

Executive Summary 2005-2006

In the past year Grant County Health Department has had to find new ways to continue program services with less state funding. Each year there has been a steady decline in program support dollars.

July 2004- June2005		July 2005-June 2006	Inc/Dec \$
State Support	4574	4653	inc 79
Family Planning	17000	17155	inc 155
WIC	40673	33233	dec 7440
Child and Adol Health	21338	19803	dec 1535
Peri	1713	1589	dec 124
B1	5374	4988	dec 386
Imm spc pay	6479	9331	inc 2852
OMC	2840	2827	dec 13
School	3500		one time fund
Hiv	2000	2000	same
Bioprep	79733	48960	dec 30773
Bio Han	6630	5517	dec 1113
Info Sec Enhance.	27000		dec 27000
Total	218854	150056	dec 68798

The most significant change has been in Preparedness with a decrease of \$30733. A decrease of this magnitude has significant implications for staffing but would be easier to manage if the requirements for the program were also decreasing, however, in this instance the requirements have instead expanded exponentially. The overall decline in program income is approximately \$65,285. For a small health department like ours this has a significant impact on our ability to maintain staffing and provide needed services.

One example of the modifications we will see in 2006-2007 as a result of this decrease in funding is a change to our certification process. In the past our RN would do the WIC certifications, however support staff are being trained in the modules in order to assume those duties. The RN will see the high risk children only, though she is available to consult on high risk clients if needed. We will also be discontinuing our outreach to Monument within the next 6 months.

State of Grant County: The population of Grant County continues to decline. In 2000 the population was 7017 but by 2005 this had declined to 6632, a decline of 5.5%. The majority of this decline was in 0-14 year olds (18.8%) and 15-44 year olds (11.3%). 8.8% of the current population is between the age of 15-20, 318 males and 265 females. 18.1% of the population is between the age of 0-14, 599 males and 599 females. The only population increase in this county is in the 45-65+ age group, people moving here to retire.

Grant County continues to struggle economically. The average unemployment rate in Grant County is 10.1%, with Oregon averaging 7.4%, based on 2004 statistics. Grant County was ranked 1st – from highest to lowest – out of Oregon's 36 counties in unemployment..

The median income in Grant County (adjusted for inflation)

- was \$34,855 in 2003, \$38,171 in 1999, and \$38,809 in 1989. Residents of Grant County were making more money in 1989 than they do now.
- In 2003 Grant County was ranked 27th in median income- from highest to lowest - out of the 36 counties.

The median household income is at least 25% lower than the state average yet food costs in rural counties are generally higher than in urban counties, especially where there is no farmers market. Nutritional programs like 5 a day, while well intended, are difficult to garner support for by the low income families here. The emphasis on more fruits and vegetables, while an important health issue, is difficult for low income families to accomplish given that the cost of fruits and vegetables has increased since 1985 by 120 percent. For many low income families fruits and vegetables can not be a dietary staple. Fixed costs, like housing are paid first. What is left is used to purchase foods that are generally high in calories and low in nutrition as those foods are generally less costly and easier to obtain locally.

The percent of students eligible for free or reduced-price lunches is often used as a measure of children's economic well-being. Children from families with incomes at or below 130 percent of the poverty level are eligible for free meals. Those with incomes between 130 and 185 percent of the poverty level are eligible for reduced-price meals.

The following chart from the Northwest Foundation illustrates the percent of children in Grant County who meet these criteria. For many this is the healthiest meal in their day and for some, the only meal. The school cafeterias struggle with some of the same food provision issues, but have made a concerted effort to meet the nutritional needs of their youth.

	1999 - 2000	2000 - 2001	2001 - 2002	2002 - 2003	2003 - 2004
Dayville School District 16J	54.8	72.9	58.9	61.9	57.6
John Day School District 003	32.0	35.3	32.7	42.9	38.8
Long Creek School District 017	37.6	28.0	37.1	36.5	42.3
Monument School District 008	48.6	47.7	57.0	45.9	49.1
Prairie City School District 004	24.5	26.8	28.2	35.1	34.2

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The percent of Grant County children eligible for free or reduced price meals has remained relatively stable or continued to increase each year since 1999 . These rates far exceed those of Oregon in general, 1999-2000 34.097% , 2000-2001 not available, 2001-2002 36.289%, and 2002-2003 38.2034%.

Immunizations: Our goals for 2005-2006 are unchanged. There has been and improvement in numbers with 317 vaccine in all categories except Hep B adult, and influenza split. The decline in these categories is due to the fact that we did not have available 317 vaccine. We have seen a general increase in billable doses from 291 in 2004-2005 to 373 in 2005-2006. VFC demonstrated a slight decrease in DTAP,HEP, IPV; and HIB but a significant increase in total number of doses given from 622 in 2004-2005 to 767 in 2005-2006. We continue to offer vaccines as a walk in service and check the immunization status of all children being seen either for primary care or WIC.

Year 1: July 2005 – June 2006				
Objectives	Methods / Tasks	Outcome Measure(s)	Outcome Measure(s) Results¹	Progress Notes²

¹ **Outcome Measure(s) Results** – please report on the specific Outcome Measure(s) in this table.

² **Progress Notes** – please include information about the successes and challenges in completing the Methods/Tasks, any information that will help us better understand your progress, and any assistance from DHS that would have helped or will help meet these objectives in the future.

A. Improve immunization rates of children under twenty-four months of age by checking immunization status at each well child visit, visit for acute illness, and WIC visit.

A. Alert will be queried prior to each child visit. If immunizations are not up to date and parent(s) agrees, the child will receive the immunization at the time of the visit.

- Improvement in the number of children immunized at the HD through consistent use of Alert at the time of a child's appointment.
- Fewer missed opportunities to ask about immunization.

Although we do not have our immunization final report for 2005-2006 we have been successful at querying Alert at each well child or WIC appointment and providing immunization to those children forecasted by alert except in those instances where parents refuse or have an exclusion.

To be completed for the
FY 2006 Report

<p>B. Improve Td immunization rates for adults.</p>	<p>A. The patient is queried about the Status of their Td immunization at the time of their initial visit to the clinic. Anyone not up to date will be offered immunization.</p> <p>B. At the June Health Fair, all adults visiting the HD table will be queried about their current Td status, and if appropriate the immunization will be given.</p>	<p>A. All patients presenting to the clinic for the first time will be asked about their Td immunization status on the initial history and physical form. Patients who have not had a recent Td will be offered one. At the end of the year a report will be run of all patients meeting the age criteria who had an initial visit, and the chart will be checked to see if a Td was given 2) If not the chart will then be reviewed to see if a patient denial is documented. The number of Td's given at the June 2005 Health Fair will be compared to those given at the June 2004 Health Fair.</p>	<p>The overall rate of Td in adults has improved in the billable category but not in the 317category. There was a 54% increase in the 25-44 billable age group and a 63% increase in person's 45-64 billable age group. The N was quite small however.</p>	<p>To be completed for the FY 2006 Report</p>
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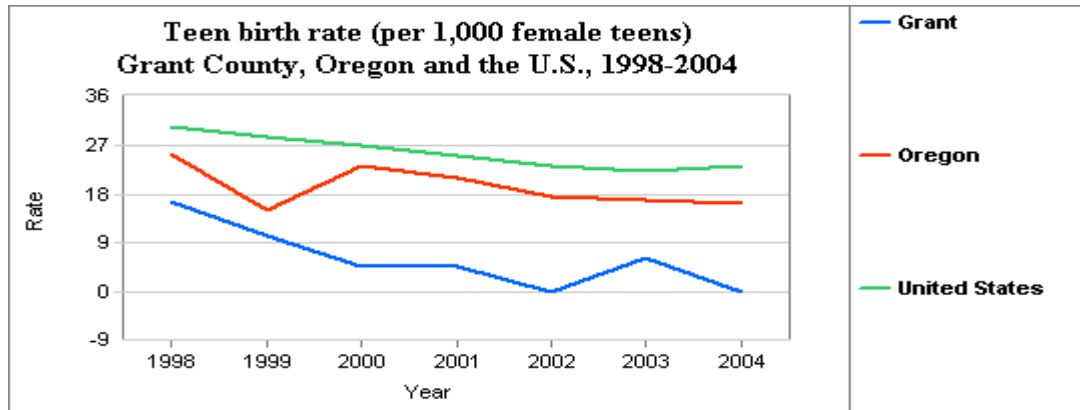
Year 2: July 2006 – June 2007

Objectives	Methods / Tasks	Outcome Measure(s)	Outcome Measure(s) Results ³	Progress Notes ⁴
<p>A. Improve hepatitis A and B immunization rates for adults 19-64</p>	<p>A. Ask about immunization status at each visit, offer information re: Hep A and B.</p> <p>B. Focus on offering immunizations to all participants in this age group at the health fair each year.</p>	<ul style="list-style-type: none"> • 1% increase in the number of Hep A and B immunizations given 	<p>Our past numbers have been better than those this year. We have offered free Hep A and Hep B vaccine to adults at our June Health Fair but 2005-2006 we were unable to get free or low cost vaccine for our population. Although people are likely to take advantage of a free service they are less likely to do so if it is a cost to them. This is a 2007 goal we will be working to increase our numbers over the next year.</p>	<p>To be completed for the FY 2007 Report</p>

³ **Outcome Measure(s) Results** – please report on the specific Outcome Measure(s) in this table.

⁴ **Progress Notes** – please include information about the successes and challenges in completing the Methods/Tasks, any information that will help us better understand your progress, and any assistance from DHS that would have helped or will help met these objectives in the future.

Family Planning: This past year saw an overall increase in the number of family planning visits, from 449 in 2004-2005 to 501 in 2005-2006. The teen birth rate in 2004 was 0 per 1,000, compared to 16 per 1,000 in Oregon.



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Although there has been a small increase in the number of family planning visits in the past year there has been a general decline in population in the 0-14 year olds (18.8%) and 15-44 year olds (11.3%) which limits the number to be served. We are seeing an increase in the rate of teen pregnancy in 2005-2006 but a decline in the total number of county births. In 2004-05 there were 50 births, and in 2005-06, 36 births. We continue to fight barriers to family planning education in the schools but we seem to be getting through to our target population as evidenced by the relatively low teen pregnancy rate. To compensate for our inability to provided family planning education directly in the school we place regular ads in the newspaper and benefit from word of mouth of our clients.

Grant County Health Department continues to do an excellent job of assuring that pregnant women in Grant county receive early prenatal care. In 2004 1.4 percent of births had late or no prenatal care, compared to 4.1 percent in Oregon. 5.8 percent of these babies had low birth weights in 2004, but this is still lower that the rate in Oregon, 6.1 percent.

Maternal Child Health

<p>Time Period: 2005-2006 GOAL: Increase prevention of early childhood caries</p>				
<p>1. Objectives</p> <p>a) Form a dental coalition with the ultimate goal of providing dental care to children without dental resources.</p> <p>b) Provide urgent and emergent dental care to qualified children</p>	<p>2. Plan for Methods/Activities/Practice</p> <p>a) Form a dental coalition to include members from the local dental providers, health department, state liaison and local volunteers</p> <p>b) Contract with the World Vision Dental Van to provide the needed equipment to provide dental care</p> <p>c) Work with local dentists to provide the care at dental van visits</p> <p>d) Work toward having the dental coalition become self sustaining, either through local contributions or grants</p>	<p>3. Outcome Measure(s)</p> <p>a) The Healthy Smiles of Grant County Dental Coalition has been formed and is fully functional</p> <p>b) The World Vision dental van has been in Grant County on two occasions for three days each time. 72 children have been provided \$24311.00 worth of dental care.</p> <p>c) Local dentists have provided the services during Van visits on a strictly volunteer basis.</p> <p>d) The dental coalition has received local contributions and has applied to ODS for a grant.</p>	<p>4. Outcome Measure(s) Results</p> <p>72 children have been provided dental services that might not have had that opportunity in the past.</p>	<p>5. Progress Notes</p> <p>We are hopeful that we will be able to get grants and personal contributions that will allow us to continue this much needed service and to begin offering dental services to needy adults as well as children</p>

VII. Minimum Standards

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

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

Organization

1. Yes No A Local Health Authority exists which has accepted the legal responsibilities for public health as defined by Oregon Law.
2. Yes No The Local Health Authority meets at least annually to address public health concerns.
3. Yes No A current organizational chart exists that defines the authority, structure and function of the local health department; and is reviewed at least annually.
4. Yes No Current local health department policies and procedures exist which are reviewed at least annually.
5. Yes No Ongoing community assessment is performed to analyze and evaluate community data.
6. Yes No Written plans are developed with problem statements, objectives, activities, projected services, and evaluation criteria.
7. Yes No Local health officials develop and manage an annual operating budget.
8. Yes No Generally accepted public accounting practices are used for managing funds.
9. Yes No All revenues generated from public health services are allocated to public health programs.
10. Yes No Written personnel policies and procedures are in compliance with federal and state laws and regulations.
11. Yes No Personnel policies and procedures are available for all employees.
12. Yes No All positions have written job descriptions, including minimum qualifications.

13. Yes ___ No Written performance evaluations are done annually.
14. Yes No ___ Evidence of staff development activities exists.
15. Yes No ___ Personnel records for all terminated employees are retained consistently with State Archives rules.
16. Yes No ___ Records include minimum information required by each program.
17. Yes No ___ A records manual of all forms used is reviewed annually.
18. Yes No ___ There is a written policy for maintaining confidentiality of all client records which includes guidelines for release of client information.
19. Yes No ___ Filing and retrieval of health records follow written procedures.
20. Yes No ___ Retention and destruction of records follow written procedures and are consistent with State Archives rules.
21. Yes No ___ Local health department telephone numbers and facilities' addresses are publicized.
22. Yes No ___ Health information and referral services are available during regular business hours.
23. Yes No ___ Written resource information about local health and human services is available, which includes eligibility, enrollment procedures, scope and hours of service. Information is updated as needed.
24. Yes No ___ 100% of birth and death certificates submitted by local health departments are reviewed by the local Registrar for accuracy and completeness per Vital Records office procedures.
25. Yes No ___ To preserve the confidentiality and security of non-public abstracts, all vital records and all accompanying documents are maintained.
26. Yes No ___ Certified copies of registered birth and death certificates are issued within one working day of request.
27. Yes No ___ A system to obtain reports of deaths of public health significance is in place.

28. 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.
29. Yes No Health department administration and county medical examiner review collaborative efforts at least annually.
30. Yes No Staff is knowledgeable of and has participated in the development of the county's emergency plan.
31. Yes No Written policies and procedures exist to guide staff in responding to an emergency.
32. Yes No Staff participate periodically in emergency preparedness exercises and upgrade response plans accordingly.
33. Yes No Written policies and procedures exist to guide staff and volunteers in maintaining appropriate confidentiality standards.
34. 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.
35. 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
36. Yes No A Client Grievance Procedure is in place with resultant staff training and input to assure that there is a mechanism to address client and staff concerns.

Control of Communicable Diseases

37. Yes No There is a mechanism for reporting communicable disease cases to the health department.
38. Yes No Investigations of reportable conditions and communicable disease cases are conducted, control measures are carried out, investigation report forms are completed and submitted in the manner and time frame specified for the particular disease in the Oregon Communicable Disease Guidelines.

39. Yes No Feedback regarding the outcome of the investigation is provided to the reporting health care provider for each reportable condition or communicable disease case received.
40. Yes No Access to prevention, diagnosis, and treatment services for reportable communicable diseases is assured when relevant to protecting the health of the public.
41. Yes No There is an ongoing/demonstrated effort by the local health department to maintain and/or increase timely reporting of reportable communicable diseases and conditions.
42. Yes No There is a mechanism for reporting and following up on zoonotic diseases to the local health department
43. Yes No A system exists for the surveillance and analysis of the incidence and prevalence of communicable diseases.
44. Yes No Annual reviews and analysis are conducted of five year averages of incidence rates reported in the Communicable Disease Statistical Summary, and evaluation of data are used for future program planning.
45. Yes No Immunizations for human target populations are available within the local health department jurisdiction.
46. Yes No Rabies immunizations for animal target populations are available within the local health department jurisdiction.

Environmental Health

47. Yes No Food service facilities are licensed and inspected as required by Chapter 333 Division 12.
48. Yes No Training is available for food service managers and personnel in the proper methods of storing, preparing, and serving food.
49. Yes No Training in first aid for choking is available for food service workers.
50. Yes No Public education regarding food borne illness and the importance of reporting suspected food borne illness is provided.
51. Yes No Each drinking water system conducts water quality monitoring and maintains testing frequencies based on the size and classification of system.

52. Yes ___ No Each drinking water system is monitored for compliance with applicable standards based on system size, type, and epidemiological risk.
53. Yes ___ No Compliance assistance is provided to public water systems that violate requirements.
54. Yes ___ No All drinking water systems that violate maximum contaminant levels are investigated and appropriate actions taken.
55. Yes ___ No A written plan exists for responding to emergencies involving public water systems.
56. Yes No ___ Information for developing a safe water supply is available to people using on-site individual wells and springs.
57. Yes No ___ A program exists to monitor, issue permits, and inspect on-site sewage disposal systems.
58. Yes No ___ Tourist facilities are licensed and inspected for health and safety risks as required by Chapter 333 Division 12.
59. Yes No ___ School and public facilities food service operations are inspected for health and safety risks.
60. Yes No ___ Public spas and swimming pools are constructed, licensed, and inspected for health and safety risks as required by Chapter 333 Division 12.
61. Yes No ___ A program exists to assure protection of health and the environment for storing, collecting, transporting, and disposing solid waste.
62. Yes ___ No Indoor clean air complaints in licensed facilities are investigated.
63. Yes No ___ Environmental contamination potentially impacting public health or the environment is investigated.
64. Yes No ___ The health and safety of the public is being protected through hazardous incidence investigation and response.
65. Yes ___ No Emergency environmental health and sanitation are provided to include safe drinking water, sewage disposal, food preparation, solid waste disposal, sanitation at shelters, and vector control.

66. Yes No All license fees collected by the Local Public Health Authority under ORS 624, 446, and 448 are set and used by the LPHA as required by ORS 624, 446, and 448.

Health Education and Health Promotion

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

Nutrition

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

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

Older Adult Health

78. Yes No Health department provides or refers to services that promote detecting chronic diseases and preventing their complications.

79. Yes No A mechanism exists for intervening where there is reported elder abuse or neglect.

80. Yes No Health department maintains a current list of resources and refers for medical care, mental health, transportation, nutritional services, financial services, rehabilitation services, social services, and substance abuse services.

81. Yes No Prevention-oriented services exist for self health care, stress management, nutrition, exercise, medication use, maintaining activities of daily living, injury prevention and safety education.

Parent and Child Health

82. Yes No Perinatal care is provided directly or by referral.

83. Yes No Immunizations are provided for infants, children, adolescents and adults either directly or by referral.

84. Yes No Comprehensive family planning services are provided directly or by referral.

85. Yes No Services for the early detection and follow up of abnormal growth, development and other health problems of infants and children are provided directly or by referral.

86. Yes No Child abuse prevention and treatment services are provided directly or by referral.

87. Yes No There is a system or mechanism in place to assure participation in multi-disciplinary teams addressing abuse and domestic violence.

88. Yes No There is a system in place for identifying and following up on high risk infants.
89. Yes No There is a system in place to follow up on all reported SIDS deaths.
90. Yes No Preventive oral health services are provided directly or by referral.
91. Yes No Use of fluoride is promoted, either through water fluoridation or use of fluoride mouth rinse or tablets.
92. Yes No Injury prevention services are provided within the community.

Primary Health Care

93. Yes No The local health department identifies barriers to primary health care services.
94. Yes No The local health department participates and provides leadership in community efforts to secure or establish and maintain adequate primary health care.
95. Yes No The local health department advocates for individuals who are prevented from receiving timely and adequate primary health care.
96. Yes No Primary health care services are provided directly or by referral.
97. Yes No The local health department promotes primary health care that is culturally and linguistically appropriate for community members.
98. Yes No The local health department advocates for data collection and analysis for development of population based prevention strategies.

Cultural Competency

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

100. Yes No The local health department develops, implements and promotes a written plan that outlines clear goals, policies and operational plans for provision of culturally and linguistically appropriate services.
101. Yes No The local health department assures that advisory groups reflect the population to be served.
102. Yes No The local health department assures that program activities reflect operation plans for provision of culturally and linguistically appropriate services.

Health Department Personnel Qualifications

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

A Master's degree from an accredited college or university in public health, health administration, public administration, behavioral, social or health science, or related field, plus two years of related experience.

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

- 104. 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.

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

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

OR

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

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

We have hired a registered nurse with a BSN who is currently being trained to be a sanitarian by our contract sanitarian Ray Huff.

106. 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.

GRANT COUNTY HEALTH DEPARTMENT ORGANIZATIONAL CHART

GRANT COUNTY COURT

Dennis Reynolds, Judge
Boyd Britton, Commissioner
Scott Myers, Commissioner

MEDICAL DIRECTOR

Robert E. Holland, M.D.

ADMINISTRATOR NURSE SUPERVISOR

Karen Triplett, MNFNP

CONTRACT NURSES

Johnnie Titus, FNP

ALL OTHER DEPARTMENT STAFF

Donna Adams, Business Office Manager
Marsha Delaney, R.N.
John Combs, R.N., Bio Nurse
Anna Gillihan, Secretary/Receptionist
Joanne Moles, Secretary/Receptionist