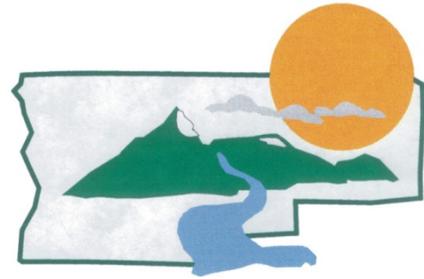


JEFFERSON COUNTY

PUBLIC HEALTH DEPARTMENT

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Jefferson County Local Public Health Authority Annual Plan 2011 - 2012

I. Executive Summary (Annual)

The Jefferson County Public Health Department has continued to stabilize its workforce this past year with two full time RNs hired to expand the Home Visiting Program and one to replace an LPN for the Communicable Disease/Immunization, Ryan White Case Management, HIV Prevention and Family Planning. An Environmental Health Specialist from Lincoln County agreed to a four day a week position to include PH Preparedness to replace a retiring experienced EHS contractor who worked 2 days per week. The new EHS also assists Crook County one day per week with their water program.

The Developmental Disabilities Program and Commission on Children and Families Program required a lot of the Public Health Director's time. The County Commissioners supported the recommendation to turn the DD program over to a subcontractor by January, 2011 who could spend the time and effort to address issues with the state office. The award went to the county's Mental Health subcontractor, Best Care Treatment Services which has a similar program and track record of dealing with the state and Tribal issues.

The Jefferson County Commission on Children and Families found their Healthy Start Program dropped abruptly July 6th 2010 by the High Desert ESD because of a funding reduction. JCPHD was able to pick up the program and staff person within a week, but had to spend three months going through a required local CCF contracting process. That program now complements the expansion made in the Nurse Home Visiting programs for Maternal Case Management, Babies 1st and CaCoon with the new RN supervising that program as well. JCPHD was then in a position to combine with Deschutes and Crook Counties to apply for a rural based Nurse Family Partnership Home Visiting Program in June, 2011. Jefferson County is also a participant in a state based contract application for NFP through the CDC which will announce the award by September, 2011.

The CAWEM (Citizen Alien Waivered Emergency Medical) PLUS program was approved by the County Commissioners this Spring using funds from the local Hospital District Foundation and the savings from health insurance premiums as a result of the PH Director being covered by

his spouses Deschutes County Health Plan. This program will allow over 35 women to have full OHP prenatal care including dental, mental health and additional indicated tests related to pregnancy. We hope this will improve our county prenatal visit rates and birth outcomes plus it provides a seamless program across the Tri-Counties of Central Oregon since Crook will join also with the longstanding efforts of Deschutes County in this program. Jefferson has about one-third of its deliveries occurring in Deschutes County.

The idea of a Central Oregon Regional Health Authority across the three counties developed into two entities: The Central Oregon Health Board, an IGA among the three county governments designed to share resources, especially in community assessments; and the Central Oregon Health Council, comprised of three county commissioners and other private sector health care providers such as the St. Charles Hospital system and insurers such as Pacific Source. A number of projects were catalyzed by these meetings resulting in a coordinated effort towards Public Health accreditation, Emergency Department Mental Health high user case management, Post-NBICU care coordination as well as Hispanic Teen Pregnancy prevention grants.

Locally, the other Public Health programs were able to maintain and excel through the hard work of the competent staff. WIC still exceeded their enrollment requirements; Immunization rates for JCPHD were highest in the state; Communicable Disease Control uncovered a Hanta Virus source, plus identified State Correctional Institution needs for information exchange; Reproductive Health decrease NP clinic time, but increased RN time outside the clinic and maintained the prevention program My Life/My Choice; the new Healthy Communities Coordinator got walking paths improved, Safe Routes to School expanded, exercise and wellness partnerships improved with the hospital, school districts, Warm Springs Confederated Tribe, local government and businesses and was part of the cultural awareness coalition expansion which resulted in a recent grant approval for the program from the Office of Multi-Cultural Health; Jail Health has been able to maintain despite funding shortages, even with the passing of a new bond.

II. Assessment – (Annual)

1. The same key issues identified in last year's three year comprehensive plan assessment still face Jefferson County today: obesity, unplanned pregnancies, drinking, tobacco use, Chlamydia, and Salmonellosis. The second annual Robert Wood Johnson Foundation County Health rankings again placed Jefferson County last in Oregon in Health Outcome and Health Factor measures. The data lag and span (2005-2008) will keep Jefferson in this lower level for some time since many interventions were begun after that time frame.

There are many community based activities recently initiated that are trying to affect these issues, but will take time to be reflected in the data. Partnerships with the local health care providers including Mt. View Hospital and Warm Springs Tribal and Indian Health Services,

both school districts, city government and large businesses are aware of Jefferson County's status in the state, but committed to improving it. A big factor is the recent unemployment rates, where Jefferson and Deschutes counties hover around 12.5% and Crook is over 14%. That is a key driver in many of the key issues as well as the RWJF health indicators. An effort is underway this coming year to do a combined Tri-county assessment and Health Improvement Plan as part of the Central Oregon Health Board and Health Council ground work.

2. **New Programs** -- The University of Washington Baby Smiles research program began May, 2010 and has had some limitations related to the target population wanting to participate in a research project. This is a research based program that attempts to find the difference in maternal and infant dental caries when approached with two methodologies for preventing caries. It is a three year grant that allowed JCPH to hire a translator that can accompany the home visiting nurse on the many visits to participating Hispanic mothers. JCPHD has the Culver School District contract to provide School Nursing services, plus two of the local Head Start Programs use our nursing services to be in compliance.

III. ACTION PLANS

A. Epidemiology and control of preventable diseases and disorders

(Updated Plan sent to Program Coordinator for CD and Immunizations)

Problem: Getting staff hired that could do the treatment and investigation

Goal: To provide media information regarding health department role in disease prevention.
Improve the timeliness of 24/7 reporting

Activities Produce two media stories with the local paper in 09/10
Monitor 24/7 reports for timeliness on a quarterly basis

Evaluation Copies of two stories
Reports submitted to the director regarding times

Results: An experienced part time RN has taken charge of the Communicable Disease Control Program. A new full time graduate RN began July, 2010 and has been working with the lead nurse in TB, STD/HIV and Ryan White programs along with stepping in to coordinating the Immunization Program.

B. Parent and child health services including family planning clinics

(Updated Plan sent to Program Coordinators for WIC and Family Planning)

Problem: The problem has been staff resources to effectively achieve the outreach for the nursing home visit program which requires an interpreter in addition to the nurse. This also makes follow up hard and we have thought about a lay person but would need some resources to achieve this action. Regarding family planning we have seen some decrease in service attributed to the continual nurse practitioner balancing over the past three years of the school based health center and the department. This has lead to cancellations and individuals not feeling we are responsive. Our immunization and WIC programs are doing very well.

Goal: Retool the use of staff for increasing services for nursing home visits and family planning, now that the clinic staff is up to budgeted levels.

Activities: Increase community awareness of services provided by outreach to community groups, speaking engagements, and seeks support for these programs outside of grant funds and fees.

Evaluation: At the end of the fiscal year is the number of services delivered in these two programs higher on June 30 2011 than on June 30, 2010.

Results: Home Visiting gained both a full time RN and a full time Family Service Worker in July, 2010. The FSW is bilingual Spanish and came with the Healthy Start program transfer. The RN became fulltime and has expanded the program to the point we have applies for the Nurse Family Partnership Program in combination with Deschutes and Crook Counties as well as becoming more involved with the local Early Childhood Committee. We are anxious to see how the Governor's Early Learning Council affects our programs. WIC continues to meet its goals and expand plus it is a great gateway to our Family Planning and Maternity Case Management Programs. Family Planning visits decreased with the changes in visit criteria as well as clinical guidelines for exams, so one of the clinics was dropped, but we still have a clinical day a week plus have RN consultation five days per week.

C. Environmental Health

(Updated Plan sent to Program Coordinator)

Problem: Not had adequate staffing and focus until the last six months. We were behind in water sanitary inspections and restaurant inspections.

Goal: Maintain water and food inspections within the parameters established in the administrative rule.

Activities: Keep a qualified sanitarian on staff at all times with incentives to stay with the Department

Evaluation: All water and food inspections will be up to date and complete within the time frames by June 30, 2010.

Results: Our 19 hour per week EHS with 30 years experience retired and was replaced with an already trained EHS able to work 3 days per week in EH programs and 1 day per week in Preparedness, plus works the other day assisting Crook County. It is anticipated this position will be shared equally with Crook County in January 2012 when their EHS retires. We have been able to keep all water and food inspections up to date in required timeframes.

D. Health Statistics

Our registrar maintains the records for us. The numbers of birth and death certificates are small but we have efficient system now that the system is electronic. We have a good back-up system with two deputy registrars which help in the absence of the registrar. There is still discussion of Warm Springs being able to access their Tribal member information, which could create problems for funding of the JCPH position and data integrity. The State office is working with Warm Springs to consider this option at Warm Springs' request.

We continue to participate in other statistic gathering systems within the state so our statistics for WIC, family planning, immunizations, BCC, EH and others. We depend on the state's summary of the data as we do not have the internal capability to summarize the data locally. An integrated Health Information Exchange that would cover all providers in Deschutes, Crook and Jefferson Counties did not get funded. JCPHD is too small to be able to afford an Electronic Health Records system and has been looking for partnerships and grants to assist in the process.

E. Information and Referral

It is described some above, but we have a significant display of brochures that are used as information for clients. Our CCF program with support from the public health department produces a referral manual on an annual basis which is available to clients. Referrals are made in person and over the phone. Our front desk staff is knowledgeable of local resources. They can convey that information in both English and Spanish which helps our diverse population.

F. Public Health Emergency Preparedness

The JCPHD's Emergency Plan is very complete and did include a plan for our 509J School for Pandemic Emergency. The prior emergency preparedness coordinator did an outstanding job of developing materials. As part of the budget shortfall for Jefferson County, the PH Preparedness Program has gone from having a 1.0FTE dedicated to activities to having a .4 FTE spread across the Director (who has previous experience in this area) and three other PH staff. The result has broadened our expertise, but does not allow for a focused attention to the huge paperwork this program requires in plan development, exercise planning and implementation plus meeting attendance. Still, JCPHD was able to have staff overviews of the Incident Command Structure as it pertains to Public Health; participated in Deschutes

and Crook county exercises as well as the local EMS and Hospital exercises. Upcoming efforts will focus on combining the County Emergency Manager requirements with Public Health's and the regions to have coordinated efforts for planning and exercises.

G. Other issues

The JCPH Director not only oversees the Public Health Programs and presides over the Ambulance Service Area committee, but also has supervisory responsibility for the Jail Nursing Staff and Physician, the Commission on Children and Families staff and the Developmental Disabilities Staff. These three program areas have occupied over half of the Director's time. The State DD program was subcontracted out in January, 2011. Additionally, the county CCF program staff left in the spring of 2011, in anticipation of the Governor's Early Learning Council affecting their positions. The PH Director assumed the interim CCF manager responsibilities at that time plus had to find clerical support within the organization. With the future of the local CCF programs up in the air, the County Commissioners are hesitant to replace the position. It is hoped the coordination of Home Visiting Services at the state level by Public Health, CCF and the Oregon Department of Education will result in the ability to coordinate appropriately placed and monitored services on a local level.

IV. Additional Information

2011-12 Jefferson County Public Health Department Organization Chart is a separate attachment to this Report.

The Jefferson County Board of County Commissioners functions as the Board of Health and approves all policies and funding requests. They are kept informed with monthly meetings with the Department Heads and anytime there are issues or events needing their decision.

V. Unmet Needs

A whole county Home Visiting Program Coordinator is needed along with a state coordinated system. Jefferson County has a variety of programs stating they provide home visiting. This includes the Public Health Programs of MCH, Babies 1st, CaCoon plus Healthy Start and soon to be Nurse Family Partnership. Additionally, there is a Federal Early Head Start Home Visiting program managed out of Hood River, a Local Relief Nursery Program that was just started under the efforts of CCF (whose staff left to run that program), the Migrant Head Start Program has a home visiting component and is managed out of Wilsonville, a local Department of Education Head Start is base in Madras as well as in Warm Springs, both of which have limited home visiting programs. It is all confusing to the families and to the medical community that can largely influence who participates in the programs. An effort is underway through the local Early Childhood Committee convened by

CCF to address this issue, but it will require the state and federal funding entities to be better coordinated in directing each of their local entities. Hopefully, the Governor's Early Learning Council will be able to assist.

Result: An effort is underway through the local Early Childhood Committee convened by CCF to address this issue, but it will require the state and federal funding entities to be better coordinated in directing each of their local entities. Hopefully, the Governor's Early Learning Council will be able to assist.

VI. Budget

Barbara Mammen, Business Manager, will provide a separate attachment of the Jefferson County Public Health Department approved FY12 budget (July 1, 2011- June 30, 2012).

VII. Minimum Standards

To the best of your knowledge, are you in compliance with these program indicators from the Minimum Standards for Local Health Departments?

Organization

1. Yes No ___ A Local Health Authority exists which has accepted the legal responsibilities for public health as defined by Oregon Law.
2. Yes No ___ The Local Health Authority meets at least annually to address public health concerns.
3. Yes No ___ A current organizational chart exists that defines the authority, structure and function of the local health department; and is reviewed at least annually.
4. Yes No ___ Current local health department policies and procedures exist which are reviewed at least annually.
5. Yes No ___ Ongoing community assessment is performed to analyze and evaluate community data.
6. Yes No ___ Written plans are developed with problem statements, objectives, activities, projected services, and evaluation criteria.
7. Yes No ___ Local health officials develop and manage an annual operating budget.
8. Yes No ___ Generally accepted public accounting practices are used for managing funds.
9. Yes No ___ All revenues generated from public health services are allocated to public health programs.
10. Yes No ___ Written personnel policies and procedures are in compliance with federal and state laws and regulations.
11. Yes No ___ Personnel policies and procedures are available for all employees.
12. Yes No ___ All positions have written job descriptions, including minimum qualifications.
13. Yes No ___ Written performance evaluations are done annually.
14. Yes No ___ Evidence of staff development activities exists.
15. Yes No ___ Personnel records for all terminated employees are retained consistently with State Archives rules.
16. Yes No ___ Records include minimum information required by each program.

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

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

Control of Communicable Diseases

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

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

Environmental Health

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

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

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

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

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

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

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

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: Thomas M. Machala

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

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

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

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

OR

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

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

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

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

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

Agencies are **required** to include with the submitted Annual Plan:

The local public health authority is submitting the Annual Plan pursuant to ORS 431.385, and assures that the activities defined in ORS 431.375–431.385 and ORS 431.416, are performed.

Thomas M. Machala

Local Public Health Authority

JEFFERSON

County

JULY 08, 2011

Date

Jefferson County Public Health Organizational Chart, 2011 - 2013

