

CURRY COUNTY PUBLIC HEALTH DEPARTMENT

ANNUAL PLAN – FY 2007-2008

I. Executive Summary

The Curry County Public Health Department's (CCPHD) role is that of community health oversight through assessment of health status and risks, mitigation of risks and poor outcomes, and assurance of adequate healthcare for all citizens. The county's specific financial status, compounded by "flat funding" from the State and Federal government, is adversely affecting the ability of CCPHD to meet its statutory mandates. As a cost-saving measure, Public Health consolidated all services into the Gold Beach clinic site.

The county has 47.7% of its citizens covered by Medicaid programs, high deductible medical insurance or are without medical coverage of any kind. There are inadequate numbers of primary healthcare providers accepting patients with OHP. There are two Rural Health Clinics in the County; one in Brookings and one in Port Orford. Several specialists have moved into the County and are providing services. The specialists include two internists, a psychiatrist, a pulmonologist who also runs a diagnostic sleep lab, a Psychiatric Nurse Practitioner, and a Pediatric Nurse Practitioner. There are several other medical specialists who provide services within the County on a scheduled basis. Surgical services are limited. Three physicians have either retired or moved out of the County during the past 12 months.

In collaboration with other agencies (OHSU, CCCC, Coos County) CCPHD will continue to seek ways to improve access to healthcare within the county. A grant application for FQHC grant status will be submitted this December. A Pediatric Nurse Practitioner provides care at our clinic, thereby mitigating travel problems encountered by clients/parents. An Outreach Worker assists residents identifying and applying for third-party payment such as OHP, OMAP, SCHIP, etc., and pharmacy assistance programs. We have applied for grants to provide dental education and prevention services as well as a SBHC. Due to an increase in the birth rate, the Healthy Start program will be expanded and include strategies to raise awareness of child safety.

CCPHD will continue its current programs, activities and assurances. We will build our infrastructure through acquisition of tools to make the limited number of the staff more efficient and analysis of staff skill mix to maximize flexibility and availability. The tobacco prevention program will resume in January 2008. The STARS program will be subcontracted through CCHS. One of their employees has been running the STARS program for some time.

There has been increased public information disseminated through CCPHD on potential health issues such as West Nile Virus, SARS, shellfish harvest closures, beach

closures, and pandemic flu. The department has been more active and visible than in the past and will continue that role.

The county has a population base of 22,000. Due to our coastal location and the presence of world-class rivers for fishing, tourism increases our population to close to double during the spring and summer months. We must provide for the health and well-being of the additional people from May through October.

Tourism also increases the County's exposure to emerging infections. CCPHD will develop a more active surveillance program for infectious disease which includes prescription and OTC pharmacy sales.

II. Assessment

Provide a description of the public health issues and needs in your community

Curry County is 1648 square miles located on the southern coast of Oregon. It is rural in nature with timber, agriculture, fishing and tourism as the major economic base. The county can be actually isolated during the rainy season due to mudslides along the canyon roads. Due to the mountainous terrain, there are few routes in or out of the county. The steep canyons limit the use of a number of communication devices such as cellular telephones, two-way radios, and pagers.

The county has only \pm 20% of the land available for private ownership. The rest is state or federal land. Currently, there is approximately 6% of the land that is part of the county tax base. Curry County has one of the lowest tax rate in the State of Oregon. Therefore, there are very few funds to provide public services. With the additional burden of the current economic situation, essential services are at a bare minimum.

The total population of Curry County is 22,000. The residents are approximately 92% white with most of the population living along the coast. The majority of Hispanic residents reside south of Brookings where they work in the lily fields.

Socioeconomic standards show a population with greater-than-state-average poverty levels. This is especially prevalent in children below the federal poverty index. Sixty-seven percent of school children qualify for the reduced-fee or free school lunch program. The O & C and PILT funding cuts have resulted in loss of jobs with health insurance benefits so there is an increasing burden of uninsured citizens.

There are a disproportionate number of retirees in the county. Curry County has the 7th oldest population in the nation. The remaining 6 counties are in Florida. The population is fairly evenly split between males and females.

The predominance of an aging population would give the county a higher death rate than state average. However, statistically, Curry County has *double* the death rate from state average in the following categories: diseases of the heart, cancer, diabetes, cerebrovascular disease, chronic lower respiratory disease, flu & pneumonia, and suicide. The other indicators that are significantly higher are unintentional injury and alcohol-induced deaths.

As is the trend in the United States as a whole, obesity is an issue. This may explain the increased death rate from diseases of the heart, diabetes, and cerebrovascular disease.

Mental health services are being reduced secondary to cuts in funding to Human Services. One-on-one counseling is being changed to group counseling whenever possible. Services to the developmentally disabled are part of this reduction. Addiction services are also being reduced. There have been cuts in "road deputies" in the Sheriff's Department which has increased the drug problems in the County.

Emergency preparedness in the past has focused on natural disasters such as flood, earthquake, tsunami, and forest fires. Community preparedness was put to the test in the "Biscuit Fire" of 2002. Over 500,000 acres burned. The command base was located in Gold Beach where the population tripled with all of the firefighters and associated personnel. The community, state, and federal agencies worked together with few problems. Curry County Fairgrounds and the high school provided adequate facilities for shelter, food, sanitary functions, and response staging. Forest Service offices and the County governmental offices were able to serve as the ICS. The cooperative effort on this disaster is a model for potential bioterrorism incidents. Since that time, an emergency generator has been added to the Courthouse Annex to increase response capacity. Emergency call lists have been developed and put into Excel tables so that they can be imported into call-down software.

Environmental health issues in Curry County revolve around safe drinking water, liquid and solid waste, and food safety. Curry County has very good air quality. There are few industrial plants so potential pollution by industry is very low. There have been several private water systems out of compliance. The Sanitarian has worked with them to bring them compliance. Food safety inspections are up-to-date and there have been few outbreaks. There have been individual reports of citizens getting sick after eating at a particular establishment. Those establishments have been inspected the next business day. Being located on the coast, shellfish safety is another food issue. The Dept of Ag oversees the monitoring. Few, if any, reports of illness from contaminated shellfish have been reported.

Solid and liquid waste disposal is under a separate county agency from Public Health. The Port Orford system has been out of compliance for some time following a flood. The voters turned down a bond measure to rebuild the necessary system. The Gold Beach system is at maximum capacity again and there was a moratorium on new sewer hook-ups. The City of Gold Beach is working with the EPA to increase sewer capacity.

Describe the extent to which the local health department provides the five basic services contained in statute (ORS 431.416) and rule. Note that Rule, i.e. OAR Chapter 333, Division 14, has more detailed definitions. Review the definitions and Minimum Standards for Local Health Departments before responding.

Epidemiology and control of preventable diseases and disorders;

The Public Health Department has 24/7 capacity to accept and respond to urgent reports of communicable disease or other potential widespread issue affecting the public well-being. CCPHD employees use the process developed by the State of Oregon that is disease-specific. A log of all reports has been put on the department-wide computer system which is password protected. At a quick glance, trends can be noted. Required forms are FAXed to DHS, usually in the appropriate timeframe. The CCPHD offers the recommended vaccines to children and adults. There is close coordination with the schools for the exclusion program. We are active in the ALERT program. Mass immunization clinics such as flu/pneumonia are publicized widely and held in at least the three main communities in the county. We provide vaccine to Home Health for flu

immunizations to home-bound patients and their caregivers. The HIV program from Roseburg performs HIV counseling and testing in Curry County. There is also a cooperative relationship with the Coos County HIV program. We work with Animal Control and the veterinarians on rabies control and prevention.

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

A Family Nurse Practitioner, Pediatric Nurse Practitioner and trained RNs are regularly scheduled at the clinic. They perform health assessments, education, counseling, and referral as needed. Family planning services are included in the clinics. A variety of birth control products are provided at the time of appointment and examination. Breast and cervical cancer screening are part of this. Pregnancy testing, assistance with OHP application, and referral for care are offered. We have an active STARS program. There are home visits being performed through the Healthy Start, Babies First, and CaCoon programs by a registered nurse and/or a family service/assessment worker. Breastfeeding assistance is provided by certified lactation specialists or a registered nurse. CCPHD will apply for a SBHC planning grant so that care is available in the Brookings area for school-age children.

Collection and reporting of health statistics;

Birth information is sent to the Vital Statistics clerk from birthing institutions and the state registrar. All certificates are processed according to state standards. Death certificates are entered into the computer system upon completion by the person's physician or the Medical Examiner. Requests for birth or death certificates are processed the day of request unless an emergency exists. There are back-up personnel to process certificates as necessary. Other health statistics are kept and reported as required and or requested, following HIPAA guidelines.

Health information and referral services; and

Health information is given to clients at the time of service, on in-home visits, through media campaigns, public service announcements, and on two separate websites maintained by the Public Health Department. There is a vast array of brochures in English and Spanish on many health topics. Referral services provided include, but are not limited to: clinics, healthcare providers, educational classes, counseling, financial assistance programs, and others as needed.

Environmental health services.

The CCPHD is responsible for several services. First, there is the inspection of food service establishments, both fixed and temporary. Classes and testing are offered for food handlers and the issuance of the cards. One of the Registered Sanitarians has been through the process and is "Standardized". The Sanitarians perform water system inspection and tests. They provide technical assistance in how to bring any noncompliant system into compliance. The third component of this division is the inspection and testing public pools and spas. As a courtesy, non-public water systems and bodies of water are tested upon request. Water exceeding EPA standards are reported to DEQ. CCPHD stocks

drinking water test kits called *watersafe*®. They are available to the public at cost.

Describe the adequacy of services the “...health department should include or provide for programs...” (OAR 333-014-0050 (3))

Dental

Dental education is included in the WIC program. Toothbrushes are provided to the children, and adults as needed. Several dentists in the county provide dental care. However, only one accepts OHP clients. The Pediatric Nurse Practitioner has applied for, and received, several grants for the provision of dental screenings and dental care. Last year, >\$4,000 was raised which provided funding for a Pediatric Dentist to come to Curry County for two days and perform dental services on 38 children. To date in this fiscal year, >\$14,000 has been raised for dental care.

Emergency preparedness

The Public Health Department serves as a member of the county emergency preparedness committee. Bioterrorism has been added to the overall county plan. Potential disaster scenarios and targets have been identified and mitigation activities developed. The county received funding for the construction of new communication towers. This has greatly improved radio communication throughout the County. Press releases are provided to all mass media in Curry County when potential disaster scenarios present, i.e., SARS pandemic. Information on emerging diseases is sent to healthcare providers as appropriate.

Health education and health promotion

Health education and health promotion take place with all client encounters. STD & HIV prevention are covered with all Family Planning clients. Tobacco cessation information is offered to the public and when clients admit to tobacco use. Drug prevention education is offered in the schools and with clients. Breast self-exam information is available and disseminated. The Healthy Start Program continue to promote child safety as one of their focuses. Literature and press releases have been distributed regarding West Nile Virus, what it is and how to prevent infection in humans and animals. The Public Health Department is active in numerous community organizations for the promotion of health and coordination of services. Speakers are provided to community groups at no cost on a variety of topics.

Laboratory services

Laboratory services are available through the local hospital, OHSU, the state lab, and CDC. Curry County Public Health maintains a laboratory license for limited moderate-complexity tests.

Medical examiner

The County Commissioners have contracted with Dr. Olsen for Medical Examiner duties. Autopsies are performed in Central Point by Dr Olsen.

Nutrition

A Registered Dietitian is on contract to provide services as necessary to Health Department clients. The dietician reviews the protocols and brochures. Courses are offered in the community for cooking for diabetics, heart patients, weight loss, etc. Breastfeeding is promoted in coordination with the local hospital.

Older adult health

Curry Health District has physician practices that service older adults. They also have developed an assisted living facility that has been well accepted and utilized. Curry Home Care and Hospice are active in the county. Men's Health Screening clinics are offered. Older Driver classes are given by AARP. Seniors are targeted for flu and pneumonia vaccines in the fall. Living with Arthritis classes and support groups are offered within the county.

Primary care services are provided to adults through the Health Department's FNP.

Primary health care

Private providers offer primary health care throughout the county. Many of the current physicians are not accepting new patients. CCPHD will be applying for a FQHC grant to help "fill in the gaps" in healthcare.

Shellfish sanitation

Shellfish samples are gathered and sent to OHSU for testing. When bans on harvesting are issued, notices are posted at public access points to the beaches, in sporting goods stores, restaurants, and motels. Periodic press releases are sent to the mass media in the county for reminders.

Describe the adequacy of services the "...health department should include or provide for programs..." (OAR 333-014-0050 (3))

Access to medical care is limited by several factors. Those factors include payment for services, availability of providers, and transportation. Medicare or private insurance with <10% deductible covers approximately 52% of residents. People with prescription drug coverage are significantly lower than those with medical insurance. Availability of medical care providers is an interesting dilemma. The higher elder population equates to a higher use of service. However, a population of 22,000 does not present adequate numbers to support most specialists. Even if 22,000 could support a specialist, one provider cannot work 24/7. Without relief, the burnout rate is reached fairly rapidly. Within the past 12 months Curry County has lost three physicians.

There is only one hospital in Curry County – Curry General Hospital in Gold Beach. They have survived since they are a healthcare district and have diversified into the provision of other healthcare. They have opened an assisted living facility, which is doing well. They also have several physician practices in the three main cities in the county: Brookings, Gold Beach, and Port Orford. The Port Orford clinic is a Rural Health Clinic. They have developed an imaging center and urgent care facility in the

Brookings/Harbor area. Some definitive medical care is provided on an outpatient basis, eg. Chemotherapy. Depending upon the situation, most patients must go to Crescent City, Grants Pass, Medford, or Coos Bay for surgical care.

Only one dentist in the county offers dental care to OHP patients. There is currently a 6-month wait for an appointment. He is located in Gold Beach so all patients using him must drive to Gold Beach. Numerous patients/parents have indicated that travel is a barrier. This is why Curry County Public Health has invested time in fund raising so that care may be offered in an alternate way.

There is no pediatrician in the County. Children with special needs and those children in the foster care system have been required to go to Coos Bay to see a pediatrician. CCPHD hired a Pediatric Nurse Practitioner who provides care in the clinic location. There is a contractual agreement with a pediatrician in Coos Bay for back-up as needed by the PNP. The CCPHD is part of a community group addressing the needs of families with special needs children. The Healthy Start Program is operated by Public Health as well.

The physician who has been providing care to the jail inmates has requested that he be replaced. No current physician has expressed an interest in assuming this caseload. The CCPHD Family Nurse Practitioner has accepted this responsibility with the Health Officer providing back-up. The Sheriff's Office will pay the same amount for health care for the inmates while the Public Health Department will increase their revenue by ±\$9,000 per year.

Section III : Action Plans

Individual action plans required by distinct programs have been submitted to those program offices.

CURRY COUNTY

VII. Minimum Standards

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

Organization

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

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

30. Yes No Health department administration and county medical examiner review collaborative efforts at least annually.
31. Yes No Staff is knowledgeable of and has participated in the development of the county's emergency plan.
32. Yes No Written policies and procedures exist to guide staff in responding to an emergency.
33. Yes No Staff participate periodically in emergency preparedness exercises and upgrade response plans accordingly.
34. Yes No Written policies and procedures exist to guide staff and volunteers in maintaining appropriate confidentiality standards.
35. Yes No Confidentiality training is included in new employee orientation. Staff includes: employees, both permanent and temporary, volunteers, translators, and any other party in contact with clients, services or information. Staff sign confidentiality statements when hired and at least annually thereafter.
36. Yes No A Client Grievance Procedure is in place with resultant staff training and input to assure that there is a mechanism to address client and staff concerns.

Control of Communicable Diseases

37. Yes No There is a mechanism for reporting communicable disease cases to the health department.
38. Yes No Investigations of reportable conditions and communicable disease cases are conducted, control measures are carried out, investigation report forms are completed and submitted in the manner and time frame specified for the particular disease in the Oregon Communicable Disease Guidelines.
39. Yes No Feedback regarding the outcome of the investigation is provided to the reporting health care provider for each reportable condition or communicable disease case received.
40. Yes No Access to prevention, diagnosis, and treatment services for reportable communicable diseases is assured when relevant to protecting the health of the public.
41. Yes No There is an ongoing/demonstrated effort by the local health department to maintain and/or increase timely reporting of reportable communicable diseases and conditions.

42. Yes No There is a mechanism for reporting and following up on zoonotic diseases to the local health department.
43. Yes No A system exists for the surveillance and analysis of the incidence and prevalence of communicable diseases.
44. Yes No Annual reviews and analysis are conducted of five year averages of incidence rates reported in the Communicable Disease Statistical Summary, and evaluation of data are used for future program planning.
45. Yes No Immunizations for human target populations are available within the local health department jurisdiction.
46. Yes No Rabies immunizations for animal target populations are available within the local health department jurisdiction.

Environmental Health

47. Yes No Food service facilities are licensed and inspected as required by Chapter 333 Division 12, or more frequently based on epidemiological risk.
48. Yes No Training is available for food service managers and personnel in the proper methods of storing, preparing, and serving food.
49. Yes No Training in first aid for choking is available for food service workers.
50. Yes No Public education regarding food borne illness and the importance of reporting suspected food borne illness is provided.
51. Yes No Each drinking water system conducts water quality monitoring and maintains testing frequencies based on the size and classification of system.
52. Yes No Each drinking water system is monitored for compliance with applicable standards based on system size, type, and epidemiological risk.
53. Yes No Compliance assistance is provided to public water systems that violate requirements.
54. Yes No All drinking water systems that violate maximum contaminant levels are investigated and appropriate actions taken.
55. Yes No A written plan exists for responding to emergencies involving public water systems.

56. Yes No Information for developing a safe water supply is available to people using on-site individual wells and springs.
57. Yes No A program exists to monitor, issue permits, and inspect on-site sewage disposal systems. *This is done through a separate department within the county structure, although the Public Health Department keeps track of current situations.*
58. Yes No Tourist facilities are licensed and inspected for health and safety risks as required by Chapter 333 Division 12.
59. Yes No School and public facilities food service operations are inspected for health and safety risks.
60. Yes No Public spas and swimming pools are constructed, licensed, and inspected for health and safety risks as required by Chapter 333 Division 12.
61. Yes No A program exists to assure protection of health and the environment for storing, collecting, transporting, and disposing solid waste. *Again, this is done by a separate department within the county structure.*
62. Yes No Indoor clean air complaints in licensed facilities are investigated.
63. Yes No Environmental contamination potentially impacting public health or the environment is investigated. *Depending upon the situation, referral for investigation may be referred to another, more appropriate agency. CCPHD follows the outcomes of the investigations.*
64. Yes No The health and safety of the public is being protected through hazardous incidence investigation and response.
65. Yes No Emergency environmental health and sanitation are provided to include safe drinking water, sewage disposal, food preparation, solid waste disposal, sanitation at shelters, and vector control.

Health Education and Health Promotion

66. Yes No Culturally and linguistically appropriate health education components with appropriate materials and methods will be integrated within programs.
67. Yes No The health department provides and/or refers to community resources for health education/health promotion.
68. Yes No The health department provides leadership in developing community partnerships to provide health education and health promotion resources for the community.

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

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

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

Nutrition

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

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

- a. Yes No WIC
- b. Yes No Family Planning
- c. Yes No Parent and Child Health
- d. Yes No Older Adult Health
- e. Yes No Corrections Health

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

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

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

Older Adult Health

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

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

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

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

Parent and Child Health

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

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

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

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

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

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

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

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

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

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

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

Primary Health Care

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

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

Cultural Competency

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

Health Department Personnel Qualifications

102. Yes No *The local health department 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.

103. Yes No *The local health department Supervising Public Health Nurse meets minimum qualifications:*

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

AND

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

104. Yes No *The local health department Environmental Health Supervisor meets minimum qualifications:*

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

OR

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

105. Yes No The local health department Health Officer meets minimum qualifications:

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