

## **I. Malheur County Executive Summary – Comprehensive 2010-2011**

The Malheur County Health Department provides the core public health services of epidemiology and control of preventable diseases and disorders, maternal and child health services, family planning, collection and reporting of health statistics, health information and referral services and tobacco prevention activities. These services are provided by professional, as well as non-professional staff with varying degrees of experience in public health. Environmental Health Services are provided in another department in the County with on-going collaboration between departments. Malheur County Health Department and Environmental Health are active participants in the Emergency Preparedness planning for the county. We provide information and referral for primary health care services in the community.

Malheur County is the second largest county in Oregon with a relatively small population base. We are about 370 miles southeast of Portland and share a border with Idaho and Nevada. About one third of our population is Hispanic. We are an agricultural community with a seasonal migrant population. We have the highest poverty rate in the state. Malheur County continues to have a high teen pregnancy rate. The requirement for birth certificate documentation has decreased the number of clients we see for family planning services.

Public Health in Malheur County continues to struggle with funding that is inadequate to provide comprehensive public health services to all citizens. Many of our clients are undocumented and are not eligible for services such as OHP, medication coverage, transportation, pre-natal care, food assistance, dental care, etc. Many of these families have multiple health and social problems because they have not had access to proper preventive care. Additionally, Malheur County has a very high number of people living below the poverty level. Public health should be the safety-net for these families but funding continues to be targeted and restricted and does not allow for sufficient flexibility or capacity at the local level. Public health funding needs to support expanded, flexible services. Increased capacity would allow for outreach to at-risk youth and families, increased case management opportunities, case consultation and basic services for low income families.

## **II. Malheur County Assessment – Comprehensive 2010-2011**

### **Public Health Assessment**

#### **Population**

The estimated population of Malheur County in 2008 was 30,907. This number is down from 31,247 in 2006. The population has decreased by 2.8% since 2000.

Gender -	Females make up 46.6% of Malheur County's population.
Age -	7.1% of Malheur County residents are under age 5. 25.6% are under age 18. The population over age 65 makes up 14.7% of the population.
Race -	93.5% of residents are white. The Asian population makes up 1.9%. 27.8% of the population is Hispanic or Latino which is significantly higher than the state, which is 11%.
Geography -	Malheur County is one of the largest counties in Oregon with 9,887 square miles. Malheur County is 9.7 % of the land area of Oregon. There are 3.2 persons per square mile as compared to 35.6 for the State. The largest town is Ontario.
Socio-economic -	Malheur County ranks number 36 for per capita income with 21.3% of the population living below the poverty level. The unemployment rate is approximately 8.4%. Agriculture and farming are a large part of the economy.

#### **Prenatal care**

53.4% of all Malheur County births in 2007 received prenatal care in their first trimester. This is significantly different than the state rate of 78.4%. 88.2% of women received adequate prenatal care. Malheur County has a high number of undocumented women who do not qualify for OHP and therefore do not seek services early. Many of them do not see a doctor until they are ready to deliver. One area clinic has made an effort to improve services to women with no pay source by allowing them to make affordable payments while accessing care early. Some people have been denied services at area clinics because they owe money from previous encounters. This continues to be an area that we are working to improve

#### **Teen pregnancy**

Teen pregnancy prevention continues to be a challenge in Malheur County. The current rate for pregnancies among teens age 10 – 17 is 13.6 which is higher than the state rate of 10.1. Although the rate fluctuates from year to year we consistently remain higher than the state average. The Malheur County Health Department provides reproductive education to area schools when requested. Jordan Valley is applying with the state for a School Based Health Clinic.

### **Emergency preparedness**

Malheur County Health Department has a long history of working closely with our community partners in law enforcement, emergency management, hospital, ambulance, public works, mental health and many others around emergency preparedness. During monthly meeting we are updating and completing response plans as well as exercising tabletop scenarios. We have participated in full scale exercises with community partners and are actively preparing for pandemic flu exercises in the fall. We developed and participated in a full scale exercise focusing on H1N1 vaccination clinics.

### **Alcohol & Drug use**

Malheur County, like other rural counties in Oregon, is seeing a rising rate of methamphetamine abuse with resultant increase in crimes. Rural teenagers are more than twice as likely to abuse amphetamines as urban teens. Oregon as a whole has the highest per capita rate of admissions for methamphetamine addiction in the country and much of the abuse is happening in rural areas. Alcohol and other illicit drug use continue to plague Malheur County and there is clearly a need in our community for continued support for prevention and treatment services. Malheur County has an inpatient treatment facility called UNIO. UNIO provides drug and alcohol treatment to men and women all over the state. Malheur County contracts with Lifeways Behavioral Health for community mental health and outpatient drug and alcohol services.

### **Aging Issues**

In 2008, 14.7% of Malheur County residents are over age 65. Malheur County has three senior centers located in Nyssa, Ontario and Vale. Transportation to and from senior activities and meals is provided through Malheur Council on Aging. The community participates in meals-on-wheels which is a very successful program in our county.

### **Deaths and Causes of Death:**

The two leading causes of death in Malheur County (as per 2006 Vital Stats) are Heart Disease at 23%, and cancer at 20%. Chronic Lower Respiratory Disease accounts for 7 % of deaths as well as Cerebrovascular Disease. According to the Malheur County Tobacco Fact Sheet 2009, 21% of all deaths are attributed to tobacco use.

### **Mental Health:**

Malheur County contracts mental health services through Lifeways Behavioral Health in Ontario. Lifeways is a private non-profit agency that provides mental health, and drug and alcohol services. Many residents of Malheur County live below the poverty level and do not qualify for OHP. This puts a strain on the mental health system and access to care. Malheur County Health Department works closely with Lifeways to coordinate services to families in both systems.

### **III. Malheur County Action Plan – Comprehensive 2010-2011**

#### **A. Epidemiology and control of preventable diseases and disorders**

##### **Communicable Disease Investigation and Control:**

Malheur County Health Department meets this standard as outlined in the minimum standards for basic services in OAR 333-014-0050 (2) (a) and ORS 431.416 (2) (a) for Epidemiology and control of preventable diseases and disorders.

Current condition or problem - MCHD assures control of reportable communicable disease through surveillance, investigation and reporting of communicable disease and other health hazards. MCHD works with local reporting agencies and community partners to facilitate timely reporting and active surveillance for disease. Our CD staff consists of 0.8 FTE who is dedicated to CD and has received extensive training and additional staff that covers CD issues as needed. We work closely with Environmental Health to provide a wide range of expertise.

Goal - The detect, prevent and control communicable disease in our community through active surveillance, environmental measures, immunization and education.

##### Activities –

1. All CD staff will attend the OR-EPI conference at least every two years.
2. New staff will be oriented to CD surveillance and investigation local policies and procedures.
3. Continuous monitoring of reports to detect disease trends.
4. Monitor and encourage local providers to report on time.
5. Health officer will keep local physicians apprised of reporting issues.
6. Health and disease updates will be provided to local medical community by CD staff via email and fax.

##### Evaluation –

1. Monitor the local CD log monthly to determine timeliness of reporting and possible disease trends.
2. Monitor for timely reporting by providers.
3. During annual staff evaluations, continuing education and training will be reviewed. If training needs are identified they will be addressed as soon as possible.

##### **Tuberculosis Case Management:**

Malheur county Health Department has policies and procedures in place for screening and treatment of latent and Active TB. All staff involved in the CD program has received training at the state level as well as in the field. We have had

several active cases of TB in last three years requiring extensive investigation and follow-up.

### **Tobacco prevention, education and control**

Malheur County Health Department participates in the Tobacco prevention, education and control program. The annual plan was submitted for review to the state and has been “accepted with required/recommended modifications.

## **B. Parent and child health services, including family planning clinics as described in ORS 435.205**

### **Comprehensive**

The Malheur County Health Department meets the standard as outlined in the minimum standards for basic services as contained in statute (ORS 435.205).

### **MCH**

Current Condition or Problem - Malheur County Health Department provides services to women and children through the following programs; family planning, immunization, babies first, WIC, CaCoon, Maternity Case Management, Healthy Start and education & referral. Multiple funding sources and program assurances make it difficult to provide seamless services to families. Services to one family might be provided through many programs such as family planning, WIC, immunization and home visiting programs.

Goals – Provide all parent and child health services to families in a seamless approach throughout the life-cycle.

### **Activities**

1. Create policies and procedures that mainstream paperwork, charting and data collection.
2. Provide as many services as possible to a family with minimal number of providers to develop and trust and consistency.
3. Continue to provide referral and tracking services through Oregon Mothers Care.
4. Continue to coordinate with other local Oregon Mothers Care providers in the community.

Evaluation – Client are surveyed to assess level of satisfaction and areas in need of change. Staff meets regularly to review evaluations and problem-solve issues.

### **WIC**

Malheur County Health Department provides WIC services to a caseload of 1814 clients. WIC annual plan and Nutrition Education Plan were submitted for review to the state WIC office.

### **Family Planning services**

Malheur County Health Department meets this standard as outlined in the minimum standards for basic services as contained in statute (ORS 431.416) and family planning clinics as described in ORS 435.205. Malheur County Health Department provides family planning services in the Ontario clinic. Appointments are scheduled one day per week with the Nurse Practitioner. Other appointments are scheduled throughout the week with nursing staff. We welcome and encourage walk-in's because transportation and scheduling are barriers for many clients. All forms of birth control are offered including Mirena and male vasectomy. The family planning annual plan was submitted to the state family planning program for review.

### **Immunization**

The FY 09 Immunization was reviewed and a progress report submitted. A new 3 year Continuous Quality Improvement Plan and Alert Promotion Plan have been written for FY 10 and submitted to the Immunization plan separate from this document. For further information, refer to the Immunization Plans attached to the Malheur County LPHA FY 10 Annual Plan.

## **C. Environmental health**

### **Comprehensive**

Malheur County meets the standard as outlined in the minimum standards for basic services as contained in statute (ORS 431.416).

#### **Current condition or problem**

Malheur County Environmental Health is a separate department in Malheur County and works closely with the Health Department on issues such as food-borne illness outbreaks, West Nile surveillance and investigation and lead investigations. There are two full time sanitarians who cover Malheur County as well as some contracted surrounding counties. Minimum standards are met.

#### **Goals, Activities and Evaluation**

Continue to provide services according to assurances. Environmental Health services are provided through a separate department in Malheur County. We work closely with this department on environmental health issues unique to our expertise. The environmental health office provides our community with restaurant inspections and licensing, water testing, septic tank inspections, etc. The Malheur County Health Department and the environmental health office work together on food-borne outbreaks and investigations. Our environmental health office and the Malheur County Health Department support on-going education of staff by sending staff to the Epidemiology conference each year. Environmental health and the health department have worked closely on surveillance and investigation of West Nile Virus animal and human cases.

## **D. Health statistics**

### **Comprehensive**

Malheur County Health Department meets the standard as outlined in the minimum standards for basic services as contained in statute (ORS 431.416).

#### **Current condition or problem**

We have a .4 FTE registrar dedicated to vital statistics. Three staff is deputy registrars and assist as needed. All birth and death information are processed in a timely manner to meet minimum requirements.

#### **Goals & Activities**

Local policies and procedures have been developed to assist staff with recurring health statistics issues. This has been a major accomplishment for the staff here because there is not manual at the State level to answer routine processing questions.

#### **Evaluation**

Local policies and procedures have been used by all registrars to assist when questions arise. When a new question occurs the information is added and staff is made aware. Death and birth certificates are issued and maintained at the Malheur County Health Department.

## **E. Information and referral**

### **Comprehensive**

Malheur County Health Department meets the standard as outlined in the minimum standards for basic services as contained in statute (ORS 431.416).

#### **Current condition or problem**

Malheur County Health Department provides information and referral through phone inquiries, community planning and client appointments. Health education and promotion activities are designed to meet the assessed needs of the community. Information is provided to the community through advertising in the local newspaper and radio station. Our facility information is publicized in all local telephone directories including the Spanish Yellow Pages and is available on our website. All written information about our services is printed in English and Spanish.

#### **Goals, Activities and Evaluation**

MCHD will continue to provide information and referral services through phone inquiry and through local advertising and community outreach.

## **F. Public Health Emergency Preparedness**

## **Comprehensive**

Malheur County Health Department meets the requirements of the Public Health Preparedness program. We employ a full time Preparedness Coordinator. All program requirements are met, including the creation of emergency planning documents, protocols and exercise activities. All staff is involved in exercise education and events. All reports and plans are submitted in a timely fashion. We work closely with our community partners and meet monthly to discuss planning. We participate in and lead tabletop exercises monthly. The program is reviewed annually each year per the DHS Preparedness Regional Liaison for our area.

### **G. Other Issues**

## **Comprehensive**

There are no other issues to be addressed.

## **IV. Additional Requirements**

### **Comprehensive**

#### **Organizational Chart**

See Appendix A

#### **Local Public Health Authority**

The Board of Commissioners is the Local Public Health Authority. The Board of Commissioners meets weekly. The Public Health Administrator reviews programs, budget revisions, health status reports and planning issues at least monthly. There is no Public Health Advisory Board.

#### **Senate Bill 555**

The LPHA (Board of Commissioners) has oversight to the Commission on Children and Families. The Health Department and MCCF collaborate on many issues such as early childhood team, healthy start, information sharing and community planning.

## **V. Unmet needs**

### **Comprehensive**

The unmet needs in Malheur County are transportation, affordable medical and mental health care, access to early prenatal care, access to drug and alcohol treatment services, and housing. Malheur County residents are detached from news and information specific to Oregon. Public health announcements regarding flu, tobacco prevention, immunizations, and disease outbreaks are generally not available in our region. Addressing these concerns in our community is an ongoing, community partnership effort.

## **VI. Budget**

### **Comprehensive**

The Malheur County Health Department budget will be available through the Administration office.

Malheur County Administration  
Attn. Janice Belnap  
251 "B" Street West  
Vale OR 97918  
(541)473-5183

## VII. Minimum Standards

### Comprehensive

#### 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 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.
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.

## **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.
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

Administrator name:  Penny Walters

- Does the Administrator have a Bachelor degree? Yes  No
- Does the Administrator have at least 3 years experience in public health or a related field? Yes  No
- Has the Administrator taken a graduate level course in biostatistics? Yes  No
- Has the Administrator taken a graduate level course in epidemiology? Yes  No
- Has the Administrator taken a graduate level course in environmental health? Yes  No
- Has the Administrator taken a graduate level course in health services administration? Yes  No
- Has the Administrator taken a graduate level course in social and behavioral sciences relevant to public health problems? Yes  No

- a. Yes  No  The local health department Health Administrator meets minimum qualifications:**

The local public health administrator has a Bachelor's Degree in Nursing from Pacific Lutheran University, and 25 years of nursing experience. I have spent 17 years working in public health, first as a staff nurse, then as a nursing supervisor, and finally as the administrator for 12 years. I was commissioned in the Air Force Nurse Corp for three years prior to working in public health. This administrator plans to take a master's level course in Epidemiology in the next five years.

**b. Yes X 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.**

**c. 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.**

**d. 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.

**If the answer is “No”, submit an attachment that describes your plan to meet the minimum qualifications.**

Agencies are **required** to 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.**

Dan P. Joyce  
Local Public Health Authority

Malheur  
County

5/12/10  
Date

**Appendix A**

**MALHEUR COUNTY HEALTH DEPARTMENT  
ORGANIZATIONAL CHART 2009-2010**

**Malheur County Court**  
 Judge – Dan Joyce  
 Commissioner – Louis Wettstein    Commissioner – Jim Nakano

**Health Officer**  
 Morris Smith, MD

**Health Department Administrator**  
 Penny Walters, RN, BSN

**County Jail Medical Staff**  
 Denise Green, RN  
 Dolana, RN

**WIC Coordinator**  
 Sandy Ackley, RN, BS, IBCLC-LC

**Health Services Coordinator**  
 Vacant

**WIC Staff**  
 Lindsay Grosvenor, RD  
 Gracie Valenzuela – Health Spec.  
 Dianne Alison – Health Spec.  
 Michelle Marines – OAI  
 Imelda Madera – OAI  
 Nydia Ketchu - OAI

**WIC Staff**  
 Sandra Hunter  
 Peggy Winslow

**Health Department Staff**  
 Connie Chaney – OAI  
 Barbara Henderson – OAI  
 Jael Garcia – OAI  
 Jerrimi Helmick – FNP  
 Katie Evans-Hood – RN  
 Kathleen Quintero – RN  
 Tammie Dockter – RN  
 Judy Bales – RN  
 Kelly Jensen – RN  
 Rebecca Maxwell – RN  
 Lori Heiple – RN  
 Susan Way – RN  
 Hilda Mejia – Health Spec.

