

# GRANT COUNTY

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# HEALTH DISTRICT

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Moses Lake, WA 98837  
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## GRANT COUNTY BOARD OF HEALTH 2008 GRANT COUNTY HEALTH DISTRICT 2008 REPORT

02/11/09

### Staffing:

The Grant County Health District (GCHD) currently has 26 employees (2007 – 28 employees, 2006 -30 employees) and 23 FTE (2007 – 25 FTE, 2006 - 27.2 FTE).

#### Management and Exempt Administrative Staff (5.7 FTE):

- Health Officer (0.1 FTE);
- 3 Managers (3 FTE): Administrative Services, Environmental Health, Personal Health;
- Other Exempt (2.6 FTE): Moses Lake Office Supervisor, Vital Records/IT Coordinator, Accounting Clerk.

#### Support Staff (5.8 FTE)

- 6 Public Health Associates– 3 bilingual.

#### Personal Health (7.5 FTE, 1.6 FTE open):

- 3 Public Health Nurses (2.4 FTE) and 2 (1.6 FTE) open positions;
- 3 Health Educators (2.4 FTE);
- 3 Other Personal Health staff (2.7 FTE) - Public Health Social Worker (bilingual), Assessment Coordinator, Outreach Worker (bilingual).

#### Environmental Health (4 FTE):

- 4 Registered Sanitarians (1 bilingual).

### 2008 Funding:

GCHD expenditures were 2,011,152. Salary and benefit costs comprised 81% of all expenses.

2008 recorded revenues exceeded expenditures by \$61,270.

- New (08) approved Community Public Health Services Manager position was not filled;
- \$42,550 TB funding for 2007 received in 2008;
- \$17,025 was paid up front for 8-month DSHS contract through June, 2009;
- Sanitarian position vacated 10/08 was strategically not filled;
- GCHD management and staff have actively worked to decrease spending.

GCHD funding/revenues were \$2,072,422:

- 36% permits (24%) and fees (12%)
- 26% State grants / contracts
- 18% Federal grants / contracts
- 12% local county and city contributions;
- 8% other government revenues.

The *Standards of Public Health in Washington State* articulate a common, consistent and accountable approach to assure that basic health protection is in place for each resident or visitor within the State. This report delineates the 12 functions as identified through the Standards, relating to the following 5 identified general topic areas relevant to public health activities:

- Understanding health issues;
- Protecting people from disease;
- Assuring a safe, healthy environment;
- Prevention is best – promoting healthy living;
- Helping people get the services they need.

In April 2008, a site visit was held to evaluate our agency’s ability to demonstrate the measures chosen. Grant County was placed in a “Large Town” grouping with Asotin, Chelan/Douglas, Kittitas, Lewis, Walla Walla, and Whitman counties, general peer comparison purposes. Specific standard scores are listed in the narrative report, while the overall scores are in the following table.

**Overall Score Totals**

	GCHD Totals	Peer Group Totals (Large Town)	Combined LHJ Totals
% Demonstrates	67%	53%	55%
% Partially Demonstrates	27%	37%	34%
% Does Not Demonstrate	7%	10%	12%

**Note: Totals may not equal 100% due to rounding**

**Standard 1: Community Health Assessment (GCHD fully demonstrated all measures.)**

- GCHD Board of Health has approved topics for the 2008 Grant County health assessment report.
- Assessment coordinator is tracking specific issues of concern identified through analysis of Healthy Youth Survey data, specifically related to oral health, adolescent nutrition (pop consumption), and injury prevention (bicycle helmet use).
- GCHD is awaiting finalization of subcontracting process with WSU to provide local assistance for the National Children’s Survey, a longitudinal study of environmental impacts on health of children.
- Staff were trained by Dr. Brzezny regarding assessment and the other core functions of public health. An exercise regarding the key health indicators was conducted among staff to familiarize them with local health data collected by the Washington State Department of Health.

**Standard 2: Communication to the Public and Key Stakeholders (GCHD fully demonstrated all measures.)**

- GCHD actively utilizes a Public Information Officer.
- A communications plan with internal and external components has been developed and utilized.
- Some templates for communication and notifications have been developed, others are pending.
- Staff have not yet been trained to the communications plan(s) as hoped.

**Standard 3: Community Involvement (GCHD partially demonstrated all measures.)**

- GCHD has increased the utilization of community stakeholders' input and involvement in data review, gap analysis and recommendations. Data presentations have been provided to the Grant-Adams Medical Society, Moses Lake Rotary, Community Partners in Prevention, Safe Kids.
- A survey of healthcare facilities and other community entities participating in measles control interventions was completed following the measles outbreak.
- GCHD has purchased a subscription to "Survey Monkey" with the intent of using it to receive input from the community.

**Standard 4: Monitoring and Reporting Threats to the Public's Health (GCHD demonstrated all measures - 82% fully, and 18% partially.)**

- GCHD did not hire a manager to increase depth of oversight and policy development for communicable disease programs, as was planned for 2008.
- Extensive surveillance of rash illness was implemented during the measles outbreak.

**Standard 5: Planning for and Responding to Public Health Emergencies (GCHD demonstrated all measures - 80% fully, and 20% partially.)**

- GCHD has incorporated orientation to emergency response plans into new employee trainings, and annual review for all staff.
- GCHD will continue planning within the community to address altered standards of care, mass casualties, planning for vulnerable populations, and the procurement of staffing and volunteers during a public health emergency.
- GCHD signed mutual aid agreement with other local health jurisdictions.

**Standard 6: Prevention and Education (GCHD demonstrated all measures - 25% fully, and 75% partially.)**

- Immunization promotion has been integrated with other GCHD programs, with new and previous partnerships, including school districts, ESD's, Rotary, local hospitals.
- Public health staff should receive continuing training on population interventions, best practices, evidence-based strategies, and evaluation.
- New staff should receive training on population interventions, best practices, evidence-based strategies, and evaluation, as planned for 2008. This has been partially implemented.

**Standard 7: Helping Communities Address Gaps in Critical Health Services (GCHD fully demonstrated all measures.)**

- 2008 Resources for Families has been completed and nearly all 13,040 booklets (English, Spanish, and Russian versions).
- GCHD received funding to improve school immunization rates, selecting approaches consistent with quantitative and qualitative information from local schools.
- GCHD has purchased a subscription to "Survey Monkey" with the intent of using it to receive input from the community.

**Standard 8: Program Planning and Evaluation (GCHD demonstrated 89% of all measures – 33% fully and 56% partially.)**

- All projects should be evaluated on specific measurable objectives; progress has been made in this area, but needs to continue.
- Customer service should be evaluated, this has not been done.

- A general survey for healthcare providers should be developed and distributed to evaluate effectiveness of GCHD relationships with them. This was not done in 2008 as planned; however, the measles outbreak communication was evaluated on specific criteria.
- Staff have been provided periodic updates on the new State funding and the performance measures, to increase understanding and use of performance measures and evaluation.
- All staff should be trained on outcome-based logic models for program planning; progress has been made in this area but needs to continue, including completion of a schedule for the development for logic models and/or evaluation plans for all programs.
- GCHD has purchased a subscription to “Survey Monkey” with the intent of using it to conduct some evaluation activities.

**Standard 9: Financial and Management Systems (GCHD fully demonstrated all measures.)**

- A strategic plan for the agency should be developed, with monitoring of the alignment of budget priorities clearly documented at intervals. A formal strategic plan has not been developed but strategic decisions and measures have been undertaken.
- A contracts inventory / monitoring tool should be developed and used; this has not been completed in 2008.
- GCHD audits have showed no deficiency.

**Standard 10: Human Resource Systems (GCHD demonstrated 83% of all measures – 33% fully and 50% partially.)**

- Implement and document training plan for each staff person. Formal training plans have not been developed.
- Identify and provide trainings based on competencies for public health professionals and public health core functions; this has not yet been done.
- SmartPH utilization as a documentation tool for trainings has increased.
- An orientation protocol has been developed, used, evaluated and modified.

**Standard 11: Information Systems (GCHD fully demonstrated all measures.)**

- GCHD’s website has been enhanced, maintenance has improved.
- GCHD should more fully maintain Notifiable Conditions Manual and updates and current local public health data on the website.
- Training for identified staff regarding access databases has taken place.
- The latent TB client database has been improved to provide more timely and usable day to day information as well as reporting information.

**Standard 12: Leadership and Governance (GCHD demonstrated 77% of all measures – 44% fully and 33% partially.)**

- The GCHD should develop a strategic plan to be formally adopted by the Board, including objectives regarding assessment activities, use of health data to support decisions, addressing issues identified in after-action reports, and population-based prevention priorities. This was not done in 2008.
- The strategic plan should be evaluated at intervals, and modified as appropriate.
- Quality improvement activities should be consistently conducted at periodic intervals; this is accomplished only in part at this time.

In concluding this report, we express our thanks to the Grant County Board of Health membership for their support of public health, Dr. Alex Brzezny, MD, MPH, Health Officer, for his dedication, as well as our community partners, and especially our staff.

Attached is a sampling of the diverse and important nature public health work, captured through the *Core Functions of Public Health*: assessment, policy development, and assurance. Each staff person was asked to report on one public health project they have been working on, identify their role and the core function supported by this work, as well as what they would like to see happen in the future.

Respectfully Submitted,

Peggy Grigg, BSN, RN  
Administrator  
Grant County Health District

“Always Working for a Safer and Healthier Grant County”

Attachment: Grant County Health District Staff “Core Functions Reports”