

Baker County Health Department
Annual Plan
Fiscal Year 2003 - 2004

Baker County Health Department Action Plan Contents

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I. Executive Summary

how do you want to summarize this plan?

II. Assessment

A. Description of the Public Health Issues and Needs

Any plan for the Baker County Health Department must consider Baker County's two main characteristics: distance and isolation. Baker County is located in the northeastern portion of the State, is more than 300 miles from the nearest metropolitan area in Oregon, covers more than 3,068 square miles and has as many as 60 miles separating Baker City (the County seat) from other towns in the County.

In 2000, Baker County reported a population of 16,741, including 95.7% White, 0.2% Black or African American, 1.1% American Indian and Alaska Native, 0.4% Asian, <0.1% Native Hawaiian and Other Pacific Islander, and 1.7% persons of some other race. 17% of Baker County residents are over 65 years of age, while 24.2% are less than 18 years old.

Just because Baker County is small, and is removed from city life, it is not excluded from the health issues and needs faced by other, larger counties in the State. In fact, Baker County's size often serves to magnify and, when combined with the County's high unemployment, poverty, child abuse and neglect and hunger rates, exacerbate its needs. Smaller is not always better.

The Baker County Health Department provides specific, targeted services which are designed to benefit the health of the County as a whole. For 2003 - 2004, the Baker County Health Department has chosen to address eight health indicators: acute and communicable disease, death and cause of death, emergency preparedness, immunization, low birth weight, prenatal care, teen pregnancy and tobacco use during pregnancy. Following is brief assessment of these health issues and needs using data from the State of Oregon Department of Human Services Center for Health Statistics and Vital Records. (Further assessment of these issues and needs will be included in the Action Plan portion of this document.)

1. Acute and Communicable Disease

Sexually Transmitted Diseases

Data collected over the past ten years shows that Baker County, when compared with other counties across the State, consistently has a lower rate of reported cases of sexually transmitted diseases.

- Chlamydia - While reported chlamydia cases are stable and below the State average (fourteen cases in 1999 and fifteen cases in 2001) there is still cause for concern: both in 2000 and 2001, 47% of the cases were experienced by youth between the ages of ten and nineteen.

- Gonorrhea - Only one case of gonorrhea was reported in 1999, two cases in 2000 and no cases in 2001.
- AIDS - One case of AIDS was reported in 1999.
- Hepatitis B - Only two cases of Hepatitis B have been reported in the past ten years, with the last case occurring in 1997.

Food Borne Diseases

- E. coli - Baker County has had nine reported cases of E. coli, with only one case reported in 2002.
- Campylobacteriosis – Twenty-eight cases of campylobacteriosis have been reported in the past ten years. The number of cases has increased from one case in 1993 to four cases in 2002.
- Salmonellosis - In the ten years prior to 2003, Baker County had only fifteen reported cases of salmonellosis, with an average of one to two cases a year. However, the County experienced an outbreak of thirty cases in 2003, all of which were traced to a local restaurant.
- Yersiniosis - One case of yersiniosis was reported in 1993.
- Hepatitis A - While Baker County has experienced twelve cases of Hepatitis A in the past ten years, only one case was reported in 2001 (six cases were reported in 1995).
- Hepatitis C - Baker County has had only two cases of Hepatitis C reported since 1993, with the last reported case occurring in 2001.
- Influenza - Two cases of influenza were reported in the 1999 - 2000 influenza season.
- Meningococcal Disease - Only two cases of meningococcal disease have been reported in the past ten years, with the last case reported in 1996.

Water Borne Diseases

- Giardiasis - cases of giardiasis have steadily decreased from a high of thirteen cases in 1995 to a low of one case in 2002.

2. Death and Cause of Death

Accidental Death

- Between 2000 and 2002, accidental deaths doubled from four to eight.

Suicide

- Between 2000 and 2002, Baker County's suicide rate decreased by half: two cases in 2000 and one case in 2002. This is down from a high of four cases in 1999.

Alcohol or Drug Related Death

- In 2001, one Baker County death was from chronic alcoholic liver disease. Three deaths were due to accidental injury related to alcohol or drug use.

3. Emergency Preparedness

For almost two years, the Baker County Health Department has participated in the development of the county's emergency response plans and internal procedures necessary to carry out the Department's role in the plans.

4. Immunization Rate

The immunization rate by age two, in Baker County, has increased from 71% in 1998 to 74% in 2000. This is still significantly below the State average of 79%.

5. Low Birth Weight

Live births with low birth weight, in Baker County, have increased from 3.3% in 1998, to a high of 6.5% in 2000 and a preliminary total of 5.2% in 2002.

6. Prenatal Care

Instances of inadequate prenatal care is 5.8%--only slightly greater than the State average of 5.1%.

7. Teen Pregnancy

Overall, teen pregnancy has decreased from 6.5% in 1988 to 4.5% in 2001. The State average is 3.4% (the lowest since 1988).

8. Tobacco Use During Pregnancy

Though the County's rate of tobacco use among mothers has decreased from 28.3% in 1990 to 23.2% in 2001, this is almost double the current State average of 12.8%.

B. Description of the Adequacy of Basic Services in Baker County

The Baker County Health Department continues to meet the standards of the five basic services contained in statute ORS 431.416 and rule OAR Chapter 333, Division 14. Locally, the Department address epidemiology and control of preventable diseases and disorders; parent and child health services, including family planning clinics as described in ORS 435.205; collection and reporting of health statistics; and health information and referral services. The Department contracts with Malheur County to provide environmental health services

C. Description of the Adequacy of Services the "...health department should include or provide for programs..." (OAR 333-014-0050 (3))

Service	Level of Service
<i>Dental</i>	<i>Inadequate</i> The Baker County Health Department is limited to the promotion of the use of fluoride. The Department is unable to provide programs for preventative education and early detection and treatment of dental problems. Any dental problems noted during a Well-Child Exam or other visit result in a referral to a dentist.
<i>Emergency Preparedness</i>	<i>Adequate, though could be improved</i> The Baker County Health Department is participating in the development of the county's emergency response plans and internal procedures necessary to carry out the Department's role in the plans.
<i>Health Education and Health Promotion</i>	<i>Adequate</i> The Department is able to provide services such as Babies First!, Cacoon, School-Based Clinics, Child and Adolescent Health Services and Family Planning.
<i>Laboratory Services</i>	<i>Adequate</i> The lab on-site is rated at level PPPM and is licensed through December, 2003. The Department is able to perform diagnostic and screening tests to support public health services.
<i>Medical Examiner</i>	<i>Adequate</i> The Department contracts with _____ for medical examiner services.
<i>Nutrition</i>	<i>Adequate</i> The Department's comprehensive WIC program is quite successful in reaching families in-need and in providing education and consultation for the promotion of good dietary habits.
<i>Older Adult Health</i>	<i>Inadequate</i> The Baker County Health Department is not able to provide older adult health care other than a referral to a physician if a problem is noticed during a routine service already provided by the Department.
<i>Primary Health Care</i>	<i>Inadequate</i> The Baker County Health Department is not a primary health care facility. Health care needs that fall outside of the Department's services are referred to either the Baker Clinic or St. Elizabeth Health Services (the County hospital, located in Baker City)
<i>Shellfish Sanitation</i>	<i>Not applicable</i>

III. Action Plan

A. Required Action Plan Components

This portion of the Annual Plan addresses the essential health department services outlined in OAR 333-014-0050: control of reportable communicable diseases, parent and child health, health statistics, information and referral services, environmental health services.

1. Control of Reportable Communicable Diseases (OAR 333-014-0050 (2) (a))

a. Current Condition or Problem

Baker County reported an immunization rate by age two of 71% in 1998, 76% in 1999, and 74% in 2000. The County rate, although it has seen the same increase over a three-year period as the State, remains 5% below the 2000 State average of 79%.

Possibly contributing to the decreased immunization rate may be the members of the growing non-English speaking population of Baker County where differing cultural views of child health, and the perceived safety of inoculations, may be a barrier to adequate immunization for this group of residents.

b. Goals

Increase the Baker County immunization rate.

c. Activities

The Baker County Health Department will continue to educate parents about immunizations during prenatal care visits. As the only source of immunizations in Baker County, local doctors make referrals to the Department. Immunizations are provided weekly, with the cost set on a sliding scale. School Based Clinics provide information on immunizations to pregnant teens.

In addition, the Baker County Health Department must continue its goal of educating both the English and non-English speaking population through both the Department and School Based Clinics.

d. Evaluation

The rate of complete immunizations by age two will increase.

2. Parent and Child Health (OAR 333-014-0050 (2) (b))

a. Current Condition or Problem

Prenatal Care

Instances of inadequate prenatal care is 5.8%--only slightly greater than the State average of 5.1%. However, other than a peak of 7% in 1993 and a dip to 1.2% in 1999, this number has seen little change.

Tobacco Use During Pregnancy

Baker County continues to report an alarmingly high rate of tobacco use among mothers: 23.2% in 2001 compared to a State-wide average of 12.8%. While the Baker County rate has decreased from a high of 28.3% in 1990, the State's rate has decreased from 18% within the same time range.

Teen Pregnancy

Both Baker County and the State of Oregon report a steady decline in the teen pregnancy rate: the Baker County rate has decreased from 6.5% in 1988 to 4.5% in 2001 and the State rate has decreased to 3.4% (the lowest since 1988). However, the decreased rate may not be due to a decreased amount of sexual activity among Baker County youth. The 2001 Oregon Healthy Teens Survey Results for Baker Middle School show that 24% of the youth who participated in the survey have had sexual intercourse. Of 72 surveyed

- 17 have had intercourse
- 8% did not use a condom
- 11% stated they had intercourse with two or more people in the past 3 months
- 12.5% had their first sexual intercourse at ages 13 – 14

While these numbers may seem insignificant, the fact is that these youth run a high risk of becoming a teen pregnancy statistic. The County's level of teen sexual activity also may correspond to the County's reported increase of sexually transmitted disease among teens.

Low Birth Weight

Live births with low birth weight in Baker County have increased from 3.3% in 1998, to a high of 6.5% in 2000 and a preliminary total of 5.2% in 2002. The Baker County Health Department feels this is a direct correlation to the high incidence of maternal tobacco use in the County.

b. Goals

Prenatal Care

Increase the rate of adequate prenatal care.

Tobacco Use During Pregnancy

Decrease the number of mothers who use tobacco during pregnancy.

Teen Pregnancy

Continue to decrease the incidence of teen pregnancy.

Low Birth Weight

Decrease the incidence of low birth weight.

c. Activities

The Baker County Health Department feels strongly that the current conditions and problems related to parent and child health--prenatal care, tobacco use during pregnancy, teen pregnancy and low birth weight--need to be addressed through the same group of activities: education and access to services.

- The Baker County Health Department offers free or reduced pregnancy testing and prenatal care and provides information on prenatal care including information on alcohol, tobacco and drug use during pregnancy. Services include WIC, which assists families in their goal of having healthy pregnancies and healthy babies.
- The Department offers free or reduced access to family planning methods
- School Based Clinics offer outreach to teen girls, as well as the boys who are the father, to become involved in early prenatal care. The Clinics identify pregnant teens through pregnancy testing at school, make referrals, assist students in obtaining early prenatal care, and provide education and materials to pregnant teens and health classes regarding the use and effects of alcohol, tobacco, and drug use during pregnancy
- St. Elizabeth Health Services, Baker County's hospital, once again offers formal prenatal classes.

d. Evaluation

A reduction in the incidence of inadequate prenatal care, use of tobacco during pregnancy, teen pregnancy and low birth weight.

3. Health Statistics (OAR 333-014-0050(2) (c))

a. Current Condition or Problem

In 2001, four deaths were related to alcohol or drug use. This rate is very low when compared with other counties in the State. However, the Baker County Health Department fears an increase in this number due to the high rate of alcohol and drug use among 8th grade students. According to the 2001 Oregon Healthy Teens Survey results for Baker Middle School regarding alcohol, tobacco and other drugs

- 21.5% of the youth surveyed smoked cigarettes in the past 30 days
- 7.5% used chewing tobacco or snuff in the past seven days
- 38.8% percent drank one or more times in the last 30 days
- 13.9% had five or more drinks in a row in the last 30 days
- 23.1% used marijuana or hashish one or more times in the past 30 days (but none more than ten times)
- 9% sniffed glue, breathed aerosol spray cans, or inhaled paints or sprays in their lifetime

- 18.2% used stimulants, cocaine, heroin or other opiates or narcotics, Ecstasy or MDMA, hallucinogens or psychedelics

b. Goals

Decrease the use of alcohol and drugs among the community’s youth and see a corresponding decline of the number of alcohol or drug related deaths.

c. Activities

School Based Clinics educate teens on drug and alcohol use; work to identify drug and alcohol issues; provide education on the physical and emotional consequences of drug and alcohol use; educate teens about family drug and alcohol use; make referrals to treatment programs, law enforcement, counseling services, and child protective services; maintain ongoing contact with students with whom they have worked; conduct alcohol, tobacco, and other drugs (ATOD) screening of at-risk boys and girls in 8th grade through risk assessment tools and direct contact. *(Note: the new Baker County Mentoring Program will be a significant addition to the information and services, regarding drug and alcohol use, available to at-risk teens.)*

Many of the above activities are funded through a Federal grant for alcohol and drug prevention, and a State prevention grant (managed by New Directions Northwest--a Baker County drug and alcohol treatment center). The Baker County Health Department will continue to apply for funding to help the Department in its efforts to prevent alcohol and drug use among Baker County’s youth.

d. Evaluation

A decrease in the use of alcohol and drugs among the community’s youth and a decline in the number of alcohol or drug related deaths.

4. Information and Referral (OAR 333-014-0050 (2) (d))

The Baker County Health Department is a model of information and referral services. The Department continues to maintain the strength of the County’s social services infrastructure by regular interagency meetings tied to the County’s long-range strategic plan. It coordinates training of the County’s social services’ front-line staff and makes new community leaders aware of the social services available in the County.

5. Environmental Health (OAR 333-014-0050 (2) (e))

a. Current Condition or Problem

While Baker County has been successful in reporting and controlling communicable diseases, the 2003 outbreak of Salmonellosis does cause concern: thirty cases were reported and treated before the outbreak was halted. Baker County also retains a high level of another food borne illness: Campylobacteriosis. Twenty-eight cases of campylobacteriosis were reported in the past ten years, from one case in 1993 to four cases in 2002.

Food borne illnesses are of great concern to this rural, poor community. To bolster the local economy, Baker County is entering the tourism market. The County must be a safe place for its residents and for its (expected) tourists. The inadvertent transfer of food borne diseases to Baker County residents and visitors will have a negative impact on the County's economic viability.

b. Goals

Decrease rate of food borne illnesses.

c. Activities

The Baker County Health Department educates food handlers (especially temporary local vendors, e.g., Little League) through its mandatory food handler courses. Also, the Department will order pamphlets from the State of Oregon Department of Human Services to distribute to all area food handlers. This activity will be accomplished prior to the end of this fiscal year.

d. Evaluation

Reported cases of food borne illnesses will decrease.

6. Tobacco

The Baker County Health Department is uncertain about funding levels for this service and, as a result, no longer employs a tobacco prevention coordinator. Therefore, the tobacco program requirements, and an annual plan to address these requirements, is not included with this document. The Department is only able to provide incidental information using previously obtained fliers; it does not have a separate initiative specific to tobacco prevention.

7. Breast and Cervical Cancer

The Baker County Health Department is a satellite clinic of the Union County Health Department: breast and cervical cancer exams are billed to the Center for Human Development in La Grande.

8. Diabetes

Diabetes health care is not provided by the Baker County Health Department due to uncertain funding. Therefore, the diabetes program requirements, and an annual plan to address these requirements, is not included with this document. The Department is only able to provide incidental information using previously obtained fliers; it does not have a separate initiative specific to diabetes care.

B. Needs and Issues Identified by the Baker County Health Department (Not Required Action Plan Components)

Bioterrorism

A newly hired Bioterrorism Coordinator is reviewing the County's Emergency Operations Plan and will rewrite the health and medical section to integrate bioterrorism preparedness procedures. She is working with local first-responders to assess and coordinate their training needs to be better prepared to deal with terrorist incidents. After plans are written, and additional training is completed, the County will test the bioterrorism plan in mock exercises to identify what may need further revision.

The County is using the Bioterrorism Response Planning Guide for Local Public Health Departments, published by the Oregon Department of Human Services, in development of the County's bioterrorism plan. A copy of the *Baker County Workplan Follow Up and Summary of Work: Bioterrorism Education and Preparation* is attached to this document.

IV. Additional Requirements

1. Significant Changes to the Fiscal Year 2003 Annual Plan for Family Health Programs

There have been no significant changes to the Fiscal Year 2003 Annual Plan for Family Health Programs.

2. Significant Changes to the Fiscal Year 2003 ALERT Promotion Plan and the Vaccine Accountability Plan

The Baker County Health Department has made no significant changes to the Fiscal Year 2003 ALERT Promotion Plan and Vaccine Accountability Plan.

3. Nutrition Education and Breastfeeding Participant Survey Results

The Nutrition Education and Breastfeeding Participant survey results are attached to this document.

4. Organizational Chart

The Baker County Health Department organizational chart is attached to this document.

5. Senate Bill 555

The administrator of the Local Public Health Authority is also the director of the Commission on Children and Families. Line staff from both departments participate in planning and implementation of Senate Bill 555.

V. Unmet Needs

A continued gap between the Baker County community health care needs and the funds available to meet these needs means the Baker County Health Department will still be unable to reach a large portion of women who smoke during pregnancy and to perform adequate diabetes screening, education and referral. The Department will continue to seek adequate funding to meet these needs.

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VI. Budget

The following attachment is the Baker County Health Department budget for the 2003-2004 fiscal year.

VII. Minimum Standards

The following ten pages are the Minimum Standards for Local Health Departments check sheets and signature page.