

Harney County Health Department Annual Plan 2008/2009

Executive Summary

Harney County is a large county with a small population, 10,000 square miles and 7,670 residents. Along with these challenges we are seeing a shift in the ages of our population. The younger families are decreasing in numbers and the older retirees are increasing in numbers. The job opportunities are slim for the younger people to have an adequate income; therefore they rely on the programs that we offer such as WIC, Family Planning and Immunizations.

With the very high gasoline prices we expect the need for our services to expand. Residents that have accessed services in other cities are re-considering the cost of the travel.

Our future goals are to address the issues of the older population as this is the shift in demographics. Being small, and still having the programs for the young that are labor intensive, the change is slow. We have, however, been able to collaborate with the local hospital and provide the class "Living Well with Chronic Conditions" twice a year for the past year and half. This has been well received by the community.

In the fall we visit each rural school. We present education on a health care issue. This year it was disease prevention on covering your cough and hand washing. We also bring vaccinations that are due along with flu and pneumonia vaccine for the community. We want to promote healthy lifestyles and medical career choices.

In prior years we have had problems acquiring adequate supplies of flu vaccine. It has impacted both our creditability as a provider of flu vaccine and also has greatly impacted the financial aspect of these clinics. This year our clinic attendance was down by 25%. The public is not waiting to see if we get vaccine but going to the commercial sites when vaccine is offered. We are caught between the recommendations of waiting until later in the fall for better outcomes of flu prevention or going with the public request of earlier vaccinations.

We are continuing to work to uphold the immunization statistics of 2006 when we received awards for having the lowest missed shot rate among Oregon's Local Health Departments and reaching the National Health People 2010 Goal of having at least 80% of two year olds fully vaccinated with the 4 DTaP, 3 Polio, 1MMR, 3 HIB, 3 HepB series

We are making inroads into Disaster Preparedness Plans for the county. This is a laborious task. The community is very interested and willing to be involved in its development. We continue to struggle with keeping this position filled.

Our Dental Health program is really taking off. The parents are very appreciative and willing to participate. We see the children as they go through the WIC clinic. Each child is given a visual exam and a fluoride varnish treatment every 6 months with referrals to their dentists. We work with the collaboration of the local dental office that is seeing the benefits of this program. The second phase of our dental health thrust is for the pregnant women. They are encouraged to have their dental health assessed with dental disease stopped followed by 2 weeks of using chlorhexidine mouth wash prior to the baby's birth. Following the babies birth chewing Xylitol sweetened gum for 6 months is encouraged with the gum provided under a grant funding source. This further reduces the incidence of tooth decay for children under 5 years old.

We were granted a non competitive grant for the Tobacco Prevention and Education Program. Our county is higher than the average in the nation for tobacco use. The statistics show a large amount of our health resources are going to diseases related to tobacco use. With the grant in place we are expecting the statistics to change for Harney County over the next few years. Finding qualifies persons to fill this position has been a challenge.

Our Communicable Disease Investigations have increased the past year. Chlamydia remains the larger part of the cases but we are having increases in the other reportable diseases. We had a young man bit by a rabid bat last summer. The investigation and report was on the weekend. With the 24 hour contact ability this was accomplished with a very favorable outcome.

We are working closely with the state communicable disease department and our local practitioners to make surveillance relevant and useful in identifying and preventing disease outbreaks

The Environmental Program is working well for the county. We are able to meet expenses due to the management skills of the environmental Specialist Ray Huff. He is mentoring John Coombs RN to become an Environmental Specialist. The plan is for John to take over these duties for Harney County when Ray retires. We are in the process of accepting the Drinking Water Program for the county.

Funding is tight. We have relied on Timber Receipt monies to fill in gaps that the state funding leaves. It is a challenge to meet the ever changing guidelines with dwindling funding sources. Fortunately we have been able to keep the programs going with generous contributions from the county general funds which have limits.

Our new Health Officer is Holland Haynie MD. He is very interested in Disaster Preparedness and looking for grant opportunities to increase funding for the very necessary services we provide to the residents of Harney County

WIC is one of our larger programs. For our small community with great financial problems it is wonderful. The new voucher system is taking a while to become accustomed to both for the clients and the staff. The changes that have been made in the program have made it a better program

Our Action Plan continues as described in the 2007/2008 Annual Plan. A brief summary of our commitment to the goals are as follows.

We are continuing our efforts in the immunization department for completeness of immunizations for 2 year olds and to keep the number of missed opportunities low. We have added Gardasil and will start giving Rota Virus vaccine this year.

We are dedicated in providing timely, thorough CD investigations.

Our family planning program continues fill a need in the county. We work with the State to provide a wide range of options along with receiving appropriate reimbursement Changes in the FPEP program have hurt us financially. We are scrambling to find ways to further fund the program that provides such a great service to the families here.

The disaster preparedness plans are being written. We got off to a slow start but are working at getting the guidelines met.

We are again participating in the BCC Plan. It has new challenges but is an asset to our community.

Environmental health has been well received since the county now is supervising the program. The people receive more attention thus making this county's food services safer for all.

County Court
 Steve Grasty – County Judge
 Dan Nichols – County Commissioner
 Jack Drinkwater – County Commissioner

Health Department Administrator
 Steve Grasty

Cheryl Keniston RN
Health Department Supervisor

TB Management

Melanie Thomas, RN
Program Manager for:

Carolyn Wood RN &
Program Managers for:

Marilynn Scheen RN
Program Manager for:

Desi Davis – Office Manager
Program Manager for:

Patty Schultz
Office Assistant

Babies First/CaCoon
Maternal Case Manag.

Dental Health

Family Planning

Tobacco Cessation (not in place)

BCC

Immunizations

Car Seat Program/Safe Kids

Well Child

Vital Records

HIV Prevention/Education

WIC

Communicable Disease

Bio Terrorism

HAN

Harney County Health Department 2008 – 2009 Immunization

Current Issues:

The complete immunization of residents of the county

Goals:

- Keep our rate of children under 2 fully immunized above the state average
- Increase the numbers of girls who start and complete Gardasil vaccinations
- Start giving Rotavirus Vaccine

Activities:

- Continue to offer immunizations at all clinics
- Promote Gardasil Vaccine to the community
- Promote Rotavirus Vaccine to the community

Evaluation

- Compare numbers with other counties, the state and the nation

Maternal and Child Health Programs

Current Issues:

Prevention of early childhood cavities

Goals:

- Reduction and/or prevention of early childhood cavities
- Increase knowledge of dental disease and how to decrease it for the family
- Increase numbers of children and pregnant women with a dental home

Activities:

- Offer visual exams and fluoride varnish every 6 months
- Instruct on oral hygiene for the family
- Provide tooth brushes and dental floss
- Instruct on bottle mouth prevention
- Assist with finding dental homes for families

Evaluation:

- Keep tallies of reported visits to the dentist
- Request reports from the dentists on childhood cavities
- Keep tallies of visual problems noted on health office exams

Attachment A
FY 2008-2009 WIC Nutrition Education Plan
Goal 1, Activity 3

WIC Staff Training Plan – 7/1/2008 through 6/30/2009

Agency: Harney County Health Department

Training Supervisor(s) and Credentials: Cheryl Keniston, RN

Staff Development Planned

Based on planned new program initiatives (for example Oregon WIC Listens, new WIC food packages), your program goals, or identified staff needs, what quarterly in-services and or continuing education are planned for existing staff? List the in-services and an objective for quarterly in-services that you plan for July 1, 2008 – June 30, 2009. State provided in-services, trainings and meetings can be included as appropriate.

Quarter	Month	In-Service Topic	In-Service Objective
1	July	Breastfeeding	Review BF info and help staff to teach clients the importance of breastmilk.
2	October	In-door physical activities.	Teach the staff the importance of keeping a physical fitness routine going throughout the winter months.
3	January	Being Heart Healthy	Reminding the staff how to be heart-smart in the ways we eat and exercise. This will make it easier to teach our clients as well.
4	April	Fruits/Veggies	Importance of eating a healthy diet that is loaded with fresh fruits and veggies.

FY 2008 - 2009 WIC Nutrition Education Plan Form

County/Agency: Harney County Health Department

Person Completing Form: Desiree Davis

Date: 4/10/08

Phone Number: (541) 573-2271

Email Address: desireed@centurytel.net

Goal 1: Oregon WIC Staff will have the knowledge to provide quality nutrition education.

Year 2 Objective: During plan period, through informal discussions, staff in-services and/or targeted trainings, staff will be able to describe the general content of the new WIC food packages and begin to connect how these changes may influence current nutrition education messages.

Activity 1:

By October 31, 2008, staff will review the Oregon WIC Key Nutrition Messages and identify which one's they need additional training on.

Resources: American Academy of Pediatrics, MyPyramid.gov, Maternal and Child Health Oral health website – <http://www.mchoralhealth.org/Openwide/> Information from the 2008 WIC Statewide meeting.

Implementation Plan and Timeline:

By 10/31/08, WIC staff will review the Oregon WIC Key Nutrition Message “limit screen time, increase activity”. We will research the basis for this recommendation and the risks of unlimited screen time.

Activity 2:

By March 31, 2009, staff will review the proposed food packages changes and:

- Select at least three food packages modifications (for example, addition of new foods, reduction of current foods, elimination of current foods for a specific category),
- Review current nutrition education messages most closely connected to those modifications, and
- Determine which messages will remain the same and which messages may need to be modified to clarify WIC's reasoning for the change and/or reduce client resistance to the change.

Resources: WIC Works Website WIC food package materials, Information from the 2008 WIC Statewide meeting, State provided materials.

Implementation Plan and Timeline:

By 3/31/09, WIC staff will review proposed food package changes and look at new foods, reduction of current foods, and elimination of current foods for a specific category. We will then review those current nutrition messages most closely connected to those modifications and determine which messages will remain the same and which will be modified to clarify WIC's reasoning for the change and/or reduce client resistance to the change. We will use the WIC Works Website WIC food package materials, Information from the 2008 WIC Statewide meeting, and State provided materials.

Activity 3:

Identify your agency training supervisor(s) and projected staff in-service training dates and topics for FY 2008-2009. Complete and return Attachment A by May 1, 2008.

****SEE ATTACHED****

Goal 2: Nutrition Education offered by the local agency will be appropriate to the clients' needs.

Year 2 Objective: During Plan period, each agency will assess staff knowledge and skill level to identify areas of training needed to provide participant centered services.

Activity 1:

By September 30, 2008, staff will review the diet assessment steps from the Dietary Risk Module and identify which ones they need additional training on.

Implementation Plan and Timeline:

By 9/30/08 all WIC staff will take the new Dietary Risk Module and complete all tests. For staff who has already completed this module, this will be a refresher course.

Activity 2: By November 30, 2008, staff will evaluate how they have modified their approach to individual counseling after completing the Nutrition Risk and Dietary Risk Modules.

Resources include: State provided guidance and assessment tools.

Implementation Plan and Timeline:

By 11/30/08 each certifier will be evaluated to see how well they have modified their approach to individual counseling after completing the Nutrition Risk and Dietary Risk Modules. We will use the State provided guidance and assessment tools.

Goal 3: Improve the health outcomes of clients and staff in the local agency service delivery area.

Year 2 Objective: During Plan period, in order to help facilitate healthy behavior change for WIC staff and WIC clients, each local agency will select at least one objective and implement at least one strategy from the Statewide Physical Activity and Nutrition Plan 2007-2012.

Activity 1:

Identify your setting, objective and strategy to facilitate healthy behavior change for WIC staff.

Setting: Worksite

Objective: By 2012, increase by 5% the number of employees who consume 5 servings of fruits/veggies per day.

Strategy: Provide nutrition education opportunities for all employees.

Resource: Attachment B - A Healthy Active Oregon: Statewide Physical Activity and Nutrition Plan 2007-2012, Recommended Objectives and Strategies

Implementation Plan and Timeline: Include why this objective was chosen, what you hope to change, how and when you will

implement the strategy, and how you will evaluate its effectiveness.

By 2012, we hope to have all Harney County WIC employees eating 5 servings of fruit/veggies per day. I chose this objective because it's something that is easy to do and we need to "practice what we preach". I plan to have a nutrition worker from the Harney County Extension Office teach us in-services once every 6 months. Every time an employee eats 5 fruits/veggies for 7 days we will put our name in for a drawing and then the person who is drawn will receive a small prize. This will encourage us to eat healthier.

Activity 2:

Identify your setting, objective and strategy to facilitate healthy behavior change for WIC clients.

Setting: Home/Household

Objective: By 2012, decrease TV and other screen time for children. Specifically, reducing by 2% the number of children 2-18 years who have more than 2 hrs of screen time. And, work to ensure children 2 yrs and younger have ZERO screen time.

Strategy: Have Pediatricians and other health care professionals teach parents that children 2 years and younger should have 0 TV or other screen time.

Resource: Attachment B - A Healthy Active Oregon: Statewide Physical Activity and Nutrition Plan 2007-2012, Recommended Objectives and Strategies

Implementation Plan and Timeline: Include why this objective was chosen, what you hope to change, how and when you will implement the strategy, and how you will evaluate its effectiveness.

I chose this objective because video games/computer/TV screen time for children is becoming a HUGE health risk. I hope to change parent's ideas about screens as "babysitters", and reminding them how important "bonding time" is with children these ages. And, if a good habit starts young, they will continue with it, helping to lower childhood obesity. I want to gather lots of great information and have an in-service with ALL health care providers in Harney County, so we can all be on the same page with this.

Goal 4: Improve breastfeeding outcomes of clients and staff in the local agency service delivery area.

Year 1 Objective: During Plan period, in order to help improve breastfeeding outcomes for WIC participants, each local agency will select at least one setting, objective and implement at least one strategy from the Statewide Physical Activity and Nutrition Plan 2007-2012.

Resource: Attachment B - A Healthy Active Oregon: Statewide Physical Activity and Nutrition Plan 2007-2012, Recommended Objectives and Strategies

Activity 1:

Setting: Healthcare

Objective: By 2012, to increase support for breastfeeding, 15% of Oregon Birth Hospitals will achieve the World Health Organization of Baby-Friendly Hospital. Meaning, they are centers of breastfeeding support.

Strategy: Encourage our hospital to provide lactation support, breast pumps (when needed), and education.

Implementation Plan and Timeline: Include why this objective was chosen, what you hope to change, how and when you will implement the strategy, and how you will evaluate its effectiveness.

I chose this objective because I believe the doctors now days are finding it easier to have clients use formula instead of taking the time to HELP them with breastfeeding and give them the support that they need. I'd like for all the health care providers to encourage breastfeeding to all their clients and to have breastfeeding friendly posters/literature in areas where the public can see it. It will show if it's working by the feedback we get from our WIC clients on what their doctors tell them.

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 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.
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.

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 requirement's/A followed by the State
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. By the State
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. By the DEQ
58. Yes _X_ No ___ Tourist facilities are licensed and inspected for health and safety risks as required by Chapter 333 Division 12.
59. Yes _X_ No ___ School and public facilities food service operations are inspected for health and safety risks.
60. Yes _X_ 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 _n/a_ No ___ A program exists to assure protection of health and the environment for storing, collecting, transporting, and disposing solid waste. Not within the public health department
62. Yes _n/a_ No ___ Indoor clean air complaints in licensed facilities are investigated. By DEQ
63. Yes _n/a_ No ___ Environmental contamination potentially impacting public health or the environment is investigated. Not through the local Health Department
64. Yes _n/a_ No ___ The health and safety of the public is being protected through hazardous incidence investigation and response. Not directly through the local Health Department.
65. Yes _X_ 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 _X_ 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 _X_ No ___ Culturally and linguistically appropriate health education components with appropriate materials and methods will be integrated within programs.
68. Yes _X_ No ___ The health department provides and/or refers to community resources for health education/health promotion.
69. Yes _X_ 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 X 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.

106. Yes X 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.

Plans to meet the minimum qualifications continue to be a challenge. We will continue to take courses and in-services to increase the educational components necessary to better meet the needs of this position.

VI. Budget

Harney County Budget information can be obtained from:

Ellen Nellie Franklin, County Treasurer
450 N Buena Vista Ave
Burns, Oregon 97720
541-573 6541

