



BAKER COUNTY HEALTH DEPARTMENT

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February 25, 2014

Jan Kaplan, MSW
Principal Executive Manager E, Office of Community Liaison
OHA Public Health Division
800 NE Oregon Street, Suite 930
Portland, OR 97232

Dear Jan,

The Baker County Health Department is pleased to submit our 2014-2015 Local Public Health Plan and required documents. The following documents are being submitted:

- Baker County Health Department Annual Plan 2014-2015
- Minimum Standards
- Organizational Chart
- 2013-2014 Financial Assistance Contract
- Baker County Health Department Budget Contact Information

Should you have any questions, or need additional information, please do not hesitate to contact me at 541-523-8211 ext. 11.

Sincerely,

Robin Nudd, Asst. Director
Baker County Health Department

BAKER COUNTY HEALTH DEPARTMENT



2014 - 2015
Annual Plan

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I. EXECUTIVE SUMMARY

Baker County Health Department (BCHD) continues to provide essential public health services of epidemiology and control of preventable diseases, maternal and child health services, family planning, collection and reporting of health statistics, and health information and referral. In addition to essential programs, we continue to provide services at the School Based Health Center (SBHC).

The BCHD includes 12 staff members consisting of an interim administrator/director, assistant director, business manager, nursing supervisor, 2 registered nurses, a registered dietician and 5 support staff. BCHD has contracted with a health officer, pharmacist consult, 2 nurse practitioners and a physician assistant. BCHD strives to provide outstanding service to our community in the most fiscally responsible manner. To that end, BCHD remains committed to assessing the availability of new and innovative systems to operate more efficiently. In 2014 the BCHD, as well as the SBHC, will be utilizing electronic medical records. As the healthcare system continues to evolve, the enhancement of electronic medical records will allow for efficiencies in coordinated care and improved clinical and claims data to assist in quality control.

The programs offered at BCHD remain strong and are focused on reducing disparities within our community. Since many of our clients have limited access to primary care, the SBHC remains an important avenue in promoting health education and health promotion for our adolescent population. Adolescents within the Baker County school system will begin receiving behavioral treatment as well due to the collaborative efforts made by the BCHD, Mountain Valley Mental Health and Baker High School. Funding for this venture has been made available through a grant awarded by the Oregon Health Authority.

Public Health Preparedness continues to be an integral part of BCHD, fostering strong relationships in the community as well as working with City and County counterparts to best serve our citizens. These relationships were tested in the summer of 2013 when Baker City had the unfortunate incident of a cryptosporidium outbreak.

BCHD continues to play an active role in working with the Eastern Oregon Coordinated Care Organization to integrate physical, mental and all other inter-related medical issues to help provide wrap around services to our most at risk populations.

II. ASSESSMENT

A. Population/Economics

Baker County is located in eastern Oregon and consists of 3,068 square miles. It is surrounded to the north by Union and Wallowa Counties, to the west by Grant County, and to the south by Malheur County; the area includes the Powder River and the Wallowa Mountains. Baker County was established on September 22, 1862. The average temperature in January is 25 degrees Fahrenheit and in July 65 degrees Fahrenheit. The chief economic bases are agriculture, forest products, manufacturing and recreation. Recreation includes: Anthony Lakes Ski Resort, Oregon Trail Interpretive Center and Old Oregon Trail, Sumpter Gold Dredge State Park, Sumpter Railroad, Downtown Baker City Restored Historic District, various ghost towns, spectacular camping and hiking in wilderness areas.

The 2012 US Census Bureau data reports Baker County as having an estimated population of 15,909, a -1.4% decrease from 2010. The largest city in the county is Baker City with a population of 9,696; a decrease of 132 residents since 2010. Approximately 6,213 people live in rural areas of the county. Census data shows the population has remained consistent with approximately 49.3% female and 50.7% male. Age distribution is as follows: 0-18 year olds 3,929; 19-64 years old 8,274; and residents 65 and older account for 3,706 living in Baker County. The data also indicates that Baker County's population remains relatively consistent with 95.4% White persons, 0.4% Black persons, 3.7 % Hispanic or Latino origin persons, 1.3 % American Indian and Alaska native persons, and 0.5% Asian persons. The percentage of Baker County foreign-born persons is 1.4%. High school graduates account for 88.1% of the population and persons with a bachelor's degree or higher account for 20.5% of the population.

November 2013 unemployment rates report Baker County with a 9.1% unemployment rate – 1.3% higher than the state's. The 2012 US Census lists the per capita personal income for Baker County residents at \$22,938 and 19.6% of our County's population is below poverty. This is 4.1% higher than the state's poverty level. Large disparities continue to exist between Oregon counties. An example of a disparity is that the Baker County median household income is \$40,348 compared to the Clackamas County median household income of \$63,951.

B. Births

According to the 2012 State statistics, there were 174 births in Baker County. Of these births: 66 were first births, 8 had low birth weight; 14 were born to mothers between 15-19; and 160 were born to mothers 20 years or older.

In 2012 94.8% of women received adequate prenatal care. Of these women, 73.6% received care in the first trimester; 5.2% received no prenatal care. There were 8 babies born with a low birth weight.

2012 preliminary data regarding induced abortions reports 8 in Baker County.

C. Deaths and Causes of Death

In 2012, preliminary data indicates that there were 201 deaths in Baker County. Of the total: 1 death for birth to 14 year olds; 4 deaths for 15-34 year olds, 29 deaths for 35-64 year olds, and 167 deaths for 65 and older.

The leading cause of death is heart disease, followed by cancer. Deaths due to alcohol or drug use in 2012 totaled two (2). 23.4% of the total deaths were tobacco linked; the state average for tobacco linked deaths in 2012 was 21.8%.

D. Dental

With lack of available funding, BCHD was unable to implement the dental varnish program in the 2013-2014 fiscal year. BCHD will be working closely with the Eastern Oregon Coordinated Care Organization and Early Learning Council to explore additional means of funding for this valuable program.

E. Diabetes

Management of diabetes occurs in the primary care setting. Diabetic education involves diet plans, exercise and follow-up. BCHD continues to work with community partners to address the serious issue of diabetes in Baker County. We will promote this work through the Tobacco grant, supporting local Health Fairs and participating with the Baker County Prevention Coalition.

F. Communicable Diseases

BCHD has had an increase of CD reports in 2013 due to a municipal water system cryptosporidium outbreak affecting approximately 28% of Baker City residents. Chlamydia cases are down from 44 in 2012 to 29 in 2013. Hep C cases remain consistent at 22 cases in 2013 compared to 21 in 2012.

G. Immunizations

BCHD remains the primary provider for childhood immunizations in Baker County. Based on 2012 immunization rates, BCHD has the second highest rate in the state at 68.1%. This is down slightly from 2011 which was 72.3%. The state's average for 2012 was 66.1%. In 2013 BCHD received 46% of its vaccines through the state immunization program and 54% through private party.

H. Tobacco Use

According to the 2013 Oregon County Tobacco Fact Sheets, 2,980 adults regularly smoke cigarettes in Baker County. 940 adults suffer from serious illness associated with tobacco use and 48 have died. Over \$9 million is spent on medical care from tobacco related illnesses every year. BCHD receives tobacco prevention grant dollars to support smoke-free and tobacco-free policies throughout the county. In 2013, BCHD worked on presenting smoke-free city parks to the City Council, promoting the Oregon Quit Line referral program, and attending trainings that increase the knowledge of the Tobacco Prevention Education Program (TPEP) Coordinator. The TPEP coordinator actively serves on the Baker County Prevention Coalition (BCPC) as they strive to collaborate with communities throughout the county to create safe and drug free environments. Also, the TPEP coordinator is currently the Grantee and Contractors Advisory Group member representing Eastern Oregon. BCHD's plan for 2014 includes a focus on creating tobacco-free county campuses, seeing an ordinance pass for smoke-free city parks, and doing tobacco retail assessments across the county. TPEP will continue collaborating with community partners to create a culture of health in Baker County.

I. Adequacy of Essential Public Health Services:

Epidemiology and Control of Preventable Diseases and Disorders

BCHD is committed to providing epidemiology and control of preventable diseases, developing our policies, and engaging our community and community partners through exercises and education.

We have engaged our community partners in compliance with disease reporting by providing education (attending staff and physician meetings), working with our 3 local nursing homes regarding specimen collection and streamlining communication with the hospital and local labs to ensure prompt reporting and action.

BCHD continues to work with our partners through community outreach activities pertaining to disease prevention and education. We speak to our adolescent population in Baker County schools, operate a SBHC at Baker High School, travel to drug and alcohol treatment centers and provide education to various public and private community partners.

Parent and Child Health Services, Including Family Planning

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

According to the Oregon Reproductive Health Program, 2012 report, the BCHD Family Program served 48.9% of women in need in the county (WIN); the state average is 39.3%. Of the clients served, 85.9% are on Medicaid (as compared to the state rate of 75.0%). In addition, 2012 data shows that 71% of clients receiving services were below 150% of the federal poverty level. 92 pregnancies among 394 female clients were averted and 49 in teen clients (under 20 years of age) and 43 in adults.

The BCHD Immunization program continues to have one of the highest vaccination rates in the state. In 2013, we vaccinated 2,195 clients. Over 68% of children in Baker County have completed the 4:3:1:3:3:1:4 series. BCHD continues to provide off-site vaccination clinics to outlying areas such as Unity and Huntington, as well as over 40 clinics at St. Luke's. Our partnership with St. Luke's allows BCHD to offer immunizations at the same time the child has their well child checks. Both providers and parents continue to provide positive feedback on this endeavor.

BCHD WIC program served 844 women, infants and children in 2012 and over \$312,000 was spent on healthy food at local retailers. WIC staff (which includes a registered dietitian) has recently completed a survey to assess the needs and barriers for clients. Based on these results WIC clinic hours may be adjusted to accommodate more clients and meet our caseload target of 97%. In 2014 WIC staff will be meeting with local agencies such as DHS to provide additional education on WIC services.

In the fall of 2013, the BCHD Babies First and CaCoon programs were unable to run at full capacity due to a nursing shortage. In December a nurse was recruited and is actively providing outreach and essential services to the community.

Examples of outreach activities include providing physicals for local Head Start program, general education to partner agencies such as DHS, the Rachel Center, May Day, and providing education and brochures to local service providers. We are looking forward to increasing our client participation in these programs and will continue to provide services that will improve the quality of life for at risk children and their families.

Collection and Reporting of Health Statistics

BCHD provides vital statistics services including birth and death recording and registration. Birth certificates are received from our local hospital, Saint Alphonsus Medical Center. Death Certificates are received by hard copy and electronically. We work with Coles Tribute Center, Gray's West & Company Pioneer Chapel and Funeral Home and Tami's Pine Valley Funeral Home. Vital records staff include 1 registrar and 2 deputy registrars; all staff members are full-time employees.

Health Information and Referral Services

BCHD gathers health information and referral resources on an ongoing basis. Resources are gathered and retained in a database. Information is printed and given to clients seeking services. Examples of resources include contact information for local physicians, dentists, food banks, Oregon Health Plan, and counseling services. Frequently clients are referred from other providers to BCHD for resources. A comprehensive resource guide/brochure reflecting all resources in Baker County continues to be maintained and distributed by BCHD as well as posted on our website.

Environmental Health Services

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

J. Adequacy of Program Services

Dental

In the past, BCHD has implemented a dental varnish program and offered bi-monthly dental varnish clinics to the pediatric community. Additionally, dental varnish services were offered to clients enrolled in the Babies First and CaCoon programs. Due to lack of funding, we no longer have the staff or resources to pursue this endeavor. BCHD will be working closely with the Eastern Oregon Coordinated Care Organization and Early Learning Council to explore additional means of funding for this valuable program.

Emergency Preparedness

BCHD staff continues to develop and implement emergency response plans and conduct preparedness exercises. All BCHD staff members have participated in training and competency towards public health emergency response. We continue to communicate and conduct preparedness exercises with counties in our region and local partners such as Baker County Emergency Management (EM), the medical community, and the local Fire Departments. BCHD is collaborating with Baker City and County EM to develop policies and plans to provide sustainable services to our communities. Public Health Emergency Preparedness (PHEP) continues to strive towards keeping the community safe from communicable diseases, water contamination events, and pandemic influenza.

In the future we will continue developing preparedness capabilities so that BCHD can play a vital role in protecting the health of our county.

Health Education and Promotion

BCHD is active in promoting health education and disease prevention activities to the community with numerous educational activities on topics that pertain to public health. These include presentations at local schools and treatment centers, the SBHC, and annual health fair and school registration. BCHD continues to look for more ways to promote health education in Baker County.

Laboratory Services

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

Medical Examiner

Baker County receives medical examiner services from local physicians.

Primary Health Care

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

III. ACTION PLAN

A. Epidemiology and Control of Preventable Diseases and Disorders

Goals	Activities	Evaluation
*Respond to 100% of CD cases and outbreaks. * Increase communicable disease reporting from healthcare providers.	*On-call CD person will be available 24/7 * Develop and distribute disease reporting job action sheet to local providers	*Quarterly 24/7 testing *% of local providers receiving job action sheet

B. Parent and Child Health Services

Goals	Activities	Evaluation
Family Planning *Update Policies and Protocols *Provide additional educational opportunities *Acceptance of 2014-2015 Reproductive Health Plan (Appendix A)	*Policies and Protocols are reviewed and signed annually by administrator and health officer. *Education at local schools	*Compliance during the Federal Review in March 2014 *Community Feedback *Acceptance of 2014-2015 Plan
Oregon Mother's Care *Assist clients to enroll in Cover Oregon	*Attend Cover Oregon Training *Reduce # of uninsured *Provide prenatal vitamins *Provide info on programs after baby is born, WIC, Babies First, etc.	*100% of clients in OMC will have been contacted regarding Cover Oregon. *# of births to uninsured mothers. *# of new packets handed out
Babies First! *Improve early detection of infants & young children at risk of developmental delay & other health related issues	*Meet w/Healthy Start program facilitator to implement protocols/screening during initial visit. *Increase number of referrals *Become an active participant at Early Learning Council	*Completion/active use of Screening forms and logs *Caseload of 5 clients/week *Meeting minutes
CaCoon *Promoting Healthy Weight and Development Program in Early Childhood	*Educate clients on new tools	* # of brochures given
WIC *Comply with all findings in 2013 review *Increase # of clients served	*Develop questionnaire to establish best appointment times for clients *Hold educational classes with local agencies/partners	*# reported *Response to questionnaires *Reach 97% caseload target
Immunization *Increase vaccination rate to 75%	* Provide outreach and education at Health Fair and School Registration * Provide off-site clinics to outlying areas and local partners	*Immunization chart review *ALERT annual report

C. Collection and Reporting of Health Statistics

Goals	Activities	Evaluation
*Vital statistics registration will be accurate, timely and consistent with program protocols.	*Maintain a minimum of two trained vital statistics registrars *Policy will be reviewed annually by all registrars	*Compliance during the May 2014 triennial review. *Signed reviewed sheets are checked annually.

D. Health Information and Referral Service

Goals	Activities	Evaluation
*Maintain a website for Baker County Health Department *Maintain and distribute informational brochures for health department services. *Educate through Social Media	*Review and Update Website as needed *Attend annual Health Fair *Write policy on use of social media.	*Current and accurate information is reflected on website. No page is “under construction”. *Viewer feedback. *Compliance during the May 2014 Triennial Review

E. Environmental Services

Goals	Activities	Evaluation
*Public health standards for inspection, licensure, consultation and complaint investigation of food services, tourist facilities, institutions, and pools/spas will be upheld.	*Contract with a licensed Environmental Health Specialist	*# of violations *#of complaints received w/follow-up occurring *#of inspections *Compliance during May 2014 triennial review
*Educate BCHD staff on roles and responsibilities	*Contractor will hold onsite training	*Training logs

IV. NARRATIVE/EVALUATION (2013-2014 Annual Plan)

1. Epidemiology and Control of Preventable Diseases and Disorders

Providers have been contacted regarding the importance and requirement of reporting communicable diseases. Our after hour reporting procedure (24/7) has been implemented and is tested regularly.

2. Parent and Child Health Services

Many of the goals for parent and child health services will continue into the next year. Due to shortage in staff and significant turnover in these programs, BCHD was unable to improve the programs. We have assessed the needs of the parent and child health programs and are working diligently to meet those goals.

3. Collection and Reporting of Health Statistics

The 2012-2013 Annual Plan goals have been met. The registrar and deputy registrars attend regular training sessions to ensure compliance with reporting and collecting health statistics.

4. Health Information and Referral Services

Health Information is reviewed and updated as needed. These resources are available in written format as well as on our website. BCHD staff is kept current on referral services and can provide accurate and updated information to all clients.

5. Environmental Health Services

In 2013 Baker City had the unfortunate incident of experiencing an outbreak of cryptosporidium. The BCHD worked closely with Malheur Environmental Services to educate the public on the matter. Malheur Environmental Services remains committed to responding to referrals as well as providing training for the BCHD staff.

V. UNMET NEEDS

A. Community Nurse

Recruiting and retaining a community nurse in rural eastern Oregon has become an unmet need at the Baker County Health Department. Although we have been able to offer great hours and benefits, our goal to hire a nurse over the past year has been unsuccessful. Whether it is our location and/or rate of pay, this is a topic that resurfaces each time we have an opening.

B. Dental Care

As previously stated in the assessment portion of our annual plan the reintroduction of a dental varnish program is essential in Baker County. Only two dental clinics currently accept OHP clients leaving a large portion of our residents unable to seek dental care.

C. Mental Health Services

The availability of mental health services county-wide has been an ongoing need as well. Movement towards recognizing this need has been made. BCHD is the proud recipient of an 18-month mental health capacity grant that will provide for a mental health therapist within the school district; however a long-term plan needs to be established.

**Baker County Health Department
2014-2015 Minimum Standards**

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

I. Organization

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

13. Yes No Written performance evaluations are done annually.
14. Yes No Evidence of staff development activities exists.
15. Yes No Personnel records for all terminated employees are retained consistently with State Archives rules.
16. Yes No Records include minimum information required by each program.
17. Yes No A records manual of all forms used is reviewed annually.
18. Yes No There is a written policy for maintaining confidentiality of all client records which includes guidelines for release of client information.
19. Yes No Filing and retrieval of health records follow written procedures.
20. Yes No Retention and destruction of records follow written procedures and are consistent with State Archives rules.
21. Yes No Local health department telephone numbers and facilities' addresses are publicized.
22. Yes No Health information and referral services are available during regular business hours.
23. Yes No Written resource information about local health and human services is available, which includes eligibility, enrollment procedures, scope and hours of service. Information is updated as needed.
24. Yes No 100% of birth and death certificates submitted by local health departments are reviewed by the local Registrar for accuracy and completeness per Vital Records office procedures.
25. Yes No To preserve the confidentiality and security of non-public abstracts, all vital records and all accompanying documents are maintained.
26. Yes No Certified copies of registered birth and death certificates are issued within one working day of request.
27. Yes No Vital statistics data, as reported by the Center for Health Statistics, are reviewed annually by local health departments to review accuracy and support ongoing community assessment activities.

28. Yes No A system to obtain reports of deaths of public health significance is in place.

29. Yes No Deaths of public health significance are reported to the local health department by the medical examiner and are investigated by the health department.

30. Yes No Health department administration and county medical examiner review collaborative efforts at least annually.

31. Yes No Staff is knowledgeable of and has participated in the development of the county's emergency plan.

32. Yes No Written policies and procedures exist to guide staff in responding to an emergency.

33. Yes No Staff participate periodically in emergency preparedness exercises and upgrade response plans accordingly.

34. Yes No Written policies and procedures exist to guide staff and volunteers in maintaining appropriate confidentiality standards.

35. Yes No Confidentiality training is included in new employee orientation. Staff includes: employees, both permanent and temporary, volunteers, translators, and any other party in contact with clients, services or information. Staff sign confidentiality statements when hired and at least annually thereafter.

36. Yes No A Client Grievance Procedure is in place with resultant staff training and input to assure that there is a mechanism to address client and staff concerns.

Control of Communicable Diseases

37. Yes No There is a mechanism for reporting communicable disease cases to the health department.

38. Yes No Investigations of reportable conditions and communicable disease cases are conducted, control measures are carried out, investigation report forms are completed and submitted in the manner and time frame specified for the particular disease in the Oregon Communicable Disease Guidelines.

39. Yes No Feedback regarding the outcome of the investigation is provided to the reporting health care provider for each reportable condition or communicable disease case received.

40. Yes No Access to prevention, diagnosis, and treatment services for reportable communicable diseases is assured when relevant to protecting the health of the public.
41. Yes No There is an ongoing/demonstrated effort by the local health department to maintain and/or increase timely reporting of reportable communicable diseases and conditions.
42. Yes No There is a mechanism for reporting and following up on zoonotic diseases to the local health department.
43. Yes No A system exists for the surveillance and analysis of the incidence and prevalence of communicable diseases.
44. Yes No Annual reviews and analysis are conducted of five year averages of incidence rates reported in the Communicable Disease Statistical Summary, and evaluation of data are used for future program planning.
45. Yes No Immunizations for human target populations are available within the local health department jurisdiction.
46. Yes No Rabies immunizations for animal target populations are available within the local health department jurisdiction.

Environmental Health

47. Yes No Food service facilities are licensed and inspected as required by Chapter 333 Division 12.
48. Yes No Training is available for food service managers and personnel in the proper methods of storing, preparing, and serving food.
49. Yes No Training in first aid for choking is available for food service workers.
50. Yes No Public education regarding food borne illness and the importance of reporting suspected food borne illness is provided.
51. Yes No Each drinking water system conducts water quality monitoring and maintains testing frequencies based on the size and classification of system.
52. Yes No Each drinking water system is monitored for compliance with applicable standards based on system size, type, and epidemiological risk.

53. Yes No Compliance assistance is provided to public water systems that violate requirements.
54. Yes No All drinking water systems that violate maximum contaminant levels are investigated and appropriate actions taken.
55. Yes No A written plan exists for responding to emergencies involving public water systems.
56. Yes No Information for developing a safe water supply is available to people using on-site individual wells and springs.
57. Yes No A program exists to monitor, issue permits, and inspect on-site sewage disposal systems.
58. Yes No Tourist facilities are licensed and inspected for health and safety risks as required by Chapter 333 Division 12.
59. Yes No School and public facilities food service operations are inspected for health and safety risks.
60. Yes No Public spas and swimming pools are constructed, licensed, and inspected for health and safety risks as required by Chapter 333 Division 12.
61. Yes No A program exists to assure protection of health and the environment for storing, collecting, transporting, and disposing solid waste.
62. Yes No Indoor clean air complaints in licensed facilities are investigated.
63. Yes No Environmental contamination potentially impacting public health or the environment is investigated.
64. Yes No The health and safety of the public is being protected through hazardous incidence investigation and response.
65. Yes No Emergency environmental health and sanitation are provided to include safe drinking water, sewage disposal, food preparation, solid waste disposal, sanitation at shelters, and vector control.
66. Yes No All license fees collected by the Local Public Health Authority under ORS 624, 446, and 448 are set and used by the LPHA as required by ORS 624, 446, and 448.

Health Education and Health Promotion

67. Yes No Culturally and linguistically appropriate health education components with appropriate materials and methods will be integrated within programs.

68. Yes No The health department provides and/or refers to community resources for health education/health promotion.

69. Yes No The health department provides leadership in developing community partnerships to provide health education and health promotion resources for the community.

70. Yes No Local health department supports healthy behaviors among employees.

71. Yes No Local health department supports continued education and training of staff to provide effective health education.

72. Yes No All health department facilities are smoke free.

Nutrition

73. Yes No Local health department reviews population data to promote appropriate nutritional services.

74. The following health department programs include an assessment of nutritional status:

a. Yes No WIC

b. Yes No Family Planning

c. Yes No Parent and Child Health

d. Yes No Older Adult Health

e. Yes No Corrections Health

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

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

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

Older Adult Health

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

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

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

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

Parent and Child Health

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

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

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

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

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

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

88. Yes No There is a system in place for identifying and following up on high risk infants.

89. Yes No There is a system in place to follow up on all reported SIDS deaths.

90. Yes No Preventive oral health services are provided directly or by referral.

91. Yes No Use of fluoride is promoted, either through water fluoridation or use of fluoride mouth rinse or tablets.

92. Yes No Injury prevention services are provided within the community.

Primary Health Care

93. Yes No The local health department identifies barriers to primary health care services.

94. Yes No The local health department participates and provides leadership in community efforts to secure or establish and maintain adequate primary health care.

95. Yes No The local health department advocates for individuals who are prevented from receiving timely and adequate primary health care.

96. Yes No Primary health care services are provided directly or by referral.

97. Yes No The local health department promotes primary health care that is culturally and linguistically appropriate for community members.

98. Yes No The local health department advocates for data collection and analysis for development of population based prevention strategies.

Cultural Competency

99. Yes No The local health department develops and maintains a current demographic and cultural profile of the community to identify needs and interventions.

100. Yes No The local health department develops, implements and promotes a written plan that outlines clear goals, policies and operational plans for provision of culturally and linguistically appropriate services.

101. Yes No The local health department assures that advisory groups reflect the population to be served.

102. Yes No The local health department assures that program activities reflect operation plans for provision of culturally and linguistically appropriate services.

Health Department Personnel Qualifications

Local health department Health Administrator minimum qualifications:

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

Answer the following questions:

Administrator name: Fred Warner, Jr.

Does the Administrator have a Bachelor degree? Yes No

Does the Administrator have at least 3 years experience in Yes No
public health or a related field?

Has the Administrator taken a graduate level course in Yes No
biostatistics?

Has the Administrator taken a graduate level course in Yes No
epidemiology?

Has the Administrator taken a graduate level course Yes No
in environmental health?

Has the Administrator taken a graduate level course Yes No
in health services administration?

Has the Administrator taken a graduate level course in Yes No
social and behavioral sciences relevant to public health problems?

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 X 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 an environmental health specialist 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.

Fred Warner, Jr.
Local Public Health Authority

Baker
County

02/25/2014
Date

ATTACHMENT TO MINIMUM STANDARDS 2014-2015 re "NO" Answers

I. Minimum Standards regarding Health Department Administrator qualifications:

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

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

Alicia Hills has an Associate's degree in Applied Science of Nursing. She has been a Community Public Health Nurse for 7 years and the Nursing Supervisor for 2 years. Within the next 4 years, she will take steps to obtain her Baccalaureate degree in nursing.

BAKER COUNTY HEALTH DEPARTMENT BUDGET

Contact Person: Fred Warner, Jr. Interim Administrator
3330 Pocahontas Road, Baker City, OR 97814
Ph: 541-523-8211 ~ Fax: 541-523-8242

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Organizational Chart

