

**MINIMUM STANDARDS FOR  
LOCAL HEALTH DEPARTMENTS IN OREGON**

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# **INTRODUCTION**

## **Oregon Minimum Public Health Standards**

### **PURPOSE OF STANDARDS**

The purpose of this document is to clearly identify the operational goals for a standardized and fully funded public health system. They are also to promote healthy communities by assisting in the development, improvement and support of the public health system in efforts to promote physical and mental health, prevent disease, injury and disability of Oregonians. Standards for public health in Oregon provide a common, consistent and accountable approach to assuring that basic health protection is in place.

### **STATUTORY AUTHORITY**

Oregon Revised Statutes 431.330 to 431.350 adopted in 1969, established the Conference of Local Health Officials. Specifically, ORS 431.345 identifies the five legislatively required public health services: 1) epidemiology and control of communicable diseases and disorders, 2) parent and child health services, including family planning clinics as described in ORS 435.205, 3) collection and reporting of health statistics, 4) health information and referral services, 5) environmental health services. This statute permits the Conference to make recommendations to the Department of Human Services regarding rules and standards. The Department of Human Services is required to adopt minimum standards, with written approval of the Conference, for local boards of health to qualify for available financial assistance. The minimum standards are to govern:

1. Education and experience for professional and technical personnel employed in local health departments
2. Organization, operation and extent of activities which are required or expected of local health departments to carry out their responsibilities in implementing the public health laws of this state and the rules of the Department of Human Services.

### **HISTORY**

Limited standards to carry out the legislative requirements were adopted in 1971, as found in Oregon Administrative Rules 333-134-040 to 333-14-071. In September 1977, the CLHO appointed a Standards Committee and charged the members with developing standards for local health departments

in Oregon, which were subsequently approved by the entire Conference at its annual meeting in November 1978. The Standards Committee revised the standards in 2000. In 2003 the standards were again revised with subsequent approval by the entire Conference.

## **OREGON LINKS TO NATIONAL STANDARDS**

The standards are designed to include elements of the essential public health services as identified by American Public Health Association, Public Health in America, 1994. The document identifies two key areas for development. The first key concept is,

“The Vision of Public Health in America” to:

1. Prevent epidemics and the spread of disease
2. Protect against environmental hazards
3. Prevent injuries
4. Promote and encourage healthy behaviors
5. Respond to disasters and communities in the recovery phase
6. Assure the quality and accessibility of health services

The second key concept includes the Ten Essential Services identified below:

1. Monitor health status to identify community health problems
2. Diagnose and investigate health problems and health hazards in the community
3. Inform, educate, and empower people about health issues
4. Mobilize community partnerships to identify and solve problems
5. Develop policies and plans that support individual and community health efforts
6. Enforce laws and regulations that protect health and ensure safety
7. Link people to needed personal health services and assure the provision of health care when otherwise unavailable
8. Assure a competent public health and personal health care workforce
9. Evaluate effectiveness, accessibility, and quality of personal and population based health services
10. Research new insights and innovative solutions to health problems  
(In Oregon the Essential Services are identified as the Essential Functions to differentiate from the statutorily required five public health functions referenced in ORS 431.345).

The standards are not mutually exclusive in that there is an interrelationship between the ten essential functions identified within these standards.

In the State of Oregon, responsibility for public health protection is shared between the Department of Human Services, Health Services and the local health jurisdictions.

Local and state agencies perform different tasks. They have unique, but complementary roles and they rely on one another to make the public health system work effectively. A single standard is proposed for the public health system, with separate state and local measures that demonstrate when a standard is met. All community members depend on this strong partnership between state and local government.

The set of standards is limited to the responsibilities of state and local government with the recognition that contributions of non-government health providers and community-based organizations are essential.

The standards are intentionally defined at a minimum level and do not reference specific public health programs but rather performance measures developed to evaluate the public health system. They are stated in broad terms to allow flexibility and individuality in meeting needs with available resources.

Lack of funds can be restrictive in meeting public health needs. Sufficient resources to achieve these standards are necessary for compliance.

## **DEFINITIONS**

### **a. Essential Function**

Activities, which describe how the purpose of public health is achieved. Collectively, they provide a consensus statement on the basic functions of public health across the country

### **b. Standard**

Working definition of the responsibilities of public health

### **c. Capacity Outcome Measure**

Demonstrates the ability to prepare for and respond to health threats and provides a foundation for planning, delivering and evaluating public health programs and services

**d. Performance Measure**

Actions through which public health practitioners identify and address health problems as well as the programs and services consistent with mandates and community practices

**e. Resources Needed**

Infrastructure needed to deliver the essential public health services

**f. Citations**

Statutory, rule, ordinance or adopted requirements

**g. Program Indicators**

Measurements of implementation of standards

**h. Local Public Health Authority Financial Assistance Contracts**

Conditions grantee must comply with to receive funds

**i. Guidelines**

Provide instructions or direction for compliance with County Financial Agreements

**j. Health Department Personnel Qualifications**

Responsibilities and qualifications of local health department Administrators, Nursing Supervisors, Environmental Health Supervisors and Health Officers.

**CLHO Standards COMMITTEE MEMBERS 2003**

Lila Wickham, Chair	Multnomah County
Carol Cole	Multnomah County
Molly Emmons	State Health Services
Lavinia Goto	Marion County
Toby Harris	Washington County
Kathleen O’Leary	State Health Services
Kathy Schwartz	Wasco Sherman County
Mitch Zahn	State Health Services

Special Thanks: Kathryn Broderick, OregonTurning Point Coordinator  
Tom Engle, Health Services, Kay Guirl, Consultant, University of Washington

## Standards and ORS 431

- Whereas ORS 431.416 requires the local public health authority to assure specific activities.
- Whereas ORS 431.345 permits the Conference of Local Health Officials to approve minimum standards required of local health departments.
- Whereas ORS 431.340 permits the Conference of Local Health Officials to recommend standards to the Department of Human Services.

Be it resolved the Conference recommends to the DHS/Public Health Division

- I. The Minimum Standards for Local Public Health Departments include in the preface:

The Conference of Local Health Officials agrees that the minimum required activities of ORS 431.416 include:

A. Control and epidemiology of preventable diseases and conditions

- Communicable disease investigation and control
- Tuberculosis case management
- Tobacco prevention, education, and control activities (TPEP)

B. Parent and child health

- Immunizations
- Maternal child health services (MCH block grant and home visiting services)
- Family planning
- Women, infants, and children nutrition services (WIC)

C. Environmental health

D. Public health emergency preparedness

E. Vital records

F. Information and referral

- II. The Conference recognizes that for programs not on the list above, that are statewide in nature, the Division may seek area or statewide contracts. The Division will first enquire of the Conference whether the statewide activity is required or not.
- III. The Conference recognizes that for programs not on the list above, that are not statewide in nature, that are local public health activities, the Division will enquire of the Conference whether an exception applies as permitted by ORS 431.375(2).
- IV. The financial assistance agreement between the local authorities and the Division shall include in the definition section:

“The activities required by ORS 431.416(2)(a-e) shall include service components adopted as minimum standards permitted by ORS 431.345 and approved by the Conference of Local Health Officials under ORS 431.340.

Dated and ratified: May 19, 2008, Portland, Oregon

## Oregon Public Health Standards

ESSENTIAL FUNCTION #1: MONITOR HEALTH STATUS TO IDENTIFY COMMUNITY HEALTH PROBLEMS

Standard 1.1 Information about community assets and community health status is collected, analyzed, and disseminated regularly.

CAPACITY OUTCOME MEASURE	LOCAL PERFORMANCE MEASURE	STATE PERFORMANCE MEASURE	RESOURCES NEEDED	EVIDENCE OF SUCCESS	CITATION
Population-based assets and health needs are accurately described and available for program planning	<ul style="list-style-type: none"> <li>■ Utilize quality data management systems that adequately maintains confidentiality to meet local needs for collecting, analyzing, and monitoring baseline data</li> <li>■ Update community assessment data regularly using</li> </ul>	<ul style="list-style-type: none"> <li>■ Provide assistance with identifying accepted data sources, assessment tools, and community assessment methods.</li> <li>■ Provide technical assistance on data management systems and health data collection and analysis</li> </ul>	<ul style="list-style-type: none"> <li>■ A plan with goals and objectives for assessment activities</li> <li>■ Community assessment tools.</li> <li>■ Procedures for collecting information, analyzing information and</li> </ul>	<ul style="list-style-type: none"> <li>■ Local and state health profile</li> <li>■ Evidence of community involvement in assessment process</li> </ul>	ORS 431-385 431-110 431-550

	<p>standard data definitions and uniform health status indicators</p> <ul style="list-style-type: none"> <li>■ Compile assessment data into a community profile and compare data to national, state, and local profiles.</li> <li>■ Provide information on relevant indicators to local and state programs, providers, and consumers</li> </ul>	<ul style="list-style-type: none"> <li>■ Collect data from local public health agencies and other statewide partners to measure the state's health status</li> <li>■ Prepare a state health profile and compare data to national, state, and local profiles.</li> <li>■ Facilitate development of data system across geographic areas so data outputs can be compared</li> </ul>	<p>disseminating findings</p> <ul style="list-style-type: none"> <li>■ Technological capacity to collect and analyze data.</li> <li>■ An electronic network that provides access to federal, state, and local information</li> <li>■ Community health indicators that are reliable and comparable</li> <li>■ A community health planning group</li> </ul>		
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Standard 1.2

Threats to health are identified and community health priorities are assessed

CAPACITY OUTCOME MEASURE	LOCAL PERFORMANCE MEASURE	STATE PERFORMANCE MEASURE	RESOURCES NEEDED	EVIDENCE OF SUCCESS	CITATION
<p>Current information on community health status exists to signal changes in priority health issues.</p>	<ul style="list-style-type: none"> <li>■ Utilize a core set of health status indicators, including vital statistics data, as a basis for surveillance</li> <li>■ Use data to identify trends on emerging health threats and to identify factors that impact solutions to those problems</li> <li>■ Conduct surveys, polls, focus groups and forums</li> <li>■ Identify community health priorities, including</li> </ul>	<ul style="list-style-type: none"> <li>■ Analyze statewide data to identify emerging health threats and factors impacting solutions to those problems</li> <li>■ Provide technical assistance on standard health status indicators and data reporting</li> <li>■ Conduct epidemiologic investigations concerning causes and prevention of disease</li> <li>■ Develop and maintain a current demographic and</li> </ul>	<ul style="list-style-type: none"> <li>■ Standard health indicators</li> <li>■ Access to health data, including vital statistics</li> <li>■ Longitudinal data for monitoring changes</li> <li>■ State and local health registries</li> <li>■ Plan for disseminating health information</li> <li>■ Community survey tools</li> </ul>	<ul style="list-style-type: none"> <li>■ Documentation of public health priorities in local and state community health profile</li> </ul>	<p>418.753 431.550 436.496 431.110 431.120 333-014-0050 333-101-0000 through -0080 333-049-0010</p>

	<p>communicable disease, chronic disease, environmental health hazards, and health status</p> <ul style="list-style-type: none"><li>■ Develop and maintain a current demographic and cultural profile of the community to overcome health disparities</li></ul>	<p>cultural profile of the community to overcome health disparities</p>			
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Standard 1.3

Personal health data is collected, recorded and reported to the Department of Human Services, Health Services

CAPACITY OUTCOME MEASURES	LOCAL PERFORMANCE MEASURE	STATE PERFORMANCE MEASURE	RESOURCES NEEDED	EVIDENCE OF SUCCESS	CITATION
<p>Public health interventions are guided by accurate, reliable, and valid data.</p>	<ul style="list-style-type: none"> <li>■ Submit personal health data to state and local databases.</li> <li>■ Involve community stakeholders in identifying public health priorities and designing intervention strategies using assessment information</li> <li>■ Disseminate information that addresses the health of the</li> </ul>	<ul style="list-style-type: none"> <li>■ Develop and maintain health databases and compile statistics.</li> <li>■ State and local partners participate in identifying statewide public health priorities and designing intervention strategies using data.</li> <li>■ Information that addresses the health of the state is</li> </ul>	<ul style="list-style-type: none"> <li>■ Community health planning team</li> <li>■ Policies procedures for collecting and reporting assessment and health status data</li> <li>■ Electronic reporting system</li> <li>■ Capacity to submit data electronically</li> </ul>	<ul style="list-style-type: none"> <li>■ Accurate, reliable, and valid data reports.</li> <li>■ Evidence of data dissemination</li> </ul>	<p>431.195 431.550 431.385 333-014-0060</p>

	community to the Board Of Health and other policy makers	publicized and data is disseminated to policy makers and stakeholders			
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**ESSENTIAL FUNCTION #2: DIAGNOSE AND INVESTIGATE HEALTH PROBLEMS AND HEALTH HAZARDS IN THE COMMUNITY**

**Standard 2.1** Public health systems have a plan for responding to disease outbreaks and environmental emergencies

CAPACITY OUTCOME MEASURE	LOCAL PERFORMANCE MEASURE	STATE PERFORMANCE MEASURE	RESOURCES NEEDED	EVIDENCE OF SUCCESS	CITATION
<p>Identification and response to the following public health emergencies is timely and appropriate:</p> <ul style="list-style-type: none"> <li>◆ Communicable disease outbreaks</li> <li>◆ Environmental contamination</li> <li>◆ Natural disaster</li> <li>◆ Chemical or</li> </ul>	<ul style="list-style-type: none"> <li>■ Maintain a 24/7 system for reporting and responding to public health emergencies</li> <li>■ Conduct emergency preparedness exercises periodically and upgrade response plans as needed</li> <li>■ Investigate deaths of public health significance in coordination</li> </ul>	<ul style="list-style-type: none"> <li>■ Maintain a system for investigating public health emergencies that includes clinical and environmental lab testing</li> <li>■ Participate in emergency preparedness exercises</li> <li>■ Provide technical assistance on emergency response standards and epidemiology.</li> </ul>	<ul style="list-style-type: none"> <li>■ Written policies and procedures describe the role and responsibilities of state and local staff when responding to a public health emergency.</li> <li>■ Policies and procedures for reporting emergencies</li> <li>■ A statewide surveillance</li> </ul>	<ul style="list-style-type: none"> <li>■ Emergency Operations Plan</li> <li>■ Health Alert Network Plan</li> <li>■ Written agreements with local emergency management and public safety agencies</li> <li>■ Evidence that interventions are based on reliable data</li> <li>■ Documentation of emergency</li> </ul>	<p>431 333-019-000 through</p>

<p>biological hazards</p>	<p>with medical examiner</p> <ul style="list-style-type: none"> <li>■ Inform citizens of actual and potential health threats</li> <li>■ Conduct population health risk behavior surveys and publish results</li> <li>■ Use data when selecting interventions to mitigate environmental hazards</li> </ul>	<ul style="list-style-type: none"> <li>■ Inform citizens of actual and potential threats and how to report emergencies</li> <li>■ Conduct population health risk behavior surveys and publish results.</li> </ul>	<p>system that is integrated with local and national surveillance systems</p> <ul style="list-style-type: none"> <li>■ Partnership with local emergency management, medical examiner, and public safety agencies</li> </ul>	<p>response exercises</p>	
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Standard 2.2 Health problems and hazards are investigated and control measures instituted in a manner that is confidential, timely, and effective in protecting the public's health

CAPACITY OUTCOME MEASURES	LOCAL PERFORMANCE MEASURE	STATE PERFORMANCE MEASURE	RESOURCES NEEDED	EVIDENCE OF SUCCESS	CITATION
Communicable disease threats are recognized early and control measures are implemented	<ul style="list-style-type: none"> <li>■ Make efforts to assure timely reports from laboratories and physicians</li> <li>■ Investigate and control disease outbreaks according to disease-specific guidelines</li> <li>■ Conduct surveillance of the incidence and prevalence of communicable disease and use information for program</li> </ul>	<ul style="list-style-type: none"> <li>■ Provide laboratory services as needed for environmental and clinical testing</li> <li>■ Maintain a system for disseminating urgent public health messages to local public health, health care providers, and media</li> <li>■ Compile a communicable disease statistical</li> </ul>	<ul style="list-style-type: none"> <li>■ A state and local system for reporting CD cases that is available 24/7</li> <li>■ Written policies and procedures that describe state and local roles and responsibilities for responding to disease outbreaks</li> <li>■ Certified, licensed or registered laboratories for conducting</li> </ul>	<ul style="list-style-type: none"> <li>■ Completed case reports submitted to DHS that indicate compliance with established standards</li> <li>■ Incidence and prevalence reports</li> <li>■ Evidence of dissemination of urgent health messages</li> <li>■ Documentation of epidemiologic studies</li> </ul>	433.004 431.110 431.120 333-018-0015 333-018-0030 333-049-0010 333-014-0050 333-019-0000 333-017-0000 333-019-4180 333-024-0005 through -0400

	planning ■ Disseminate urgent public health messages to the community, health care providers and media according to communication procedures	summary from information received from local public health, health care providers and laboratories.	clinical and environmental testing ■ Guidelines for communicable disease reporting and investigation ■ Relationship with media contact		
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ESSENTIAL FUNCTION #3 INFORM, EDUCATE AND EMPOWER PEOPLE ABOUT HEALTH ISSUES

Standard 3.1 A system exists to raise community awareness of behaviors that support physical, social and mental wellbeing

CAPACITY OUTCOME MEASURE	LOCAL PERFORMANCE MEASURE	STATE PERFORMANCE MEASURE	RESOURCES NEEDED	EVIDENCE OF SUCCESS	CITATION
The public receives information on behaviors that improve their health	<ul style="list-style-type: none"> <li>■ Involve the community in identifying priority health risk behaviors and in developing health education strategies</li> <li>■ Design and implement public awareness campaigns to promote healthy behaviors</li> <li>■ Disseminate health education material that is culturally</li> </ul>	<ul style="list-style-type: none"> <li>■ Involve state partners in identifying health promotion activities to address statewide concerns.</li> <li>■ Conduct and evaluate health education activities that address assessed statewide needs.</li> <li>■ Use mass media, the internet, and other appropriate methods to communicate health information to state citizens and policy makers.</li> </ul>	<ul style="list-style-type: none"> <li>■ Health education materials that are culturally, linguistically and age appropriate</li> <li>■ Relationship with media contacts</li> <li>■ Electronic network that includes a website or bulletin board</li> <li>■ Community health planning team for</li> </ul>	<ul style="list-style-type: none"> <li>■ Documentation of public awareness campaigns in diverse populations.</li> </ul>	<ul style="list-style-type: none"> <li>431.825</li> <li>431.827</li> <li>431.830</li> <li>431.831</li> <li>333-010-0310</li> </ul>

	<p>competent and linguistically appropriate for the population</p> <ul style="list-style-type: none"> <li>■ Communicate health information to the public and policy makers through mass media, the internet, and other appropriate methods.</li> </ul>	<ul style="list-style-type: none"> <li>■ Provide technical assistance on effective health communication, evaluating health promotion activities, identifying best health promotion resources and selecting culturally and linguistically appropriate materials.</li> </ul>	<p>identifying priorities</p>		
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Standard 3.2

Health promotion activities are available to assist community members practice healthy behaviors

CAPACITY OUTCOME MEASURES	LOCAL PERFORMANCE MEASURE	STATE PERFORMANCE MEASURE	RESOURCES NEEDED	EVIDENCE OF SUCCESS	CITATION
Health promotion activities address the assessed needs of individuals and the community	<ul style="list-style-type: none"> <li>■ Review key indicators to focus health promotion interventions on assessed needs of individuals and the community</li> <li>■ Involve consumers, and other diverse community partners in developing strategies to address behaviors that reduce public health risk for disease and injury</li> <li>■ Conduct and</li> </ul>	<ul style="list-style-type: none"> <li>■ Statewide indicators are reviewed to identify new or emerging health issues and report to local and other statewide stakeholders</li> <li>■ Partners are involved in identifying priorities and strategies for addressing statewide health promotion activities</li> <li>■ Quality health promotion activities that are culturally, linguistically, and age</li> </ul>	<ul style="list-style-type: none"> <li>■ Community health planning team for developing health promotion strategies</li> <li>■ Standard health indicators</li> <li>■ Effective models of health promotion that are culturally, linguistically, and age appropriate.</li> <li>■ Models for evaluating health promotion activities</li> </ul>	<ul style="list-style-type: none"> <li>■ Health promotion plan with goals objectives and indicators</li> <li>■ Documentation of community involvement</li> <li>■ Report describing outcomes of health promotion activities</li> </ul>	431.385 431.830

	<p>evaluate health promotion activities that address priority health behaviors</p> <ul style="list-style-type: none"> <li>■ Health promotion interventions are culturally, linguistically, and age appropriate</li> <li>■ Assist community members to change health risk behaviors through interventions based on models proven effective</li> </ul>	<p>appropriate are provided and evaluated.</p> <ul style="list-style-type: none"> <li>■ Technical assistance is provided in developing and evaluating health promotion initiatives</li> </ul>			
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**ESSENTIAL FUNCTION #4 MOBILIZE COMMUNITY PARTNERSHIPS TO IDENTIFY AND SOLVE HEALTH PROBLEMS**

Standard 4.1 Public health constituents are involved in identifying and responding to community priorities

CAPACITY OUTCOME MEASURE	LOCAL PERFORMANCE MEASURE	STATE PERFORMANCE MEASURE	RESOURCES NEEDED	EVIDENCE OF SUCCESS	CITATION
Public health constituents participate in defining health improvement priorities.	<ul style="list-style-type: none"> <li>■ Provide community assessment and other data to policy makers, health delivery system, and general public</li> <li>■ Mobilize a diverse community to set priorities, develop policies, and formulate strategies to address public health issues</li> <li>■ Promote public advocacy for policies and resources to address priority</li> </ul>	<ul style="list-style-type: none"> <li>■ Involve the Oregon Public Health Advisory Board and other groups in identifying public health priorities and developing a response to statewide issues</li> <li>■ Sustain communication and linkages with national, state, and local partners</li> <li>■ Provide technical assistance and</li> </ul>	<ul style="list-style-type: none"> <li>■ A health improvement advisory or action group</li> <li>■ Assessment data that focuses on priorities and populations</li> <li>■ Policies and procedures guiding community collaboration</li> <li>■ Evaluation methods including constituent</li> </ul>	<ul style="list-style-type: none"> <li>■ Documentation of community involvement in identifying priorities.</li> <li>■ Evaluation of community collaboration</li> </ul>	431-195 431-405

	<p>issues</p> <ul style="list-style-type: none"> <li>■ Maintain linkages and communication with other community organizations to assure coordination of services</li> <li>■ Evaluate community mobilization activities for effectiveness</li> <li>■ Obtain feedback from constituents</li> </ul>	<p>training on community mobilization, community development, coalition building, evaluating community partnerships, and media relations</p> <ul style="list-style-type: none"> <li>■ Evaluate public health improvement activities for effectiveness</li> </ul>	<p>surveys</p>		
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Standard 4.2 Community partnerships are formed to assure a comprehensive approach to improving the public's health

CAPACITY OUTCOME MEASURE	LOCAL PERFORMANCE MEASURE	STATE PERFORMANCE MEASURE	RESOURCES NEEDED	EVIDENCE OF SUCCESS	CITATION
Partnerships are developed to foster sharing of resources and collaborative decision making to solve public health problems	<ul style="list-style-type: none"> <li>■ Use a broad-based health improvement action group to assure a comprehensive approach to improving health in the community</li> <li>■ Collect input and feedback from representatives of organizations comprising constituents</li> <li>■ Meet regularly with the action group to document activities and monitor progress toward goals</li> </ul>	<ul style="list-style-type: none"> <li>■ Use a broad-based action group to assure comprehensive approach to improving health status of the state</li> <li>■ Collect feedback and data from local and state constituents</li> <li>■ Assure periodic monitoring of progress toward goals</li> <li>■ Evaluate effectiveness of partnerships</li> </ul>	<ul style="list-style-type: none"> <li>■ Community health planning team</li> <li>■ Process for obtaining input from the community</li> <li>■ Methods for evaluating partnerships</li> <li>■ Capacity to mobilize and sustain partnerships.</li> </ul>	<ul style="list-style-type: none"> <li>■ Results of evaluation of partnership effectiveness</li> <li>■ Documentation of program monitoring</li> </ul>	431-607 431-671 433

	■ Evaluate the effectiveness of partnerships				
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ESSENTIAL FUNCTION #5 DEVELOP POLICIES AND PLANS THAT SUPPORT INDIVIDUAL AND COMMUNITY HEALTH EFFORTS

Standard 5.1 An organized, identified public health authority exists for every county

CAPACITY OUTCOME MEASURE	LOCAL PERFORMANCE MEASURE	STATE PERFORMANCE MEASURE	RESOURCES NEEDED	EVIDENCE OF SUCCESS	CITATION
The public health authority fulfills responsibility for delivering essential functions of public health	<ul style="list-style-type: none"> <li>■ Involve constituents in achieving and monitoring health objectives and evaluating improvement in community health status</li> <li>■ Develop and manage a local operating budget that reflects priorities</li> <li>■ Comply with federal, state, local regulations on accounting practices</li> </ul>	<ul style="list-style-type: none"> <li>■ Involve partners and constituents in developing a strategic plan for improving the state's health</li> <li>■ Develop and manage a state operating budget that reflects priorities</li> <li>■ Provide technical assistance and training in strategic planning models, application of health data, criteria for selecting strategies to address public</li> </ul>	<ul style="list-style-type: none"> <li>■ Policies and procedures enacted within existing legal scope of authority.</li> <li>■ References on accepted accounting practices</li> <li>■ References on accepted personnel management standards</li> <li>■ Community planning team</li> </ul>	<ul style="list-style-type: none"> <li>■ Long range strategic plan with agency objectives for improving the public's health</li> <li>■ Budget addressing priorities</li> <li>■ Evidence of community involvement</li> <li>■ Audit results comply with federal, state, and local regulations</li> </ul>	431.478 431.014 431.385 431.415 431.035 431.045 431.110 431.120 333-014-0050 333-014-0060 333-014-0070(5) OMB Circular A-87 OMB

	<p>and personnel management systems</p> <ul style="list-style-type: none"> <li>■ Identify, collect and analyze data to evaluate policies and plans and disseminate the results</li> <li>■ A local Board of Health meets regularly to approve public health policies</li> </ul>	<p>health priorities</p> <ul style="list-style-type: none"> <li>■ Comply with federal, state, and local regulations on accounting practices and personnel management systems</li> <li>■ Coordinate and integrate data collection and analysis to improve local and state analysis of policies and plans</li> </ul>			<p>Circular A-102</p>
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Standard 5.2 Public health policy development is a continuous process involving the community, advocacy groups and policy makers

CAPACITY OUTCOME MEASURE	LOCAL PERFORMANCE MEASURE	STATE PERFORMANCE MEASURE	RESOURCES NEEDED	EVIDENCE OF SUCCESS	CITATION
Health policy decisions are guided by health assessment information with involvement of community members	<ul style="list-style-type: none"> <li>■ Implement enacted policies and procedures</li> <li>■ Involve the community to identify public health issues that are not adequately addressed through existing laws, regulations</li> <li>■ Develop or modify local laws, regulations or ordinances in collaboration with elected officials and decision makers</li> <li>■ Provide technical assistance to local legislative, regulatory or advocacy groups for</li> </ul>	<ul style="list-style-type: none"> <li>■ Provide and expertise in interpreting federal and state policies into operating policies at the local level</li> <li>■ Involve stakeholders to identify public health issues that are not adequately addressed through existing laws, regulations</li> <li>■ Develop or modify state level legislation, codes, rules, ordinance and other policies to enable performance of essential services</li> </ul>	<ul style="list-style-type: none"> <li>■ Policies and procedures that guide the process for developing health policies and plans</li> <li>■ Community planning team</li> <li>■ Access to assessment information</li> <li>■ Copies of enacted new or revised policies</li> </ul>	<ul style="list-style-type: none"> <li>■ Documentati on of new or revised policies</li> <li>■ Evidence of community involvement</li> <li>■ Enacted policies support health priorities and strategies</li> </ul>	431-195 431-330-335 431-405-510

	<p>drafting proposed legislation, regulations</p> <ul style="list-style-type: none"> <li>■ Participate in local, state, national and international processes for policy development</li> </ul>	<ul style="list-style-type: none"> <li>■ Provide technical assistance to state legislative, regulatory or advocacy groups for drafting proposed legislation, regulations or ordinances</li> <li>■ Participate in local, state, national, and international processes for policy development</li> </ul>			
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**ESSENTIAL FUNCTION #6 ENFORCE LAWS AND REGULATION THAT PROTECT HEALTH AND SAFETY**

**Standard 6.1** Services and programs are available to enforce rules that control and reduce the exposure of populations to environmental or personal hazards.

CAPACITY OUTCOME MEASURE	LOCAL PERFORMANCE MEASURE	STATE PERFORMANCE MEASURE	RESOURCES NEEDED	EVIDENCE OF SUCCESS	CITATION
The public is protected from disease and environmental risks	<ul style="list-style-type: none"> <li>■ Ensure consistency in implementation of mandates, regulations and policies across public health agencies</li> <li>■ Identify public health roles and responsibilities for responding to public health emergencies</li> <li>■ Inform policy makers of gaps in current laws and</li> </ul>	<ul style="list-style-type: none"> <li>■ Inform policy makers of public health issues not addressed through current laws and regulations</li> <li>■ Provide coordination and assistance in public health emergencies that surpass local capacity</li> <li>■ Provide technical assistance to legislature,</li> </ul>	<ul style="list-style-type: none"> <li>■ Policies and procedures to guide review and drafting of rules and regulations</li> <li>■ Communication plan for enforcing laws and rules needed to protect and promote public health rules and regulations</li> </ul>	<ul style="list-style-type: none"> <li>■ Evidence of enforcement compliance</li> <li>■ Emergency Operations Plan</li> </ul>	431.005 431.140 431.150 333-014-0050

	<p>regulations for environmental or personal hazard protection</p> <ul style="list-style-type: none"> <li>■ Review public health laws and regulations regularly to assure consistency with current standard practices</li> <li>■ Provide technical assistance to legislative, regulatory, and advocacy groups when drafting proposed legislation and regulations</li> <li>■ Provide technical assistance on policy analysis, development, and implementation</li> </ul>	<p>regulatory, and advocacy groups on drafting proposed legislation and regulations</p> <ul style="list-style-type: none"> <li>■ Provide technical assistance on policy analysis</li> </ul>			
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Standard 6.2

There is a system for enforcing rules and regulations protecting the health of community members

CAPACITY OUTCOME MEASURE	LOCAL PERFORMANCE MEASURE	STATE PERFORMANCE MEASURE	RESOURCES NEEDED	EVIDENCE OF SUCCESS	CITATION
Enforcement activities are compliant with current laws and regulations and applied consistently	<ul style="list-style-type: none"> <li>■ Conduct training, monitoring, inspection, intervention and enforcement activities as prescribed by local and state rules, regulations</li> <li>■ Assure consistent public health enforcement activities across local agencies</li> <li>■ Solicit feedback from the public and regulated communities on effectiveness of enforcement laws and regulations</li> </ul>	<ul style="list-style-type: none"> <li>■ Conduct training, monitoring, inspection, and intervention and enforcement activities as identified in rules and regulations</li> <li>■ Ensure statewide consistency of public health programs</li> <li>■ Solicit feedback from the public and regulated communities from a statewide perspective</li> <li>■ Provide consultation on technical and legal issues for public</li> </ul>	<ul style="list-style-type: none"> <li>■ Updated standards, guidelines, and regulations</li> <li>■ Written policies and procedures that describe the public health agency's legal authority</li> <li>■ Compilation of current federal, state and local laws, regulations related to enforcement responsibilities</li> <li>■ Electronic</li> </ul>	<ul style="list-style-type: none"> <li>■ Evidence of enforcement</li> <li>■ Analysis of community feedback and resultant interventions</li> <li>■ Evidence of training, monitoring, inspection and intervention activities</li> </ul>	431.440 431.853

	<ul style="list-style-type: none"> <li>■Assure consistent public health enforcement of Civil Rights laws</li> </ul>	<p>health programs</p> <ul style="list-style-type: none"> <li>■ Provide assistance and coordination of enforcement activities that affect multiple jurisdictions</li> <li>■Assure consistent public health enforcement of Civil Rights laws</li> </ul>	<p>access to regulatory information</p>		
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**ESSENTIAL FUNCTION #7 LINK PEOPLE TO NEEDED PERSONAL HEALTH SERVICES AND ASSURE THE PROVISION OF HEALTH CARE WHEN OTHERWISE UNAVAILABLE**

Standard 7.1 Efforts exist to assure community members have access to timely and adequate primary health services

CAPACITY OUTCOME MEASURE	LOCAL PERFORMANCE MEASURE	STATE PERFORMANCE MEASURE	RESOURCES NEEDED	EVIDENCE OF SUCCESS	CITATION
Critical primary health services are available to all community members	<ul style="list-style-type: none"> <li>■ Provide outreach and referral services in coordination with other social and health care providers</li> <li>■ Enroll eligible beneficiaries, especially pregnant women and infants, in state Medicaid or other medical assistance programs</li> <li>■ Advocate and implement health care delivery and promotion services that reduce disparities, assure adequate health care, and</li> </ul>	<ul style="list-style-type: none"> <li>■ Define critical primary health services in collaboration with the health care system</li> <li>■ Provide guidelines for enrolling eligible beneficiaries in Medicaid or medical assistance programs</li> <li>■ Provide technical assistance on available health care services and safety net providers</li> <li>■ Facilitate and lead strategies that reduce</li> </ul>	<ul style="list-style-type: none"> <li>■ Referral agreements with community agencies</li> <li>■ Policies and procedures that guide community collaboration on health system capacity</li> <li>■ Guides and application forms for /Medicaid and</li> </ul>	<ul style="list-style-type: none"> <li>■ Satisfaction with referrals with other community agencies</li> <li>■ Evidence of enrollment of eligible populations</li> <li>■ Evidence of health care access is increased to underserved</li> </ul>	<ul style="list-style-type: none"> <li>431.270</li> <li>431.290</li> <li>431.310</li> <li>431.607</li> </ul>

	<p>decrease barriers for vulnerable populations</p> <ul style="list-style-type: none"> <li>■ Identify and coordinate resources to expand the capacity of the health care system to serve all community members</li> </ul>	<p>health disparities affecting racial and ethnic and other vulnerable populations</p> <ul style="list-style-type: none"> <li>■ Advocate and implement health care delivery and promotion services that reduce disparities, assure adequate health care, and decrease barriers for vulnerable populations</li> </ul>	<p>other medical assistance programs</p> <ul style="list-style-type: none"> <li>■ List of critical primary care services</li> </ul>		
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Standard 7.2

Health services adhere to guidelines that follow current practice standards

CAPACITY OUTCOME MEASURE	LOCAL PERFORMANCE MEASURE	STATE PERFORMANCE MEASURE	RESOURCES NEEDED	EVIDENCE OF SUCCESS	CITATION
<p>Services provided by public health agencies are effective and of high quality</p>	<ul style="list-style-type: none"> <li>■ Provide or contract for essential health services in accordance with culturally competent, professionally adopted standards of care</li> <li>■ Evaluate the quality and effectiveness of health services</li> <li>■ Maintain a record system that protects client confidentiality</li> <li>■ Assure compliance with contract agreements</li> </ul>	<ul style="list-style-type: none"> <li>■ Assure compliance with contract agreements that guide the provision of essential health services</li> <li>■ Provide technical assistance in evaluation methods for quality and effective health services</li> <li>■ Communicate state policies on record confidentiality, retention and destruction</li> </ul>	<ul style="list-style-type: none"> <li>■ Guidelines for current practice standards for surveillance, interventions, and evaluations</li> <li>■ A plan addressing essential and optional services provided by the local public health agency.</li> <li>■ Policies and procedures on maintaining confidentiality</li> </ul>	<ul style="list-style-type: none"> <li>■ Documentation of services provided</li> <li>■ Signed staff confidentiality statements at state and local levels</li> </ul>	<p>431.250 431.380 192.525 192.530 179.505 333-014-0050</p>

	that guide the provision of essential health services				
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**ESSENTIAL FUNCTION #8 ASSURE A COMPETENT PUBLIC HEALTH AND PERSONAL HEALTH CARE WORKFORCE**

Standard 8.1 Workforce assessment is conducted periodically to determine the number of personnel, categories of personnel and competencies for personnel needed to achieve public health goals

CAPACITY OUTCOME MEASURE	LOCAL PERFORMANCE MEASURE	STATE PERFORMANCE MEASURE	RESOURCES NEEDED	EVIDENCE OF SUCCESS	CITATION
Workforce development plans are based on current assessment information	<ul style="list-style-type: none"> <li>■ Conduct periodic local assessments to identify gaps in public and personal health workforce</li> <li>■ Collect data to assure the workforce is representative of the community</li> <li>■ Disseminate results of workforce assessment to local and state policy makers</li> </ul>	<ul style="list-style-type: none"> <li>■ Conduct periodic statewide studies to identify workforce shortages</li> <li>■ Collect data to assure the workforce is representative of the community.</li> <li>■ Disseminate results of statewide workforce assessment to locals and policy makers</li> </ul>	<ul style="list-style-type: none"> <li>■ Methods and tools to assess workforce needs</li> <li>■ Plan for disseminating results of workforce assessment and recommendations</li> <li>■ Projection of optimal workforce capacity needed for geographic areas</li> </ul>	<ul style="list-style-type: none"> <li>■ Workforce development plan at state and local levels</li> <li>■ Evidence of dissemination of workforce assessment data</li> </ul>	

		<ul style="list-style-type: none"> <li>■ Identify goals and strategies to address needs and gaps in health care workforce</li> <li>■ Collaborate with professional groups and academia to address workforce needs</li> </ul>	<ul style="list-style-type: none"> <li>■ Resources to implement workforce development plans</li> </ul>		
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Standard 8.2

Strategies are implemented to recruit a qualified workforce

CAPACITY OUTCOME MEASURE	LOCAL PERFORMANCE MEASURE	STATE PERFORMANCE MEASURE	RESOURCES NEEDED	EVIDENCE OF SUCCESS	CITATION
Public health workforce meets the prescribed competencies and qualifications for carrying out responsibilities	<ul style="list-style-type: none"> <li>■ Health care job descriptions comply with guidelines, licensure, and/or certification laws and policies</li> <li>■ Develop written job standards, including minimum qualifications, for all local public health personnel</li> <li>■ Use job descriptions for all positions as a basis for annual performance evaluations</li> <li>■ Evaluate core public health workforce competencies</li> </ul>	<ul style="list-style-type: none"> <li>■ Job descriptions comply with guidelines, licensure, and/or certification laws and policies</li> <li>■ Develop written job standards, including minimum qualifications, for all state public health personnel</li> <li>■ Provide technical assistance on job standards, position descriptions and performance evaluations</li> <li>■ Develop systematic methods for reviewing competencies for</li> </ul>	<ul style="list-style-type: none"> <li>■ Copies of licensure, certification requirements of professional staff</li> <li>■ Education and experience criteria for specific job classifications</li> <li>■ Core public health competencies</li> <li>■ Methods and tools for evaluating competencies within the organization</li> </ul>	<ul style="list-style-type: none"> <li>■ Job descriptions reflect professional guidelines</li> <li>■ Health professionals supervision complies with certification, licensure, and guidelines.</li> <li>■ Evidence of recruitment activities among diverse populations</li> <li>■ Performance evaluations for staff</li> </ul>	333-014-0070 333-014-0702 431-045438 181.515431676 333-250,255 333-260, 265

	<ul style="list-style-type: none"> <li>■ Recruit and hire staff reflecting the diversity in the community and clients</li> </ul>	<p>public health service delivery</p> <ul style="list-style-type: none"> <li>■ Provide technical assistance to evaluate and improve workforce competencies</li> <li>■ Outreach to future workforce</li> </ul>	<ul style="list-style-type: none"> <li>■ Technical assistance in recruiting, hiring, and retaining a diverse workforce.</li> </ul>	<ul style="list-style-type: none"> <li>■ Evidence of improved workforce competence and diversity</li> </ul>	
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Standard 8.3

Life-long learning through continuing education, training, and mentoring is available to public health professionals

CAPACITY OUTCOME MEASURE	LOCAL PERFORMANCE MEASURE	STATE PERFORMANCE MEASURE	RESOURCES NEEDED	EVIDENCE OF SUCCESS	CITATION
<p>The public health workforce demonstrates new competencies learned through ongoing education</p>	<ul style="list-style-type: none"> <li>■ Identify training needs and encourage opportunities for workforce development</li> <li>■ Provide opportunities for personnel to develop core public health competencies, cultural competence, and competence in information technologies</li> <li>■ Provide opportunities for interaction between</li> </ul>	<ul style="list-style-type: none"> <li>■ Identify training needs for local and state level workforce</li> <li>■ Facilitate linkages that provide for a variety of continuing education programs for the public health workforce</li> <li>■ Provide opportunities for state staff to interact with academic and research institutions</li> </ul>	<ul style="list-style-type: none"> <li>■ Training and assessment tools for continuing education and mentoring</li> <li>■ Notification of academic and continuing education opportunities</li> <li>■ Access to and use of distance learning</li> <li>■ Resources to utilize learning and training opportunities.</li> </ul>	<ul style="list-style-type: none"> <li>■ Evidence of educational opportunities for staff</li> <li>■ Documentation that staff demonstrate learned competencies</li> <li>■ The public health workforce effectively delivers the Essential Functions of Public Health</li> </ul>	<p>Annual Plan Resource Manual</p>

	staff and faculty from academic and research institutions				
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Standard 8.4 Public health has the leadership capacity to perform the Core Public Health Functions and the Essential Public Health Functions

CAPACITY OUTCOME MEASURES	LOCAL PERFORMANCE MEASURE	STATE PERFORMANCE MEASURE	RESOURCES NEEDED	EVIDENCE OF SUCCESS	CITATION
Leadership capacity is demonstrated at the individual, agency, and community levels	<ul style="list-style-type: none"> <li>■ Promote leadership skills and provide opportunities for coaching and mentoring</li> <li>■ Provide leadership for priority setting, planning, and policy development that support healthy communities</li> <li>■ Provide public health expertise and participation in planning and</li> </ul>	<ul style="list-style-type: none"> <li>■ Promote leadership skills of state public health workforce and provide opportunities for coaching and mentoring</li> <li>■ Provide public health expertise and participation in planning and service development efforts at the state level</li> <li>■ Provide leadership in the</li> </ul>	<ul style="list-style-type: none"> <li>■ Leaders able to mentor staff</li> <li>■ Leadership skills training</li> <li>■ Capacity to participate in leadership roles.</li> </ul>	<ul style="list-style-type: none"> <li>■ Documentation of training</li> <li>■ Evidence of participation in planning at the state and local levels</li> <li>■ Participation in mentoring program activities.</li> </ul>	

	service development efforts of other public/private agencies	development of statewide health priorities			
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**ESSENTIAL FUNCTION #9 EVALUATE EFFECTIVENESS, ACCESSIBILITY, AND QUALITY OF PERSONAL AND POPULATION-BASED HEALTH SERVICES**

Standard 9.1                      A quality improvement process is in place to identify and evaluate the effectiveness of population-based and personal health services

CAPACITY OUTCOME MEASURE	LOCAL PERFORMANCE MEASURE	STATE PERFORMANCE MEASURE	RESOURCES NEEDED	EVIDENCE OF SUCCESS	CITATION
Health care system services are effective and of high quality	<ul style="list-style-type: none"> <li>■ Evaluate population-based services, personal health services, and community partnerships using process and outcome measures</li> <li>■ Assess community satisfaction with population-based services and personal health services and use results for quality improvement and strategic planning</li> </ul>	<ul style="list-style-type: none"> <li>■ Evaluate the quality and effectiveness of programs administered by the state and use the results for quality improvement and strategic planning</li> <li>■ Provide technical assistance on developing program goals, objectives, and process/outcome measures</li> <li>■ Provide training on</li> </ul>	<ul style="list-style-type: none"> <li>■ State and Local program plans are developed that include goals, objectives, activities, and evaluation criteria.</li> <li>■ Evaluation tools and methods</li> <li>■ Client satisfaction surveys</li> <li>■</li> </ul>	<ul style="list-style-type: none"> <li>■ Reports on evaluation results</li> <li>■ Community satisfaction survey results</li> <li>■ Evidence of plans modified as a result of evaluation reports</li> </ul>	438 181-515 431

	<ul style="list-style-type: none"> <li>■ Report progress toward goals to the Board of Health and the community</li> <li>■ Modify strategic and operational plans to improve services and programs</li> </ul>	<p>developing and implementing program evaluation plans including consumer satisfaction surveys</p> <ul style="list-style-type: none"> <li>■ Report progress toward goals to state policy makers and the public</li> </ul>	<p>Targets/indicators for evaluating programs</p>		
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Standard 9.2

There is a system for evaluating public health as a whole.

CAPACITY OUTCOME MEASURE	LOCAL PERFORMANCE MEASURE	STATE PERFORMANCE MEASURE	RESOURCES NEEDED	EVIDENCE OF SUCCESS	CITATION
<p>The public health system is effective and efficient</p>	<ul style="list-style-type: none"> <li>■ Identify community organizations that contribute to the delivery of essential functions</li> <li>■ Assess effectiveness of communication, coordination and linkages among system members</li> <li>■ Use evaluation results to refine public health programs, establish new ones, and redirect resources as needed to accomplish public health system goals</li> </ul>	<ul style="list-style-type: none"> <li>■ Identify state organizations that contribute to the delivery of essential functions</li> <li>■ Assess the effectiveness of communication, coordination, and linkages with state system members</li> <li>■ Use evaluation results to refine public health programs and redirect resources</li> </ul>	<ul style="list-style-type: none"> <li>■ List of state, regional, and local members of the public health system</li> <li>■ Methods to evaluate effectiveness of communication, coordination, and linkages</li> </ul>	<ul style="list-style-type: none"> <li>■ Evidence that a public health system has been identified and evaluated</li> </ul>	

ESSENTIAL FUNCTION #10  
HEALTH PROBLEMS

RESEARCH NEW INSIGHTS AND INNOVATIVE SOLUTIONS TO

Standard 10.1 Support and/or participate in demonstrations or research projects that improve best practices and effective interventions addressing local population and health service delivery issues

CAPACITY OUTCOME MEASURE	LOCAL PERFORMANCE MEASURE	STATE PERFORMANCE MEASURE	RESOURCES NEEDED	EVIDENCE OF SUCCESS	CITATION
Public health interventions are innovative and effective	<ul style="list-style-type: none"> <li>■ Encourage proactive interaction between the academic and practice communities to address new solutions to public health issues</li> <li>■ Participate in and evaluate the implementation of solutions to health problems and disseminate</li> </ul>	<ul style="list-style-type: none"> <li>■ Notify local public health authority of funding opportunities for implementing new and innovative solutions to public health problems</li> <li>■ Provide assistance with reporting and disseminating evaluation results of newly implemented solutions to public health problems</li> <li>■ Establish and</li> </ul>	<ul style="list-style-type: none"> <li>■ Evaluation methods for implementation of solutions to public health issues.</li> <li>■ Grant writing skills.</li> <li>■ Capacity to implement research demonstration projects.</li> </ul>	<ul style="list-style-type: none"> <li>■ Evidence that agency has implemented an innovative solution to a public health problem.</li> </ul>	<ul style="list-style-type: none"> <li>431</li> <li>433</li> <li>434</li> <li>437</li> <li>682</li> </ul>

	<p>findings</p> <ul style="list-style-type: none"> <li>■ Monitor best practice information</li> <li>■ Provide access to researchers and encourage staff to participate in practice-based research</li> </ul>	<p>maintain linkages with academic and research organization</p> <ul style="list-style-type: none"> <li>■ Provide technical assistance on evaluation methods for public health interventions</li> </ul>			
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Standard 10.2 A wide range of relationships with institutions of higher education and research organizations are established

CAPACITY OUTCOME MEASURE	LOCAL PERFORMANCE MEASURE	STATE PERFORMANCE MEASURE	RESOURCES NEEDED	EVIDENCE OF SUCCESS	CITATION
Public health staff contribute community-level expertise to public health research projects	<ul style="list-style-type: none"> <li>■ Facilitate arrangements for field training or work-study experiences for students</li> <li>■ Co-sponsor continuing education with higher education and research organizations</li> <li>■ Access resources at academic institutions.</li> </ul>	<ul style="list-style-type: none"> <li>■ Establish and maintain linkages between state and local public health professionals and institutions of higher education to identify and implement collaborative projects.</li> </ul>	<ul style="list-style-type: none"> <li>■ Linkages with institutions of higher education</li> <li>■ Capacity to coordinate with institutions of higher education.</li> </ul>	Evidence of collaborative relationship with higher education and research organizations	

## DEFINITIONS

### Definitions Under Development

- World Health Organization definition of health
- Healthy Community
- Population Based Services
- Public Health
- Community Assessment  
Electronic, other versions
- Community Stakeholders

### Definitions in current Standards

**ADEQUATE PRENATAL CARE:** Five or more prenatal visits beginning before the third trimester.

**CLIENTS:** The population utilizing health department services.

**COMPREHENSIVE:** Covering completely or broadly.

**DOMESTIC WATER SUPPLY:** Water intended for human consumption.

**HEALTH:** Health is a state of well being and the ability to function in a changing environment. Health is a positive concept emphasizing social and personal resources as well as physical capabilities. Sustaining and improving health is a shared responsibility of health care providers, public health officials, and a variety of others in the community who can contribute to the well being of individuals and populations.

**HEALTH EDUCATION:** The planned use of educational processes and learning opportunities designed to facilitate adoption of healthy behaviors.

**HEALTH PROMOTION:** The combination of health education and related organizational, political and economic interventions designed to allow people to adopt healthier behaviors and to change their environment to improve or protect their health.

**HEALTHY COMMUNITY:** A healthy community is one that supports its people in achieving a sense of complete physical, mental, and social well being. The health of a community is a shared responsibility of many entities, organizations and interests in the community. Within this context of shared

responsibility, specific entities should identify and be held accountable for actions they can take to contribute toward the community's capacities for supporting health.

**LOCAL HEALTH DEPARTMENT:** An organizational structure by which local governments (county or regional) exercise local authority to protect and promote the public health.

**ON-SITE SEWAGE DISPOSAL SYSTEM:** Any existing or proposed system including, but not limited to, a standard subsurface, alternative, experimental or non-water carried sewage disposal system installed on land.

**POLICY:** Statement which guides or directs future decisions and will continue or endure over time without fundamental change.

**POPULATION-BASED SERVICES:** Health services designed to improve the health of a broad population group rather than designed to provide individual health services. Examples of population-based services are immunization, nutritional education and promotion, and communicable disease prevention.

**PRIMARY CARE PROVIDER:** Physician in area of general practice, family practice, internal medicine, pediatrics, obstetrics and gynecology; osteopath, chiropractor, naturopath, nurse practitioner in specialty area of family, adult, pediatrics, or woman's health care.

**PRIMARY HEALTH CARE:** Basic health care including diagnosis and treatment of minor complaints and the maintenance of chronic conditions on outpatient basis.

**PROCEDURE:** Describes how policy will be accomplished and who is responsible for its implementation.

**PROGRAM:** A plan or system under which activities with allocated resources may be taken to achieve a goal.

**PUBLIC:** Referring to the population of persons both residing in and traveling through a given geographic area.

**PUBLIC HEALTH:** Strategies which preserve and promote the health of all persons through assessment, assurance and policy development. This includes coordination and collaboration within and between communities and state organizations to achieve public health missions and goals.

**PUBLIC HEALTH HAZARD:** A condition, device, or practice which is conducive to the introduction of biological disease organisms, or harmful chemical, physical or radioactive substances into the environment and which presents a significant risk to health.

**PUBLIC HEALTH VECTORS:** Animals and insects of public health significance.

**PUBLIC DRINKING WATER SYSTEM:** A system for the provision to the public of piped water for human consumption if such system has more than three service connections used by year-round residents, or regularly services ten or more year-round residents, or supplies water to a public or commercial establishment which operates a total of at least 60 days per year and which is patronized by ten or more customers or visitors per day or is a facility licensed by the Division.

**TARGET POPULATIONS:** A specific segment of the total population which has been selected for a concerted effort by the health agency.

**ZOONOTIC DISEASES:** Those diseases of animals that are transmissible to humans.

**OREGON REVISED STATUTES**  
**CHAPTER 431**

**CONFERENCE OF LOCAL HEALTH OFFICIALS**

**431.330 Conference of Local Health Officials; officers of conference. (1)**

The Conference of Local Health Officials is created. The conference shall consist of all local health officers and public health administrators, appointed pursuant to ORS 431.418 and such other local health personnel as may be included by the rules of the conference.

(2) The Conference of Local Health Officials shall select one of its members as chairperson, another as vice chairperson and another as secretary with such powers and duties necessary to the performance of the functions of such offices as the conference shall determine. The chairperson, after consultation with the Director of Human Services, shall appoint from the conference membership an executive committee. The executive committee with the chairperson shall advise the director in the administration of ORS 431.330 to 431.350. [1967 c.146 §2 (enacted in lieu of 431.320); 1977 c.582 §20; 1979 c.96 §1]

**431.335 Meetings of conference; notice; expenses of members and**

**officers of conference. (1)** The Conference of Local Health Officials shall meet at least annually at a place, day and hour determined by the executive committee and the Director of Human Services. The conference may meet specially at such other times as the director or the executive committee considers necessary.

(2) The director shall cause at least 10 days' notice of each meeting date to be given to the members. The chairperson or an authorized representative of the chairperson shall preside at all meetings of the conference.

(3) Each conference member shall receive from the local board which the conference member represents from funds available under ORS 431.510, the actual and necessary travel and other expenses incurred by the conference member in attendance at no more than two meetings of the conference per year. Additionally, subject to applicable law regulating travel and other expenses for state officers, a local health official who is a member of the executive committee of the conference or who is the chairperson shall

receive from funds available to the Department of Human Services, actual and necessary travel and other expenses for attendance at no more than six meetings per year of the executive committee called by the department. [1967 c.146 §3 (enacted in lieu of 431.320); 1977 c.582 §21]

**431.340 Recommendations of conference.** The Conference of Local Health Officials may submit to the Department of Human Services such recommendations on the rules and standards specified in ORS 431.345 and 431.350. [1967 c.146 §6 (enacted in lieu of 431.320); 1977 c.582 §22]

**431.345 Minimum standards for financial assistance to local boards of health.** In order to establish criteria for local boards of health to qualify for such financial assistance as may be made available, the Department of Human Services, upon receipt of written approval from the Conference of Local Health Officials shall adopt minimum standards governing:

(1) Education and experience for professional and technical personnel employed in local health departments, such standards to be consistent with any applicable merit system.

(2) Organization, operation and extent of activities which are required or expected of local health departments to carry out their responsibilities in implementing the public health laws of this state and the rules of the Department of Human Services. [1967 c.146 §5 (enacted in lieu of 431.320); 1977 c.582 §23]

**431.350 Department to adopt rules for ORS 431.330 to 431.350.** Upon receipt of written approval from the Conference of Local Health Officials the Department of Human Services shall adopt rules necessary for the administration of ORS 431.330 to 431.350. [1967 c.146 §4 (enacted in lieu of 431.320); 1977 c.582 §24]

## LOCAL PUBLIC HEALTH SERVICES

**431.375 Policy on local public health services.** (1) The Legislative Assembly of the State of Oregon finds that each citizen of this state is entitled to basic public health services which promote and preserve the health of the people of Oregon. To provide for basic public health services the state, in partnership with county governments, shall maintain and improve public health services through county or district administered public health programs.

(2) County governments or health districts established under ORS 431.414 are the local public health authority responsible for management of local public health services unless the county contracts with private persons or an agency to act as the local public health authority or the county relinquishes authority to the state. If authority is relinquished, the state may then contract with private persons or an agency or perform the services.

(3) All expenditure of public funds utilized to provide public health services on the local level must be approved by the local public health authority unless the county has relinquished authority to the state or an exception has been approved by the Department of Human Services with the concurrence of the Conference of Local Health Officials. [1983 c.398 §1]

**Note:** 431.375 to 431.385 were enacted into law by the Legislative Assembly but were not added to or made a part of ORS chapter 431 or any series therein by legislative action. See Preface to Oregon Revised Statutes for further explanation.

**431.380 Distribution of funds for local purposes.** (1) From funds available to the Department of Human Services for local public health purposes, regardless of the source, the department shall provide payments to the local public health authority on a per capita or other equitable formula basis to be used for public health services. Funding formulas shall be determined by the department with the concurrence of the Conference of Local Health Officials.

(2) With respect to counties that have established joint public health services with another county, either by agreement or the formation of a district board of health, distribution of funds made available under the provisions of this section shall be prorated to such counties as provided by agreement or under ORS 431.510. [1983 c.398 §2]

**Note:** See note under 431.375.

**431.385 Local annual plan; effect of failure to submit plan; approval; disapproval; variance.** (1) The local public health authority shall submit an annual plan to the Department of Human Services for performing services pursuant to ORS 431.375 to 431.385 and 431.416. The annual plan shall be submitted no later than May 1 of each year or on a date mutually agreeable to the department and the local public health authority.

(2) If the local public health authority decides not to submit an annual plan under the provisions of ORS 431.375 to 431.385 and 431.416, the department shall become the local public health authority for that county or health district.

(3) The department shall review and approve or disapprove each plan. Variances to the local public health plan must be approved by the department. In consultation with the Conference of Local Health Officials, the department shall establish the elements of a plan and an appeals process whereby a local health authority may obtain a hearing if its plan is disapproved. [1983 c.398 §3]

## LOCAL BOARDS OF HEALTH

**431.405 Purpose of ORS 431.405 to 431.510.** It is the purpose of ORS 431.405 to 431.510 to encourage improvement and standardization of health departments in order to provide a more effective and more efficient public health service throughout the state. [1961 c.610 §1]

**431.410 Boards of health for counties.** The governing body of each county shall constitute a board of health ex officio for each county of the state and may appoint a public health advisory board as provided in ORS 431.412 (5) to advise the governing body on matters of public health.

[Amended by 1953 c.189 §3; 1961 c.610 §2; 1973 c.829 §20a]

**431.412 County board of health; formation; composition; advisory board.** (1) The governing body of any county shall establish a county board of health, when authorized to do so by a majority of electors of the county at any general or special election, and may, if such authorization is made, establish a public health advisory board as provided in subsection (5) of this section.

(2) The county board of health shall consist of:

(a) One member of the county governing body selected by the body.

(b) One member of a common school district having jurisdiction over an entire county, the county school board or the education service district board who resides in the county and is selected by the education service district board, or the designee of that member.

(c) One physician who has been licensed to practice medicine in this state by the Board of Medical Examiners for the State of Oregon.

(d) One dentist who has been licensed to practice dentistry in this state by the Oregon Board of Dentistry.

(e) Three others.

(3) The members referred to in subsection (2)(c) to (e) of this section shall be appointed by the members serving under subsection (2)(a) and (b) of this section. The term of office of each of such appointed members shall be four years, terms to expire annually on February 1. The first appointments shall be for terms of one, two, three or four years, as designated by the appointing members of the board.

(4) Whenever a county board of health is created under this section, such board shall be in lieu of the board provided for in ORS 431.410.

(5) The governing body of the county may, as provided in subsection (1) of this section, appoint a public health advisory board for terms of four years, the terms to expire annually on February 1. The first appointments shall be for terms of one, two, three or four years as designated by the governing body. The advisory board shall meet regularly to advise the county board of health on matters of public health. The advisory board shall consist of:

(a) Persons licensed by this state as health care practitioners.

(b) Persons who are well informed on public health matters. [Formerly 431.470; 1963 c.544 §49; 1977 c.582 §25; 1981 c.127 §1; 1987 c.618 §2; 1991 c.167 §26]

**431.414 District board of health; formation; composition; advisory board.** (1) Two or more contiguous counties may combine for the purpose of forming a district health unit when the governing body of each of the counties concerned adopt resolutions signifying their intention to do so.

(2) The governing bodies of the counties forming the district may meet together, elect a chairperson and transact business as a district board of health whenever a majority of the members of the governing bodies from each of the participating counties are present at any meeting.

(3) In lieu of the procedure in subsection (2) of this section, the governing bodies of the counties forming the district may, by a two-thirds vote of the members from each participating county, establish and, except as provided in paragraph (f) of this subsection, appoint a district board of health which shall consist of:

(a) One member from each participating county governing body selected by such body.

- (b) One member from a school administrative unit within the district.
  - (c) One member from the administrative staff of a city within the district.
  - (d) Two physicians who have been licensed to practice medicine in this state by the Board of Medical Examiners for the State of Oregon and who are residents of the district.
  - (e) One dentist who has been licensed to practice dentistry in this state by the Oregon Board of Dentistry and who is a resident of the district.
  - (f) One person who is a resident of the district and who is to be appointed by the members serving under paragraphs (a) to (c) of this subsection.
- (4) The term of office of the members referred to in subsection (3)(a) to (f) of this section shall be four years, the terms to expire annually on February 1. The first appointments shall be for terms of one, two, three or four years, as may be designated by two-thirds vote of the members from each participating county.
- (5) Whenever a district board of health is created under this section, such board shall be in lieu of the board provided for in ORS 431.410 or 431.412.
- (6) The governing bodies of the counties making up the district may appoint a public health advisory board for terms of four years, the terms to expire annually on February 1. The first appointments shall be for terms of one, two, three or four years as designated by the governing body. The advisory board shall meet regularly to advise the district board of health on matters of public health. The advisory board shall consist of:
- (a) Persons licensed by this state as health care practitioners.
  - (b) Persons who are well informed on public health matters. [Formerly 431.610; 1973 c.829 §21; 1977 c.582 §26; 1987 c.618 §3]

**431.415 Powers and duties of local health boards; fee schedules.** (1) The district or county board of health is the policymaking body of the county or district in implementing the duties of local departments of health under ORS 431.416.

(2) The district or county board of health shall adopt rules necessary to carry out its policies under subsection (1) of this section. The county or district board of health shall adopt no rule or policy which is inconsistent with or less strict than any public health law or rule of the Department of Human Services.

(3) With the permission of the county governing body, a county board may, and with the permission of the governing bodies of the counties involved, a district board may, adopt schedules of fees for public health services reasonably calculated not to exceed the cost of the services performed. The health department shall charge fees in accordance with such schedule or schedules adopted. [1961 c.610 §6; 1973 c.829 §22; 1977 c.582 §27]

**431.416 Local public health authority or health district; duties.** The local public health authority or health district shall:

(1) Administer and enforce the rules of the local public health authority or the health district and public health laws and rules of the Department of Human Services.

(2) Assure activities necessary for the preservation of health or prevention of disease in the area under its jurisdiction as provided in the annual plan of the authority or district are performed. These activities shall include but not be limited to:

(a) Epidemiology and control of preventable diseases and disorders;

(b) Parent and child health services, including family planning clinics as described in ORS 435.205;

(c) Collection and reporting of health statistics;

(d) Health information and referral services; and

(e) Environmental health services. [1961 c.610 §8; 1973 c.829 §23; 1977 c.582 §28; 1983 c.398 §4; 2001 c.900 §150]

**431.418 Local public health administrator; health officer; duties; salary.**

(1) Each district board of health shall appoint a qualified public health administrator to supervise the activities of the district in accordance with law. Each county governing body in a county that has created a county board of

health under ORS 431.412 shall appoint a qualified public health administrator to supervise the activities of the county health department in accordance with law. In making such appointment, the district or county board of health shall consider standards for selection of administrators prescribed by the Department of Human Services.

(2) Where the public health administrator is a physician licensed by the Board of Medical Examiners for the State of Oregon, the administrator shall serve as health officer for the district or county board of health. Where the public health administrator is not a physician licensed by the Board of Medical Examiners for the State of Oregon, the administrator will employ or otherwise contract for services with a health officer who shall be a licensed physician and who will perform those specific medical responsibilities requiring the services of a physician and shall be responsible to the public health administrator for the medical and paramedical aspects of the health programs.

(3) The public health administrator shall:

(a) Serve as the executive secretary of the district or county health board, act as the administrator of the district or county health department and supervise the officers and employees appointed under paragraph (b) of this subsection.

(b) Appoint with the approval of the health board, administrators, medical officers, public health nurses, sanitarians and such other employees as are necessary to carry out the duties and responsibilities of the office.

(c) Provide the board at appropriate intervals information concerning the activities of the department and submit an annual budget for the approval of the county governing body except that, in the case of the district public health administrator, the budget shall be submitted to the governing bodies of the participating counties for approval.

(d) Act as the agent of the Department of Human Services in enforcing state public health laws and rules of the Department of Human Services, including such sanitary inspection of hospitals and related institutions as may be requested by the Department of Human Services.

(e) Perform such other duties as may be required by law.

(4) The public health administrator shall serve until removed by the appointing board. The public health administrator shall engage in no occupation which conflicts with official duties and shall devote sufficient time to duties as public health administrator as may be necessary to fulfill the requirements of subsection (3) of this section. However, if the board of health is not created under ORS 431.412, it may, with the approval of the Director of Human Services, require less than full-time service of the public health administrator.

(5) The public health administrator shall receive a salary fixed by the appointing board and shall be reimbursed for actual and necessary expenses incurred in the performance of duties. [1961 c.610 §7; 1973 c.829 §24; 1977 c.582 §29; 1981 c.127 §2; 1993 c.26 §1]

**431.440 Public health administrators have police powers.** All district and county public health administrators shall possess the powers of constables or other peace officers in all matters pertaining to the public health. [Amended

**431.480 City boards abolished; expenditure of funds obtained from school district.** (1) All city boards of health are abolished.

(2) Any school district may appropriate money to be expended for public health measures in such school district by the county or district board of health. [Amended by 1961 c.610 §5; 1973 c.829 §30]

**431.510 Quarters and funds for local health boards.** (1) The governing body of the county shall provide adequate quarters and facilities for the office and health work of the county board of health and shall appropriate sufficient funds for the administration of the board and the operation of the health department.

(2) Where a district board is established under ORS 431.414, the governing body of each participating county shall appropriate annually a sum which shall be specifically designated for the operation of the board of health and the district department of health. [Amended by 1961 c.610 §13; 1973 c.829 §31]

**431.520 Disposal of local health records.** Public records, as defined in ORS 192.005, of district and county departments of health and community mental health clinics may be destroyed or otherwise disposed of in accordance with rules prescribed by the State Archivist. However, no

records shall be required to be maintained for more than seven years from the date of the last entry for purposes of preserving evidence for any action, suit or proceeding. [1969 c.446 §2; 1973 c.829 §32]

**431.530 Authority of local health administrator in emergency.** (1) The local public health administrator may take any action which the Department of Human Services or its director could have taken, if an emergency endangering the public health occurs within the jurisdiction of any local public health administrator and:

(a) The circumstances of the emergency are such that the department or its director cannot take action in time to meet the emergency; and

(b) Delay in taking action to meet the emergency will increase the hazard to public health.

(2) Any local public health administrator who acts under subsection (1) of this section shall report the facts constituting the emergency and any action taken under the authority granted by subsection (1) of this section to the Director of Human Services by the fastest possible means. [1973 c.829 §9; 1977 c.582 §31]

**431.550 Authority of Department of Human Services to collect information from local public health administrators.** Nothing in ORS 431.412, 431.418 and this section shall be construed to limit the authority of the Department of Human Services to require facts and statistics from local public health administrators under its general supervisory power over all matters relating to the preservation of life and health of the people of the state. [1981 c.127 §3]

**Oregon Administrative Rules  
1999 Compilation  
DEPARTMENT OF HUMAN RESOURCES,  
OREGON HEALTH DIVISION  
DIVISION 14  
CONFERENCE OF LOCAL HEALTH OFFICIALS  
Standards for County and District Health Departments**

**333-014-0040**

**Purpose**

The purpose of these rules is to establish minimum standards and administrative rules to:

- (1) Define the organization, operation, and extent of activities required or expected of county and district health departments to carry out their responsibilities in implementing the public health laws of this state, and the rules and regulations of the State Health Division; and to
- (2) Assist in the development, improvement, and support of local health departments in their efforts to promote and protect the health of Oregon citizens.

Stat. Auth.: [ORS 431](#)

Stats. Implemented:

Hist.: HB 269, f. 4-19-71, ef. 5-11-71; HD 5-1990, f. & cert. ef. 1-24-90

**333-014-0050**

**Health Department Services**

- (1) Each county and district health department shall perform (or cause to be performed) all of the duties and functions imposed upon it by Oregon Revised Statutes, and by official administrative rules adopted by the State Health Division and filed with the Secretary of State. These duties and functions shall be performed in a manner consistent with Minimum Standards for Local Health Departments, adopted by the Conference of Local Health Officials (CLHO).

(2) The following program areas shall be considered essential, and be specifically included in the overall annual plan of each county and district health department who shall assure programs are available:

(a) Control of reportable communicable disease which includes providing epidemiologic investigations which report, monitor, and control communicable disease and other health hazards; providing diagnostic and consultative communicable disease services; assuring early detection, education, and prevention activities which reduce the morbidity and mortality of reportable communicable disease; assuring the availability of immunizations for human and animal target populations; and collecting and analyzing of communicable disease and other health hazard data for program planning and management to assure the health of the public;

(b) Parent and child health which includes education, screening and follow up, counseling, referral, or health services for family planning, perinatal care, infants, and children;

(c) Health statistics which includes birth and death reporting, recording, and registration; analysis of health indicators related to morbidity and mortality; and analysis of services provided with technical assistance from the State Health Division;

(d) Information and referral services to the public regarding local health and human services;

(e) Environmental health services which includes inspection, licensure, consultation and complaint investigation of food services, tourist facilities, institutions, public swimming and spa pools, and regulation of water supplies, solid waste and on site sewage disposal systems.

(3) In addition, each county and district health department should include or provide for programs in the following areas (according to the community's health needs):

(a) Dental health, including preventive education, promotion of fluoride use and procedures for early detection and treatment of dental problems;

(b) Emergency preparedness including participation in the development of the county's emergency response plans and internal procedures necessary to carry out the health department's role in the plans;

- (c) Health education/health promotion including activities and programs to promote health and assist individuals and groups to achieve and maintain healthy behaviors;
  - (d) Laboratory services including providing diagnostic and screening tests to support public health services which are in compliance with quality assurance guidelines established by the State Health Division;
  - (e) Medical examiner services to coordinate the epidemiological investigation of deaths of public health significance with the county medical examiner;
  - (f) Nutrition services including identification and intervention with clients at nutritional risk, and education and consultation for the promotion of good dietary habits;
  - (g) Older adult health including services to reduce morbidity and premature death; detect conditions which impair functioning; strengthen the ability to remain independent; and to promote physical, social and emotional well-being;
  - (h) Primary health care services including participation in community efforts to promote necessary services and/or provide health services;
  - (i) Shellfish Sanitation (in coastal counties) to monitor harvesting and provide public information to harvesters of shellfish.
- (4) Each county and district health department, given the specific needs of their local communities, may decide to implement additional programs.

Stat. Auth.:

Stats. Implemented:

Hist.: HB 205, f. 3-26-68; HD 5, 1990, f. & cert. ef. 1-24-90

**333-014-0060**

### **Program Plans**

- (1) Each county and district health department shall submit an annual plan by May 1 of each year to the State Health Division.

- (2) The State Health Division shall develop the format of the plan in consultation with the Conference of Local Health officials.
- (3) The plan should address all program areas identified in section (2) of this rule and any that are applicable in OAR 333-014-0050(3) including:
  - (a) Program indicators as defined by CLHO standards and agreed upon by the local health department and the State Health Division; and/or
  - (b) A statement describing why services defined in OAR 333-014-0050(2) are not being provided.
- (4) The annual plan shall become a key element of the county review done by the State Health Division.
- (5) The State Health Division shall provide technical assistance on request to local health departments in developing the annual plan.

Stat. Auth.:

Stats. Implemented:

Hist.: HB 269, f. 4-19-71, ef. 5-11-71; HD 5-1990, f. & cert. ef. 1-24-90

### **333-014-0070**

#### **Organization**

Each county and district health department shall:

- (1) Employ a qualified administrator who is responsible for the operation of the health department;
- (2) Employ registered nurses licensed by the Board of Nursing, sanitarians registered by the Sanitarians Registration Board, and such other administrative professional, technical, and clerical staff sufficient to carry out the responsibilities of the department;
- (3) Employ or contract with a physician licensed by the State Board of Medical Examiners as health officer;
- (4) Use as guidelines for employment the minimum personnel qualifications as defined in the CLHO standards;

(5) Adhere to state or county civil service, merit system, or personnel rule requirements in the selection, promotion, or termination of all health department staff;

(6) Maintain an office open to the public during the normal work week of the local government.

Stat. Auth.:

Stats. Implemented:

Hist.: HB 269, f. 4-19-71, ef. 5-11-71; HD 5-1990, f. & cert. ef. 1-24-90

## **PUBLIC HEALTH PERSONNEL RESPONSIBILITIES AND QUALIFICATIONS**

### **HEALTH OFFICER RESPONSIBILITIES AND QUALIFICATIONS**

#### **Statutory Authority:**

#### **431.418 Local public health administrator; health officer; duties; salary.**

(1) Each district board of health shall appoint a qualified public health administrator to supervise the activities of the district in accordance with law. Each county governing body in a county that has created a county board of health under ORS 431.412 shall appoint a qualified public health administrator to supervise the activities of the county health department in accordance with law. In making such appointment, the district or county board of health shall consider standards for selection of administrators prescribed by the Department of Human Services.

(2) Where the public health administrator is a physician licensed by the Board of Medical Examiners for the State of Oregon, the administrator shall serve as health officer for the district or county board of health. Where the public health administrator is not a physician licensed by the Board of Medical Examiners for the State of Oregon, the administrator will employ or otherwise contract for services with a health officer who shall be a licensed physician and who will perform those specific medical responsibilities requiring the services of a physician and shall be responsible to the public health administrator for the medical and paramedical aspects of the health programs.

(3) The public health administrator shall:

(a) Serve as the executive secretary of the district or county health board, act as the administrator of the district or county health department and supervise the officers and employees appointed under paragraph (b) of this subsection.

(b) Appoint with the approval of the health board, administrators, medical officers, public health nurses, sanitarians and such other employees as are necessary to carry out the duties and responsibilities of the office.

(c) Provide the board at appropriate intervals information concerning the activities of the department and submit an annual budget for the approval of the county governing body except that, in the case of the district public health administrator, the budget shall be submitted to the governing bodies of the participating counties for approval.

(d) Act as the agent of the Department of Human Services in enforcing state public health laws and rules of the Department of Human Services, including such sanitary inspection of hospitals and related institutions as may be requested by the Department of Human Services.

(e) Perform such other duties as may be required by law.

(4) The public health administrator shall serve until removed by the appointing board. The public health administrator shall engage in no occupation which conflicts with official duties and shall devote sufficient time to duties as public health administrator as may be necessary to fulfill the requirements of subsection (3) of this section. However, if the board of health is not created under ORS 431.412, it may, with the approval of the Director of Human Services, require less than full-time service of the public health administrator.

(5) The public health administrator shall receive a salary fixed by the appointing board and shall be reimbursed for actual and necessary expenses incurred in the performance of duties. [1961 c.610 §7; 1973 c.829 §24; 1977 c.582 §29; 1981 c.127 §2; 1993 c.26 §1]

**OAR 333-014-0070 Organization.** Each county and district health department shall: (3) Employ or contract with a physician licensed by the State Board of Medical Examiners as health officer;

### **RESPONSIBILITIES OF THE HEALTH OFFICER**

- Provides medical direction for clinical activities, including developing and signing standing orders and protocols.
- Provides consultation on medical issues to health department personnel.
- Acts as liaison between local health department and local medical community.
- May provide direct clinical service.

- Promotes public health in the community.
- Represents the agency to community groups, other agencies, and the media.
- Consultation on public health and epidemiologic issues.
- Input into policy program development.
- Peer review quality issues for medical records.
- Involved in disaster preparedness planning and emergency responses.
- Services as liaison with state and national health organizations.

## **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.

## **PUBLIC HEALTH ADMINISTRATOR RESPONSIBILITIES AND QUALIFICATIONS**

### **Statutory Authority:**

**431.416 Local public health authority or health district; duties.** The local public health authority or health district shall:

- (1) Administer and enforce the rules of the local public health authority or the health district and public health laws and rules of the Department of Human Services.
- (2) Assure activities necessary for the preservation of health or prevention of disease in the area under its jurisdiction as provided in the annual plan of the authority or district are performed. These activities shall include but not be limited to:
  - (a) Epidemiology and control of preventable diseases and disorders;
  - (b) Parent and child health services, including family planning clinics as described in ORS 435.205;
  - (c) Collection and reporting of health statistics;
  - (d) Health information and referral services; and
  - (e) Environmental health services. [1961 c.610 §8; 1973 c.829 §23; 1977 c.582 §28; 1983 c.398 §4; 2001 c.900 §150]

**431.418 Local public health administrator; health officer; duties; salary.**

- (1) Each district board of health shall appoint a qualified public health administrator to supervise the activities of the district in accordance with law. Each county governing body in a county that has created a county board of health under ORS 431.412 shall appoint a qualified public health administrator to supervise the activities of the county health department in accordance with law. In making such appointment, the district or county board of health shall consider standards for selection of administrators prescribed by the Department of Human Services.
- (2) Where the public health administrator is a physician licensed by the Board of Medical Examiners for the State of Oregon, the administrator shall serve as health officer for the district or county board of health. Where the

public health administrator is not a physician licensed by the Board of Medical Examiners for the State of Oregon, the administrator will employ or otherwise contract for services with a health officer who shall be a licensed physician and who will perform those specific medical responsibilities requiring the services of a physician and shall be responsible to the public health administrator for the medical and paramedical aspects of the health programs.

(3) The public health administrator shall:

(a) Serve as the executive secretary of the district or county health board, act as the administrator of the district or county health department and supervise the officers and employees appointed under paragraph (b) of this subsection.

(b) Appoint with the approval of the health board, administrators, medical officers, public health nurses, sanitarians and such other employees as are necessary to carry out the duties and responsibilities of the office.

(c) Provide the board at appropriate intervals information concerning the activities of the department and submit an annual budget for the approval of the county governing body except that, in the case of the district public health administrator, the budget shall be submitted to the governing bodies of the participating counties for approval.

(d) Act as the agent of the Department of Human Services in enforcing state public health laws and rules of the Department of Human Services, including such sanitary inspection of hospitals and related institutions as may be requested by the Department of Human Services.

(e) Perform such other duties as may be required by law.

(4) The public health administrator shall serve until removed by the appointing board. The public health administrator shall engage in no occupation which conflicts with official duties and shall devote sufficient time to duties as public health administrator as may be necessary to fulfill the requirements of subsection (3) of this section. However, if the board of health is not created under ORS 431.412, it may, with the approval of the Director of Human Services, require less than full-time service of the public health administrator.

(5) The public health administrator shall receive a salary fixed by the appointing board and shall be reimbursed for actual and necessary expenses incurred in the performance of

**431.440 Public health administrators have police powers.** All district and county public health administrators shall possess the powers of constables or other peace officers in all matters pertaining to the public health. [Amended by 1961 c.610 §11; 1973 c.829 §27]

**431.530 Authority of local health administrator in emergency.** (1) The local public health administrator may take any action which the Department of Human Services or its director could have taken, if an emergency endangering the public health occurs within the jurisdiction of any local public health administrator and:

(a) The circumstances of the emergency are such that the department or its director cannot take action in time to meet the emergency; and

(b) Delay in taking action to meet the emergency will increase the hazard to public health.

(2) Any local public health administrator who acts under subsection (1) of this section shall report the facts constituting the emergency and any action taken under the authority granted by subsection (1) of this section to the Director of Human Services by the fastest possible means. [1973 c.829 §9; 1977 c.582 §31]

**OAR 333-014-0070 Organization.** Each county and district health department shall:

(1) Employ a qualified administrator who is responsible for the operation of the health department....

### **RESPONSIBILITIES OF THE PUBLIC HEALTH ADMINISTRATOR**

- Responsible for assuring that ORS 431.416, regarding the local public health authority and public health laws and rules, is appropriately administered and enforced
- Develops and recommends public health policies; recommends the establishment and revision of rules and regulations; prepares various

- statistical, financial and special reports
- Plans, organizes and directs the work of professionals, technical and clerical personnel; establishes operational methods and procedures
  - Develops, directs and monitors the budget and financial management systems for the local public health services
  - Provides leadership with the local jurisdiction for overall health planning and development including assessing public health service needs in the county or health district; completes annual local health plan
  - Directs operational analysis, program evaluation, standards development, research and planning programs of the department and management information systems
  - Represents the county or district department in negotiation and coordination of public health services with the community, state and federal governments, and the Conference of Local Health Officials
  - Insures performance of quality assurance activities, and that federal and state government regulations are met
  - Represents the agency to community groups, other agencies and the media
  - Participates in disaster preparedness planning and response as applicable
  - Serves as liaison with state and national health organizations

## **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. In 2008 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.

**SUPERVISING PUBLIC HEALTH NURSE RESPONSIBILITIES**  
**AND**  
**QUALIFICATIONS**

**Statutory Reference:**

**OAR 333-014-0070 Organization.** Each county and district health department shall:

(2) Employ registered nurses licensed by the Board of Nursing, sanitarians registered by the Sanitarians Registration Board, and such other administrative professional, technical, and clerical staff sufficient to carry out the responsibilities of the department.

**RESPONSIBILITIES OF THE SUPERVISING PUBLIC HEALTH NURSE**

- Assesses the public health needs within the community and, with appropriate groups, plans and develops programs, with a primary prevention and health promotion focus, to meet those needs
- Analyzes services and health data and incorporates results into program planning and implementation
- Establishes standards and directs nursing practice to insure a high quality of professional service and compliance with the Nurse Practice Act
- Plans, organizes and directs the work of professional, technical and support personnel
- Interviews and hires staff or recommends for hire; orients staff to agency policies and programs
- Provides for staff development through in-service educational programs, individual guidance, performance evaluation and other staff development techniques
- Participates in determining priorities for service and allocates staff accordingly
- Participates in budget and grant preparation; monitors fiscal expenditures
- Represents the agency to community groups, other agencies and the media
- Provides education to the community on public health issues
- Participates in epidemiological investigations as applicable

- Participates in disaster preparedness planning and response as applicable
- Serves as liaison with state and national health organizations
- May provide direct public health nursing services

## **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.

## **ENVIRONMENTAL HEALTH SUPERVISORS/SUPERVISING SANITARIAN RESPONSIBILITIES AND QUALIFICATIONS**

### **Statutory Reference:**

**OAR 333-014-0070 Organization.** Each county and district health department shall:

(2) Employ registered nurses licensed by the Board of Nursing, sanitarians registered by the Sanitarians Registration Board, and such other administrative professional, technical, and clerical staff sufficient to carry out the responsibilities of the department.

### **RESPONSIBILITIES OF THE ENVIRONMENTAL HEALTH SUPERVISORS/ SUPERVISING SANITARIANS**

- Assesses the environmental health needs of the community and, with appropriate groups, plans and develops programs to meet those needs
- Participates in disaster preparedness planning and response
- Analyzes environmental health data and incorporates results into program planning and implementation
- Responsible for professional direction and guidance of the environmental health program, including enforcement of appropriate rules and regulations
- Plans, organizes, and directs the work of professional, technical, and support staff
- Interviews and hires staff or recommends for hire; orients staff to agency policies and programs
- Provides for staff development through in-service educational programs, individual guidance and performance evaluation and other staff development techniques
- Provides interpretation of laws and administrative rules relating to environmental health
- Participates in budget and grant preparation; monitors fiscal expenditures
- Represents the agency to community groups, other agencies, and the media
- Provides education to the community on environmental health issues
- Participates in epidemiological investigations

- Serves as liaison with state and national health organizations
- May provide direct service including inspections, sampling, and consultations

### **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.

# PROGRAM INDICATORS FOR OREGON PUBLIC HEALTH STANDARDS

## #1 Monitor health status to identify community health problems

1.1 Information about community assets and community health status is collected and analyzed and disseminated regularly.

- 1.1 Ongoing community assessment is performed to analyze and evaluate community data.
- 1.1 Health department provides or refers to services that promote detecting chronic diseases and preventing their complications
- 1.1 The local health department advocates for data collection and analysis for development of population based prevention strategies

1.2 Threats to health are identified and community health priorities are assessed.

- 1.2 The local health department develops and maintains a current demographic and cultural profile of the community to identify needs and interventions
- 1.2 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
- 1.2 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.
- 1.2 Child abuse prevention and treatment services are provided directly or by referral.

1.3 Personal health data is collected, recorded, and reported to the Department of Health Services

- 1.3 100% 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.
- 1.3 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

## #2 Diagnose and investigate health problems and health hazards in the community

2.1 Public health systems have a plan for responding to disease outbreaks and environmental emergencies.

- 2.1 A system to obtain reports of deaths of public health significance is in place
- 2.1 Deaths of public health significance are reported to the local health department by the medical examiner and are investigated by the health department
- 2.1 Health department administration and county medical examiner review collaborative efforts at least annually
- 2.1 Staff is knowledgeable of and has participated in the development of the county's emergency plan
- 2.1 Written policies and procedures exist to guide staff in responding to an emergency
- 2.1 Staff participate periodically in emergency preparedness exercises and upgrade response plans accordingly
- 2.1 A system exists for the surveillance and analysis of the incidence and prevalence of communicable diseases
- 2.1 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
- 2.1 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

2.2 Health problems and hazards are investigated and control measures instituted in a manner that is confidential, timely and effective in protecting the public's health.

- 2.2 Feedback regarding the outcome of the investigation is provided to the reporting health care provider for each reportable condition or communicable disease case received.
- 2.2 There is an ongoing/demonstrated effort by the local health department to maintain and/or increase timely reporting of reportable communicable diseases and conditions.
- 2.2 Access to prevention, diagnosis, and treatment services for reportable communicable diseases is assured when relevant to protecting the health of the public
- 2.2 There is a mechanism for reporting and following up on zoonotic diseases to the local health department
- 2.2 There is a mechanism for reporting communicable disease cases to the health department
- 2.2 There is a system in place to follow up on all reported SIDS deaths

- 2.2 Immunizations for human target populations are available within local health department jurisdiction
- 2.2 Immunizations are provided for infants, children, adolescents and adults either directly or by referral
- 2.2 Rabies immunizations for animal target populations are available within local health department jurisdiction
- 2.2 A written plan exists for responding to emergencies involving public water systems.
- 2.2 A program exists to assure protection of health and the environment for storing, collecting, transporting, and disposing solid waste
- 2.2 Indoor clean air complaints in licensed facilities are investigated
- 2.2 Environmental contamination potentially impacting public health or the environment is investigated
- 2.2 The health and safety of the public is being protected through hazardous incidence investigation and response

#3 Inform, educate and empower people about health issues

3.1 A system exists to raise community awareness of behaviors that support physical, social, and mental wellbeing.

- 3.1 Health information and referral services are available during regular business hours.
- 3.1 Culturally and linguistically appropriate health education components with appropriate materials and methods will be integrated within programs.
- 3.1 Public education regarding food borne illness and the importance of reporting suspected food borne illness is provided
- 3.1 Information for developing a safe water supply is available to people using on-site individual wells and springs

3.2 Health promotion activities are available to assist community members practice healthy behaviors.

- 3.2 The health department provides and/or refers to community resources for health education/health promotion
- 3.2 Prevention-oriented services exist for self health care, stress management, nutrition, exercise, medication use, maintaining activities of daily living, injury prevention and safety education
- 3.2 Injury prevention services are provided within the community
- 3.2 Assure that program activities reflect operation plans for provision of culturally and linguistically appropriate services

- 3.2 The following health department programs include an assessment of nutritional status:
  - WIC
  - Family Planning
  - Parent and Child Health
  - Older Adult Health
  - Corrections Health

#4 Mobilize community partnerships to identify and solve health problems

4.1 Public health constituents are involved in identifying and responding to community priorities.

- 4.1 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
- 4.1 Assure that advisory groups reflect the population to be served

4.2 Community partnerships are formed to assure a comprehensive approach to improving the public's health.

- 4.2 The health department provides leadership in developing community partnerships to provide health education and health promotion resources for the community.
- 4.2 There is a system or mechanism in place to assure participation in multi-disciplinary teams addressing abuse and domestic violence

#5 Develop policies and plans that support individual and community health efforts

5.1 An organized, identified public health authority exists for every county.

- 5.1 The Local Health Authority shall meet at least annually to address public health concerns
- 5.1 Local health officials develop and manage an annual operating budget
- 5.1 Generally accepted public accounting practices are used for managing funds.
- 5.1 All revenues generated from public health services are allocated to public health programs
- 5.1 Local health departments' telephone numbers and facilities' addresses are publicized.

5.2 Public health policy development is a continuous process involving the community, advocacy groups, and policy makers.

## #6 Enforce laws and regulations that protect health and safety

6.1 Services and programs are available to enforce rules that control and reduce the exposure of populations to environmental or personal hazards.

- 6.1 A Local Health Authority exists which has accepted the legal responsibilities for public health as defined by Oregon Law
- 6.1 Use of fluoride is promoted, either through water fluoridation or use of fluoride mouth rinse or tablets

6.2 There is a system for enforcing rules and regulations protecting the health of community members.

- 6.2 All health department facilities are smoke free.
- 6.2 To preserve the confidentiality and security of non-public abstracts, all vital records and all accompanying documents are maintained
- 6.2 Training is available for food service managers and personnel in the proper methods of storing, preparing, and serving food
- 6.2 Food service facilities are licensed and inspected as required by Chapter 333 Division 12, or more frequently based on epidemiological risk
- 6.2 Each drinking water system conducts water quality monitoring and maintains testing frequencies based on the size and classification of system.
- 6.2 Each drinking water system is monitored for compliance with applicable standards based on system size, type, and epidemiological risk
- 6.2 Compliance assistance is provided to public water systems that violate requirements.
- 6.2 All drinking water systems that violate maximum contaminant levels will be investigated and appropriate actions taken
- 6.2 A program exists to monitor, issue permits, and inspect on-site sewage disposal systems
- 6.2 Tourist facilities are licensed and inspected for health and safety risks as required by Chapter 333 Division 12
- 6.2 School and public facilities food service operations are inspected for health and safety risks
- 6.2 Public spas and swimming pools are constructed, licensed, and inspected for health and safety risks as required by Chapter 333 Division 12
- 6.2 A mechanism exists for intervening where there is reported elder abuse or neglect.

#7 Link people to needed personal health services and assure the provision of health care when otherwise unavailable

7.1 Efforts exist to assure community members have access to timely and adequate primary health services.

- 7.1 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
- 7.1 Participate and provide leadership in community efforts to secure or establish and maintain adequate primary health care
- 7.1 Advocate for individuals who are prevented from receiving timely and adequate primary health care
- 7.1 Identify barriers to primary health care services
- 7.1 Primary health care services are provided directly or by referral
- 7.1 Comprehensive family planning services are provided directly or by referral.
- 7.1 Preventive oral health services are provided directly or by referral.
- 7.1 Perinatal care is provided directly or by referral

7.2 Essential health services adhere to guidelines that follow current practice standards.

- 7.2 Promote primary health care that is culturally and linguistically appropriate for community members
- 7.2 Written policies and procedures exist to guide staff and volunteers in maintaining appropriate confidentiality standards
- 7.2 Personnel records for all terminated employees are retained consistently with State Archives rules
- 7.2 Written policies and procedures exist to guide staff and volunteers in maintaining appropriate confidentiality standards
- 7.2 Records include minimum information required by each program
- 7.2 A records manual of all forms used is reviewed annually
- 7.2 There is a written policy for maintaining confidentiality of all client records which includes guidelines for release of client information
- 7.2 Filing and retrieval of health records follow written procedures
- 7.2 Retention and destruction of records follow written procedures and are consistent with State Archives rules

#8 Assure a competent public health and personal health care workforce

8.1 Workforce assessment is conducted periodically to determine the number of personnel, categories of personnel, and competencies for personnel needed to achieve public health goals.

8.2 Strategies are implemented to recruit a qualified workforce

- 8.2 Written personnel policies and procedures are in compliance with federal and state laws and regulations
- 8.2 Personnel policies and procedures are available for all employees
- 8.2 All positions have written job descriptions, including minimum qualifications. (See Personnel Qualifications for supervisory personnel minimum qualifications.)
- 8.2 Written performance evaluations are done annually

8.3 Life long learning through continuing education, training, and mentoring is available to public health professionals.

- 8.3 Evidence of staff development activities exists
- 8.3 Confidentiality training will be 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 will sign confidentiality statements when hired and at least annually thereafter
- 8.3 Local health department supports continued education and training of staff to provide effective health education
- 8.3 Develop, implement and promote a written plan that outlines clear goals, policies and operational plans for provision of culturally and linguistically appropriate services.

8.4 Public health has the leadership capacity to perform the Core Public Health Functions and the Essential Public Health Functions.

- **8.2/8.4 Health Administrator meets minimum qualifications**  
A Master's degree from an accredited college or university in public health, health administration, public administration, behavioral, social or health science, or related field, plus two years of related experience
- **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.

- **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.

- 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

#9 Evaluate effectiveness, accessibility and quality of personal and population-based health services

9.1 A quality improvement process is in place to identify and evaluate the effectiveness of population-based and personal health services

9.1 Written plans are developed with problem statements, objectives, Program Indicators

- activities, projected services, and evaluation criteria

9.2 There is a system for evaluating the public health system as a whole.

#10 Research new insights and innovative solutions to health problems

10.1 Support and/or participate in demonstrations or research projects that improve best practices and effective interventions addressing local population and health service delivery issues.

10.2 A wide range of relationships with institutions of higher education and research organizations are established.