

I. Executive Summary

The past year has been full of challenges. Grant County's economy continues to worsen and there are fewer and fewer jobs available that make a living wage. Many of those lucky enough to have a job do not have health care insurance or the ability to pay for preventive care or medication for chronic disease. In addition there are many needy persons in the community who are reluctant to receive free or low cost services and present for emergencies only.

The Health Department is just one spoke in the wheel providing medical care in this community. The services we provide to low- income families make a difference in their lives but it is difficult at times to get through their distrust, resistance to change and ennui. That said we continue to feel it is our obligation to **ensure residents access to health care**. We have done this by increasing our hours to 730am-600pm Monday through Friday and adopting an open access scheduling system.

Through educational programs, one on one counseling, and community involvement we work to **promote health in our community**. The annual health fair sponsored by the Hospital, Forest Service and Health Department provides residents the opportunity to receive a lipid panel, chem. Panel, and PSA for a nominal fee. Abnormal values are referred to local providers for input. At the Health Fair women get scheduled for their annual exams and pap smears. Clients seen at the Health Department who cannot afford to pay for their medication are enrolled in patient assistance programs and their drugs are provided to them at no charge whenever possible.

And new in 2006, Grant County Health Department will be expanding our responsibility for **protecting the health of county residents** as we assume food service licensing and certification of restaurants, food handlers, pools and community spas from DHS. We are also in the process of developing a mosquito control process and educational program for children and adults, continue to be one of the lead agencies in the investigation and control of communicable diseases, and intend to begin offering fluoride varnish to this counties children in the very near future. A meeting with community partners on this issue is scheduled in February.

II. Assessment

Grant County Health Department continues to meet the community needs through the provision of the following services:

- Communicable disease control and bioterrorism planning
- Family health programs including those targeting maternal and child health, WIC and child and adult immunizations. This includes working with our community partners in BCC and Komen.
- Vital records
- Primary care across the lifespan including chronic disease management
- Beginning in early 2005, Environmental Health Services for our county including a sanitarian program, pool inspection etc.

Grant County is the only county in the state that experienced a negative net migration of 60 people. Using 2003 data the population of Grant County was 6,658 persons; 19.5% (1340) were between the ages of 0-14, 9.3% (641) were between the ages of 15-20 and 59.2 % (4123) between the ages of 35-85+. 51.3% (2000) of the population is 200% below the poverty level. The unemployment rate is above the state average (8.2%) at 11.3%. From a practical perspective what this means is that Grant County is in the midst of a population decline related to fewer and fewer job opportunities and therefore increasing poverty.

Grant County is higher in all chronic disease categories than Oregon as a whole. This county has a higher than average rate of deaths from heart disease, cancer, CV disease and chronic pulmonary disease. It is difficult to place blame on any one particular factor. Given that the majority of the population (59.2%) is between the ages of 35-85 one answer might be that as the population ages health problems develop. Dietary and other behavioral factors undoubtedly play a part as well.

There is no accurate data that accounts for the number of teen births in Grant County in 2003 but between 1998-2002 the teen birth rate was 107.8/1000 births or 11%. This was compatible with the state rate of 112/1000 or 11%. The infant mortality rate for Grant County during this period was 1.2% compared to Oregon at large with a rate of .5%. Inadequate prenatal care was felt to be a factor in 62.9/1000 births in Grant County with an average of 53.1/1000 in Oregon at large.

In our 2004 annual plan I discussed the possibility of losing OB services in Grant County after Dr. Graham moved. Certainly this would have had a negative impact on the provision of prenatal care since many of the young teens do not have the money to travel to outlying areas for services, thus they often don't start receiving care until late in the second or early in the third trimester if at all. Since Dr. Nichols and Dr. Holland have both decided to continue practicing OB this is less of an issue. Grant County Health Department is a strong proponent for breast-feeding of infants and has supported, in conjunction with the state WIC program, the training of one RN staff person to become certified as a lactation consultant. Those services have been well received but additional marketing is needed.

It is difficult to determine exactly how many teens have been pregnant in the past year since not all of them receive their first services through the Health Department, but the rate appears to be increasing. With more political and religious emphasis on abstinence as the best method of birth control this number will likely continue to grow. The Health Department receives fewer requests to provide STD education in the school system, as the school administrators remain very concerned about bucking the trend established by their tax-paying constituency. In an effort to get more young girls in to the clinic to talk about birth control methods (including abstinence) and STD's we are now open from 7am-6pm including the lunch hour. We have also changed to an open access system rather than scheduling appointments in advance. This has decreased our no show rate and it is appreciated by the community as they have a provider they can see within 1-5 days of the onset of symptoms. Despite these efforts the Chlamydia rate for Grant County has continued to escalate.

One huge disappointment in this past year has been the flu vaccine shortage and the impact it has had on Grant County residents as well as the Health Department bottom line. Although we continue to give a few flu vaccinations each day we are far below the clinic average for immunization against flu in the pediatric population. Given the initial reluctance to allow that vaccine to be used in the older population it is likely we will be left with expensive, useless pediatric vaccine, something we can ill afford to do.

In 2005 we hired a full time person to manage the Bioterrorism/CD programs. She will also be trained as Sanitarian for our community, a process that will take approximately 3 years, as it will be occurring on a part time basis only.

Grant County receives no general fund monies and in an effort to offset the reductions in funding we receive for state programs, Grant County Health Department applied for and was granted Rural Health Clinic status. This designation allows us to receive slightly greater reimbursement for our Medicaid and Medicare clients. We hope this increase in revenue will help to balance the losses in our other programs.

Describe the adequacy of services:

Dental decay is the leading chronic disease-affecting children. The provision of dental services to the uninsured or underinsured in Grant County remains a significant problem. We have very few dentists and their practices are extremely busy. They are reluctant to add OHP clients to that mix. One GCHD staff nurse has been trained in the use of dental varnish and it is our intention to provide this service after the completion of the WIC certification visit. I am still waiting to hear from the state as to whether this is possible since we will be receiving reimbursement for the dental varnish visit and also be receiving grant money for certifying our WIC clients. The day of the WIC visit is by far the best time to engage the family and the timeline associated with the WIC certification process fits nicely with the four times a year that varnish should be applied.

In the past year we lost our **emergency preparedness/CD** nurse to another job but have been fortunate to hire a new person for that position. Janelle is in the process of rewriting our emergency management plan, establishing relationships with our community partners, and working with RHPB/AHEC at St Charles on an upcoming community exercise. We have been making more progress in the past several months than I have witnessed in the previous year or more. Part of this progress is related to separating the position from emergency management and integrating it within the actual Health Department site.

III. Action Plan

1. a. Current condition or problem

Loss of State Sanitarian services: Although as a county we remain unhappy about the requirement to take over sanitarian services we have moved forward on this issue.

b. Goals

To contract with a registered sanitarian to provide services in Grant County. As part of his service to us he will begin to train an RN staff person to replace him once she is fully certified.

c. Activities

We are in the process of finalizing the contract with the sanitarian and the state, obtaining needed supplies and submitting needed information to the sanitarian licensing board to prepare the RN to begin her learning experience. We are establishing fees through our county court system and hope to soon have the computer set up to print the licenses once facilities are approved.

d. Evaluation

We have been assured that this program will be self-sufficient and not require any county general funds. We should be able to demonstrate whether that is in fact the case over the next six months to one year. Assuring the health of Grant County residents and visitors will also be a measure of success of the program.

2. a. Current condition or problem

Poor access to care for dental services: One RN staff person has been trained in the application of dental varnish and we intend to use the WIC encounter as an avenue for doing a dental evaluation, varnish application if needed and parent and child education.

b. Goals

To improve the oral health of Grant County children

c. Activities: To provide dental varnish to at risk children, to work with local dentists, the dental provider organizations and the broader Oregon community to assure that when dental caries is found in an at Risk child treatment can be initiated.

d. Evaluation

We will evaluate the success of this program by tracking the number of children initially evaluated, those provided dental varnish, the number who return for ongoing evaluation and treatment, and those in which we observe improved dental health.