



JACKSON COUNTY

*Health & Human
Services*

Local Public Health Authority Comprehensive Plan FY 2012-2013

2013-2014 Update

Updates noted in bold below each section

The mission of Jackson County Health and Human Services is to plan, coordinate and provide public services that protect and promote the health and well being of county residents.

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I. EXECUTIVE SUMMARY

Jackson County has the distinction of being Oregon's sixth largest county and the Southernmost county on Oregon's busiest highway corridor, I-5. Fifty percent of the population lives in the two most populated cities, Medford and Ashland. Twenty percent live in the other nine incorporated cities and the rest, thirty percent, live in the unincorporated areas of the County. While, Medford is known nationally as an agricultural stronghold, Ashland is known for its internationally recognized Shakespeare Festival. These two cities act as bookends to the diversity of the County, as a whole, while at the same time highlighting the complexity of the challenges and opportunities faced by the Local Public Health Authority.

As noted in the plan, Jackson County faces difficulties in the areas of economics, employment, education and preventative health issues. These issues, while specific to the County, are not unique to Oregon, or the nation. What is outstanding, if not unique, about Jackson County is the relationships and partnerships that thrive among programs that overlap with Jackson County Health and Human Services (JCHHS). JCHHS participates in local conversations with private, non-profit, and public entities to address health related opportunities and concerns in the community. In addition, JCHHS works with many regional partners through a variety of committees and partnerships that include partners in Josephine, Coos, Curry, Douglas, and Klamath, as well as Statewide and National partners. Jackson County recognizes collaborations are the key to improving the health of our community, despite limiting issues related to economic woes or other obstacles.

As noted in this Annual Plan, Jackson County expects to meet all of the required mandates for the Local Public Health Authority as outlined in its contract with the Oregon Health Authority for fiscal year 2012-2013. In addition, Jackson County Public Health and Environmental Public Health meet the Center's for Disease Control *Ten Essential Functions of Public Health*, through the mandated programs and other contractual programs as required by the County, the community, or based on identified opportunities to improve the health of the citizens of Jackson County.

The 2012-2013 Fiscal year brings with it many challenges and opportunities, from the development of local Coordinated Care Organizations (CCO's) and Early Learning Center Accountability hubs to efforts in preparing for Public Health Accreditation. Due to strong partnerships, established processes and policies, and supportive elected and non-elected County leadership, Jackson County HHS is prepared to address these new opportunities with enthusiasm.

2013-2014 Update: Opportunities to address the health needs of the community continue with the establishment of two CCO's in Jackson County in Fall 2012: Jackson Care Connect and AllCare. JCHHS leadership was actively engaged in the formation of the local CCOs and continues to be involved in both boards, Community Advisory Councils (CACs), and other subcommittees of the CCOs. Two main focus areas of the CCOs are to 1) identify high utilizers of services and coordinate opportunities to reduce cost and improve care, and 2) complete a comprehensive Community Health Assessment (CHA) utilizing the MAPP process

by fall 2013. Both of these focus areas will also support the work necessary for a strong and comprehensive public health system in Jackson County.

II. ASSESSMENT

A. Description of Public Health Issues and Needs in Jackson County

Population and Census Data:

Jackson County is home to 203,206 persons (2010 US Census Bureau data) making it the sixth most populous county in Oregon. It has experienced population growth of 12.1% from 2000-2010. About 70% of the population lives in the 11 incorporated cities in the county. Jackson County's median income for 2009 was \$45,212 compared to \$48,325 for the state average. In 2009, 14.9% of the population lived at or below 100% of the Federal Poverty Level, which is higher than the rate of 13.5% in 2008. November 2011 unemployment rates show a decrease of 2% in Jackson County from the prior year, down to 11.1%, however, this is still 2% above the State rate at 9.1%. These changes in income, poverty level and unemployment are consistent across the State and nation, as the economy has continued to limp along. In addition, these rates affect the health and education status of our residents.

2010 Census data also shows a change in the ethnic makeup of the County. White persons comprise 88.7% of the population, down from 94.3% in 2008; persons of Latino or Hispanic descent comprise 10.7% of the population, up from 9.2%; persons reporting two or more races comprise 3.5% of the population (previously unreported). All other races remain steady: Asian at 1.2%; American Indian and Alaska natives at 1.2%; African Americans comprise 0.7%; and native Hawaiians and Pacific Islanders comprise 0.3%.

2013-2014 Update: Census population estimates for 2011 for Jackson County are up to 204,822, an .8% increase. Median household income is down in Jackson County to \$43,386 compared with a slight increase in the Oregon average to \$49,850. In 2011, 15.8% of the population lived at or below 100% of the Federal Poverty Level. The November 2012 unemployment rates show a continued decrease to 10.6%. Estimates of Non-hispanic white persons is now at 83.2% of the population due to an increase in the Hispanic population to 11.2%.

Other Demographic Factors:

For the second year in a row, Jackson County ranked 13th and 14th among other Oregon Counties in the 2011 County Health Rankings from The University of Wisconsin. Jackson County ranked 13th in Health Outcomes, which focuses on Morbidity and Mortality rates. Specifically, Jackson County ranks higher (worse) than the National and Oregon averages on Premature Death, Poor or Fair Health, Poor Physical Health Days and Poor Mental Health Days. However, Jackson County ranks lower than Oregon and the Nation on low birthweight.

In Health Factors, Jackson County ranked 14 out of Oregon Counties in areas of Health Behaviors, Clinical Care, Social and Economic Factors, and Physical Environment. Areas where Jackson County ranked higher (worse) than the National and Oregon averages include: Adult smoking, Motor vehicle crash death rates, Teen Birth rate, Uninsured adults, Primary Care Physicians numbers, high school graduation rates, college attendance rates (some college), unemployment, number of children in poverty, and number of children in single parent households. Areas that Jackson County did better than or equal to National and Oregon rates are: Adult obesity, Diabetes and Mammography screenings.

County Health Rankings data is important for comparison purposes to other Counties in Oregon and the National Benchmark of 90% in any specific category. Unfortunately, County Health Rankings data are a compendium of data from multiple years, reaching as far back as 2001. Due to the time frame of the data and the recent economic recession that began in 2009, data for the State and Counties are likely to become worse before they get better, despite local efforts to improve health outcomes.

2013-2014 Update: In 2012, Jackson County ranked 15th in Oregon for Health Outcomes, a decrease from its ranking in 2011 at spot 13. As previously mentioned, due to a lag in data sets that span multiple years, it was expected that rankings may reduce overall before getting better despite current efforts to improve health. Jackson County increased one spot from 14 to 13 in Health Factors for 2012 rankings. Most of the same factors as previously noted are factors in these rankings. Additional information and data can be found at: <http://www.countyhealthrankings.org/rankings/ranking-methods/download-rankings-data/OR>

Immunization rates:

From 2005 to 2010 Jackson County's percentage of age-appropriately immunized two-year-olds has increased from 70.8% to 74.8%. In particular, DTaP (Diphtheria, Tetanus and Pertussis) vaccinations improved from 81.6% in 2005 to 86.6% in 2009. And similarly, MMR (measles, mumps, rubella) vaccine rates improved from 88.3% in 2005 to 92.5% in 2009. However, within the Ashland Public School District, the rates of religious exemptions for immunizations are 24%, significantly higher than the State rate and other areas of Jackson County, creating a community with significant vulnerability to vaccine-preventable diseases. Ashland is Jackson County's 2nd largest city, and Oregon's 23rd largest city, with a population of 20,430. In addition, Ashland has a large influx of tourists and college students from throughout the world, who may or may not have been fully vaccinated in their home states or countries. Jackson County has been working with local schools and stakeholders to address this issue. Efforts include information sessions at local schools, increasing vaccine availability through local Naturopath offices, increasing awareness of risks in the Ashland business community and among local pediatricians, and a pending 3 year research study to address specific issues of significance around vaccine hesitancy.

2013-2014 Update: JCHHS continues to address the issue of under immunized populations through a variety of methods. The Ashland Immunization Project, spearheaded by Health Officer, Jim Shames, works with a variety of partners including schools, city officials, businesses, physicians and community members to improve immunization rates and knowledge in Ashland. Strategies include public education meetings, attendance at childbirth education classes, creation of handouts for providers and patients around immunization education, advocacy with the State concerning community strategies, data collection, and the establishment of a website: www.ashlandchild.com . In August 2012, JCHHS hosted a table top exercise with school officials from Ashland and the local ESD, and other stakeholders to discuss the potential for a Measles outbreak in Ashland Schools. The exercise brought forth valuable discussion and ideas for improvement on communication and coordination of services.

In Fall 2012, JCPH accepted funding from the OHA for a one year program to improve adult immunizations, particularly Influenza and Pertussis vaccinations, in Jackson and Josephine Counties. This program has extended partnerships with pharmacies, schools, businesses and other public health entities in efforts to improve knowledge and vaccination rates. Though the program is limited in duration, the expectation is that partnerships and efforts will continue beyond the funding time frame.

Alcohol and Drug Use in Jackson County:

Jackson County, like the rest of the country and the state, has seen a dramatic change in the pattern of drug abuse over the past decade. Prescription drug abuse has increased almost exponentially nationally and, with it, escalating drug abuse mortality rates which many less urban areas, like Jackson County, have been unaccustomed to. For reasons not entirely clear, our county appears to have one of the highest, if not the highest, prescription drug death rate in the state (extrapolated state data, conversation with State). With Oregon ranking in the top 10 states for prescription drug mortality (figure #5 below), that makes Jackson County one of the deadliest counties in the country for prescription drug abuse.

We have recognized the importance of prescription drug abuse in Jackson County and made it a public health priority for the past 7 years. The following graph illustrates overall mortality in Jackson County from prescription drugs, opiates often in combination with benzodiazepines, since 2002. Community mitigation strategies have included:

- Grand Rounds at all four (4) community hospitals, and in-services at a number of group practices
- Collaboration with both of Jackson County FQHCs, incorporating education and creation of safe prescribing policies and procedures.
- Working with our local state supported alcohol and drug providers to establish chronic pain components to their treatment programs and to facilitate easy communication between their organizations and community physicians.

2013-2014 Update: Jackson County and its partners continue to address substance use in pregnant and parenting women, and with CCO support are identifying best avenues for screening and referral to treatment. One avenue is through the review of NICU data to determine successful practices to address this population. JCHHS and partners are also hosting a conference in February 2013 to broaden the conversation around opioid use in pregnant women.

Teen Pregnancy Rates:

In 1990, teen pregnancy rates for 10-17 year olds were 20.9 per 1000 in Jackson County. Through community partnerships, implementation of education programs, community forums and events, the rate of teen pregnancy reduced almost by half by 2008 to 10.8 per 1000. While this reduction is significant, Jackson County's teen pregnancy rate still remains higher than the State average in the 10-17 and 15-17 age ranges, and is in the top 10 of Oregon counties. Jackson County's Hispanic teen pregnancy rate of 23% was lower than the State rate of 33.7% (10-17 year olds from 2006-2008), however, this rate is higher than the Hispanic population in Jackson County, which was 9.2% (though has since risen to 10.7%). Therefore Hispanic teens are overrepresented in teen pregnancy numbers in Jackson County. To address this health disparity, Jackson County has partnered with the Latina Health Coalition, formed in 2010, to assess community readiness and knowledge around the issue. Initial assessments done in 2011 show the community is not fully informed of the issue and, therefore, more education, data and partnerships can increase this knowledge level to better address change. Another outcome of the assessments was to recommend the introduction of a new program to Latino youth, like the Cuidate! (Take Care of Yourself) HIV/AIDS Awareness and Reduction program. To that end, Jackson County applied for and received an award from the Oregon Health Authority to initiate this program beginning in 2012. By addressing the health disparity of Latina Teen pregnancy, Jackson County hopes to see a decrease in Hispanic and overall rates of teen pregnancy by 2014.

2013-2014 Update: JCPH will continue partnerships with the Latina Health Coalition and continue work to reduce Hispanic teen pregnancy disparities through the Cuidate! program and other collaborative efforts.

B. Adequacy of the Local Public Health Services

Jackson County Health and Human Services meets all of the mandated programs as required by the Oregon Health Authority, including the 5 basic services as listed below.

C. A description of the extent to which the local health department assures the five basic services contained in Statute.

Required Services (ORS 431.416 and OAR Chapter 333, Division 14)

Epidemiology and Control of Preventable Diseases and Disorders: Jackson County's communicable disease control, immunization, STD/HIV, and tuberculosis control services are adequate. Jackson County meets mandated deadlines for reporting as set by the OHA. Jackson County works with partners in the community to address specific areas of need, including outreach to hard-to-reach populations for education and testing, outreach to under immunized populations and collaboration on drug abuse and teen pregnancy.

2013-2014 Update: No change.

Parent and Child Health Services: Jackson County's parent and child health services, while meeting the minimum standards, are unable to meet the community's needs. Referrals to community health nurses for maternal and child case management far exceed capacity, despite augmenting federal assistance through the *Healthy Start* initiative purposed at reducing infant mortality and its causes, resulting in service delivery for only the highest risk cases. Family Planning services at Jackson County Public Health compliment other services available in the community and are currently deemed adequate for the range of services needed, including: Title X services, Bilingual/bicultural services, walk-in appointments, and provision of a broad range of Family Planning supplies. Jackson County is also the host agency to two of the eight School Based Health Centers in the County, and employs the part-time Nurse that works at the only High School Teen Parent Center in the County. Jackson County currently is in a partnership with the local Domestic Violence shelter to host a staff member 8 hours a week at the Public Health office. This partnership has increased awareness of DV related Public Health issues and allows for a warm hand off with clients seeking services from a confidential advocate.

2013-2014 Update: Due to budget cuts in July 2012, JCPH no longer hosts the two School Based Health Centers (SBHC); however they are now fully sponsored and staffed by the local safety net clinics that also sponsor other SBHCs. JCPH also cut Maternal Child Health (MCH) services including an MCH nurse and an internal Mental Health therapist. JCPH will continue to work with community partners including CCOs to address these gaps in services.

Collecting and Reporting on Health Statistics: Jackson County works with a variety of funeral homes, the Medical Examiner's office, hospitals and birthing centers to meet mandates and community requests for Birth and Death Certificates. Jackson County is also actively engaged in a variety of local Community Health Assessments. Jackson County's Healthy Communities program is in the process of completing a community assessment using the CDC's CHANGE tool as a part of the program's third year. In addition, staff have increased participation in other local assessment activities, including with Asante Health Systems (local hospital system), ACCESS, Inc. (local food bank), and Leightman-Maxey forums (local Nutrition focused foundation).

2013-2014 Update: JCHHS will be working with local CCOs as they meet requirements for a local Community Health Assessment due in 2013 and a Community Health Improvement Plan due in 2014. This work will compliment Public Health needs for Accreditation.

Health Information and Referral Services: Jackson County weaves information and referral services into all of its programs. Information is gained by use of current online data sources, State and Local experts, and through research using trusted sources. Staff participate in local boards, task forces and commissions to share and garner up-to-date relevant information. As noted in the Action Plan (page 19), information is shared with partners and the public in a variety of different methods. Referral information is kept current through consistent review of materials and resources available to clients. Referrals to a variety of services are shared individually with clients, posted for common view in a variety of public settings and shared with staff during meetings and email updates.

2013-2014 Update: No change.

Environmental Health Services: The 2009 Triennial Review of the license/inspection and drinking water programs conducted by DHS revealed services in these areas to meet statutory and contractual standards. Another review will occur in April 2012. Current staffing levels are just adequate to meet the inspection requirements and, despite recent retirements, the program has found adequately trained staff to continue the program's focus and commitment to service.

Contractual funding (through DEQ) for the Air Quality program is barely adequate to meet contractual agreements and does not allow for a robust Air Pollution Ordinance enforcement program, as staff must balance Air Quality Program needs with those of other critical programs. The contractual monetary award may decrease in future years due to statewide economic challenges, which will further reduce services.

As Environmental Health is fee-supported, resources are not available to adequately address toxic blue-green algae blooms in lakes, suspect rabid animal contact with pets, indoor air quality (e.g. mold) complaints, viral gastroenteritis outbreaks and other community health hazards and concerns that may arise. Jackson County provides a small amount of County General Funds to support these efforts; however, it is not always adequate.

Jackson County Environmental Public Health and Animal Control programs did have a successful partnership in 2011 with Josephine County Public Health, OHSU and OHSU's Extension Program to increase awareness of rabies and to increase rabies vaccinations. Over 1000 pets (dogs, cats, and goats) were vaccinated over a two month period in both counties through this partnership that included OHA's State Veterinarian and local Veterinarian's and local 4-H Youth clubs. The project, titled "Don't Let Rabies Get your Goat!" stemmed from an increase in positive rabies cases in the Illinois Valley area of Josephine County that started with a case in a local goat.

2013-2014 Update: The Triennial Review of Licensing and Inspection and drinking water programs conducted in April 2012 revealed the programs were performing well and meeting statutory and contractual requirements.

Air Quality issues in Jackson County have and will continue to be a focus of Jackson County Public Health's Climate Change program. Meetings with key stakeholders occurred in December 2012 and engagement will continue as this

was one of the top three identified health impacts of projected climate changes in the Rogue Valley in the next 30-40 years.

Other Services [OAR Chapter 333, Division 14, Section 0050 (3)]:

Emergency Preparedness: For many years, local public health officials have participated actively in every aspect of Jackson County's emergency operations planning. Public Health employees are well-versed on matters of incident command structure and have gained hands-on experience through various exercises, real world experiences of the H1N1 outbreak of 2009 and the Japanese Earthquake and Tsunami of March 2011. Jackson County maintains a full-time Preparedness Coordinator and has all required emergency response plans completed.

2013-2014 Update: No Change.

Medical Examiner Services: Jackson County has experienced a very strong relationship with the local ME team, particularly in regards to review of death records to address the opioid overdose issue locally. This partnership has been successful in identifying and responding to a serious health issue in the County.

2013-2014 Update: No Change.

Health Education: Jackson County is increasing its ability to provide targeted health education services: 1) Latino HIV/AIDS program (Cuidate!) and 2) Childbirth Education classes at Public Health. There are identified gaps in services to these populations that led to the development of these programs to begin in 2012. In addition, education is provided through media and social media releases, WIC classes, and during one-on-one appointments. Jackson County supports the Living Well program for Chronic Disease reduction in Older Adults. This program is evidence based and works well for the identified population, however, could use additional resources to continue to expand. Jackson County also acts as a pass through for dollars for the My Future, My Choice comprehensive sex education program designed to be delivered to middle school students by high school students. Two school districts in the valley, Rogue River and Phoenix/Talent, have adopted these programs and deliver them with fidelity to several hundred students annually.

2013-2014 Update: In 2011, JCPH was awarded funding for a Climate Change program to identify areas that local Public Health could engage in information and education around the health impacts of Climate Change to Jackson County. This program works to collect and gather information through partnerships with a variety of disciplines.

III. ACTION PLANS

A. EPIDEMIOLOGY AND CONTROL OF PREVENTABLE COMMUNICABLE DISEASES AND DISORDERS

Current conditions as relates to OHA contractual elements and Communicable Disease investigation and control:

Jackson County Public Health strives to meet all Program Element mandates as described in CLHO minimum standards and related OARs. These mandates include timely reporting from labs and physicians, investigation of disease outbreaks according to guidelines, surveillance of the incidence and prevalence of diseases, dissemination of urgent public health messages of the community, provision of information, education and prophylaxis to contacts and obtaining relevant information on risk factors, hospitalization and vaccination status. In the 2009 Triennial Review, it was recommended that Jackson County improve the obtaining of vaccination status for reported vaccine preventable diseases. Efforts and trainings to improve this have been underway, and further review will be addressed at the 2012 Triennial Review.

Goals to improve and continue maintenance of these requirements include: developing or continuing relationships with partners and stakeholders, improving internal communication to assure all issues are addressed per mandates, and ongoing training on communicable disease issues of importance in our community.

Activities:

- Weekly Communicable Disease team meetings occur to bring together the three CD nurses that implement the program, the County Health Officer, the Division Manager, and more recent invitees include the Environmental Public Health Division Manager, the Emergency Preparedness Coordinator and the Nursing Supervisor. Issues of importance and updates are addressed at these meetings. In addition, other guests have been invited during particular conversations, including hospital staff, and neighboring county staff.
- To improve communication with local medical providers and healthcare workers, we have re-established the monthly “Flash” report as instituted during the H1N1 epidemic. This report highlights a variety of different issues related to local, regional and national public health issues. In addition, it has increased conversation with some medical providers around certain concerns.
- To improve communication with community partners and the public we have established excellent relationships with our local media providers, and can assure that messages needing to reach the public in a timely manner are promoted by the newspaper, radio and television stations and through social networking opportunities like Facebook.
- To assure training opportunities, CD staff are encouraged to attend local and regional trainings that fit their areas of need for improvement or expertise. In

addition, staff share that information gained with other CD and PH staff upon their return.

- Our clinic services are available on a walk-in basis for STI testing and treatment Monday through Friday. The state-contracted Ryan White Case Manager is stationed in our offices, and the continuum of services for this population is seamless across programs.

Evaluation:

We will use the following tools for evaluation of the effectiveness of our endeavors:

- Anecdotal reports from providers
- ORPHEUS data and tracking of timeliness of reports
- Increase in timely reports from laboratories and the Electronic Laboratory Reporting system
- Training opportunities accessed by staff

Current conditions as relates to other issues:

Tobacco Prevention and Education Program Planning documents are submitted to the State, as required, and address the variety of policy based efforts Jackson County PH staff is focused on throughout the year. We continue to have an active and engaged Tobacco program and our continued work with local partners to address tobacco use reduction is ongoing.

The Healthy Communities program is in its fourth year at Jackson County, and is actively working on a Community Assessment driven by our local “Healthy Communities Steering Committee.” The assessment, using the CDC’s CHANGE tool, is due to be completed in Spring of 2012, and will be key to positioning Jackson County for continued funding in this area of Chronic Disease prevention. The Healthy Communities program has been lucky to work with several SOU/OHSU Nursing students to help kick off this new assessment work. All required planning documents will be submitted to the State TPEP program office as required.

2013-2014 Update:

- **Partner attendees at weekly CD meetings have included: A new Infectious Disease Doctor at Providence Medical Center, a new Vector Control officer for Jackson County and a new Infection Control Nurse at the local Veteran Administration’s facility.**
- **FLASH: This monthly report is now sent to over 600 persons throughout the region and includes updates from JCHHS programs and reports, as well as information requested and supplied by local providers.**
- **The Tobacco Prevention and Education Program has presented to the local County Commissioners, elected bodies at local city departments and the Local Public Safety Coordinating Council as requested. Current conversations are related to enforcement of retail licensing laws and**

issues related to local smoke shops, as well as efforts to reduce under-age access to cigarettes.

- **In FY 12-13, the Healthy Communities program was the recipient of a competitive 3 year award from the OHA. The grant is part of a consortium with Josephine County Public Health to continue to address chronic disease issues in our Region. The program is also initiating a local colorectal screening awareness program in consultation with the State.**

B. ACTION PLAN FOR PARENT AND CHILD HEALTH

1-2. Describe problems, goals, activities and evaluations related to parent and child health.

Due to a variety of factors, including economic issues, drug and alcohol use, mental health needs and reductions of other social and educational services, Jackson County's Public Health programs for parent and children continue to see increases in referrals to and access of services. Jackson County's WIC program saw its busiest month ever in August 2011, and Home Visiting program referral numbers have increased in 2011, with requests from higher acuity clients than have previously been seen. The MH therapist employed by JCPH has also seen high referral numbers and, in particular, requests for help with domestic violence and/or child abuse issues. On another note, the Healthy Kids expanded access to OHP program, and the CAWEM program, that expands access to prenatal care for undocumented pregnant women, have both been expanded locally so that these children and pregnant women have better access to health insurance for their health care needs.

Jackson County continues to meet all minimum standards for OHA contracted programs including Immunizations, Maternal Child Health Services, Family Planning and WIC. These programs are fully staffed and accessible to the public by walk-in, call-in or outside referral mechanisms. All programs are also provided to Spanish only speaking clients, and clients speaking other languages have access to services through the use of paid interpreters. In addition to these programs, Jackson County Public Health provides additional services to support Parent and Child Health, funded through State contracts, private contracts or County General Fund dollars. Additional programs include: North Medford Teen Parent program nursing support, two High School based School Based Health Centers (6 additional ones exist in the County as well), CaCoon home visiting and care coordination services, Family Foundations (Federal Healthy Start grant) Home Visiting services, Cuidate! Latino Health Education program, Oregon Mother's Care, WIC Peer Breastfeeding Support program, internal Mental Health therapist support, and outreach to local at-risk populations for education on family planning, HIV/AIDS, and Hepatitis C.

Jackson County PH will continue to provide services for families as supported by OHA and other contractual obligations and will also work with community partners to assure services provided meet the needs of the community. As services dwindle in a variety of

areas, primarily due to funding, it is imperative to look at the big picture of service provision in the county to assure that services are efficient, cost effective and are not duplicative of other services. Coordination and collaboration on efforts are key to assuring these needs are addressed.

2013-2014 Update: Due to budget cuts in July 2012, JCPH no longer hosts the two School Based Health Centers (SBHC), however they are now fully sponsored and staffed by the local safety net clinics who also sponsor other SBHCs. JCPH also cut Maternal Child Health (MCH) services including an MCH nurse and an internal Mental Health therapist. JCPH will continue to work with community partners, including CCOs, to address these gaps in services.

3. WIC:

2013-2014 update: The WIC program plan is included in Attachment A.

4. Immunizations:

2013-2014 update: The immunization program received no compliance findings during the April 2012 Triennial review. As otherwise noted, JCPH is working on increasing awareness and immunization rates through the Ashland Immunization Project and the Adult Immunization Grant. Any required progress reports will be submitted to the OHA.

5. Family Planning:

2013-2014 update: The Family Planning program received a few, now resolved, compliance findings during the April 2012 Triennial Review. The program is working on efficiency and clinic flow needs and is continually striving to support patient needs better. 2012 clinic data show up to 30% of clients are Hispanic, supporting the continued focus on bilingual staffing and resources. Any required progress reports will be submitted to the OHA.

6. Maternal, Child and Adolescent Health:

A. Assessment of the health needs of the MCAH population:

Infant mortality and low birth weight:

Jackson County's maternal child health indicators have shown some fluctuations over the past five years and have reflected some negative trends. The rate of inadequate prenatal care is 1% lower than the state average, but infant mortality has remained 1-2% lower than the state average for the same time period. Rates of low birthweight infants has also shown an upward trend with a five year average of 57.5 per 1,000 births, but still compare favorably to the state five year average of 61.0 per 1,000 births. 68% of pregnant women have first trimester entry into Jackson County prenatal care compared to the state at 70.6%. The percentage of infants born with low birth weight has declined somewhat to 5.3%, compared to the state average of 6.0%.

Teen pregnancy rates:

As was previously noted, in 1990, teen pregnancy rates for 10-17 year olds were 20.9 per 1000 in Jackson County. Through community partnerships, implementation of education programs, community forums and events, the rate of teen pregnancy reduced almost in half by 2008 to 10.8 per 1000. While this reduction is significant, Jackson County's teen pregnancy rate still remains higher than the State average in the 10-17 and 15-17 age ranges, and is in the top 10 of Oregon counties. Jackson County's Hispanic teen pregnancy rate of 23% was lower than the State rate of 33.7% (10-17 year olds from 2006-2008), however, this rate is higher than the Hispanic population in Jackson County, which was 9.2% (though has since risen to 10.7%). Therefore Hispanic teens are overrepresented in teen pregnancy numbers in Jackson County.

Domestic Violence Issues:

In 2011, there were nine deaths related to Domestic Violence in Jackson County alone. This included four women, four children (all from the same family) and one male (apparent suicide). Not only are these rates extremely high for DV related deaths in the county, these overall rates of murders are higher than have been seen in the last 10 years in Jackson County.

Maternal Mental Health needs:

Jackson County Public Health has seen an increase in the requests for Mental Health support by a variety of clients. These clients are often referred to Jackson County Mental Health; however, their distinct needs often vary from the general service provided at the local MH agency. Specifically, women and parents seek help with parenting challenges, relationship issues and general depression brought on by family and fiscal challenges. To that end, several years ago, Jackson County PH employed a MH specialist as an internal employee available to address internal referrals with short term needs from WIC, Family Planning, Oregon Mother's Care and Maternal Child Health nurses. In January 2011, JCPH also started a weekly Mental Health Support group for women who could benefit from this type of group.

Drug and Alcohol use:

As was previously noted in the community assessment for this plan, Jackson County has a high rate of continued use of alcohol, tobacco, prescription drugs, and marijuana (both medicinally prescribed and other) use during pregnancy or in the months leading up to pregnancy. These rates are higher than other areas of the country that utilize the same 4-P's screening tool; however, they are comparable to rates in Douglas and Josephine Counties. Opioid drug use is also high in Jackson County as was previously noted.

2013-2014 Update:

- **Local Domestic Violence deaths dropped in 2012, however JCPH continues to work with the local DV agency and council to address ongoing issues related to intimate partner violence in Jackson County.**

- **A 2012 Oregon Home Visiting Needs Assessment conducted by the OHA's Maternal Child Health program noted that only 11% of pregnant women potentially in need of Home Visiting services were served, only 39-46% of Children birth to age 4 potentially in need were served and only 39% of children with special health needs (birth-4) were served. Services reviewed included services from JCPH as well as other partners like Head Start, Early Intervention and Family Nurturing Center. Information/services seen as lacking by survey respondents included: child general health care; playing/reading/teaching child information; information on other resources/services; parenting information/support; child growth/development information; family nutrition information; and adult general health care. JCPH will continue working with partners to address gaps in Home Visiting and other Maternal Child Health programs.**
- **The Mental Health therapist and group that were at JCPH are now gone, however JCPH continues to work with partners, including CCOs, to address the mental health needs of its clients.**
- **JCHHS is working with CCOs and other partners to reduce opioid use during pregnancy, through review of NICU data and sponsorship of CME conferences.**

B. Goals, objectives, activities and timelines:

Jackson County's MCAH program plans to continue with the following work to address the issues as noted above:

- Supplement Home Visiting work through the Health Care Coalition of Southern Oregon's (HCCSO) Family Foundations program to address infant mortality and low birth weight. Over the past eight years, this program has proven effective at significantly reducing low birth weight and increasing early entrance into prenatal care in program participants. 159 women are seen annually by JCPH through this federally funded program, and program staff receive training and support through these additional resources.
- Continue 4-P's screening throughout the County to initiate conversations about the risks of drugs and alcohol on infant's health. Data collection will continue, as well as, increased data sharing and the identification of additional ways to reduce the risks to children and infants through the use of this local information. Jackson County's Perinatal Task Force will continue as the lead on this county wide project.

Jackson County's MCAH program plans to initiate, or has recently initiated, the following work to address the issues as noted above:

- In mid 2011, Jackson County partnered with Community Works, the local Domestic Violence agency, on an OHA/DOJ grant, to address Intimate Partner Violence (IPV) in Public Health settings. This grant has already been successful in increasing awareness of DV issues as relates to PH staff in Family Planning,

OMC, WIC and Maternal Child Health. The partnership strengthens the knowledge of PH staff on methods of approaching the subject of DV or IPV and of linking the agencies involved in the grant more closely. In 2012-2013, we will work to increase trainings with PH on these issues and thereby increase referrals to the onsite DV advocate.

- In 2012, Jackson County will begin its Cuidate! Latino Health Education program to address HIV/AIDS and early pregnancy in the Latino youth population. This program will work in collaboration with the already existing Latina Health Coalition to address disparities in this population as relates to teen pregnancy and HIV/AIDS. The program is evidence based and culturally appropriate to address the variety of issues facing young Latinos in our community.
- Jackson County staff has already begun to increase participation in local coalitions that address a variety of MCAH issues: Child Abuse Network, Early Childhood Partnership team, Multi-disciplinary team and the Latina Health Coalition. Participation in these groups has increased over the past year, and it will continue to be a priority for PH to be at these tables to address these community wide issues.
- Increase collaboration and participation in conversations and ultimate formation of local Coordinated Care Organizations (CCO) and Early Learning Council hubs (ELC) to assure PH is part of the changing landscape

2013-2014 Update: JCPH will continue to focus on collaborative efforts with local CCOs and Regional Early Learning Coalition groups to address opportunities to improve the service delivery system, improve health and reduce costs. JCPH will work to seek additional funding opportunities for MCAH services through State or Federal resources.

C. Evaluation plan to measure progress and outcomes of the Plan:

JCPH plans to continue its services related to research, referral and evaluation of needs for the MCAH population. This work will continue in collaboration with local health and health service agencies to address gaps in services and changes in services as may relate to newly formed CCO's and/or a regional Early Learning Council hub. Coordination of service delivery is aimed at reducing duplication and improving efficiencies. Additional measures of success include, but are not limited to:

- Reductions in rates of teen pregnancy, particularly Latina teen pregnancy
- Increase in referrals to our local Domestic Violence agency and continued training for internal staff to improve comfort level in addressing DV
- Further reduction in infant low birth weight rates
- Continued screening and referrals for pregnant women using the 4-P's plus and PHQ-9 tools. In addition, Jackson County is identifying ways to increase 3rd trimester screenings in pregnant women to address drug and alcohol use at that stage.

2013-2014 Update: No Change.

D. Projected use of MCAH Flexible Funds and other funds supporting plan activities and goals.

All 2012-2013 FY funds will be used in full according to State and Federal guidelines. In addition, Jackson County may use additional funds to support these efforts, including County General Funds, Local foundation grants and donations, and National grants.

2013-2014 Update: No Change.

C. Action Plan for ENVIRONMENTAL PUBLIC HEALTH

Jackson County's Environmental Public Health Annual Plan, as is submitted to Jackson County's Public Health Advisory Board (PHAB), can be found at: <http://www.co.jackson.or.us/Page.asp?NavID=3746> and is updated annually. Next update is scheduled for **May 2013**, and will be posted at the same location.

D. Action Plan for HEALTH STATISTICS

Describe your approach to the collection and reporting of health statistics, including birth and death reporting.

Jackson County Public Health's Vital Records program meets all rules as defined in OAR 333 Division 11 pertaining to:

- Preparation of Certificates
- Record Preservation
- Registering of Live births
- New certificates of Birth following adoption and changes in paternity
- Amendments
- Death Registrations, including home burials
- Disclosure of Records
- Defined fees

Jackson County employs one full time bilingual Deputy Registrar and 2 part-time Deputy Registrars to meet the above requirements and deadlines as outlined by State Statute. These deputies work with local hospitals, funeral homes, private physicians, citizens and the Medical Examiner's office to assure mandates. Jackson County's 2009 Triennial Review showed compliance in all areas of the Vital Records program, and the program's review in April 2012 should show the same. However, Jackson County has identified, through State recommendations, that more access to online electronic submission of certificates is warranted in the County. To that end, Jackson County will

be working with local partners in the 12-13 FY to improve this standard.

As previously noted, Jackson County has a strong relationship with the local Medical Examiner's office which has been critical to address the Prescription Drug overdose deaths in the County, through the review of Death record data. Another ongoing collaboration on the use of Vital Statistics data is with the Latina Health Coalition to address the disparity of Latina Teen Pregnancy rates in Jackson County as compared to Caucasian teen pregnancy rates. Jackson County HHS will continue to review local data to address other disparities of Public Health importance.

2013-2014 Update:

- **There were no findings for the Vital Records program in the April 2012 review.**
- **Staffing changes in 2013 (due to retirement) will result in some changes for this program, however, should not affect our ability to meet program requirements.**

E. Action plan for INFORMATION AND REFERRAL

Describe your approach to information and referral.

Several assessments were completed following the H1N1 outbreak in 2009-2010 that showed the need to increase information sharing with the general public, as well as with internal and external partners on the role of Jackson County HHS programs. In addition, effective information sharing tools ("Flash Report") were noted as strengths that stemmed out of the H1N1 outbreak and were deemed valuable to continue regardless of emergency situations. The following tools have been created/revised based on these recommendations:

- "How Do We Help" brochures and video were developed in 2010 to highlight program activities in all areas of Jackson County HHS. These tools are shared with partners and new staff to promote a broader understanding of the programs provided, and are all translated into Spanish. These tools can be seen online at <http://co.jackson.or.us/page.asp?navid=3425>
- An Electronic Reader Board was placed in front of HHS buildings in 2010 to share emergent information (air quality alerts, bike to work week, flu clinics) and/or monthly health topic information (New Year's resolutions: eat less, move more, don't smoke). This board can be seen by passers-by, visitors, staff, etc.
- The monthly "Flash" reports were revised in 2011 to provide updates on local issues, local events, CDC or State reports/guidance, and contact information for reporting or questions. These reports are emailed to the majority of health care providers in the community and other partners, including school representatives, the local Public Health Advisory Board, the local Medical Advisory Board and internal partners. Flash reports are also posted on the web page and on Facebook.

- A Facebook page was created by Jackson County HHS in 2011 to meet the increased needs of accessing information via social media sites. The page looks consistent with other material developed through the “How Do We Help” campaign and redirects visitors to our web page for more in depth information as needed. The page can be “liked” at <http://www.facebook.com/jacksoncountyhealthandhumanservices>

Additional methods of information sharing:

- Media engagement continues to be a high priority for Jackson County HHS to assure that accurate, timely and appropriate information is shared with the public through traditional media methods. Several HHS staff are trained and experienced in Public Information Officer (PIO) techniques and skills and, therefore, Jackson County is often called upon to respond to issues of public health significance as they occur locally or nationally.
- Jackson County Public Health has also focused on increased communication with internal staff and external partners on the variety of services available to our clients. Methods of increase include: more participation by PH staff in local task forces and coalitions, increased trainings at staff meetings for internal staff with partnership from external partners and increased resource sharing during meetings or via internal email communications.

Referral Systems:

The methods of information sharing, as listed above, also improve our strength in referrals. While Jackson County incorporates referrals in all aspects of all programs, the increase in knowledge of community programs helps to support these referrals. In addition, referral forms, pamphlets and other handouts are consistently reviewed for accuracy to reduce inaccurate referrals.

2013-2014 Update: Communication with partners, both public and private, will continue to be a key objective for JCPH. Clear, consistent and correct information is imperative to maintaining open lines of communication.

F. Action Plan for PUBLIC HEALTH EMERGENCY PREPAREDNESS

Current Condition or Problem:

Preparedness resources are limited through grant funds, which allow the County to minimally meet Program Element-12 (PE-12), requirements on a routine basis. Should a large-scale emergency event occur, Jackson County’s Health and Human Services (HHS) ability to respond effectively to that disaster, while ensuring we meet the HHS mission, could be jeopardized.

Objectives:

- Meet PE-12 requirements for HHS Preparedness

- Be prepared to respond effectively to a disaster while ensuring HHS meets its mission.

Actions:

- Continue community engagement with participation in Community Stakeholder Groups and by providing Community Emergency Preparedness Seminars
- Upgrade the Emergency Operations Plan into an Emergency Response Plan
- Provide HHS staff preparedness information, guidance, and training
- Develop and implement a robust HHS Continuity of Operations Plan (COOP)
- Engage Community Stakeholders in planning and implementation of preparedness plans
- Begin working on Project Public Health Ready, in conjunction with upgrading the Emergency Operations Plan into an Emergency Response Plan

Evaluation:

- Semi-Annual and Annual Review by the State Public Health Emergency Preparedness, as outlined in PE-12
- Exercise the COOP and obtain feedback through the After Action Report.
- Elicit feedback from Community Stakeholders through surveys, general meetings, or other feedback mechanisms
- Review of Project Public Health Ready will be completed by the Project Public Health Ready Review Committee through NACCHO.

2013-2014 Update:

- **Identify program gaps by completing a gap analysis tool as provided by the OHA**
- **Evaluate gaps and develop work plan to address needs using recommendations for the CDC Public Health Preparedness Capabilities plan.**
- **Work with Climate Change program to identify opportunities for collaboration**
- **Exercise preparedness plans and obtain feedback through After Action Report**

G. Information on OTHER FUNDED PROGRAMS:

Climate Change Grant:

In 2011, Jackson County was one of five counties in the State to receive a 3 year climate change grant to assess the readiness of local public health departments to address climate change. This CDC funding is new. Oregon was one of 6 states/cities to receive the funds. Oregon, unlike the other recipients, chose to distribute these funds to local public health departments to address readiness. The grant is being administered by the Public Health Division of Jackson County HHS in conjunction with support from other divisions and administration, including the Emergency Preparedness Coordinator.

Jackson County immediately recognized the need to pull together a group of local stakeholders for input on the planning and methods to best address this issue. While many stakeholders from Preparedness circles are part of this group, the scope was intentionally set to be larger and include representatives from the local public transportation authority, local bikeways committee, National Weather Service staff, Vector Control staff and Healthy Communities program staff. This broader range of stakeholders will help with the long term planning for more of the non-emergent issues, like slow but steady increases in heat and decreases in water availability.

While still in the beginning stages, this program has been embraced by the variety of stakeholders as an important local issue. Our local coordinator, Susan Bizeau, a Community Health Nurse in Communicable Disease and Immunizations, will assure that program requirements are met, while also assuring that local needs are addressed.

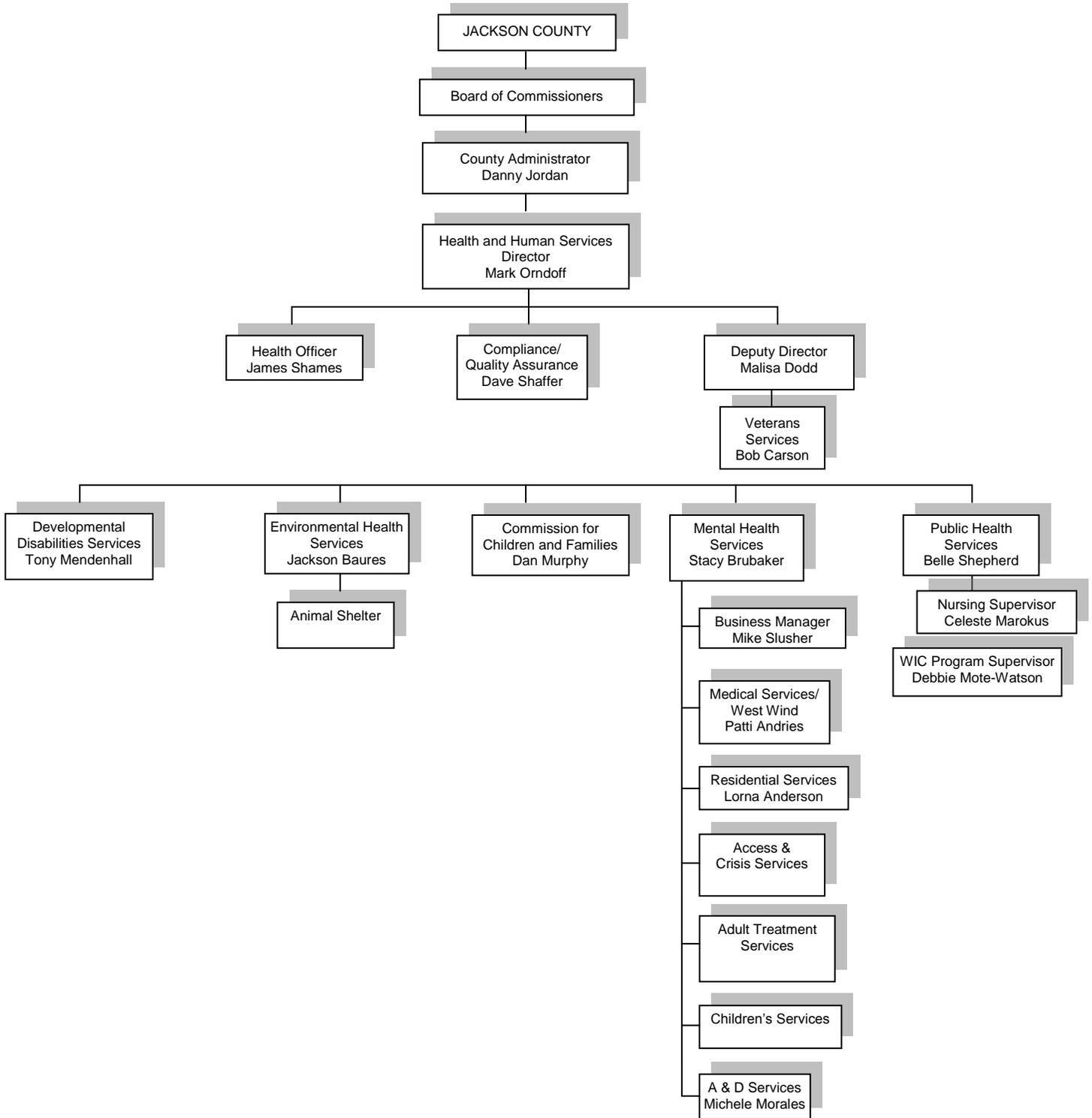
2013-2014 Update:

- **Climate Change Grant will be completed 8-2013, but plan is to fold Climate Health Adaptation recommendations into existing programs like Preparedness, Environmental Health and Healthy Communities. In addition the program has:**
- **Formed a Climate Health advisory group of key stakeholders in air and water quality, emergency preparedness, forestry, transportation, planning, business and health.**
- **Worked with key stakeholders to improve and refine public messaging around air quality issues, as particularly related to wildfire.**
- **Worked with local water districts and a local hydrologist to understand and prepare for changes in precipitation patterns and effects on water quality and health.**
- **Begun work on a Climate Health website**
- **Begun identifying additional funding sources to continue initiative and stakeholders group.**

- **The Cuidate! “Take Care of Yourself” program to reduce HIV/AIDS and teen pregnancy in Latino youth began January 2012 through funding from the OHA (funded July 2011). The program is funded for five years and, as previously mentioned, works with local partners, including the Latino Health Coalition, schools and social service organizations to address the underlying causes of the high Latina teen pregnancy rate in Jackson County.**
- **The Adult Immunization Program was funded by the CDC through OHA for one year (July 2012- June 2013) to improve adult immunizations, particularly Annual Influenza and Tdap (Pertussis) vaccinations. Staffing for this program supports efforts in both Jackson and Josephine Counties to improve rates in health care facilities, businesses, long-term care facilities and pharmacies. Though this is a short term program, the efforts and partnerships made are expected to last past the actual funding period.**
- **JCPH has begun efforts towards National Accreditation via the Public Health Accreditation Board. Accreditation assures local partners and community members that JCPH meets nationally accepted and recommended guidelines for a Local Public Health agency, including addressing the ten essential elements of Public Health, assuring that efforts relate to community needs based on assessment and that the agency works through continuous quality improvement efforts. JCPH has received funding in October 2012 from the North West Health Foundation to support efforts towards Accreditation.**

IV. ADDITIONAL REQUIREMENTS

1. 2013- 2014 Organizational Chart for JCHHS:



2-3. Jackson County Board of Health and Public Health Advisory Board:

Per ORS 431.410, the Governing body of the County, the Jackson County Board of Commissioners is the Board of Health, and they have appointed a Public Health Advisory Board (PHAB) per County Ordinance No. 95-47, and have an appointed Commissioner liaison to the PHAB.

The Health Administrator/HHS Director reports to the County Administrator who reports to the Board of Commissioners (see Organizational Chart). The Board of Commissioners meets for regularly scheduled public meetings, and to discuss Health issues that come before them or are emergent. The Board of Commissioners approves the LPHA's Annual Plan, Budget and requests for grants, staffing and other information as requested by staff of Jackson County Health and Human Services.

The PHAB consists of eleven members with four year terms each, all of who are either persons licensed by the State as health care practitioners or are persons who are well informed on public health matters. 2012 members include: a Dentist, Pediatrician, SOU Student Health Center physician, a Medford School Board representative, Executive Director of a local FQHC, an Urban Planner, an OHSU extension representative, and the Director of OHSU at SOU School of Nursing. The PHAB meets every other month to discuss pending and ongoing Public Health and Environmental Health issues in Jackson County. In-depth presentations and updates on ongoing issues are presented at each meeting. In addition, members bring public health issues of importance to the table to discuss and offer advice on. The PHAB also acts as the Local Tobacco Advisory Board and the Family Planning review Board (meeting Title X recommendations).

2013-2014 Update: No Change

4. Triennial Review:

Jackson County's last triennial review was in April 2009. There are no pending compliance findings from that review to complete. The last WIC review was in June 2011, and there are no compliance findings with that program either. The next full triennial will be in April 2012, and the next WIC review will be in 2013.

2013-2014 Update: The April 2012 Triennial review of Local Public Health Services was successful and resulted in few findings. All findings have been resolved as of 1/2013.

V. SUMMARY OF UNMET NEEDS AND GAPS IN SERVICE

The overwhelming majority of public funds that flow to local health authorities is categorical in nature and tied to specific diseases or issues. As an end result, there are no flexible resources with which local health authorities can combat the leading causes of disability and/or death within their given populations. Despite the fact that prevention remains as the most salient cornerstone of public health, there is a paucity of resources with which to deliver prevention programming to the general public to reverse such trends as physical inactivity, poor dietary choices for both pediatric and adult populations, and lifestyles that contribute to sub-optimal cardiovascular and pulmonary health. Two issues of public health significance that are not being addressed adequately are: childhood obesity and dental health. Jackson County PH is committed to working with other agencies to address these areas further in the 12-13 FY, though State level support would also be welcomed to address these areas.

2013-2014 Update: The above listed areas still remain existent in Jackson County. In addition Maternal Child Health services both at Public Health and throughout the community exist at a lower level than are requested by the community and referring entities. JCPH will work with existing and new partners, particularly CCOs and Early Learning groups, to address these issues.

VI. BUDGET

For 2013-2014 budget information, contact:
Malisa Dodd, Deputy Director
Jackson County Health and Human Services
541-774-7802
1000 E. Main
Medford, OR 97504

Web address with Jackson County and LPHA budget:
<http://www.co.jackson.or.us/page.asp?navid=3623>

VII. LHD Survey and Indicators:

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: Mark Orndoff, M.S.

Does the Administrator have a Bachelor degree?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Does the Administrator have at least 3 years experience in public health or a related field?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Has the Administrator taken a graduate level course in biostatistics?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Has the Administrator taken a graduate level course in epidemiology?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Has the Administrator taken a graduate level course in environmental health?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Has the Administrator taken a graduate level course in health services administration?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Has the Administrator taken a graduate level course in social and behavioral sciences relevant to public health problems?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

a. Yes No 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.

The plan for the Administrator to come into compliance with the minimum qualifications includes enrollment in the online Graduate Certificate in Public Health program at the OHSU School of Nursing (or another accredited University). Courses to be taken include graduate courses in: biostatistics, epidemiology, environmental health, health services administration. Current administrator has a Master's Degree in Social Sciences with related courses, many of which were taken at the undergraduate level.

Yes X No ___ The local health department Supervising Public Health Nurse meets minimum qualifications:

Licensure as a registered nurse in the State of Oregon, progressively responsible experience in a public health agency;

AND

Baccalaureate degree in nursing, with preference for a Master's degree in nursing, public health or public administration or related field, with progressively responsible experience in a public health agency.

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

Yes X No ___ The local health department Environmental Health Supervisor meets minimum qualifications:

Registration as a sanitarian in the State of Oregon, pursuant to ORS 700.030, with progressively responsible experience in a public health agency

OR

A Master's degree in an environmental science, public health, public administration or related field with two years progressively responsible experience in a public health agency.

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

Yes X No ___ The local health department Health Officer meets minimum qualifications:

Licensed in the State of Oregon as M.D. or D.O. Two years of practice as licensed physician (two years after internship and/or residency). Training and/or experience in epidemiology and public health.

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

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

Danny Jordan, Jackson County Administrator

Date