

Baker County Health Department
Annual Plan
Fiscal Year 2005-2006

Baker County Health Department
Action Plan
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I. Executive Summary

The 2005-2006 annual plan for the Baker County Health Department has three goals. This includes building partnerships with the doctors and local agencies, community education and community outreach. The goals will be achieved while addressing six health indicators: acute and communicable disease, emergency preparedness, immunizations, low birth weight, teen pregnancy and tobacco use during pregnancy. The barrier that has been identified for obtaining the goals is BCHD's capacity to serve the community. The employee numbers are small. There are insufficient funds to employ the staff needed to adequately serve the community. The problem includes clerical staff as well as nursing staff.

Building partnerships with doctors and local agencies allows for more comprehensive care of the clients. The partnerships would allow for referrals to be made both by the BCHD and the doctors for the services provided by BCHD. For example, identifying those who qualify for OHP and providing assistance in completing the application. Also identifying those who lack a medical home and making a referral to obtain one. Both of these examples will benefit the clients and assist the BCHD to reach goals such as decreasing low birth weight, acute and communicable disease and increasing the immunization rate.

Community education is vital. Educating individuals to make healthy choices and preventing health problems is Public Health. Education on disease prevention, pregnancy prevention and family health are the core functions of the BCHD. The barrier, however, is having the resources to reach individuals who would benefit from the services.

Community outreach is community education, but provided out side the HD doors. This would reach those who may not be seeking our services and would be provided in a setting other than one on one education. The HD needs resources to provide educational opportunities to the community including outlying areas. This year immunization clinics will be provided. In August 2005, BCHD will hold its second annual immunization clinic in conjunction with the Baker City elementary registration day. Assistance will also be available for obtaining OHP as well.

In conclusion, BCHD will focus on the goals of building partnerships with doctors and local agencies, community education and community outreach. While obtaining these goals the HD will be addressing acute and communicable disease, emergency preparedness, immunizations, low birth weight, teen pregnancy and tobacco use during pregnancy. It is believed that the HD will be able to obtain these goals while addressing all of the community needs, however, because of the barrier of our capacity to serve every one with needs, the goals will be achieved on a limited scale. In order to remove the BCHD's barrier, additional funding will need to be obtained..

II. Assessment

A. Description of the Public Health Issues and Needs

This 2005-2006 annual plan is an update from the 2003-04 plan for Baker County. The Baker County Health Department will continue to address acute and communicable disease, emergency preparedness, immunizations, low birth weight, teen pregnancy and tobacco use during pregnancy. The county statistics and assessment of the issues and needs will be included in the Action Plan portion of this document.

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

No new information

C. Description of the Adequacy of Services the "...health department should include or provide for programs..." (OAR 333-014-00050 (3))

Service	Level of Service
<i>Dental</i>	No new information
<i>Emergency Preparedness</i>	Adequate
<i>Health Education and Health Promotion</i>	Adequate The Department is providing services including Immunizations, Babies First, CaCoon, School Based Health Clinic, Child & Adolescent Health Services and Family Planning.
<i>Laboratory Services</i>	Adequate The on site lab is rated at level PPPM and is licensed through December 2005. The NP is diagnosing vaginal infections on site.
<i>Medical Examiner</i>	No new information
<i>Nutrition</i>	Adequate The WIC program continues to be successful and is providing education and consultation for the promotion of good dietary habits. Family planning promotes folic acid, calcium and iron for females.
<i>Older Adult Health</i>	No new information
<i>Primary Health Care</i>	No new information
<i>Shellfish Sanitation</i>	No new information

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. This is an update from 2003-04.

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

a. Current Condition or Problem

Baker County reported an immunization rate by age two of 79.1% in 2003. The county rate is now above the state average. The barriers that were identified are: lack of medical home, lack of insurance and lack of knowledge by local doctors regarding the county policies on immunizations. Contributing to the increase of immunization rate may be the development of partnerships with local doctors, employing and interpreter for Spanish speaking clients and decreasing the length of time between immunization and in put into Iris.

b. Goals

Increase the Baker County Immunization Rate.

Increase the number of children with a medical home.

Increase the number of children on the Oregon Health Plan who qualify.

c. Activities

The Baker County Health Department will continue to educate parents who are both English and non-English speaking about immunizations. The Health Department is the only source of immunizations in Baker County. Local doctors make referrals to the department. Developing a partnership with all the doctors and educating them as well is vital. Immunizations are provided five days a week, with the cost set on a sliding scale. No child is denied immunizations do to inability to pay. The School Based Health clinic provides information on immunizations to pregnant teens. It provides immunizations for school aged children as well.

The Health Department will assist in screening clients to identify those who qualify for OHP and assist them in completing the application. The Health Department will also make referrals for children who do not have a medical home.

In addition, BCHD will continue to employ an interpreter, allow for walk in clients to be immunized and hold immunization clinics in the schools on registration day.

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

The county statistics have had little change.

Tobacco Use During Pregnancy

The county statistics have had little change.

Teen Pregnancy

The county statistics have had little change. However, the 2002 Oregon Health Teen Survey results for Baker Middle School show that 16% of the youth who participated in the survey have had sexual intercourse. Of those who had sex, 0% used no birth control with last sex. Of the 83% who are sexually active in the 11th grade 0% used no birth control with last sex.

Low Birth Rate

The county statistics have had little change.

b. Goals

No new information

c. Activities

BCHD believes the above issues need to be addressed by the same activities listed last year: education and access to services.

The Health Department offers pregnancy testing and provides education and materials on alcohol, tobacco and drug use during pregnancy. Material is also provided on all options for pregnancy. The Health Department participates in Oregon Mothers Care, which assists in OHP applications and referrals to physicians for prenatal care. Referrals are made to Maternity Case Management and WIC as well. The BCHD provides education about folic acid and prenatal vitamins are available, \$5.00 for a bottle of #100 tablets.

WIC assists families in their goal of having healthy pregnancies and health babies by providing nutrition education and vouchers for food.

The HD offers free or reduced cost access to family planning methods.

The School Based Clinic offers outreach to teen girls as well as boys who are the fathers, to become involved in early prenatal care. The clinic identifies pregnant teens through pregnancy testing at school, makes referrals, assists students in obtaining early prenatal care and provides education and materials to pregnant teens and health classes regarding the use and effects of alcohol, tobacco and drug use during pregnancy. Education is also provided on birth control methods and physicals are available on site.

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))

Baker County Health Department continues to record and register all of the births and deaths that occur in Baker County. The local Registrar or one of the two deputy Registrars is able to provide certified death and birth certificates within one working day of the request.

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

Baker County Health Department receives many calls on a weekly basis that result in referrals to local health and human services. Health department staff are very knowledgeable about community resources. Numerous pamphlets are easily accessible at the health department containing information on anything from local services to various health topics.

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

a. Current Condition or Problem

Recently at the State immunization coordinators meeting Baker County was praised for decreasing the amount of time it took to report a communicable disease and increasing the accuracy of reports to 97%.

Baker County Health Department contracts with Malheur County for Environmental Health Services.

b. Goal

Decrease the rate of food borne illnesses.

c. Activities

The Baker County Health Department will build a strong partnership with the Sanitarian and establish a way to communicate concerns. When there is a concern in the community the Health Department can provide assistance with education on prevention of food borne illnesses.

d. Evaluation

Reported cases of food borne illnesses will decrease.

6. Tobacco

No new information

7. Breast and Cervical Cancer

No new information

8. Diabetes

No new information

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

Bioterrorism

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.

BCHD ANNUAL PLAN

Bioterrorism and the Strategic National Stockpile (BT/SNS)

Submitted By: Kristi Wheeler Johnson, BT Coordinator, BCHD

Date: April 29, 2005

Staffing Levels

BT Coordinator (.7 FTE):

CD/BT Nurse (.2 FTE):

Contract Position: George Houston

Other: HD Technical and Clerical Support Staff

Plans

BT Plan: 1st Draft Completed in March, 2005; 2nd Draft Anticipated June, 2005; Final Draft Anticipated by August, 2005

SNS Plan: 2nd Draft Completed in the Fall of 2004; 3rd Draft Completed By January, 2006.

Review of Plans/Work: BT Plan review with Jeff Davis in January, 2005; Triennial HD/BT review with Randy Shaw in April, 2005; and SNS Plan review with Rebecca Hix (Ecology & Environment) in April, 2005.

Training

- **Two more HD staff completed CD 101 at the Oregon Epidemiology Conference in May, 2004, for a total of three staff trained. Four more HD staff are registered to attend CD 101 May 5, 2005.**
- **Two HD staff and the Baker County Emergency Manager attended the Virtual Alert training (Feb 2005).**
- **CD/BT Nurse, and BT Coordinator, attended CD 810: Diseases of Public Health Significance (Mar 2005).**
- **Incident Command System (ICS) training: 165 people (including most HD staff) have completed IS 700 training over the last 8 months with local trainer, Gary Timm. BT Coordinator, also completed ICS training with state contracted trainer, Doug McGillivray, in LaGrande, OR (Mar 2005).**
- **CD/BT Nurse, BT Coordinator, and BT Contractor, George Houston, attended the state's WNV Orientation (Mar 2005).**

- **BCHD's Interim Administrator, CD/BT Nurse, BT Coordinator, BT Contractor, George Houston, and Baker County Emergency Manager, attended the SNS Workshop conducted by E&E in Pendleton, OR. (Feb 2005).**
- **BT Coordinator, attended a Center for Disease Control two-day SNS (Mobile Preparedness Course) training in Yakima, WA. (Apr 2005)**

Future Training Needs: Forensic Epidemiology (CD/BT and Law Enforcement staff); WMD Training; Public Information Officer training at CSEPP; Joint Information Center/PIO training with Christie Holmgren.

BT/SNS Exercises

A year ago we had yet to conduct an exercise. To date (4/29/05), we have done eight exercises with more planned in 2005, as per our state-requested three-year exercise agenda.

Exercises conducted:

- 1) Orientation Exercise: July 22, 2004. Preparation for a Mass Vaccination/Large Clinic to be conducted August 10 & 11, 2004. HD staff only.
- 2) Drill Exercise: August 9, 2004. Opening of the County Emergency Operation Center in preparation for the Mass Vaccination/Large Clinic to be conducted August 10 & 11. City & county participants with responsibility for emergency response.
- 3) Functional Exercise: August 10 & 11, 2004. Mass Vaccination Clinic/SNS in conjunction with a combined elementary school registration in Baker City, OR.
- 4) Tabletop Exercise: September 9, 2004. BT/Shigella with HD staff only; in preparation for the tabletop exercise November 19, 2004.
- 5) Tabletop Exercise: November 19, 2004. BT/Shigella including city and county participants with responsibility for emergency response.
- 6) Functional Exercise: December 13 & 14, 2004. SNS/ Large Scheduled Clinic; Pediatric Walk-In Clinic; Flu.
- 7) Functional Exercise: January 18, 2004. SNS/Large Walk-In Clinic; Flu.
- 8) Tabletop Exercise: April 12, 2005. HRSA Region #9 / Hepatitis A

Exercises planned:

- 1) Federal Full Scale Exercise: May 17, 2005. COWEX/Agriculture, including HD.
- 2) Tabletop Exercise: June, 2005. BT/Pneumonic Plague with Baker City/County.
- 3) Orientation Exercise: July, 2005. BT/SNS Mass Vaccination w/ School Registration
- 4) Functional Exercise: August 8-11, 2005. BT/SNS Mass Vaccination Clinic(s)
- 5) Tabletop Exercise: TBA by County Emergency Management. RR HazMat Incident.
- 6) Functional/Full Scale: November, 2005. Regional/State SNS; tentative plans to open a POD in HRSA Region #9 (Malheur County/Ontario, OR).
- 7) Functional Exercise: November-December, 2005. SNS/Flu Vaccine Clinic(s); mobile clinics to rural communities under consideration.

Homeland Security Grant Update

The HD and other pertinent agencies completed the Office of Domestic Preparedness Risk and Needs Assessment (Summer, 2003). We were able to successfully compete for Homeland Security grant dollars for county communications improvements in 2004, and were also fully funded in 2005 for the second phase of our county communications upgrades, for law enforcement ICS/NIMS training, and to start a Community Emergency Response Team (CERT).

Health Alert Network Update

Funding from the Health Alert Network, from Security Enhancement, and carryover BT dollars have been used to do additional communications and security upgrades at the Baker County Health Department. Participating in alert tests.

IV. Additional Requirements

**A. Complete Packet from the Office of Family Health
To be sent later.**

B. Organizational Chart

Baker County Health Department organizational chart will be mailed.

C. Senate Bill 555

Baker County’s Board of Commissioners serves as our Local Health Authority and oversees both the Commission on Children and Families and Baker County Health Department.

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 the population. This includes women who smoke during pregnancy, performing adequate diabetes screening, education and referral and multiple other topics in which preventative education would benefit the community.

VI. Budget

Once our FY06 budget has been approved and adopted by the county, a letter will be sent to the State with the requested information.

VII. Minimum Standards

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. In process.
14. Yes No Evidence of staff development activities exists.
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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 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.
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.

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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.
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.

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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

Baker County contracts with Malheur County for these services.

47. Yes No Food service facilities are licensed and inspected as required by Chapter 333 Division 12, or more frequently based on epidemiological risk.
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.

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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. (Added per G.S. request, not in program indicators)

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.

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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 – N/A
 - e. Yes No Corrections Health – N/A
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.

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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.

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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.

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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.

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.

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.

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.

Questions concerning the Annual Plan should be directed to Tom Engle at the Department of Human Services, 1-503-731-4017, or at tom.r.engele@state.or.us. Responses to questions that would be of interest to all counties will be sent to all the Health Administrators to their email address.

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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.

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Local Public Health Authority

Baker
County

5/05/05
Date

