

**Yamhill County Public Health Annual Plan  
2008-2009  
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**YAMHILL COUNTY PUBLIC HEALTH ANNUAL PLAN  
2008-2009**

**I. EXECUTIVE SUMMARY**

Yamhill County Public Health's Annual Plan for 2008-2009 reflects improvements over the past year. Overall we continue to fulfill the requirements of the basic public health services required by state law.

Our assessment of the status of health needs, and of unmet needs in the county, both show areas where we can continue to improve and contribute. We also want to improve the quality of both direct services and community level services. Our resources have remained relatively stable, and we have been able to maintain our essential staffing in the areas of communicable disease control, family and child health, and environmental health. Although services are not directly provided by Public Health, there is still a lot of concern in Yamhill County about suicide, methamphetamine use and alcohol-related problems.

There is a significant effort underway toward program quality improvement and customer service processes in all service areas, with special attention paid to improving internal procedures and protocols. Improvements have been made and will continue throughout 2008-09. Additionally, Public Health is developing a plan to implement a Family Planning Clinic in McMinnville and Newberg to meet the needs of women throughout Yamhill County. The HIV program will institute a regional approach to counseling, testing and referral services to improve HIV testing in Yamhill County. We recently have been awarded a nine-month capacity building grant for a Tobacco Related Chronic Disease Program, which will allow us to develop a workplan to address this growing problem. The general trend for 2008-09 will be to maintain current programs, establish a thriving Family Planning Clinic, and to improve quality of all services.

## II. ASSESSMENT

Since Yamhill County Public Health recently completed its Comprehensive Plan, in which a complete assessment of the status of Public Health in Yamhill County is described in detail, an assessment is not provided herein. A copy of the Comprehensive Plan can be found at the Yamhill County Public Health website at the following address: [www.co.yamhill.or.us/ph](http://www.co.yamhill.or.us/ph).

## III. ACTION PLAN

### **A. Strategy for Control of Reportable Communicable Disease: OAR 333-014-0050 (2) (a) (Includes BT, HIV, TB, Immunization, STD, epidemiology/reportable disease investigation)**

#### **Current Condition:**

The communicable disease program continues to expand. As with other counties, Yamhill has provided all healthcare providers and emergency responders with a means of contacting public health staff on a 24-hour, 7 days per week basis. This improvement in our ability to respond to both reportable disease and emergencies was enabled by funding from the Public Health Emergency Preparedness program. Public Health has the ability for enhanced communication with providers when necessary through the utilization of a blast fax. YCPH is receiving a limited amount of funding to establish a Medical Reserve Corp, in collaboration with the local Citizens Corp and the regional Medical Reserve Corp. November 2007, YCPH in cooperation with local school districts and Oregon Public Health Division, established two points of dispensing (PODs) to administer Flumist to 55% (575) of students in two schools. An additional 100 students from two school districts were vaccinated through smaller clinics. A follow-up study is being conducted to determine if there is an impact on vaccination of students and flu rates among students, families and the community. YCPH continues to engage public and private schools in pandemic flu preparedness activities, discussions and exercises.

The Communicable Disease Program has fully integrated the CD Database 2000 into daily disease reporting activities. The Communicable Disease team has placed an emphasis on timeliness and completeness of electronic disease reporting during the past year with great success. Communicable Disease nurses have regular and ongoing communication with local Infection Control Practitioners and continue to improve and enhance communication with local providers and partnering agencies. Outreach has included working with county jail staff regarding bloodborne pathogens and tuberculosis, meeting with local animal control offices to improve collaboration, creating information for local providers regarding communicable disease services and outreach to area schools to enhance communication with School nurses.

Representatives from the Communicable Disease team attend the annual Oregon Epidemiologist's Conference to integrate new information into current practice.

We continue to provide walk-in STD diagnosis, treatment and contact tracing. Other clinic services include HIV counseling and testing, travel immunizations and consultation, immunizations for children and adults (utilize state-supplied and local vaccine), epidemiologic investigation and follow-up of reportable communicable diseases and conditions, and consultation and advice regarding suspected communicable diseases.

<b>Yamhill County Public Health CD/STD Plan</b>		
Time Period: FY 2008-2009		<b>Year 2</b>
Goal: Provide effective communicable disease case management services including surveillance, case finding, and prevention activities related to reportable communicable diseases including sexually transmitted diseases.		
Objectives	Activities	Measures
A. Maintain an effective quality assurance system for communicable disease clinic services.	<ol style="list-style-type: none"> <li>1. Ensure a competent public health workforce serving clients in the YCPH clinic.</li> <li>2. Conduct periodic chart reviews of clients receiving STD services.</li> </ol>	<ol style="list-style-type: none"> <li>1. Two of three staff will attend Oregon Epidemiologist's Conference Spring 2009.</li> <li>2. 10% of STD clients will have chart reviews.</li> </ol>
B. Expand and improve patient education materials including the PH website, printed brochures available, and printed materials developed by YCPH that are provided to clients.	<p>Ensure current and timely information regarding STD protection, detection, and public health services are accessible on the public health website.</p> <p>Conduct annual review of printed materials in coordination with local Health Educators.</p>	<p>By December 2008 the PH website manager will review the website and links for timely and current information.</p> <p>By July 30, 2008 all printed materials provided to clients in the clinic will be reviewed and approved by the clinic review team.</p>
C. Maintain current resources and references for STD case management services.	<ol style="list-style-type: none"> <li>1. Ensure that STD standing orders are reviewed annually and signed by H.O.</li> </ol>	<ol style="list-style-type: none"> <li>1. By July 1, 2008 the STD standing orders will be reviewed and signed.</li> </ol>
<b>Yamhill County Public Health HIV Plan</b>		
Time Period: FY 2008-2009		<b>Year 2</b>
Goal: To improve and maintain the health status of the citizens of Yamhill County by preventing and reducing the incidence of communicable disease through outreach, education, counseling and testing for HIV.		
Objectives	Activities	Measures
Continue to enhance outreach activities to	Work with MCH nurses participating in Maternal Case	All MCH nurses will ensure integration of HIV information into

promote HIV testing and prevention.	Management to share outreach information with referring providers.	Maternity Case Management materials.
Evaluate the benefits of implementing Rapid HIV testing methods and use of Orasure at YCPH.	HIV Case Manager to review alternate HIV testing methods (i.e. Rapid HIV testing, Orasure).	Evaluation of alternate HIV testing methods (i.e. Rapid HIV testing, Orasure) will be completed by June 30, 2009.
Maintain an effective quality assurance system for HIV services.	Ensure a competent public health workforce serving clients in the YCPH clinic.	Designated staff to conduct annual HIV confidentiality and BBP training. Training record will be maintained. HIV and Health education staff to review printed materials in compliance with Oregon Program Review Panel requirements.

<b>Yamhill County Public Health Emergency Preparedness Plan</b>		
Time Period: FY 2008-2009		<b>Year 2</b>
Goal: Improve the ability of Public Health to respond to local and state emergencies.		
<b>Objectives</b>	<b>Activities</b>	<b>Measures</b>
Continue to improve emergency preparedness partnerships and agreements with public safety, health care providers, tribes, schools, emergency response, other counties and agencies.	Engage school districts, community organizations and partners in pandemic flu planning to adopt MOUs for shared resources.	Evidence of signed MOUs with other entities and inclusion of the roles of other entities into YCPH plans and policies.
Continue to develop and maintain appropriate emergency plans, policies and procedures as well as train appropriate staff and exercise existing plans.	Revise plans and policies older than two years, ensure current plans reflect changes to county EOP and existing Public Health authority. Train existing and new staff in relevant policy changes.	Adoption and/or revision of emergency plans, evidence of training for appropriate staff and exercising of existing plans, policies and procedures.
Continue to develop surge capacity for public health response including a Medical Reserve Corp.	Development of policies and procedures for the deployment and utilization of MRC volunteers.	Evidence of MRC procedure adoption and inclusion in existing YCPH policies.

**B. Strategy for Parent and Child Health and Family Planning Services (OAR 333-014-0050 (2) (b))**

**Current Condition:**

Public Health continues to increase efforts to serve as an entry point to a whole variety of services for parents and children. There is a consistent and formalized multidisciplinary team

intake process that takes place every week at Public Health, involving nurses, Family Support Workers, Healthy Start workers, and could also involve home visitors from other agencies. Services offered directly by Public Health include Babies First, Healthy Start, CaCoon, and Maternity Case Management. In addition to services at Public Health, the Willamina School-Based Health Center at Willamina High School serves all registered students in the district.

Healthy Start continues to function with limited funds, however was able to increase staffing time resulting in a small increase in the amount of services they are able to provide for families in Yamhill County. Healthy Start has fully incorporated Parents As Teachers into the program: all staff are now trained, the materials and board books for activities have been purchased, and curriculum are accessible to all staff. In the coming year, Healthy Start will receive funds to give new board books monthly to all Healthy Start families in order to encourage future literacy.

Healthy Start also increased collaboration with pre-natal referral sources resulting in an increase in pre-natal referrals. Yamhill County Healthy Start participated in a labor intensive statewide accreditation process resulting in national accreditation by Healthy Families America (HFA) in the Fall of 2007.

The child and adult immunization clinics are related to these service areas. Immunizations utilizing both state-supplied and locally purchased vaccines are available at Public Health, at planned and periodic off-site clinics, at the School-Based Health Center, and at our delegate agency, Virginia Garcia Memorial Health Center. Many physicians in Yamhill County also participate in the Vaccines for Children program, which increases access to state-supplied vaccine. Yamhill County Public Health is one of seven (7) county health departments in Oregon that provides Foreign Travel vaccinations for tourists and travelers. The Foreign Travel program continues to see an increased number of traveling clients each year. The Foreign Travel program is a fee-supported program.

As mentioned previously in the assessment, we assure provision of accessible family planning services in the county, but at this time we do not provide them directly. Virginia Garcia Memorial Health Center in McMinnville is the current state grantee for family planning funds. We have been approved to implement a Family Planning Clinic in McMinnville and Newberg by July 1, 2008. Currently, we have been approved to receive FPEP and Title 10 funding for family planning. We are currently purchasing/installing needed equipment, recruiting appropriate staff, and preparing the necessary documents (procedures/protocols) for opening the clinics on July 1, 2008. Services provided at the clinic will be consistent with FPEP and Title 10. A great deal of education and promotion of services will need to occur among partnering agencies and the community. Further activities will include working with community partners on strategies to reach potential clients.

In Yamhill County, the young adult (birth through age 24) populations represents over a third of our county. Even though the birth rate is declining, we expect to be increasing home visiting services for children with special needs, and for high risk and drug-affected babies. There is a very large, but somewhat invisible, population of young families with few or no resources here, including those with limited English. We are challenged continually to help them create survival pathways and to do the best for their families.

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**Yamhill County Public Health Maternal Child Health Plan**

Time Period: FY 2008-2009

**Year 2**

Goal: To improve and maintain the health of mothers and babies in Yamhill County by providing high quality maternal child health services to high risk populations through outreach, education and advocacy.

<b>Objectives</b>	<b>Activities</b>	<b>Measures</b>
<p>A. Continue to improve ongoing communication and outreach with local providers responsible for referrals to YCPH programs.</p>	<p>The designated Maternity Case Management liaison will continue to provide information and brochures to Obstetric providers and hospitals in Yamhill County.</p> <p>Staff, in coordination with YCPH Health Educators, will collaborate with organizations that serve women, including DHS, Chemical Dependency, Mental Health, Family and Youth and WIC to increase awareness of the harm from prenatal exposure to ATOD and improve access to cessation services.</p>	<p>MCM Case load of MCH nurses will increase by 25%</p> <p>Annual in-services with key partner agencies will be scheduled, particularly to include focus on Family and Youth and WIC services.</p>
<p>B. Continue to expand and improve patient education materials including the PH website, printed brochures available, and printed materials developed by YCPH that are provided to clients.</p>	<p>Conduct ongoing review of printed materials, including development of program specific brochures in coordination with local Health Educators.</p>	<p>Develop Maternal Child Health Brochure specific to Yamhill County Services.</p>
<p>C. Maintain current resources and references for Maternal Child Health including maternity case management services.</p>	<p>Review and obtain current reference materials and studies related to maternal child health.</p>	<p>Educational materials will be reviewed on an on-going basis and shared amongst home visiting staff.</p>
<p>D. Decrease the percent of babies born with exposure to prenatal tobacco, alcohol and other drugs use.</p>	<p>MCH staff will implement previous years established method for educating clients regarding the short and long-term effects of prenatal exposure to ATOD as part of integrated MCH curriculum.</p>	<p>By June 30, 2009 there will be a measurable reduction in babies born with exposure to prenatal tobacco, alcohol and other drug use from 13% to 10%.</p>
<p>E. Increase the percent of infants and children who have nurturing</p>	<p>Expand the Parents as Teachers training to include additional families, especially low income</p>	<p>Assess Healthy Start program data and impact through the annual NPC Research</p>

caregivers as defined by “Good” or Higher HOME score at 12 months from 89% to 95%.	and Spanish speaking.	assessment.
F. Provide needed family planning services for Yamhill County residents.	Plan for and implement a thriving family planning clinic in two locations and provide needed services to the residents of Yamhill County.	Assess whether the family planning clinic is meeting the needs of Yamhill County by reviewing numbers of clients served between July 1, 2008 and July 1, 2009, as compared to “Women In Need” statistics provided by DHS.
G. Provide necessary Home Visiting services to Yamhill County residents.	To continue work with the community to improve the flow and efficiency of home visiting programs, through the current connections with several community groups such as the Early Childhood Council, the Healthy Start Advisory Committee, Head Start, the Early Intervention group, the “Safety Net” home visitors with Child Welfare, and yet others that may be active.	Evidence that no duplication of service takes place in home visiting from different agencies.

**C. Strategy for Environmental Health**

**Current Condition:**

Yamhill County Environmental Health is in compliance with essential requirements of the state contract. We are continuing to deal with steady increase of regulated facilities and water systems in this rapidly growing county. The growing wine industry is a driving force behind unique niche food service operations that require routine consultation and collaboration with the Department of Agriculture and Public Health Division. On-site sewage and solid waste issues are handled by the Yamhill County Planning Department.

**Goals:** To continue to provide effective and professional EH services by optimizing use of available resources and technology, and to improve public and industry education and communications.

<b>Time Period: FY 2008-2009</b>		<b>Year 2</b>
Goal: Increase capacity to deal with new state and federal Drinking Water Program requirements. Provide access to Foodhandler Training Certification for people without internet skills or accessibility, or with low English language skills. Improve consistency of recheck inspections for food service establishments. Improve consistency of temporary restaurant licensing. Maintain expected levels of inspection frequency for licensed facilities.		
Program	Activities	Measures
Drinking Water Program.	Ensure state contract is fulfilled	1. Assure that 95% of all required samples are taken for all systems. 2. Assure that all alerts are addressed within 24 hours of notification 3. Assure that all SNC are addressed and resolved
Foodhandler Training	Make computer-based training available in PH building to provide interactive Spanish language FHC content.	Public-accessible computer designated for computer-based foodhandler training available in PH building.
Licensed facility inspections.	Increase identification of temporary restaurant events in the community and capacity for after-hours inspections.	Clerical support staff trained to identify and contact temporary food events advertised in local media.

**D. Strategy for Health Statistics:**

**Current Condition:**

Vital records functions are being performed effectively and in compliance with state law. Certified copies of birth and death certificates are made available to qualified individuals in a timely way, and clients are given information and forms to help them request records from other jurisdictions and states.

The Health Officer is in communication with the two Medical Examiners regarding unattended death reporting and unusual events, including their vital records responsibilities. Personal health data is vigorously protected from unauthorized disclosure, in compliance with ORS 432.035; OAR 333-011-0101(6), but required data is transmitted to state agencies that need it for public health assessment. As a partial self-automated county, for service statistics, many procedures are in place for timely report generation as well as protection of data. The county has sophisticated security in place that protects all county electronic data systems.

Increasingly, the community, partnering agencies and the media call upon Public Health for a variety of health-related data. Often times, Public Health relies on local and state assessments conducted by other entities and makes this information available for local program planning or monitoring of health trends. Health indicators and vital statistics data is reviewed at least annually by Health Educators and other public health staff for accuracy and to support ongoing community assessment activities.

<b>Time Period: FY 2008-2009</b>		<b>Year 2</b>
<p>Goal: To maintain current vital records quality and activity, and to improve data collection and management activities for all public health activities in which public health is responsible for generating and managing data.</p>		
Objectives	Activities	Measures
To continue to improve quality, efficiency and public relations related to vital records.	100% of birth and death certificates are processed accurately and completely by registrar staff.	By June 2009, documentation that 100% of certificates are processed accurately.
Increase access to local data.	<ol style="list-style-type: none"> <li>1. Encourage area school districts to participate in OHT survey.</li> <li>2. Encourage school districts to share results of OHT survey.</li> </ol>	<ol style="list-style-type: none"> <li>1. By June 2009, most of the school districts in the county will participate in the OHT survey.</li> <li>2. At least two districts will share local OHT survey results.</li> </ol>
Improve the utilization and sharing of data generated by local programs in response to public/partner inquiries.	To continue to improve effectiveness of local data management systems in providing data for local public health officials and county administrators as well as for state public health program requirements.	By June 2009, local policy makers and health officials will receive accurate information on the health status of the community.
Improve the usage of data management systems for community health monitoring and program planning	Utilize non-confidential data from CD Database 2000, vital records, immunization reports, MCH data and client surveys for community health monitoring and program planning.	By June 2009, local data management systems will interface effectively with state systems for transmission of required data.

**E. Strategy for Information and Referral**

**Current Condition:**

Information and referral is an activity that takes place in all programs and locations in which public health staff are assigned. Individuals with questions receive prompt and pertinent answers if possible, or are referred to appropriate sources. Broader attempts are made to reach large population groups and targeted populations in the health education programs. Client needs are assessed and referrals made for issues that could be addressed by other county or community agencies. Special attempts are made to educate healthcare providers, social service providers, school staff, probation officers and others as to the services available and eligibility requirements of Public Health programs.

Literature is available on a walk-in basis, over the phone and on-line for most programs, and program staff provides information in various formats to clients. The public health website contains a large amount of information about all public health topics, and is managed and updated by health education staff. A Public Health Information Line was established in 2005 to provide recorded messages to the public on emergency and seasonal health information.

Special attention is paid to appropriateness and readability for the target audiences, both for information created by public health and materials acquired elsewhere. Materials distributed to clientele or public through the School-Based Health Center must be officially approved. In this county, Spanish speakers are numerous among our clientele, and we are constantly interpreting, translating materials, and looking for effective Spanish language health education materials.

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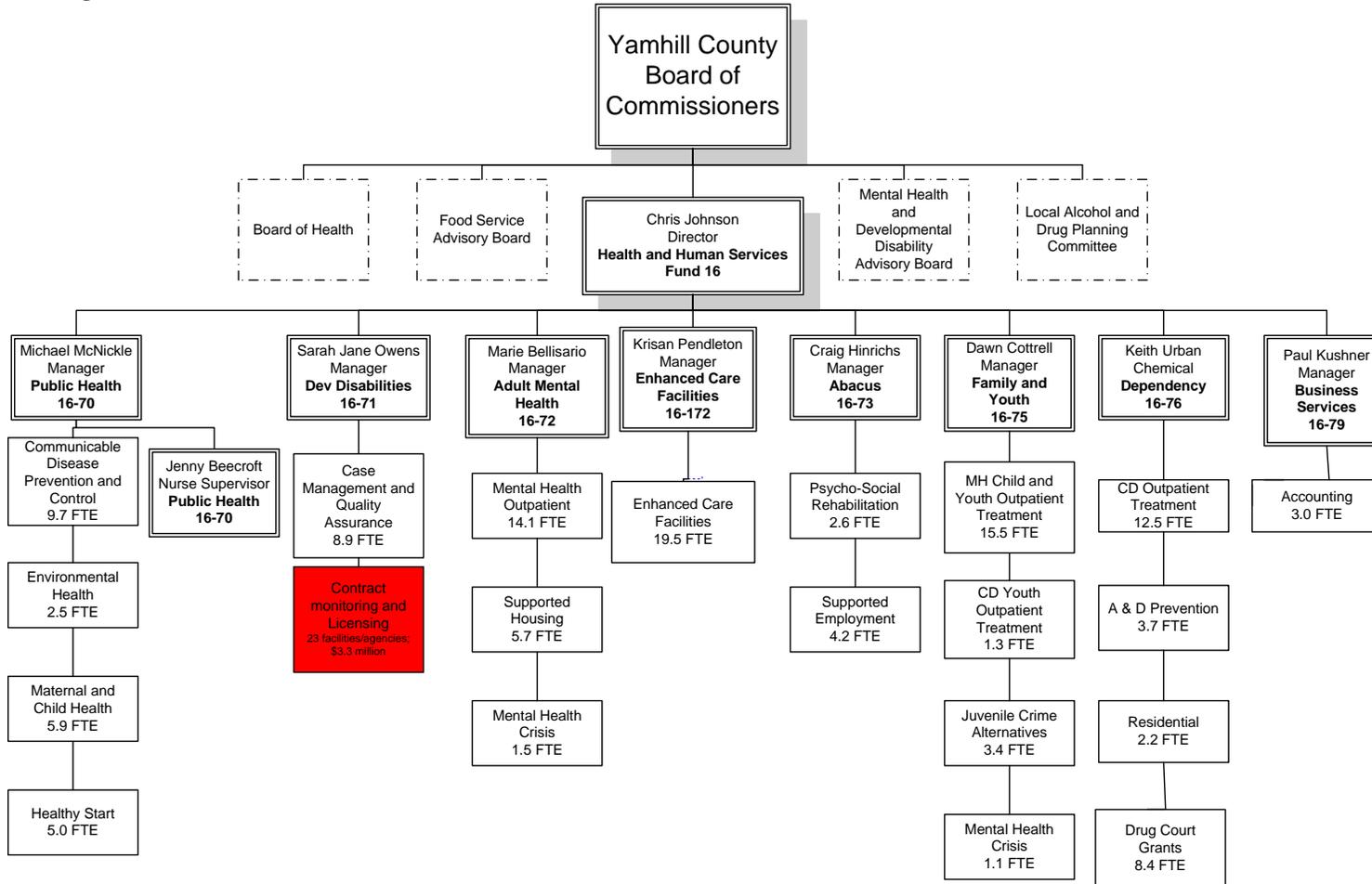
<b>Time Period: FY 2008-2009</b>		<b>Year 2</b>
<b>Goal:</b> To assure that a continued flow of informed assistance to clients and the public takes place in Yamhill County Public Health programs and services, and that all such encounters are timely, courteous and culture-sensitive.		
Objectives	Activities	Measures
Ensure that Public Health information is accessible to both English and Spanish-speaking populations.	1. Continue to improve, update and simplify the public health website; add essential Spanish language materials and translation as much as possible. 2. Ensure that all materials and services are available in Spanish as well as English, and in other languages as needed.	Periodic staff review of the website, for currency and accuracy; include website in program surveys that inquire about information received.
Improve effectiveness of staff to make appropriate referrals for clients.	Continue to modify tools to assist staff in making appropriate referrals, such as updated Community Resource Directories, and promoting teamwork among staff to share resource lists.	By June 2009, evidence that a resource directory has been modified for public health use.
Increase the utilization of the Public Health Information Line.	Write scripts for information line based on possible scenarios. Identify and train staff in how to record messages.	By June 2009, routinely track utilization of Information Line during significant events and routine time periods.

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**IV. ADDITIONAL PLANNING REQUIREMENTS**

**A. Organizational Chart**

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## B. Senate Bill 555 statement (Coordination with Commission on Children and Families)

### Statement regarding Senate Bill 555 coordination:

In Yamhill County, the local public health authority functions are shared between the Board of Health and the Board of Commissioners. The Board of Commissioners has fiscal and administrative responsibility for the local Commission of Children and Families, and in this governance role, the needed coordination is achieved between Public Health and the Commission.

## V. UNMET NEEDS IN YAMHILL COUNTY: 2008-2009

As in prior years, there is a lot of continuation and overlap related to human needs from year to year. Many of the same unmet needs identified before, are still problems. The list continues below.

1. Primary medical care for low-income persons who are not eligible for Medicaid
2. Prescription medication assistance for all ages
3. Systematic attention to prevention of teen pregnancy in Yamhill County, by community-based agencies and leaders
4. More community mobilization against child abuse and domestic violence
5. Funded programs to address prevention and self-management of chronic diseases.
6. Increase available low income housing
7. More rural transportation and door-to-door accessible transport for seniors and persons with special needs; vehicles that accommodate child safety seats
8. Funded health promoter program to serve Hispanic population
9. Still more bilingual and bicultural staff in HHS offices, though much improvement has been noted
10. Oregon Health Plan coverage issues
11. Increase awareness and efforts for prevention and treatment of substance abuse
12. Continue efforts to support community programs that focus on reduction of STD and teen pregnancy.
13. Participate in development of programs in communities that can provide infant and child safety training and devices, such as car seat distribution and education.
14. Increase availability for family shelter as well as temporary housing for single men.

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## VI. APPROVED PUBLIC HEALTH BUDGET FOR FISCAL YEAR 08-09

To obtain a copy of the YCPH budget, contact Chris Johnson, HHS Director at 412 NE Ford St., McMinnville, OR. 97128, 503-434-7525

## VII. MINIMUM STANDARDS FOR PUBLIC HEALTH CHECKLIST

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.

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- 13. Yes **X** No \_\_\_ Written performance evaluations are done annually.
- 14. Yes **X** No \_\_\_ Evidence of staff development activities exists.
- 15. Yes **X** No \_\_\_ Personnel records for all terminated employees are retained consistently with State Archives rules.
- 16. Yes **X** No \_\_\_ Records include minimum information required by each program.
- 17. Yes **X** No \_\_\_ A records manual of all forms used is reviewed annually.
- 18. Yes **X** No \_\_\_ There is a written policy for maintaining confidentiality of all client records which includes guidelines for release of client information.
- 19. Yes **X** No \_\_\_ Filing and retrieval of health records follow written procedures.
- 20. Yes **X** No \_\_\_ Retention and destruction of records follow written procedures and are consistent with State Archives rules.
- 21. Yes **X** No \_\_\_ Local health department telephone numbers and facilities' addresses are publicized.
- 22. Yes **X** No \_\_\_ Health information and referral services are available during regular business hours.
- 23. Yes **X** 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 **X** 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 **X** No \_\_\_ To preserve the confidentiality and security of non-public abstracts, all vital records and all accompanying documents are maintained.
- 26. Yes **X** No \_\_\_ Certified copies of registered birth and death certificates are issued within one working day of request.
- 27. Yes **X** 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 **X** No \_\_\_ A system to obtain reports of deaths of public health significance is in place.

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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.

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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.

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

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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.

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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.

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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.

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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.

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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.

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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.

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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.

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42. Yes  No  There is a mechanism for reporting and following up on zoonotic diseases to the local health department.

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43. Yes  No  A system exists for the surveillance and analysis of the incidence and prevalence of communicable diseases.

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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.

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45. Yes  No  Immunizations for human target populations are available within the local health department jurisdiction.

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

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### Environmental Health

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

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

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

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

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

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

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

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54. Yes  No  All drinking water systems that violate maximum contaminant levels are investigated and appropriate actions taken.

55. Yes  No  A written plan exists for responding to emergencies involving public water systems.

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

### Health Education and Health Promotion

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

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

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

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

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### Nutrition

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

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

- a. N/A WIC (Salud Medical Center program)
- b. N/A Family Planning (Virginia Garcia Health Center Program)
- c. Yes  No \_\_\_ Parent and Child Health
- d. N/A Adult Health
- e. N/A Corrections Health

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

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

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

### Older Adult Health

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

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

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

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

## Parent and Child Health

82. Yes  No  Perinatal care is provided directly or by referral.
83. Yes  No  Immunizations are provided for infants, children, adolescents and adults either directly or by referral.
84. Yes  No  Comprehensive family planning services are provided directly or by referral.
85. Yes  No  Services for the early detection and follow up of abnormal growth, development and other health problems of infants and children are provided directly or by referral.
86. Yes  No  Child abuse prevention and treatment services are provided directly or by referral.
87. Yes  No  There is a system or mechanism in place to assure participation in multi-disciplinary teams addressing abuse and domestic violence.
88. Yes  No  There is a system in place for identifying and following up on high risk infants.
89. Yes  No  There is a system in place to follow up on all reported SIDS deaths.
90. Yes  No  Preventive oral health services are provided directly or by referral.
91. Yes  No  Use of fluoride is promoted, either through water fluoridation or use of fluoride mouth rinse or tablets.
92. Yes  No  Injury prevention services are provided within the community.

## Primary Health Care

93. Yes  No  The local health department identifies barriers to primary health care services.
94. Yes  No  The local health department participates and provides leadership in community efforts to secure or establish and maintain adequate primary health care.
95. Yes  No  The local health department advocates for individuals who are prevented from receiving timely and adequate primary health care.
96. Yes  No  Primary health care services are provided directly or by referral.

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

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

### Cultural Competency

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

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

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

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

### Health Department Personnel Qualifications

**103. 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.

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

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

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

AND

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

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

**105. 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.

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

**106. 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.

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

## VIII. Yamhill County 2008-09 Tobacco Prevention & Education Plan

<b>OBJECTIVE: TOBACCO-FREE SCHOOLS (#1)</b>		
<i>By June 30, 2008, all 7 school districts in Yamhill County will have passed "gold standard" tobacco-free policies.*</i>		
Goal Areas for this objective		
<i>Primary</i>		
<ul style="list-style-type: none"> <li>■ Eliminate/reducing exposure to secondhand smoke</li> </ul>	<ul style="list-style-type: none"> <li>■ Countering pro-tobacco influences</li> </ul>	
<i>Secondary</i>		
<ul style="list-style-type: none"> <li>■ Reducing youth access to tobacco</li> </ul>	<ul style="list-style-type: none"> <li>■ Promoting quitting</li> </ul>	
PLAN OF ACTION		Date
<b>Coordination/Collaboration</b>	<ul style="list-style-type: none"> <li>■ Develop a School Policy Task Force – Identify potential members through power mapping and existing task force involvement.</li> </ul>	Jan. 2008
	<ul style="list-style-type: none"> <li>■ Recruit the following individuals; Superintendent, teachers, counselors, intervention specialists, parents, students and community members</li> </ul>	Jan. 2008
	<ul style="list-style-type: none"> <li>■ Meet with entire task force to discuss plan of action for each district, discuss approach strategies and divide tasks among task force members</li> </ul>	Feb. 2008
	<ul style="list-style-type: none"> <li>■ Meet individually to provide technical assistance and gauge progress towards goal</li> </ul>	Mar. - May 2008
	<ul style="list-style-type: none"> <li>■ Meet with task force to discuss progress, policy status and re-evaluate plan of action</li> </ul>	June 2008
	<ul style="list-style-type: none"> <li>■ Meet with entire task force to develop a communication strategy for enforcement</li> </ul>	Jun. 2008 – Jun. 2009
<b>Assessment/Research</b>	<ul style="list-style-type: none"> <li>■ Work with ALA through phone, email and meetings to determine which districts already have "gold standard", which districts still do not have policies and which districts have policies that still need improvement to achieve "gold standard"</li> </ul>	Jan. 2008
	<ul style="list-style-type: none"> <li>■ Work with school to identify perceived barriers to "gold standard" through phone, email and meetings</li> </ul>	Jan. – Mar. 2008
<b>Community Education</b>	<ul style="list-style-type: none"> <li>■ Conduct presentation/educational session at Superintendents meeting to inform about benefits of a "gold standard" policy as well as make aware of tobacco company tactics to address youth through materials distribution.</li> </ul>	Apr. 2008
	<ul style="list-style-type: none"> <li>■ Conduct presentation/educational session at Community Coalition meetings (Newberg, Dayton, Yamhill-Carlton)</li> </ul>	Mar. – May 2008
	<ul style="list-style-type: none"> <li>■ Promote the quitline through presentations and materials throughout the process</li> </ul>	Jan – June 2008
<b>MEDIA</b>	<ul style="list-style-type: none"> <li>■ Fill out Media Advocacy Plan for this objective</li> </ul>	Jan. 2008
	<ul style="list-style-type: none"> <li>■ Develop article about shift in norms in relation to policy</li> </ul>	Feb. 2008

	<ul style="list-style-type: none"> <li>▪ Develop article celebrating policy revisions and hard work of task force</li> </ul>	June 2008
Policy Development and Implementation	<ul style="list-style-type: none"> <li>▪ Provide school with an ALA sample “gold standard” policy</li> </ul>	Jan. 2008
	<ul style="list-style-type: none"> <li>▪ Work with task force to develop and propose policy to the school board</li> </ul>	Jan. – June 2008
	<ul style="list-style-type: none"> <li>▪ Discuss barriers to passing policy, work with ALA to provide technical assistance for drafting and implementing revised policy</li> </ul>	Jan. – June 2008
<b>CRITICAL QUESTIONS</b>		
<b>WHAT SECTORS OF THE COMMUNITY WILL THIS OBJECTIVE REACH?</b>		
<ul style="list-style-type: none"> <li>▪ Youth</li> <li>▪ Parents/Visitors</li> <li>▪ School Staff</li> </ul>		
<p>Are there segments of the population who will <i>not</i> receive benefit from this objective?</p> <ul style="list-style-type: none"> <li>▪ Yes. However, there is ample evidence that suggests that youth are heavily targeted by tobacco advertising as well as significantly impacted by shs exposure. Based on this, Yamhill County deemed it appropriate to prioritize youth (and consequently the adults that they are most closely involved with) as the <u>primary focus of this objective.</u></li> </ul>		
<p>What types of technical and/or data assistance do you anticipate needing from:</p> <p style="padding-left: 20px;">TPEP staff</p> <ul style="list-style-type: none"> <li>▪ Data related to tobacco use and shs exposure among youth</li> <li>▪ Guidance on working with schools who are resistant to policy change</li> <li>▪ Quitline materials to distribute</li> <li>▪ Guidance with the Media Advocacy Plan and appropriate media strategies</li> </ul> <p style="padding-left: 20px;">Statewide Capacity Building Programs for Eliminating Disparities</p> <ul style="list-style-type: none"> <li>▪ ALAO – collaboration on working with schools to pass policy changes</li> </ul>		

\* ALAO website is not accurate. I am in process of working with Sandy at ALAO on this. Current Yamhill County school policy is:

Amity = A+

Willamette ESD = No Policy

Dayton = A-

McMinnville = A-

Newberg = A+

Sheridan = A+

Willamina = Incomplete

Yamhill- Carlton = A+

<b>OBJECTIVE: TOBACCO-FREE HOSPITALS (#2)</b>		
<i>By June 30, 2009, both hospital campuses in Yamhill County will have passed tobacco-free policies.</i>		
Goal Areas for this objective		
<i>Primary</i> <ul style="list-style-type: none"> <li>▪ Eliminate/reducing exposure to secondhand smoke</li> </ul> <i>Secondary</i> <ul style="list-style-type: none"> <li>▪ Promoting quitting</li> <li style="text-align: right;">▪ Enforcement</li> </ul>		
<b>PLAN OF ACTION – WILLAMETTE VALLEY MEDICAL CENTER</b>		<b>Date</b>
Coordination/Collaboration	▪ Develop a WVMC Hospital Policy Task Force – Identify potential members through power mapping, existing coalition and networking with hospital reps involved in other county programs.	Jun. 2008
	▪ Recruit the following individuals for the WVMC task force: Administrator, human resources manager, respiratory therapist, wellness director and patient advocates.	Jun. 2008
	▪ Meet with entire task force develop plan of action, discuss approach strategies and divide tasks.	Jul. 2008
	▪ Meet with each member to provide technical assistance and gauge progress.	Aug. – Dec. 2008
	▪ Meet with task force to discuss progress, policy status and re-evaluate plan of action.	Dec. 2008
<b>Assessment/Research</b>	▪ Obtain existing policies and procedures regarding inpatient and employee referral to cessation services.	May 2008
	▪ Work with TPEP data analysts to develop an employee survey to assess tobacco use prevalence and attitudes about a smokefree campus policy.	Jul. 2008
	▪ Administer survey and compile results into a report.	Sep. – Oct. 2008
<b>Community Education</b>	▪ Conduct presentation/educational session with hospital board about implementing a tobacco-free hospital campus policy using a model such as Stepup as a guideline.	Oct. 2008
	▪ Conduct presentation/educational session at staff event/meeting to inform staff of changing shifting hospital culture and new policy.	Nov. 2008
	▪ Promote the quitline and other cessation resources through presentations and materials throughout the process	Jan 2008 – June 2009
<b>MEDIA</b>	▪ Fill out Media Advocacy Plan for this objective.	Jul. 2008
	▪ Promote/Celebrate WVMC as a large local employer, which appreciates the benefits of a completely smoke-free campus.	Nov. 2008

	<ul style="list-style-type: none"> <li>Involve Chamber of Commerce to acknowledge WVMC as large employer with smoke-free campus.</li> </ul>	Nov. 2008
Policy Development and Implementation	<ul style="list-style-type: none"> <li>Provide a sample comprehensive policy using Stepup and Make It Your Business as guidelines</li> </ul>	Aug. 2008
	<ul style="list-style-type: none"> <li>Provide technical assistance for policy development and implementation</li> </ul>	Aug. – Dec. 2008
	<ul style="list-style-type: none"> <li>Task force will identify and address existing and potential barriers to policy implementation</li> </ul>	Aug. – Dec. 2008
<b>CRITICAL QUESTIONS</b>		
<b>WHAT SECTORS OF THE COMMUNITY WILL THIS OBJECTIVE REACH?</b>		
<ul style="list-style-type: none"> <li>Hospital users</li> <li>Hospital employees</li> <li>Business owners influenced by local large employer policy implementation</li> </ul>		
<p>Are there segments of the population who will <i>not</i> receive benefit from this objective?</p> <ul style="list-style-type: none"> <li>Yes. People who are not employed by WVMC and do not use hospital services will not be directly impacted by this objective as the target community. However, hospitals as large employers and places of wellness are community leaders that can exemplify and advocate for the positive health and environmental outcomes of a smokefree campus.</li> </ul>		
<p>What types of technical and/or data assistance do you anticipate needing from:</p> <p>TPEP staff</p> <ul style="list-style-type: none"> <li>Data to substantiate recommendation</li> <li>Survey development and data compilation/analysis</li> <li>Policy related technical assistance</li> <li>Guidance with Stepup</li> <li>Guidance with Make It Your Business</li> </ul> <p>Statewide Capacity Building Programs for Eliminating Disparities</p> <ul style="list-style-type: none"> <li>ALAO – technical assistance related to working with large employer</li> <li>OHDC – Guidance with cultural competency for promoting message</li> </ul>		
<b>PLAN OF ACTION – PROVIDENCE NEWBERG HOSPITAL</b>		<b>Date</b>
Coordination/Collaboration	<ul style="list-style-type: none"> <li>Develop a PNH task force to improve existing policy/work on enforcement – have a smoke-free campus but smoking occurs on the edge of the property and occasionally there are smokers outside the front door. May just need to work on signage and moderate enforcement.</li> </ul>	Jul. 2008

	<ul style="list-style-type: none"> <li>Recruit the following individuals for the PNH task force: Administrator, wellness director, security/enforcement representative and a patient advocate.</li> </ul>	Jul. 2008
	<ul style="list-style-type: none"> <li>Meet with entire task force to develop a plan of action, discuss approach strategies and divide tasks.</li> </ul>	Aug. 2008
	<ul style="list-style-type: none"> <li>Meet with each member to provide technical assistance and gauge progress</li> </ul>	Aug. – Oct. 2008
	<ul style="list-style-type: none"> <li>Meet with entire task force to discuss progress, policy status and re-evaluate plan of action</li> </ul>	Nov. 2008
	<ul style="list-style-type: none"> <li>Work with Newberg Community Coalition for support of completely smoke-free campus.</li> </ul>	Aug. – Oct. 2008
<b>Assessment/Research</b>	<ul style="list-style-type: none"> <li>Obtain and review existing policy and identify barriers to compliance and enforcement.</li> </ul>	Jun. 2008
	<ul style="list-style-type: none"> <li>Work with TPEP data team to conduct survey regarding employee &amp; hospital consumer attitudes about a smoke-free campus</li> </ul>	Sep. 2008
	<ul style="list-style-type: none"> <li>Administer survey and compile results into a report</li> </ul>	Nov. – Dec. 2008
<b>Community Education</b>	<ul style="list-style-type: none"> <li>Conduct presentation/educational session with hospital board about enforcement of tobacco free policy</li> </ul>	Nov. 2008
	<ul style="list-style-type: none"> <li>Conduct presentation /educational session at staff event/meeting to inform staff of enforcement policy and procedure</li> </ul>	Dec. 2008
	<ul style="list-style-type: none"> <li>Promote the quitline and other cessation resources through presentations and materials throughout the process</li> </ul>	Jan 2008 – June 2009
<b>MEDIA</b>	<ul style="list-style-type: none"> <li>Fill out Media Advocacy Plan for this objective</li> </ul>	Aug. 2008
	<ul style="list-style-type: none"> <li>Promote/Celebrate PNH as a large local employer which appreciates the benefits of a completely smoke-free campus</li> </ul>	Dec. 2008
	<ul style="list-style-type: none"> <li>Involve Chamber of Commerce to acknowledge PNH as large employer with smoke-free campus.</li> </ul>	Dec. 2008
<b>Policy Development and Implementation</b>	<ul style="list-style-type: none"> <li>Provide a sample comprehensive policy, focusing on enforcement, using Stepup and Make It Your Business for guidance if applicable</li> </ul>	Sep. 2008
	<ul style="list-style-type: none"> <li>Discuss barriers to changing policy and enforcement</li> </ul>	Aug. – Nov. 2008
	<ul style="list-style-type: none"> <li>Task force will identify and address existing and potential barriers to policy implementation</li> </ul>	Aug. – Nov. 2008

**CRITICAL QUESTIONS**

**WHAT SECTORS OF THE COMMUNITY WILL THIS OBJECTIVE REACH?**

- Hospital users
- Hospital employees
- Business owners influenced by local large employer policy implementation

Are there segments of the population who will *not* receive benefit from this objective?

- Yes. People who are not employed by PNH and do not use hospital services will not be directly impacted by this objective as the target community. However, hospitals as large employers and places of wellness are community leaders that can exemplify and advocate for the positive health and environmental outcomes of a smokefree campus.

What types of technical and/or data assistance do you anticipate needing from:

TPEP staff

- Data to substantiate recommendation
- Survey development and data compilation/analysis
- Technical assistance related to enforcement policy
- Quitline materials and signage

Statewide Capacity Building Programs for Eliminating Disparities

- OHDC – Guidance with cultural competency for promoting message

**OBJECTIVE: TOBACCO-FREE COMMUNITY COLLEGES (#3)**

*By June 30, 2009, the Chemeketa Community College campus in Yamhill County will have adopted a tobacco-free policy.*

Goal Areas for this objective

*Primary*

- Eliminate/reducing exposure to secondhand smoke
- Countering pro-tobacco influences

*Secondary*

- Reducing youth access to tobacco
- Enforcement
- Promoting quitting

**PLAN OF ACTION**

**Date**

Coordination/Collaboration	▪ Meet with Marion and Polk counties (both have Chemeketa campuses) to discuss collaboration and plan for working on community college campus policy	Feb. 2008
	▪ Identify potential champions and partners to work with on policy change	Feb. 2008
	▪ Develop a Smokefree Chemeketa Campus Task force – Identify potential task force members through power mapping and existing coalition.	Mar. 2008
	▪ Recruit the following individuals: ALA rep., other county reps. from other counties with Chemeketa campuses, students, staff and community members.	Mar. 2008
	▪ Meet with entire task force discuss plan of action, approach strategies and divide tasks	Apr. 2008
	▪ Meet with each member to provide technical assistance and gauge progress	Apr. – Jul. 2008
	▪ Meet with entire task force to discuss progress, policy status and re-evaluate plan of action	Aug. 2008
<b>ASSESSMENT/RESEARCH</b>	▪ Work with ALA to identify areas for improvement in existing policy	Jan. 2008
	▪ Obtain ALA survey data regarding student attitudes about tobacco free campus	Jan. 2008
	▪ Conduct a visual assessment at the local campus to understand the scope of student tobacco use and shs exposure	Apr. 2008
	▪ Collect data regarding local campus tobacco and shs problem	May. 2008
<b>Community Education</b>	▪ Conduct presentation/educational session at student event to inform students of shs issues and make aware of tobacco company tactics to distribute materials.	May – Jun. 2008
	▪ Conduct presentation/educational session at staff event to inform staff of shs issues, benefits of a “gold standard” and make aware of tobacco company tactics to distribute materials on campuses.	Apr. 2008

<b>MEDIA</b>	<ul style="list-style-type: none"> <li>■ Fill out Media Advocacy Plan for this objective</li> </ul>	Apr. 2008
	<ul style="list-style-type: none"> <li>■ Develop article about shift in norms in relation to policy</li> </ul>	Apr. 2008
	<ul style="list-style-type: none"> <li>■ Develop article celebrating policy revisions/implementation and hard work of the task force and partners</li> </ul>	Sep. 2008
	<ul style="list-style-type: none"> <li>■ Communicate new policy to students through flyers and campus media outlets</li> </ul>	Sep. – Dec. 2008
Policy Development and Implementation	<ul style="list-style-type: none"> <li>■ Provide a sample “gold standard” policy and support for policy implementation.</li> </ul>	Apr. 2008
	<ul style="list-style-type: none"> <li>■ Discuss barriers to passing policy, work with ALA to provide technical assistance for drafting and implementing revised policy</li> </ul>	Apr. – May 2008
	<ul style="list-style-type: none"> <li>■ Communicate new policy to staff through media, flyers and internal announcements (mass email or with paycheck notice)</li> </ul>	Sep. – Dec. 2008
<b>CRITICAL QUESTIONS</b>		
<b>WHAT SECTORS OF THE COMMUNITY WILL THIS OBJECTIVE REACH?</b>		
<ul style="list-style-type: none"> <li>■ Community College Students</li> <li>■ Community College Staff</li> </ul>		
<p>Are there segments of the population who will <i>not</i> receive benefit from this objective?</p> <ul style="list-style-type: none"> <li>■ Yes. People who do not attend community college or spend anytime on community college campuses will not be as directly affected by this objective. However, tobacco advertising heavily targets college age students and their smoking rates suggest that this is an important population to direct tobacco control efforts towards. Also community colleges are large employers and consequently community leaders that can provide a positive tobacco free example.</li> </ul>		
<p>What types of technical and/or data assistance do you anticipate needing from:</p> <p style="margin-left: 20px;">TPEP staff</p> <ul style="list-style-type: none"> <li>■ Guidance for signage</li> <li>■ Educational materials (English and Spanish)</li> <li>■ Quitline materials</li> </ul> <p style="margin-left: 20px;">Statewide Capacity Building Programs for Eliminating Disparities</p> <ul style="list-style-type: none"> <li>■ ALAO – collaboration and meeting facilitation between Chemeketa reps and surrounding counties</li> <li>■ OHDC – technical assistance with cultural competency of materials</li> <li>■ SMYRC – technical assistance with cultural competency of materials</li> <li>■ NARA – technical assistance with cultural competency of materials</li> </ul>		

<b>Objective: Smokefree Multi-Unit Housing (#4)</b>		
<i>By June 30, 2009, 15% of all multi-unit housing facilities in Yamhill County will have passed smokefree policies.</i>		
Goal Areas for this objective		
<i>Primary</i>		
<ul style="list-style-type: none"> <li>■ Eliminate/reducing exposure to secondhand smoke</li> </ul>		
<i>Secondary:</i>		
<ul style="list-style-type: none"> <li>■ Countering pro-tobacco influences</li> <li>■ Promoting Quitting</li> </ul>		
<b>PLAN OF ACTION</b>		<b>Date</b>
Coordination/Collaboration	<ul style="list-style-type: none"> <li>■ Develop a Smokefree Multi-unit Housing Advisory Board – Identify potential task force members through power mapping and existing coalition.</li> </ul>	Jul. 2008
	<ul style="list-style-type: none"> <li>■ Recruit the following individuals; Building Owners, Landlords, Property Managers, Tenants, Community members, rep. from the Housing Authority of Yamhill County and an ALA rep.</li> </ul>	Jul. 2008
	<ul style="list-style-type: none"> <li>■ Meet with entire advisory board to obtain guidance on strategies and “open doors” for information gathering and dissemination</li> </ul>	Aug. 2008
	<ul style="list-style-type: none"> <li>■ Meet with entire advisory board to discuss progress, approach and status of objective.</li> </ul>	Oct. 2008 – Apr. 2009
	<ul style="list-style-type: none"> <li>■ Meet with entire advisory board to discuss progress, policy status and re-evaluate plan of action</li> </ul>	Jun. 2009
Assessment/Research	<ul style="list-style-type: none"> <li>■ Obtain market research data on the advantages of smokefree housing from smokefreeoregon.com.</li> </ul>	Jun 2008
	<ul style="list-style-type: none"> <li>■ Identify local champions within rental community through previously collected local survey data</li> </ul>	Jul 2008
	<ul style="list-style-type: none"> <li>■ Work with TPEP data team to assess additional data needs</li> </ul>	Sep. 2008
Community Education	<ul style="list-style-type: none"> <li>■ Conduct presentation/educational session at Housing Authority Board meeting on the business and health advantages of smokefree housing complexes</li> </ul>	Oct. 2008
	<ul style="list-style-type: none"> <li>■ Conduct presentation/educational session at tenants events on the health advantages of smokefree housing</li> </ul>	Jan. – Mar. 2009

<b>MEDIA</b>	<ul style="list-style-type: none"> <li>■ Fill out Media Advocacy Plan for this objective</li> </ul>	Aug. 2008
	<ul style="list-style-type: none"> <li>■ Target landlords's through media process, focusing on the "how to" of going smokefree and include peer success stories.</li> </ul>	Aug. 2008 – Jun. 2009
	<ul style="list-style-type: none"> <li>■ Develop article about shift in norms in relation to policy</li> </ul>	Jan. 2009
	<ul style="list-style-type: none"> <li>■ Develop article celebrating policy revisions and hard work of the task force</li> </ul>	Jun. 2009
Policy Development and Implementation	<ul style="list-style-type: none"> <li>■ Provide a sample policy, which includes provisions for completely smokefree property and enforcement to all multi-unit rental-housing facilities.</li> </ul>	Nov. 2008
	<ul style="list-style-type: none"> <li>■ Work closely with landlord's to train on how to develop a smokefree policy</li> </ul>	Aug. 2008 – Jun. 2009
	<ul style="list-style-type: none"> <li>■ Provide technical assistance and guidance for facilities that are interested in implementing a smokefree policy</li> </ul>	Aug. 2008 – Jun. 2009
	<ul style="list-style-type: none"> <li>■ Discuss barriers to passing policy; work with HAYC and ALA to provide technical assistance for drafting and implementing new and revised policies.</li> </ul>	Oct. 2008 – Jun. 2009

**CRITICAL QUESTIONS**

**WHAT SECTORS OF THE COMMUNITY WILL THIS OBJECTIVE REACH?**

- Renters and their children

Are there segments of the population who will *not* receive benefit from this objective?

- Yes. Homeowners and their children will not be as directly impacted as renters and their children. However, helping housing units create smokefree environments will help to decreasing shs exposure among this population and all people who visit units where smoking would be occurring if not for the existence of the smokefree policy.

What types of technical and/or data assistance do you anticipate needing from:

TPEP staff

- Guidance with Smokefree housing program
- Guidance with working on a large scale project and identifying appropriate participants
- Assistance with creating a data-based shs picture in Yamhill County

Statewide Capacity Building Programs for Eliminating Disparities

- ALAO – technical assistance
- Spanish materials
- OHDC - Technical assistance and guidance with cultural competency for working with migrant and farmworker housing specifically as well as others

**OBJECTIVE: LOCAL AGREEMENTS FOR THE ENFORCEMENT OF THE SMOKEFREE WORKPLACE LAW (#5)**

By March 1, 2008, Yamhill County will have signed with IGA. – *This objective was completed on 07/08/04*

Currently:

Tobacco program staff conducts violation investigations and enforcement operations. See objective #6 for details regarding future enforcement systems.

**OBJECTIVE: IMPLEMENT THE SMOKEFREE WORKPLACE LAW (#6)**

By January 01, 2009, Yamhill County will have developed and implemented internal systems and protocols for handling complaints related to the Smokefree Workplace Law.

Goal Areas for this objective

*Primary*

- Eliminate/reducing exposure to secondhand smoke

*Secondary:*

- Promoting Quitting
- Countering pro-tobacco influences

**PLAN OF ACTION**

**Date**

<b>PLAN OF ACTION</b>		<b>Date</b>
Coordination/Collaboration	■ Develop a Smokefree Workplace Law Task force to work on combining adherence to the new law with the licensure for each bar/restaurant. Identify potential task force members through power mapping and existing coalition.	Mar. 2008
	■ Recruit the following individuals; county commissioner, ph manager, environmental health specialists, bar/restaurant owners and community members	Mar. 2008
	■ Meet with entire task force discuss plan of action, discuss approach strategies and divide tasks	Apr. 2008
	■ Meet with each member to provide technical assistance and gauge progress	May – Sep. 2008
	■ Meet with entire task force to discuss progress, policy status and re-evaluate plan of action	Oct. 2008

<b>Assessment/Research</b>	<ul style="list-style-type: none"> <li>Work with environmental health to identify potential problems with enforcement and areas to concentrate education about the revised law.</li> </ul>	May – Nov. 2008
<b>Community Education</b>	<ul style="list-style-type: none"> <li>Provide Indoor Clean Air Act materials to all business that are currently and will be soon covered under the law.</li> </ul>	Mar. 2008 – Jun. 2009
	<ul style="list-style-type: none"> <li>Provide information regarding changes in licensure and link between environmental health and tobacco control.</li> </ul>	Mar. 2008 – Dec. 2008
<b>MEDIA</b>	<ul style="list-style-type: none"> <li>Fill out Media Advocacy Plan for this objective</li> </ul>	Apr. 2008
	<ul style="list-style-type: none"> <li>Develop article about changes in law including materials availability and cessation resource referral such as the Quitline.</li> </ul>	Jun. 2008
	<ul style="list-style-type: none"> <li>Develop article celebrating early adopters.</li> </ul>	Sep. 2008
Policy Development and Implementation	<ul style="list-style-type: none"> <li>Formalize and agreement that documents collaboration between environmental health and tobacco program in regards to enforcement.</li> </ul>	Nov. 2008
	<ul style="list-style-type: none"> <li>Clarify procedures for enforcement of the revised law.</li> </ul>	Oct. 2008

**CRITICAL QUESTIONS**

**WHAT SECTORS OF THE COMMUNITY WILL THIS OBJECTIVE REACH?**

- Employees of bars, bingos halls and bowling alleys
- Patrons of bars, bingo halls and bowling alleys

Are there segments of the population who will *not* receive benefit from this objective?

- Yes. People who do not go (either for employment or patronage) to bars, bingo halls or bowling alleys will not be as directly impacted as those who do. However, ensuring compliance with the law is a priority for all programs within Yamhill County Health and Human Services.

What types of technical and/or data assistance do you anticipate needing from:

TPEP staff

- Guidance and technical assistance with policy development and implementation
- Guidance and technical assistance with issues of enforcement that may differ from previous enforcement issues related to HB2828

Multi-lingual educational materials about the law and compliance

Statewide Capacity Building Programs for Eliminating Disparities

- OHDC – technical assistance with cultural competency in educating specific populations who own and frequent businesses that are no longer exempt
- Asian Family Services - technical assistance with cultural competency in educating specific populations who own and frequent businesses that are no longer exempt

**OBJECTIVE: BUILD CAPACITY FOR TOBACCO RELATED CHRONIC DISEASE (#7)**

By June 30, 2008, compile a profile of the prevalence of all tobacco-related chronic disease in Yamhill County

Goal Areas for this objective

*Primary*

- Eliminate/reducing exposure to secondhand smoke

*Secondary:*

- Promoting Quitting
- Countering pro-tobacco influences

**PLAN OF ACTION**

**Date**

Coordination/Collaboration	▪ Develop a Chronic Disease work group – Identify potential work group members through professor referrals from local colleges and networking with medical community contacts.	Jan. 2008
	▪ Recruit the following individuals: college students, members of the medical community, reps from the two local hospitals and community members interested in chronic disease prevention.	Jan. 2008
	▪ Meet with entire task force to discuss plan of action and approach, identify data needs and potential sources as well as resources for health information.	Feb. 2008
	▪ Meet with entire workgroup to provide technical assistance and gauge progress	Mar. – Apr. 2008
	▪ Meet with entire task force to discuss progress and re-evaluate plan of action if necessary.	May 2008
<b>Assessment/Research</b>	▪ Work with state data team to identify and attain available HPCDP data that is locally applicable.	Feb. – May 2008
	▪ Work with state HPCDP programs to understand program goals and state plans for each chronic disease focus area.	Feb. - May 2008
<b>MEDIA</b>	▪ Fill out Media Advocacy Plan for this objective	Feb. 2008
	▪ Develop article about shift in norms and inform public about local chronic disease data.	Jun. 2008

**CRITICAL QUESTIONS**

**WHAT SECTORS OF THE COMMUNITY WILL THIS OBJECTIVE REACH?**

- This objective will reach the majority of people in the community in the sense that it will provide a more comprehensive picture of data that affects policy decisions in the community. This objective will also increase community understanding of chronic diseases caused by tobacco use as well as how reducing the burden of tobacco related disease is critical.

Are there segments of the population who will *not* receive benefit from this objective?

- Yes, this will not affect people who are not included in various forms of county data.

What types of technical and/or data assistance do you anticipate needing from:

TPEP staff

- Work with data team to obtain various types of information
- Work with data team to mesh various forms of data

Statewide Capacity Building Programs for Eliminating Disparities

- Work with all 6 Disparities programs to ensure inclusions, to best of ability, of all populations in chronic disease assessments.

**OBJECTIVE: HOLD RETAILERS RESPONSIBLE FOR TOBACCO SALES TO MINORS (#20)**

**By June 30, 2009, develop a policy requiring that retailers are fined as well as clerks when a store sell tobacco to a youth.**

Goal Areas for this objective

*Primary*

- Countering pro-tobacco influences

<b>PLAN OF ACTION</b>		<b>Date</b>
Coordination/Collaboration	■ Develop a Retailers Policy work group – Identify potential work group members through power mapping and existing coalition.	Jul. 2008
	■ Recruit the following individuals: YC TPAC members, local leaders, tobacco retailers, youth, law enforcement and community members.	Jul. 2008
	■ Meet with entire task force discuss plan of action, discuss approach strategies and divide tasks	Sep. 2008
	■ Meet with each member to provide technical assistance and gauge progress	Sep. – Dec. 2008
	■ Meet with entire task force to discuss progress, policy status and re-evaluate plan of action	Jan. 2009
<b>Assessment/Research</b>	■ Obtain most recent SYNAR reports	Aug. 2008
	■ Work with TPEP data team to assess scope of problem using SYNAR reports an existing compliance check data.	Sep. 2008
<b>Community Education</b>	■ Conduct presentation/education sessions for retailers	Jun. 2008 – Jun 2009
	■ Use media to inform public and persuade policy makers to implement this type of policy.	Aug. 2008 – Jun. 2009
<b>MEDIA</b>	■ Fill out Media Advocacy Plan for this objective	Aug. 2008
Policy Development and Implementation	■ Obtain sample policies from TPEP	Jun. 2008
	■ Meet with local decision makers and YCTPAC to work on a policy that has the support of elected officials	Aug. 2008 – Nov. 2008
	■ Meet with local leaders to discuss barriers to adoption of a retailer responsibility policy	Jan. – Apr. 2009
	■ Meet with local leaders and YCTPAC to discuss possible implementation a Retailer Responsibility policy.	Mar. – Jun. 2009

**CRITICAL QUESTIONS**

**WHAT SECTORS OF THE COMMUNITY WILL THIS OBJECTIVE REACH?**

- Youth

Are there segments of the population who will *not* receive benefit from this objective?

- Yes, this will not directly affect people who are legally allowed to purchase tobacco products. However, reducing youth access will demonstrate to the community that norms are shifting to be “anti-tobacco”.

What types of technical and/or data assistance do you anticipate needing from:

TPEP staff

- Work with data team to obtain various types of information
- Obtain technical assistance and guidance from policy specialists

Statewide Capacity Building Programs for Eliminating Disparities

- Work with OHDC to ensure cultural competency when engaging retailers
- Work with AFC to ensure cultural competency when engaging retailers.

**OBJECTIVE: TOBACCO CESSATION IN BENEFITS PACKAGE (#23)**

By June 30, 2009, work with Linfield College to adopt a benefits package that includes effective treatments for reducing tobacco use and dependence that is available to all employees.

Goal Areas for this objective

- Primary*
- Eliminating/reducing exposure to secondhand smoke
- Secondary:
- Promoting Quitting

<b>PLAN OF ACTION</b>		<b>Date</b>
Coordination/Collaboration	■ Work with HR and the Wellness Committee to develop a Cessation Benefits Task Force – Identify potential work group members through power mapping, existing coalition and professor referrals for students to help with assessment.	Aug. 2008
	■ Recruit the following individuals: Human resources/benefits coordinators, medical professionals, college students and community members.	Aug. 2008
	■ Meet with entire task force discuss plan of action, discuss approach strategies and divide tasks	Sep. 2008
	■ Meet with smaller workgroup derived from task force to work on assessment and policy/benefits analysis.	Dec. 2008 – Feb. 2009
	■ Meet with entire task force to discuss progress, policy status and re-evaluate plan of action	May 2009
<b>Assessment/Research</b>	■ Obtain benefits information related to tobacco cessation from Linfield HR	Nov. 2008
	■ Analyze existing cessation benefits	Dec. 2008
	■ Work with benefits providers to collect data regarding employee data concerning tobacco related chronic disease, cessation usage and tobacco related costs.	Dec. 2008 –Feb. 2009
	■ Work with TPEP data team to interpret and utilize efficiently the obtained insurance data.	Mar. 2009
<b>Community Education</b>	■ Conduct presentation/education sessions for benefits decision makers	Mar. 2009 – May 2009
	■	
<b>MEDIA</b>	■ Fill out Media Advocacy Plan for this objective	Aug. 2008
Policy Development and Implementation	■ Obtain sample policies from Make It Your Business campaign	Jan. 2009
	■ Work with decision makers to develop and implement a comprehensive cessation benefits policy.	Aug. 2008 – Jun. 2009

**CRITICAL QUESTIONS**

**WHAT SECTORS OF THE COMMUNITY WILL THIS OBJECTIVE REACH?**

- Employees, and possibly their families, of local large employers
- Are there segments of the population who will *not* receive benefit from this objective?
- Yes, this will not directly affect people who are not somehow covered by either larger employer insurance or large employer cessation policies. However, reducing employee out-of-pocket costs for tobacco cessation will have appositve impact on the overall health of the community.

- What types of technical and/or data assistance do you anticipate needing from:
- TPEP staff
- Work with data team to understand various types of data
  - Obtain technical assistance and guidance for Make It Your Business campaign
- Statewide Capacity Building Programs for Eliminating Disparities
- Work with ALA for technical assistance when dealing with cessation benefits and large employers.

**Budget Worksheet - Yamhill County HHS**

<b>FUNDING PERIOD: 7/1/08 - 6/30/09</b>	<b>Total Cost</b>	<b>Requested Funding TPEP Funding</b>	<b>Requested Funding County Funding</b>
Completed by: Margaret Jarner			
<b>PERSONNEL</b>			
Position Title ♦ FTE ♦ Annual Salary ♦ # Months Salary Requested			
Tobacco Prevention Coordinator .90 FTE \$46,974 12 mo.	\$ 42,276	\$ 42,276	
Environmental Health Enforcement Officer .10 FTE \$43,629 12 mo.	\$ 4,363	\$ 4,363	
Program Supervision .06 FTE \$65,721 12 mo.	\$ 3,943	\$ 2,517	\$ 1,426
Clerical Support .21 FTE \$30,384 12 mo.	\$ 6,381	\$ 4,074	\$ 2,307
Accounting Support .06 FTE \$39,843 12 mo.	\$ 2,391	\$ 1,526	\$ 865
<b>PERSONNEL subtotal</b>	<b>\$ 59,354</b>	<b>\$ 54,756</b>	<b>\$ 4,598</b>
<b>FRINGE BENEFITS</b>			
Fringe Rate ♦ Amount to be Charged			
51.9% 42,276	\$ 21,941	\$ 21,941	
55.1% 4,363 WC rate high due to out-of-office position	\$ 2,404	\$ 2,404	
43.1% 3,943 low due to office nature of position and relative % of higher salary	\$ 1,699	\$ 1,085	\$ 614
64.0% 6,381 relative % of lower salary	\$ 4,084	\$ 2,607	\$ 1,477

57.8% 2,391 relative % of lower salary	\$	1,382	\$	882	\$	500
<b>FRINGE subtotal</b>	\$	<b>31,510</b>	\$	<b>28,919</b>	\$	<b>2,591</b>
<b>TRAVEL</b>						
In State - mileage & per diem	\$	702	\$	702		
Out of State	\$	-	\$	-		
<b>TRAVEL subtotal</b>	\$	<b>702</b>	\$	<b>702</b>		
<b>SUPPLIES</b>						
General Office Supplies	\$	1,008	\$	644	\$	364
Meeting Supplies	\$	835	\$	533	\$	302
Educational Materials	\$	640	\$	409	\$	231
<b>SUPPLIES subtotal</b>	\$	<b>2,483</b>	\$	<b>1,586</b>	\$	<b>897</b>
<b>CONTRACTS</b>						
N/A	\$	-	\$	-		
<b>CONTRACTS subtotal</b>	\$	<b>-</b>	\$	<b>-</b>		
<b>FURNITURE &amp; EQUIPMENT</b>						
<b>FURNITURE &amp; EQUIPMENT subtotal</b>	\$	<b>-</b>	\$	<b>-</b>		
<b>OTHER</b>						
Rent	\$	5,855	\$	3,739	\$	2,116
Telephone	\$	1,318	\$	841	\$	477
Copying, Printing, Publications	\$	739	\$	472	\$	267
Postage	\$	284	\$	181	\$	103
Information Services	\$	350	\$	223	\$	127
Professional development	\$	270	\$	172	\$	98
Legal, payroll, insurance, audit	\$	3,617	\$	2,309	\$	1,308
<b>OTHER subtotal</b>	\$	<b>12,433</b>	\$	<b>7,937</b>	\$	<b>4,496</b>
<b>TOTAL DIRECT COSTS</b>	\$	<b>106,482</b>	\$	<b>93,900</b>	\$	<b>12,582</b>
<b>INDIRECT</b>						
<b>TOTAL REQUESTED</b>	\$	<b>106,482</b>	\$	<b>93,900</b>		
<b>Other County Support Funding</b>			\$	12,582		
<b>TOTAL GRANT</b>			\$	106,482		

**IX. YAMHILL COUNTY PUBLIC HEALTH IMMUNIZATION PLAN**

**Plan A - Continuous Quality Improvement: Improve DtaP #4; Improve Up to Date rate, Reduce missed shot rate  
Fiscal Years 2007-2010**

**Year 1: July 2007-June 2008**

Objectives	Methods / Tasks	Outcome Measure(s)	Results	Progress Notes
<p>A. Improve 4<sup>th</sup> DtaP rate by 8% By 6/30/08</p>	<p>1. Develop a recall system that will specifically recall kids for the 4<sup>th</sup> DTaP. Ideally this will include a parent initiated postcard mailing system.</p> <p>2. Institute scheduling procedures that promotes each client to schedule the next appointment before leaving the clinic, includes using immunization appt. cards.</p> <p>3. Continue reminder calls for appointments and institute call back for no-show appointments.</p> <p>4. Enhance partnership with WIC to increase promotion of childhood vaccinations and referral for childhood shots at YCPH.</p>	<ul style="list-style-type: none"> <li>• Measure increase in children returning for 4<sup>th</sup> DtaP, to reach at least 70% by 6/30/08 (next AFIX assessment).</li> </ul>	<p>2007 Annual Assessment of Immunization Rates and Practices indicate DTaP 4 rates were at 55%. Slightly lower than the previous year.</p>	<p>1. Immunization Coordinator to purchase Postcards for recall system and establish tickler file by 4/15/08. System to be fully in place by 6/30/08.</p> <p>2. Immunization Coordinator to purchase reminder stickers for parent calendars. Nurse encourages clients to schedule next appointment before leaving clinic. Ongoing work is needed to increase scheduling of next immunization appt. at end of visit.</p> <p>3. Public Health Manager continues to work with clerical staff regarding reminder calls and call backs. Calls to no-shows are not currently being made.</p> <p>4. Flyer to be created for WIC clients by 6/30/08 to promote scheduling appointments for childhood shots. Incentives to be considered.</p>

**Year 1: July 2007-June 2008**

Objectives	Methods / Tasks	Outcome Measure(s)	Results	Progress Notes
<p><b>B. Increase overall UTD rate at 24 months of age by 8% by 6/30/08, with a target emphasis on DTaP and Hepatitis B vaccinations.</b></p>	<ol style="list-style-type: none"> <li>1. Assure procedure to utilize IRIS Forecaster system for 100% of clients.</li> <li>2. Assure implementation of policy to give vaccines with minimum spacing.</li> <li>3. Assure implementation of policy to utilize accelerated schedule for late starts and catch up.</li> <li>4. Establish agreement with Virginia Garcia Memorial Health Center for FQHC status partnership to increase ability to serve underinsured clients.</li> <li>5. Develop a cross-training program for clinic nurses with a focus on childhood immunization training.</li> <li>6. See #2 under section A.</li> </ol>	<ul style="list-style-type: none"> <li>• Measure increase in UTD rate at 24 months to reach at least 70% by 6/30/08 per next AFIX assessment</li> <li>• Decrease missed shots from 22% to less than 10%.</li> </ul> <p>Decrease late starts by 5% (from 21% to less than 16%).</p>	<p>12/1/07 assessment indicates UTD rate with 4:3:1:3:3:1 is 54%, 4:3:1:3:3:3 is 59%.</p> <p>This is again slightly lower than 2006 rate of 62%.</p>	<ol style="list-style-type: none"> <li>1. IRIS is now used for 100% of clients presenting for childhood immunizations for which the forecaster is available.</li> <li>2. Health officer standing orders for vaccines include minimum spacing recommendations. Minimum spacing guidelines are posted for immunization nurses. Forecaster is used which is designed with minimum spacing.</li> <li>3. Accelerated schedules are posted and available to nurses. Not all standing orders indicate accelerated schedule for late starts and catch ups.</li> <li>4. Agreement with VGMC was signed in Fall 2007 as recommended by State Immunization Program.</li> <li>5. There are now 2 Public Health nurses cross trained to provide Childhood Immunizations in addition to the Immunization Coordinator.</li> </ol>

**Year 1: July 2007-June 2008**

Objectives	Methods / Tasks	Outcome Measure(s)	Results	Progress Notes
<p>C. Reduce missed shot rate by one percentage point each year and/or maintain the rate of equal to or less than 10%.</p>	<p>1. Assure procedure to utilize IRIS Forecaster system for 100% of clients.</p> <p>2. . Initiate parent education procedures via printed materials for parents hesitant about vaccinating children. Focus education on importance of getting all forecasted shots in one visit.</p> <p>3. Initiate incentives to promote keeping children on schedule for vaccinations.</p> <p>4. Increase efforts for reminders for immunizations appointments to keep children up to date on vaccinations needed.</p>	<p>Missed shot rates reduced by 1 percentage point from previous year or are less than 10%.</p>	<p>Missed shots and late starts have decreased. Missed shots in 2006 were 22%, 21% in 2007. Late starts were 21% in 2006; 14% in 2007.</p>	<p>1. IRIS is now used for 100% of clients presenting for childhood immunizations for which the forecaster is available.</p> <p>2. Immunization nurses counsel parents on the importance of getting all age appropriate shots in one visit. A bright an appealing parent flyer would be useful.</p> <p>3. Discuss and plan for use of incentives to those who complete their primary series of shots before age 2. Particularly consider parent-focused incentives.</p> <p>4. Begin use of Birthday card reminders filled out at 6month shot visit to be sent to the 12month olds.</p>

**Yamhill County Public Health Immunization Plan**  
**Plan A - Continuous Quality Improvement: Improve DtaP #4; Improve Up to Date rate, Reduced Missed shot rates**  
**Fiscal Years 2007-2010**

**Year 2: July 2008-June 2009**

Objectives	Methods / Tasks	Outcome Measure(s)	Results	Progress Notes
<p><b>A. Increase DtaP 4<sup>th</sup> dose rate by additional 10% by June 2009</b></p>	<ol style="list-style-type: none"> <li>1. Continue specific DtaP recall system/strategy developed in prior year.</li> <li>2. Continue implemented scheduling procedures that promotes each client to schedule the next appointment before leaving the clinic.</li> <li>3. Continue reminder calls for appointments and evaluate system for call back for no-show appointments.</li> </ol>	<ul style="list-style-type: none"> <li>• Achieve a DtaP #4 rate increase to at least 80% by June 2009</li> </ul>	<p>To be completed for the FY 2009 Report</p>	<p>To be completed for the FY 2009 Report</p>

**Year 2: July 2008-June 2009**

Objectives	Methods / Tasks	Outcome Measure(s)	Results	Progress Notes
<b>B. Increase up to date rate for all vaccines at 24 months by an additional 10% by June 2009</b>	<ol style="list-style-type: none"><li>1. Assess what worked and did not work in prior year; vaccinate as many as possible near 12-13 mos. Use catch-up schedules to get kids on track</li><li>2. Assess cross-training efforts and address additional staff training needs to ensure coverage for immunization program.</li></ol>	<ul style="list-style-type: none"><li>• AFIX assessment report for FY 08-09 will show at least a 10% increase in UTD rate to at least 70% for all vaccines at 24 months.</li></ul>	To be completed for the FY 2009 Report	To be completed for the FY 2009 Report

**Year 2: July 2008-June 2009**

<b>Objectives</b>	<b>Methods / Tasks</b>	<b>Outcome Measure(s)</b>	<b>Results</b>	<b>Progress Notes</b>
<b>C. Reduce missed shot rate by one percentage point each year and/or maintain the rate of equal to or less than 10%.</b>	<ol style="list-style-type: none"><li>1. Continue to assure use of forecaster and data entry to ensure complete data are available regarding vaccinations due.</li><li>2. Continue procedures to provide all age appropriate vaccinations that are due at the time of the vaccination appointment.</li><li>3. Begin quarterly review of reports to identify problems or successes in vaccination strategies.</li></ol>	<ul style="list-style-type: none"><li>• Missed shot rates reduced by 1 percentage point from previous year or are less than 10%.</li></ul>	To be completed for the FY 2009 Report	To be completed for the FY 2009 Report

**Yamhill County Public Health Immunization Plan**  
**Plan A - Continuous Quality Improvement: Improve DtaP #4; Improve Up to Date rate, Reduced Missed shot rates**  
**Fiscal Years 2007-2010**

**Year 3: July 2009-June 2010**

Objectives	Methods / Tasks	Outcome Measure(s)	Results	Progress Notes
<b>A. At To increase the DTaP 4<sup>th</sup> dose rate by an additional 10% by 6/30/10</b>	Continue current plan within public health and delegate agency.	<ul style="list-style-type: none"> <li>Achieve a DtaP 4 increase of at least an additional 10% to at least 90% by June 2010, measured by the current AFIX assessment</li> </ul>	To be completed for the FY 2010 Report	To be completed for the FY 2010 Report

**Year 3: July 2009-June 2010**

Objectives	Methods / Tasks	Outcome Measure(s)	Results	Progress Notes
<b>B. To increase number of 24 month olds who are totally up to date by an additional 10% by June 2010</b>	Assess and continue effective strategies from prior year; schedule outreach to private providers	<ul style="list-style-type: none"><li>• Achieve additional 10% increase in UTD rate to at least 90% in public health and delegate clinics, in 24 month olds, by June 2010, as measured by the current AFIX assessment</li></ul>	To be completed for the FY 2010 Report	To be completed for the FY 2010 Report

**Year 3: July 2009-June 2010**

<b>Objectives</b>	<b>Methods / Tasks</b>	<b>Outcome Measure(s)</b>	<b>Results</b>	<b>Progress Notes</b>
<b>C. Reduce missed shot rate by one percentage point each year and/or maintain the rate of equal to or less than 10%.</b>	Assess and continue effective strategies from prior year.	<ul style="list-style-type: none"><li>• Missed shot rates reduced by 1 percentage point from previous year or are less than 10%.</li></ul>	To be completed for the FY 2010 Report	To be completed for the FY 2010 Report

**Yamhill County Public Health Immunization Plan  
Plan B - Chosen Focus Areas: ALERT Promotion, Vaccine Accountability  
Fiscal Years 2007-2010**

**Year 1: July 2007 – June 2008**

Objectives	Methods / Tasks	Outcome Measure(s)	Results	Progress Notes
<p><b>A.</b> All schools in county using ALERT; current users increase usage by 10% by June 2008</p>	<p>1. Continue to promote advantages of ALERT related to exclusion cycle &amp; help schools sign up; Utilize available teaching tools, videos etc.</p> <p>2. Focus education efforts towards parents by contributing to school newsletters.</p>	<p>All Yamhill Co. schools will be listed in 2007-08 ALERT participation report</p>	<p>According to the 2006 Immunization Alert Participation report obtained 10/5/07, there were 44 registered school sites participating 18 with no use. 59% of all registered sites used Alert (includes private, public and alternative schools). Of all 32 public schools 72% were using alert.</p>	
<p><b>B. Promote how ALERT can increase clinic efficiency; sign up at least 25% of clinics currently inactive, by June 2009</b></p>	<p>3. Conduct survey focused on providers not participating in ALERT to identify possible barriers to participation.</p> <p>4. Establish method to recognize participating providers for efforts and immunization practices within the county.</p> <p>5. Assist selected providers in organizing process for conducting recalls prior to primary review for school exclusions</p>	<ul style="list-style-type: none"> <li>• 25% of currently non-participating clinics will be active in utilizing ALERT at every visit by June 30 2009.</li> </ul>		<p>3. Project pending</p> <p>4. Project pending</p> <p>5. Health officer worked with Physicians Medical Center as a pilot project to conduct recalls of their clients prior to school exclusions. Overall exclusions in Yamhill County were significantly reduced due to many efforts.</p>

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**Yamhill County Public Health Immunization Plan  
Plan B - Chosen Focus Areas: Vaccine Accountability  
Fiscal Years 2007-2010**

**Year 1 continued: July 2007 – June 2008**

Objectives	Methods / Tasks	Outcome Measure(s)	Results	Progress Notes
<p><b>C. Increase vaccine accountability in public clinics by June 2008</b></p>	<ol style="list-style-type: none"> <li>1. Assess rates of wasted/unaccounted for vaccine now &amp; provide training where needed.</li> <li>2. Initiate SOP's regarding vaccine management.</li> <li>3. Assess and review various electronic alarm systems to consider for purchase in event of refrigerator/freezer failure.</li> <li>4. Implement system to flag vaccine that will expire within 120 days to reduce wasted vaccine.</li> <li>5. Provide training at WSBHC regard vaccine management.</li> <li>6. Finalize emergency procedures for vaccine management during power failures.</li> </ol>	<ul style="list-style-type: none"> <li>• Reduce unnecessary billing charges for wasted vaccine, with unaccounted for vaccine rate below 5% by the end of FY 2007-08</li> </ul>	<p>Reports of wasted vaccine have been significantly reduced. Accounting staff are more involved in requisition of vaccine and involved in process of vaccine purchase and ordering.</p>	<ol style="list-style-type: none"> <li>1. Vaccine Inventory Mgt. Procedures written and address wasted vaccine issues as of 01/08.</li> <li>2. Written Vaccine Management SOPs approved and in place as of 1/08.</li> <li>3. Emergency Vaccine provisions continue to be reviewed by Public Health Manager.</li> <li>4. Electronic excel file has been created for vaccine inventory management to identify vaccine expiration dates and soon to be expiring vaccine.</li> <li>5. Training to be conducted 09/08 with hire of ne SBHC staff.</li> <li>6. Refer to approved Vaccine Mgt SOP signed 01/08.</li> </ol>

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**Yamhill County Public Health Immunization Plan**  
**Plan B - Chosen Focus Areas: ALERT Promotion, Vaccine Accountability**  
**Fiscal Years 2007-2010**

**Year 2: July 2008 – June 2009**

Objectives	Methods / Tasks	Outcome Measure(s)	Results	Progress Notes
<p><b>A. Total increase in utilization of ALERT in Yamhill Co. schools of at least 10% by June 2009</b></p> <p><b>B. Promote to and sign up an additional 10% of clinics to use ALERT, by June 2009</b></p>	<p>1. Monitor progress in schools; provide in-service as needed</p> <p>2. Contact, sign up and train additional clinics, utilizing information gathered from previous year survey.</p> <p>3. Evaluate efforts focused on assisting providers in organizing process for conducting recalls during previous year. Consider plan to assist additional private practices.</p>	<ul style="list-style-type: none"> <li>• All YC schools will reduce unnecessary exclusion letters by another 10% by June 2009</li> <li>• 10% more clinics participating in ALERT by June 2009</li> </ul>	<p>To be completed for the FY 2009 Report</p>	<p>To be completed for the FY 2009 Report</p>

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**Yamhill County Public Health Immunization Plan**  
**Plan B - Chosen Focus Areas: ALERT Promotion, Vaccine Accountability**  
**Fiscal Years 2007-2010**

**Year 2: July 2008 – June 2009**

<b>Objectives</b>	<b>Methods / Tasks</b>	<b>Outcome Measure(s)</b>	<b>Results</b>	<b>Progress Notes</b>
<b>C. No wasted vaccine in public clinics by June 2009</b>	Evaluate and update previously implemented written Vaccine Management Procedures.	At least 50% reduction in cost from wasted vaccine in all public clinics in Yamhill County, by June 2009	To be completed for the FY 2009 Report	To be completed for the FY 2009 Report

**Yamhill County Public Health Immunization Plan**  
**Plan B - Chosen Focus Areas: ALERT Promotion, Vaccine Accountability**  
**Fiscal Years 2007-2010**

**Year 3: July 2009 – June 2010**

Objectives	Methods / Tasks	Outcome Measure(s)	Results	Progress Notes
<b>A. All schools and private providers in Yamhill County will be on ALERT; Initiate preschool &amp; Daycare participation by June 2010</b>	Make follow-up visits to promote; provide in-service and consult to school staff as needed.	<ul style="list-style-type: none"> <li>Yamhill County schools, preschools, day care centers &amp; private providers all using ALERT by June 2010.</li> </ul>	To be completed for the FY 2010 Report	To be completed for the FY 2010 Report
<b>B. To locate any other potential clinics, and to promote and obtain participation by June 2010</b>	Continue and improve efforts from previous year.	<ul style="list-style-type: none"> <li>All clinics in Y.C. that provide child immunizations will be participating in ALERT by June 2010.</li> </ul>	To be completed for the FY 2010 Report	To be completed for the FY 2010 Report
<b>C. Maintain zero % wasted vaccine in public clinics as measured in June 2010</b>	Assess use of SOP's related to unaccounted for vaccine; conduct storage and handling check and training.	<ul style="list-style-type: none"> <li>Continued zero % unaccounted for/wasted vaccine, by June 2010, and improved vaccine handling practices in Yamhill County clinics.</li> </ul>	To be completed for the FY 2010 Report	To be completed for the FY 2010 Report

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**Yamhill County Public Health Immunization Plan  
Outreach Activities July 2007-June 2008**

**Activity 1: Educate Local Hospitals July 2007-June 2008**

<b>Objectives</b>	<b>Methods / Tasks</b>	<b>Outcome Measure(s)</b>	<b>Results</b>	<b>Progress Notes</b>
Assure enrollment of local hospitals to participate in VFC program.	Schedule meetings and in-services with local hospitals to promote participation in VFC to vaccinate babies born in local hospitals with birth dose of Hepatitis B vaccine.	<b>Both local hospitals will be enrolled and participating in VFC by June 30, 2008.</b>	Willamette Valley Medical Center and Providence Newberg Medical Center are both enrolled and participating in VFC.	Dr. Moore Health Officer and Lindsey Manfrin, RN conducted outreach activities in 2007 to local hospitals to promote enrollment in VFC for efforts to increase birth dose of Hep. B.

**Activity 2: Educate School Facilities July 2007-June 2008**

<b>Objectives</b>	<b>Methods / Tasks</b>	<b>Outcome Measure(s)</b>	<b>Results</b>	<b>Progress Notes</b>
<b>A. Participate in outreach activities to increase influenza vaccination in school age children during flu season 2007-08.</b>	Methods - Conduct mass vaccination exercise in targeted groups of school age children as part of FluMist study to increase immunization against influenza.	Conduct and evaluate school-public health partnership immunization campaign and develop a written After Action report for stakeholders by June 30 2008.	Established two points of dispensing (PODs) to administered Flumist to 55% (575) of students in two schools. An additional 100 students from two school districts were vaccinated through smaller clinics.	Progress Notes - Conduct and evaluate school-public health partnership immunization project and develop a written After Action Report for stakeholders by June 30 2008.

<b>Activity 3: Focus on High Risk Adult Populations July 2007-June 2008</b>				
<b>Objectives</b>	<b>Methods / Tasks</b>	<b>Outcome Measure(s)</b>	<b>Results</b>	<b>Progress Notes</b>
<b>Increase vaccination rates against Hep A/B in high risk pops. including STD clients and clients receiving chemical dependency (CD) svcs. by June 2008.</b>	1. Implement procedures for vaccination screening during all STD appts. 2. Partner with County CD program to provide vaccinations to those at risk.	Adult vaccination rates against Hepatitis A and B in high risk populations will increase 25% by June 30, 2008.	Project pending	Project pending

<b>Yamhill County Public Health Immunization Plan Outreach Activities July 2008-June 2009</b>				
<b>Activity 1: Educate Local Hospitals July 2008-June 2009</b>				
<b>Objectives</b>	<b>Methods / Tasks</b>	<b>Outcome Measure(s)</b>	<b>Results</b>	<b>Progress Notes</b>
Outreach to local hospitals to increase use of Tdap in mothers delivering in hospital.	Meet with local hospital Pediatric and Obstetrics physicians groups to promote use of Tdap while birthing mothers are in hospital.	<b>Increased Tdap vaccinations among population of individuals with infants in the home according to ACIP recommendations by June 30, 2009.</b>	Project pending	Project pending

<b>Activity 2: Educate School Facilities July 2008-June 2009</b>				
<b>Objectives</b>	<b>Methods / Tasks</b>	<b>Outcome Measure(s)</b>	<b>Results</b>	<b>Progress Notes</b>
Special efforts to increase Tdap in 6 <sup>th</sup> and 7 <sup>th</sup> graders in preparation for new school requirements. Partnership with local schools	Outreach to local schools to provide vaccination clinics at school facilities or designated clinic sites. Enhance educational outreach activities regarding new school requirements.	Reduce the number of school exclusions related to lack of Tdap vaccination by February 2009.	Project pending	Project pending
<b>Activity 3: Focus on High Risk Adult Populations July 2008-June 2009</b>				
<b>Objectives</b>	<b>Methods / Tasks</b>	<b>Outcome Measure(s)</b>	<b>Results</b>	<b>Progress Notes</b>
<b>Increase vaccination rates against Hep A/B in high risk pops. including STD clients and clients receiving chemical dependency (CD) svcs. by June 2008.</b>	1. Implement procedures for vaccination screening during all STD appts. 2. Partner with County CD program to provide vaccinations to those at risk.	Adult vaccination rates against Hepatitis A and B in high risk populations will increase 25% by June 30, 2009.	Project pending	Project pending

**X. CAPACITY ASSESSMENT**

**Definition of a Functional Local Health Department (LHD) Metrics  
LHD Capacity Assessment Tool**

**Directions:**

- Using the scale below, score each indicator based on the capacity within your LHD; including both capacity provided by your HD staff and through contracts that you have with outside entities.
  
- In the comment section, following each focus area indicators, please identify any outside entities (non-contract) at the local, regional or state level that provide capacity to fulfill the indicators in that section.
  
- The items in the shaded boxes to the right of the scoring column are supplemental information (Illustrative Evidence) to help clarify the focus areas being evaluated.

Score	Description
<b>0</b>	<b>No capacity</b>
<b>1</b>	<b>Minimal capacity (&lt; 25%)</b>
<b>2</b>	<b>Moderate capacity (25% - 50%)</b>
<b>3</b>	<b>Significant capacity (51% - 75%)</b>
<b>4</b>	<b>Optimal (76%-100%)</b>

County     **Yamhill**     Date     **3/18/2008**    

Name of person completing survey     **Mike McNickle**

## ESSENTIAL SERVICE I: Monitor health status and understand health issues facing the community

**STANDARD I-A** Obtain and maintain data that provide information on the community's health (e.g., provider immunization rates; hospital discharge data; environmental health hazard, risk, and exposure data; community-specific data; number of uninsured; and indicators of health disparities such as high levels of poverty, lack of affordable housing, limited or no access to transportation, etc.).

### FOCUS: DATA COLLECTION, PROCESSING and MAINTENANCE

Operational Definition Indicators	Score	Illustrative Evidence
1. LHD staff has expertise and training to collect, manage, integrate and display health-related data	3	<ul style="list-style-type: none"> <li>▪ A data set from a major data system</li> <li>▪ Written documentation of process to contribute/maintain to register</li> <li>▪ Report that demonstrates health assessment data being collected; or minutes or presentation to a meeting in which a profile of community health status is presented</li> <li>▪ Listing of key staff names and degrees; conduct assessment of training and provide assessment results;</li> <li>▪ Written description of current computer equipment and technology including brand, model, year</li> </ul>
2. LHD uses appropriate equipment and technology	3	
3. LHD maintains and uses an information system(s) (e.g. email, shared electronic database files, intranet)	4	
4. LHD demonstrates an electronic linkage with local and statewide databases	3	
5. An electronic disease reporting system exists between the LHD and health care providers	0	
6. LHD has a process and protocols in place to maintain a comprehensive collection, review, and analysis of data from a variety of reliable sources	4	
7. LHD collects and reviews primary data (e.g. community surveys; disease reporting) and secondary data (state health department data; census data; hospital discharge data) from a variety of reliable sources	3	
8. LHD contributes to and/or maintains a registry (e.g. log of all known events of certain type in the community--immunization; violence; communicable disease)	4	

**Comments regarding non-contract entities providing services for this focus area:**

**STANDARD I-B.** Develop relationships with local providers and others in the community who have information on reportable diseases and other conditions of public health interest and facilitate information exchange.

**FOCUS: DISEASE REPORTING RELATIONSHIPS; MAKE DATA AND INFORMATION FLOW ROUTINE**

Operational Definition Indicators	Score	Illustrative Evidence
2. LHD maintains a user-friendly (preferably electronic) system for reporting of data	3	<ul style="list-style-type: none"> <li>▪ List of providers and log of reports made</li> <li>▪ Feedback provided on data reports</li> <li>▪ Written summary that details on percentage of reports that are from providers</li> <li>▪ Presentations, evidence of meetings held or conference organized (e.g. agenda), or educational materials distributed to promote provider relationships and reporting</li> </ul>
3. LHD maintains a written and electronic list of health care providers and public health partners who may be disease-reporters	4	
4. A written policy/procedure exists that describes the method to assure that LHD staff can be contacted at all times	4	
5. Providers are educated and trained on collecting and reporting data to the LHD	3	
6. LHD uses a quality improvement process between LHD and providers to make it easy for providers to report	2	
7. Health care providers and other public health partners receive reports and feedback on disease trends and clusters	3	

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**FOCUS: CONDUCT OR CONTRIBUTE EXPERTISE TO PERIODIC COMMUNITY HEALTH ASSESSMENTS**

Operational Definition Indicators	Score	Illustrative Evidence
1. LHD staff have the appropriate knowledge of standards and processes for conducting community health assessments	4	<ul style="list-style-type: none"> <li>▪ A Community Health Plan (CHP) with community health assessment</li> <li>▪ Summary of community health assessment findings</li> <li>▪ Community health assessment update</li> </ul>
2. LHD staff are trained in the application of assessment methods	3	
3. LHD staff can organize and manage an assessment process	3	

4. A structured process for conducting the community health assessment is reviewed and adopted (i.e. APEX/PH, MAPP, etc.)	0	
5. LHD organizes community health data (e.g. mortality, disease prevalence, risk factors, and other data) for assessment purposes	3	
6. Broad participation of community stakeholders in the assessment process is secured.	3	
7. A community health assessment process is conducted every five years	0	

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**STANDARD I-D. Integrate data with health assessment and data collection efforts conducted by others in the public health system.**

**FOCUS: INTEGRATING DATA/DATA SHARING WITH COMMUNITY PARTNERS**

Operational Definition Indicators	Score	Illustrative Evidence
1. A written protocol to integrate data exists	0	<ul style="list-style-type: none"> <li>▪ LHD or other agency report indicating diverse participation in assessment process</li> <li>▪ Minutes demonstrating convening diverse groups in health assessment process</li> <li>▪ Written documentation of membership in other groups that are conducting health assessment or data collection efforts</li> <li>▪ Meeting minutes showing health data and community health assessments are shared</li> <li>▪ Written protocol or description of the process used to share data</li> <li>▪ Evidence that health assessment and data are available for public use (e.g. website, reports on how data is shared)</li> </ul>
2. LHD develops and maintains relationships with community and public health system partners	3	
3. Assessment processes by community agencies include the LHD and community partners as participants	2	
4. LHD uses an electronic system to integrate assessment data from a variety of sources (e.g. database software)	2	

▪ **STANDARD I-E** Analyze data to identify trends, health problems, environmental health hazards, and social and economic conditions that adversely affect the public's health.

▪ **FOCUS: DATA ANALYSIS**

Operational Definition Indicators	Score	Illustrative Evidence
1. LHD has a process in place to analyze and identify patterns in data	0	<ul style="list-style-type: none"> <li>▪ Evidence of an internal process reflecting data analysis (e.g., policies and procedures, meeting minutes, agency management team minutes, etc.)</li> <li>▪ Documentation of having reported analysis findings to state (e.g., emails/logs of phone calls, analysis of local infectious disease data)</li> <li>▪ Report and/or a presentation that demonstrates a comprehensive understanding of the health status and health problems most meaningful for the community in logical data groups</li> <li>▪ Other documentation such as asset map of the community, Community Health Profile, GIS map detailing trends, health problems etc</li> </ul>
2. LHD staff are competent in methods of data analysis and interpretation	2	
3. LHD draws inferences from data to identify trends over time, health problems, environmental, health hazards, and social and economic conditions that adversely affect the public's health	3	
4. LHD graphs health data to indicate whether the problems identified by the community health assessment are improving or worsening	1	
5. LHD compares local data to other jurisdictions and/or the state or nation	3	
6. LHD conducts a small area analysis using GIS	3	
7. LHD conducts gap analysis of the needs of populations who may encounter barriers to services	2	
8. LHD makes data analysis usable to others	1	

**ESSENTIAL SERVICE II: Protect people from health problems and health hazards.**

**STANDARD II-A. Investigate health problems and environmental health hazards**

**FOCUS: ROUTINE OUTBREAK INVESTIGATIONS**

Operational Definition Indicators	Score	Illustrative Evidence
1. LHD expertise to carry out an investigation can be demonstrated	4	<ul style="list-style-type: none"> <li>▪ Report showing review process of health problems and environmental health hazards</li> <li>▪ Electronic database is used with standardized case investigation protocols</li> <li>▪ Information on leading industry in the community and any associated risks</li> <li>▪ Information on local employment and related occupational risks</li> </ul>
2. LHD uses a surveillance system to trigger investigations	3	
3. LHD has written protocols to document the investigation process, including identifying information about the disease, case investigation steps, reporting requirements, contact and clinical management, use of emergency biologics, and the process for exercising legal authority for disease control	3	

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4. Data on health problems and environmental hazards are collected at regular intervals	1	<ul style="list-style-type: none"> <li>Evidence of an appropriately conducted, documented and reported outbreak investigation (if applicable)</li> </ul>
5. Data collected on health problems in the community are analyzed for trends and clusters	1	

**STANDARD II-B. Prevent, minimize, and contain adverse health events and conditions resulting from communicable diseases; food, water, and vector-borne outbreaks; chronic diseases; environmental hazards; injuries; and health disparities.**

**FOCUS: MITIGATION OF HEALTH PROBLEMS AND ADVERSE HEALTH EVENTS**

Operational Definition Indicators	Score	Illustrative Evidence
1. HLD staff are trained to mitigate adverse health events	3	<ul style="list-style-type: none"> <li>Copy of an electronic disease reporting template</li> <li>Quarterly self-assessment of investigation and reporting process</li> <li>Policies, procedures, or a detailed flow chart that describes the roles and responsibilities for local response.</li> <li>LHD internal log of disease reports not otherwise reported in an electronic form (e.g. well water, lead) with disposition of LHD activities to mitigate problem</li> <li>Demonstrate use of prevalence of conditions to target interventions, personal and community health interventions to mitigate chronic disease and injuries</li> <li>Evidence of public health response such as information releases on disease prevention and control</li> </ul>
2. LHD has protocols for minimizing and containing adverse health events	3	
3. The appropriate number and type of staff (i.e. epidemiological capacity, clinical capacity) are available at the LHD or can be accessed to carry out protocols effectively	4	
4. LHD informs and educates the about adverse health events, including information such as the nature of the situation, how to respond, and where to find resources	3	
5. LHD implements the established epidemiological protocol for mitigation, including disease-specific procedures for mitigating an outbreak, such as providing prophylaxis, and conducting follow-up documentation and reporting	4	
6. LHD conducts routine programs to protect the public from vaccine preventable conditions, such as pneumonia and influenza	4	

STANDARD II-C. Coordinate with other governmental agencies that investigate and respond to health problems, health disparities, or environmental health hazards.

**FOCUS: FOCUS: WORKING WITH OTHER GOVERNMENTAL AGENCIES ON ROUTINE INVESTIGATION AND RESPONSE**

Operational Definition Indicators	Score	Illustrative Evidence
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1. LHD has protocols with other governmental agencies for mutual assistance in responding to specific health problems or hazards	3
2. LHD establishes a planning committee with diverse partners	2
3. LHD identifies partners in advance and protocols are developed to engage partners during an event	3
4. LHD routinely communicates with other governmental agencies on health problems in the community	2
LHD coordinates action with other governmental agencies	3

- List of governmental agencies that investigate and response to health problems and evidence of coordination, including meeting notes, agendas, logs of phone calls etc.
- Copies of memorandums of understandings with other governmental agencies
- Written protocols/policy detailing the process for investigating/responding to health problems

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**Comments regarding non-contract entities providing services for this focus area above:**

STANDARD II- D. Lead public health emergency planning, exercises, and response activities in the community in accordance with the National Incident Management System, and coordinate with other local, state and federal agencies.

**FOCUS: TAKE LEAD IN EMERGENCIES THAT ARE PUBLIC HEALTH IN NATURE**

Operational Definition Indicators	Score
1. LHD staff demonstrate competency in preparing for and responding to public health emergencies	3
2. There is a protocol in place to engage volunteers during an event	2
3. Emergencies that trigger use of the response plan are defined	3
4. LHD develops a plan with emergency response partners that outlines responsibilities, communication networks, and evacuation procedures	3
5. LHD leads the annual testing of its emergency response plan, through the use of drills and exercises.	3
6. LHD leads in an annual revision of its emergency response plan	4
7. LHD identifies volunteers and trains them	1

- Illustrative Evidence**
- Local preparedness quarterly reports detailing preparedness activities and coordination with government agencies
  - Copy of LHD response plan
  - Evidence of LHD preparedness meetings with other government agencies including planning meetings minutes, calendar of meetings, email exchanges, logs of phone calls etc.
  - Evidence of real event or exercise that evaluates policies, including meeting minutes from debriefing or After-Action Report
  - Evidence of use of Project Public Health Ready Criteria

8. LHD coordinates public health response capacity with local, state and federal agencies

1

**STANDARD II-E.** Fully participate in planning, exercises, and response activities for other emergencies in the community that have public health implications, within the context of state and regional plans and in a manner consistent with the community's best public health interest.

**FOCUS: PARTICIPATE WHEN OTHER AGENCIES ARE IN THE LEAD**

Operational Definition Indicators	Score	Illustrative Evidence
1. LHD is competent in emergency preparedness for public health and other types of emergencies that may have public health implications	3	<ul style="list-style-type: none"> <li>▪ Evidence of LHD participation in partner planning for emergencies including planning meetings minutes, calendar of meetings, email exchanges, logs of phone calls etc.</li> <li>▪ Invitation to participate in partner exercises or evidence of participation in emergency response when LHD was not in the lead (e.g. press release, newspaper story)</li> <li>▪ Evidence of real event or exercise that evaluates policies, including meeting minutes from debriefing or After-Action Report</li> <li>▪ Evidence of use of Project Public Health Ready Criteria</li> </ul>
2. LHD staff attends preparedness planning meetings and exercises sponsored by other organizations (e.g. regional exercises, state planning groups, local emergency management drills, etc.)	4	
3. LHD participates in local, regional and state all-hazards response planning	4	

**STANDARD II- F.** Maintain access to laboratory and biostatistical expertise and capacity to help monitor community health status and diagnose and investigate public health problems and hazards.

**FOCUS: ACCESS TO LAB AND BIOSTATS RESOURCES**

Operational Definition Indicators	Score	Illustrative Evidence
1. LHD has current written protocols and/or guidelines for handling clinical and environmental laboratory samples based on standards	3	<ul style="list-style-type: none"> <li>▪ Quarterly reports/assessments indicating that staffing requirements are met</li> <li>▪ Written protocols/procedures for access to</li> </ul>
2. LHD maintains a call-up protocol of epidemiological resources	3	

3. LHD maintains epidemiological and statistical expertise, including access to and consultations with appropriately trained epidemiologists	2	<ul style="list-style-type: none"> <li>state lab services</li> <li>▪ Records, indicating appropriate requests for and response of monitoring, diagnosing and investigating health problems and hazards</li> <li>▪ List of individuals fulfilling this capacity, job description for personnel (if applicable) or copy of consulting/contracting (if applicable)</li> </ul>
4. LHD has a written procedures for surge capacity, with descriptions of how expanded lab capacity is made readily available when needed for outbreak response	1	
5. There is a current list of local and regional laboratories having the capacity to analyze specimens	1	
6. LHD assesses the availability of epidemiological expertise on a regular basis	1	
7. LHD implements a state-wide laboratory protocol for reporting, collecting, handling and transporting laboratory specimens	2	
8. LHD assesses the availability of laboratory expertise on a regular basis	1	
9. LHD uses epidemiologic, biostatistical and laboratory expertise when needed	2	

**STANDARD II- G. Maintain policies and technology required for urgent communications and electronic data exchange.**

**FOCUS: CAPACITY FOR EMERGENCY COMMUNICATIONS AND DATA EXCHANGE**

Operational Definition Indicators	Score	Illustrative Evidence
1. LHD maintains appropriate technology for 24/7 communications	4	<ul style="list-style-type: none"> <li>▪ Preparedness quarterly reports with checklist on emergency communication capacity</li> <li>▪ Sample of written policy describing data exchange/urgent communications, including protocol of 24/7 communications policies</li> <li>▪ Evidence of real event or exercise that evaluates policies, including meeting minutes from debriefing or After-Action Report</li> </ul>
2. LHD maintains appropriate technology for electronic data exchange	4	
3. LHD updates protocols and contact information at least annually and makes readily available to staff.	3	
4. LHD uses multiple methods for dissemination of public health messages	3	
5. LHD tests its emergency data exchange capabilities annually	4	

6. Meeting minutes from debriefing or After-Action Report	4	
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**ESSENTIAL SERVICE III: Give people information they need to make healthy choices.**

STANDARD III a. Develop relationships with media to convey information of public health significance, correct misinformation about public health issues, and serve as an essential resource.

**FOCUS: DEVELOP AND IMPLEMENT MEDIA STRATEGIES**

Operational Definition Indicators	Score	Illustrative Evidence
1. LHD develops and maintains a database of media partners and outlets available	2	<ul style="list-style-type: none"> <li>▪ List of current media contact</li> <li>▪ Notes from meetings with media representatives on current and emerging public health issues</li> <li>▪ Log of calls from media about public health events or stories</li> <li>▪ Logs of calls to media about public health event or story</li> <li>▪ Health reports disseminated to media</li> <li>▪ LHD press releases and associated media news stories</li> <li>▪ Written media strategy</li> </ul>
2. LHD maintains a written protocol for communicating with the media	3	
3. LHD builds staff competency in working with the media	3	
4. LHD conducts an environmental scan and assessment of media outlets	1	
5. LHD develops a media strategy that includes formal (press releases) and informal opportunities for communicating with the media and responding to media requests	3	
6. LHD communicates routinely with media to raise awareness of public health and public health issues in the community	1	
7. LHD communicates with media on emerging events and situations to inform the public	2	

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STANDARD III-B. Exchange information and data with individuals, community groups, other agencies, and the general public about physical, behavioral, environmental, social, economic, and other issues affecting the public's health.

**FOCUS: GENERAL DATA AND INFORMATION EXCHANGE ON ISSUES AFFECTING POPULATION HEALTH**

Operational Definition Indicators	Score	Illustrative Evidence
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1. LHD establishes a network to share data with stakeholders	4	<ul style="list-style-type: none"> <li>▪ Notes from meetings with community stakeholders (e.g. open forums, topical health issue meetings, such as infectious disease, preparedness MCH, etc.) demonstrating communication and exchange with key community partners (e.g. evidence that LHD staff presentation of report)</li> <li>▪ Report identifying organizational roles and responsibilities for service delivery (e.g., preparedness roles)</li> <li>▪ Health reports disseminated by LHD</li> <li>▪ Topical communication (e.g. in blast faxes, health alerts, etc.)</li> <li>▪ LHD newsletters</li> <li>▪ LHD web site with tracking capabilities</li> <li>▪ Protocols for communication with target audiences (i.e. individuals, community groups, other agencies, and the general public)</li> </ul>
2. LHD continuously develops current information on health issues that affect the community	4	
3. LHD has protocols and/or strategies in place to communicate health information periodically	4	
4. LHD has a written protocol in place to respond to specific information requests	4	
5. LHD uses its stakeholder network to gather information and to provide data and information on community health issues	4	
6. LHD uses principles of social marketing to understand the information needs of specific populations	4	
7. LHD informs the public about how to obtain health data and information from the department	3	
8. LHD responds to data requests in a timely manner	4	

**STANDARD III -C. Provide targeted, culturally appropriate information to help individuals understand what decisions they can make to be healthy.**

***FOCUS: PROVIDE HEALTH INFORMATION TO INDIVIDUALS FOR BEHAVIOR CHANGE***

Operational Definition Indicators	Score	Illustrative Evidence
1. Accurate and current information is available in formats that are culturally appropriate, linguistically relevant and accessible to target and special populations	3	<ul style="list-style-type: none"> <li>▪ Publications of health information in different languages represented in the community including brochures, hand-outs etc.</li> <li>▪ Evidence of cultural competency training provided for LHD staff and contractors, including copy of training, schedule of training, agenda, attendance, or evaluation</li> <li>▪ LHD annual report demonstrating how services are targeted to at risk populations</li> </ul>
2. LHD staff demonstrates capacity to develop materials and conduct education campaigns designed to improve health behaviors	4	
3. LHD uses the community health assessment to develop health education information	4	

4. LHD assesses the target population for how they accept information	4	<ul style="list-style-type: none"> <li>▪ Evidence of use of local media for health messages including press release, health story</li> <li>▪ Log tracking health education meeting attendance for reach into target populations</li> <li>▪ Protocols for testing health messages with target audiences</li> <li>▪ Surveys conducted to evaluate whether target audience understood health messages</li> <li>▪ Tracking system for program participants by race, ethnicity, gender, sexual orientation</li> </ul>
5. LHD provides health education services in the language used by, and within the cultural context of, the target population	3	
6. Members of the target population participate in the development and distribution of health education materials	2	

STANDARD III-D. Provide health promotion programs to address identified health problems.

**FOCUS: HEALTH PROMOTION PROGRAMS FOR BEHAVIOR AND ENVIRONMENTAL/COMMUNITY CHANGE**

Operational Definition Indicators	Score	<p style="text-align: center;">Illustrative Evidence</p> <ul style="list-style-type: none"> <li>▪ Report/justification that details how health promotion programs are linked to community health assessment and health improvement plan</li> <li>▪ Health promotion program reports</li> <li>▪ Inventory all health promotion programs, including free-standing programs and programs that are embedded in other programs</li> <li>▪ Written procedures describe the systematic approach to health promotion information, including the development, distribution, evaluation, and revision process</li> <li>▪ Records indicating training and/or materials for health promotion have been provided to community organizations.</li> <li>▪ Program evaluation summaries, progress reports, or summaries of analysis demonstrate that key measure data are used as part of the process to improve the programs or to revise health</li> </ul>
1. LHD has an overall strategy/plan for its delivery of population-based health promotion and disease prevention programs (e.g. which programs are developed, how they are implemented, and when they are evaluated)	4	
2. LHD staff has health promotion knowledge and skills (e.g. social marketing)	4	
3. LHD staff are available to offer technical assistance to the community in development of health promotion programming	4	
4. LHD involves a variety of disciplines in the design and implementation of health promotion programs (e.g. Educators, Faith Institutions, Nursing, Environmental, Community-development for the built environment)	4	
5. LHD identifies populations at risk as potential target populations for health promotion programming	4	
6. LHD assesses the target population for how they accept information	4	

7. LHD demonstrates that program designs use proven intervention strategies	4	<ul style="list-style-type: none"> <li>▪ promotion curricula</li> <li>▪ Log or summary of technical assistance efforts</li> <li>▪ Document the source of proven intervention strategies</li> </ul>
8. LHD implements the appropriate program for identified target populations	4	
9. LHD evaluates health promotion efforts every two years, the results of which are used to improve programs.	3	
10. LHD develops and revises performance measures, goals and objectives for annual program planning based on information obtained through evaluation of health promotion activities.	4	
11. LHD provides technical assistance to communities and community agencies on health promotion activities	4	

**ESSEMTIAL SERVICE IV: Engage the community to identify and solve health problems.**

STANDARD IV-A. Engage the local public health system in an ongoing, strategic, community-driven, comprehensive planning process to identify, prioritize, and solve public health problems; establish public health goals; and evaluate success in meeting the goals.

**FOCUS: COMMUNITY PLANNING PROCESS ENGAGING SYSTEMS PARTNERS**

Operational Definition Indicators	Score	Illustrative Evidence
1. LHD has a community health planning structure in place	4	<ul style="list-style-type: none"> <li>▪ Community health needs assessment and community health plan</li> <li>▪ Meeting minutes, membership lists, and attendance frequency for coalitions focused on public health topics (e.g. pandemic flu, cardiovascular disease prevention, etc.)</li> <li>▪ Written description of the planning process and effort to engage the community and system partners</li> <li>▪ A community health plan with at least one measurable outcome objective covering a 5-year time frame related to each priority health need</li> </ul>
2. LHD has the capacity to manage the planning process (e.g., trained staff, organized unit, assigned responsibilities)	4	
1. LHD recruits a broad range of community partners, stakeholders and constituents to participate in the community planning process	4	
2. LHD reviews and adopts a structured process for conducting community health planning (i.e. APEX/PH, MAPP, etc.)	0	

3. The planning team uses the community health assessment to inform the selection of priorities	2	and at least one measurable impact objective related to each outcome objective.
4. Community assets are identified	3	
5. Gaps are identified through analysis of the results with periodic surveys and other assessment information	3	<ul style="list-style-type: none"> <li>Local performance assessment using NPHPS</li> </ul>
6. Community satisfaction is assessed and gaps are identified.	4	
7. Partnership effectiveness in improving community health is assessed	4	
8. Partnership effectiveness in improving community health is assessed	4	
9. The performance of the public health system is assessed (in relationship to targets)	3	
10. Goals and objectives are established in the plan	4	
11. Plan identifies emerging issues which may require investigation	4	
12. Strategies and best practices are selected to increase potential for success	4	
13. Information about public health needs and priorities is disseminated to elected officials	4	

STANDARD IV-B. Promote the community's understanding of, and advocacy for, policies and activities that will improve the public's health

**FOCUS: RAISE AWARENESS AND GAIN GENERAL PUBLIC SUPPORT FOR THE PLAN AND A DEEPER UNDERSTANDING OF PUBLIC HEALTH ISSUES**

Operational Definition Indicators	Score	Illustrative Evidence
1. LHD has current information on health issues that affect the community readily accessible	4	<ul style="list-style-type: none"> <li>Needs assessment and community health plan</li> <li>Presentations at public meetings, meeting agendas, or meeting notes</li> </ul>

1. LHD conducts a community education and marketing process to increase the awareness of the community health improvement plan and its recommendations	3	<ul style="list-style-type: none"> <li>▪ Press release, newspaper clippings about community health priorities and public health</li> <li>▪ Evidence of plan distribution including LHD website, newsletter, or distribution list</li> </ul>
2. LHD uses a variety of methods (e.g. media, website) to disseminate the plan to the community	2	
3. LHD leads a process to assess and analyze effectiveness of public policy and community environment to improve health and shares the results publicly	3	

STANDARD IV-C. Support, implement, and evaluate strategies that address public health goals in partnership with public and private organizations.

**FOCUS: SUPPORT PARTNERS TO IMPLEMENT ACTION**

Operational Definition Indicators	Score	Illustrative Evidence
1. LHD staff are familiar with program planning methods	4	<ul style="list-style-type: none"> <li>▪ Grant proposals to fund community priorities developed/supported by LHD and other community agencies</li> <li>▪ Letters of support for grant proposals</li> <li>▪ Topic oriented coalitions: Lists of members, meeting frequency, meeting notes, etc.</li> <li>▪ Media reports of partnerships/coalition implementation activities</li> <li>▪ Linkage agreements among strategic partners</li> </ul>
1. LHD staff is identified to establish and maintain partnerships and perform collective work	4	
1. LHD identifies community organizations that contribute to the Essential Public Health Services/program implementation	4	
2. System partner organizations' work plans, action plans and program plans to address public health goals	3	
3. A policy agenda is developed	3	
4. System partner organizations align their program activities and/or organization plans with community objectives	3	
5. Resources are marshaled (e.g., human and financial) to conduct program activities	4	
6. Implementation progress is systematically monitored	3	

STANDARD IV-D. Develop partnerships to generate interest in and support for improved community health status, including new and emerging public health issues.

**FOCUS: DEVELOP PARTNERSHIPS TO SUPPORT PUBLIC HEALTH**

Operational Definition Indicators	Score	Illustrative Evidence
1. LHD maintains a directory of community organizations and systems partners	3	<ul style="list-style-type: none"> <li>▪ Community assessment and plan, including a description of the community participation process, a list of community groups involved in the process and method the community group uses to establish priorities</li> <li>▪ Document direct and in-kind contributions from community agencies to support planned public health efforts</li> <li>▪ Letters of support for grant proposals</li> <li>▪ Lists of members of topic-oriented coalitions</li> <li>▪ Linkage agreements among strategic partners</li> <li>▪ Annual report listing external relationships maintained by the LHD</li> <li>▪ Document use of best practices in evaluating partnerships</li> </ul>
2. LHD marshals the resources needed to maintain partnerships (e.g. personnel, funding, policy changes, system change)	2	
3. LHD encourages constituent participation in community health activities	4	
4. LHD forms alliances or coalitions around specific public health policy issues	4	
5. LHD recruits individuals and organizations to play leadership roles on public health issues	4	
6. LHD participates in coalitions led by other community partners	4	

STANDARD IV- E. Inform the community, governing bodies, and elected officials about governmental public health services that are being provided, improvements being made in those services, and priority health issues not yet being adequately addressed.

**FOCUS: REPORTING PROGRESS, ADVOCATING FOR RESOURCES TO IMPLEMENT PRIORITIES**

Operational Definition Indicators	Score	Illustrative Evidence
1. LHD monitors its progress in implementing public health services and interventions	1	<ul style="list-style-type: none"> <li>▪ Dissemination list for community assessment and community health plan</li> <li>▪ Newspaper articles, progress reports, website postings, LHD annual reports etc.</li> <li>▪ Minutes of meetings at city councils, county</li> </ul>
2. LHD maintains a good working relationship with governing/legislative bodies	2	
3. LHD maintains capacity to interact with the legislative process	1	

4. LHD analyzes information to compare to performance to plan targets or benchmarks	1	boards sharing information about services provided <ul style="list-style-type: none"> <li>▪ Testimony and/or letters to elected officials about needed policy changes</li> <li>▪ Summary of LHD evaluation of progress in achieving performance goals, including how budget was altered and needed change</li> </ul>
5. LHD generates and disseminates performance reports on public health services	1	
6. LHD provides testimony and information to governing body on public health policy	1	
7. LHD submits a budget justification that reflects program priorities and community needs	2	
8. LHD engages in public health policy development, identifying, prioritizing and monitoring public health policy issues	2	

**Comments regarding non-contract entities providing services for this focus area above.**

### **ESSENTIAL SERVICE V: Develop public health policies and plans**

STANDARD V-A. Serve as a primary resource to governing bodies and policymakers to establish and maintain public health policies, practices, and capacity based on current science and best practices.

#### ***FOCUS: PRIMARY SCIENTIFIC RESOURCE FOR POLICY CHANGE IN PUBLIC HEALTH***

Operational Definition Indicators	Score	Illustrative Evidence
1. LHD staff are up to date with current public health topics	3	<ul style="list-style-type: none"> <li>▪ Letter to state from Board of Health confirming adoption of the community health plan</li> <li>▪ Board of Health meeting minutes on presentation and discussion of community health assessment and plan</li> <li>▪ A representative sample of Board of Health, City Council and/or County Board meeting minutes indicating discussion of public health policy issues</li> <li>▪ Reports on LHD activities, press releases, annual reports, indicating major health policy, practice and capacity issues</li> <li>▪ Evidence/logs of calls from elected officials, and other government officials</li> <li>▪ LHD staff serving on legislative or topical ad</li> </ul>
2. LHD staff are knowledgeable about the legislative process	2	
3. LHD maintains a written protocol for working with the legislative process	0	
4. LHD maintains formal and informal relationships with legislative and governing body(s)	1	
5. LHD maintains a database of legislative and governing bodies	2	
6. LHD has a tracking system in place to monitor public health issues under discussion by governing and legislative bodies	1	

7. LHD communicates routinely with legislative and governing bodies to raise awareness of current public health issues and emerging issues affecting the community	1	
8. LHD provides expertise to legislative and governing body(s) in setting public health priorities and planning public health programs	1	
9. LHD staff attends appropriate legislative events		

STANDARD V-B. Advocate for policies that lessen health disparities and improve physical, behavioral, environmental, social, and economic conditions in the community that affect the public's health.

***FOCUS: POLICY ADVOCACY FOR HEALTH IMPROVEMENT***

Operational Definition Indicators	Score	Illustrative Evidence
1. LHD staff has the competencies/skills to advocate effectively for public health policy	3	<ul style="list-style-type: none"> <li>▪ Schedule of staff training on policy/advocacy development, copy of training, or list of trainings staff attended</li> <li>▪ Directory of potential policy partners</li> <li>▪ Community health assessment and plan showing populations at risk, differences in health status among various population groups, health disparities</li> <li>▪ LHD annual reports presenting issues of special populations and root causes of health problems</li> </ul>
2. LHD maintains a directory of potential policy partners	1	
3. LHD engages community partners in policy development process	1	
4. LHD conducts advocacy for local, state, and national policies and legislation that protect and promote the public's health	2	
5. LHD develops a legislative strategy to reflect community needs and priorities	1	

6. Constituency support is built around the LHD legislative agenda	0	<ul style="list-style-type: none"> <li>▪ Special reports on health disparities</li> <li>▪ Grant applications targeted at programs to reduce disparities</li> <li>▪ Written summary or meeting minutes of governing body's approval of resources to address disparities</li> <li>▪ Meeting attendance list showing participation in local committees working on community development or environmental issues, etc.</li> <li>▪ Document that LHD engages local partnerships, state and national associations in advocacy/policy development</li> <li>▪ Documentation of meetings or contact with state or local legislators (e.g. keep copy of electronic form letters)</li> </ul>
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STANDARD V-C. Engage in LHD strategic planning to develop a vision, mission, and guiding principles that reflect the community's public health needs, and to prioritize services and programs.

**FOCUS: LHD ROLE IN IMPLEMENTING COMMUNITY HEALTH IMPROVEMENT PLAN**

Operational Definition Indicators	Score	Illustrative Evidence
1. LHD leadership recognizes need for strategic planning	4	<ul style="list-style-type: none"> <li>▪ Organizational Capacity Self-Assessment (e.g., using APEX/PH Part I)</li> <li>▪ Organizational strategic plan document or documentation of strategic priorities</li> <li>▪ Annual budget forecast</li> <li>▪ LHD mission or guiding principles statement</li> <li>▪ Meeting minutes or agendas</li> </ul>
2. LHD allocates resources for strategic planning	4	
3. LHD staff has expertise to lead and facilitate the strategic planning process	1	
4. LHD conducts a formal strategic planning process that considers its mission, vision and role in the community in relation to the assurance of the ten essential public health services	1	
5. LHD uses assessment data on community health problems and emerging health threats to develop annual program goals to develop policy	2	
6. LHD identifies new strategic opportunities for promoting public health activities	2	

7. The LHD widely disseminates its strategic plan and shares with the public and key stakeholders.	0	
8. LHD develops or updates the agency strategic plan every 24 months.	0	

**ESSENTIAL SERVICE VI: Enforce public health laws and regulations**

STANDARD VI-A. Review existing laws and regulations and work with governing bodies and policymakers to update them as needed

**FOCUS: REVIEW AND MODERNIZE PUBLIC HEALTH AUTHORITY**

Operational Definition Indicators	Score	Illustrative Evidence
1. LHD has legal expertise available to assist in the review of laws and regulations	3	<ul style="list-style-type: none"> <li>▪ Dates of any formal code review by the County Board or City Council</li> <li>▪ Review of compliance of the local jurisdiction with state laws and regulations</li> <li>▪ Minutes from meetings with policymakers on keeping public health laws up-to-date</li> <li>▪ Participation in legislative committees of one of the local public health administrators associations</li> <li>▪ List of access to legal counsel</li> <li>▪ Dates of and written procedure for systematic planned review of local ordinances</li> </ul>
2. The LHD, with the participation of its governing body, reviews policies and procedures within its existing legal scope of authority on a regular and periodic basis	2	
3. LHD evaluates the need for changes in rules, regulations, and ordinances	2	
4. LHD identifies its legal authority to develop, implement and enforce public health policy.	3	
5. LHD and governing body drafts modifications and/or formulations of laws and regulations.	3	
6. LHD uses a model public health emergency act in reviewing the local public health authority for managing emergencies	3	
7. LHD applies knowledge of disease trends, best practices and current public health science to legal reviews	1	
8. LHD and governing body inform policy makers of needed statutory and regulatory updates	2	

STANDARD VI-B Understand existing laws, ordinances, and regulations that protect the public's health.

**FOCUS: LINK LHD PRACTICE TO EXISTING LAW AND REGULATION IN AN APPROPRIATE WAY**

Operational Definition Indicators	Score	Illustrative Evidence
1. LHD has legal and program planning expertise available to assist in the review of laws and regulations.	1	<ul style="list-style-type: none"> <li>▪ Dates of any formal code review by the County Board of City Council</li> <li>▪ Review of compliance of the local jurisdiction with state laws and regulations</li> <li>▪ Minutes from meetings with policymakers on keeping public health laws up-to-date</li> <li>▪ Participation in legislative committees of one of the local public health administrators associations</li> <li>▪ List of access to legal counsel</li> <li>▪ Dates of and written procedure for systematic planned review of local ordinances</li> </ul>
2. LHD studies laws and identifies public health issues that can only be addressed through laws.	1	
3. LHD understand the intent of law and regulations with policy makers, legal counsel and other legislative bodies	2	
4. LHD reviews its programs to determine whether program changes are needed to better carry out legal mandates	2	
5. LHD identifies organizations with regulatory and enforcement authority.	2	

STANDARD VI-C Educate individuals and organizations on the meaning, purpose, and benefit of public health laws, regulations, and ordinances and how to comply

**FOCUS: COMMUNICATION AND EDUCATION ON HOW TO COMPLY WITH LAWS**

Operational Definition Indicators	Score	Illustrative Evidence
1. LHD staff is competent to provide education to regulated entities.	4	<ul style="list-style-type: none"> <li>▪ Trainings held for regulated entities (e.g. restaurants)</li> <li>▪ Job descriptions of inspectors indicating education is part of their performance expectations</li> <li>▪ Inspection case notes indicating education provided at time of inspection</li> </ul>
1. LHD makes written policies, local ordinances, administrative code, and enabling laws accessible to the public	2	
2. LHD provides appropriate education to regulated facilities at the time of inspection.	4	

3. LHD invites regulated entities to education programs on new and/or updated regulations as appropriate.	4	<ul style="list-style-type: none"> <li>▪ Formal, intentional education process incorporated into regulatory practice and documented in annual reports, inspection reports, etc.</li> </ul>
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STANDARD VI-D Monitor, and analyze over time, the compliance of regulated organizations, entities, and individuals.

**FOCUS: TRACKING AND UNDERSTANDING PATTERNS OF COMPLIANCE WITH REGULATION**

Operational Definition Indicators	Score	Illustrative Evidence
1. LHD has a system to track compliance records over time by each regulated organization.	4	<ul style="list-style-type: none"> <li>▪ Updated lists of regulated entities in the jurisdiction</li> <li>▪ LHD Quality Assurance reports with summaries of most critical violations and most frequently-occurring violations</li> <li>▪ Violations trends report examining level of violations over time in the jurisdiction</li> <li>▪ Violations trends report examining level of violations over time by regulated entity</li> </ul>
2. LHD staff is capable of analyzing data trends over time	4	
3. The LHD conducts inspections of regulated entities as appropriate (e.g., CD, animal control, environmental health) and monitors compliance	4	
4. LHD evaluates a selected number of enforcement actions each year to determine compliance with and effectiveness of enforcement procedures	2	
5. LHD conducts analysis of complaints, violations and enforcement activities to determine patterns, trends and latent problems at least annually	2	

STANDARD VI-E Conduct enforcement activities.

**FOCUS: COMPETENT AND FAIR ENFORCEMENT ACTIONS**

Operational Definition Indicators	Score	Illustrative Evidence
1. LHD workforce is skilled in enforcement procedures and credentialed as appropriate	4	<ul style="list-style-type: none"> <li>▪ Timeframes and frequencies of formal enforcement activities</li> <li>▪ Enforcement intervention reports, including administrative interventions and legal interventions</li> </ul>
1. LHD uses a risk analysis method (i.e., identify restaurants with frequent violations) and a work plan to guide the frequency and scheduling of inspections of regulated facilities	4	

2. Written procedures and protocols for conducting enforcement actions are maintained.	4	<ul style="list-style-type: none"> <li>▪ LHD annual report summarizing enforcement activities by type.</li> <li>▪ Quality assurance activities incorporated into all regulatory activities</li> </ul>
3. LHD routinely conducts enforcement activities according to procedures and protocols and rules are applied consistently.	4	
4. LHD promptly conducts enforcement activities needed in response to an emergency	4	

STANDARD VI-F. Coordinate notification of violations among other governmental agencies that enforce laws and regulations that protect the public's health.

**FOCUS: NOTIFY OTHER GOVERNMENT AGENCIES OF ENFORCEMENT VIOLATIONS**

Operational Definition Indicators	Score	Illustrative Evidence
1. Rapid communication capability can be demonstrated between the LHD and other enforcement entities	1	<ul style="list-style-type: none"> <li>▪ A chart or map of government agencies with enforcement responsibilities and contact information</li> <li>▪ File/log of "inter-organizational" notifications with back-up notification forms</li> <li>▪ Procedures for inter-agency communication</li> <li>▪ Memorandum of Understanding or other formal written inter-agency agreements</li> </ul>
2. LHD has a comprehensive knowledge of other agencies involved in enforcement in the protection of the public health	3	
3. LHD develops and executes communication protocols for the notification of other enforcement agencies	2	

**ESSENTIAL SERVICE VII: Help People receive health services**

STANDARD VII a. Engage the community to identify gaps in culturally competent, appropriate, and equitable personal health services, including preventive and health promotion services, and develop strategies to close the gaps.

**FOCUS: COMMUNITY-ORIENTED PROGRAM PLANNING**

Operational Definition Indicators	Score	Illustrative Evidence
1. LHD staff has a working understanding of access issues	3	<ul style="list-style-type: none"> <li>▪ Program assessments and plans, (e.g. HIV plans, MCH plans)</li> <li>▪ Community forums report identifying access</li> </ul>
2. LHD staff are competent in program planning and community development methods	3	

3. LHD engages a diverse set of community partners, representing communities of color, tribal representatives and specific populations, to identify program gaps and barriers	3	<p>issues</p> <ul style="list-style-type: none"> <li>Community Health Assessment that identifies cultural competency and access as issues or community priorities</li> <li>Risk factor and other community surveys, including consumer satisfaction surveys, every two years</li> <li>Surveys targeted to special population groups, such as Hispanic populations</li> <li>Staff have education and/or training in program planning and community development methods and/or staff have conducted program planning or community development activities (e.g. Program staff have gone through MAPP training).</li> </ul>
4. LHD, in partnership with community partners, interprets qualitative and quantitative information on program gaps, developed through surveys, focus groups, interviews or other means of primary data collection.	3	
5. LHD uses criteria periodically to evaluate access, quality, appropriateness and effectiveness of preventive and personal health services in the community.	3	
LHD identifies community health and prevention priorities to reduce access barriers every five years.	4	

STANDARD VII-B Support and implement strategies to increase access to care and establish systems of personal health services, including preventive and health promotion services, in partnership with the community

**FOCUS: PREVENTION AND PERSONAL HEALTH CARE SYSTEM BUILDING**

Operational Definition Indicators	Score	Illustrative Evidence
1. A plan is in place for prevention and health promotion which identifies efforts to link public and private partnerships into a network of personal health and prevention services	2	<ul style="list-style-type: none"> <li>Partnership meeting notes on implementation strategies</li> <li>Memorandum of Understanding</li> <li>Subcontracts in the community to implement services</li> <li>Community planning processes/plans</li> <li>Grant applications by members of community partnerships</li> <li>Letters of support for grants to other community agencies</li> <li>Community assessment data demonstrates an increase in access to care.</li> </ul>
2. LHD maintains the capacity to provide health care services when local needs and authority exist, and the appropriate agency capacity and adequate additional resources can be secured.	1	
3. LHD convenes or participates in a collaborative process with community health care providers, social services organizations, and community stakeholders to coordinate service delivery and to reduce barriers to accessing primary and preventive services.	2	

4. LHD develops and implements strategies to increase utilization of public health programs and services	2	
5. LHD, in partnership with other community agencies, identifies gaps in access to critical health services through analysis of the results of periodic surveys and other assessment information.	2	

STANDARD VII-C Link individuals to available, accessible personal health care providers (i.e., a medical home).

**FOCUS: INDIVIDUAL-FOCUSED LINKAGES TO NEEDED CARE**

Operational Definition Indicators	Score	Illustrative Evidence
1. LHD maintains a current inventory of available personal health care resources	1	<ul style="list-style-type: none"> <li>▪ Reports on outreach and case management services</li> <li>▪ Logs of referrals to care and/or reports from referral tracking system.</li> <li>▪ Inventory of safety-net programs providers</li> <li>▪ FQHC's operated by LHD or LHD an integral partner with FQHC</li> <li>▪ Minutes of community meetings addressing concerns about outreach and/or tracking</li> </ul>
2. LHD uses a tracking system for health care referrals	1	
3. LHD engages indigenous lay health advocates for outreach to special populations in need of health care.	0	
4. LHD provides community outreach and linkage services	4	
5. LHD disseminates or makes referrals to a current, comprehensive list of community health and wellness resources.	2	
6. LHD enrolls or links to enrollment agents potential beneficiaries in Medicaid or Medical Assistance Programs	4	
7. LHD informs the public, through a variety of methods, about services and resources available through LHD to reduce specific barriers to access to care	4	

**ESSENTIAL SERVICE VIII: Maintain a competent public health workforce**

STANDARD VIII. A. Recruit, train, develop, and retain a diverse staff.

**FOCUS: OVERALL HUMAN RESOURCES FUNCTION/ WORKFORCE CAPACITY**

Operational Definition Indicators	Score	Illustrative Evidence
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1. LHD has formally organized human resources function.	3
2. LHD has policies that promote and facilitate staff access to training	3
3. LHD has a non-discriminatory employment policy	4
4. LHD develops, uses, and revises job standards and position descriptions.	3
5. LHD determines needed competencies, composition, and size of its workforce and seeks job applicants to fill those needs	4
6. LHD periodically assesses its capacity (staff size, staff education and experience requirements, financial resources, and administrative capacity) in relation to the needs of the population it serves.	3
7. LHD conducts periodic studies of workforce needs and the effect on critical health services.	2
8. LHD provides new employee orientation, employee-in-service and continuing education experiences where appropriate.	2
9. LHD provides for staff training in cultural sensitivity and cultural competency.	1

- APEX Part I - Organizational Capacity Self-Assessment
- Organizational assessment within a larger agency strategic plan
- LHD organizational chart that includes the functional elements of the organization and their relationship to each other
- Job descriptions with minimum qualifications for each position
- Public Health Competencies incorporated into all LHD job descriptions
- Written plans or policies regarding staff recruitment, selection, development, and retention
- Affirmative action plan
- Statement on equal opportunity

STANDARD VIII-B Evaluate LHD staff members' public health competencies, and address deficiencies through continuing education, training, and leadership development activities.

**FOCUS: PUBLIC HEALTH COMPETENCIES OF EXISTING WORKFORCE**

Operational Definition Indicators	Score	Illustrative Evidence
1. A learning management system is in place to organize competency assessments and training and educational opportunities to address deficiencies	1	<ul style="list-style-type: none"> <li>▪ Report on annual reassessment of all staff competency levels and training needs</li> <li>▪ Performance evaluations including worker objectives and continuing education and training plans, based in part on worker self-assessments</li> </ul>
2. Training and leadership opportunities are available.	2	

3. LHD assesses its staff members to identify deficiencies in knowledge, skills and authority; and remedial action is taken when required.	2	<ul style="list-style-type: none"> <li>▪ LHD tracking system for staff participation in training and education</li> <li>▪ Written policy on staff development</li> <li>▪ LHD training plan based on self-assessment data</li> <li>▪ Staff training and development plans</li> <li>▪ List of LHD staff who have participated in workforce development activities including web-casts, online trainings, workshop etc. and list of these events</li> </ul>
4. LHD provides incentives for the workforce to pursue education and training	2	
5. LHD provides opportunities for continuing education, training,	3	
6. LHD provides opportunity for leadership development for its staff	2	
7. LHD encourages or requires relevant certification and credentialing programs for individuals, not otherwise licensed or monitored by the state and whose activities can affect the health of the public	3	
8. LHD assures that each staff member has attended training within the past 24 months to maintain competency.	3	
9. LHD provides a coordinated program of continuing education for staff which includes attendance at seminars, workshops, conferences, in-service training, and/or formal courses to improve employee skills and knowledge in accordance with their professional needs	2	
10. LHD supports staff conference attendance and peer exchange opportunities	3	

STANDARD VIII- C Provide practice- and competency based educational experiences for the future public health workforce, and provide expertise in developing and teaching public health curricula, through partnerships with academia.

**FOCUS: DEVELOPING THE FUTURE WORKFORCE**

Operational Definition Indicators	Score	Illustrative Evidence
1. LHD has partnership agreements in place with universities, schools or programs of public health and/or colleges to enrich public health practice and academic settings	3	<ul style="list-style-type: none"> <li>▪ Internships/preceptorships at the LHD for students at multiple levels (e.g. high school, college and graduate school)</li> <li>▪ Guest lectures for public health classes</li> </ul>

2. LHD partners with academic institutions to provide clinical sites for training programs (e.g. internships) and for joint appointments for its staff.	2	<ul style="list-style-type: none"> <li>List of LHD staff that have served as faculty (e.g. making presentations) at conferences, workshops, trainings, or school career orientation programs</li> </ul>
3. LHD implements plans for developing training and research focused interactions with academic institutions, including teaching courses, and faculty exchanges.	1	
4. LHD provides field training or work-study experiences for students enrolled in institutions of higher education.	2	

STANDARD VIII-D Promote the use of effective public health practices among other practitioners and agencies engaged in public health interventions.

**FOCUS: EFFECTIVE PUBLIC PRACTICED BY EXTERNAL WORKFORCE**

Operational Definition Indicators	Score	Illustrative Evidence
1. LHD has agreements in place with public health systems partners for workforce assessment, training and professional education.	1	<ul style="list-style-type: none"> <li>Presentations at community groups</li> <li>Annual reports to Board of Health on basic evaluation of programs, target groups, reach into the population at risk</li> <li>Meeting notes indicating LHD communication of best practices with other public health practitioners</li> <li>Consultations with other agencies on effective public health practices are documented</li> <li>Presentations at conferences</li> <li>Participation on advisory committees developing best practices</li> <li>Participation in Grand Rounds at local hospitals with physician committees</li> <li>Agreements with partner providers LHD makes presentations at public health and health care conferences</li> </ul>
2. LHD shares best public health practices with community partners at meetings in the community (e.g. hospital meetings to plan a community health promotion initiative, Chamber of Commerce meetings to promote workplace wellness, etc.)	2	
3. LHD makes presentations at public health and health care conferences	3	

STANDARD VIII-E Provide the public health workforce with adequate resources to do their jobs

**FOCUS: ADEQUATE RESOURCES FOR JOB PERFORMANCE**

Operational Definition Indicators	Score	Illustrative Evidence
1. LHD has identified funding sources for workforce job support activities	3	<ul style="list-style-type: none"> <li>▪ LHD budget has job support line items (e.g. basic office supplies and equipment, maintenance, provisions for a safe work environment, workforce safety, violence prevention, etc.)</li> <li>▪ Inventory of computer and other equipment to assist staff in efficiently carrying out work tasks</li> </ul>
2. LHD provides up-to-date computer hardware, software and internet access for each staff member	2	
3. LHD routinely makes public health and discipline-specific journals available for staff to stay updated in the field	3	

**ESSENTIAL SERVICE IX: Evaluate and improve programs**

STANDARD IX. A. Develop evaluation efforts to assess health outcomes to the extent possible.

**FOCUS: OVERALL LHD EVALUATION STRATEGY FOCUSES ON COMMUNITY OUTCOMES**

Operational Definition Indicators	Score	Illustrative Evidence
1. LHD has data on community health outcomes and risk factors readily available for evaluation purposes	3	<ul style="list-style-type: none"> <li>▪ Community health assessment examine a wide scope of health outcomes and inform future service delivery</li> <li>▪ Examples of monitoring health outcomes that result in redirected program efforts</li> <li>▪ Annual reviews of progress in reaching outcome and impact (addressing risk factors) objectives</li> <li>▪ Annual report cards on progress in improving health outcomes</li> </ul>
2. LHD staff or external evaluation expertise is in place	3	
3. LHD has assigned responsibility for evaluation within the organization	1	
4. LHD has plans in place to reduce specific gaps in access or make other improvements in public health services	4	
5. LHD develops and executes an internal policy to guide its overall evaluation efforts, including frequency and scope of program evaluations, organizational evaluations, use of health outcomes as benchmarks for evaluations	1	

6. LHD conducts evaluation activities that include an analysis of local data (e.g., analyzing age-specific participation in preventive services) with established community health goals, objectives and performance measures.	3	
7. LHD uses community health outcome targets (e.g. Health People 2010) as benchmarks for evaluating the effectiveness of public health services	2	
8. LHD assures that population-based services are provided according to established standards and guidelines	3	

STANDARD IX-B Apply evidence-based criteria to evaluation activities where possible

**FOCUS: EVIDENCE- BASED METHODOLOGY FOR EVALUATION**

Operational Definition Indicators	Score	Illustrative Evidence
1. LHD has evaluation expertise readily available	3	<ul style="list-style-type: none"> <li>▪ Protocol(s) for LHD program evaluation describing reasonable evaluation frameworks, including use of externally-developed standards, benchmarks, baseline data</li> <li>▪ References for research, such as literature search, or use of experts in evaluation process</li> <li>▪ Use of <i>CDC's Framework for Program Evaluation</i></li> <li>▪ Documentation that evidence based methodology has been applied</li> </ul>
2. LHD uses an acceptable evaluation framework that connects the public health intervention with health outcomes produced, based on the collection and use of evidence	2	
3. LHD periodically evaluates its key processes of service delivery for efficiency and effectiveness, using established criteria (e.g., from research literature, management literature, etc.)	3	
4. LHD makes formal efforts to identify best practices or benchmarks for evaluation purposes.	4	

STANDARD IX-C Evaluate the effectiveness and quality of all LHD programs and activities and use the information to improve LHD performance and community health outcomes.

**FOCUS: EVALUATE LHD PROGRAMS**

Operational Definition Indicators	Score	Illustrative Evidence
1. LHD has a systematic process for assessing consumer and community satisfaction with agency services	0	<ul style="list-style-type: none"> <li>▪ Reports, summaries of analysis, or meetings minutes or materials that demonstrate program monitoring activities</li> <li>▪ Report of an evaluation findings</li> <li>▪ Program review documents that demonstrate LHD compliance with applicable professional and regulatory standards</li> <li>▪ Use of a performance management system to improve the quality of programs</li> <li>▪ References for research, such as literature search, or use of experts in evaluation process</li> <li>▪ Documentation that evaluation has resulted in program modification</li> </ul>
2. LHD monitors program performance measures and analyzes data to document the progress toward goals and grant/funding requirements	1	
3. LHD evaluates the quality of clinical and preventive population based programs	1	
4. LHD program evaluations identify need for change in policies and/or programs.	1	
5. LHD employs a quality assurance/quality improvement process that uses evaluation findings	0	
6. LHD uses data on customer needs and service delivery to improve processes and/or in the design and delivery of new programs/services	0	
7. LHD changes its program activities to improve effectiveness, based on evaluation findings	2	

STANDARD IX-D Review the effectiveness of public health interventions provided by other practitioners and agencies for prevention, containment, and/or remediation of problems affecting the public's health, and provide expertise to those interventions that need improvement.

**FOCUS: EXTERNAL EVALUATION OF OTHER'S PROGRAMS**

Operational Definition Indicators	Score	Illustrative Evidence
1. LHD maintains data systems for capacity, availability, quality, cost and utilization of health services	1	<ul style="list-style-type: none"> <li>▪ Written protocols or summary of CHP process, indicating level of coordination among community organizations in providing services that improve the health of the public</li> <li>▪ Monitoring of progress of local public health system towards meeting community health objectives as stated in the community health plan</li> <li>▪ Examples of reviews of the effectiveness of community agencies and coordination with LHD</li> </ul>
2. Agreements between LHD and external agencies for evaluation are in place	1	
3. LHD provides consultation and technical assistance on program implementation and evaluation of prevention services provides by other community agencies	3	
4. LHD evaluates the accessibility, quality, and effectiveness of personal health services	2	

5. LHD assures that a systematic process for assessing consumer and community satisfaction with external agency services is in place.	1	to improve service delivery
6. LHD assures that a systematic process for assessing consumer and community satisfaction with external agency services is in place.	1	

**ESSENTIAL SERVICES X: Contribute to and apply the evidence base of public health**

STANDARD X a. When researchers approach the LHD to engage in research activities that benefit the health of the community,

- i. Identify appropriate populations, geographic areas, and partners;
- ii. Work with them to actively involve the community in all phases of research;
- iii. Provide data and expertise to support research; and,
- iv. Facilitate their efforts to share research findings with the community, governing bodies, and policymakers.

**FOCUS: PARTICIPATE IN RESEARCH ACTIVITIES**

Operational Definition Indicators	Score	Illustrative Evidence
1. LHD has access to the resources to participate in research (e.g., data and expertise)	1	<ul style="list-style-type: none"> <li>▪ LHD policy on data sharing</li> <li>▪ Participation in public health surveys</li> <li>▪ Collecting data that can be used in research (e.g. West Nile data)</li> <li>▪ Relationship with a university, where available, such as meeting notes, agendas etc.</li> </ul>
2. LHD has policies which endorse participatory research and ensuring the rights of participants in local public health research programs.	0	
3. LHD partners with academic/research institutions of higher education that are interested in conducting public health research. (e.g., provide data, content expertise)	2	
4. LHD proposes public health issues for research agendas, as appropriate.	2	
5. LHD convenes community members and key community partners, as appropriate, to identify opportunities for community participatory research that would benefit the community	2	

STANDARD X- B Share results of research, program evaluations, and best practices with other public health practitioners and

academics

**FOCUS: DISSEMINATE RESEARCH FINDINGS**

Operational Definition Indicators	Score	Illustrative Evidence
1. LHD has access to expertise to evaluate current research and participate in research dissemination activities	1	<ul style="list-style-type: none"><li>▪ Presentations at community groups</li><li>▪ Annual reports to Board of Health on basic evaluation of programs, target groups, reach into the population at risk</li><li>▪ Documentation of LHD communication of best practices with other public health practitioners</li><li>▪ Documentation of consultations with other agencies on effective public health practices</li></ul>
1. LHD disseminates research findings to public health colleagues	2	
2. LHD disseminates research findings to the community, partners and policy makers.	3	
3. LHD provides expertise, based upon research into innovative solutions, to elected officials and community organizations involved in developing and analyzing public policy and in planning implementation of population-based strategies.	4	

STANDARD X-C Apply evidence-based programs and best practices where possible

**FOCUS: APPLY RESEARCH RESULTS IN LHD ACTIVITIES**

Operational Definition Indicators	Score	Illustrative Evidence
1. LHD has access to expertise to evaluate current research and participate in research translation activities.	3	<ul style="list-style-type: none"><li>▪ Inventory of intervention strategies by source (e.g. evidence-based approaches and/or best practices from grants, CDC's Guide to Community Preventive Services, Guide to Clinical Preventive Services, etc.)</li><li>▪ Meeting notes documenting participation a Best Practices Committee</li></ul>
2. LHD seeks information about applicable evidence-based programs before implementing interventions	4	
3. LHD evaluates research efforts for applicability in practice	4	

4. LHD implements, on a priority basis, newly developed and innovative strategies, methodologies, programs, and projects, which have been demonstrated to be effective in improving public health.	3	<ul style="list-style-type: none"> <li>▪ Program/policy examples from LHD that are based on best practices (e.g. State-determined best practice)</li> <li>▪ Written summary or protocol of how LHD evaluates research for applicability to practice</li> </ul>
5. LHD provides technical assistance to external organizations in applying relevant research results.	1	

**XI. SIGNATURE OF LOCAL PUBLIC HEALTH AUTHORITY REPRESENTATIVE**

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

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 Local Public Health Authority                      County                      Date

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