assessment in Grant County. Troy Soenen attended monthly meetings and trained the local Partnership to build consensus and find common ground before implementing activities. Troy and the ORH staff researched and prepared Grant County health status and health resources data. Their staff traveled to John Day and presented this information to CHIP. The quantitative and qualitative data gathered for CHIP is summarized in this CHNA summary report. Minutes of all Grant County CHIP meetings are posted at: <http://www.ohsu.edu/xd/outreach/oregon-rural-health/hospitals/chip/grant-co-chip.cfm>

October 2012 – January 2013: Conducting the Community Health Needs Assessment

1. Grant County quantitative health data included:

- Demographic and Socio-economic data
- Health Status data
- Health Utilization data
- Provider Need and Shortage Analysis (local primary care physicians)
- Community Health Needs Assessment Survey (mailed out)
- A local Pediatric Obesity Study conducted by Shawna Clark, FNP, in this time frame and data results from her study is included in this report.

2. Grant County qualitative health data included:

- One-on-one key informant interviews
- A county-wide participation meeting was held titled, *New Paths to a Healthier Grant County*

February 2013: Concluding the Community Health Needs Assessment

3. Triangulation of Data Report was prepared and presented by Troy to CHIP. This report provided a health resource inventory, data source, and information and *key* findings that were taken from the quantitative and qualitative health data. [Attachment 1]
4. The identified local health status and health resources issues were placed within a matrix scoring sheet that CHIP used to prioritize residential concerns in the local healthcare system.

PROCESS AND METHODOLOGY, CONTINUED

March 2013: Forming CHIP Committees

5. The CHIP members formed two committees to begin looking further into the issues of concern as expressed by Grant County residents. These committees will expand by involving additional community members and healthcare experts as they work together to form strategies to address the identified gaps in the local healthcare network.

Their work will include:

- Writing problem statements
- Reviewing existing data
- Creating a list of additional questions for research and education
- Determining who else should be present
- Writing the results of the committee recommendations for full Partnership approval and forwarding CHIP recommendations to stakeholders.
- Implementing projects or activities to help meet the health needs of Grant County residents.

GEOGRAPHIC DESCRIPTION AND LOCATION

Grant County, Oregon is located in the eastern part of the state and contains the headwaters of the John Day River. The county has a total area of 4,529 square miles which includes The Blue Mountains, the Strawberry Wilderness area, and the Malheur National Forest. One of the largest fossil concentrations in North America is found in the John Day Fossil Beds National Monument, located on the western border of Grant County. Elevations span from 1,820 on the John Day River near Kimberly, to 9,038 feet at the summit of Strawberry Mountain.

The terrain of the county varies from grassland steppes and rangelands in relatively open or rolling hills and valleys to steep, rugged, rocky, high-alpine landscapes. Overall, the county contains heavily timbered land, many rolling hills, canyons and mountainous terrain. Portions of the county are technically high desert, dominated by sagebrush and sparse grasses. Grant County has a wealth of natural resources with cattle ranching being the dominant agricultural industry. Grant County shares boundaries with more counties (eight) than any other county in Oregon¹.



Strawberry Mountain, Grant County

¹ Wikipedia.org

HEALTH SERVICE AREA DESCRIPTION

Direct healthcare services are available in John Day. Blue Mountain Hospital is designated as a critical access hospital (CAH)² with 24 hour emergency access and is licensed for 25 beds, serving the John Day/Grant County Service area. Also located in John Day is a county health department, five dental offices, a chiropractic clinic, one vision clinic, a variety of massage therapists, two pharmacies, mental health counseling services, nursing home, and assisted living facilities, home health and hospice services, licensed midwife, and Strawberry Wilderness Community Clinic (SWCC). A mobile clinic, providing services from SWCC, travels to Long Creek and Monument twice a month. In Seneca, two practitioners rotate visits once a month from Burns to provide family health services. Blue Mountain Hospital rotates a variety of visiting specialists, monthly in John Day, to provide specialty care services to county residents. Grant County is designated as a health professional shortage area (HPSA).²

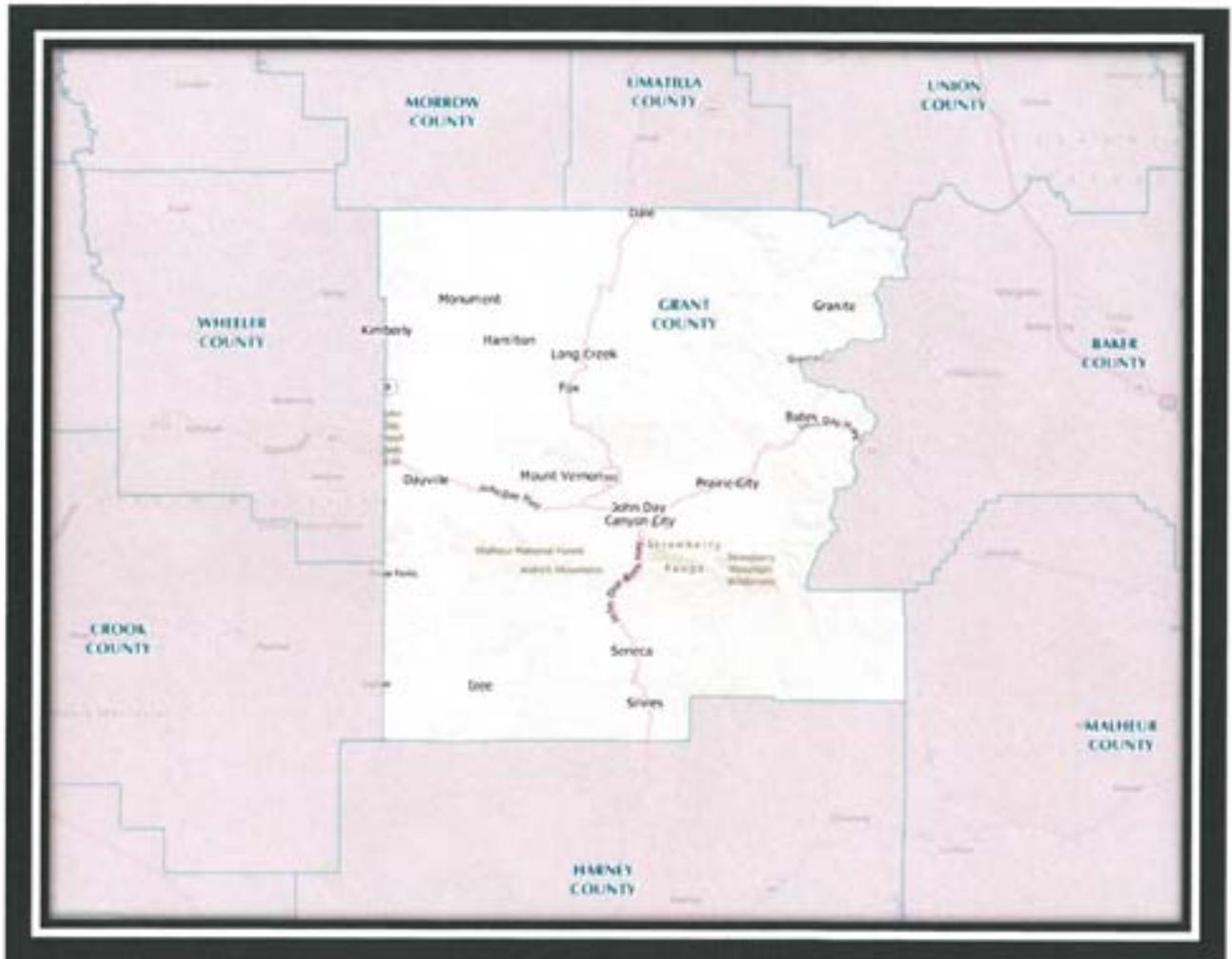
Blue Mountain Hospital District provides ambulance service to the Grant County/John Day service area and crosses county lines when needed. Critical care transport from John Day to Portland, Bend, and Boise is also available. Air medical emergency transport is provided by AirLink and Life Flight. Over 3,900 Grant County residents are members of these air transport services.³

Residents living throughout the John Day/Grant County Service area travel distances of 58 miles from Monument, 37 miles from Long Creek, 32 miles from Dayville, 25 miles from Seneca, 13 miles from Prairie City, and 8 miles from Mt. Vernon to obtain healthcare services in John Day. Due to an increasing number of senior citizens and a high unemployment rate, transportation to healthcare services within the county and out of the county is difficult for some people. Many residents see specialists that often require travel of distances that are over one hundred and fifty miles, one way, from John Day.

The Grant County Transportation District (People Mover) provides public transportation from Prairie City, Canyon City, Mt. Vernon and John Day. Transportation to medical appointments in John Day is available five days a week. The People Mover transports residents to the Redmond/Bend area three days a week. Senior services provide a van and a bus that are available for transporting residents by charter from the Monument and Long Creek areas to John Day and other areas not to exceed a 150 mile radius. These transportation services are available by local appointment charter and out-of-area scheduling for minimal fees. Medicaid reimbursement is available by application through the transportation district.

² www.ohsu.edu/xd/outreach/oregon-rural-health
³ numbers provided Mar, 2013, by AirLink
Critical Care Transport and Life Flight Network

GRANT COUNTY/JOHN DAY SERVICE AREA MAP



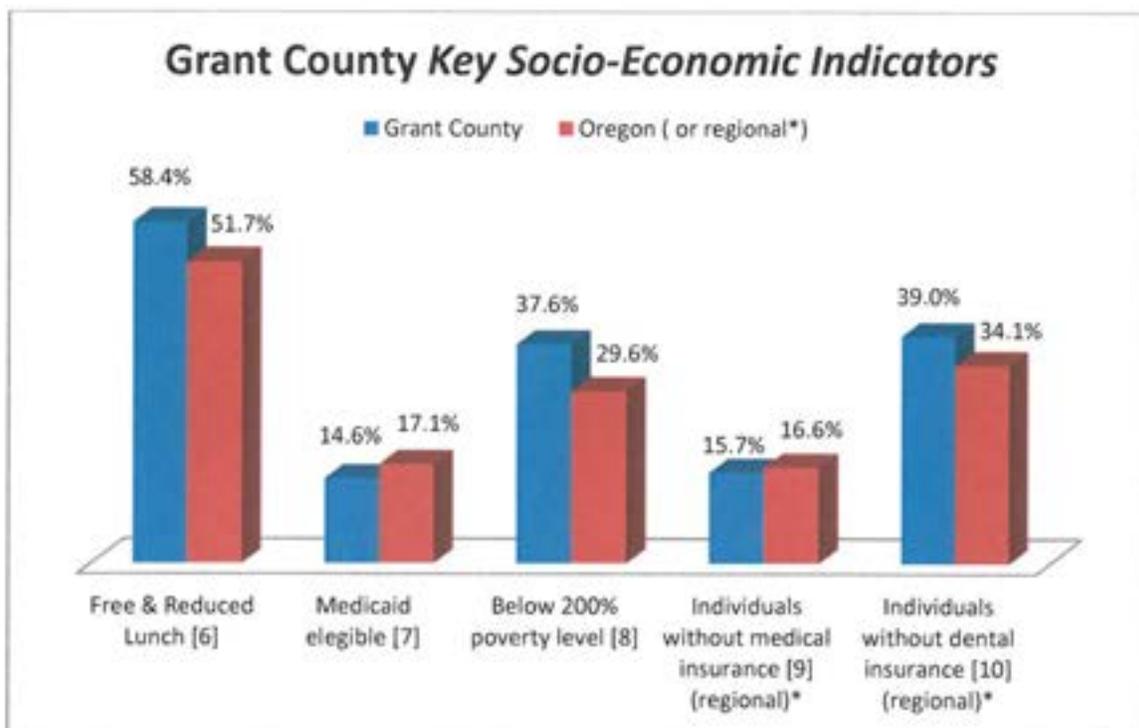
Map provided by the Oregon Office of Rural Health

The John Day/Grant County Service Area is established by zip codes and defined by the Blue Mountain Hospital District and the Oregon Office of Rural Health.

QUANTITATIVE DATA

Demographic and Socio-Economic Data summary^[4]

According to the 2010 census, 7,445 people live in Grant County. It is considered a frontier county⁴, averaging 1.6 people per square mile, with many of the county residents living outside the incorporated cities. Ninety-five percent of the population is white with over 50% percent females. Over 21% of the people living in Grant County are 65 years or older. The county unemployment rate in December 2012 exceeded the state average of 8.4% at 13%.^[5]



(*regional; Crook, Gilliam, Grant, Hood River, Jefferson, Morrow, Sherman, Wasco and Wheeler)

Fig. 1: This chart shows *key* socio-economic indicators taken from data that was prepared for CHIP by ORH staff: John Day/Grant County Service Area; Demographic and Socio-Economic Data, November, 2012.

^[4] www.ohsu.edu/xd/outreach/oregon-rural-health

^[5] Oregon Employment Dept. @ www.olmis.org

^[6] Dept. of Education

^[7] Division of Medical Assistance Programs

^[8] 2000 Census

^[9-10] 2011 Oregon Health Insurance Survey

QUANTITATIVE DATA, CONTINUED

Health Status summary of key indicators: ^[10]

The Oregon Department of Human Services gathers health status data throughout the State of Oregon. Key Grant County Health Status results are shown in the following charts.

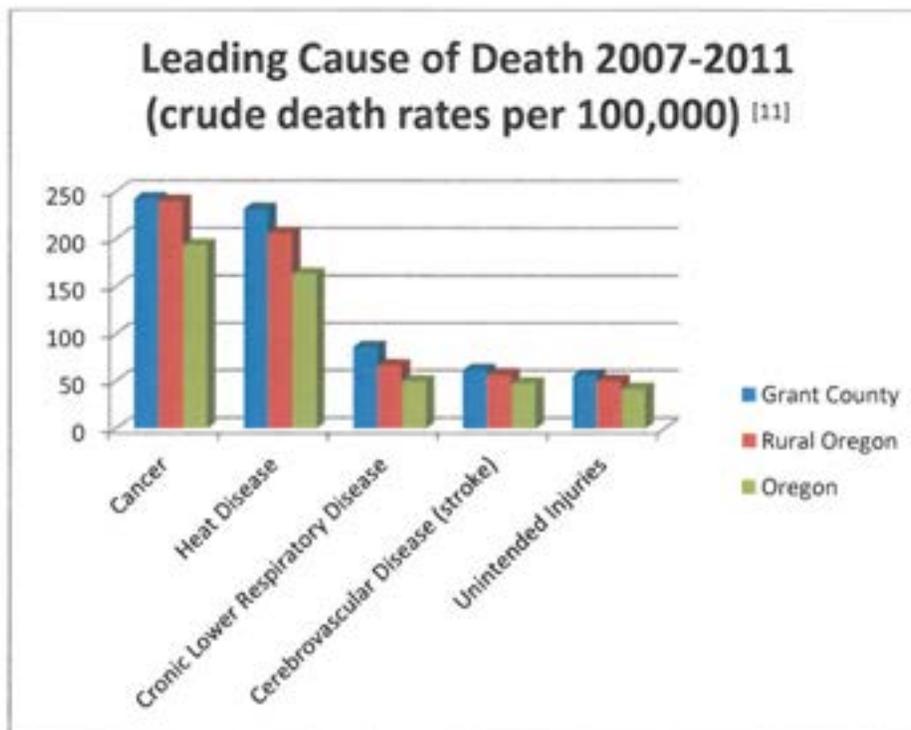


Fig. 2: This chart shows the top five health status concerns for Grant County residents as presented from data that was prepared for CHIP by ORH staff: John Day/Grant County Service Area; Health Status Data, November, 2012.

^[10] www.ohsu.edu/xd/outreach/oregon-rural-health
^[11] Oregon Department of Human Services

QUANTITATIVE DATA, CONTINUED

Health Status summary of key indicators:

- Inadequate prenatal care is defined as: less than five prenatal visits, or care that didn't begin until the third trimester.
- Sixty percent of all infant deaths are related to low birth weight rate.
- Babies born to teen moms are more likely to suffer health, economic, social, and educational problems.

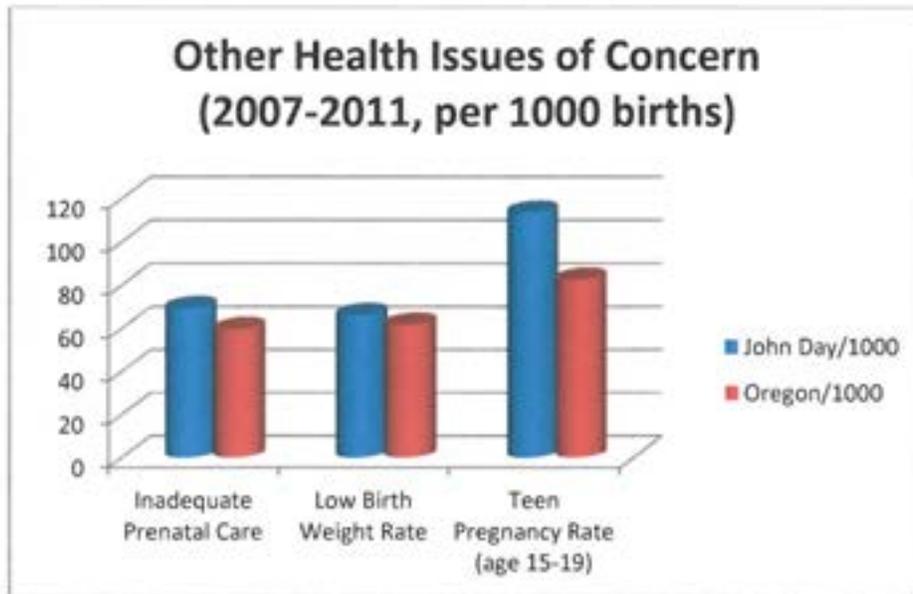


Fig. 3: This chart shows average rates of other health issues of concern taken from data that was prepared for CHIP by ORH staff: John Day/Grant County Service Area; Health Status Data, November, 2012.

¹²³ Oregon Department of Human Services

QUANTITATIVE DATA CONTINUED

Health Status summary of key indicators:

- Tobacco use accounts for approximately 400,000 deaths each year among all Americans and contributes substantially to deaths from cancer, heart disease, stroke, and chronic lung diseases.
- Through self-reporting from 18 years and older – more Grant County females reported heavy drinking than males.
- “Overweight” is defined by a body mass index over 25. A 5’10” man who weighs less than 175 lbs. and a 5’4” woman less than 145 lbs. have a BMI less than 25. Excess weight is associated with increased incident of chronic diseases.

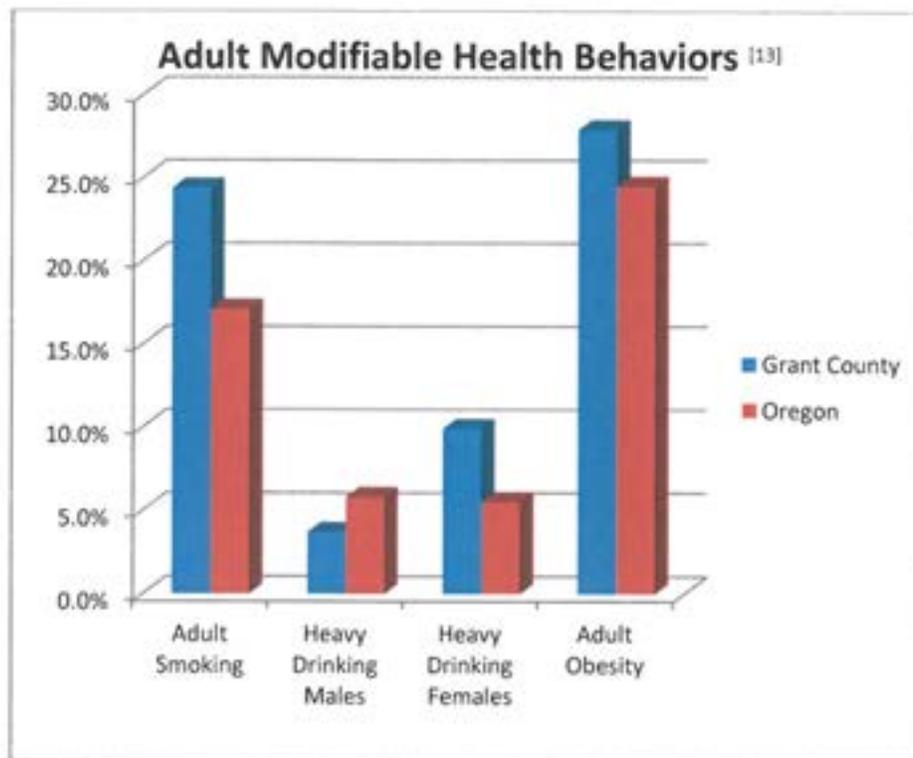


Fig. 4: This chart shows average rates of Modifiable Health Behaviors that contribute to the development of chronic health conditions taken from data that was prepared for CHIP by ORH staff: John Day / Grant County Service Area; Health Status Data, November 2012.

^[13] 2004-2007, 2006-2009 Behavior Risk Factor Surveillance System, BRFSS; Telephone survey system, tracks health risk in USA

QUANTITATIVE DATA, CONTINUED

Health Utilization summary of key findings ^[14]

Health utilization directly impacts the community economic infrastructure by the recapturing of dollars, flow of money, and types of jobs that are held. Local utilization is critical to health system survival. Health utilization data uses comprehensive (state-mandated) reporting by the hospital reporting system and recent annual survey information from the National Center for Health Statistics (NCHS). They reflect the national norms based on actuarial experiences. NCHS has calculated that people in the west use health services 17.1% less than the average for the country as a whole. The charts below reflect Market Share, which is the percentage of all discharges from the primary service area that are captured in the local hospital. ^[13]

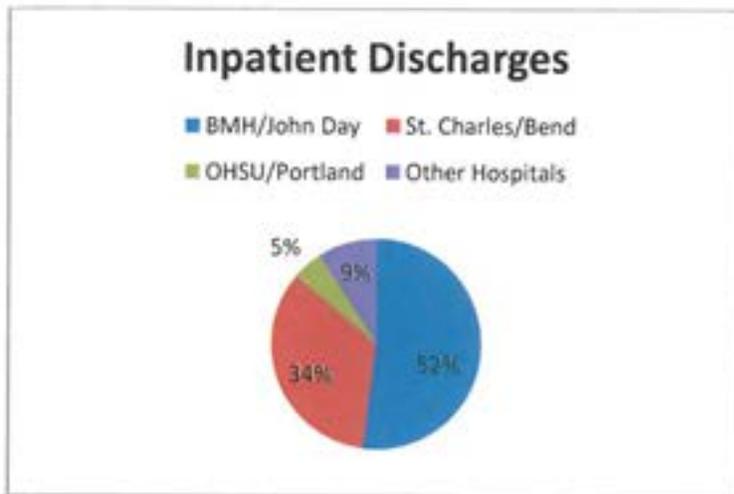
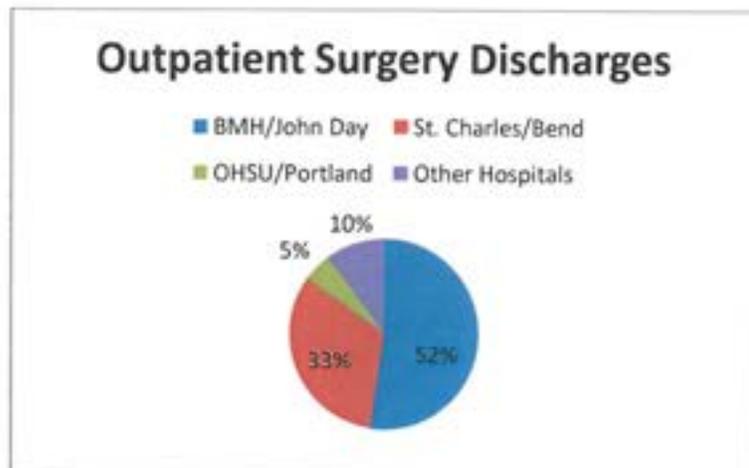


Fig. 5-6: These charts show percentage of Discharge utilization taken from data that was prepared for CHIP by ORH staff: John Day/Grant County Service Area; Health Utilization Data, November 2012.



^[14] www.ohsu.edu/xd/outreach/oregon-rural-health

^[13] Comp Data (July 1, 2011 – July 1, 2012)

QUANTITATIVE DATA, CONTINUED

Provider Need and Shortage Analysis summary of key findings ^[14]

The Oregon Department of Rural Health conducted a Grant County Confidential Provider Survey with results presented in December 2012. There was a response rate of 87.5% to this provider survey. Grant County was in the midst of provider transition at the time with the loss of the nurse practitioner at the County Health Department and two primary care physicians at Strawberry Wilderness Community Clinic.

Local primary care providers were asked these *key* questions:

How long does it take to get an appointment?

	<u>Grant County</u>	<u>State</u>
Wait period for new patients :	16 days	9 days
Wait period for existing patients :	5 days	11 days

- **How many providers are needed to meet population’s demand:**
 Comparing Grant County Physicians supply to National Ambulatory Medical Care Survey, data indicates that the current supply does not meet demand. Considering ER coverage done by local primary care doctors, adding 2.0 more FTE would be reasonable.

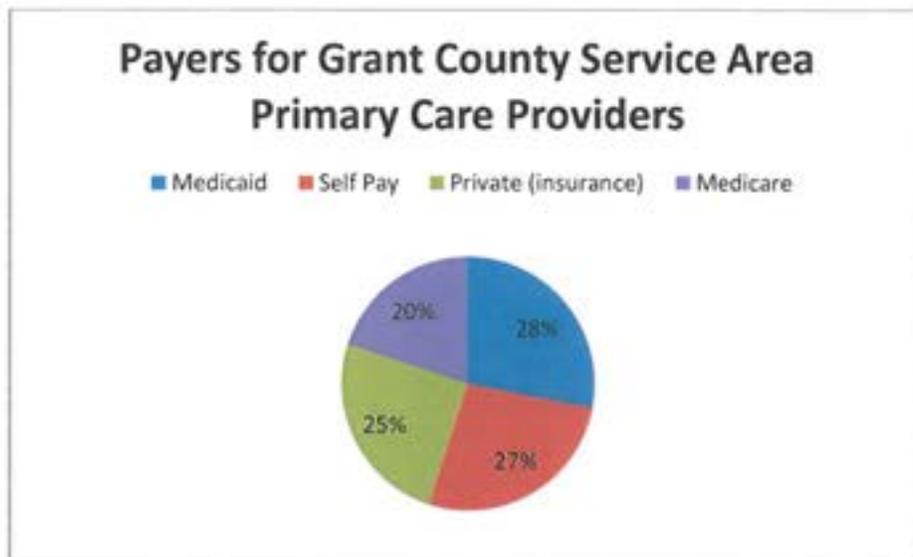


Fig. 7: This information is taken from data that was prepared for CHIP by ORH staff: John Day/Grant County Service Area; Provider Need and Shortage Analysis, December 2012.

^[14] www.ohsu.edu/xs/outreach/oregon-rural-health

QUANTITATIVE DATA, CONTINUED

Pediatric Obesity Study summary ⁽¹⁷⁾

From September – November 2012, Shawna Clark, FNP, conducted a Body Mass Index (BMI) data study to identify pediatric obesity issues within school age children in grades 1-12. This collaborative effort included all seven Grant County school districts, Strawberry Wilderness Community Clinic primary care providers, CHIP Coordinator, CHIP members, and community volunteers.

Notifications were sent out to parents in all of the schools and children and parents were given the option of not participating in the study if they chose. Only students participating and present on the day of weighing and measuring were included in the study. A portable stadiometer called a Shurr Board and a Rice electronic scale were used. Gender, age, height, and weight were obtained and recorded without using personal identifying information.

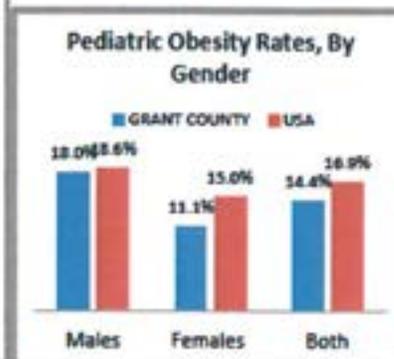
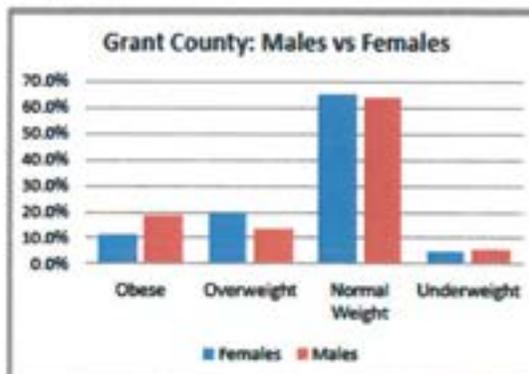
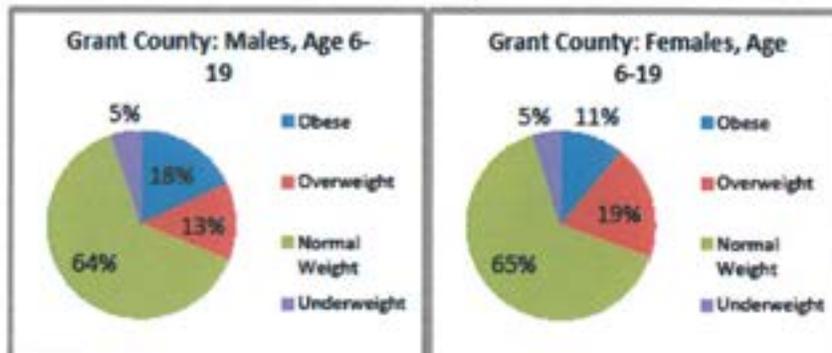
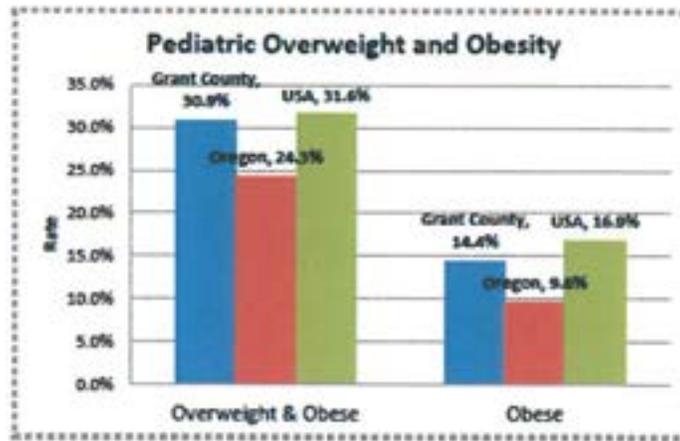


Healthy 'n Fit Day Camp lunch break – September 2012
Kim Jacobs, BMH, Camp Coordinator

⁽¹⁷⁾ Clark, S. FNP. (2012). *Pediatric Obesity Study*, Grant County.

Grant County Pediatric Obesity
 Summary of key findings, prepared by Shawna Clark, FNP

Grant County Pediatric Height and Weight Measurement Project



QUANTITATIVE DATA/COMMUNITY INPUT

Community Health Needs Assessment Survey summary ^[18]

In October 2012, The Oregon Office of Rural Health offered to fund a confidential, mail-out questionnaire to Grant County households. Partners posted promotional flyers throughout the communities and survey information was displayed on local reader boards. Local media, both newspaper and radio, were involved in encouraging residents to complete and return the survey. It was mailed in bright yellow envelopes and included a \$3 incentive to thank people for taking time to respond. This was the first time ORH used a mail-out survey, and as is routinely experienced, you learn by doing. In this case, it was discovered after the surveys had been mailed that the purchased mailing list excluded post office box numbers and only included physical addresses. CHIP worked diligently with the local postmasters and made personal deliveries to see that undeliverable surveys reached as many recipients as possible. Of the 1,946 surveys that were mailed, 1,042 surveys were completed and returned to ORH. This was a **53.5% response rate**.

The survey included 40 questions, mainly multiple choice, with intent to help understand the health and health needs of people living in the county. Questions asked were in the following areas: access to healthcare; your health and health needs; your community's needs; and about you and your family. Key responses from a few of the survey questions are as follows:

Key Demographics:

- 56.9% of respondents surveyed identified their age over 60
- 45.8% of respondents surveyed were retired
- 56.4% of the respondents identified their gender as male; while 43.6% indicated their gender as female
- 96.5% of the respondents identified their race as white

When asked which of the following would you say is the most important health concern your community is facing today?

- 39.1% alcohol or drug use
- 14.6% obesity

When asked which of the following would you say is the second most important health concern your community is facing today?

- 22.8% alcohol or drug use
- 14.5% domestic violence or child abuse/neglect
- 12.5% obesity

When asked if you could do one thing to improve your community's access to healthcare, what would it be?

- 30.9% more primary care providers
- 24.8% more specialists
- 10.6% extended hours for outpatient services

^[18] ORH, Grant County Health Survey

QUALITATIVE DATA/COMMUNITY INPUT, CONTINUED

Key Informant Interviews summary ^[19]

During October and November 2012, CHIP members conducted approximately 83 hours of one-on-one interviews with Grant County residents representing various sectors of the communities in which they live and work. CHIP developed a questionnaire and used the same format for each interview. The interviews were to be casual, as though having a discussion while having coffee.

Key informant interviews are particularly useful for:

- Involving citizens who are not likely to complete (either willing or unable) surveys.
- Obtaining a deeper understanding of residents' attitudes, perceptions, and behaviors.
- Increasing residents' understanding of local issues.
- Clarifying complex issues.
- Demonstrating the Partnership's sincere interest in the individual's viewpoint.
- Allowing community members themselves to conduct assessments.

The CHIP Coordinator extracted the data from the interviewer's notes of people's perceptions, opinions, and attitudes by grouping a significant number of responses to a very few number of responses. Data was then compiled and placed into the Key Informant report.

Key questions and responses taken from the Key Informant Report

What do you perceive as the most important health system (resources) problem facing Grant County residents and how should it be solved?

Summary of *key* responses:

- Doctor turnover and lack of primary care physicians – improve doctor recruiting
- Urgent Care and Accessibility – hire more doctors and change scheduling
- Lack of Specialists – bring in a larger variety of specialist
- Lack of insurance and affordability – restructure sliding fee scale
- Transportation for senior citizens to medical appointments – provide more transportation options
- Communication and health education – offer more health communication to the young and old

What do you perceive as the most important health problem (health status) facing the Grant County Service area and how should it be solved?

Summary of *key* responses:

- Drug and Alcohol abuse – see more sustained child education prevention programs in the schools and more resources such as Alcoholics Anonymous (AA).
- Obesity – offer more preventative classes, exercise classes, more incentive programs
- Cancer rates – offer more local cancer treatment, lower the cost of screenings and annual checkups.

^[19]CHIP Key Informant Report, BMH

QUALITATIVE DATA/COMMUNITY INPUT, CONTINUED

New Paths to a Healthier Grant County summary ^[20]

On January 10th, 2013, the Community Health Improvement Partnership held a public participation meeting. Invitations were mailed out to approximately 100 people. Follow up phone calls, media announcements, and promotional flyers were also used to promote the meeting. Despite adverse winter driving conditions, CHIP was pleased to see more than 50 Grant County residents attend the meeting.

CHIP members led small groups with open discussions of: what do you like about the health system in Grant County; what do you dislike about the health system; and what would you do to improve the health system?

Eight *key* issues that resulted from the final group vote:

1. More available urgent care
2. Specialists here more often
3. Collaboration with all healthcare providers
4. Build a community fitness center
5. Improved services to prevent transfers
6. More affordable screenings
7. Hospital sponsored low cost/low impact exercise and nutrition education
8. Confidentiality





Photos by Colleen Clark, New Paths to a Healthier Grant County

Grant County Community Health Needs Assessment
Triangulation of data
Health Resources Inventory, Data Source, Information and Key Findings

Troy Soenen, ORH, summarized the data results into a “Triangulation of Data Report” [Attachment 1]. The Partnership utilized this report and a matrix scoring tool which the CHIP used to identify and prioritize community health resources and health status concerns as expressed through the Grant County CHNA process. Scores are shown in parentheses in the order of priority issues of community concerns.

Health Resource Priorities

Urgent Care (87)
Specialty Care (68)
Provider Turnover (67)
Mobile Clinic (65)
Confidentiality (58)
Fitness Center (55)
Hospital Education (48)
Collaboration of Providers (47)

Health Status Priorities

Health Prevention (87)
Alcohol & Drug Prevention (81)
Affordable Screenings (74)
Mental Health (64)
Heart Disease (60)
Cancer (54)
Diabetes (52)
Healthy School Meals (26)

CHIP COMMITTEES

March 2013

Priorities were established and CHIP formed two committees to clearly define the gaps in the local healthcare system in the areas of health status and health resources, as identified by local residents. These committees will research and evaluate alternative solutions and costs to address selected issues. Recommendations from the committees will be forwarded to the Blue Mountain Hospital District, County Health Department, and community stakeholders. A collaborative effort will form strategic plans and initiate implementation of projects and activates with the goal of making Grant County a healthier place to live.

1. Community "Healthy Living" Committee

This work group will examine the community concerns in areas related to drugs and alcohol, affordable screenings, prevention education (for all ages), and health status concerns (mental health, heart disease, cancer, and diabetes). The committee will select issue(s) and forward recommendations for the implementation of projects or activities that will make Grant County a healthier place to live.

2. Community Health Access Committee

This work group will research ways to work with the health system community and to form recommendations in the areas related to urgent care, specialty care, doctor turnover, mobile clinic, confidentiality and hospital education. This committee will meet with the Community Care Organization (CCO) 'hot spotting group' to continue the discussion surrounding local healthcare access.

Committee recommendations, strategies of implementation and outcomes will be presented in the near future as supplemental documentation to this report.

COMMUNITY HEALTH IMPROVEMENT PARTNERSHIP RECOMMENDATIONS

- ✚ Now that a baseline of data has been established, a periodic review of local trends in health status, demographics, or health resources changes should occur.
- ✚ Continue to educate the community on the value of personal, community, and system health and encourage use of local health resources.
- ✚ Build relationships to address other issues of importance to the community (for example: transportation; elderly care, affordability, nutrition education, and exercise).
- ✚ Pursue the development of a community plan for health promotion and development of health education opportunities for all age groups, especially for youth.
- ✚ Address the communities' concerns regarding health resources (for example: urgent care, provider turn-over, specialty care, confidentiality, access to healthcare services financially and physically such as with mobile clinics and collaboration with all healthcare providers).

ASSESSMENT ENRICHMENT

March 2013

CHIP members were asked to give their assessment of the Community Health Improvement Partnership process.

Partnership members like the way CHIP went into the community to collect the qualitative data. They especially liked the input that was obtained from the one-on-one interviews and hearing the variety of ideas from around the county. CHIP meetings were well organized and the data presentations from ORH were well prepared. *"The presentations were done well, and we got some great information."*

It was difficult for some to speak up in such a large group at the CHIP meetings, so breaking into the smaller committees will give an opportunity for more personal involvement and input.

Partnership members thought it was a great process CHIP members are looking forward to *"more ideas coming up and seeing the results long-term."*

The Grant County CHIP is looking forward to create something that will affect our community in a positive way!

EXISTING HEALTHCARE FACILITIES

HEALTH SERVICES AND RESOURCES

Blue Mountain Hospital District and Strawberry Wilderness Community Clinic

The following primary care services are provided directly through Blue Mountain Hospital: inpatient and swingbed, outpatient, lab, physical therapy, x-ray, ultra sound, CT, MRI, Bone Density scans, mammography digital, birthing rooms, surgery, hearing center, respiratory therapy, ambulance, rural clinics, home health/hospice, nursing home care, respite care, and adult day care. Visiting specialists that rotate through the hospital/clinic provide: podiatry, cardiology, orthopedic, urology, pathology, ophthalmology, and audiology.

Strawberry Wilderness Community Clinic currently staffs six primary care physicians and one family nurse practitioner. Family practice services include: pediatrics, geriatrics, minor surgery, and OB/GYN.

Blue Mountain Surgery Clinic offers general surgery, upper endoscopy, hernia, gallbladder and breast surgery, laparoscopic hysterectomy, laparoscopy, and colonoscopy.

Grant County Health Department

The county health department provides a broad range of services including: primary, chronic, and acute care, women's health exams, men and children exams, family planning, HIV testing, maternity case management, immunizations, Cacoon, WIC, and high risk infants. The department employs a family nurse practitioner as their primary healthcare provider.

Community Counseling Solutions

Community Counseling Solutions provides a full range of mental health services, chemical dependency and substance abuse treatment, and they recently opened Juniper Ridge Acute Care center in John Day.

The Blue Mountain Eagle Family Medical Health Guide includes detailed information about Grant County local health resources: [Attachment 2]

The Blue Mountain Eagle released publication of the Medical Family Health Guide in January 2013. The CHIP Coordinator worked with the newspaper publisher to create a comprehensive list of Grant County medical providers and services.

CONTACTS

If you have questions or would like more information about this CHNA summary report or CHIP, please contact:

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AVAILABILITY

The Grant County Community Health Needs Assessment Summary Report, supportive data, and CHIP reports are available to the public on-line and upon request.

This Grant County CHNA Summary Report is available on the following websites:

Blue Mountain Hospital District: www.bluemountainhospital.org

Oregon Office of Rural Health: www.ohsu.edu/xd/outreach/oregon-rural-health

POLICY ENVIRONMENT

Federal

With the establishment of the Patient Protection and Affordable Care Act and the development of Accountable Care Organizations, the healthcare system is in the midst of transition. Recommendation for the best possible scenario for rural areas: Rural healthcare leadership has a need to creatively and proactively develop healthcare delivery innovations that serve rural people and concurrently ensure the long-term viability of local rural healthcare providers. Rural providers develop networks with other rural providers to coordinate services that improve care and control costs. ^[23]

State

Healthcare costs are skyrocketing for families, employers, and government. The Oregon Health Plan serves more than 600,000 Oregonians and the increasing cost of healthcare far exceeds the rate of inflation. In June 2011, Governor Kitzhaber and the Legislature passed a bi-partisan bill (House Bill 3650) that proposes a statewide system of Coordinated Care Organizations (CCOs). These organizations would manage all of the care for Oregon Health Plan patients in their communities. The goal of the legislation is to create a new model of healthcare to improve the health of all residents. The vision is also aimed at lowering the high cost of care by emphasizing prevention, reducing waste, improving efficiencies and eliminating avoidable differences in quality and outcomes. There may be different models for CCOs but the idea is that they be a community-based network of patient-centered care, driven by local need. The criteria for how CCOs would operate are being developed with input from clients, providers, stakeholders, and the public. The proposal for health system transformation was presented to the Oregon Legislature in February 2012, and was approved. Passage of the bill allows the state to submit necessary requests to the federal government to allow greater flexibility on how Oregon Health Plan dollars are used for care in CCOs. The state has applied for and received additional federal investments for health system transformation. Those funds do not increase Oregon's budget for the transformation process, but allow maintenance of services. The federal requirements also necessitate detailed reporting from communities and care givers. For more information see the website www.health.oregon.gov.

^[23] MacKinney AC, Mueller KJ McBride TD. The March to Accountable Care Organizations – How Will Rural Fare? *J Rural Health*. 2011; 27(1):131-137

POLICY ENVIRONMENT, CONTINUED

Local

The Eastern Oregon Coordinated Care Organization (EOCCO) began operations in Grant County on September 1, 2012. EOCCO is a limited liability corporation formed and staffed by Greater Oregon Health Behavior, Inc. (GOHBI) and ODS Community Health, Inc. Counties included in EOCCO are Baker, Gilliam, Harney, Lake, Malheur, Morrow, Sherman, Umatilla, Union, Wallowa, Wheeler, and Grant.

Grant County formed a community “hot spotting” group through the leadership of Community Counseling Solutions. It began its work in November 2012 and now includes participants from: Grant County Health Department, Advantage Dental, Blue Mountain Hospital District, and Strawberry Wilderness Community Clinic.

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Attachment 1

Grant County Community Health Needs Assessment Triangulation of Data

Prepared by the Oregon Office of Rural Health

Grant County Community Health Needs Assessment

Triangulation of data

2/13/2013

Oregon Office of Rural Health

Health Resources Inventory

(UC) Urgent Care:

Data Source	Information and Key Findings
Community Meeting	Urgent care received the most votes (52%) from community meeting as an important issue.
Community Meeting	Under what people do not like about the local health system, waiting times and waiting too long for doctor appointments were cited.
Key Informant Report	Many people cited urgent care as an important health system problem.
Key Informant Report	Some said that access to doctors and wait time for appointments is too long.
Key Informant Report	A few people stated that access for things such as strep throat or an ear infection need to be cared for in a timelier manner.
Provider Need and Shortage Survey	Wait period for new patient to get an appointment in Grant County is about 16 days compared to the state at 19 days.
Provider Need and Shortage	Wait period for existing patient to get an appointment is 5 days compared to the state at 11 days.
Provider Need and Shortage	Comparing Grant County Physician supply to National Ambulatory Medical Care Survey data indicates that the current supply does not meet demand. Considering ER coverage done by local primary care doctors adding 2.0 more FTE would be reasonable.
Health Utilization	Ambulatory Care Sensitive Conditions for Grant County (which are reasons for admission to a hospital deemed “avoidable” if the patient had made use of the primary care system) 12.9 per 1000 compared to the state at 8.5 per 1000.
Health Utilization	Top Ambulatory Care Sensitive Condition for John Day service area was Pneumonia.
Health Utilization	Estimates for Emergency Room visits by age and gender from the National Hospital Ambulatory Medical Care Survey are 2,898.

Grant County Health Assessment Survey	Question 8 of survey asking people the last time they went without needed care, 28% cited not able to get an appointment quickly enough as main reason.
Grant County Health Assessment Survey	Question 28 asking residents what one thing would they do to improve access to health care. 31% stated more primary care providers.

(SC) Specialty Care:

Data Source	Information and Key Findings
Community Meeting	Approx. 46% votes wanting specialist more often and on a regular basis to visit locally.
Key Informant Report	Many people cited a need for more specialist and cited a lack of specialist as a health system problem. Some people stated having access to a variety of surgeons and more preventative specialist like a licensed naturopath is needed.
Key Informant Report	As potential solution to improving health system problem in Grant County. Several people cited a greater variety of specialists and the need for more surgeons.
Key Informant Report	Several people, under range of services, cited wider range of specialist and services-OB/GYN, pediatric, heart, and cancer treatment.
Key Informant Report	Under specialty mix, many people said more sports injuries, ear, nose, and throat, OB/GYN, and more female doctors.
Health Utilization	Local hospital is capturing 56% of total inpatient principle procedures.
Health Utilization	Local hospital is capturing 50% of total outpatient surgery discharges per year.
Grant County Health Assessment Survey	Question asking why you would seek care outside of Grant County. 62% of residents cited needing care that I cannot get locally as main reason.
Grant County Health Assessment Survey	Question 28 asking residents what one thing could you do to improve access to health care. 25% cited adding more specialists.

(CHCP) Collaboration with all health care providers

Data Source	Information and Key Findings
Community Meeting	Approx. 42% votes for collaboration with all health care providers.
Key Informant Report	A couple of people cited the need for better communication between primary care physicians and visiting specialist.

(FC) Fitness Center:

Data Source	Information and Key Findings
Community Meeting	Approx. 38% votes for building a community fitness center.
Key Informant Report	Many people cited obesity as a cause for chronic conditions.
Key Informant Report	Several people want more education classes offered in schools for children and adults. Some people see the way to deal with obesity is by promoting and using more preventative medicine (weight control, healthy foods, activities, and alternative medicine).
Grant County Health Assessment Survey	Question 26 asking what residents think is most important health concern for community. 15% cited obesity.
Grant County Health Assessment Survey	Question 27 asking residents what they think is 2 nd most important health concern. 13% cited obesity.
Grant County Health Assessment Survey	Question 18 asking if you have ever been told by a doctor if you have high blood pressure. 44% said yes.
Grant County Health Assessment Survey	Question 18 asking if you have ever been told by a doctor if you have high cholesterol. 37% said yes.
Health Status Data	Cancer, heart disease, and stroke are top three leading causes of death. Rates compared to State for cancer is 241 per 100,000 to 194. Heart disease is 231 per 100,000 to 163. Cerebrovascular disease is 62 per 100,000 to 48.

(C) Confidentiality

Data Source	Information and Key Findings
Community Meeting	Approx. 20% votes for confidentiality were cited as an area of concern.
Key Informant Report	Some people cited confidentiality as a major concern from people they have talked to.
Grant County Health Assessment Survey	Question 15 asking if you regularly seek care outside of Grant County, what are the main reasons. 11% reported privacy as an issue.
Resource: National Rural Health Association	Resource guide for Critical Access Hospitals on confidentiality recommends having an ethics committee.

(HE) Hospital sponsored exercise and nutrition education

Data Source	Information and Key Findings
Community Meeting	Approx. 22% votes for more hospital sponsored exercise and nutrition education be offered
Grant County Health Assessment Survey	Question 26 asking what residents think is most important health concern for community. 15% cited obesity.
Grant County Health Assessment Survey	Question 27 asking residents what they think is 2 nd most important health concern. 13% cited obesity.
Grant County Health Assessment Survey	Question 28 asking residents if you could do one thing to improve access to health care, what would it be. 11% stated the need for more health education.
Grant County Health Assessment Survey	Question 30 asking residents the best way to receive health education material. 48% stated the mail as the best method of communication.
Key Informant Report	Several people stated that health education to the young and old is needed.
Key Informant Report	Many people stated the solution to addressing health care problems in our area would be to offer more public health education. Several people stated the need for more preventative health care options.

Key Informant Report	Several people want more education classes offered in schools for children and adults. Some people see the way to deal with obesity is by promoting and using more preventative medicine (weight control, healthy foods, activities, and alternative medicine).
Health Status	Cancer, heart disease, and stroke are top three leading causes of death. Rates compared to State for cancer is 241 per 100,000 to 194. Heart disease is 231 per 100,000 to 163. Cerebrovascular disease is 62 per 1000,000 to 48.

(MC) Mobile Clinic

Data Source	Information and Key Findings
Community Meeting	Approx. 16% votes for health clinic to visit rural areas of Grant County
Community Meeting	Approx. 16% votes for cancer and dialysis for patients in their homes
Grant County Health Assessment Survey	
Key Informant Report	Some people express the need to have more outreach (clinics) for outlying communities.
Demographic and Socio-Economic	22% of population is over the age of 65 compared to the State 17%.
Oregon Health Authority	State is encouraging more home visits.
Coordinated Care Organizations	Providing more outreach care is encouraged.

(P/T) Provider Turnover

Data Source	Information and Key Findings
Community Meeting	Approx. 42% votes for collaboration with all health care providers.
Key Informant Report	Many people said doctor turnover has hurt the local health care system causing a lack of continuity of care for residents.
Key Informant Report	Many people want the hospital to do a better job of recruiting, screening, and hiring more quality doctors by offering better incentives, better benefit packages, to get them to stay.
Key Informant Report	Some people said that if we could recruit more doctors to the area it would help prevent burnout and stop them from leaving.
Provider Shortage and Need	Supply and demand data shows a need for more primary care doctors.
Grant County Health Assessment Survey	12% cited lack of access to good health care when asked what is the most important health concern in your community.

Health Status Inventory

(C) Cancer

Data Source	Information and Key Findings
Community Meeting	Approx. 16% votes for a van that offers cancer and dialysis for patients in their homes.
Key Informant Report	Several people see high number of cancer patients who live in service area.
Key Informant Report	Some people feel there is increased tobacco use in our County.
Key Informant Report	Some people want cancer treatment to be made more local so that people do not have to travel and be away from home so much. A few people suggested offering more low cost screenings
Health Status	Cancer is leading cause of death in County. 243 per 100,000 compared to State at 194 per 100,000.
Health Status	Percent of adults who currently smoke cigarettes is 24% compared to State at 17%. BRFSS data from 2006-2009.
Resource Help	National cancer Association has tools and education materials.

(H) Heart Disease

Data Source	Information and Key Findings
Key Informant Report	Many people said obesity issues cause many of the chronic health problems for Grant County residents.
Health Status	Heart disease is second leading cause of death for Grant County. Rate is 231 per 100,000 compared to State at 163 per 100,000.
Health Status	Excess weight is associated with an increased incidence of heart disease. 34% reported overweight and 28% reported to be obese.
Health Status	54% of residents had their cholesterol checked compared to State rate of 71%.

Grant County Health Assessment Survey	Question 26 asking what residents think is most important health concern for community. 15% cited obesity.
Grant County Health Assessment Survey	Question 27 asking residents what they think is 2 nd most important health concern. 13% cited obesity.
Grant County Health Assessment Survey	Question 18 asking if you have ever been told by a doctor if you have high blood pressure. 44% said yes.
Grant County Health Assessment Survey	Question 18 asking if you have ever been told by a doctor if you have high cholesterol. 37% said yes.
Grant County Health Assessment Survey	Question 18 asking if you have ever been told by a doctor if you have congestive heart failure. 3% cited yes as their answer.
Pediatric Obesity Study for Grant County	Grant County rates for overweight and obese were 30.9% compared to the State at 24.3%.
Resource Help	American Heart Association has tools and education materials.

(A/D) Alcohol and Drugs

Data Source	Information and Key Findings
Key Informant Report	Many people feel drugs and alcohol abuse is the most important problem facing Grant County Residents.
Key Informant Report	Some people feel that alcohol is the larger problem.
Key Informant Report	Several people said they would like to see more sustained child education programs offered in schools.
Oregon Vital Statistics Annual Report	Leading causes of death by County for alcohol induced death. 3 reported death for Grant County during the time period of 2008 to 2010.
Oregon Vital Statistics Annual Report	Unintentional injury deaths for selected causes, by County of Resident, Oregon, 2010. Motor vehicle deaths were 1 for Grant County.
Oregon Criminal Justice Commission	6 months moving arrest rate for all drugs per 100,000: 2006-2012. Averages are below state except for a short period between May 09 and November 09. Otherwise rates are below State averages.

Oregon Criminal Justice Commission	DUII arrest rate per 100,000 populations: 2000-2008. Number of arrest by year. 2000 is 45, 2001 is 55, 2002 is 55, 2003 is 43, 2004 is 60, 2005 is 61, 2006 is 34, 2007 is 79, and 2008 is 67.
Health Status	16.2% of males 18 and older reporting binge drinking (5 or more drinks on one occasion within 30 days) compared to State at 19.7%. 26.1 of females 18 and older reported binge drinking (4 or more drinks on one occasion within 30 days) compared to State at 8.7%.
Health Status	3.7% of males 18 and older reported heavy drinking (60 or more drinks in past 30 days) compared to State at 5.8%. 9.9% of females 18 and older reported heavy drinking compared to State at 5.5%.
Potential Data Source	Oregon Healthy Teen Survey for 8 th and 11 th graders.
Grant County Health Assessment Survey	Question 26 asking residents what they think is the most important health concern for their community 39% of respondents replied alcohol or drug use.
Grant County Health Assessment Survey	Question 27 asking residents what they think is second most important health concern 23% cited alcohol or drug use.

(AS) Affordable Screenings

Data Source	Information and Key Findings
Community Meeting	Approx. 22% votes for more affordable screenings.
Key Informant Report	Several people said that more preventative health options need to be available in our county.
Key Informant Report	Several people want health care costs to be restructured on the sliding fee scale for citizens who are uninsured.
Key Informant Report	Several people said that more preventative health care options need to be made available in our County.
Key Informant Report	Some people stated that until medical costs become affordable, people will continue to not seek access for proper treatment.

Grant County Health Assessment Survey	Question 16 asking people if they have ever been told by a doctor or health professional that they have any of the following. 44% reported high blood pressure, 37% cited high cholesterol, and 25% reported another ongoing health condition.
Health Exchange Recommendation	More people should be covered for low cost and or no cost deductible for screenings.

(HE/P) Health Education / Prevention

Data Source	Information and Key Findings
Community Meeting	Approx. 14% votes for money to provide parenting skills education.
Community Meeting	Approx. 14% votes for better health education in the schools.
Community Meeting	Approx. 6% votes for health education for adults of all ages.
Key Informant Report	Several people cited the need for more drug and alcohol education offered in our schools.
Key Informant Report	Many people cited the solution to addressing health care problems in our area would be to offer the public more health education.
Key Informant Report	Several people said that more preventative health care options need to be made available in our County.
Grant County Health Assessment Survey	Question 28 asking residents if you could do one thing to improve community access to health care, what would it be? 11% of residents cited health education.
Grant County Health Assessment Survey	Question 30 asking residents best way to receive health information and resources and programs that are the community. 48% cited the mail as the best resource.

(M) Mental Health

Data Source	Information and Key Findings
Key Informant Report	Many people said they did not know about mental health services.
Key Informant Report	Some people said that mental health services were inadequate.
Key Informant Report	A few people said that mental health is accessible, of high quality and affordable.
Health Status	2006-2009 Oregon adults in good mental health (age adjusted 18-34, 35-54, and 55+) was 66.9%.
Grant County Health Assessment Survey	Question 19 asking residents over the past two weeks how often have you been bothered by little interest or pleasure in doing things. 18% reported several days.
Grant County Health Assessment Survey	Question 20 asking residents over the past two weeks, how often have you been bothered by feeling down, depressed, or hopeless. 18% reported several days.
Grant County Health Assessment Survey	15% reported domestic violence or child abuse as second most important health concern facing their community.
Grant County Health Assessment Survey	18% reported a physical, mental, or emotional problem now limits their ability to work at a job or business.
Adult mental health initiative	State of Oregon is working on health care transformation with wanting the right types of service offered at the right time.

(D) Diabetes

Data Source	Information and Key Findings
Key Informant Report	Many people said obesity issues cause many of the chronic health problems for Grant County residents.
Health Status	18 and older who were told by a doctor that they had diabetes was 3.8% compared to State at 6.8%. Source is 2004-2007, 2006-2009 BRFSS data. /
Grant County Health Assessment Survey	Question 18 asking residents if they have been told by a health care professional or doctor that they have diabetes. 14% reported yes.
Resource Help	National Diabetes Associations have tools and education materials.
Resource Help	Harold Schnitzer Diabetes Health Center at Oregon Health & Science University.

(HSM) Healthy School Meals

Data Source	Information and Key Findings
Community Meeting	Approx. 16% votes for healthier school meals.
Key Informant Report	A few people stated we need better communication our local resources, more nutrition and whole health resources.
Pediatric Obesity Study	Grant County pediatric overweight and obese rates were 30.9 compared to 24.3% for the State.
Pediatric Obesity Study	Grant County obese rates were 14.4% compared to the State at 9.6%.
Oregon Public Health Institute	Nutrition standards in Oregon schools. There is HB2650 being introduced at the State Legislature. There is a nutrition calculator to help determine if food is acceptable in schools.
Madras Study on Reverse Recess	Data suggests that children eat better when they have recess before lunch.

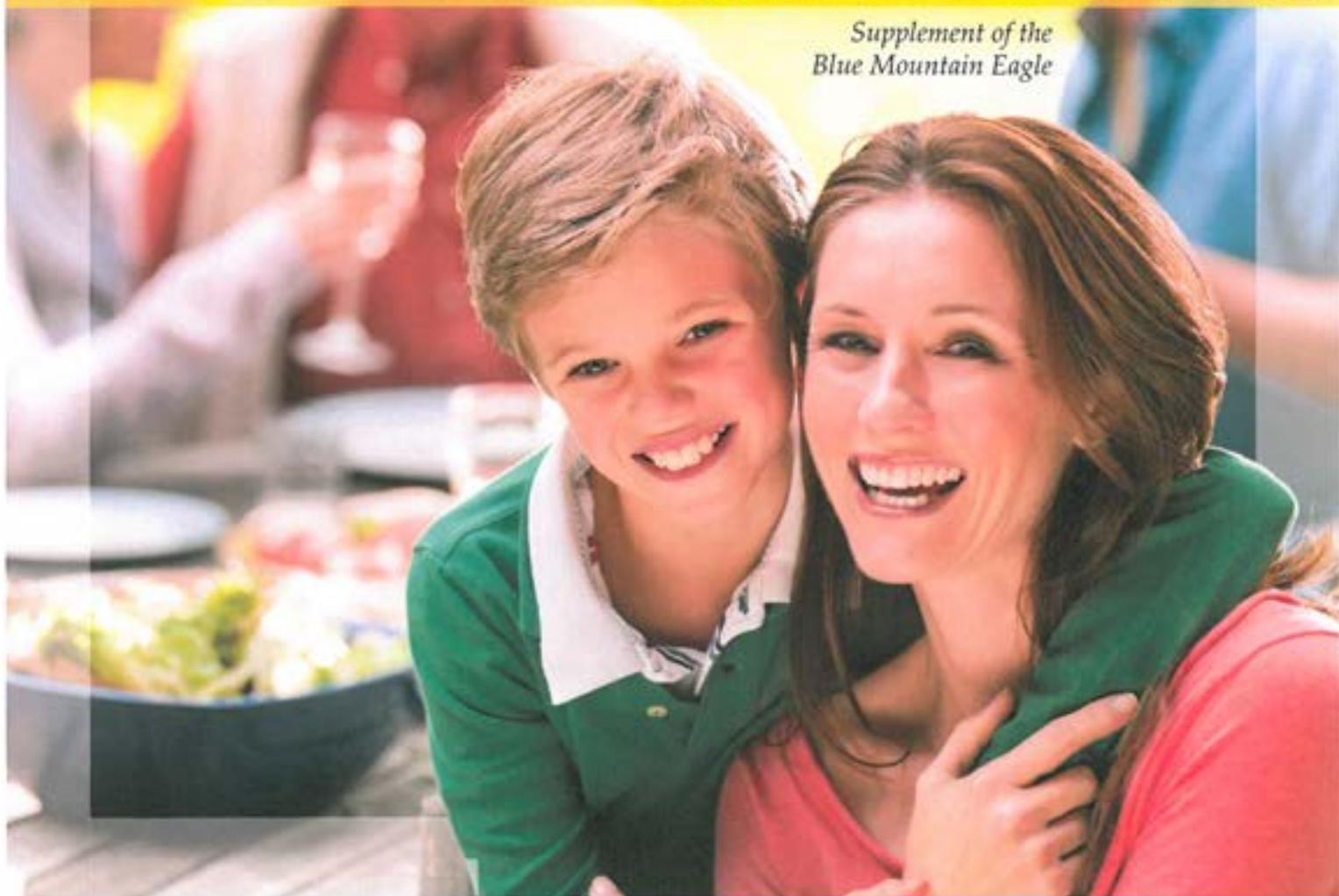
Attachment 2

Blue Mountain Eagle 2013 Medical Family Health Guide

2013
Medical Family Health
GUIDE



*Supplement of the
Blue Mountain Eagle*



Providing
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Your health is your most valuable possession.

At St. Anthony Hospital, you can trust that it is in good hands. We have a growing list of patient services and *quality scores* that are among the highest in the nation. We promised to provide the highest quality healthcare in Northeastern Oregon. We made a promise, and we kept it.

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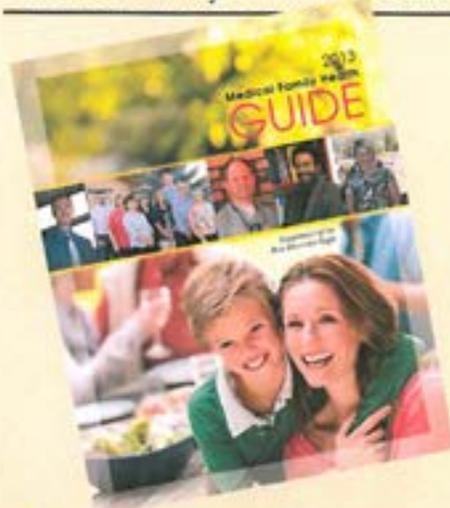
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22	BLUE MOUNTAIN HOSPICE	541-575-1648
32	BLUE MOUNTAIN HOSPITAL	541-575-1311
29	CENTRAL OREGON PATHOLOGY CONSULTANTS, PC	541-382-7696
17	CENTRAL OREGON RADIOLOGY ASSOCIATES, PC	541-382-9383
31	COMMUNITY COUNSELING SOLUTIONS	541-575-1466
18	DR KEITH THOMAS	541-575-1311
22	DR RUSHTON, PODIATRIST	1-866-315-3330
31	DRISKILL MEMORIAL CHAPEL	541-575-0529
31	GRANT COUNTY HEALTH DEPT	541-575-0429
14	HARNEY DISTRICT HOSPITAL	541-573-7281
29	NW BRAIN & SPINE	541-585-2400
20	SENECA MEDICAL CENTER	541-573-7988
20	SHERRY DRESS L.M., C.M. MIDWIFE	541-575-0962
2	ST ANTHONY HOSPITAL	541-276-5121
15	ST CHARLES MEDICAL CENTER	541-382-4321
7	STRAWBERRY WILDERNESS COMMUNITY CLINIC	541-575-0404
8	THE CENTER, ORTHO, NEUROSURGICAL CARE & RESEARCH	1-800-577-6533
	PHARMACY	
4	LENS DRUG	541-575-0629
	TRANSPORTATION	
8	GRANT COUNTY TRANSPORTATION	541-575-2370
	VISION	
13	JOHN DAY EYE CARE	541-575-1819

2013 Medical Family Health Guide



The Blue Mountain 2013 Medical Family Health Guide is a comprehensive list of Grant & Harney County Medical Providers and their services.

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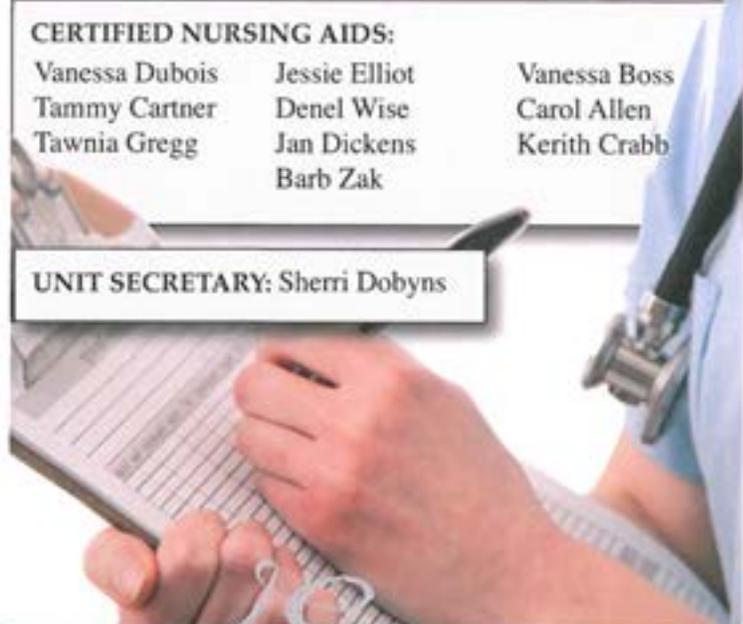
REGISTERED NURSES:

Barb Northington	Tom White	Doris Harper
Nancy Crisler	Gail Klodzinski	Janelle Moulton
Karen Westmoreland	Piper Stout	Mindy Voigt
Joanne Hansen	Mary Brooks	Marsha Delaney
Melissa Delgado	Jodi Ritter	Becky Brown
Brian Gaskell	Sylvia Dowdy	Carrie Davis-Tsao
Holly Ford	Julie Witty	
	Shauna Andrews	
	Les McLeod	

CERTIFIED NURSING AIDS:

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Tammy Cartner	Denel Wise	Carol Allen
Tawnia Gregg	Jan Dickens	Kerith Crabb
	Barb Zak	

UNIT SECRETARY: Sherri Dobyms



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- Other Services

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Creating a **HEALTHIER** community

Community Health Improvement Partnership, a new health initiative launched last year, is working on fine-tuning the health care vision for Grant County.

Linda Watson is coordinator of the CHIP program. She is facilitating a broad-based partnership of people from throughout the county who want to be involved in, and improve, health care needs for the general community.

"It's an opportunity to have a voice, identify health care needs of local resi-

dents and work together to meet those needs," she added.

The program is a partnership between Blue Mountain Hospital and the Office of Rural Health.

According to Watson, the CHIP project has been successful in other counties throughout Oregon, as communities identify and meet needs related to healthy living and local available health care services.

"Everyone in the community has something to contribute to the discussion of local health care," she said.

The partnership, which holds regular meetings, has already done a community needs survey and conducted one-on-one

interviews with citizens throughout the county. The group started 2013 with a broad-based public meeting that focused on "New Paths to a Healthier Grant County."

The meeting touched on an array of topics, including health department, hospital, physician and emergency services; dental health; counseling; drug, alcohol and tobacco issues; behavioral health; prevention programs; health education; elderly and teen health; and more.

The Grant County CHIP office is located in the JO Plaza in John Day. For more information, contact Watson at 541-575-0873, or by email, lwatson@bluemountainhospital.org.



Six goals are at the **CORE** of the program:

- Improve the health status of Grant County residents.
- Involve as many people as possible in the decision-making process.
- Expand awareness of the health system's resources.
- Develop new, local leadership.
- Support the creation of projects and programs to community needs.
- Educate residents about health care's role in economic development.



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Andrea Janssen, MD
Zachary Bailey, MD
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HOUSECALL to county ~

VISITING SPECIALISTS



...save patients some miles, expenses



By Scotta Caliister
Blue Mountain Eagle

The local medical community is bolstered by a baker's dozen of physician specialists who come from outside Grant County to see local patients.

According to Bob Houser, Blue Mountain Hospital CEO, these 13 doctors visit the county regularly –

some as frequently as twice a month, others monthly or at least every other month.

He said one benefit is more convenience for the patients in remote areas.

The patients typically are referred to specialists by their local family doctor. Houser noted that some types of procedures can only be done at the specialists' own hospital or clinic, but the visiting doctor schedule meets a

need for patients who need more routine appointments or consultations.

"It can save the patient from the costs of a trip out of town to see the specialist at their office," he said. "If it's just a 15-minute followup appointment, for example, things can add up – with meals, gas, and even an overnight stay in some cases."

Currently, the roster of visiting specialists includes:

CARDIOLOGISTS



Dr. Gavin Noble



Dr. Bruce McLellan

ORTHOPEDIST/SURGEONS



Dr. Eric T. Sandefur



Dr. Knute Buehler



Dr. Scott Jacobson

Visiting Specialists continued on page 14



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- Rural Clinics
 - Home Health/ Hospice
 - Nursing Home Care - General
 - Respite Care
 - Adult Day Care
- Visiting Specialists:
 - Podiatry
 - Cardiology
 - Orthopedic
 - Urology & Radiology
 - Pathology
 - Ophthalmology
 - Audiology

David Hall, MD

Family Medicine with Obstetrics

Education:

Utah State University, B.S. Biology Cum Laude
Oregon Health & Science University, M.D.

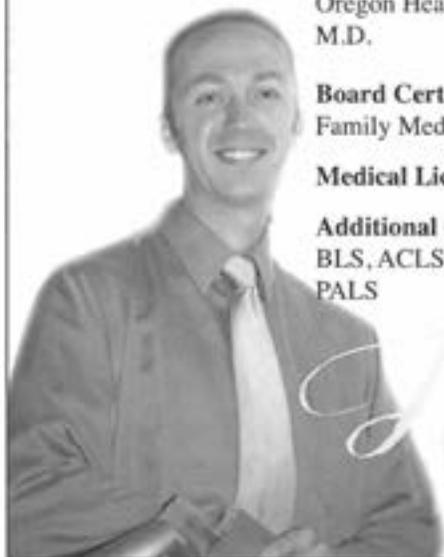
Board Certification:

Family Medicine

Medical License: Oregon

Additional Certifications:

BLS, ACLS, ATLS, NRP, ALSO, PALS



To schedule an appointment, call 541-575-0404.

Andrew Janssen, MD

Family Medicine with Obstetrics

Medical Director,

Strawberry Wilderness Community Clinic

Education:

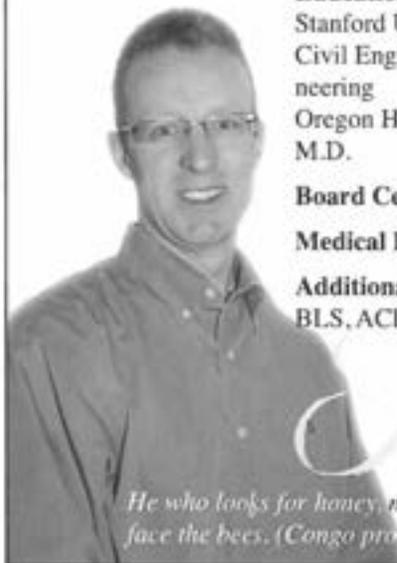
Stanford University, BS with honors, Civil Engineering, MS Structural Engineering
Oregon Health & Science University, M.D.

Board Certification: Family Medicine

Medical License: Oregon

Additional Certifications:

BLS, ACLS, ATLS, NRP, ALSO, PALS



To schedule an appointment, call 541-575-0404.

He who looks for honey, must have the courage to face the bees. (Congo proverb)

Andrea Grout Janssen, MD

Family Medicine with Obstetrics

Medical Director,
Grant County Health Department

Education:
Westmont College, B.S.
Chemistry, Magna Cum Laude
Oregon Health & Science
University, M.D.

Board Certification:
Family Medicine

Medical License: Oregon

Additional Certifications:
BLS, ACLS, ATLS, NRP,
ALSO, PALS

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Shawna Clark, FNP

Family Medicine

Education:
ADN - Treasure Valley Community
College, 1996; BS Nursing, Brigham
Young University-Idaho; MSN, Family
Nurse Practitioner - University of Utah,
May 2011. Currently pursuing
doctorate, University of Utah.

Medical License:
Oregon & Idaho

Certification:
RN, Board certified; FNP certified by
AANP; ACLS; PALS

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Keith J. Thomas, MD, FACS

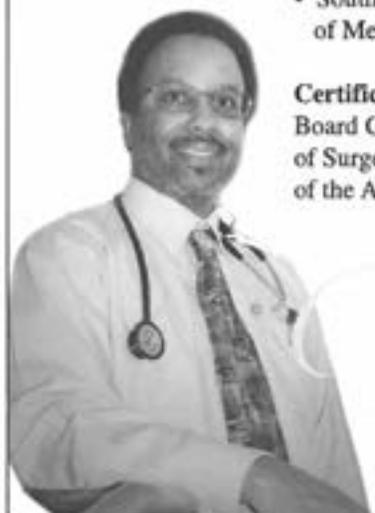
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of the American College of Surgeons.

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Zachary M. Bailey, MD

Family Medicine with Obstetrics

Education:
University of Utah, Economics, B.A.
Economics, Magna Cum Laude
Medical College of Wisconsin, M.D.

Board Certification:
Family Medicine

Medical License:
Oregon

Additional Certifications:
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PALS, STABLE

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HOUSECALL to county ~

VISITING SPECIALISTS



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Visiting Specialists continued from page 12

Currently, the roster of visiting specialists includes:

U
ROLOGIST/
SURGEONS



Dr. Meridith Baker



Dr. Brian O'Hollaren



Dr. Nora Takla



Dr. Michael A. Boileau



Dr. Jack Brewer



Dr. Eric W. Shreve



Dr. Michael Rushton

P
ODIATRIST/SURGEON



Dr. Raymond Tien

N
EUROLOGIST/
SURGEON

All are from Bend except for Sandefur and Rushton, who come from Baker City.

The hospital doesn't pay the doctors who come to call. In fact, the specialists pay rent, as spelled out in a "use agreement," for the exam rooms they use to see patients. They also cover the costs of any hospital staff they need to use during their visits.

In recent years the visiting specialist program has grown, and Houser hopes that will continue with additional physicians and specialties. He looks to the remodeling of the JO Plaza, acquired by the hospital last year, to provide more space for visiting doctors to use as they

bring specialized services to the county.

To see which specialists are visiting each month, look for the hospital's newsletter which is published on the first Wednesday of the month in the Blue Mountain Eagle.

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How to make **HEALTHY SCHOOL LUNCHES** for kids



Confrontations focusing on diet between children and parents have been around seemingly since the beginning of time. Many children start off as cooperative eaters, anxious to try different types of foods. As they get older, the number of foods they're apt to eat diminishes, which can make choosing healthy items for lunches and dinners more difficult. It also can make packing lunches for school more challenging.

Many initiatives have attempted to improve the quality of school lunches provided by school cafeterias. Government regulations to reduce the amount of fat and sodium in these lunches, and to introduce more whole grains, fruits and vegetables, are one such initiative. Parents of students who prefer to bring their own lunches from home may be left wondering how they can create healthy lunches their kids

will eat.

Considering school lunches must compete with far less healthy yet widely available alternatives, parents will need to be creative in their creation of homemade lunches. Here are some ideas to get you started.

- **Purchase a new lunch container.** There are many different new and innovative lunch containers that can make separating school lunches easy. Few kids want to dig into a brown paper sack and pull out something that has been so squashed it's unrecognizable. Partitioned lunch boxes enable you to pack different items together where they can be stored separately. The divisions also help you remember to include foods from the basic food groups, such as a fruit, vegetable, protein, starch and dairy item.
- **Have your child make a list of his or her favorite foods.** Once the list has been made, see how you can make the foods healthier. For example, if chicken nuggets make the list, prepare your own nuggets with white meat chunks that are baked, not fried. If there are a number of bread items, see if you can substitute whole grain breads instead of white, bleached varieties.
- **Get creative.** Children may not be inclined to eat loose pieces of fruit. But if the

fruit is stuck on skewers or served with a low-fat dipping sauce or caramel, it may look more appealing. Look to "mini" foods, which tend to be more fun as well. Little sandwiches and little burgers may present an optical illusion, where kids think they're eating only a small amount, but actually it's a full serving.

- **Hide healthy foods within others.** There are entire recipe books that teach you how to mix fruits and vegetables into desserts to increase nutritive value. Everything from spinach to tofu to beets have been included in items like cake, cookies and brownies. So if kids are reticent to dig into their greens, try a clever hiding method.
- **Cut foods into fun shapes.** Kids may be more inclined to eat a turkey and cheese sandwich if it's cut into star shapes or their favorite cartoon characters. Invest in a few cookie cutters so that lunchtime becomes fun time.
- **Don't let the time of day dictate what you serve.** As long as kids are eating healthy items, it doesn't matter when they eat them. If a child loves bagels, choose whole wheat bagels and add an egg on top for a nutritious lunch. Serve with a gelatin dessert that contains chunks of fruit and low-fat milk, and you're set.

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 Eric W. Shreve, M.D.

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By Cheryl Hoefler
Blue Mountain Eagle

✓ **PRENATAL/BIRTHING:** The classes, which will be held periodically through the year as needed, will now be contracted through Families First Parent Resource Center, and held at Blue Mountain Hospital. For more information, call Families First, 541-575-1006, or the hospital, 541-575-1311.

✓ **BREAST FEEDING/LACTA-**

TION: Held quarterly – January, April, July and October. Each class is comprised of two consecutive Monday sessions, from 6-8:30 p.m. in the hospital conference room, located in the basement. The classes are especially valuable for first-time mothers, ideally in their last trimester of pregnancy. Significant others are encouraged to attend too.

The cost is \$30 per class, and the hospital offers scholarships to those in need. The classes are led by lactation consultant Marsha Delaney.

✓ **TAI CHI:** Classes are held at 5:05

p.m. on Wednesdays in front of the upstairs registration area at the hospital. The sessions lasts about 40 minutes, with each series running six weeks. The classes are free, and all ability levels are welcome.

For more information, call the physical therapy department at 541-575-4157, or email taichigrant-county@gmail.com. Leave an email address to be up on the list for schedule updates. The classes are led by physical therapist Sarah Russ.

✓ **DIABETES:** The diabetes

classes are currently undergoing revision. Anyone interested can call physical therapist Sarah

Russ, at 541-575-4157.

✓ **HEALTHY 'N FIT KIDS:** This program is held in conjunction with schools and the academic year calendar. A Healthy 'N Fit kids camp for countywide students in grades K-2 was held in September 2012 in Prairie City, with several "stations" covering topics such as good nutrition, health and physical activity. The program is led by registered dietitian Kim Jacobs.

SHAKING THE HABIT

Four Easy Ways to Lower Your Sodium Intake

Sodium plays a vital role in our health. Scientists estimate the body requires 250-500 milligrams each day for basic physiologic functions. We need salt to transport nutrients, transmit nerve impulses, and contract muscles, including your heart. However, when sodium levels are too high, the kidneys release more water, increasing blood volume. With more blood flowing through the body, pressure increases, and over time this causes the heart to work harder. This can increase your risk for heart disease and stroke.

The Dietary Guidelines for Americans recommends that sodium intake be between 1500 and 2300 milligrams per day for adults, yet this recommended figure is nearly half what the average American consumes daily. To put this in perspective, one teaspoon of salt is equal to 2300 milligrams of sodium. Ironically, very little of the sodium that we consume arrives in our diets via saltshakers. The greater part (75%) comes from processed foods, where it enhances flavor, stabilizes, or preserves. There are the usual high-sodium sources: cured meats such as ham, bacon, or sausage; canned soups; fast food; marinades; and salad dressings. However, sodium also hides in unexpected places. For example, cottage cheese can contain almost 1000 milligrams of sodium per cup.

Follow these four tips to help slowly reduce the amount of sodium in your diet;

1. Switch to kosher salt. Because of its larger crystal sizes, a teaspoon of kosher salt contains almost 25 percent less sodium than ordinary table salt.
2. Reduce the sodium from common pantry staples. Shop for low sodium products. Read labels to compare sodium levels in processed foods.
3. Taste your foods first before salting them. Most likely you will not need added salt.
4. Choose fresh, whole foods as close to their natural state as possible. Although small amounts of sodium are naturally found in foods, they are minute compared to the amounts found in many processed foods.

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Many of our seniors reach a point where they have a hard time safely providing for all of their daily needs without some supervision and assistance. Traditionally this has been the time when Mom or Dad is encouraged to move in with one of the children. Unfortunately, there are situations where that is a less than practical solution. If the older person is capable of some independent living, able to prepare meals and such, the limited supervision and help of an assisted living facility is an option. There may be times, however, when meal preparation and personal care are not within the capacity of the senior or they may elect to have someone else cook. The State of Oregon provides for a class of monitored and licensed facility that care for the elderly or physically disabled in a home-like environment that is safe and secure. The goal of adult foster care is to provide necessary care in a setting that

protects and encourages resident dignity, choice and decision-making. Health care, personal needs and social interaction are provided in a family setting of no more than five residents through a cooperative relationship between caregiver and the client, with a goal of maximizing their ability to function at the highest level of independence possible.

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Adult foster homes are staffed 24/7 with licensed and trained caregivers and offer recreational activities on site and in the local community. Although

not staffed by medical professionals, the caregivers work in concert with their doctors to administer any medications they may be prescribed and to monitor their condition. As a benefit, Adult Foster Homes are more affordable than other care facilities.



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BENEFICIAL DENTAL HABITS

Dental Check-ups and Cleanings



Heighted awareness of the care of both your teeth and the rest of your mouth should be a part of your general routine throughout your life. It is vitally important to develop and maintain beneficial dental habits to ensure the longevity of your teeth. You should schedule two yearly visits to your dentist. Some people might need more than two visits depending on their oral disease risk, age, or other factors.

A Complete dental exam includes a visual inspection and exploration of the tongue, a check under the tongue, roof of the mouth, salivary glands, insides of the cheek and the back of the throat. The face, head, neck and lymph nodes are also inspected for any sign of gland enlargement or any other abnormalities. The gums are examined for disease and all tooth surfaces are checked for decay and growth malformation. X-rays may also be recommended to determine the presence of disease that cannot be seen with a visual examination.

Have professional cleanings twice a year. Your dental hygienist will remove hardened deposits (tartar) and stains not removed by your daily cleaning.

Developing and maintaining healthy dental habits combined with regular visits to the dentist will ensure that your natural teeth last as long as you live.

If you have dental prosthetics such as partials, dentures or crown and bridge or implant work, it is very im-

portant to have regular check-ups, removable partials and dentures should be cleaned daily with denture cleaner and by brushing them as well.

PRESERVE YOUR TEETH

Do you have these 5 Bad Dental Habits?

✓ **Dental Care Problem 1:**

Crunching, Sucking, and Sipping

You slurp down and icy-cold soda or iced tea and then crunch, crunch, crunch the leftover ice. What's the harm? The brittleness and cold temperature of ice cubes can actually cause teeth to fracture. Or they can cause microscopic cracks of the enamel, which could lead to bigger dental problems over time. Crushed ice is less harmful than bigger cubes, but it still doesn't get the blessing of most dental professionals.

Right up there with ice cubes are popcorn kernels or corn nuts, which can put undue stress on a tooth and cause it to fracture. Some people keep the pits of fruit such as peaches, apricots, and plums in their mouth to suck on and then crunch it and break a cusp.

Sipping sugary soda throughout the day is another bad habit, research suggests. The constant exposure to sweet and acidic beverages can cause tooth decay.

Be mindful of these practices when you eat or drink. Switch to crushed ice in drinks and when eating snacks, eat snacks that are healthier to chew, such as baby carrots. Sip soda through a straw to minimize soda exposure to your teeth. Be sure the straw is positioned toward the back of the mouth, not resting against your teeth.

✓ **Dental Care Problem 2:**

Using Teeth as Tools

Dentists report that patients rely on their teeth for a number of odd jobs: to tear open a bag of potato chips, uncap nail polish, pull out a watch stem, straighten a bent fork tine, or rip a price tag off a piece of clothing. This can be harmful to teeth, traumatizing them or causing the edge of a weakened tooth to chip off or even fracture.

Think about what you're putting in your mouth before you use your teeth as tools. And keep simple real tools such as scissors and pliers handy to do the dirty work and let you maintain good dental health.



✓ **Dental Care Problem 3:**

Grinding Your Teeth

Whether you grind your teeth during the day, at night, or both day and night, it wears them down. Often, teeth grinding is a nervous habit, reflecting anxiety. It is best to address tooth grinding before serious tooth wear occurs.

Your dentist may suggest wearing a mouth guard for teeth grinding. Custom models made by your dentist cost more than over-the-counter ones, but they generally fit better and work better too. Sometimes, it helps to simply be aware that you are grinding your teeth and find another way to disperse the nervous energy or deal with anxiety.

BENEFICIAL DENTAL HABITS *continued from page 23*

Dental Check-ups and Cleanings

✓Dental Care Problem 4:

Using a Hard-Bristled Toothbrush

Some people think the firmer the toothbrush, the better. This isn't so, especially for older adults. With age, the gums recede back and the roots of the teeth become exposed, often increasing sensitivity. The root surface is not as hard as enamel and is worn away more easily with a hard brush or from too vigorous brushing. A brush with too-firm bristles may irritate the gums and lead to gum recession and sensitive teeth.

Ask your dentist or hygienist what toothbrush might be best to maintain your dental health, depending on your individual gum and tooth problems.

✓Dental Care Problem 5:

Not Brushing or Flossing Properly



Some people floss and brush their teeth regularly, but not often enough. You should aim to brush twice a day and replace your manual toothbrush or electric toothbrush head every

three to four months.

Flossing teeth should be done daily, too. If you aren't sure if you floss properly, and dentists say many people aren't, ask your dentist or your hygienist for a demonstration on your next visit. The American Dental Association also says antibacterial mouth rinses can reduce bacteria that can cause gum disease.

You may find a powered toothbrush better, especially if you have hand, arm, or shoulder problems that make manual brushing difficult. If you have children, be sure to buy them child-sized brushes so they fit their hands and mouth and are easy to use.

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We take pride in the care we provide for those who live in our facility. We provide a safe homelike environment, with loving caring staff. Our mission is to give our residents the love and dignity they deserve. Our residents are "part of the family."

Each resident is required to have a local physician who will make rounds at the nursing home every 30 days, for the first 90 days, then every 60 days thereafter. Appointments will be made at the physicians' office more often if necessary.

Blue Mountain Nursing Home employs licensed nursing staff 24 hours a day and certified nursing assistants to provide the day-to-day care for our residents. Blue Mountain Nursing Home has always met or exceeded the state's mandated staffing ratio. We have an ex-

cellent dietary staff that serves delicious home-cooked meals under the supervision of a Registered Dietician. They offer special diets to meet every resident's needs. The last Thursday of each month, the residents devise their own menu for the lunch meal.

Blue Mountain Nursing Home also has full-time social service department that meets the psychosocial needs of each resident, based on their individual needs and choices. The activities department provides and encourages all types of activities such as gardening, picnics, fishing trips, weekly drives, outings to events, and regular lunches at the Senior Centers. Our residents are also encouraged to continue to enjoy the same activities they did prior to coming to the nursing home.

The nursing home has a mini-bus that transports residents to and from local medical appointments, as well as, all the out-of-facility activities.

We also provide basic haircare to residents. A licensed beautician comes in monthly as needed. Haircuts and manicures are included in the basic

daily rate for nursing home care. We have housekeeping services provided five days a week and laundry services six days a week, both are also included in the all-inclusive rate.

Visitors are welcome to the nursing home anytime. We are happy to give tours. The rooms are decorated with color coordinated curtains and all rooms have heating/air conditioning units. Residents are encouraged to furnish the room with personal items, as space allows.

Placing a family member in a nursing facility is one of the most difficult things a person can do. The staff at Blue Mountain Nursing Home can help make this decision a little easier. We provide a warm, caring atmosphere and encourage family members to continually be a part of this.

The following staff at the nursing home would be happy to answer any questions you may have and we encourage you to visit the website www.medicare.gov to do a nursing home comparison of your own.



Judy Martin, Administrator

Brandi Grove, Director of Nursing Services
Jessica Winegar, Resident Care Manager
Jonie Jones, Social Services Director
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Valley View Assisted Living sits on the hill above the fairgrounds enjoying a panoramic view of the town and the valley. We offer private apartments for seniors who need assistance with daily living such as showers, dressing, mobility, medications and meal preparation.

There is always something to do or someone to talk to while enjoying daily activities meant to encourage and engage our seniors. Our activity program provides music, movies, cards, puzzles, book club, quilting, gardening and outings.

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We are proud to announce that Valley View will soon be offering Memory Care services for those with Alzheimer's and other memory disorders. Grant County currently does not have a Memory Care community, which makes it necessary for those in need to move out of the area. We are thrilled to be able to bring this much-needed service and additional jobs to Grant County. When completed, Valley View will be able to offer space for up to 10 memory care residents. We expect construction to begin in the spring of 2013, with a targeted completion date of September 2013.

For more information or to reserve an apartment, please call at 541-575-3533. We can also be found on the internet at www.valleyviewliving.net.



Medications and therapies are overseen by our community Nurse. We communicate extensively with each resident, their family and physician to make each day the best it can be. Our resident's enjoy an individual apartment with kitchenette and private bathroom. Pets are always welcome to support a homelike environment. We understand that pets are family too.

Our cooks prepare 3 home-style meals each day. Meals are served restaurant style providing choice of entrée as well as some favorite "always available" items. The dining room is in the center of our community and diners look out through the large windows to enjoy the view of the mountains. Often our residents and families sit and have a cup of tea or coffee together chatting and visiting. If you are feeling under the weather, our staff will happily deliver your meal to your apartment. For those who love the outdoors, Valley View offers paved walking paths, with gardens and lots of green lawn.

There is a beauty/barber shop on-site for your convenience.



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a WEIGHT ISSUE for Grant County ~ PEDIATRIC OBESITY

The latest data indicate that pediatric obesity rates in Grant County are higher than the state's average.



By Raymond Field
Blue Mountain Eagle



Shawna Clark, family nurse practitioner at the Strawberry Wilderness Community Clinic in John Day, says that socioeconomically disadvantaged, rural areas like Grant County

have a higher risk of obesity. That's because rural kids tend to live with more poverty, less education, lower incomes and higher unemployment rates.

Pediatric obesity rates have increased significantly over the past 40 years, and that puts children at a higher risk for chronic diseases.

Health officials see the trend having broad ramifications, if nothing is done to change it.

"The United States is at risk of raising the first generation of children to live sicker and die younger than their parents," Clark said.

Clark, in cooperation with the Community Health Improvement Partnership, recently did a study of local children, collecting data from all seven schools in Grant County. The study compiled body mass index (BMI) scores, and measurements of individuals' height, weight and age.

County kids age 6-19 have a higher percentage of obesity than the statewide figures. The tally: 30 percent of the Grant County children qualified as overweight and obese, compared to just under 25 percent for the entire state.

As for the national scale, Grant County's males in the same age range

nearly matched the nation's average obesity marks, scoring within a single percentage. Females of the same age range in Grant County fared slightly better, at just over 11 percent compared to the national average of 15 percent.

Clark sees pediatric obesity as a big concern in Grant County.

"We need to enlist school assistance to develop accurate methods for annually monitoring pediatric obesity rates," said Clark. "We need to document trends and results of interventions."

Clark said that programs need to be developed for children that specifically target methods to improve the rates of pediatric obesity.

"Continued education is key," said Clark. "Education providers, parents, and the community are needed to manage pediatric obesity."

*Tips in the fight against
childhood obesity
continued on Page 29*



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The latest data indicate that pediatric obesity rates in Grant County are higher than the state's average.

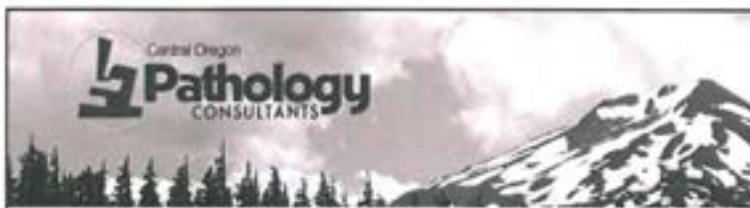


The fight against childhood obesity continued from Page 27

TIPS IN THE FIGHT:

- Limit the amount of sugar-sweetened beverages and carb-heavy foods your child eats.
- Encourage eating fruits and veggies – five servings a day.
- Limit daily “screen time” - to zero for under age 2 and to a max of two hours for 2 and above.
- Eat breakfast every day.
- Limit eating out, which tends to be high-calorie, and encourage family meals five to six times a week.
- Limit portion sizes.
- Eat a balanced diet, rich in calcium and fiber.
- If you are a new mom, breast-feed children to the age of 6 months.
- Encourage 60 minutes of moderate to vigorous physical activity a day.

– Source: *Shauna Clark, FNP, and the Community Health Improvement Partnership*



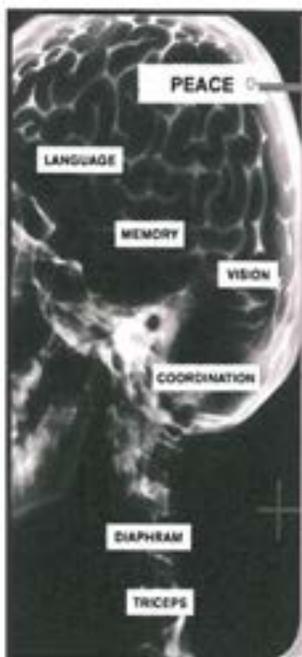
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HEALTH DEPARTMENT SEES- SMOOTH TRANSITION

It's official, as of January 1, 2013, the Grant County Health Department became a branch of Community Counseling Solutions.



By Angel Carpenter
Blue Mountain Eagle

The changes were set in motion last July when the Grant County Court approved the decision to contract with CCS for administrative duties which set the stage for the full take over of operations.

Site manager Thad Labhart said the transition has been smooth.

Labhart also manages the John Day branch of Community Counseling Solutions which shares the county-owned building with the health department at 528 E. Main.

Patients can still expect the same quality service and compassionate care with familiar faces, including Joanne Moles, primary receptionist; public health nurse John Combs; nurses Linda Sprouffske, and Muffet Ricco, who provides in-home services; primary medical assistant Anna Gillihan; and Sheila Comer, Healthy Smiles dental coordinator and tobacco

prevention coordinator.

Family nurse practitioner Karen Triplett recently joined the staff as the main health provider at the department. Residents may recall Triplett worked at the office from 2003-08.

Also new at the office are nursing supervisor Wendy Ballou who is a Grant County native and most recently worked as charge nurse at St. Luke's Medical Center in Boise and Courtney Nolta who is the new office support/billing specialist.

CCS executive director Kimberly Lindsay said she's looking forward to the opportunities the merger can bring.

"It's exciting," she said. "It's great for our agency to provide a broader continuum of health services." -Kimberly Lindsay



The health department accepts private insurance for all the programs offered as well as medicare, medicaid, and self-pay individuals are offered a sliding fee based on income.

Hours are 8 a.m.-5 p.m., including through the noon hour, Monday-Friday. Call 541-575-0429 for more information or to set up an appointment.



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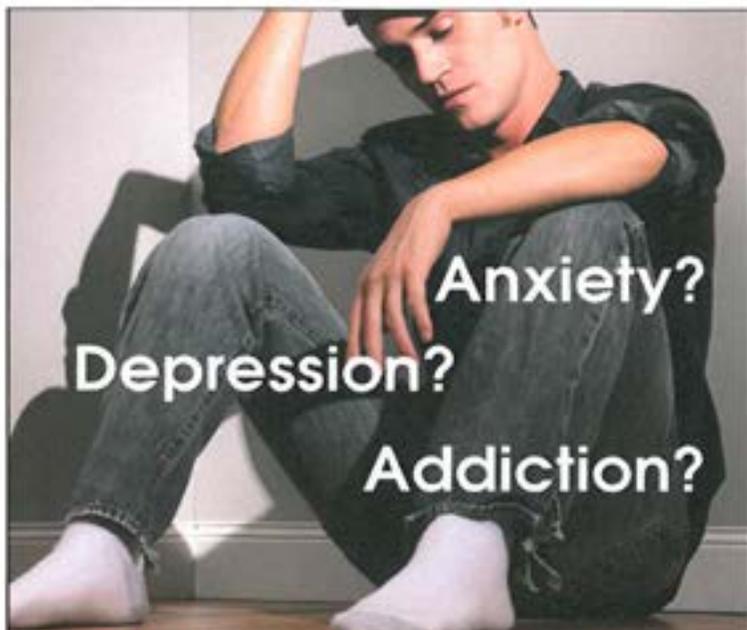
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Karen Triplett, FNP

Grant County Health Department

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Local Public Health Authority:

Date:

Minimum Standards

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.

Local Public Health Authority:

Date:

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.

Local Public Health Authority:

Date:

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.

*We will set up a time to meet with the medical examiner.

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.

Local Public Health Authority:

Date:

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.

Local Public Health Authority:

Date:

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.

*This is handled by DEQ

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.

*This is handled by DEQ

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.

Local Public Health Authority:

Date:

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

*This is not a requirement for health departments

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.

Local Public Health Authority:

Date:

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.

Local Public Health Authority:

Date:

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.

Local Public Health Authority:

Date:

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: Kimberly Lindsay

Does the Administrator have a Bachelor degree? Yes No

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

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

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

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

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

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

**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.**

Local Public Health Authority:

Date:

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

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

AND

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

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

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

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

OR

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

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

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

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

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

Local Public Health Authority:

Date:

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.

Scott W. Myers
Local Public Health Authority

Grant
County

2/19/14
Date

GRANT COUNTY CAC 2013 NEEDS ASSESSMENT SUMMARY

Grant County Community Partners

The Grant County Community Advisory Council (CAC) first met in June 2013. The group has had good attendance and participation and members are broadly representative of our community. This advisory council includes:

Nurse Practitioner, Grant County Health Department, Karen Triplett, CAC Chairperson
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Grant County Economic Development Coordinator, Sally Bartlett
Consumer, Danetta Lewis
Dental and Tobacco, Grant County Health Department, Program Director, Sheila Comer,
Resource Assistance to Grant County CAC: Paul McGinnis, Sandy Ryman, Ari Wagner and Linda Watson, Greater Oregon Behavioral Health; Estela Gomez, Oregon Health Authority, EOCCO

Community Counseling Solutions, Thad Labhart
Advantage Dental, Dr. Travis Schuller
Consumer, Vicki Brown
Local Pharmacist and Business owner, Greg Armstrong,
Department of Human Services, Debbie Hueckman and Kim Mills (Harney County)
Consumer and Foster Parent, Cammie Copenhaver Grant County CHIP/CAC Coordinator, Linda Watson
Families First, Teresa Aasness

Data Sources

There were numerous data sources reviewed by our CAC members. Following are sources of the wide variety of data considered before making a final determination as to the three most significant Grant County issues:

Secondary Data Sources

Grant County Community Health Needs Assessment 2012-2013, conducted by Oregon Office of Rural Health and Blue Mountain Hospital District under the direction of the Community Health Improvement Partnership (CHIP).

Demographic and Socio-Economic Data; Oregon Employment Dept., Dept. of Education, Division of Medical Assistance Programs, 2000 Census, 2011 Oregon Health Insurance Survey, prepared by Oregon Department of Rural Health (ORH), September 2012.

Health Status, Oregon Department of Human Services; prepared by ORH, September 2012.

Health Utilization, Comp. Data (July 1, 2011-July 1, 2012; prepared by ORH, September 2012.

Local Childhood Surveillance Data; conducted by Shawna Clark, FNP, with the support of Strawberry Wilderness Community Clinic and CHIP, September – November 2012.

Grant County 2013-2015 Mental Health Biennial Implementation Plan; conducted by Community Counseling Solutions, September 2013.

Grant County Healthy Smiles Dental Clinic Assessment report 2009-2013; presented by Grant County Health Department, September 2013.

Grant County Health Teen Survey Alcohol Use report data (revised March 2012; presented by Safe Communities Coalition, August 2013.

Grant County's Epidemiological Data on Alcohol, Drugs and Mental Health 2000-2012, Oregon Health Authority, Office of Health Analytics and Addictions and Mental Health Division.

Grant County Community Food Assessment Report Addendum 2011; conducted by Oregon State University Extension, Oregon Food Bank *and* Resource Assistance for Rural Environments, presented by Grant County Economic Development.

Grant County Cost and Utilization Report, prepared by EOCCO, Experience for November 1, 2012 – August 31, 2013

Additional Grant County data sources: 2013 Tobacco Fact Sheet; YBRFSS; BRFSS; OR Smile Survey; Criminal Justice Data; Community Connections of Northeast Oregon Survey 2012; 2013 County Health Rankings and Road Maps; CHIP data related to alcohol use, obesity, cancer, mental health and dental care; Vital Statistics; EOCCO Need Assessment Data Sheet; DHS Quick Facts; 2013 Areas of Unmet Health Care Need in Rural Oregon Report; Prescription Controlled Substance Dispensing in Oregon: Statewide Data Report, November 2012.

Primary Data Sources

Grant County Community Health Improvement Partnership (CHIP) conducted the following Primary Data Assessments for Grant County:

“New Paths to a Healthier Grant County” community-wide participation vision meeting ,held January 10, 2013. Conducted by ORH, CHIP and The Blue the Mountain Hospital District.

“2012 Grant County CHIP Household Survey”, conducted by the Office of Rural Health, under the direction of the Grant County CHIP. Mailed in Oct. 2012

“Key Informant Interviews,” 83 one-on-one interviews were conducted by CHIP members, Oct/Nov 2012.

“Provider Need and Shortage Analysis” Physician and practitioner survey conducted by Blue Mountain Hospital District and ORH in Nov. 2012 and presented to the CHIP in Dec. 2012

Priority Needs: In November, 2013, the CAC members reviewed Triangulation of Grant County Needs Assessments and participated in a forced matrix to identify which of community health issues were the higher priorities: Children’s health, obese and overweight which tied with alcohol and drugs, and mental health which tied with oral health.

On December 18, 2013 Grant County CAC members voted to move forward with these three top key community concerns:

- 1. Children’s health,**
- 2. Obese and overweight and**
- 3. Oral health.**

Grant CAC will be forming small groups to identify our community health focus and developing an implementation plan for change.

Grant County CAC
Issues Identified Through Needs Assessments
November 2013

Tobacco – (T)

Source	Findings
2013 Tobacco Fact Sheet	<ul style="list-style-type: none"> • 1,380 adults smoke cigarettes in Grant County • 380 people suffer from serious illness caused by tobacco • 20 people died from tobacco • \$3.7 million spent on health care due to tobacco • For 17% of births in 2009, the mother used tobacco
YBRFSS	9% of Grant 8 th graders used tobacco in the last 30 days 6% Oregon 26 % of Grant 11 th graders used tobacco in the last 30 days 12% Oregon
BRFSS	<ul style="list-style-type: none"> • 2006-2009 Adults Smoking; Grant 24.4% Oregon 17.1% • 2006-2009 Smokeless Tobacco; Grant 30.3% Oregon 6.3%
Contributing Factor	Tobacco use is a contributing factor for the following causes of death: Heart Disease, Cancer, Stroke, Injuries (non motor vehicle), and Influenza/Pneumonia

Dental (Oral Health) – (D)

Source	Findings
OR Smile Survey	Cavity rates among 6-9 year old children in 2012 were generally at or above 50% throughout the state of Oregon. In the southeast region (Grant was included here with 6 other counties) the cavity rates were 73%
Grant County Health Department-Healthy Smiles dental Clinic 2009	Clinic operates 1-2 days per month Serves Preschool /Headstart to 6 th grade Total Appointment 1109 60% of all children screened during an exam or preventive care visit must return for dental treatment
CHIP Household Survey 2012	In the last six months 74.3% of people said they had a dental need; of those, 31.4% (235 responses) did NOT get the care they needed.
Workforce	Grant County has a ratio of 1 dentist for every 1,541 people. The state rate is 1:1,479
Workforce	Grant County is federally designated Dental Health Professional Shortage Area

Alcohol and Drugs – (AD)

Source	Findings
BRFSS	Binge Drinking Grant females 26.6% for Oregon females 10.8% Heavy Drinking Grant females 10.5% for Oregon females 6.1% For both Binge and Heavy Drinking, Grant Rates for males was suppressed due to small numbers, Oregon Males Binge 18.7% Oregon Heavy Drinkers 5.4%
Grant Epidemiological Data on Alcohol, Drugs, Mental health 2000 to 2012	Data from this document is presented as running totals for sets of cumulative years. 2000-2004; 2001-2005; 2002-2006; 2003-2007; 2004-2008; 2005-2009; 2006-2010, 2007-2011; 2008-2012 <ul style="list-style-type: none"> • Rates of Motor Vehicle deaths per 100,000 (age adjusted), Grant exceeded Oregon in every time period and in some years nearly triple • However, the % of Motor Vehicle fatalities where alcohol was involved was lower than or similar to the State of Oregon • Estimated number of Grant people with alcohol use or dependence by age 2008-2010 <ul style="list-style-type: none"> 12-17 year olds =34 18-25 year olds = 82 Age 26> = 365 • In 2012, 29% of Grant 8th graders used alcohol in the last 30 days (Oregon 20%) • In 2012 38% of Grant 11th graders used alcohol in last 30 days (Oregon 36%) • In 2012 18% of Grant 8th graders reported Binge Drinking in last 30 days (OR 8%) • In 2012 36% of Grant 11th graders reported Binge Drinking in last 30 days (OR 21%) • 2012 % of 11th grade youth who believed there is “Moderate” or “Great” harm from drinking nearly every day Grant 35% Oregon 55% • Estimated numbers of Grant people with Drug Abuse or Dependence by age 2008-2012 <ul style="list-style-type: none"> 12-17 year olds =28 18-25 year olds = 39 Age 26> = 102 • In 2012 Prescription drug use without a doctor’s orders and use of inhalants was greater than Oregon for Grant 8th graders; for 11th graders inhalant use was higher
CHIP Key Informant Report 2012	<i>Many</i> respondents felt alcohol and drug abuse was the most important health problem facing Grant County residents
CHIP Household Survey 2012	Question 26 asking residents what they think is the most important health concern for their community 39% responded alcohol or drug use Question 27 asking residents what they think is the second most important health concern 23% cited alcohol or drug use
Contributing Factor	Alcohol is a contributing factor for the following causes of death: Heart Disease, Cancer, Stroke, Injuries (Motor Vehicle and non-Motor Vehicle), Suicide/Homicide Drug Use is a contributing factor for the following causes of death: Cancer, Injuries (both Motor Vehicle and Non-Motor Vehicle), Suicide / Homicide

Criminal Justice Data	Driving Under the Influence Rates per 100,000 in 2008 Grant 896.8 (Oregon 506)
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Social Determinates of Health – (SDH) Includes the lifelong determinates in early childhood, poverty drugs, employment, social support, food, physical environment and transportation

Source	Findings
Data Sheet	<ul style="list-style-type: none"> • 13.4% Unemployment in Grant County compared to 8.7% in Oregon • 11.0% of adult population without a high school diploma (11.1 %Oregon) • 2.3 % without access to telephone (2.9% Oregon) • 17.2% Population in Poverty (17.3% Oregon) • 33.3% Single parents (30.4% Oregon) • 11.4 per 1000 children – Child Maltreatment rate (13.4 Oregon) • 22.2% Housing Vacancy rate (Oregon 9.2%) • 6.4% Percent without personal transportation (Oregon 7.7%) • 58.4% Percentage of Children on School Lunch Programs (Oregon 51.7%) • 62.3% Percentage of 3 Year Olds Fully Immunized 66.6% Oregon) • Families Receiving SNAP (old food stamps) =684 • 8.5% (of 59 births) of Mothers receiving inadequate prenatal care in 2010 Oregon rate is 5.5%
CHIP Household Survey 2012	<ul style="list-style-type: none"> • 4.4% of the respondents named Domestic Violence as the most pressing health problem in Grant County • 9.3% of the respondents stated they sometime or often experience difficulty in accessing transportation • 12.2% sometimes or often cut the size of meals or skipped meals because there was not enough money • 3.2% (33 respondents) said they moved because they could not pay rent, mortgage or utility bills
Community Connections of Northeast Oregon Survey 2012	<p>Mostly Older Respondents Grant County</p> <p>45% indicated they needed weatherization or other energy improvements</p> <p>22% need assistance with household chores</p> <p>20% indicated a family member or friend is their current mode of transportation</p> <p>16% said they did not have enough money to pay for basic needs such as food and utilities</p> <p>23% did not have sufficient social contact</p>
Grant County Community Food Assessment Report	<p>The CAC heard from Sally Barlett presenting the report. Generally Grant County as historically been able to produce a variety of foods. There are methods to improve locally consumed foods. Food Pantry’s in the area need more food and need to be open more frequently. 42.8% (68 respondents to their survey) stated they got food from a pantry. The challenges of transportation need to be explored to distribute food to more remote areas of Grant County. There was discussion about the number of people eligible for food support who did not access the resources available to them.</p>

Obesity/ Overweight – (OOW) Relates to nutritional needs and physical activity

Source	Findings
BRFSS	27.9% of adults in Grant County are Obese compared to 24.5% in Oregon
CHIP Household Survey 2012	Obesity was identified as the most important health problem by 15% of all respondents and was 13% for second most important problem
Data Set	<ul style="list-style-type: none"> • 10.1% of people age 20+ have Type 2 Diabetes; Oregon rate is 7.9% • 18% of Grant County residents have limited access to Healthy Foods compared to 5.0% statewide
Vital Statistics	Leading Causes of Death per 100,000 Heart Disease and Stroke; both exceeded Oregon rates
CHIP Process Visioning Meeting	38% of votes were for building a community fitness center in response to the question; what can be done to make Grant County a healthier place. 22% of votes were for More Hospital Sponsored Exercise and Nutrition Education
Local Childhood Surveillance Data (Shawna Clark FNP)	Grant County pediatric overweight and obesity rates were 30.9% compared to 24.3% in Oregon Grant County pediatric obese rates were 14.4% compared to 9.6% statewide
Data Sheet	Families Receiving SNAP (old food stamps) =684
Fact	Obesity is a leading contributor to heart disease, stroke and diabetes

Children’s Promotion / Protection and Education –(CH)

Source	Findings
Potential Resource	Grant and Harney County were recently named as one of the state’s first Early Learning Hubs
Data Sheet	11.4 per 1000 under 18 years of age for Child Maltreatment (Oregon 13.4) Children in Poverty Grant 28% Oregon 23% Children in Single Parent Households Grant 28% Oregon 30% Inadequate Social Support Grant 18% Oregon 16%
Data Issue	Data was not available for Grant County regarding the % of children attending preschool prior to Kindergarten and % of children screened with a developmental tool by 3 years of age. (Note this last item is one of the 17 CCO Incentive Measures)
CHIP Community visioning Meeting	14% of all votes were for money to provide parenting skills 14% were for better health education in schools
CHIP Household Survey 2012	Question 28, asking residents if you could do one thing to improve community access to health care, 11% cited health education
EOCCO Measures	Developmental Screen by Age 3 Adolescent Well Care Visits

Prevention and Screening – (P)

Source	Findings
Recommendations	The United States Preventive Services Task Force (USPSTF) has Grade A or B recommendations for the following common screenings (among others) - Alcohol, Blood Pressure, Breast Cancer, Cervical Cancer, Cholesterol, Colorectal Cancer, Dental caries (children) fluoride, Depression (if services are available), Diabetes Screening for those with High Blood Pressure, Falls prevention (elderly), Healthy Diet Counseling, Intimate partner Violence, Obesity, Sexually Transmitted Infections Behavior Counseling, Tobacco
CHIP Household Community Survey 2012	Respondents reported being told they have the following conditions: 13.6% Diabetes 36.9% High Cholesterol 44% High Blood Pressure 7.2% Asthma 6.4% COPD 3.3% Congestive Heart Failure 12.5% Depression / Anxiety
EOCCO Measures	The following screenings are being tracked as incentive measures for the EOCCO <ul style="list-style-type: none"> • Alcohol and Drug Misuse (SBIRT tool) • Colorectal Screening • Developmental Screening in First 3 years of life • Adolescent Well-care Visits • Screening for Clinical Depression

Mental Health – (MH)

Source	Findings
Prevalence and use local use rates – CCS Thad Labhart Report to CAC	<p>In a given year 26.2 percent of Americans age 18 and older suffer from a diagnosable mental disorder. Applied to Grant County’s population this equates to 1538 people. A sampling of other common US prevalence rates with Grant County Estimates include:</p> <ul style="list-style-type: none"> Mood Disorders 9.5% (557 Grant estimate) Major Depressive Disorders 6.7% (393 Grant estimate) Chronic Mild Depression 3.3% (193 Grant estimate) Bipolar Disorder 2.6% (152 Grant estimate) Schizophrenia 1.1% (64 Grant estimate) Anxiety Disorders 18.1% (1062 Grant estimate) <p>Community Counseling Solutions (CCS) currently has 173 enrolled clients. This represents approximately 11.2% of the estimated need. CCS provides services to clients in any location desirable for the client (and safe for the staff member serving them)</p> <p>Overall, the assessment provided by CCS included many more strengths of the service than needed improvements. But, it identified the following as needing improved. Advertise services (services are not widely known)</p>

	<p>Address problem gambling in schools, get more information out regarding gambling addictions treatment</p> <p>Advertise the “warmline”</p> <p>Improve access to AA and NA meetings</p> <p>Collaborate with other family serving organizations to involve them in service delivery</p> <p>Reduce stigma by public relation techniques</p>
CHIP Household Survey 2012	<ul style="list-style-type: none"> • 12.5% said a medical professional said they had depression or anxiety • In the past two weeks 25.3% of respondents have been bothered by little interest or pleasure in doing thing • In the past two weeks 23.7% have been bothered by feeling down, depressed or hopeless • In the last 6 months 6.5% of respondents said they needed treatment for mental health or substance abuse. Of those 47.8% (32 respondents) did NOT get all the care they needed
BRFSS	2006-2009 Overall self-reported mental health Conditions “Good” or better Grant 66.9% (66.4% Oregon)
Grant Epidemiological Data on Alcohol, Drugs, Mental health 2000 to 2012	<p>Suicide rate per 100,000 exceeds Oregon in all time periods measured from 2000-2012</p> <p>In 2010 and 2012, 11th graders who reported a major depressive episode in the last year exceeded that of Oregon 11th graders.</p>
Workforce	Grant County is federally designated Mental Health Professional Shortage Area
Fact	Depression is a contributing factor in suicide deaths

Clinicians and Access – (CA) relates to the availability of health professionals and access to their services

Source	Findings
Workforce	Grant County is a federally designated Health Professional Shortage Area
CHIP Household Survey 2012	More primary care providers was seen as the most important thing to improve ACCESS to health care, followed closely by more sub specialty care and expanded hours at the clinics
EOCCO Measures	<p>% of Medicaid clients receiving care at a designated Patient Centered Primary Care Home (Note- Strawberry Wilderness Clinic is a PCPCH)</p> <p>% of Medicaid recipients who are satisfied with “Access to Care”</p>
CHIP Community Visioning Meeting	Urgent care received the most votes from the community as an important way to make the community healthier. Note* people normally do not request urgent care unless they do not have adequate access to their clinician and wait times are too long
History	Provider Need and Shortage Analysis was conducted in Grant County. Consistently there has always been a need for a few more clinicians of various specialties. However, as the practice of medicine has changed due to Patient Centered Primary Care Home programs the statistical modeling used in these analysis may not reflect

	current conditions.
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Grant County Community Health Needs Assessment 2012-2013, conducted by Oregon Office of Rural Health and Blue Mountain Hospital District under the direction of the Community Health Improvement Partnership (CHIP).

Demographic and Socio-Economic Data; Oregon Employment Dept., Dept. of Education, Division of Medical Assistance Programs, 2000 Census, 2011 Oregon Health Insurance Survey, prepared by Oregon Department of Rural Health (ORH), September 2012.

Health Status, Oregon Department of Human Services; prepared by ORH, September 2012.

Health Utilization, Comp. Data (July 1, 2011-July 1, 2012; prepared by ORH, September 2012.

Local Childhood Surveillance Data; conducted by Shawna Clark, FNP, with the support of Strawberry Wilderness Community Clinic and CHIP, September – November 2012.

Grant County 2013-2015 Mental Health Biennial Implementation Plan; conducted by Community Counseling Solutions, September 2013.

Grant County Healthy Smiles Dental Clinic Assessment report 2009-2013; presented by Grant County Health Department, September 2013.

Grant County Health Teen Survey Alcohol Use report data (revised March 2012; presented by Safe Communities Coalition, August 2013.

Grant County's Epidemiological Data on Alcohol, Drugs and Mental Health 2000-2012, Oregon Health Authority, Office of Health Analytics and Addictions and Mental Health Division.

Grant County Community Food Assessment Report Addendum 2011; conducted by Oregon State University Extension, Oregon Food Bank *and* Resource Assistance for Rural Environments, presented by Grant County Economic Development.

Grant County Cost and Utilization Report, prepared by EOCCO, Experience for November 1, 2012 – August 31, 2013

Additional Grant County data sources: 2013 Tobacco Fact Sheet; YBRFSS; BRFSS; OR Smile Survey; Criminal Justice Data; Community Connections of Northeast Oregon Survey 2012; 2013 County Health Rankings and Road Maps; CHIP data related to alcohol use, obesity, cancer, mental health and dental care; Vital Statistics; EOCCO Need Assessment Data Sheet; DHS Quick Facts; 2013 Areas of Unmet Health Care Need in Rural Oregon Report; Prescription Controlled Substance Dispensing in Oregon: Statewide Data Report, November 2012.

Primary Data Sources

Grant County Community Health Improvement Partnership (CHIP) conducted the following Primary Data Assessments for Grant County:

“New Paths to a Healthier Grant County” community-wide participation vision meeting ,held January 10, 2013. Conducted by ORH, CHIP and The Blue the Mountain Hospital District.

“2012 Grant County CHIP Household Survey”, conducted by the Office of Rural Health, under the direction of the Grant County CHIP. Mailed in Oct. 2012

“Key Informant Interviews,” 83 one-on-one interviews were conducted by CHIP members, Oct/Nov 2012.

“Provider Need and Shortage Analysis” Physician and practitioner survey conducted by Blue Mountain Hospital District and ORH in Nov. 2012 and presented to the CHIP in Dec. 2012

Priority Needs: In November, 2013, the CAC members reviewed Triangulation of Grant County Needs Assessments and participated in a forced matrix to identify which of community health issues were the higher priorities: Children’s health, obese and overweight which tied with alcohol and drugs, and mental health which tied with oral health.

On December 18, 2013 Grant County CAC members voted to move forward with these three top key community concerns:

- 1. Children’s health,**
- 2. Obese and overweight and**
- 3. Oral health.**

Grant CAC will be forming small groups to identify our community health focus and developing an implementation plan for change.