

# BAKER COUNTY HEALTH DEPARTMENT

2011-2012  
Annual Plan

## II ASSESSMENT

Baker County is located in eastern Oregon and consists of 3,089 square miles. It is bounded to the north by Union and Wallowa Counties, to the west by Grant County, and to the south Malheur County. The area includes the Powder River and the Wallowa Mountains. Baker County was established in September 22, 1862. The average temperature in January is 25.2 degrees Fahrenheit and in July 66.6 degrees Fahrenheit. The chief economic bases are agriculture, forest products, manufacturing and recreation. Recreation includes, the Oregon Trail Interpretive Center and Old Oregon Trail, Sumpter Gold Dredge Park, Sumpter Railroad, Baker City Restored Historic District, various ghost towns, spectacular camping and hiking wilderness areas.

The most recent county estimate data of 2007 lists Baker County as having a population of 16,435. We have experienced a 1.8 decrease from 2000. The largest city in the county is Baker City that has a population of 10,105, an increase of 225 residents since 2000. Approximately 6,330 people live in rural areas of the county. Census data shows the population has remained consistent with approximately 49% male and 50% female. Age distribution is as follows; 0-19 year olds 4,427, 20-39 year olds 3,244, 40-64 year olds 5,885, and residents 65 and older account for 3,185 living in Baker County. According to the Portland State University 2009 Oregon Population Report, Baker County population has remained consistent with prior assessments. The total population for Baker County is 16,450 people. Of the residents that live within Baker County, 8,242 are male and 8,208 are female. Age distribution is as follows; 0 - 17 year olds 3,207 (19.5%), 18 - 64 year olds 9,819 (59.7%), Ages 65 and older 3,424 (20.8%). Overall, we have experienced a decrease of 291 people or -1.7% since the 2000 estimates. Baker City has the largest population of 10,160 people, a 3% increase. Huntington is the second largest city of 590 residents.

The Portland State University 2010 Oregon Population Report indicates that Baker County's population has again remained consistent with prior assessments: total population for Baker County is 16,441. Age distribution remain fairly consistent with 0-17 year olds at 3,145 (19.1 %), 18-64 year olds at 9813 (59.7%) and ages 65-above at 3,483 (21.2%). According to the Census Bureau, Baker County has experienced a loss in population of 3.6% since 2000.

The 2006 US Census Bureau describes the Baker County population consisting of predominately Caucasian 93.4%, Persons of Hispanic or Latino origin 3.2%, American Indian and Alaska Native 1.3%, Asian persons 0.6% and African American 0.3%. The 2009 Baker County Quick Facts from the US Census Bureau describe the population consisting of Caucasian origin 92.6%, Persons of Hispanic or Latino origin 3.9%, and American Indian and Alaska Native 1.3%.

The 2010 Baker County Quick Facts from the US Census Bureau describing Baker County's population also indicate relative consistency: White persons 94.6%, Black persons 0.4%, Hispanic or Latino origin persons 3.3%, American Indian and Alaska native persons 1.1 %, and Asian persons 0.5%.

The percentage of Baker County foreign-born persons is 1.8%. High school graduates account for 80.3% of the population. Persons with a bachelor's degree or higher, account for 16.4% of the population. Approximately 3,748 of people 5 years and older have a disability.

The Bureau of Labor Statistics describes Baker County as 1 of 16 severely distressed counties in Oregon. The 16 severely distressed counties are defined as rural. The per capita personal income is \$24,199. Large disparities continue to exist between Oregon counties. An example of a disparity is the Baker County median household income of \$32,500 and the Clackamas County median household income of \$54,743. The percentage of persons below poverty is 15.2% of the population.

### Births

The number of Baker County resident births occurred as follows; 2004 = 151 births, in 2005 = 165 births and 2006 = 170 births. In 2006, six infants were born to mothers between the ages of 10-17. Twelve infants were born to mothers between the ages of 18-19, and 152 infants were born to mothers 20 and older.

In 2009, the number of births in Baker County is 136. Of the 136 births, 41 of these are first births. Seven infants were born to mothers between the ages of 10 - 17, twelve infants were born to mothers between the ages of 18 -19, and 121 infants were born to mothers 20 years of age or older.

**In 2010, there were 163 births in Baker County. Of these births: 51 were first births, 15 had low birth weight; 3 were born to mothers between 10-17; 11 were born to mothers between 18-19; and 149 were born to mothers 20 years or older.**

Seventeen low birth weight infants were born in 2006 or 10% of total births of 2006. This exceeds the Oregon state average of 6.1%. Of the 170 births, 139 women received prenatal care in the first trimester, 82.7% compared to 79.2% of the state average. In 2006 91.7% of pregnant women received adequate prenatal care, the state average is 93.8%. Payment sources for the infants born to mothers in 2006 include, 62 private pay, eight self-pay and 93 covered by the Oregon Health Plan.

In 2009, the data shows that 91.1% of women received adequate prenatal care. Of these women, 63% received care in their first trimester. Low birth weight rate for Baker County is 3.7%.

**In 2010, 94.4% of women received adequate prenatal care. Of these women, 72.4% received care in the first trimester. Only 0.6% received no prenatal care. There were 15 babies born with a low birth weight.**

Induced abortions for women who reside in Baker County in 2006 preliminary data shows 12 induced abortions, and in 2007 preliminary data shows six induced abortions. The data remains consistent of six induced abortions in 2009.

**In 2010, there were 4 abortions.**

## **I. Executive Summary**

Baker County Health Department (BCHD) continues to provide essential public health services of epidemiology and control of preventable diseases, maternal and child health services, family planning, collection and reporting of health statistics, health information and referral services. In addition to essential services, we continue to provide services such as: Healthy Start, School Based Health Center and CaCoon.

The BCHD includes 19 staff members consisting of an administrator/business manager, nursing supervisor, health officer, pharmacist consult, 2 nurse practitioners, physician assistant, registered dietitian, home health worker, four registered nurses, and six support staff. BCHD strives to provide outstanding service to our community in the most fiscally responsible manner. To that end, BCHD remains committed to assessing the availability of new and innovative systems to operate more efficiently. We also continue to cross train our staff in essential services to build surge capacity. Finally, in working with nursing students from OHSU, BCHD uses the opportunity to model the way for public health promotion.

While there were significant staff changes at BCHD in September 2010 causing the temporary cessation of Babies 1<sup>st</sup> and CaCoon until July 2011, the programs offered at BCHD remain strong and are focused on reducing disparities within our community. Since many of our clients have limited access to primary care, the SBHC remains an important avenue in promoting health education and health promotion for our adolescent population. Public Health Preparedness continues to be an integral part of BCHD, continuing to foster strong relationships in the community as well as working with City and County counterparts to best serve our citizens. The BCHD Healthy Start program continues its collaborative efforts with Building Healthy Families in Wallowa County to provide home health visiting and parenting support in Baker County. The regionalization of the BCHD program continues to be successful.

BCHD completed its triennial review at the end of May 2011. The review also included a quality assurance review. While the final exit interview is pending, BCHD passed the review with a few minor compliance issues that have already been rectified or will be within the compliance period.

The 2011-2012 budget is in the process of approval. This year and as in the past, we continue to rely on state and county general fund dollars to provide public health services to our community.

The 2011-2012 Annual Plan is written in bold to show updates to the 2008 Comprehensive Plan.

### Deaths and Causes of Death

In 2005 total deaths that occurred in Baker County is 255, three of these deaths occurred in infants less than one year old. The median age of death is 79. Life expectancy at birth is 77.1 years. In 2009, the total deaths in Baker County was 180. Of the total, four deaths occurred in children under one year of age, 36 deaths occurred in people between 18 - 64 years old, and 140 deaths occurred in people 65 years old and older.

In 2010, there were 206 deaths in Baker County. Of the total: 1 death for 10-17 year old, 49 deaths for 18-64 year olds, and 156 deaths for 65 and older.

The leading cause of death is cancer, second leading cause of death is heart disease and the third leading cause of death is chronic lower respiratory disease. Deaths due to alcohol or drug use in 2005 totaled 11; seven of these were from chronic alcoholic liver disease. Of the 255 deaths, 54 or 21 % were tobacco linked. The state average of tobacco linked deaths in 2005 is 22%.

### Dental

BCRD has taken a collaborative approach in determining unmet dental needs in Baker County. Dental uninsured rates are 10.3% higher than the state average, only two dentists accept Oregon Health Plan clients. Dental visits to the local emergency department were 2.6 times greater than national trends between 2002-2006. In 2007, BCHD, the medical and dental community developed a partnership with the Oregon Rural Practice-based Research Network (ORPRN) and the OHSU Practice-based Research in Oral Health (PROH) began a collaboration to identify local oral health challenges. In 2009, BCHD continues to promote dental health through existing programs. Dental varnish services are provided to children enrolled in Babies First and CaCoon.

In 2010, due to staffing changes, BCHD stopped providing dental varnish services. The goal is to begin providing these services to children enrolled in Babies First and CaCoon in the next fiscal year 2012-13.

### Diabetes

The Behavioral Risk Factor Surveillance System reports that 8.5% of adults were told by a doctor that they have diabetes. Management of diabetes occurs in the primary care setting. Diabetic education involves diet plans, exercise and follow-up.

In 2010, through the Healthy Communities grant work, BCHD worked with the Baker County Prevention Coalition to begin a dialog to address the serious issue of diabetes in Baker County. We will continue this work through the Tobacco grant and supporting local Health Fairs.

### Communicable Diseases

BCHD continues to have low communicable disease occurrence rates. In 2006, BCHD completed 38 case investigations involving communicable disease and sexually transmitted infections. Of the 38 cases investigated, Chlamydia occurred most frequently, followed by West Nile Virus, and Campylobacteriosis. In 2007, communicable disease case counts remain similar to the 2006 data, with the exception of a decrease in West Nile Virus cases. BCHD has not had a case of active mycobacterium

tuberculosis in recent years. In 2009, BCHD conducted 60 communicable disease investigations. Hepatitis C remains the most common reportable disease. Chlamydia is the second highest reportable communicable disease in Baker County.

**In 2010, BCHD conducted 50 communicable disease investigations. There were 23 Chlamydia cases and 18 Hepatitis Ceases.**

#### Immunizations

BCHD remains the primary provider of immunizations in Baker County. Primary care providers provide travel vaccines. In the past, primary care providers and our local hospital provided flu vaccine to the community. Often times these doses were provided on a donation basis, people who could not afford to pay for the vaccine, were still administered a dose. Currently, less providers are offering flu vaccine due to cost of purchasing the vaccine and availability concerns. It is uncertain if primary care providers will continue to provide flu vaccine in the future. There is a growing dependence on BCHD to provide flu vaccine, especially to high risk populations. BCHD relies on state supplied vaccine due to the high cost. The DHS Immunization Program provides approximately 70% of vaccine administered by BCHD. This has given us a significant opportunity to protect our community providing flu vaccine and also to practice emergency preparedness plans. We hope to continue this practice in the future. In 2009 the BCHD immunization rates have declined due to a manufacturer shortage of Haemophilus influenzae b (HIB) vaccine. BCHD will focus on increasing immunization rates as vaccine supply stabilizes. BCHD continues to work in collaboration with local pharmacies to provide flu vaccine to people in our community.

Waiting for current data.

#### Tobacco Use

The percent of adults who smoke cigarettes in Baker County is 23%, exceeding the state at 20%. In addition, the percentage of babies born to women who smoked while pregnant is 25% in Baker County, exceeding the state at 12%.

82% of Baker County residents believe that people should be protected from secondhand smoke. The Oregon's Smokefree Workplace Law does not protect approximately 150 employees working in Baker County.

According to the Oregon Tobacco Prevention and Education Program 2009 data, 2,601 adults regularly smoke, 880 people suffer from a serious illness caused by tobacco use. Forty-five million people die from tobacco use (21 % of all deaths in this county). Over seven million dollars are spent on medical care for tobacco-related illnesses.

According to the 2010 Oregon Tobacco Prevention and Education Program data for Baker County, 2649 adults regularly smoke cigarettes, 970 suffer from a serious illness caused by tobacco use, 49 people die from tobacco use. Over \$9 million is spent on medical care for tobacco related illnesses.

### Adequacy of Essential Public Health Services:

#### Epidemiology and control of preventable diseases and disorders

BCRD is committed to providing epidemiology and control of preventable diseases. Our focus has been on increasing surge capacity among staff, developing our policies, engaging our community and community partners through exercises and education.

Many of our staff members have completed communicable disease classes provided by DHS and ICS training provided by FEMA. We have 90% of BCHD staff participate in exercises. We are committed to providing training and education to assure competency in disease response.

We have engaged our community partners in compliance with disease reporting by providing education with the assistance of DHS.

In 2007 we have completed greater than 200 community outreach activities pertaining to disease prevention and education. We speak to our adolescent population in schools, travel to drug and alcohol treatment centers on a weekly basis and provided education to various public and private community partners. Recently, presentations at local treatment centers have decreased due to decreased funding to support this activity. In the near future, BCHD will begin presentations in 2010 on a limited basis as funding allows. In 2010, presentations did not begin due to limited funding. In 2011-12, the goal is to present at local treatment centers once a month in order to provide STI and reproductive health education.

#### Parent and child health services, including family planning

BCRD provides Family Planning, Oregon Mother's Care, Babies First, CaCoon and Immunization services to our community. BCRD has added the Healthy Start program to assist in reaching first birth families. Through this program, we have been able to provide additional services and resources to Baker County families.

The BCHD Family Planning program serves 60.1 % of women in need in the county. Of the clients served, 52.8% are uninsured for primary care and 8.5% of clients are unsure of their insurance status. In addition, 2006 data shows that 90.4% of clients receiving services were below 150% of the federal poverty level. A total of 128 pregnancies among 426 female clients were averted. Current data shows that BCRD serves 54.6% of women in need (WIN). The state average is 55.2%. We have experienced reduced client numbers of 16 WIN in our service area. The BCRD staff members are committed to reaching all WIN in Baker County and are developing outreach activities.

The BCHD Immunization program remains the main immunization provider in Baker County. In 2007, we served 90% of children age's 0-36 months. Of these children, 81 % have completed the 431331 series. During the past few years we have exceeded the Oregon State average immunization rate. We have received numerous awards that reflect the BCHD team's hard work and dedication. These awards are: "Highest Percentage of Fully Immunized Two-Year Olds among Oregon's Local Health

Departments in 2005", "Certificate of Achievement in Public Health for having the Highest Percentage of Two Years Olds Fully Vaccinated in 2006", and a "Certificate of Achievement in Public Health for reaching the National Healthy People 2010" goal of having at least 80% of two year olds fully vaccinated. We have been selected to receive an OPIC award April 2008. In 2009, BCHD experienced a Haemophilus influenzae b (HIB) manufacturer shortage that decreased our immunization rates. We are awaiting our 2009 rates from DHS.

Waiting for 2010 immunization rates.

The BCHD team has completed greater then 80 travel immunization clinics in 2007. These clinics were held within Baker City and in the far-reaching rural areas of Baker County. Travel clinics include a partnership with a local physician's clinic, exclusion clinics, school registration clinics and travel flu clinics. The community is supportive of BCHD new leadership role. Travel clinics throughout Baker County continue as in 2007. We have increased flu vaccination travel clinics to local businesses. In 2009, all immunization outreach activities continue in Baker County.

In 2010, all immunization outreach activities continued in Baker County.

BCHD WIC program served 856 women, infants and children in 2007. This is a 4% increase from 2006. WIC is maintaining caseload (478) at target. A new addition to WIC services is providing walk-in clinic days. Clients find value in this arrangement and barriers are decreased. In addition, our WIC staff consists of a part-time registered dietitian. WIC staff has completed outreach activities regarding breast-feeding and nutrition within Baker County. We are in the process of cross-training non- WIC staff to provide additional support.

The BCHD Babies First and CaCoon programs have a significant increase in client visits. We have focused our attention on supporting and training our MCH staff. In addition, an outcome of our work is an increased awareness of the BCHD MCH programs within the Baker County medical community. We are experiencing increased referrals and collaboration from medical offices and our local hospital. We conduct outreach activities to the local Drug and Alcohol treatment center that provides services women in treatment and their children. In 2009, outreach activities to women in treatment has stopped due to a decrease in funding. BCHD continues to collaborate with St Elizabeth Health Services to meet the needs of parents with newborns.

In 2010, outreach activities were stopped due to staffing changes.

#### Collection and reporting of health statistics

BCHD provides vital statistics services including birth and death recording and registration. Birth certificates are received from our local hospital, St Elizabeth Health Services. Death Certificates are received by hard copy and electronically. We work with Coles Tribute Center, Gray's West & Company Pioneer Chapel and Funeral Home and Tami's Pine Valley Funeral Home. Vital records staff include registrar and deputy registrar, both staff members are full-time employees. In 2009, BCHD increased vital record staff including one Registrar and three Deputy Registrars.

In 2010, BCHD staffed one Registrar and two Deputy Registrars.

#### Health information and referral services

BCHD gathers health information and referral resources on an ongoing basis. Resources are gathered and retained in a database. Information is printed and given to clients seeking services. Examples of resources include contact information of local physicians, dentists, food banks, Oregon Health Plan, and counseling services. Frequently clients are referred from other providers to BCHD for resources. In addition, clients receiving BCHD services are screening for needing primary care and resources are given as appropriate. We are in the process of updating Oregon SafeNet to reflect resources within Baker County.

In 2010, BCHD compiled a comprehensive brochure to reflect all resources in Baker County.

#### Environmental health Services

Environmental services are provided to Baker County by Malheur County Environmental Health. Some of these services include restaurant facility inspections, mobile and temporary food operations, swimming pool inspections and review of client complaints. BCHD has developed a communication tool for food service complaints to assist in tracking and follow-up.

#### Adequacy of Program Services

##### Dental

BCHD has implemented a dental varnish program and offers Bi-monthly dental varnish clinics to the pediatric community. In addition, dental varnish services are offered to clients enrolled in the Babies First and CaCoon program. We conducted a press release with our local newspaper stating the availability of the service and benefits.

In 2010, dental varnish services stopped due to staffing changes. The goal is to provide these services again in the 2012-13 fiscal year.

##### Emergency Preparedness

BCHD staff continues to develop and implement emergency response plans and conduct exercises. Increased staff members have participated in training and competency towards public health emergency response. We continue to collaborate with counties in our region and involve local partners such as Baker County Emergency Management. We have conducted exercises involving the medical community and other emergency

response staff. In 2009, BCRD was a leader in vaccine allocation, distribution and administration.

In 2010, BCHD continued to be a leader in vaccine allocation, distribution and administration. BCHD monitors the immunization programs at Pine Eagle Clinic in Halfway and the School Based Health Center. BCHD continues to collaborate with City and County Emergency Management to provide preparedness services to our community.

#### Health Education and Promotion

BCHD is active in promoting health education and disease prevention activities to the community. We conducted numerous educational activities on topics that pertain to public health services. These include collaboration with DHS to provide education involving rabies with law enforcement, family planning topics of coercion and birth control methods, pandemic flu presentations and sexually transmitted disease prevention topics to local drug and alcohol facilities. In addition, we conduct presentations at local schools. BCHD has established a close working relationship with the local newspaper and have press releases prepared. In 2009, BCHD became the medical sponsor for the School Based Health Center at Baker High School. We look forward to health education and promotion among the pediatric and adolescent population in Baker County.

In 2010, BCHD continued to run the SBHC and provide health education to the adolescent population in Baker County. We sponsored a sexual awareness booth the Teen Health Fair, winning 3<sup>rd</sup> prize for best/most informative booth.

#### Laboratory Services

BCHD currently utilizes Interpath laboratory located in Baker City and regionally in Pendleton. In addition, we utilize the services of Oregon State Public Health Laboratory. BCHD operates under a current CLIA certificate. Laboratory services include family planning services, communicable disease services and sexually transmitted disease services.

#### Medical Examiner

Baker County receives medical examiner services from local physicians.

#### Primary Health Care

BCHD does not provide primary care services. BCHD screens clients for primary care needs and makes referrals as appropriate.

### III. ACTION PLAN

#### Epidemiology and Control of Preventable Diseases and Disorders

Current condition - BCHD has the responsibility of reporting communicable diseases through surveillance, investigation and reporting. Routinely, BCHD operates in passive surveillance, receiving reports of disease from the medical community and laboratories.

Although laboratories submit reports in a timely manner, reporting inconsistencies exist among the medical community.

#### Goals

- Increase communicable disease reporting from healthcare providers. Ongoing. **Ongoing.**
- Maintain and expand outbreak and emergency preparedness planning with community partners. Ongoing. **Ongoing.**

#### Activities

- Provide education to local providers and their staff regarding the importance and requirement of reporting communicable diseases. Ongoing. **Ongoing.**
- Assure that local providers and staff are aware of the BCHD after hour reporting procedure (2417 Protocol). Ongoing. **Ongoing.**
- Review and analyze communicable disease statistics compiled by DHS, monitoring for emerging trends. Ongoing. **Ongoing.**
- Provide quarterly disease occurrence updates to the medical community (January, April, July and October of each year and more frequently as needed). Not completed. **Completed/Ongoing.**
- Provide education to individuals and groups on communicable disease issues. This includes press releases to newspaper on current public health issues. Ongoing. **Ongoing.**
- Implement the BCHD Active Surveillance Policy and Procedure as needed. Implemented. **Ongoing.**

#### Evaluation

- Monitor the reporting source shown in the BCHD CD Log. Ongoing. **Ongoing.**
- Monitor for timely reporting from providers. Ongoing. **Ongoing.**
- Continue quality assurance activities of communicable disease reports and investigations. Ongoing. **Ongoing.**

#### Parent and Child Health Services

WIC - see **attachment.**

Family Planning - see **attachment.**

Immunization - **extended until AFIX report received.**

#### Maternal and Child Health Programs

Current condition or problem - A limited access to dental care exists for children covered by the Oregon Health Plan (OHP) and those uninsured. Currently, 2 dentists are providing dental services to children on OHP. Parents with limited resources are frequently referred to areas outside of Baker County for dental care.

BCHD began providing dental varnish services to clients enrolled in Babies First and CaCoon programs. Recently, BCHD has expanded its practice and now provides this service to all children with teeth to the age of 4 years old. Clients served after the program expansion has been minimal due to lack of client awareness, lack of trained staff and lack of program promotion.

#### Goal

- Increase awareness of the BCHD Dental Varnish Program. Ongoing. In 2010, due to staffing changes, the Dental Varnish Program was stopped. The goal is to bring the program back in the 2012-13 fiscal year.
- Increase the number of children 9 months to 4 years old receiving dental varnish services at BCHD. Ongoing. See above.
- Cross-train all licensed staff in an oral assessment and application of dental varnish. Completed. See above.
- Provide parents with resources and referrals involving available dental services. See above.

#### Activities

- Provide written material to clients visiting BCHD. Ongoing. See above.
- Offer dental varnish to all children receiving immunizations when teeth present to 48 months of age. Dental varnish services limited to Babies First and CaCoon clients. See above.
- Provide training to all licensed staff regarding dental assessments and the BCHD dental varnish procedure during nursing meetings. Ongoing. See above.
- Serve on advisory committees or coalitions in Baker County that pertain to dental health. Ongoing. See above.
- Promote a dental home for all children and provide referral information. Ongoing. See above.

#### Evaluation

- Dental Varnish educational material is available and accessible at BCHD. Ongoing. See above.
- Monitor the number of children receiving dental varnish services at BCHD, assessing for trends. Implemented. See above.
- All licensed staff has received dental varnish training as documented in the training log. Completed. See above.

#### Environmental Health

Current condition or problem - Malheur County Environmental Health provides all environmental health services to Baker County. Some of these services include health inspections, licensing and review of restaurants, public pools and tourist facilities, and assistance with food borne illness disease investigations.

BCHD provides limited education regarding environmental health issues to the community. Clients requesting information are referred to Malheur County Environmental Health.

#### Goal

- To Increase awareness of environmental health services among BCHD staff. Ongoing.
- Provide resources to clients seeking services. Ongoing.

#### Activities

- Request and receive staff training provided by Malheur County Environmental Health Services. Completed. Ongoing.
- Provide educational materials to Baker County residents seeking information. Ongoing. Ongoing.
- Conduct an outreach activity to promote community awareness of Environmental Health Services, such as a press release. Not completed. Ongoing - sponsored booth at Hospital Health Fair with materials related to Environmental Health Services.
- Include Malheur County Environmental Services in emergency preparedness activities and outreach activities. Collaboration will continue. Ongoing.

#### Evaluation

- Educational materials pertaining to environmental health services are available at BCHD. Ongoing. Ongoing.
- Completion of an environmental health outreach activity. Not completed. Completed/Ongoing - sponsored booth at Hospital Health Fair with materials related to Environmental Health Services.
- BCHD staff receives training in environmental health services as documented in training logs. Will complete within the first 6 months of fiscal year 2010-2011. Completed/Ongoing.

### Health Statistics

Current Condition or problem- BCHD employs 1 registrar and 1 deputy registrar to assist as needed. BCHD receives birth and death information in electronic format and hard copy format. All birth and death certificates are processed in a timely manner. BCHD relies on program manuals as a resource. Program policies and procedures need to be developed.

#### Goal

- The BCHD registrar and deputy registrar will receive additional training in vital records. Initial training completed, ongoing. Ongoing.
- Policies and Procedures will be developed and implemented. Will complete within the first six months of fiscal year 2010 - 2011. Completed/Ongoing.

#### Activities

- BCHD staff will attend training offered by DHS that pertain to birth and death certificates. Ongoing. **Ongoing.**
- BCHD staff will request assistance from DHS with obtaining policy templates. Ongoing. **Ongoing.**
- BCHD staff will develop, review and implement policies and procedures that pertain to birth and death certificates. Will complete fiscal year 2010-2011. **Completed/Ongoing.**
- BCHD will develop a quality assurance program to provide direction in implementing new systems. Ongoing, tracking log implemented. **Ongoing.**

#### Evaluation

- BCHD will train staff on policies and procedures; training will be documented in the meeting minutes. Ongoing. **Ongoing.**
- BCHD will assure proper implementation of policies and procedures by quality assurance activities. Ongoing. **Ongoing.**

#### Information and Referral

Current Condition or problem - BCHD provides unbiased and accurate information and referrals to clients seeking services. Information is presented through oral presentations and written materials. In addition, information and referrals may be presented in press releases; examples include West Nile Virus dead bird reporting and Baker Vector Control. BCHD receives many referrals from community partnerships regarding activities involving public health services and available community resources.

#### Goal

- To continue to provide accurate and updated information and referral services. **Ongoing.**
- To maintain an accurate database of resources. Ongoing. **Ongoing.**

#### Activities

- Assure that the information and referral data base remains updated on an annual basis and as changes take place. Completed initially and ongoing. **Ongoing.**
- Assure that written information is available upon request. Completed initially and ongoing. **Ongoing.**
- Include BCHD information and referral training at staff meetings. Completed initially and ongoing. **Ongoing.**

#### Evaluation

- Documentation of review and update of information and referral data. Annually. **Ongoing.**

- Monitor that written material is available on an ongoing basis. Ongoing. **Ongoing.**
- Documentation of staff training in meeting minutes. Ongoing. **Ongoing.**

#### Other Issues

Tobacco rates in Baker exceed state averages. BCRD is in the process of applying for the DHS Health Promotion and Chronic Disease Prevention, Tobacco Prevention and Education Program Grant. We are working with state officials to develop our action plan and submit for approval. The BCHD is approved to provide a Tobacco Program to Baker County Residents. This program is now established and is conducting required activities. **In 2010, the BCRD continued to provide a Tobacco Program. The grant for 2011-12 was submitted and approved.**

#### **IV. ADDITIONAL REQUIREMENTS**

1. Organizational Chart - See the attached updated Organization Chart. See **attached Organizational Charts for the BCRD and SBRC**
2. Senate Bill 555  
BCHD does not oversee the local commission on children and families. The local comprehensive plan for children aged 0-18 include youth substance abuse, adult substance abuse and the availability of positive activities for youth during nonschool hours. BCHD will provide information and referral to all clients seeking information regarding substance abuse. In addition, we will provide information to the public regarding after school activities as we receive this information. BCRD has reviewed the Local Commission on Children and Families comprehensive plan and invited to the planning process.
3. The Baker County Board of Commission serves as the Baker County Board of Health. BCHD general advisory board does not exist. However, various advisory boards exist as required by specific programs (Family Planning, Healthy Start and Tobacco programs).

#### **V. UNMET NEEDS**

BCHD values competency among our staff members. We acknowledge that a well-trained staff assures that minimum standards are met, systems are implemented correctly and policies and procedures remain updated.

BCHD values the training received from the various DHS programs. In addition, we appreciate the increased regional and online training DHS has provided to rural communities. Through the process of implementing new systems and change, we have discovered that our unmet need is additional training for support staff and fiscal staff.

Training that would be helpful include topics involving medical records, fiscal programs, family planning office procedures and vital records. In 2009, BCHD received support and assistance from DHS regarding fiscal topics and policy development. In 2010, BCHD continued to receive support and assistance from DHS regarding fiscal topics and policy development in all of our programs.

Community unmet needs include access to health care. BCHD is requesting guidance from DHS regarding chronic disease management. Baker County has limited trained licensed providers to serve this population. A newly diagnosed diabetes patient may have to travel far distances to receive adequate care. In 2009, BCHD received chronic disease information through our work with the Tobacco Program.

In 2010, BCHD continued to receive chronic disease information through our work with the Tobacco Program. In addition, through the Healthy Communities program, BCHD attended institutions which addressed access to health care. Further, BCHD added a Community Health Nurse to assist with the 2011-12 Tobacco Grant (BPO 1). Her role will be to address the wellness initiatives in the grant.

Assistance for clients applying for and utilizing the Oregon Health Plan (OHP). We often hear that applying for the OHP is difficult and local residents rely on BCHD for assistance with this process. These are clients in addition to Oregon Mothers Care clients. In addition, clients are limited to providers accepting the OHP. Often times these clients are unable to travel outside of Baker County to receive services from a provider due to transportation barriers. This remains an unmet need.

In 2010, this continues to be a barrier.

In 2010, the unmet needs of BCHD are assistance from DHS for additional training and support for accreditation and cultural competency.

In 2011, the unmet needs of BCHD are assistance from DHS for ongoing training and support in the areas of accreditation, OHP barriers, electronic medical records, and building capacity for chronic disease management.



**Activity 2:** Each agency will modify at least one nutrition education group lesson plan from each category of core classes and at least one local agency staff in-service to include peE skills and strategies by March 31, 2012. Specific peE skills and strategies were presented during the peE Groups trainings held Fall 2010 and Spring 2011.

**Implementation Plan and Timeline:**

The "How Will I Feed My Baby" class (our only class offered besides the annual Farmers' Market class) will be modified to include peE skills and strategies.

At least one local agency staff in-service will include peE skills and strategies.

Both of these goals will be implemented by 3/31/2012.

**Activity 3:** Each agency will develop and implement a plan to familiarize all staff with the content and design of 2<sup>n</sup> Nutrition Education options in order to assist participants in selecting the nutrition education experience that would best meet their needs.

**Implementation Plan and Timeline:**

We have already viewed/completed each of the current on-line 2<sup>nd</sup> Nutrition Education options so both Anna and I can be available for the discussion with the patient's Next Step before issuing Food Instruments. If any new on-line 2<sup>nd</sup> Nutrition Education options become available in the next year, we will review them prior to discussing Next Step with participant. (Our county has not yet written a local agency policy for this type of second nutrition education.)

To make sure my coworker and I both give the same message about our class target audience (for group ed), Anna and I will work together on

redesigning the "How Will I Feed My Baby?" class and she and I will team-facilitate the class, and self-evaluate the updated class by 3/31/2012.

Goal 2: **Oregon WIC staff will improve breastfeeding support for women in the prenatal and post partum time period.**

**Year 2 Objective:** During planning period, each agency will incorporate participant centered skills and strategies into their group settings to enhance their breastfeeding education, promotion and support.

**Activity 1:** Each agency will modify at least one prenatal breastfeeding class to include PCE skills and strategies by March 31, 2012. Specific PCE skills and strategies were presented during the PCE Groups trainings held Fall 2010 and Spring 2011.

**Implementation Plan and Timeline:**

Baker County WIC will modify our "How Will I Feed My Baby?" class to include additional PCE skills and strategies, with a completion date of 3/31/2012. (See goal 1, Activity 3, part B.)

**Activity 2:** Each agency's Breastfeeding Coordinator will work with the agency's Training Supervisor to provide an in-service to staff incorporating participant centered skills to support breastfeeding counseling.

**Note:** In-service content could include concepts from Biological Nurturing, Breastfeeding Peer Counseling Program - Group Prenatal Series Guide and/or Breastfeeding Basics - Grow and Glow

Curriculum. An in-service outline and supporting resource materials developed by state WIC staff will be sent by July 1, 2011.

**Implementation Plan and Timeline:**

Breastfeeding Coordinator/Training Supervisor (Susan Gerig) will provide an in-service to WIC staff, by 3/31/2012, incorporating participant centered skills to support breastfeeding counseling.

Goal 3: **Strengthen partnerships with organization that serve WIC populations and provide nutrition and/or breastfeeding education.**

**Year 2 Objective:** During planning period, each agency will continue to develop strategies to enhance partnerships with organizations in their community that serve WIC participants by offering opportunities to strengthen their nutrition and/or breastfeeding education.

**Activity 1:** Each agency will invite at least one partner that serves WIC participants and provides nutrition education to attend a regional Group Participant Centered Education training focusing on content design to be held fall of 2011.

**Note:** Specific training logistics and registration information will be sent out prior to the trainings.

**Implementation Plan and Timeline:**

Baker County WIC will invite at least one partner (possibly the hospital OB RN who teaches the breastfeeding portion of the childbirth class), to attend a regional Group Participant Centered Education training to be held fall of 2011.

**Activity 2:** Each agency will invite at least one community partner that provides breastfeeding education to WIC participants to attend a Breastfeeding Basics - Grow and Glow Training complete the Oregon WIC Breastfeeding Module and/or complete the new online Oregon WIC Breastfeeding Course.

**Note:** Specific Breastfeeding Basics - Grow and Glow training logistics and registration information will be sent out prior to the trainings. Information about accessing the online Breastfeeding Course will be sent out as soon as it is available.

**Implementation Plan and Timeline:**

Baker County WIC will invite at least one community partner to attend a Breastfeeding Basics - Grow and Glow Training, complete the Oregon WIC Breastfeeding Module and/or complete the new online Oregon WIC Breastfeeding Course.

Goal 4: **Oregon WIC staff will increase their understanding of the factors influencing health outcomes in order to provide quality nutrition education.**

**Year 2 Objective:** During planning period, each agency will continue to increase staff understanding of the factors influencing health outcomes.

**Activity 1:** Each agency will conduct a Health Outcomes staff in-service by March 31,2012.

**Note:** An in-service outline and supporting resource materials developed by state WIC staff will be sent by July 1,2011.

**Implementation Plan and Timeline:**

After receiving the in-service outline and supporting resource materials (projected date 7/1/2011), the Baker County WIC agency will conduct a Health Outcomes staff in-service by March 31, 2012.

Activity 2: Local agency staff will complete the new online Postpartum Nutrition Course by March 31, 2012.

Implementation Plan and Timeline:

Local agency staff will complete the new online Postpartum Nutrition course by 3/31/2012.

Activity 3: Identify your agency training supervisor(s) and projected staff quarterly in-service training dates and topics for FY 2011-2012. Complete and return Attachment A by May 1, 2011.

Agency Training Supervisor(s):

Baker County WIC training supervisor is Susan Gerig, RD, LD.

Attachment A will be sent as an email with this 2011-2012 WIC Nutrition Plan and the 2010-2011 Nutrition Plan Evaluation for a total of three attachments.

**EVALUATION OF WIC NUTRITION EDUCATION PLAN**  
**FY 2010-2011**

WIC Agency: Baker County WIC

Person Completing Form: Susan Gerig, RD, LD

Date: 3/21/2011 Phone: 541-523-8211, Ext 19

Return this form, attached to email to: [sara.e.sloan@state.or.us](mailto:sara.e.sloan@state.or.us) by May 1, 2011

Please use the following evaluation criteria to assess the activities your agencies did for each Year One Objectives. If your agency was unable to complete an activity please indicate why.

**Goal 1: Oregon WIC staff will continue to develop their knowledge, skills and abilities for providing quality participant centered services.**

Year 1 Objective: During planning period, staff will learn and utilize participant centered education skills and strategies in group settings.

*Activity 1: WIC Training Supervisors will complete the online Participant Centered Education Module by July 31, 2010.*

Evaluation criteria: Please address the following questions in your response.

- Did your WIC Training Supervisor complete the module by December July 31, 2010?
- Was the completion date entered into TWIST?

Response: Yes, by 5/24/2010, Susan Gerig, RD, LD, Training Supervisor, WIC Certifier had completed the Participant Centered Education e-Learning Modules and the completion date was entered into TWIST.

*Activity 2: WIC certifiers who participated in Oregon WIC Listens training 2008-2009 will pass the posttest of the Participant Centered Education e-Learning Modules by December 31, 2010.*

Evaluation criteria: Please address the following questions in your response.

- Did all certifiers who participated in Oregon WIC Listens training 2008-2009 pass the posttest of the Participant Centered Education e-Learning Modules by December 31, 2010?

Response: Yes, by 7/28/2010, Anna Clark, WIC Clerk & (relief) WIC Certifier had completed the Participant Centered Education e-Learning Modules and the completion date was entered into TWIST.

*Activity 3: Local agency staff will attend a regional Group Participant Centered training in the fall of 2010. The training will be especially valuable for WIC staff who lead group nutrition education activities.*

Evaluation criteria: Please address the following question in your response.

- Which staff from your agency attended a regional Group Participant Centered Education in the fall of 2010?
- How have those staff used the information they received at the training?

Response: Susan Gerig, RD,LD, attended the PC Groups Training in Baker City on 10/21/2010. The main changes I have implemented in the "How Will I Feed My Baby?" class, are: Setting the agenda, asking open-ended questions to determine the group's interest. asking permission to share information, and, while sharing nutrition education, prefacing the information with phrases like, "other parents have shared something that worked for them," or, "not every idea works for every breastfeeding situation, but many moms have told me they do this, with positive results."

**Goal 2: Oregon WIC staff will improve breastfeeding support for women in the prenatal and post partum time period.**

Year 1 Objective: During planning period, each agency will identify strategies to enhance their breastfeeding education, promotion and support.

*Activity 1: Each agency will continue to implement strategies identified on the checklist entitled "Supporting Breastfeeding through Oregon WIC Listens" by December 31,2010.*

Evaluation criteria: Please address the following questions in your response:

- What strengths and weaknesses were identified from your assessment?
  - What strategies were identified to improve the support for breastfeeding exclusivity and duration in your agency?

Response:

Weaknesses: A consistent Breastfeeding Message is not always available when WIC moms collect information at WIC, local hospital OB and local physician clinics. The message might be similar, but not predictably consistent, and the sleep-deprived new mom groups all the information together and wants a quick-fix. The end result is a frazzled mom asking for an electric pump. Prenatally we review why artificial nipples confuse baby in the first four weeks, but new moms often lack confidence that their apparent breastfeeding challenges really do have a solution, and a pump and supplemental formula might not be the best immediate solution.

Strengths: Since Oregon WIC Listens training, both the WIC Clerk/relief Certifier and the WIC RD/Certifier encourage the prenatal woman to reflect on **her** goals for feeding her baby, so questions & concerns can be expressed before baby arrives. We can't lead someone in a direction they really don't want to travel. By reflecting on **their** issues, we're giving them time to contemplate what they believe **they** most want.

When the postpartum mom first calls, the WIC Clerk directs the call to the Breastfeeding Coordinator, if the mom shares any breastfeeding concerns. Before PCS, the WIC Clerk was spending time during that call trying to talk

the mom into breastfeeding. With our current plan, the Breastfeeding Coordinator sets aside time for the phone consult, and the mom has more time to consider her, and her baby's options.

To improve support for breastfeeding exclusivity and duration, Susan invited the OB RN, who teaches the breastfeeding portion of the quarterly childbirth classes at the hospital, to attend the Regional PC Group Training in Baker City. This partnership allowed Susan to attend an OB meeting at the hospital two weeks later. Breastfeeding topics, and WIC's support of breastfeeding, was the focus of the discussion between the OB staff and myself.

*Activity 2: Each local agency will implement components of the Prenatal Breastfeeding Class (currently in development by state staff) in their breastfeeding education activities by March 31, 2011.*

No response needed. The Prenatal Breastfeeding Class is still in development.

**Goal 3: Strengthen partnerships with organizations that serve WIC populations and provide nutrition and/or breastfeeding education.**

Year 1 Objective: During planning period, each agency will identify organizations in their community that serve WIC participants and develop strategies to strengthen partnerships with these organizations by offering opportunities for nutrition and/or breastfeeding education.

*Activity 1: Each agency will invite partners that serve WIC participants and provide nutrition education to attend a regional group Participant Centered Education training in fall 2010.*

Evaluation criteria: Please address the following questions in your response.

- Which community partners did your agency invite to attend the Group PCE training fall of 2010?
- How do you feel partnerships with those agencies were enhanced?
- What went well and what would you do differently?

Response:

I invited the OB Nurse, who now is responsible for the breastfeeding portion of the (quarterly) hospital childbirth classes, to attend the WIC PCS Group Training class in the fall of 2010. Prior to the fall training, both that RN and her RN Supervisor were given the DVD for Participant Centered Services, and both RNs expressed interest in reviewing that material.

At the end of the day's fall training, the OB Nurse expressed gratitude for the training, and an interest in further training from WIC, and suggested that in the future she would like to pursue the mCLC. I contacted our State WIC Breastfeeding specialists and in order to use WIC funds for this RN's WIC sponsored training, the RN would first need to be a WIC employee. I did give the RN information regarding the Breastfeeding Module and the upcoming on-line training, and she has not expressed further interest.

Because of the initial contact with this RN and her RN Supervisor, I was able to attend an OB meeting, at our local hospital. This WIC Outreach prompted discussion and clarified some misunderstandings that new moms were expressing both to OB and WIC.

(The local hospital was recently bought out by a Boise hospital. The new arrangement has tightened up on education spending, so the OB RN won't be attending more WIC training unless her hospital pays her for her time.)

*Activity 2: Each agency will invite community partners that provide breastfeeding education to WIC participants to attend a Breastfeeding Basics training and/or complete the online WIC Breastfeeding Module.*

Evaluation criteria: Please address the following questions in your response.

- Which community partners did your agency invite to attend a Breastfeeding Basics training and/or complete the online WIC Breastfeeding Module?
- How do you feel partnerships with those agencies were enhanced?
- What went well and what would you do differently?

Response only if you invited community partners to attend a Breastfeeding Basics training. The online WIC Breastfeeding Course is still in development.

We did not invite a community partner to attend a Breastfeeding Basics training.

**Goal 4: Oregon WIC staff will increase their understanding of the factors influencing health outcomes in order to provide quality nutrition education.**

Year 1 Objective: During planning period, each agency will increase staff understanding of the factors influencing health outcomes.

Activity 1: Local agency staff will complete the new online Child Nutrition Module by June 30, 2011.

Evaluation Criteria: Please address the following questions in your response.

- Did/will the appropriate staff complete the new online Child Nutrition Module by June 30, 2011 ?
- Are the completion dates entered into TWIST?

Response:

Susan Gerig, RD, LD, WIC Certifier, completed the new online Child Nutrition Module by 2/14/2011, and the completion date was entered into TWIST.

Anna Clark, WIC Clerk and Relief Certifier, has plans to have this module completed by 4/11/2011.

2. Activity 2: Identify your agency training supervisor(s) and projected staff in-service dates and topics for FY 2010-2011. Complete and return attachment A by May 1, 2011.

Evaluation criteria: Please use the table below to address the following question in your response.

- How did your staff in-services address the core areas of the CPA Competency Model (Policy 660, Appendix A)?
- What was the desired outcome of each in-service?

**Summary of Baker County WIC Staff Training 7/2010 - 6/2011**

**For the first quarter:** Completed the WIC PCE e-Learning Modules|Posttest to Strengthen and maintain OR WIC Listens skills

**For the second quarter:** WIC Certifier|Dietitian attended OR WIC Listens in the Group setting to strengthen participant centered education.

**For the second quarter:** Both WIC employees completed the participant on-line education to be used for second nutrition contacts. Once our policy is written and approved by my State Nutrition Consultant, both Anna and I will be able to use PCS skills to direct the participant in their Next Step, following their completion of the on-line education.

**For the third quarter:** WIC ClerklRelief Certifier completed the Child Nutrition Module completed by 3/31|2011. WIC Certifier|RD completed the three available on-line modules: Basic Nutrition, Prenatal & Child Nutrition. Besides having an update of nutrition information, all of the modules use PCS skills in presenting the information, so viewing the modules reinforces the new normal.

**For the fourth quarter:** The two Baker County WIC employees plan to attend the National WIC Association Meeting/Oregon State WIC Meeting in Portland, OR, May 2-4, 2011. New information will be presented by speakers that understand PCS.

**FY 2010-2011 WIC Staff In-services**

In-Service Topic and Method of Training	Core Competencies Addressed	Desired Outcome
---	-----------------------------	-----------------

<p><b>Example:</b> Providing Advice</p> <p>Facilitated discussion during October 2009 staff meeting using the Continuing Education materials from Oregon WIC Listens.</p>	<p><b>Example:</b> This in-service addressed several competencies in the core areas of Communication, Critical Thinking and Nutrition Education</p>	<p><b>Example:</b> One desired outcome of this in-service is for staff to feel more comfortable asking permission before giving advice. Another desired outcome is for staff to use the Explore/Offer/Explore technique more consistently.</p>
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## Attachment A

### FY 2011-2012 WIC Nutrition Education Plan

#### WIC Staff Training Plan -7/1/2011 through 6/30/2012

**Agency:**

**Training Supervisor(s) and Credentials:**

#### Staff Development Planned

Based on planned program initiatives, 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, 2011 - June 30, 2012. State provided in-services, trainings and meetings can be included as appropriate.

<b>Quarter</b>	<b>Month</b>	<b>In-Service Topic</b>	<b>In-Service Objective</b>
1	July- Sept 2011	Complete WIC Online Infant Module	Understand factors influencing infant health outcomes
2	Oct- Dec 2011	OR WIC Listens in Group Setting	State provided in-service to strengthen participant centered ed in group setting.
3	Jan-March 2012	PC skills to support Breastfeeding Counseling	State WIC outline provides resources and objectives
4	April-May 2012	Review 1-2 eLearning Modules	Topics chosen to strengthen OR WIC Listens skills

Baker County Health Department  
Family Planning Annual Plan  
Contact: Alicia Hills RN

Goal # 1

Problem Statement: Baker County Health Department has limited dates and times for Provider appointments thus decreasing the availability for clients to have an appointment that meets their scheduling needs.

Objectives:

- Baker County Health Department will increase available provider time by four hours per month.
- Baker County Health Department will offer a variety of Provider time slots to better meet the needs of our clients.

Planned Activities:

- Increase current Provider's hours or hire an additional Provider.
- Offer appointment times that are in the evenings or on varied days.

Evaluation:

- Baker County Health Department will have an additional four hours a month of Provider time.
- Baker County Health Department will have at least one evening clinic a month.
- Clinics will be offered on differing days of the week.

Goal #2

Problem Statement: Baker County Health Department provides a limited amount of birth control methods to family planning clients.

Objective: Offer Implanon and Mirena IUD as birth control methods at Baker County Health Department.

Planned Activities:

- Have completed protocols for Implanon and Mirena IUD.
- Train Providers on Implanon placement.
- Purchase needed supplies for Implanon and Mirena IUD placements.

Evaluation: Providers will be able to place Implanon and Mirena IUD's.

Family Planning Program - Contact Information Update  
January 2011

Please review the information below and make corrections, additions, or deletions as needed.

Agency address, phone, and fax

Baker County Health Department  
3330 Pocahontas Road  
Baker City OR 97814  
Phone: (541) 523-8211

Fax: (541) 523-8242

Agency Staff Roles (check all roles that apply; add or remove contacts and correct email addresses as needed)

Name	Administrator Director	FP Coordinator	Nursing Super- visor	Billing Contact	Fiscal Coord- inator	Ahlers Data Contact	Outreach Contact	Update Newsletter Recipient	Email address
Susan Bland	~	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<a href="mailto:sbland@bakercounty.org">sbland@bakercounty.org</a>
~eia ~letehel'-	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	~	<a href="mailto:k41eWhet@bakercoufity .01 g-">k41eWhet@bakercoufity .01 g-</a>
Alicia Hills	<input type="radio"/>	~	~	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	~	~	<a href="mailto:ahills@bakercounty.org">ahills@bakercounty.org</a>
Le!lftftellumpMies	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	~	<a href="mailto:lhttmplu ies@bak:ercouuty .erg">lhttmplu ies@bak:ercouuty .erg</a>
Chrissy Martin	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	~	<a href="mailto:cmartin@bakercounty.org">cmartin@bakercounty.org</a>
pegm'Sisl_t	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	~	~	~	<input type="radio"/>	~	<a href="mailto:psisk@bakeFe8unt, .01 g">psisk@bakeFe8unt, .01 g</a>

Note: Administrators, Family Planning Coordinators, and Billing Contacts automatically receive the Update Newsletter and it is always available online at: <http://www.9regon.gov/IDHS/phlfp/updates.shtml>

## *Clinic Directory*

Baker County Health Department

Agency number: 3024

Service area: Baker Co.

<i>Clinic Name</i>	<i>Site Number</i>	<i>Address</i>	<i>Office Hours</i>	<i>Clinic Hours</i>
Baker County Clinic	9349	3330 Pocahontas Rd. Baker City OR 97814	8-5	M-F 8-12,1-5 Eve. Clinic 5-6 2 per month

OHA State Family Planning Program  
MAILING LIST / CONTACT INFORMATION UPDATE  
January, 2011

Agency Name: t<.0.\(e y CDu,o-h~ \-|QQ\h 1)o'~r-\tDX'D+

Address: 333D Xoe' o...bDO-ID.S> ill.

Phone: ~\ -6a:o-Ea\ Fax: S':/I ... Sa3-ZaYd.-

Please provide any changes in personnel or e-mail addresses to make sure the Family Planning Program mailing list database is current. Thank you.

Contact	Name	E-mail Address and Phone # (includinz extension)
HD Administrator or Agency Exec. Director	~lt~\'"" ~\a.t)d	~\) Q\ d@ \:~o,k.~y tf.)J,I\{V .o
Family Planning Coordinator	J\      t,\ '0. \--\ \  \ s	Q\I h,~ ~<<::AAS'\-vS o\~
Outreach Coordinator	A\,;:t;:o. \-  1 S	Ill,IlIb@ to..KtvCDu .. rr+y. C""3
Nursing Supervisor	~CJ.b. ~tts	o1\Ill~Q? \:xAktY" c... (JJI+~/Or-~
Additional person to receive FP info' (if any)	"y \~- . . \IC\<..~~,)	~\Y'~I@ ~Cj)\J.n4-tJ ,CJlj ~me.: <" q.IM @.
Medicaid Billing Contact	~"\ 1~ \;.)hit~	~UJnlt~. \:nk-tv UJW'1.-iy I0I'S
Fiscal Contact - Quarterly Reports	~u.~, ~~"\d e cr .o.;	~b'.os-d@ 'oo...br c..oW\y 1013
Ahlers Data Contact	\.. o... C.,~ ~ o...~,	~CC""~"ttJol @. \:nk~; U~J.r\1tj , or ~

# TITLE X PROGRAM SERVICES AND OPERATIONS

Please complete for program services supported by your Title X grant award

Agency: fp, \u..X' c...cu. \"/-v::S Form Completed by: 0. \) ~(' l. h. \A' \ lo R N

If sites in your agency provide the same services, in one or more sites sufficient, If different services are provided at different sites, please copy this form and fill out one per site.

1. SERVICES PROVIDED: THE PUBLICATION "PROGRAM GUIDELINES FOR PROJECT GRANTS FOR FAMILY PLANNING SERVICES" IDENTIFIES REQUIRED SERVICES FOR TITLE X PROJECT SITES. THE CATEGORIES OF SERVICE ARE SHOWN BELOW FROM SECTION 8 OF THE GUIDELINES.

Please review the list and identify any services required for Title X projects that are offered by referral only (not directly by your agency on site).

	Services offered by referral only
Client Education	
Counseling	
History, Physical Assessment, & Laboratory Testing	
Fertility Regulation	
Infertility Services (Level I)	
Pregnancy Diagnosis & Counseling	
Adolescent Services	
Identification of Estrogen-Exposed Offspring	

2. WHICH OF THE FOLLOWING RELATED SERVICES ARE PROVIDED AT YOUR CLINIC SITE(S)?

	On-Site	By Referral	Not At All
STD Examination and Treatment	Y	N	
HIV Counseling & Testing	Y		
Preconception Counseling	Y		
Postpartum Examinations	Y	Y	
Female Sterilization		Y	
Vasectomy		Y	
Colposcopy		Y	
Endometrial Biopsy		Y	
Cryotherapy		Y	
Minor Gynecological Problems	Y	Y	
Primary Care		Y	
Genetic Information and Referral		Y	
Cervical Biopsy		Y	



**2011 FAMILY PLANNING PROGRAM  
TRAINING NEEDS ASSESSMENT**

Based on feedback from your clinic staff and your own preferences, please select the TOP 5 of the following 22 training topics by circling the numbers next to your choices.

Clinical Services	Education and Counseling	Staff Development and Program Management
<p>1. Chlamydia Diagnosis and Mgmt.</p> <p>2. IUD/IUS Mgmt.</p> <p>3. Gyn Update: PCOs, Vaginitis</p> <p>4. Menstrual Issues &amp; Abnormal Bleeding</p> <p>5. Pap Guidelines and Abn.Pap Mgmt.</p> <p>6. Pelvic Pain &amp; Differential Diagnosis</p> <p>7. Lab Interpretation for Title X Services</p> <p>Other: _____</p>	<p>9. Adolescent Health Assessment and Counseling</p> <p>10. Client-Centered Counseling and @BehaviorChange (Risk Reduction)     _Pregnancy Options Counseling     &lt;12.}Relationship Safety / Abuse Reporting/     "-- Intimate Partner Violence/Sexual Coercion Counseling</p> <p>13. Vasectomy Counseling</p> <p>14. Reproductive Life Plan Counseling</p> <p>15. Healthy Eating/Physical Activity Counseling</p> <p>16. Motivational Interviewing</p> <p>17. Drug/Alcohol Brief Intervention Skills</p> <p>18. Counseling for Family Involvement</p> <p>Other: _____</p>	<p>19. Cost Analysis</p> <p>20. CPT &amp; ICD-9 Coding     ~customer Service Strategies     _) Developing Policies &amp; Procedures</p> <p>Other: _____</p>

Additionally, we hope to facilitate several special training events in 2011, depending on the interest level of our agencies. Please indicate the number of staff from your agency who need training in the following areas and who would likely be able to attend a training in Oregon. Enrollment is limited for each training event.

Topic	Number of Staff
Male Exam for RN/NPs	
Female Exam for RN/NPs	
Basic STD Laboratory Skills for RN/NPs	<b>4</b>
IUD /IUS Insertion/Removal	
Implanon Insertion/Removal	<b>d</b>

If you are interested in hosting a training event at your agency, please let us know: 12:;)\ \ L. '9. ..\ . l-}<l." \(\ |",?>-. C"- ~Q.. \-D)nC\

~t:Y E<:C';::;|;~-'IT) ()\|'' ~Q,~ V-,

If you have any questions or comments about this questionnaire, please contact Judy Andreasen at (971) 673-0355. ~

**J**

Please continue on the back of this form.

Please complete the following sections for your clinic site.

1. Did you receive CHT flyers/brochures in 2010? ~ Yes \_No

2. Have you ever visited the CHT website ([www.centerforhealthtraining.org](http://www.centerforhealthtraining.org))? ~Yes \_No

3. Which training modalities do you prefer for delivering training to you? (Check, all that apply)

Face to face training events (e.g., conferences, workshops)	
On site one-on-one teaching	Audio conference
Web-based training (self-directed)	Training videos
Web-based training (Webinar / Netlink)	Self-directed workbooks
Other, please specify: _____	

4. Of the training modalities, which have you experienced over the past year? (Check all that apply)

Face to face training events (e.g., conferences, workshops)	
On site one-on-one teaching	Audio conference
Web-based training (self-directed)	Training videos .
Web-based training (Webinar / Netlink)	Self-directed workbooks
Other, please specify: _____	

5. Does your office have access to: (Check all that apply)

<input checked="" type="checkbox"/> Computer/laptop	<input checked="" type="checkbox"/> Internet
<input checked="" type="checkbox"/> TV/VCR	<input checked="" type="checkbox"/> CD-Rom.
<input checked="" type="checkbox"/> DVD Player	<input checked="" type="checkbox"/> LCD Projector
<input checked="" type="checkbox"/> Conference Speaker Phone	<input checked="" type="checkbox"/> Satellite Site

6. Do you have any barriers related to travel that prevent you and/or your staff from attending a training event?

Limited number of staff and weather sometimes.

7. Please list any suggestions that might help resolve these barriers:

Thank you for completing this training needs assessment!

FAMILY PLANNING PROGRAM ANNUAL PLAN FOR  
 COUNTY PUBLIC HEALTH DEPARTMENT  
 FY'11

July 1,2010 to June 30, 2011

Agency: \_Baker County \_\_\_\_\_

Contact: Becky Sanders

Goal # 1 .Assure continued high quality clinical family planning and related preventive health services to improve. overall individual and community health.

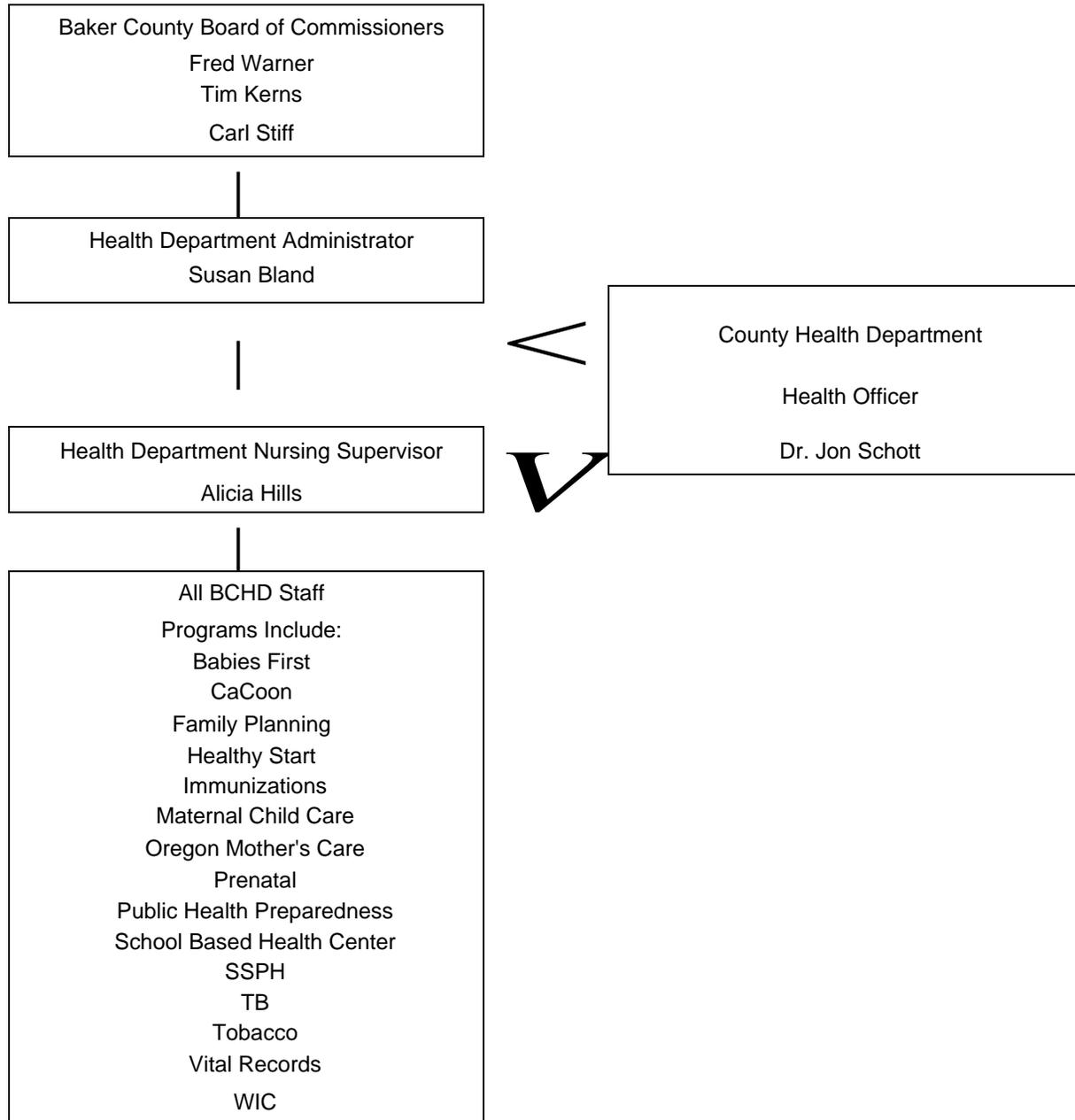
Problem Statement	Objective(s)	Planned Activities	Evaluation
Currently Baker County Health Department(BCHD) serves 43.3% of WIN	Increase the WIN served by 10%	<ul style="list-style-type: none"> <li>• Continue to collaborate with other programs at BCHD.</li> <li>• Continue to give increased available walk-in and scheduled appointments.</li> <li>• Partner and Collaborate with School Based Health Center.</li> </ul>	BCHD will serve g 70% of WIN

	<p>Increase community awareness of Family Planning services @ BCHD.</p>	<ul style="list-style-type: none"> <li>● Set up strong FP program at School Based Health Center.</li> <li>● Participate in Community events to increase awareness FP program at BCHD.</li> <li>● Continue to Participate in statewide Social marketing campaign.</li> <li>● Continue and update newspaper advertisements in Local paper.</li> </ul>	<p>FY:10</p> <ul style="list-style-type: none"> <li>● Serve 52% of 15-17 year old females who are sexually active.</li> <li>● Participate in 2 community events.</li> <li>● Update newspaper article and continue advertisement in Local newspaper.</li> </ul>
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Goal # 2 Assure ongoing access to a broad range of effective family planning methods and related preventive health services.  
 BCHD provides a Continue to educate clients about ●RN will document referrals for FY: 1 0

Problem Statement	Objective(s)	Planned Activities	Evaluation
<p>limited variety of birth control methods to family planning clients.</p>	<p>available birth control methods and give appropriate referrals to obtain desired methods.</p> <p>Complete protocol for Nuva Ring and MirenaIUD.</p>	<p>desired methods of birth control not offered by BCHD.</p> <ul style="list-style-type: none"> <li>● Medical home brochure will be given out as needed and to every New History patient.</li> <li>● Protocols will be finished and signed by Health officer</li> <li>● Providers will finish training on how to place IUDs.</li> </ul>	<ul style="list-style-type: none"> <li>• Medical home brochure will be updated annually.</li> <li>• Referrals and methods counseling will be documented.</li> <li>• Protocols complete</li> <li>• Providers will be able to place IUDs.</li> </ul>

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Susan Bland, Administrator

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Alicia Hills RN, Nursing  
Supervisor

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BAKER COUNTY BOARD OF COMMISSIONERS  
Fred Warner, Dr. Carl Stiff, Tim Kerns

BAKER COUNTY HEALTH DEPARTMENT ADMINISTRATOR  
Susan Bland

NURSING SUPERVISOR~  
Alicia Hills, RN

HEALTH OFFICER  
SBHC MEDICAL DIRECTOR  
Dr. Jon Schott

SBHC REGISTERED NURSE  
IMMUNIZATION COORDINATOR  
CLINICAL LAB DIRECTOR  
QA COORDINATOR  
Kristi McKeen, RN BSN

SBHC ON-SITE PROVIDER  
Bud Zunino, FNP MS. MN.

SBHC COORDINATOR  
DEPT ASSISTANT II  
Nancy Staten



Susan Bland, Administrator  
Baker County Health Department

'li---.2- :Lo/O  
Date

10/2010

Baker County Health Department  
3330 Pocahontas Rd  
Baker City, OR 97814  
Telephone: 541 5238211  
Fax: 541 523 8242

Budget Contact Information:  
Susan Bland, Administrator  
<http://www.bakercounty.org/budget/yearindex.html>

**FINANCIAL ASSISTANCE AWARD**

State of Oregon  
Oregon Health Authority  
Public Health Division

1) Grantee  
Name: Baker County Health Department

2) Issue Date  
April 15, 2011

This Action  
ORIGINAL  
FY2012

Street 3330 Pocahontas Road  
City: Baker City  
State: OR Zip Code: 97814  
4) DHS Public Health Funds Approved

3) Award Period  
From July 1, 2011 Through June 30, 2013

Program	Previous Award	Increase/ (Decrease)	Grant Award
PE 01 State Support for Public Health			18,114
PE 03 TB Case Management			574
PE 12 Pub. Health Emergency Preparedness(July-Aug. 9)			1,838
PE 12 Pub. Health Emergency Preparedness/(Aug 10-June30)		( b )	75,878
PE 13 Tobacco Prevention & Education			53,731
PE 40 Women, Infants and Children FAMILY HEALTH SERVICES			77,353
PE 41 Family Planning Agency Grant FAMILY HEALTH SERVICES		(c,d)	16,589
PE 42 MGH1Child & Adolescent Health - General Fund FAMILY HEALTH SERVICES		(f)	2,786
PE 42 MCH-TitleV -- Child & Adolescent Health FAMILY HEALTH SERVICES		(a)	4,166
PE 42 MGH- TitleV -- Flexible Funds FAMILY HEALTH SERVICES		(a)	H,719
PE 42 MGH/Perinatal Health - General Fund FAMILY HEALTH SERVICES		(a)	1,485
PE 42 Babies First FAMILY HEALTH SERVICES			4,700

**5) FOOTNOTES:**

- a) Funds will not be shifted between categories or fund types. The same program may be funded by more than one fund type, however, federal funds may not be used as match for other federal funds ( such as Medicaid ).
- b) July 1 - August 9th awards must be spent by 8/9/11 and a report submitted for that period.
- c) July-September grant is \$19,338 and includes \$691 of minimum Nutritional Education and \$863 for Breastfeeding Promotion.
- d) October through June grant is \$58,015 and includes \$11,603 of minimum Nutritional Education and \$2,590 for Breastfeeding Promotion.
- e) The Fiscal Year 2012 budget assumes flat funding of the program. The final 2012 School: Based Health Center budget will be determined based upon the number of certified SHBG's on July 1, 2011 and the legislatively adopted budget
- f) \$16,589 is the total Family Planning grant; \$12,822 is Title X and \$3,767 is Title V.

**6) Capital Outlay Requested in This Action:**

Prior approval is required for Capital Outlay. Capital Outlay is defined as an expenditure for equipment with a purchase price in excess of \$5,000 and a life expectancy greater than one year.

PROGRAM	ITEM DESCRIPTION	COST	PROG. APPROV

State of Oregon  
Oregon Health Authority  
Public Health Division

1) Grantee  
Name: Baker County Health Department

2) Issue Date  
April 15, 2011

This Action  
ORIGINAL  
FY2012

Street: 3330 Pocahontas Road  
City: Baker City  
State: OR Zip Code: 97814  
4) DHS Public Health Funds Approved

3) Award Period  
From July 1, 2011 Through June 30, 2013

Program	Previous Award	Increase! (Decrease)	Grant Award
PE 42 Oregon MothersCare FAMILY HEALTH SERVICES			4,546
PE 43 Immunization Special Payments FAMILY HEALTH SERVICES			9,247
PE 44 School Based Health Centers FAMILY HEALTH SERVICES			60,000 (e)

TOTAL 0 0 340]26  
5) FOOTNOTES:

6) Capital Outlay Requested in This Action:

Prior approval is required for Capital Outlay. Capital Outlay is defined as an expenditure for equipment with a purchase price in excess of \$5,000 and a life expectancy greater than one year.

PROGRAM	ITEM DESCRIPTION	COST	PROG. APPROV

Baker County Health Department

2011-2012 Annual Plan

Minimum Standards

## **VII. Minimum Standards**

### **I. 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  X  No  Records include minimum information required by each program.
17. Yes  No  A records manual of all forms used is reviewed annually.
18. Yes  X  No  There is a written policy for maintaining confidentiality of all client records which includes guidelines for release of client information.
19. Yes  X  No  Filing and retrieval of health records follow written procedures.
20. Yes  X  No  Retention and destruction of records follow written procedures and are consistent with State Archives rules.
21. Yes  X  No  Local health department telephone numbers and facilities' addresses are publicized.
22. Yes  X  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  X  No  To preserve the confidentiality and security of non-public abstracts, all vital records and all accompanying documents are maintained.
26. Yes  X  No  Certified copies of registered birth and death certificates are issued within one working day of request.
27. Yes  X  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  X  No  A system to obtain reports of deaths of public health significance is in place.
29. Yes  X  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  X  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.

## II. Health Department Personnel Qualifications

Local health department Health Administrator minimum qualifications:

The Administrator must have a Bachelor degree plus graduate courses (or equivalents) that align with those recommended by the Council on Education for Public Health. These are: Biostatistics, Epidemiology, Environmental health sciences, Health services administration, and Social and behavioral sciences relevant to public health problems. The Administrator must demonstrate at least 3 years of increasing responsibility and experience in public health or a related field.

Answer the following questions:

Administrator name: Susan Bland

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

- a. Yes \_ No \_X\_ The local health department Health Administrator meets minimum qualifications:

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

- b. 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.

- c. 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.

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

- d. 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.

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

**ATIACHMENT TO MINIMUM STANDARDS 2011-12 re *liNO*" Answers**

I. Minimum Standards regarding Health Department Administrator qualifications:

Susan Bland has a law degree and meets the general educational requirements for this position. The additional categories of required graduate course level work in biostatistics, epidemiology, environmental health, health services administration and social and behavioral sciences relevant to public health will be addressed through trainings in these subjects during the course of her employment.

II. Minimum Standards regarding Health Department Supervising Public Health Nurse qualifications:

Alicia Hills has an Associate's degree in Applied Science of Nursing. She has been a Community Public Health Nurse for 6 years and the Nursing Supervisor for 1 year. Within the next 5 years, she will take steps to obtain her Baccalaureate degree in nursing.

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.

Local Public Health Authority

Baker County  
County

June 15,2011  
Date