

# BAKER COUNTY HEALTH DEPARTMENT

2013 - 2014  
Annual Plan

## 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, and health information and referral services. In addition to essential services, we continue to provide services such as Healthy Start, a School Based Health Center (SBHC) and CaCoon.

The BCHD includes 9 staff members consisting of an administrator, business manager, nursing supervisor, family support worker, 2 registered nurses, and 5 support staff. BCHD has contracted with a health officer, pharmacist consult, 2 nurse practitioners, physician assistant, and a registered dietician. 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.

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, fostering 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 this program continues to be successful. BCHD continues to work with all of its community partners in the medical and education fields to help provide our clients with comprehensive coordinated care.

BCHD completed its triennial review at the end of May 2011. The review also included a quality assurance review. While the final compliance letter is pending release of immunization data in summer 2012, BCHD passed the review with a few minor compliance issues that have been rectified. We are awaiting confirmation from the State for this review.

BCHD is actively working with the Eastern Oregon Coordinated Care Organization to integrate physical, mental and all other inter-related medical issues to help provide wrap around services to our most at risk populations. BCHD is also working with all partners in the community plus the school system to integrate an Early Learning Center which will focus on the goals set by the Governor and his Early Learning Council. We believe that the BCHD will be an integral player in the prenatal to kindergarten portion of the Early Learning Center.

## II. ASSESSMENT

Baker County is located in eastern Oregon and consists of 3,089 square miles. It is surrounded to the north by Union and Wallowa Counties, to the west by Grant County, and to the south by Malheur County; the area includes the Powder River and the Wallowa Mountains. Baker County was established on 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: Anthony Lakes Ski Resort, Oregon Trail Interpretive Center and Old Oregon Trail, Sumpter Gold Dredge Park, Sumpter Railroad, Downtown Baker City Restored Historic District, various ghost towns, spectacular camping and hiking in wilderness areas.

The 2010 US Census Bureau data reports Baker County as having a population of 16,134 - a 3.6% decrease from 2000. The largest city in the county is Baker City with a population of 9,828 - a decrease of 32 residents since 2000. Approximately 6,305 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 3,185; 20-39 year olds 2,980; 40-64 year olds 6,023; and residents 65 and older account for 3,542 living in Baker County. The data also indicates that Baker County's population remains relatively consistent with 94.6% White persons, 0.4% Black persons, 3.3 % Hispanic or Latino origin persons, 1.1 % American Indian and Alaska native persons, and 0.5% Asian persons. The percentage of Baker County foreign-born persons is 0.5%. High school graduates account for 88.7% of the population and persons with a bachelor's degree or higher account for 20.5% of the population.

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 \$21,683 and 9.9% of our County's population is below poverty. Large disparities continue to exist between Oregon counties. An example of a disparity is that the Baker County median household income is \$39,704 compared to the Clackamas County median household income of \$62,007.

### **Births**

According to the 2011 preliminary State statistics, there were 154 births in Baker County. Of these births: 64 were first births, 7 had low birth weight; 1 was born to a mother between 10-17; 14 were born to mothers between 18-19; and 139 were born to mothers 20 years or older.

In 2011, 96.7% of women received adequate prenatal care. Of these women, 78.6% received care in the first trimester; 0% received no prenatal care. There were 7 babies born with a low birth weight.

2011 Preliminary data regarding induced abortions shows 3 for women who reside in Baker County.

## **Deaths and Causes of Death**

In 2011, the preliminary data indicates that there were 190 deaths in Baker County. Of the total: 0 deaths for 10-17 year olds, 39 deaths for 18-64 year olds, and 151 deaths for 65 and older.

The leading cause of death is cancer, followed by heart disease and chronic lower respiratory disease. Deaths due to alcohol or drug use in 2009 totaled 7. 50 (25%) of the total deaths were tobacco linked; the state average for tobacco linked deaths in 2009 was 22%.

## **Dental**

BCHD has taken a collaborative approach in determining unmet dental needs in Baker County. Dental uninsured rates are 10.3% higher than the state average, with only two dentists accepting Oregon Health Plan clients. Dental visits to the local emergency department continue to be greater than national trends. BCHD continues to work with the medical and dental community to begin coordinated efforts to identify and address local oral health challenges. Due to staffing changes in 2010, BCHD temporarily stopped providing dental varnish services. The goal was to begin providing these services to children enrolled in Babies First and CaCoon programs in 2012-13; due to limited funding resources this was not able to take place.

## **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. BCHD continues to work with community partners to address the serious issue of diabetes in Baker County. We will promote this work through the Tobacco grant, supporting local Health Fairs and participating with the Baker County Prevention Coalition.

## **Communicable Diseases**

BCHD continues to have low communicable disease occurrence rates. BCHD has not had a case of active mycobacterium tuberculosis in recent years. In 2010, BCHD conducted 50 communicable disease investigations. There were 23 Chlamydia cases and 18 Hepatitis C cases.

## **Immunizations**

BCHD remains the primary provider of immunizations in Baker County. While primary care practitioners provide out of country travel vaccines, BCHD is the sole provider of immunizations for those 18 and under. Currently, fewer providers are offering flu vaccine due to the cost of purchasing the vaccine and storage concerns; it is uncertain if primary care providers will continue to provide flu vaccine in the future. BCHD relies on state supplied vaccine, with the State immunization program providing approximately 70% of vaccine administered by BCHD. This has given us a significant opportunity to protect our community from preventable diseases. While we had a decline in immunizations rates in 2009 due to a manufacturer shortage of Haemophilus influenzae b (HIB) vaccine, we focused on increasing these immunization rates as the vaccine supply stabilized. We are currently in compliance with this program's requirements; we are waiting for final results when data is released in summer 2012.

## Tobacco Use

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, and 49 people die from tobacco use. Over \$9 million is spent on medical care for tobacco related illnesses. BCHD receives tobacco grant dollars to support tobacco cessation policies and activities throughout Baker County. In 2011, we researched local tobacco quit options and focused on the Oregon Quit Line with increasing success. Through our work with the Baker County Prevention Coalition, we participate in local enforcement policies and ideas to prevent tobacco use amongst our youth.

## Adequacy of Essential Public Health Services:

### Epidemiology and control of preventable diseases and disorders

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

All staff members (except for 1 recent hire) have completed communicable disease classes provided by DHS, as well as basic ICS training provided by FEMA. We have all 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 (attending staff and physician meetings), working with our 2 local nursing homes regarding specimen collection and streamlining communication with the hospital and local labs to ensure prompt reporting and action.

BCHD continues to work with our partners through community outreach activities pertaining to disease prevention and education. We speak to our adolescent population in Baker County schools, operate a SBHC at Baker High School, travel to drug and alcohol treatment centers and provide education to various public and private community partners. In 2011, BCHD held 6 reproductive health classes, focusing on teens and parents, through a private grant from the AAUW.

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

BCHD provides Family Planning, Oregon Mother's Care, Babies First, CaCoon, Healthy Start and Immunization services to our community. Through these programs, we have been able to provide essential services and resources to Baker County families most in need.

The BCHD Family Planning program serves 60.8% of women in need in the county (WIN); the state average is 29%. Of the clients served, 72.6% are on Medicaid (as compared to the state rate of 54.8%). In addition, 2010 data shows that 90.6% of clients receiving services were below 150% of the federal poverty level. 139 pregnancies among 486 female clients were averted - 60 in teen clients (under 20 years of age) and 79 in adults.

The BCHD Immunization program remains the main immunization provider in Baker County. In 2007, we served 90% of children ages 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. Since 2005, we have received numerous awards that reflect the BCHD team's hard work and dedication. While we experienced a Haemophilus influenza b (HIB) manufacturer shortage in 2009 that temporarily decreased our immunization rates, we are working to increase those rates. BCHD conducted approximately 80 travel immunization clinics in 2011 throughout Baker County. This included a local clinic for childhood immunizations twice per month, school exclusion clinics, school registration clinics and flu clinics. We continue to expand our travel flu clinics to additional local businesses and City and County facilities. We are waiting for 2011 data rates to be released in summer 2012 to show our improvement.

BCHD WIC program served 853 women, infants and children in 2010. WIC has a current case load of 466 clients and is making efforts to bring it back to at least a 97% caseload target. We continue to support the new addition to WIC services in providing walk-in clinic days since clients find value in this arrangement and barriers are decreased. WIC staff (which includes a registered dietitian) completed outreach activities regarding breast-feeding and nutrition within Baker County. In 2012, we were given a breast feeding award and we plan to use the additional funds to form a breast feeding support group and provide additional training to staff. Additionally, we are in the process of cross-training non-WIC staff to provide additional support for this program.

The BCHD Babies First and CaCoon programs operating in our community have a significant increase in client interest and visits. We have focused much 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, educational programs (HeadStart) and our local hospital. We conduct outreach activities to the local Drug and Alcohol treatment center that provides services to women and their children.

#### 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, Saint Alphonsus Medical Center. 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 1 registrar and 2 deputy registrars; all staff members are full-time employees.

#### 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 for local physicians, dentists, food banks, Oregon Health Plan, and counseling services. Frequently clients are referred from other providers to BCHD for resources. A comprehensive resource guide/brochure reflecting all resources in Baker County continues to be maintained and distributed by BCHD.

### 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

In the past, BCHD implemented a dental varnish program and offered bi-monthly dental varnish clinics to the pediatric community. Additionally, dental varnish services were offered to clients enrolled in the Babies First and CaCoon programs. Due to lack of funding, we no longer have the staff or resources to pursue this endeavor. We are hopeful that this program can be resurrected with the Early Learning Hub once it is established.

#### Emergency Preparedness

BCHD staff continues to develop and implement emergency response plans and conduct exercises. All BCHD staff members have participated in training and competency towards public health emergency response. We continue to communicate 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 County emergency response staff. 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 with numerous educational activities on topics that pertain to public health. These include collaboration with DHS, 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 County local schools and the SBHC. BCHD has established a close working relationship with the local newspaper which will publish relevant stories, as well as print our letters to the editor. We continue to support our local health fairs and community organizations in promoting health and wellness.

#### 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, communicable disease 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, at times, reporting inconsistencies exist amongst the medical community.

#### Goals

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

#### Activities

- Provide education to local providers and their staff regarding the importance and requirement of reporting communicable diseases.
  - Assure that local providers and staff are aware of the BCHD after hour reporting procedure (2417 Protocol).
  - Review and analyze communicable disease statistics compiled by DHS, monitoring for emerging trends.
  - Provide quarterly disease occurrence updates to the medical community (January, April, July and October of each year and more frequently as needed).
- Provide education to individuals and groups on communicable disease issues. This includes press releases to newspaper on current public health issues.
- Implement the BCHD Active Surveillance Policy and Procedure as needed.

#### Evaluation

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

#### Parent and Child Health Services

WIC - Plan due Dec. 21 2012.

Family Planning - Attached.

Immunization –Awaiting the Local Public Health Authority Immunization Annual Plan Checklist for July 2013-June 2014

#### 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, only 2 dentists provide services to children on OHP. Parents with limited resources are frequently referred to areas outside of Baker County for dental care.

### 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.
- Provide resources to clients seeking services.

#### Activities

- Request and receive staff training provided by Malheur County Environmental Health Services.
- Provide educational materials to Baker County residents seeking information.
- Conduct an outreach activity to promote community awareness of Environmental Health Services, such as distributing information at National Night Out and local health fairs.
- Include Malheur County Environmental Services in emergency preparedness activities and outreach activities.

#### Evaluation

- Completion of an environmental health outreach activity.
- Educational materials pertaining to environmental health services are available at BCHD.
- BCHD staff receives training in environmental health services as documented in training logs.

### Health Statistics

Current Condition or problem- BCHD employs 1 registrar and 2 deputy registrars 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 and state liaisons as resources. Internal program policies and procedures need to be continuously reviewed and staff trained to ensure timely and accurate service to our community.

#### Goal

- The BCHD registrar and deputy registrars will receive additional training in vital records.
- Internal policies and Procedures will be reviewed and implemented.

#### Activities

- BCHD staff will attend training offered by DHS that pertain to birth and death

certificates.

- BCHD staff will request assistance from DHS with obtaining vital records best practices.
- BCHD staff will review and implement internal policies and procedures that pertain to birth and death certificates.

#### Evaluation

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

#### Information and Referral

Current Condition or problem - BCHD provides unbiased, 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 and letters to the editor. 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 to our community.
- To maintain an accurate database of resources.

#### Activities

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

#### Evaluation

- Documentation of review and update of information and referral data.
- Monitor that written material is available on an ongoing basis.
- Documentation of staff training in meeting minutes.

### **IV. ADDITIONAL REQUIREMENTS**

1. Organizational Chart -- Attached
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 these issues.
3. Board of Health -- The Baker County Board of Commission serves as the Baker County Board of Health; a BCHD general advisory board does not exist. However, various advisory boards exist as required by specific programs (Family Planning, Healthy Start, Public Health Preparedness and Tobacco programs).
4. Triennial Review - BCHD had its review in May 2011 and exit interview in

August 2011. While there were a few minor compliance findings, all have been resolved and waiting for final compliance acknowledgement after immunization data is released in summer 2012.

## **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 electronic medical records, fiscal programs, family planning office procedures, and accreditation.

Community unmet needs continue to include adequate access to health care; Baker County has limited trained licensed providers to serve this population. For example, a newly diagnosed diabetes patient may have to travel far distances to receive adequate care. BCHD continues to receive chronic disease information through our work with the Tobacco program and engaging with community partners in coordinated care efforts. We will continue to address wellness and preventative health initiatives in our work with the tobacco grant and other competitive grant opportunities in 2012-13.

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

**FAMILY PLANNING PROGRAM ANNUAL PLAN  
FOR FY 2013  
July 1,2013 to June 30, 2014**

As a condition of Title X, funding agencies are required to have a plan for their Family Planning Program, which includes objectives that meet SMART requirements (Specific, Measurable, Achievable, Realistic, and Time-Bound). In order to address state goals in the Title X grant application, we are asking each agency to choose two of the following four goals and identify how they will be addressed in the coming fiscal year:

- Goal 1: Move forward with adapting family planning and reproductive health services to the requirements of state and national health care reform, including the use of electronic health records, partnering with Coordinated Care Organizations (CCOs), investigating participation in health insurance exchanges, etc.
- Goal 2: Assure ongoing access to a broad range of effective family planning methods and related preventive health services, including access to EC for current and future use.
- Goal 3: Promote awareness and access to long acting reversible contraceptives (LARCs).
- Goal 4: Address the reproductive health disparities of individuals, families, and communities through outreach to Oregon's high priority and underserved populations (including Hispanics, limited English proficient (LEP), Native Americans, African Americans, Asian Americans, rural communities, men, uninsured and persons with disabilities) and by partnering with other community-based health and social service providers.

The format to use for submitting the annual plan is provided below. Please include the following four components in addressing these goals:

1. Problem Statement - For each of two chosen goals, briefly describe the current situation in your county to be addressed by that particular goal. The data provided may be helpful with this.
2. Objective(s) - Write one or more objectives for each goal. The objective(s) should be realistic for the resources you have available and measurable in some way. An objective checklist has been provided for your reference.
3. Planned Activities - Briefly describe one or more activities you plan to conduct in order to achieve your objective(s).
4. Evaluation - Briefly describe how you will evaluate the success of your activities and objectives, including data collection and sources.

Specific agency data is provided in Attachment \_ to help with local agency planning. If you have any questions, please contact Carol Elliot (971 673-0362) or Connie Clark (541 386-3199 x200).

FAMILY PLANNING PROGRAM ANNUAL PLAN FOR  
COUNTY PUBLIC HEALTH DEPARTMENT  
FY 2014  
July 1, 2013 to June 30, 2014

Agency: Baker County Health Department

Contact: Alicia Hills RN

**Goal # 3** Promote awareness and access to long acting reversible contraceptives (LARCs).

Problem Statement	Objectives	Planned Activities	Evaluation
Decrease in teen clients being served.	Increase outreach to teen community	<p>Offer presentations to county high school health classes regarding services and reproductive/sexual health topics.</p> <p>Start the discussion with BCHD technology department for a policy regarding the use of social media for outreach for the family planning program.</p>	<p>Have teachers provide written and verbal feedback to the presenter from student and teachers perspective.</p> <p>A written policy addressing the use of social media.</p>
	Increase coordination with organizations that deal with teens on a daily basis.	<p>Present information on BCHD family planning/sexual health services to staff at the alternative school.</p> <p>Conduct a meeting with the leaders of the Young Life Organization in Baker County to discuss how to better educate the community regarding family planning/sexual health services.</p>	<p>Have staff provide written and verbal feedback to the presenter.</p> <p>Have meeting participants complete a survey regarding the meeting and what they would believe would be the most appropriate way to educate the community.</p>

**Goal # 4** Address the reproductive health disparities of individuals, families, and communities through outreach to Oregon’s high priority and underserved populations (including Hispanic, limited English proficient

(LEP), Native Americans, African Americans, Asian Americans, rural communities, men, uninsured and persons with disabilities) and by partnering with other community-based health and social providers.

Problem Statement	Objectives	Planned Activities	Evaluation
<p>The LARCs available at BCHD are the Mirena IUS and Paragard IUD. Due to budgetary issues the number of Mirena IUS have been limited. Also Nexplanon is not offered due to budgetary issues and provider training regarding placement.</p>	<p>Increase the number of Mirena IUS placements.</p>	<p>Assess the fiscal problems associated with increasing the number of Mirena IUS and have a projected amount of Mirena IUS that could be available for each payment source. Provide education to local medical providers regarding the availability of the Mirena IUS at BCHD.</p>	
	<p>Consider offering Nexplanon to family planning clients.</p>	<p>Conduct a survey of the number of family planning clients that are interested in Nexplanon. Review the cost of offering Nexplanon by assessing insurance coverage and CCare eligibility. Assess the interest of BCHD providers in inserting Nexplanon or contracting the service with a local medical provider.</p>	<p>Survey clients regarding Nexplanon interest and review and discuss surveys and insurance/CCare information with Administrative staff.  Depending on the survey and insurance/CCare discussion, discuss interest with providers or a local medical provider.</p>

**Local Public Health Authority Immunization Annual Plan Checklist  
July 2012-June 2013  
Baker County Health Department**

**LHD staff completing this checklist: Alicia Hills RN**

**State-Supplied Vaccines/IG**

- [g] 1. Uses the Oregon Immunization Program (OIP) Vaccine Administration Record (VAR) , or a county VAR given prior approval by OIP
- [g] 2. Accurately codes all immunizations according to OIP Vaccine Eligibility Charts
- [g] 3. Pays quarterly Billable Project invoices in timely manner

**Vaccine Management & Accountability**

- [g] 4. Has an assigned immunization program coordinator
- [g] 5. Uses OIP-approved Standard Operating Procedures for Vaccine Management
- [g] 6. Uses and maintains OIP-acceptable refrigeration equipment
- [g] 7. Uses and maintains OIP-acceptable temperature tracking, calibrated and certified thermometers in every vaccine containing refrigerator & freezer
- [g] 8. Has an OIP-approved vaccine emergency plan
- [g] 9. Complies with OIP vaccine expiration & wastage requirements

**Delegate Agencies**

- [g] 10. Has one or more delegate agencies: LHD has up-to-date addendum agreements for each site **D N/A**
- [g] 11. Has one or more delegate agencies: LHD has reviewed each site biennially, following OIP guidelines **D N/A**

**Vaccine Administration**

- [g] 12. Has submitted annual Public Provider Agreement & Provider Profile
- [g] 13. Provides all patients, their parents or guardians with documentation of immunizations received
- [g] 14. Complies with state & federal immunization-related document retention schedules
- [g] 15. Does not impose a charge for the cost of state-supplied vaccines or IG, except for Billable Project or Locally Owned doses
- [g] 16. Does not impose a charge of more than \$15.19 per dose for VFC/317 vaccine
- [g] 17. Does not deny vaccine administration to any VFC or 317-eligible patient due to inability to pay the cost of administration fee, and waives this fee if client is unable to pay

**Immunization Rates & Assessments**

[g] 18. Participates in the annual AFIX quality improvement immunization assessment and uses rate data to direct immunization activities

### Perinatal Hepatitis B Prevention & Hepatitis B Screening and Documentation

- [S] 19. Provides case management services to all confirmed or suspect HBsAg-positive mother-infant pairs
- [S] 20. Has a process for two-way notification between LHD and community hospital infection control or birthing center staff of pending deliveries by identified HBsAg-positive pregnant women
- [S] 21. Enrolls newborns into case management program & refers mother plus susceptible household & sexual contacts for follow-up care
- D 22. [Multnomah County only] provides centralized case management work over the tri-county area of Washington, Clackamas & Multnomah [S] N/A
- D 23. Documents & submits to OIP the infant's completion or status of 3-dose Hepatitis B vaccine series by 15 months of age (excluding Washington & Clackamas counties) [S] N/A
- [S] 24. Works with area hospitals to promote the Hepatitis B birth dose vaccine to all infants and Hepatitis B vaccine and IG to affected infants whose mothers are HBsAg positive or whose status is unknown
- [S] 25. Screens all pregnant women receiving prenatal care from public programs for HBsAg status or refers them to other health care providers for the screening
- [S] 26. Works with area hospitals to strengthen hospital-based screening & documentation of all delivering women's hepatitis B serostatus
- [S] 27. If necessary, has an action plan to work with area hospitals to improve HBsAg screening for pregnant women
- [S] 28. Requires and monitors area laboratories & health care providers to promptly report HBsAg-positive pregnant women

### Tracking & Recall

- [S] 29. Forecasts shots due for children eligible for immunization services using ALERT II
- [S] 30. Cooperates with OIP to recall any patients who were administered sub-potent (mishandled or misadministered) vaccines

### WIC/Immunization Integration

- [S] 31. Assists and supports the Oregon Health Authority (OHA) to provide WIC services in compliance with *USDA policy memorandum 2001-7: Immunization Screening and Referral in WIC*

### Vaccine Information

- [S] 32. Provides to patients or patient's parent/legal representative a current VIS for each vaccine offered
- [S] 33. Confirms that patients or patient's parent/legal representatives has read or had the VIS explained to them, and answers questions prior to vaccine administration
- [S] 34. Makes VIS available in other languages

### Outreach & education

35. Designs & implements a minimum of two educational or outreach activities in each fiscal year (July 2012 through June 2013). [Can be designed for parents or private providers and intended to reduce barriers to immunization. This can not include special immunization clinics to school children or for flu prevention.] Report activity details here:

Activity 1: Offer immunization clinics twice a month at St. Luke's Eastern Oregon Medical Associates to coincide with well child exams.

Activity 2: Offer immunization clinics quarterly at local drug and alcohol treatment facilities (i.e., Hepatitis A and B, Tdap vaccine.)

(Activity 3)

### Surveillance of Vaccine-Preventable Diseases

36. Conducts disease surveillance in accordance with *Communicable Disease Administrative Rules*, the *Investigation Guidelines for Modifiable Disease*, the *Public Health Laboratory Users Manual*, and OIP's *Model Standing Orders for Vaccine*

#### Adverse Events Following Immunizations

37. Completes & returns all reportable LHD patient adverse event VAERS report forms to OIP

38. Completes the 60-day and/or 1-year follow up report on prior reported adverse events if requested by OIP

39. Completes & returns VAERS reports on other adverse events causing death or the need for related medical care, suspected to be directly or indirectly related to vaccine, either from doses administered by the LHD or other providers

#### School/Facility Immunization Law

40. Complies with Oregon School Immunization Law (ORS 433.235-433-284)

- a. Conducts secondary review of school & children's facility immunization records
- b. Issues exclusion orders as necessary
- c. Makes immunizations available in convenient areas and at convenient times

41. Completes & submits the required annual Immunization Status Report to OHA by the scheduled deadline

42. Covers the cost of mailing/shipping: school exclusion orders to parents, and packets to schools & other facilities

#### American Recovery & Reinvestment Act (ARRA) Stimulus Funds

43. Completes and meets all ARRA (state and federal) reporting requirements including the ARRA Final Summary Report by November 30, 2011.

Report submitted?  Yes  No

### Performance Measures

- D** 44. Meets the following performance measures: [Refer to your 2011 Performance Measure spreadsheet]
- D** Yes ~ No: 4th DTaP rate of ~90%, or improves the prior year's rate by 1 % or more
  - ~ Yes **D** No: Missed Shot rate of ~1 0%, or reduces the prior year's rate by 1 % or more
  - ~ Yes **D** No: Correctly codes ~95% of state-supplied vaccines per guidelines in ALERT IIS
  - ~ Yes **D** No: Completes the 3-dose hepatitis B series to ~80% of HBsAg-exposed infants by 15 months of age
  - D** Yes ~ No: Enters ~80% of vaccine administration data into ALERT IIS within 14 days of administration

### Terms & Conditions Particular to LPHA Performance of Immunization Services

- ~ 45. Reimburses OHA for the cost of wasted state-supplied vaccines/IG when required
- ~ 46. Returns at LHD's expense all styrofoam containers shipped from Oregon Immunization Program (and not by McKesson)
- ~ 47. Participates in state-sponsored annual immunization conferences, and uses dedicated OIP-provided funds for at least one person to attend

### Reporting Obligations & Periodic Reporting

- ~ 48. Submits, in timely fashion, the following reports (along with others required & noted elsewhere in this survey):
  - ~ Monthly Vaccine Reports (with every vaccine order)
  - ~ Vaccine Orders (according to Enhanced Ordering Cycle [EOC] assignment)
  - ~ Vaccine inventory via ALERT IIS
  - ~ Immunization Status Report
  - ~ Annual Progress Report
- D** Corrective Action Plans for any unsatisfactory responses during triennial review site visits ~ N/A

# Non-Compliance Explanation Detail Sheet

Use these table rows to document any checklist statements you were unable to check off or answer with a "Yes". Be sure to insert the corresponding statement number for each response.

Q. 44 Due to staff changes in September of 2010, immunization recall reports and reminder calls and letters were not conducted. To meet compliance BCHD plans to complete immunization recall reports monthly and call or mail post cards to patients identified on report to schedule appointments.
Q. 44 Due to staff changes in September of 2010, VARs were not entered within the timely data entry requirements. To meet compliance BCHD has hired and trained additional staff regarding VAR entry.
Q.

**To Submit:**

1. Save and print this document for your records
2. Include a copy with Agency Annual Plan
3. Submit as an attachment via e-mail to: [Oregon.vFC@state.or.us](mailto:Oregon.vFC@state.or.us)

Attachment A  
 FY 2013-2014 WIC Nutrition Education Plan  
 WIC Staff Training Plan – 7/1/2013 through 6/30/2014

**Agency:**

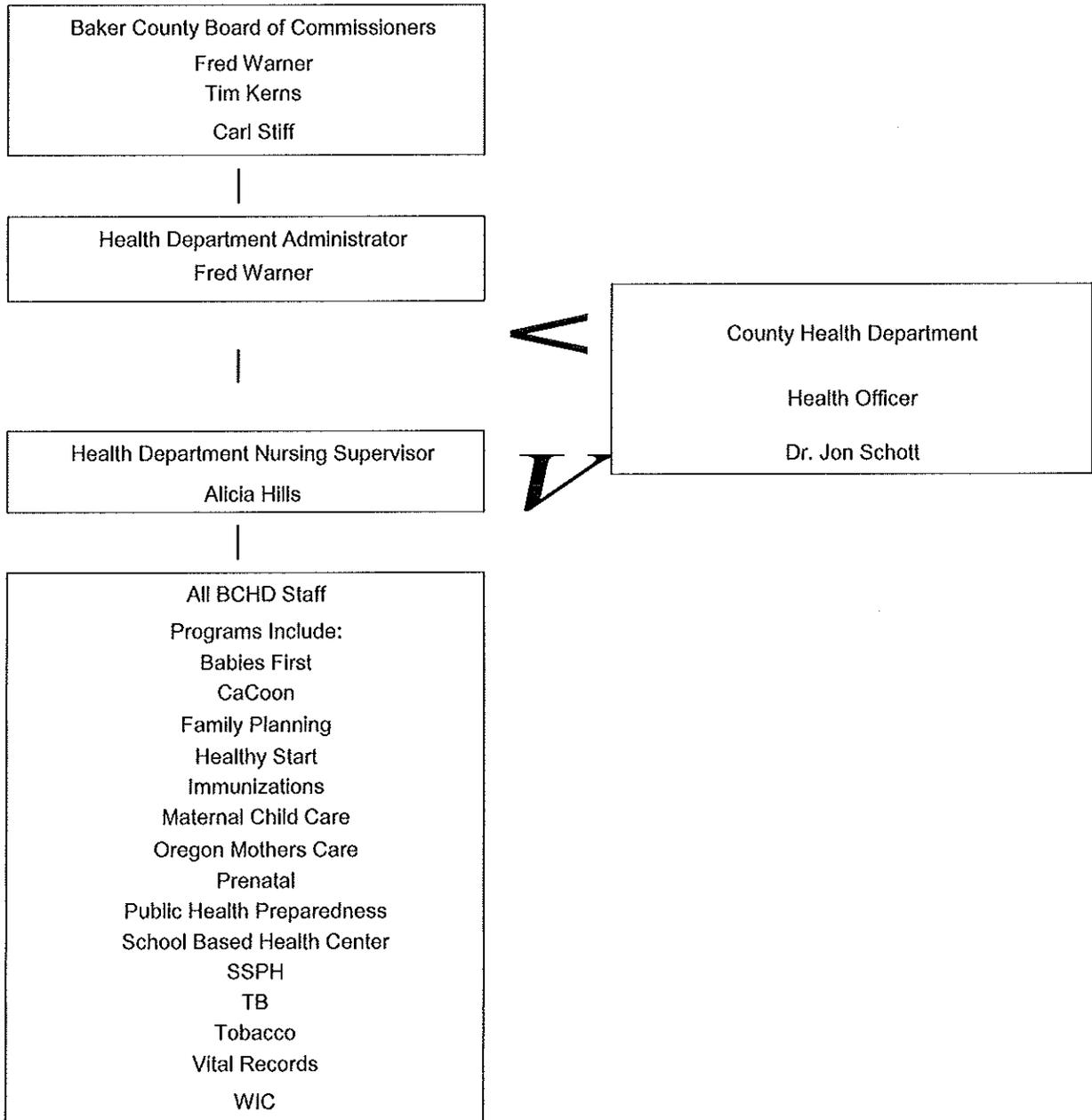
**Training Supervisor(s) and Credentials:**

**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-service topic and an objective for quarterly in-services that you plan for July 1, 2013 – June 30, 2014. State provided in-services, trainings and meetings can be included as appropriate.

Quarter	Month	In-Service Topic	In-Service Objective
1	July-September 2013	Anthro & Hemo data collection techniques & explain growth charts to parents	Review policies to ensure all staff are providing accurate growth monitoring, following approved guidelines for Hgb testing & offering consistent info about growth charts.
2	Oct-Dec 2013	Staff online PCE modules	Staff will review content of each online NE class: Eligibility, documentation, instructions for participants, voucher issuance.
3	Jan-Mar 2014	Baby Behavior eLearning & Breastfeeding Level 1 eLearning	Gain knowledge for staff to assist new moms with infant feeding and breastfeeding support.
4	Apr-June 2014	When BF is not recommended	BF Coordinator will review contraindications to BF: meds, health conditions ...

# ORGANIZATIONAL CHART



Fred Warner Jr., Administrator

Alicia Hills RN, Nursing Supervisor

Revised 01/2013

# ORGANIZATIONAL CHART- School Based Health Center

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

BAKER COUNTY HEALTH DEPARTMENT ADMINISTRATOR  
Fred Warner Jr.

NURSING SUPERVISOR

ALICIA HILLS, RN

SBHC REGISTERED NURSE  
IMMUNIZATION COORDINATOR  
CLINICAL LAB DIRECTOR  
QA COORDINATOR  
Mary Ann Ingram, RN BSN

BILLING COORDINATOR

NANCY STATEN

HEALTH OFFICER

SBHC MEDICAL DIRECTOR  
Dr. Jon Schott

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

SBHC COORDINATOR  
DEPT ASSISTANT 1  
Jody Tomac

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

Budget Contact Information:  
Fred Warner Jr., Administrator  
<http://www.bakercounty.org/budget/yearindex.html>

**Attachment 2**  
**FAA for the period July 1, 2012 through June 30, 2013**

State of Oregon Oregon Health Authority Public Health Division			Page 1 of 2
<b>1) Grantee</b> Name: Baker County Health Department		<b>2) Issue Date</b> July 23, 2012	<b>This Action</b> AMENDMENT FY2013
Street: 3330 Pocahontas Road City: Baker City State: OR Zip Code: 97814		<b>3) Award Period</b> From July 1, 2012 Through June 30, 2013	
<b>4) DHS Public Health Funds Approved</b>			
<b>Program</b>	<b>Previous Award</b>	<b>Increase/ (Decrease)</b>	<b>Grant Award</b>
PE 01 State Support for Public Health	18,079	0	18,079
PE 03 TB Case Management	587	0	587
PE 12 Pub. Health Emergency Preparedness/(July-Aug. 9)	8,734	0	8,734 (g)
PE 12 Pub. Health Emergency Preparedness/(Aug 10-June30)	76,443	0	76,443
PE 13 Tobacco Prevention & Education	55,670	0	55,670
PE 40 Women, Infants and Children FAMILY HEALTH SERVICES	77,306	0	77,306 (c,d)
PE 40 WIC-Breastfeeding Performance Bonus Grant FAMILY HEALTH SERVICES	0	1,174	1,174 (h)
PE 41 Family Planning Agency Grant FAMILY HEALTH SERVICES	16,589	0	16,589 (b)
PE 42 MCH/Child & Adolescent Health -- General Fund FAMILY HEALTH SERVICES	2,783	0	2,783 (a)
PE 42 MCH-TitleV -- Child & Adolescent Health FAMILY HEALTH SERVICES	4,116	0	4,116 (a)
PE 42 MCH-TitleV -- Flexible Funds FAMILY HEALTH SERVICES	9,603	0	9,603 (a)
PE 42 MCH/Perinatal Health -- General Fund FAMILY HEALTH SERVICES	1,483	0	1,483 (a)
<b>5) FOOTNOTES:</b>			
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) Please note that Chlamydia and High Cost Contraceptives funds have been folded into the Title X funds and are no longer a separate line item.			
c) July -September grant is \$19,326 ; and includes \$704 of minimum Nutrition Education: and \$880 for Breastfeeding Promotion.			
d) October-June grant is \$57,979 ; and includes \$11,596 of minimum Nutrition Education amount and \$2,641 for Breastfeeding Promotion.			
e) The \$600 Conference travel award is for the 2013 Immunization Providers Conference, and may be retracted if the Conference is canceled.			
f) This funding must be reported separately and is for the activities detailed in PE 43, 4.0 subject to the availability of funds from CDC.			
<b>6) Capital Outlay Requested in This Action:</b>			
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.			
<b>PROGRAM</b>	<b>ITEM DESCRIPTION</b>	<b>COST</b>	<b>PROG. APPROV</b>



Baker County Health Department

2013 – 2014 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  No  Records include minimum information required by each program.

17. Yes  No  A records manual of all forms used is reviewed annually.

18. Yes  No  There is a written policy for maintaining confidentiality of all client records which includes guidelines for release of client information.
19. Yes  No  Filing and retrieval of health records follow written procedures.
20. Yes  No  Retention and destruction of records follow written procedures and are consistent with State Archives rules.
21. Yes  No  Local health department telephone numbers and facilities' addresses are publicized.
22. Yes  No  Health information and referral services are available during regular business hours.
23. Yes  No  Written resource information about local health and human services is available, which includes eligibility, enrollment procedures, scope and hours of service. Information is updated as needed.
24. Yes  No  100% of birth and death certificates submitted by local health departments are reviewed by the local Registrar for accuracy and completeness per Vital Records office procedures.
25. Yes  No  To preserve the confidentiality and security of non-public abstracts, all vital records and all accompanying documents are maintained.
26. Yes  No  Certified copies of registered birth and death certificates are issued within one working day of request.
27. Yes  No  Vital statistics data, as reported by the Center for Health Statistics, are reviewed annually by local health departments to review accuracy and support ongoing community assessment activities.
28. Yes  No  A system to obtain reports of deaths of public health significance is in place.
29. Yes  No  Deaths of public health significance are reported to the local health department by the medical examiner and are investigated by the health department.
30. Yes  No  Health department administration and county medical examiner review collaborative efforts at least annually.
31. Yes  No  Staff is knowledgeable of and has participated in the development of the county's emergency plan.
32. Yes  No  Written policies and procedures exist to guide staff in responding to an emergency.
33. Yes  No  Staff participate periodically in emergency preparedness exercises

and upgrade response plans accordingly.

34. Yes  No  Written policies and procedures exist to guide staff and volunteers in maintaining appropriate confidentiality standards.
35. Yes  No  Confidentiality training is included in new employee orientation. Staff includes: employees, both permanent and temporary, volunteers, translators, and any other party in contact with clients, services or information. Staff sign confidentiality statements when hired and at least annually thereafter.
36. Yes  No  A Client Grievance Procedure is in place with resultant staff training and input to assure that there is a mechanism to address client and staff concerns.

### **Control of Communicable Diseases**

37. Yes  No  There is a mechanism for reporting communicable disease cases to the health department.
38. Yes  No  Investigations of reportable conditions and communicable disease cases are conducted, control measures are carried out, investigation report forms are completed and submitted in the manner and time frame specified for the particular disease in the Oregon Communicable Disease Guidelines.
39. Yes  No  Feedback regarding the outcome of the investigation is provided to the reporting health care provider for each reportable condition or communicable disease case received.
40. Yes  No  Access to prevention, diagnosis, and treatment services for reportable communicable diseases is assured when relevant to protecting the health of the public.
41. Yes  No  There is an ongoing/demonstrated effort by the local health department to maintain and/or increase timely reporting of reportable communicable diseases and conditions.
42. Yes  No  There is a mechanism for reporting and following up on zoonotic diseases to the local health department.
43. Yes  No  A system exists for the surveillance and analysis of the incidence and prevalence of communicable diseases.
44. Yes  No  Annual reviews and analysis are conducted of five year averages of incidence rates reported in the Communicable Disease Statistical Summary, and evaluation of data are used for future program planning.
45. Yes  No  Immunizations for human target populations are available within the local health department jurisdiction.

46. Yes  No Rabies immunizations for animal target populations are available within the local health department jurisdiction.

### **Environmental Health**

47. Yes  No Food service facilities are licensed and inspected as required by Chapter 333 Division 12.

48. Yes  No Training is available for food service managers and personnel in the proper methods of storing, preparing, and serving food.

49. Yes  No Training in first aid for choking is available for food service workers.

50. Yes  No Public education regarding food borne illness and the importance of reporting suspected food borne illness is provided.

51. Yes  No Each drinking water system conducts water quality monitoring and maintains testing frequencies based on the size and classification of system.

52. Yes  No Each drinking water system is monitored for compliance with applicable standards based on system size, type, and epidemiological risk.

53. Yes  No Compliance assistance is provided to public water systems that violate requirements.

54. Yes  No All drinking water systems that violate maximum contaminant levels are investigated and appropriate actions taken.

55. Yes  No A written plan exists for responding to emergencies involving public water systems.

56. Yes  No Information for developing a safe water supply is available to people using on-site individual wells and springs.

57. Yes  No A program exists to monitor, issue permits, and inspect on-site sewage disposal systems.

58. Yes  No Tourist facilities are licensed and inspected for health and safety risks as required by Chapter 333 Division 12.

59. Yes  No School and public facilities food service operations are inspected for health and safety risks.

60. Yes  No Public spas and swimming pools are constructed, licensed, and inspected for health and safety risks as required by Chapter 333 Division 12.

61. Yes  No A program exists to assure protection of health and the environment for storing, collecting, transporting, and disposing solid waste.

62. Yes  No  Indoor clean air complaints in licensed facilities are investigated.
63. Yes  No  Environmental contamination potentially impacting public health or the environment is investigated.
64. Yes  No  The health and safety of the public is being protected through hazardous incidence investigation and response.
65. Yes  No  Emergency environmental health and sanitation are provided to include safe drinking water, sewage disposal, food preparation, solid waste disposal, sanitation at shelters, and vector control.
66. Yes  No  All license fees collected by the Local Public Health Authority under ORS 624,446, and 448 are set and used by the LPHA as required by ORS 624, 446, and 448.

### **Health Education and Health Promotion**

67. Yes  No  Culturally and linguistically appropriate health education components with appropriate materials and methods will be integrated within programs.
68. Yes  No  The health department provides and/or refers to community resources for health education/health promotion.
69. Yes  No  The health department provides leadership in developing community partnerships to provide health education and health promotion resources for the community.
70. Yes  No  Local health department supports healthy behaviors among employees.
71. Yes  No  Local health department supports continued education and training of staff to provide effective health education.
72. Yes  No  All health department facilities are smoke free.

### **Nutrition**

73. Yes  No  Local health department reviews population data to promote appropriate nutritional services.
74. The following health department programs include an assessment of nutritional status:
- a. Yes  No  WIC
  - b. Yes  No  Family Planning
  - c. Yes  No  Parent and Child Health

- d. Yes                      No     Older Adult Health  
e. Yes                      No     Corrections Health

75. Yes   No  Clients identified at nutritional risk are provided with or referred for appropriate interventions.

76. Yes   No  Culturally and linguistically appropriate nutritional education and promotion materials and methods are integrated within programs.

77. Yes   No  Local health department supports continuing education and training of staff to provide effective nutritional education.

### **Older Adult Health**

78. Yes   No  Health department provides or refers to services that promote detecting chronic diseases and preventing their complications.

79. Yes   No  A mechanism exists for intervening where there is reported elder abuse or neglect.

80. Yes   No  Health department maintains a current list of resources and refers for medical care, mental health, transportation, nutritional services, financial services, rehabilitation services, social services, and substance abuse services.

81. Yes   No  Prevention-oriented services exist for self health care, stress management, nutrition, exercise, medication use, maintaining activities of daily living, injury prevention and safety education.

### **Parent and Child Health**

82. Yes   No  Perinatal care is provided directly or by referral.

83. Yes  No  Immunizations are provided for infants, children, adolescents and adults either directly or by referral.

84. Yes   No  Comprehensive family planning services are provided directly or by referral.

85. Yes   No  Services for the early detection and follow up of abnormal growth, development and other health problems of infants and children are provided directly or by referral.

86. Yes   No  Child abuse prevention and treatment services are provided directly or by referral.

87. Yes  No  There is a system or mechanism in place to assure participation in multi-disciplinary teams addressing abuse and domestic violence.

88. Yes  No  There is a system in place for identifying and following up on high risk infants.
89. Yes  No  There is a system in place to follow up on all reported SIDS deaths.
90. Yes  No  Preventive oral health services are provided directly or by referral.
91. Yes  No  Use of fluoride is promoted, either through water fluoridation or use of fluoride mouth rinse or tablets.
92. Yes  No  Injury prevention services are provided within the community.

### **Primary Health Care**

93. Yes  No  The local health department identifies barriers to primary health care services.
- 94 . Yes  No  The local health department participates and provides leadership in community efforts to secure or establish and maintain adequate primary health care.
95. Yes  No  The local health department advocates for individuals who are prevented from receiving timely and adequate primary health care.
96. Yes  No  Primary health care services are provided directly or by referral.
97. Yes  No  The local health department promotes primary health care that is culturally and linguistically appropriate for community members.
98. Yes  No  The local health department advocates for data collection and analysis for development of population based prevention strategies.

### **Cultural Competency**

99. Yes  No  The local health department develops and maintains a current demographic and cultural profile of the community to identify needs and interventions.
100. Yes  No  The local health department develops, implements and promotes a written plan that outlines clear goals, policies and operational plans for provision of culturally and linguistically appropriate services.
101. Yes  No  The local health department assures that advisory groups reflect the population to be served.
102. Yes  No  The local health department assures that program activities reflect operation plans for provision of culturally and linguistically appropriate services.

## 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: Fred Warner Jr.

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	X	No
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.

**ATTACHMENT TO MINIMUM STANDARDS 2013-14 re "NO" Answers**

I. Minimum Standards regarding Health Department Administrator qualifications:

Fred Warner Jr. has a degree in Business and is the Chairman of the Baker County Board of Commissioners. The BCHD has had significant staffing issues over the last couple of years and continues to struggle with providing services within the budget constraints of Baker County. Even with significant transfers from the Baker County General Fund, the position of Public Health Administrator remains vacant. Commissioner Warner has extensive management experience and will continue to engage with the State Public Health Authority to assure that the Public Health needs in Baker County are met.

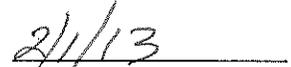
II. Minimum Standards regarding Health Department Supervising Public Health Nurse qualifications:

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.

  
Fred Warner Jr.,  
Local Public Health Authority

  
County

  
Date