

Harney County CAC Issues Identified Through Needs Assessments November 2013

Tobacco – (T)

Source	Findings
BRFSS	<ul style="list-style-type: none"> • 2006-2009 Adults Smoking; Harney 14.3% Oregon 17.1% • 2006-2009 Smokeless Tobacco; Harney 28.7% Oregon 6.3%
Harney Tobacco Fact Sheet 2013	<ul style="list-style-type: none"> • 520 Harney adults currently smoke cigarettes • 360 suffer from a serious illness caused by tobacco use • \$3,400,000 is spent on medical care for tobacco related illness • \$3,000,000 in productivity is lost due to tobacco related deaths • 18 People Died from Tobacco
Harney Health Department Survey	<p>Tobacco use was cited by 9% of respondents as the most important health concern in the community</p> <p>Tobacco use was cited by 8% of the respondents regarding the most important health concern effecting them or their family</p>
HCHD Utilization Data	Tobacco Counseling Services 19.8% Harney versus 6.6% Statewide
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
Shortage	Harney County is a federally designated Dental Health Professional Shortage Area
OR Smile Survey	73% of children between 6-9 years of age had cavities in primary or permanent teeth. This data is estimated as part of a 7 county region in Oregon including Harney County.
Harney Health Department Survey	<ul style="list-style-type: none"> • My mouth doesn't hurt. I don't need to see a dentist. 80% agree, 20% disagree • Dental decay is contagious; it can be transmitted from one person to another. 70% agree 30% disagree • Regular dental cleanings are NOT important to a person's health. 80% disagree 20% agree • X-Rays are legally required by the Oregon Board of Dentistry 52% disagree 48% agree • Getting my teeth pulled is the best alternative to any other treatment 90% disagree 10% agree • Dentures are a better way to go than restoring my natural teeth 93% disagree 7% agree <p>92% reported their child did not miss school due to dental pain. BUT, three respondents stated their child missed 7, 6, and 1 day of school due to dental pain.</p>

Alcohol –(A)

Source	Findings
BRFSS	For both Binge and Heavy Drinking, Harney Rates were suppressed
Harney Epidemiological Data on Alcohol, Drugs, Mental health 2000 to 2012	<p>2008 DUI Rates per 100,000 Harney 1007 (Oregon 506)</p> <p>Rate of Deaths from Motor Vehicle Crashes per 100,000 from 2000-2011 Harney is significantly higher than Oregon</p> <p>Rate of Deaths from Alcohol Induced disease per 100,000 from 2000-2011 Harney is slightly higher than Oregon</p> <p>57% of Harney 11th Graders in 2012 reported having a drink in the past 30 days (Oregon 36%)</p> <p>8th Graders reported higher binge drinking rates than the statewide average in 2010 and 2012</p> <p>12% of Harney 11th Graders reported driving after drinking in 2012 (Oregon 5%)</p>
Harney Epidemiological Data on Alcohol, Drugs, Mental health 2000 to 2012	<p>The following prevalence numbers were reported. Estimated number of people with Alcohol Abuse or Dependence</p> <p>Age 12- 17 = 37</p> <p>Age 18-25 = 94</p> <p>Age 26 > = 343</p>
2013-14 Head Start of Harney County Family Assessment	<p>Top four answers to- Primary Risk Factors, What are your top concerns around drugs and alcohol?</p> <ul style="list-style-type: none"> • Availability of alcohol to minors • Availability of Drugs • Family history of drug and alcohol use • Rebelliousness
Harney Health Department Survey	<p>Alcohol/drug use was cited by 22% of respondents as the most important health concern in the community (Highest Ranked Item)</p> <p>Alcohol / drug use was cited by 4% of the respondents regarding the most important health concern effecting them or their family</p>
Contributing Factor	<p>Alcohol is a contributing factor for the following causes of death: Heart Disease, Cancer, Stroke, Injuries (Motor Vehicle and non-Motor Vehicle), Suicide/Homicide</p> <p>Drug Use is a contributing factor for the following causes of death: Cancer, Injuries (both Motor Vehicle and Non-Motor Vehicle), Suicide / Homicide</p>

Substance Abuse / Drugs (SA)

Source	Findings
Harney Epidemiological Data on	<p>In the following data, Harney was higher than the state</p> <p>15% of 8th Graders reported using marijuana in the last 30 days (Oregon 10%)</p> <p>26% of 11th Graders reported using marijuana in the last 30 days (Oregon 24%)</p>

Alcohol, Drugs, Mental health 2000 to 2012	6% of 11 th Graders in 2012 reported using illicit drugs other than marijuana (Oregon 3%) 10% of 8 th Graders in 2012 reported using inhalants in the last 30 days (Oregon 6%) 4% of 11 th Graders in 2012 reported using inhalants in the last 30 days (Oregon 2%)
Harney Epidemiological Data on Alcohol, Drugs, Mental health 2000 to 2012	The following prevalence numbers were reported. Estimated number of people with Drug Abuse or Dependence Age 12- 17 = 32 Age 18-25 = 45 Age 26 > = 96
2013-14 Head Starts of Harney County Family Assessment	Top answers four answers to- Primary Risk factors, What are your top concerns around drugs and alcohol? <ul style="list-style-type: none"> • Availability of alcohol to minors • Availability of Drugs • Family history of drug and alcohol use • Rebelliousness
Harney Health Department Survey	Alcohol/drug use was cited by 22% of respondents as the most important health concern in the community (Highest Ranked Item) Alcohol / drug use was cited by 4% of the respondents regarding the most important health concern effecting them or their family

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"> • 12.6% Unemployment in Harney County compared to 8.7% in Oregon • 11.2% of adult population without a high school diploma (11.1 %Oregon) • 3.8 % without access to telephone (2.9% Oregon) • 6.6% without personal transportation (7.7% Oregon) • 18.6% Population in Poverty (17.3% Oregon) • 27.5% Children in Poverty (23% Oregon) • 30.9% Single parents (30.4% Oregon) • 23.7% without health insurance (19.7% Oregon)
2013-14 Head Start of Harney County Family Assessment	What are the most pressing problems for Harney County families? <ul style="list-style-type: none"> • Employment • Paying necessary bills (rent, utilities, etc) • Job Training • Housing • Health Care • Dental Care
Harney Epidemiological Data on Alcohol, Drugs, Mental health	Rate of Domestic Disturbance Offenses per 10,000 2009 Harney 430 (Oregon 42) 2010 Harney 302 (Oregon 47)

2000 to 2012	
Health Department Survey	<p>Drinking water quality (29) was cited by respondents as an environmental health concern, followed by air quality (22) and Agricultural Waste (5)</p> <p>31% of respondents answered “sometimes (27%) or “often” (4%) when asked about being worried about providing basic necessities for you or your family in the last year.</p> <p>20% of respondents answered “sometimes” (18%) or “often” (2%) when asked about difficulty accessing transportation when needing it.</p> <p>Housing insecurity was mentioned by 4% as the most important health concern facing the community; 10% selected Domestic violence/child abuse/neglect; 3% selected food insecurity</p> <p>Ability to pay for/access health insurance (19%) was the highest rated health concern for the respondent or their family;</p>
HCHD Utilization Data	<p>% of Counseling Services Provided</p> <p>Relationship Safety (all clients) 28.3% Harney 28.5% Statewide</p> <p>Teen visits addressing relationship safety 31.5% Harney 25.8% Statewide</p>

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

Source	Findings
BRFSS	22.8% of adults in Harney County are Obese compared to 24.5% in Oregon 2006-2009
Summary Report Community Health Needs Assessment – sponsored by Harney District Hospital	<p>Survey Respondents Noted the Following needs Related to this Issue Area</p> <ul style="list-style-type: none"> • Fruit and vegetable Intake • Indoor Pool Need • Lack of Indoor Exercise Opportunities • More Opportunities for Outdoor Activities
	<p>Obesity was cited by 13% of respondents as the most important health concern in the community</p> <p>Obesity was cited by 13% of the respondents regarding the most important health concern effecting them or their family</p>
Fact	Obesity is a leading contributor to heart disease and diabetes

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
2006-2009 BRFSS Survey	Respondents reporting the following: % who had their cholesterol checked within past 5 years Harney 58.6 %(OR 71.3%) % who had a PAP test within the past 3 years (women 18-65 with intact cervix) NA % (women 50-74 years old) who had a mammogram within past two years NA % who had Fecal Occult Blood test in past year or colonoscopy within past 5 years (50-75 year olds) Harney 35.5% (may be statistically unreliable) Oregon 56.8%
Summary Report Community Health Needs Assessment – sponsored by Harney District Hospital	Survey Respondents identified: <ul style="list-style-type: none"> • Develop a Position to Coordinate Wellness • Form a Wellness Committee • Preventive Care

Mental Health – (MH)

Source	Findings
Harney Epidemiological Data on Alcohol, Drugs, Mental health 2000 to 2012	Suicide Deaths (Age Adjusted) Per 100,000 Harney 2006-2010 25 (Oregon 16) Harney 2007-2011 23 (Oregon 16) Harney 8 th Graders Suicide Attempts 11% (Oregon 8%) Harney 11 th Graders Suicide Attempts 4% (Oregon 6%) Harney 8 th Graders with major depressive Episode in past year 2012 40% (Oregon 23%) Harney 8 th Graders exhibiting psychological distress based on MH Inventory 5 2012 16% (Oregon 8%)
Shortage	Harney County is a federally designated Mental Health Professional Shortage Area
Health Department Survey	Depression / Mental Illness was cited by 9% of respondents as the most important health concern in the community Depression / Mental Illness was cited by 10% of the respondents regarding the most important health concern affecting them or their family Have you ever felt your mental health contributed to a physical health concern? 53% No 47% Yes Have you ever considered accessing mental health services? 65% NO 35% Yes
Fact	Depression is a contributing factor in suicide deaths

Chronic Disease Management (CDM)

Source	Findings
BRFSS 2006-2009	The following are the Age-adjusted Prevalence of Chronic Conditions in Harney County Arthritis 26.8% (Oregon 25.8%) Asthma 13.3% (Oregon 9.7%) Heart Attack 2.9% (Oregon 3.3%) Stroke NA Diabetes 8.1% (Oregon 6.8%) High Blood Pressure 21.7% (Oregon 25.8%) High Blood Cholesterol 37.3% (Oregon 33.0%)
Summary Report Community Health Needs Assessment – sponsored by Harney District Hospital	Survey respondents identified Increasing Diabetes Rates
	Diabetes was cited by 8% of respondents as the most important health concern in the community Diabetes was cited by 12% of the respondents regarding the most important health concern affecting them or their family

Children's Health – Early Childhood Education (CH)

Source	Findings
2013-14 Head Start of Harney County Family Assessment	Top Issues for Families as rated through Survey <ul style="list-style-type: none"> • Not enough jobs • Health Care • Need More recreational and Social Outlets • Better Use of Finances • Getting help for Home or Car Repair
Data Sheet	59.7 % receiving free or reduced lunch (51.7% Oregon) 6% of mothers receiving inadequate prenatal care (5.5% Oregon)
Data Sheet	Some of these desired data elements were not available for Harney County (usually due to small numbers and privacy) % Births to Mothers younger than 18 Harney 3.4% (Oregon 2.2%) Low Birthweight Infants per 1000 births Harney 90.9 (Oregon 63) % premature Births NA Maternal Depression NA Child maltreatment rates per 1,000 < 18 yo 12.4 Harney (Oregon 13.4) % of children attending pre-school prior to entering kindergarten NA % of children screened with a developmental tool (by 36 months) NA

Local Public Health Authority:

Date: March 11, 2014

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: March 11, 2014

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. *Electronic copies of forms used are updated when change is necessary, with date of update and initial of authorized individual.*
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. *Available on-line with hard copies also kept locally.*
26. Yes No Certified copies of registered birth and death certificates are issued within one working day of request. *Within the constraints of receiving the information and signature of physician in a timely way.*
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: March 11, 2014

28. Yes No A system to obtain reports of deaths of public health significance is in place.
29. Yes No Deaths of public health significance are reported to the local health department by the medical examiner and are investigated by the health department.
30. Yes No Health department administration and county medical examiner review collaborative efforts at least annually.
31. Yes No Staff is knowledgeable of and has participated in the development of the county's emergency plan.
32. Yes No Written policies and procedures exist to guide staff in responding to an emergency.
33. Yes No Staff participate periodically in emergency preparedness exercises and upgrade response plans accordingly.
34. Yes No Written policies and procedures exist to guide staff and volunteers in maintaining appropriate confidentiality standards.
35. Yes No Confidentiality training is included in new employee orientation. Staff includes: employees, both permanent and temporary, volunteers, translators, and any other party in contact with clients, services or information. Staff sign confidentiality statements when hired and at least annually thereafter.
36. Yes No A Client Grievance Procedure is in place with resultant staff training and input to assure that there is a mechanism to address client and staff concerns.

Control of Communicable Diseases

37. Yes No There is a mechanism for reporting communicable disease cases to the health department.
38. Yes No Investigations of reportable conditions and communicable disease cases are conducted, control measures are carried out, investigation report forms are completed and submitted in the manner and time frame specified for the particular disease in the Oregon Communicable Disease Guidelines.
39. Yes No Feedback regarding the outcome of the investigation is provided to the reporting health care provider for each reportable condition or communicable disease case received.

Local Public Health Authority:

Date: March 11, 2014

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. *Available within the community.*
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: March 11, 2014

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 available through Oregon DEQ at <http://www.deq.state.or.us/wq/onsite/onsite.htm>.*
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 available through Oregon DEQ at: <http://www.deq.state.or.us/lq/sw/index.htm>*
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: March 11, 2014

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. *Plans to become tobacco free are in policy process for 2014.*

Nutrition

73. Yes No Local health department reviews population data to promote appropriate nutritional services.

74. The following health department programs include an assessment of nutritional status:

- a. Yes No WIC
- b. Yes No Family Planning
- c. Yes No Parent and Child Health
- d. Yes No Older Adult Health
- e. Yes No Corrections Health

75. Yes No Clients identified at nutritional risk are provided with or referred for appropriate interventions.

76. Yes No Culturally and linguistically appropriate nutritional education and promotion materials and methods are integrated within programs.

77. Yes No Local health department supports continuing education and training of staff to provide effective nutritional education.

Local Public Health Authority:

Date: March 11, 2014

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. *By referral.*

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: March 11, 2014

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: March 11, 2014

Health Department Personnel Qualifications

Local health department Health Administrator minimum qualifications:

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

Answer the following questions:

Administrator name: Steven E Grasty

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

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

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

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

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

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

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

a. Yes xxxxx 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.

As County Judge and the Harney County Public Health Administrator for more than 14 years I believe my experience provides more than the minimum qualifications. If there are questions please contact my office. Steven E Grasty

Harney County Health Department

Budget Information FY13/14 available through:

Steven Grasty, Harney County Judge

450 N. Buena Vista

Burns, OR 97720

(541) 573-6356

**OREGON HEALTH AUTHORITY
PUBLIC HEALTH SERVICES
BUDGET PROJECTION
FOR FAMILY PLANNING ONLY**



Agency : Harney County Health Department

Fiscal Year : 14/15

Please read the instructions on the reverse side of this form carefully

PE 41 Family Planning Grant Expenditures	Expenditures
Personal Services (Salaries & Benefits)	\$50,874.00
Services and Supplies	\$73,304.00
Capital Outlay	
Total PE 41 Expenses	\$124,178.00
PE 41 Family Planning Grant Revenue	Revenue
Title X State Family Planning Grant Payments	\$13,076.00
Title X Program Income:	
a. Client Fees – Self-Pay	1500
b. C-Care	35000
c. Third Party Insurance Reimbursement	5000
Total PE 41 Revenue	\$54,576.00

Steven E. Grogan
 PREPARED BY

 AUTHORIZED AGENT

(541) 573-2271
 PHONE

3/12/14
 DATE

Local Public Health Authority: Harney County

Date: 03/11/2014

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.

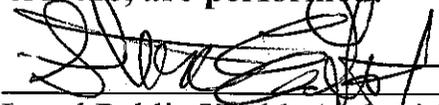
d. Yes No **The local health department Health Officer meets minimum qualifications:**

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.

Agencies are **required** to include with the submitted Annual Plan:

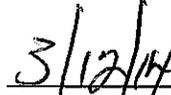
The local public health authority is submitting the Annual Plan pursuant to ORS 431.385, and assures that the activities defined in ORS 431.375-431.385 and ORS 431.416, are performed.



Local Public Health Authority



County



Date

**OREGON HEALTH AUTHORITY
PUBLIC HEALTH SERVICES
BUDGET PROJECTION
FOR FAMILY PLANNING ONLY**



Agency : Harney County Health Department

Fiscal Year : 14/15

Please read the instructions on the reverse side of this form carefully

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Steven E. Grogan
 PREPARED BY

 AUTHORIZED AGENT

(541) 573-2271
 PHONE
 3/12/14
 DATE

Local Public Health Authority: Harney County

Date: 03/11/2014

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

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AND

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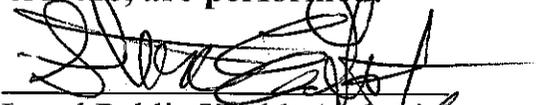
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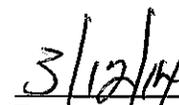
If the answer is "No", submit an attachment that describes your plan to meet the minimum qualifications.

Agencies are **required** to include with the submitted Annual Plan:

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


Local Public Health Authority


County


Date

**OREGON HEALTH AUTHORITY
PUBLIC HEALTH SERVICES
BUDGET PROJECTION
FOR FAMILY PLANNING ONLY**



Agency : Harney County Health Department

Fiscal Year : 14/15

Please read the instructions on the reverse side of this form carefully

PE 41 Family Planning Grant Expenditures	Expenditures
Personal Services (Salaries & Benefits)	\$50,874.00
Services and Supplies	\$73,304.00
Capital Outlay	
Total PE 41 Expenses	\$124,178.00
PE 41 Family Planning Grant Revenue	Revenue
Title X State Family Planning Grant Payments	\$13,076.00
Title X Program Income:	
a. Client Fees – Self-Pay	1500
b. C-Care	35000
c. Third Party Insurance Reimbursement	5000
Total PE 41 Revenue	\$54,576.00

PREPARED BY

(541) 573-2271

PHONE

AUTHORIZED AGENT

DATE

Instructions for Completing the Family Planning Project Projection

You must use this form to report your budget projection for OHA PE 41 Family Planning Grant.

When to Submit

Budget projections for the grant period July - June are due with the annual plan each year. For example, budget projections for FY15 (July 1, 2014 - June 30, 2015) are due in March of 2014.

Where to Submit

Submit **Original** to: OHA Reproductive Health Program, 800 NE Oregon St. #370, Portland, OR 97232
FAX (971) 673-0371, judith.andreasen@state.or.us

Instructions

PE 41 FAMILY PLANNING EXPENDITURES: Please submit the estimated expenditures for your Title X program services. estimated expenditures against special project funds.

Personal Services : Salaries are to be reported in total. Federal guidelines (OMB Circular A-87) require the maintenance of adequate time/activity reports if an individual is paid from grant funds.

Services and Supplies : Total all services and supplies estimated expenditures to be purchased with the grant funds.

Capital Outlay : Capital outlay is defined as an expenditure for an item with a purchase price in excess of \$5,000 and a life expectancy greater than one year. It is necessary to itemize all capital outlay by cost and description. If additional space is needed for capital outlay, record the total outlay on Line 4 and attach an addendum to the report.

Federal regulations require that capital equipment (i.e., desks, chairs, laboratory equipment, etc.) continue to be used within the program area. Property records for non-expendable personal property acquired with grant funds shall be maintained accurately per Subtitle A-Department of Health and Human Services, 45 Code of Federal Regulations (CFR) Part 92.32 and Part 74.34.

PE 41 FAMILY PLANNING REVENUE: Report estimated revenues that support this program on the appropriate lines.

Title X State Family Planning Grant Payments : Title X payments to be received by the state Reproductive Health Program.

Title X Program Income (45CFR Post-Award Requirement): Program income means gross income received by the grantee directly generated by a grant supported activity. Add lines A – B to calculate program income. Be sure that you are reporting on the estimated cumulative year-to-date.