

**Yamhill County Public Health Annual Plan**  
**2013-2014 update**  
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## I. Executive Summary

Yamhill County Public Health (YCPH) remains committed to the vision and mission of Yamhill County Health and Human Services.

### **Vision:**

We are committed to supporting safety, wellness and dignity for all.

### **Our Mission is to Follow These Principles in All We Do:**

- Communicate clearly and openly
- Continuously focus on, assess and monitor individual, family, organizational and community needs
- Advocate for, develop and provide quality programs and services
- Creatively work to assist systems to join with us in working toward our vision
- Dedicate ourselves to the highest standard in stewardship of all resources
- Promote the least restrictive environment that is safe and healthy
- Encourage the highest level of functioning in our clients and ourselves
- Promote teamwork and trust
- Foster a work environment where employees are: valued, well trained, supported and professional
- Continually improve

Community partnerships and collaboration are an essential component in achieving desired goals and outcomes for the programs and services provided by YCPH. This year we will be focused on readying our division for Public Health Accreditation. A key component in the work directed toward accreditation is collaboration. We have engaged key stakeholders as we complete the development of the Community Needs Assessment (CHA), the Community Health Improvement Plan (CHIP) and the Strategic Plan for YCPH which are the three requirements that must be met prior to applying for accreditation. Also important to note is YCPH will play a significant role in assisting the Yamhill County Care Organization (YCCO) as they embark on the creation of their own CHA and CHIP.

Another significant component toward accreditation readiness is the implementation of a Quality Improvement process across the division. Managers and supervisors will work with line staff to identify processes within the division that need improving. In order to facilitate this process YCPH has been able to hire a temporary employee whose main focus will be to create a Performance Management System that incorporates the Strategic Plan and the Quality Improvement Plan that will be utilized throughout all YCPH programs.

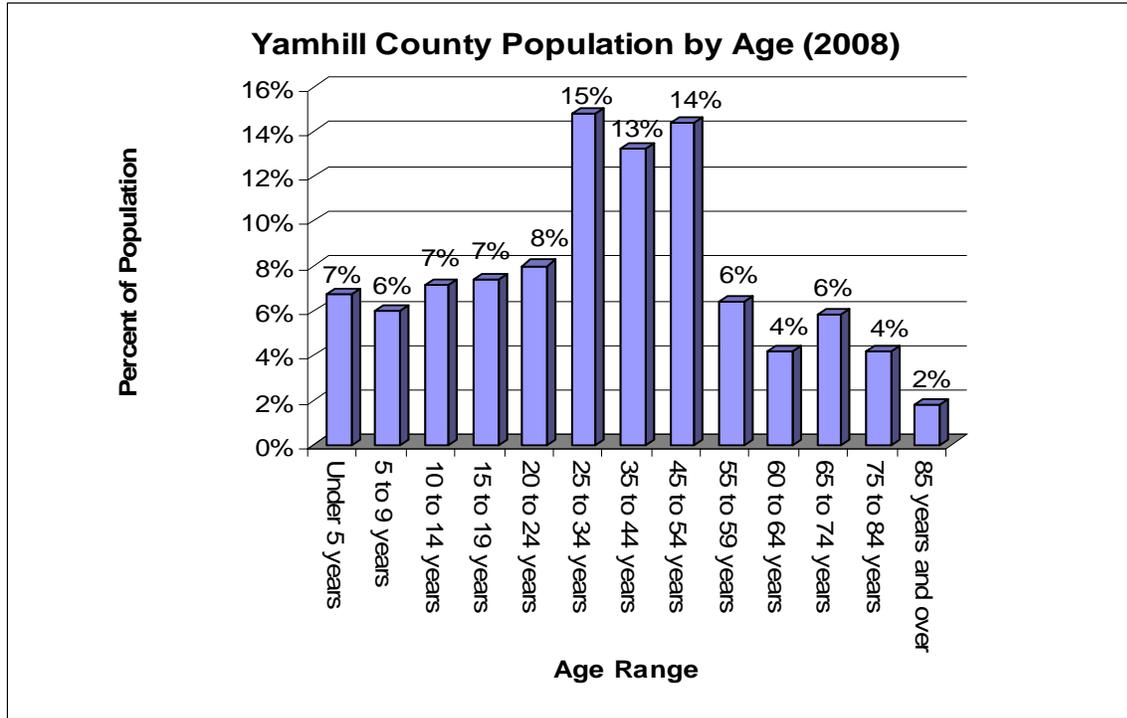
Yamhill County Public Health is a leader in healthcare transformation in the State of Oregon. In October 2012 Yamhill County Care Organization was fully certified by the Oregon Health Authority and began implementation on November 1, 2012. YC HHS Director, Silas Halloran-Steiner, has been appointed the Chair of the Board of YCCO. YCPH has representation on the YCCO Board, Clinical Advisory Panel (CAP) and Community Advisory Council (CAC) by the Director, Health Officer, Nursing Programs Manager and Community Health Manager. In the current economic climate YCPH has been proactive in seeking funds in the form of grants to assist in supporting our programs financially. As program funding continues to decrease the

demand for services has steadily increased, more families now require assistance in seeking appropriate care. Our staff works hard to make sure families know of other local service providers and connect their clients to the food bank, housing, food stamp program and Medicaid services when eligible. Several of our staff are engaged with community service integration groups in order to provide communication between YCPH and service organizations.

## II. Assessment

### 1. Public Health Issues and Needs in Yamhill County

Basic Demographic Information and Public Health Indicators:

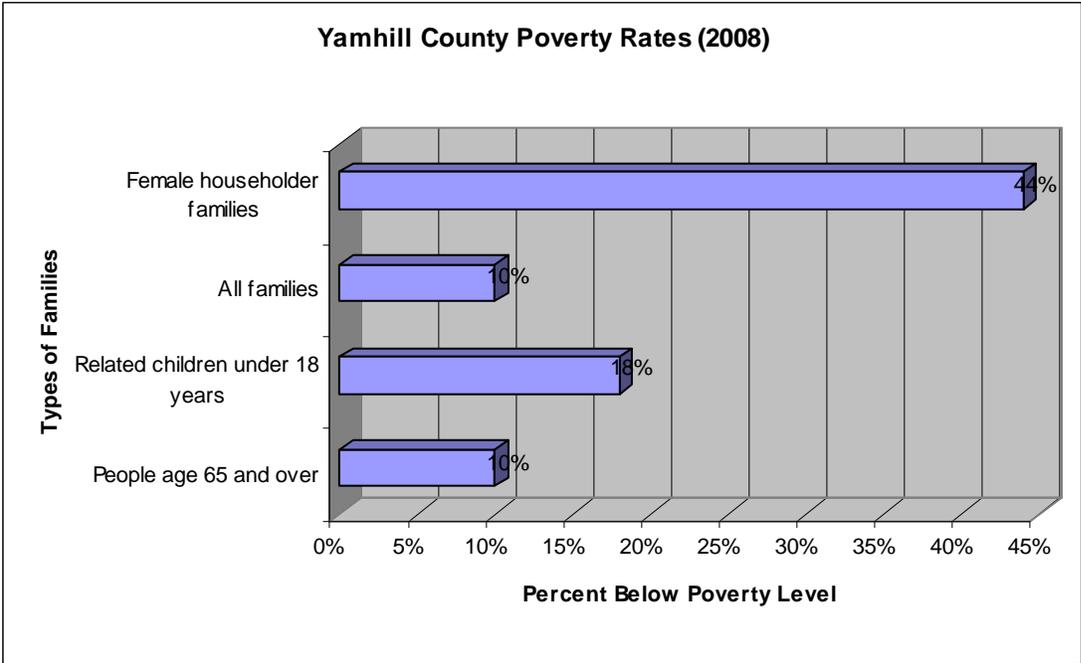
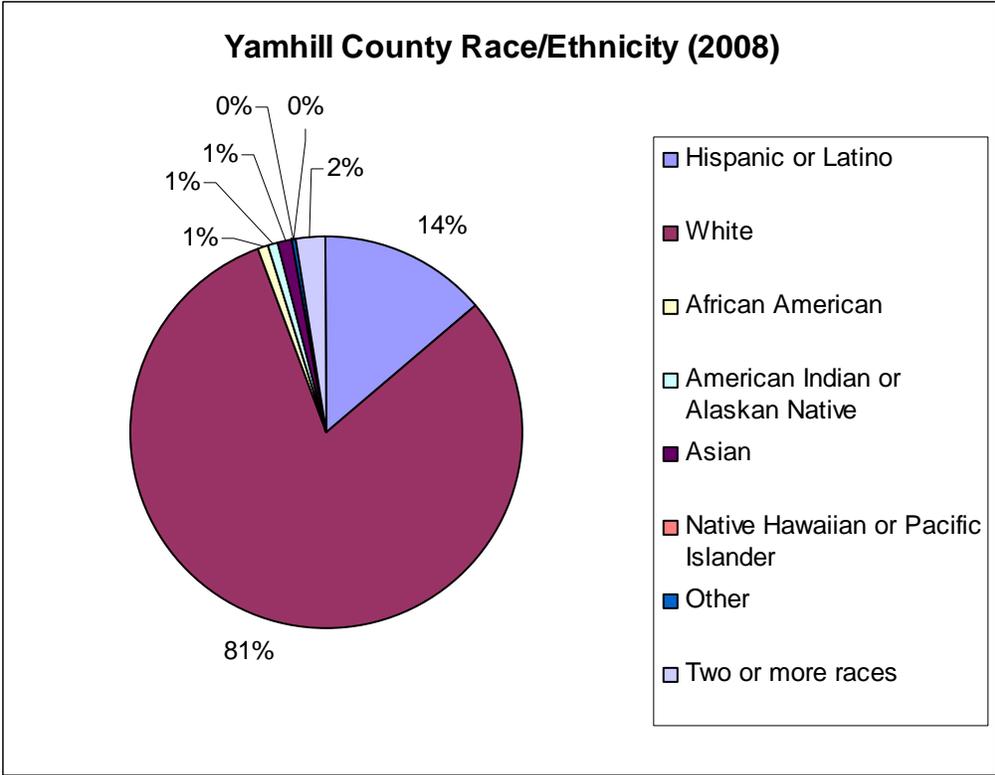


Percent female – 49.3

Percent male – 50.7

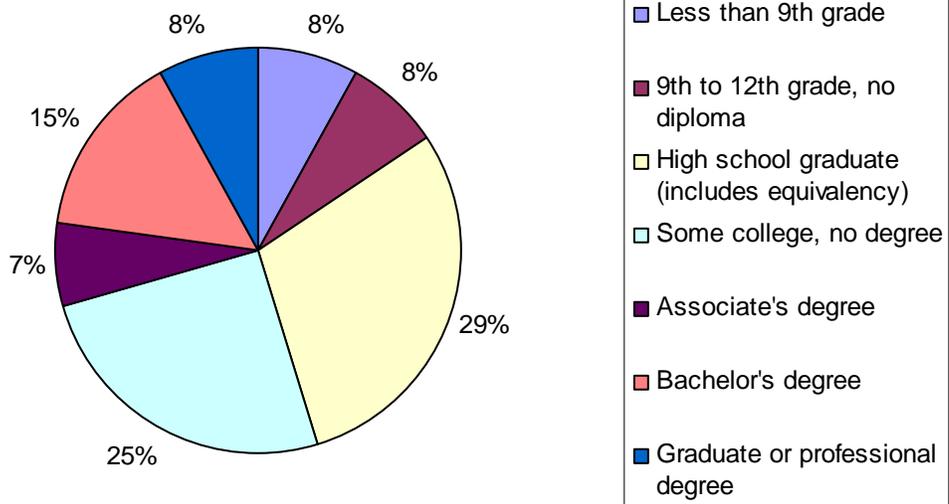
Average household size – 2.78

Average family size – 3.23

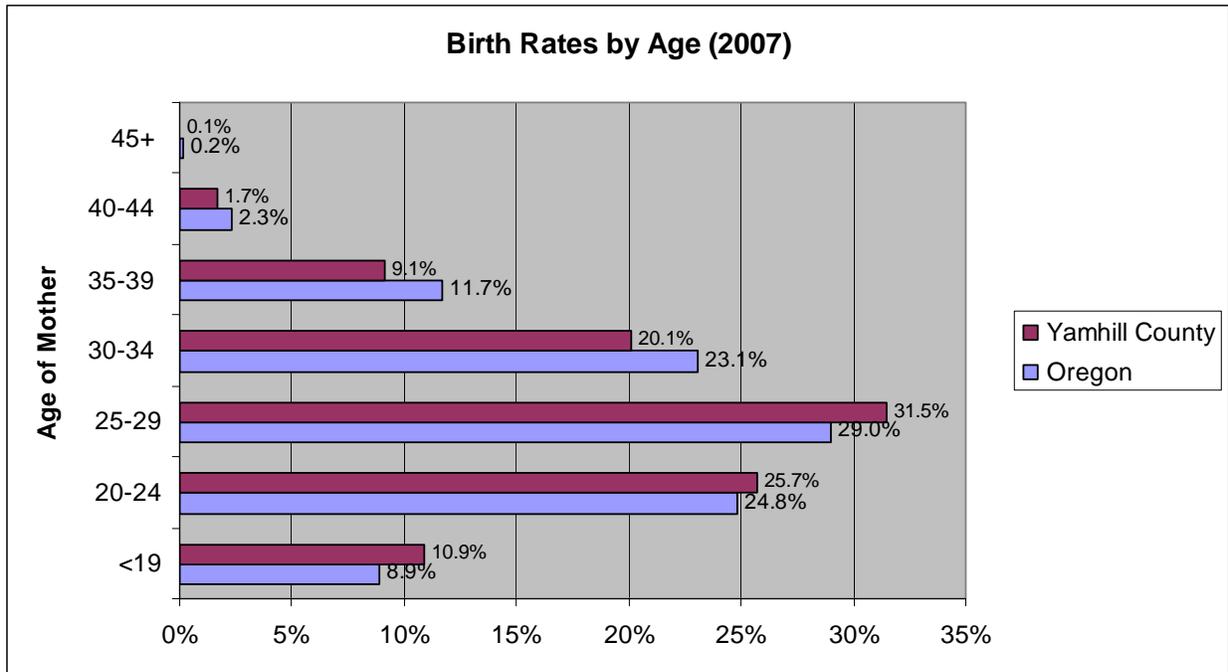


Percent unemployed – 7.9

### Educational Attainment 25 yrs and over(2007)



Maternal and Child Health:



Low Birth Weight Rate:

Yamhill County – 54.7/1,000 births

Oregon – 61.0/1,000 births

Teen Pregnancy Rate:

Yamhill County:

10-17 years old – 9.7/1,000 females

15-19 years old – 54.3/1,000 females

Oregon:

10-17 years old – 10.1/1,000 females

15-19 years old – 50.1/1,000 females

Maternal Risk Factors (Percent of births with risk factors (Yamhill County):

Inadequate care – 4.3

Minority race/ethnicity – 26.1

Age < 18 years – 2.8

Age > 35 years – 10.9

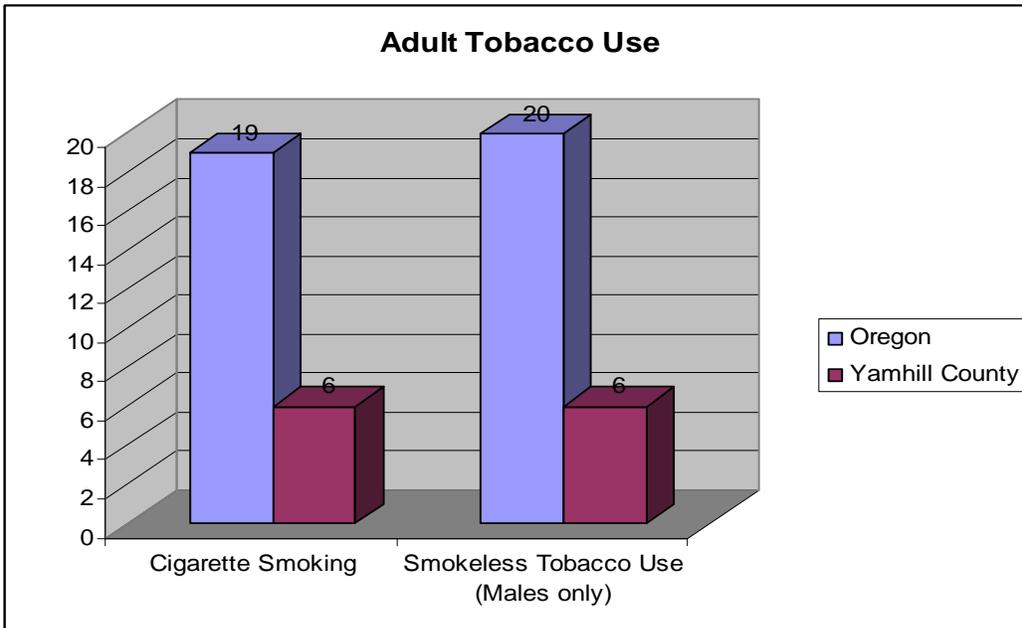
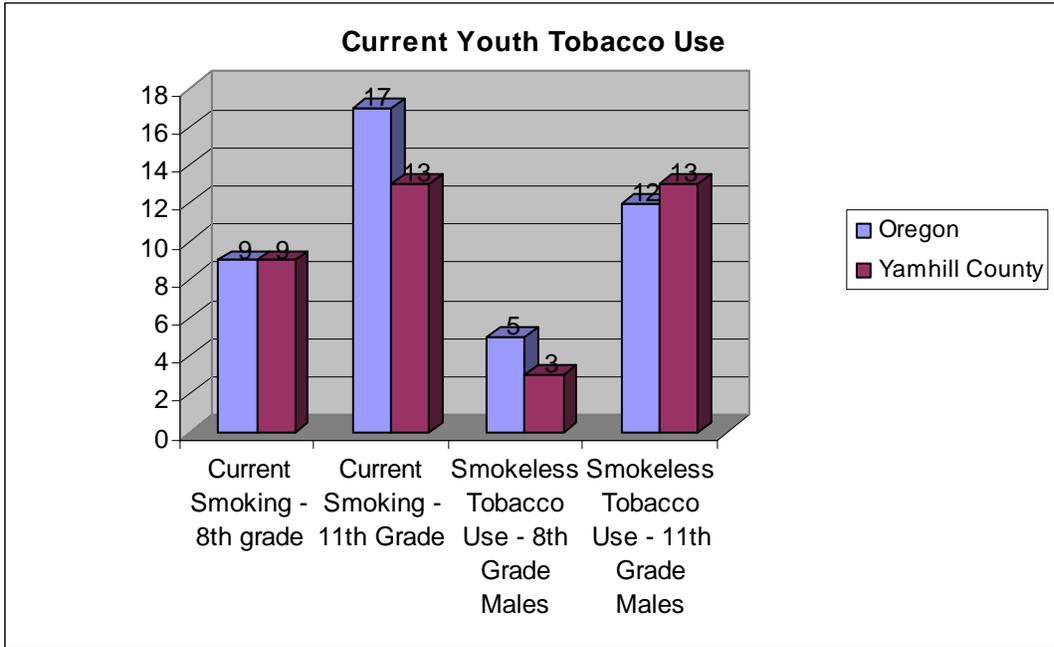
4+ live births – 11.4

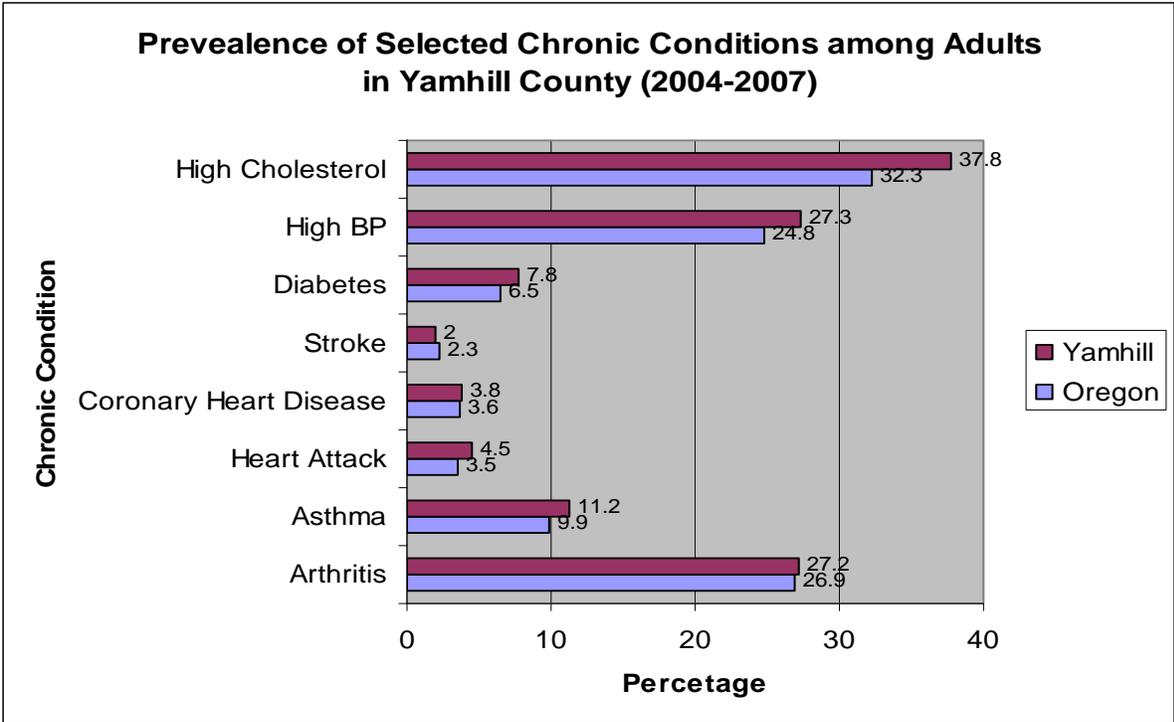
< 12 years education – 20.7

Unmarried – 35.5

Tobacco use – 11.8

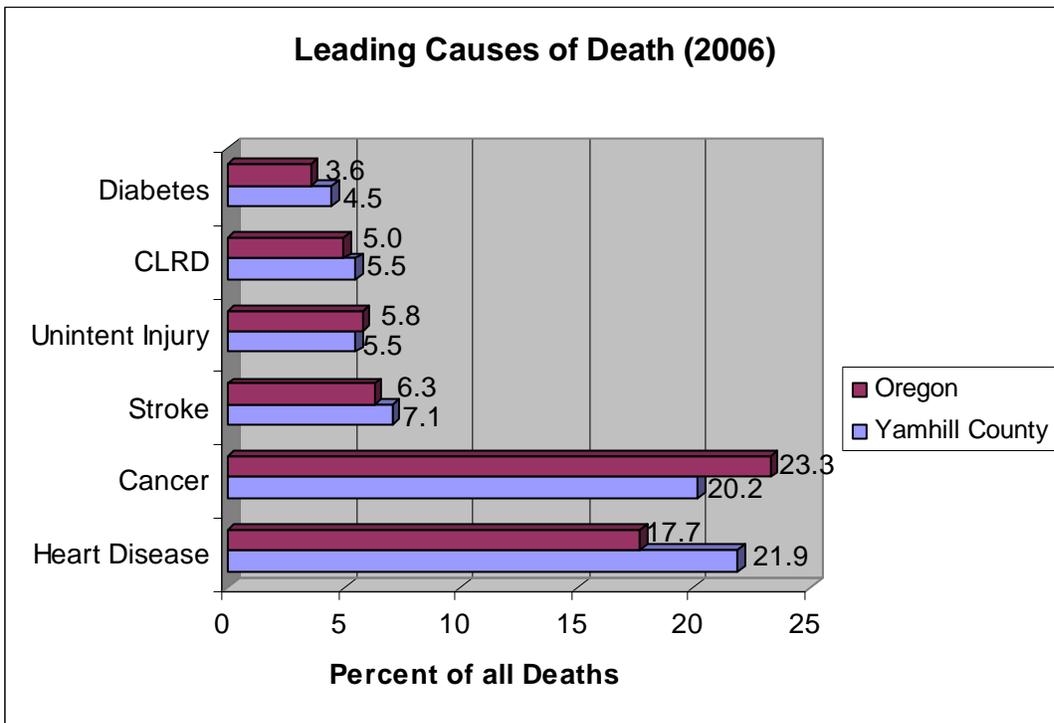
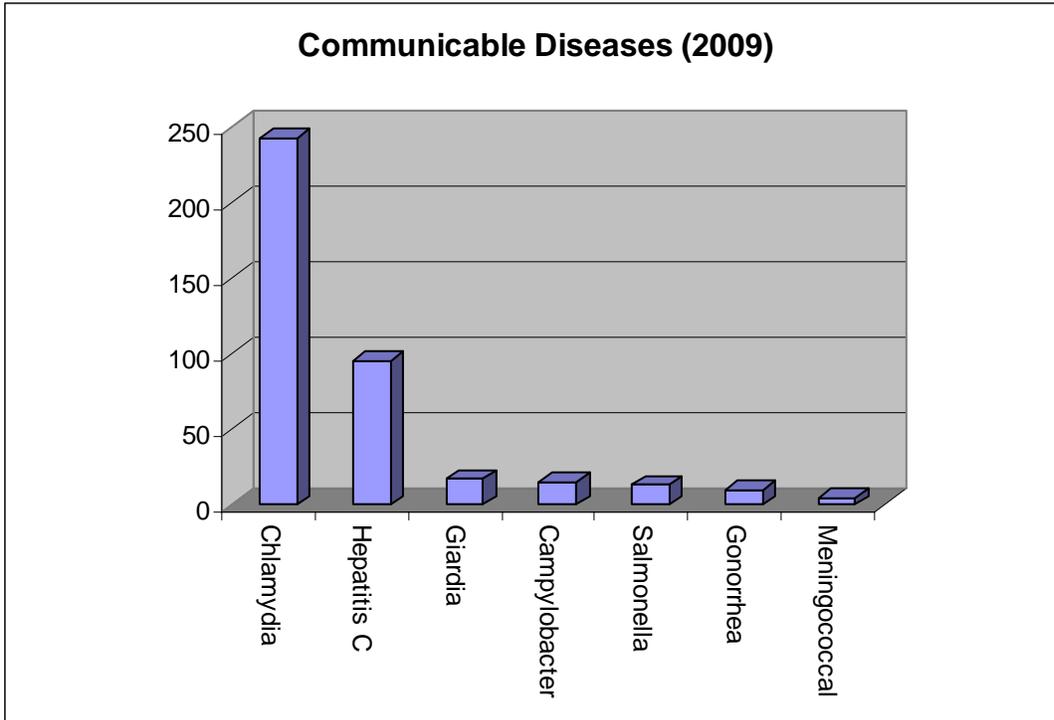
Health Behaviors:





	Recommended amount of fruits or vegetables.	Recommended amount of physical activity.	Overweight or at risk of being overweight
8 <sup>th</sup> graders	24%	61.8%	29.2%
11 <sup>th</sup> graders	16.8%	55.9%	28.1%
Adults	24%	56%	62.2%

Morbidity & Mortality:



## **Adequacy of Local Public Health Services**

Yamhill County Public Health attempts to incorporate the ten Essential Services of Public Health into daily practices. The Essential Services provide a working definition of public health and a guiding framework for the responsibilities of local public health systems by describing the activities that should be undertaken in all communities.

The following section includes a description of how YCPH is addressing each of the essential functions and future plans to address the function.

### *1. Monitor health status to identify and solve community health problems.*

YCPH reviews available data to identify areas of deficiency, promise and improvement through various sources of information include Oregon's Health Statistics Center, US. Census data, and local program data.

YCPH does collaborate with other healthcare providers in the area to share data and/or health indicators. Healthcare providers also use the State immunization registry.

YCPH is working in conjunction with YCCO to implement Crimson, a data collection system, in an effort to obtain a community-wide health data. Currently there are multiple electronic health record systems in use throughout the County and YCCO is leading the charge to implement this system to assist in data collection and reporting for use by all YCCO agencies.

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

A successful partnership at YCPH is the reporting of communicable diseases from healthcare providers, residential facilities and schools. Systems have been established for rapid reporting from labs and healthcare providers to a central 24/7 number at Public Health. In turn, Communicable Disease staff work with Environmental Health Specialists and Public Health Preparedness staff to respond to potential outbreaks and other significant health threats. In addition, successful partnerships with area healthcare providers and schools have developed a means of rapid reporting of active disease surveillance on an as-needed basis. This is accomplished primarily through fax notification of providers and via phone and email from schools.

YCPH enlists the services of the Oregon State Public Health Lab and Quest Diagnostics for screening and diagnosis of diseases.

### *3. Inform, educate, and empower people about health issues.*

Community members and partnering agencies have access to health materials in the resource room at YCPH, through our website, and at other community locations. YCPH does respond to requests for information including referrals to services provided by other agencies. Currently, health education programs at YCPH include tobacco prevention and education and disaster preparedness. While health education does occur through almost all programs at public health, the educational component is often on an individual basis. We do work with community partners to promote health, although partnerships are often limited to available time from other agencies. Barriers to promoting healthy lifestyles include limited staff time and resources available,

especially for health topics that are not directly funded of which the following programs have been suspended due to funding cuts: chronic disease prevention education (Healthy Communities) and HIV/AIDS education.

*4. Mobilize community partnerships and action to identify and solve health problems.*

There are many community partnerships with which YCPH programs work to better the health of the community. These partners include universities and community colleges, non-profit organizations, businesses, faith-based organizations, elected officials, schools, city and county departments and individuals. The development of the CHIP brings all these agencies to the table to work on policy level solutions to the community's health problems.

*5. Develop policies and plans that support individual and community health efforts.*

One of the overarching goals of Public Health in general is to develop policies that guide healthy behaviors. This has been a difficult area for YCPH to accomplish. Policy work involves activism and working with local officials to establish laws. Public Health staff must walk a fine line between expanding public health practices and lobbying. YCPH has worked with businesses, schools and local officials to encourage adoption of policies such as smokefree worksites, tobacco-free schools, and school wellness policies. YCPH staff continue collaborating with community partners working on similar topics who may be better able to undertake policy change.

*6. Enforce laws and regulations that protect health and ensure safety.*

Current YCPH programs enforce statewide and federal laws such as Oregon's Smokefree Workplace Law, school immunizations, and tobacco free school environment. Environmental Health Services (EHS) conducts numerous inspections to enforce restaurant regulations, safe operation of bed & breakfasts, temporary and mobile food units and other establishments.

In addition, the Tobacco Prevention & Education Program partners with Substance Abuse Prevention to provide education and training for local retailers on the sale of alcohol and tobacco to minors. EHS provides a Food Manager class to restaurant operators. YCPH has taken steps to educate local law enforcement and judges to isolation and quarantine procedures in the event that a communicable disease needs containment.

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

An area that YCPH excels at is referring clients and the public to other services. A barrier to such referrals is limited access to healthcare in many of our communities, and the fact that many other services are overwhelmed with similar requests. YCPH works with service providers to help ensure efficiency and that people most at risk are able to receive services. Our Health Officer strives to educate healthcare providers and seeks to overcome barriers of access to healthcare. Maternal Child Health staff work with other agencies to coordinate services for parents, and encourages parents to follow-through with services. In 2012 YCPH received continued funding for the Oral Health Coalition to identify and begin working toward specific objectives. Those activities include multiple stakeholder input, action and resources.

*8. Assure competent public and personal health care workforce.*

YCPH participates in various opportunities to support and encourage high school and college students to enter into health-related fields. This includes presenting to health occupation classes and providing internships and clinical rotations for students. In addition, we work closely with area colleges to offer specific internships and clinical rotations for students in the field of public health nursing and health promotion.

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

YCPH has begun to include process and program quality improvement and outcomes measures in the work being done. For example, chart reviews are completed by the Nursing Programs Manager to ensure quality, complete and timely chart notes and follow up. Oral Health has developed an evaluation plan with measurable goals and objectives for the work the coalition will be doing this year. The clinic programs, such as communicable disease and reproductive health have reviewed and updated policies and standing orders as part of a continued quality assurance effort.

The Healthy Start program is assessed through an outside evaluator who establishes Quality of Service, and the clients complete a survey based on their experience in the program. Some programs have ongoing evaluation of trainings and presentations. Program and project evaluation occurs in TPEP by analyzing trends in tobacco usage among target populations and data that represents specific program objectives. This is accomplished through data such as Oregon Healthy Teens, Behavioral Risk Factor Surveillance and process data. Similar data sources are used to show trends in other programs although services provided by YCPH cannot be directly correlated to such data. YCPH is ready to implement a patient satisfaction survey to evaluate our service internally.

*10. Research for new insights and innovative solutions to health problems.*

YCPH relies on existing healthcare systems such as the Oregon State Public Health, Centers for Disease Control & Prevention and national organizations to perform epidemiological and health policy analyses and conduct health systems research. Staff receive articles from professional publications and health-related publications although time is a major barrier to reading and utilizing such information. Public Health programs follow best practices whenever possible; although when time and funding allows, staff explore innovative and promising practices.

YCPH has routine team meetings for assessment and accreditation. We are collaborating with partner agencies that may have a partial assessment previously completed so we do not have to repeat the same work previously done. We have agreements in place to provide comprehensive data to our partners when the assessment work is complete.

### **3. Provision of Basic Services**

#### **a. Epidemiology and control of preventable diseases and disorders**

Yamhill County Public Health carries out all required communicable disease activities. We continue to provide STD prevention, testing and treatment services and contact tracing, directly and in collaboration with other local healthcare providers. YCPH continues to provide walk-in STD testing and treatment. Other clinic services include HIV counseling and testing, travel immunizations and consultation, immunizations for children and adults (utilizing state-supplied and local vaccine), epidemiologic investigation and follow-up of reportable communicable diseases and conditions, and consultation and advice regarding suspected communicable diseases.

YCPH lost funding this year for the Healthy Communities/Chronic Disease program as well as the HIV Education and Prevention program. Work around Chronic Diseases is done in conjunction with the Tobacco Prevention and Education program; however it is quite limited in scope. The Community Health Manager works with the YCCO to ensure complete pathways for clients with chronic illness, as well as any other co-existing condition, such as addictions or mental health.

#### b. Parent and child health services, including family planning clinics as described in ORS 435.205

Public Health continues to increase efforts to serve as an entry point to a variety of services for parents and children. A multidisciplinary and multicultural team is involved in the intake process which may also involve home visitors from other agencies. Services offered directly by Public Health include Babies First, Healthy Start, CaCoon and Maternity Case Management (MCM). Reproductive Health has continued with an outreach and education component to reduce unintended pregnancies throughout the county. The program is also working on creating new avenues for people to receive services such as offering them in one of our local high schools and our correctional facility.

Healthy Start continues to increase collaboration with prenatal referral sources which has resulted in an increase in prenatal referrals. A statewide grant called Reading for Healthy Families has been implemented in order to increase early literacy and facilitate parent involvement early on with their children's literacy. This school year YCPH's two school based health centers were contracted to other organizations to provide the onsite delivery of the program. However, YCPH is and will continue to be a very involved with the providers and advisory committees.

#### c. Collection and reporting of health statistics

Yamhill County Public Health's (YCPH) Vital Statistics program adheres to the law of compulsory registration of births (ORS 432.206) and the compulsory filing of death certificates (ORS 432.307).

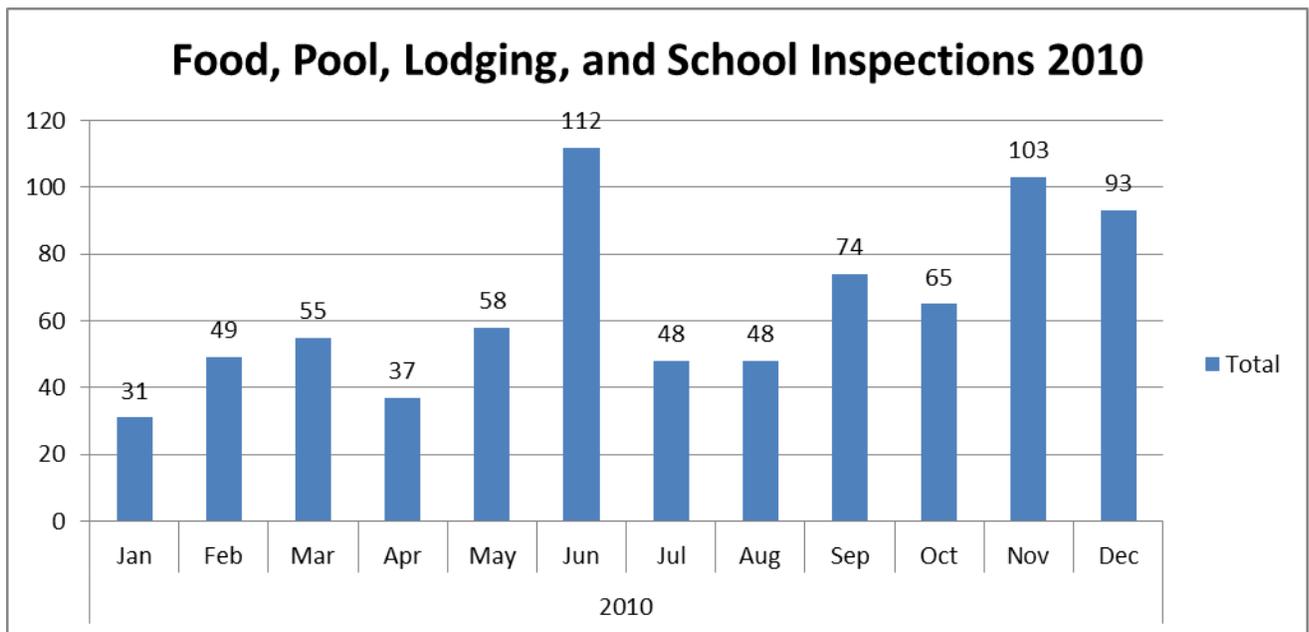
#### d. Health information and referral services

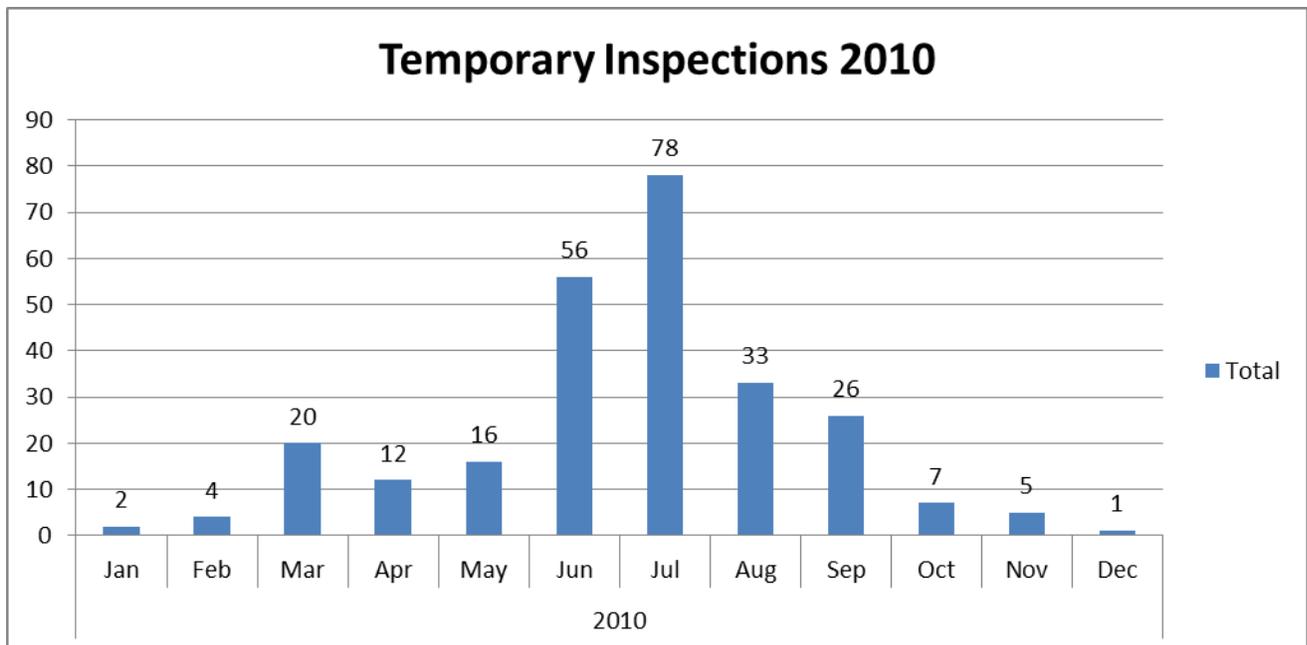
Information and referral is an activity that takes place in all programs and locations in which public health staff are assigned. Individuals with questions receive prompt and pertinent answers if possible, or are referred to appropriate sources. Broader attempts are made to reach large population groups and targeted populations in the health education programs. Information is provided to other community agencies about our services, and to the general public on the Yamhill County Public Health website at <http://hhs.co.yamhill.or.us/hhs-ph> as well as the Health Information Line at 503-474-4968 or 554-7888.

During the 2012-13 school year the health promotion/prevention team has engaged students by providing mentoring around student led health initiatives in several of the local high schools.

e. Environmental health services

Yamhill County Public Health performs all of the required inspection and licensing functions for food service facilities, tourist accommodations, and public pools and spas.





Yamhill County Environmental Health Staff collaborate with Lane County for the provision of on-line Food handler Certification, and offer on-site food handler training for people with limited access to computer technology through classes held off site and at a Kiosk in the Yamhill County Public Health building lobby.

School kitchens and day care facilities are inspected on a contract basis in collaboration with the Oregon Department of Education and the Oregon Child Care Division. All information regarding the inspections and activities performed by Yamhill County Environmental Health is provided to the general public on environmental health issues as requested.

The safe drinking water program is another service provided by Yamhill County Environmental Health. As requested, YCPH Environmental health assists with the DEQ programs that are located within the Yamhill County Planning Department.

#### 4. Provision of Additional Services

##### Public Health Preparedness:

Yamhill County Emergency Management, Yamhill County Public Health and other Fire, Law Enforcement and first responder agencies, such as hospitals, funeral services, public health, local government, volunteer organizations and other interested parties, meet monthly to ensure collaborative planning and response to any disaster that may affect our community. The group has completed a current Threat Assessment Survey and is working to update county wide response and recovery plans. While participating in this group YCPH is also involved on a regional level to plan for and respond to large scale disaster events. The regional Healthcare Preparedness Coalition is made up of regional public health partners, hospitals, EMS, fire and rescue, law enforcement and other organizations that make a regional response possible. These

committees maintain a focus on emergency preparedness and response through communication, education and collaboration.

YCPH continues to conduct and participate in exercises in collaboration with multiple county agencies and response partners. Plans and procedures are reviewed and revised as appropriate. Close collaboration between local emergency management, hospitals and YCPH continues to be a mainstay this year with new staff from these stakeholders' agencies. A focus on all-hazards planning, preparing and training remains.

#### **Dental:**

In 2011, YCPH received a grant to build an oral health coalition, perform a needs assessment around oral health issues, and develop a strategic plan that identifies solutions to the issues identified in the oral health assessment. In 2012 continued funding was received and the coalition is moving forward with multiple agencies such as the Yamhill County Dental Society, Love, INC and Virginia Garcia Memorial Health Center to provide access to oral health services to those most in need. The two hospital emergency departments also send representatives to the coalition meeting as well so they can be a partner in improving access to oral health services and lessen the burden and cost associated with patient visits to the emergency department.

#### **Health Education and Health Promotion:**

Health Education at Yamhill County Public Health includes a combination of programs focused on prevention of unhealthy and risky behaviors in the community. Health Educators review data and information about the community's health and participate in program planning efforts with community partners. Funded health education efforts include tobacco prevention, Public Health continues to maintain a website <http://hhs.co.yamhill.or.us/hhs-ph> for the purpose of public education and awareness as well as an information line for special events or urgent information, 503-474-4968. Moving substance abuse and gambling prevention to Public Health has allowed the County's prevention efforts to be fully integrated.

#### **Nutrition:**

Nutrition education and assessment services are provided to all clients being seen by public health nurses in the home visiting programs. The School-Based Health Center can also address nutrition education needs. General information to the public and other agencies is also available, especially for early childcare centers, schools and outreach programs.

#### **Older Adult Health:**

Services to older adults primarily consist of health information and referral, given as they inquire about health resources and services. Public Health also provides influenza and pneumonia vaccines to older populations. Travel shot clinic is the third identifiable area that serves the elderly population. YCPH has helped to coordinate Living Well with Chronic Diseases classes; three in McMinnville, one in Newberg and one in Sheridan. These classes were made available due in large part to the collaborative effort of agencies within Yamhill County as well as through the help of regional network partners that serve elderly populations.

#### **Primary Health Care:**

Primary care is provided by Yamhill County Public Health for all Willamina and Yamhill-Carlton district students through the two contracted School-Based Health Centers. At the main clinic, primary health care triage, assessment and referral to health care providers in the community may take place occasionally.

**Lab Services:**

Yamhill County Public Health has CLIA (Clinical Laboratory Improvement Amendments) certification through CMS (Center for Medicare and Medicaid Services) to serve as a PPM laboratory, with the primary facility at Public Health in McMinnville, and the other lab in our Newberg clinic. Our local Public Health Officer serves as the Laboratory Director for all sites. Specimens are collected and sent to the Oregon State Public Health Laboratory and to a contracted reference lab.

### **III. Action Plan**

#### **A. Epidemiology and control of preventable diseases and disorders**

##### **Preventable Diseases**

*Current Condition:*

The Yamhill County Public Health Communicable Disease program investigated about 340 reports of communicable diseases in 2011. Sexually transmitted diseases continue to be the most prevalent diseases reported in Yamhill County. Outbreak investigation and follow up is also a priority. CD nurses investigated 10 outbreaks in 2011, with the majority of those due to Norovirus. The most frequently reported diseases in Yamhill County in 2011 in order were Chlamydia, Hepatitis C, Campylobacter, Giardia, Salmonella, Pertussis and Gonorrhea.

The Yamhill County Communicable Disease program is also responsible for tuberculosis (TB) evaluation, treatment of latent tuberculosis infection (LTBI) and investigation and treatment of Active TB disease. Each year an average of 1 new case of active TB is reported in Yamhill County. In 2011 there were 18 people treated at the health department for latent tuberculosis infection (LTBI), which consists of completing a 9 month treatment regimen.

Communicable Disease nurses have regular and ongoing communication with local Infection Control Practitioners and continue to improve communication with local providers and partnering agencies. Representatives from the Communicable Disease team attend the annual Oregon Epidemiologist's Conference to integrate new information into current practice. Health Prevention and promotion staff partner with Juvenile Detention and our local County Jail to provide sexually transmitted disease education.

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

Yamhill County gives all healthcare providers and emergency responders a means for contacting public health staff 24-hours a day, 7 days per week. Public Health has the ability for enhanced communication with providers when necessary through the utilization of a blast fax. Yamhill County follows Oregon Investigative Guidelines for investigating and controlling communicable diseases. The Investigative Guidelines are also used to implement control measures for reportable diseases as well as consultation with the Local Health Officer.

YCPH continues to utilize ORPHEUS as well as the Oregon State Public Health Labs electronic data base.

*Objective:* Provide effective communicable disease case management services including surveillance, case finding, and prevention activities related to reportable communicable diseases.

*Goals:*

- Continue to utilize and integrate ORPHEUS into daily Communicable Disease practice for disease surveillance and monitoring
- Continue to ensure communicable disease testing for clients seeking disease screening related to STD, TB, Hepatitis, HIV and other reportable communicable diseases
- Continue to implement a quality assurance system for communicable disease program including areas involving direct clinical services, workforce training, and client education
- Increase access to testing services by offering STD testing and treatment at our Newberg office
- Make walk-in appointments available to clients at all times during business hours

*Activities:*

- All Communicable Disease program registered nurses and related designated staff will continue to utilize ORPHEUS for disease reporting with all required reportable communicable disease data being entered according to reporting requirements and expand utilization to include generating local disease report statistics to guide public health initiatives and outreach
- Continue to enhance outreach and prevention activities regarding sexually transmitted diseases, TB, and HIV to improve access to testing
- Provide education and STD testing to people at Juvenile Detention and the County Jail.
- Continue to enhance quality assurance and chart review processes for clients seen at YCPH and satellite clinics
- Continue to assess, develop and promote workforce training in areas of communicable disease for program staff including support for attendance of annual OR-Epi conference and essential State trainings related to STD, TB and HIV with an emphasis on cross-training for clinic staff
- Maintain reviewed and approved client educational materials and resources that are up-to-date to reflect the most current information regarding communicable disease

*Evaluation:*

- All required reportable diseases are reported to the state in a manner that meets or exceeds program requirements and timelines for disease reporting and follow-up. Data is reviewed by Nurse Manager
- Public Health clinic participates in the Region X Infertility Prevention Project and Oregon Hepatitis C Screening Pilot Project
- Clinic staff shall conduct periodic peer chart reviews of clients receiving face-to-face client services with a minimum of 10% of charts in each program area reviewed
- At least one designated CD nurse will attend the OR-Epi conference
- All staff performing CTRS activities will receive HIV CTRS training
- Employee training needs will be assessed annually by the Public Health Nurse Manager

- Continue development of the material review process shall include all printed materials, websites and social networking sites

## **Tobacco Prevention**

*Current Condition/Problem Statement:*

*NOTE: Please refer also to the comprehensive Yamhill County Tobacco Prevention and Education plan submitted to the State of Oregon DHS PH TPEP program.*

Data on tobacco use among youth comes from the Yamhill County Tobacco Facts Sheet, Oregon Department of Human Services, and Oregon Public Health Division, of which county data is compiled for the year 2011. Annually 179 people died from tobacco related use (23 percent of all deaths in Yamhill County). In Oregon 19% of adults (14,164) are current smokers and among youth, 9% of 8<sup>th</sup> graders and 17% of 11<sup>th</sup> graders smoke cigarettes.

Tobacco use among pregnant women in Yamhill County is 12% which is the same as the State of Oregon average. In 2009, over \$32 million is spent for tobacco related illnesses and over \$29 million in productivity is lost due to tobacco related deaths. Yamhill County currently has limited tobacco cessation resources.

While tobacco use remains the number one preventable cause of death according to the Centers for Disease Control and Prevention, the rate of use continues to drop across the state and in Yamhill County. According to the Oregon Healthy Teens Survey, from 1996 to 2009, statewide smoking rates have decreased 54% among 8<sup>th</sup> graders and 46% among 11<sup>th</sup> graders. Statewide adult smoking rates have decrease 26% since 1996. While county level smoking rates mirror the statewide rates, more work still needs to be done in rural communities such as Amity, Sheridan and Willamina.

Although prevention efforts have been focused on the smoking of tobacco, more work needs to take place to reduce the initiation of smokeless tobacco use in Yamhill County. The use of chew among males has increased in the past couple of years. This may be a reflection on the ease with which chewing can be done more discretely than smoking. This drug still remains more prevalent among males than females and shows significant increases during the high school years. In addition to smokeless tobacco, youth hookah smoking has increased rapidly during the short time that it has been monitored. From 2008 to 2009, hookah use increased significantly for both 8<sup>th</sup> grade and 11<sup>th</sup> grade students, especially among females. In 2007-08, 3% of 8<sup>th</sup> graders and 5% of 11<sup>th</sup> graders in Yamhill County reported smoking a hookah within the last 30 days.

A trend that's becoming more prominent is the number of teen smokers who are trying to quit. This demonstrates that youth are becoming addicted and not just engaging in recreational use. According to the 2010 Student Wellness Survey conducted by the Addictions and Mental Health Division, of the 15% of 8<sup>th</sup> graders who have smoked in the past year, over 45% of them have tried to quit. Many of them are succeeding, as only 9% are current smokers. Likewise, of the 25% of 11<sup>th</sup> graders who have smoked in the past year, 59% have also tried to quit in the past year.

Of the 14,164 adults who smoke, approximately 3,323 suffer from a serious illness caused by tobacco use. The percent of adult smokers continues to decrease as a reported 18.5% of county adults are current users. Adult smokers are making attempts to quit; from 2006-2009, 58% of adult smokers stopped smoking for a t least one day in an attempt to quit.

Exposure to secondhand smoke is known to cause many health, developmental and behavioral problems in youth and adults. According to 8<sup>th</sup> graders and 11<sup>th</sup> graders in the county, 8% of them live in a house where someone smokes inside. The message of “go outside for your kids” is reaching more people but much more still needs to be done. In addition, parents are sharing their opinion of smoking with their youth. Almost all, 97% of 8<sup>th</sup> graders and 94% of 11<sup>th</sup> graders, report that their parents feel it would be wrong for them to smoke cigarettes.

According to the state’s Tobacco Prevention & Education Program, 87% of Yamhill County residents say that people should be protected from secondhand smoke. Currently, Oregon’s Smokefree Workplace Law requires almost all indoor workplaces to be smokefree, which protects employees and visitors from secondhand smoke.

Yamhill County Public Health tobacco prevention program is connected and works closely with the Healthy Communities (formerly the Tobacco Related and Other Chronic Disease- TROCD) program. Yamhill County Public Health has two Master level Health Educators staffing these positions.

*Goals:*

Yamhill County Tobacco Prevention and Education Program’s Best Practice Objective’s are:

- Solidify infrastructure for self management programs and tobacco cessation
- Gain momentum for tobacco free and healthy worksites
- Continue to monitor and implement the indoor clean air act
- Increase smoke free multi unit housing
- Provide assistance for creating tobacco free outdoor venues and events

Yamhill County Public Health goals align with the Oregon Statewide Tobacco Control Plan working to:

- Eliminate exposure to second hand smoke
- Prevent the initiation of tobacco use by youth
- Increase access to cessation resources for adults and youth
- Eliminate disparities in tobacco use, and
- Develop the infrastructure for tobacco use prevention

*Activities:*

TPEP works to provide ongoing infrastructure and policy to reduce tobacco use, exposure to second hand smoke, and promote healthy living.

- TPEP provides technical assistance for community partners to implement tobacco free policies and healthy worksites
- Provide community outreach and education for tobacco cessation and self management programs for Yamhill County
- Education and enforcement of national, state and local tobacco laws and ordinances
- TPEP provides technical assistance for schools, universities, community colleges, hospitals, medical clinics and health systems in implementing tobacco free campuses, tobacco cessation and self management programs

*Evaluation:*

Measures include:

- Number of meetings per year and number of attendees
- Number of complaints of indoor clean air act
- Number of outdoor areas that are smoke free and/or tobacco free
- Number of multi-unit housing units that are smoke free
- Number of workplaces that are smoke free and/or tobacco free
- Number of hospitals and health systems that are tobacco free
- Number of Health Forums conducted

## **Chronic Disease Prevention**

*Current Condition/Problem Statement:*

*Yamhill County no longer receives funding for Chronic Disease Prevention, however, TPEP does incorporate some healthy communities work as it aligns with the TPEP work plan. Unfortunately there is a not a dedicated source of funding to provide more staff time in this area.*

Chronic Disease is an ever-growing cause of concern in Public Health in terms of reducing the burden of disease and reducing or delaying the incidence. In 2008, Yamhill County Public Health began participation in the Tobacco-Related and Other Chronic Disease program offered by State of Oregon Public Health (now called Healthy Communities). Through this process, a Community Assessment was completed using primary and secondary data. The assessment has been posted on the Yamhill County Commission on Children and Families website;

[http://www.co.yamhill.or.us/ccf/index.asp?sel=comp\\_plan](http://www.co.yamhill.or.us/ccf/index.asp?sel=comp_plan).

In the past few years the rates of chronic conditions among adults in Yamhill County has continued to rise. Data shows that 37.8% of adults in Yamhill County live with high blood cholesterol, 27.2% have arthritis, 27.3% have high blood pressure, 11.2% deal with asthma and 7.8% live with diabetes. The prevalence of chronic diseases related to lack of physical activity and poor nutrition is expected to continue to rise across the population. The consequences of these high rates are reflected in the leading causes of death in Yamhill County. Of all deaths in the county in 2006, 59.2% were from chronic conditions, a rate higher than the State's 56.7%.

Chronic diseases are no longer an issue that only the adult population must deal with. According to the 2007-2008 Oregon Healthy Teens Survey (OHT), 17.3% of 8<sup>th</sup> graders in Yamhill County have been diagnosed with asthma compared to the state average of 17%; and about 9.5% report still living with asthma. It should be noted that these numbers are higher than the previous years

OHT survey. Among 11<sup>th</sup> graders, 21.7% reported being diagnosed with asthma in the past and 11.7% still have asthma.

In Yamhill County, less than half of 8<sup>th</sup> graders and about one-third of 11<sup>th</sup> graders reported eating breakfast every day in the past week. Sadly, almost one-fifth of 11<sup>th</sup> graders ate breakfast once or no times during the previous week. Soft drink consumption among youth has been a hot topic regarding school nutrition standards. Many schools are removing or limiting access to soda vending machines, opting to replace soda with healthier alternatives. While soda consumption is still high, fewer youth report buying soda from school. In Yamhill County, 18.5% of 8<sup>th</sup> graders reported having at least one soda a day in the past week, but 77.5% still drank at least one soda in the past week. Consumption among 11<sup>th</sup> graders is similar with 21.6% reporting having at least one soda per day in the past week and 76.5% consuming at least one soda total in the past week.

Almost 30% of 8<sup>th</sup> and 11<sup>th</sup> graders in Yamhill County are overweight or at risk of being overweight. It should be noted, however, 8<sup>th</sup> grade girls and boys had a tendency to overestimate their weight, but not by much. Almost 70% of 11<sup>th</sup> grade girls and 35% of 11<sup>th</sup> grade boys reported trying to lose weight. While the issue of overweight is a growing health concern across the nation and a factor in many preventable deaths in the US, more work also needs to be done to address body image among young teens and the risks of dieting.

*Goals:*

- Yamhill County's Tobacco Prevention and Education Program's Best Practice Objective's are:
  - Establish infrastructure for chronic disease self-management and tobacco cessation resources
  - Provide assistance for creating healthy worksites
  - Create momentum for healthy hospitals and health systems
- Yamhill County Public Health goals align with Oregon Statewide goals to:
  - Ensure optimal availability of chronic disease self-management programs, healthy food choices and physical activity opportunities
  - Create environments where there is minimal exposure to secondhand smoke, tobacco products, unhealthy foods and advertising of tobacco and unhealthy foods

*Activities:*

- Provide technical assistance to community agencies, schools, worksites and hospitals and health systems for development of policies, guidelines and healthy environments
- Provide education and outreach to community members about chronic disease self-management and tobacco cessation programs and resources

*Evaluation:*

- Number of meetings attended
- Number of agencies and community partners met with
- Number of chronic disease self-management program (CDSMP) classes offered
- Number of community members attending (CDSMP) classes

## **HIV**

### *Current Condition:*

*YCPH no longer receives funding for HIV Outreach, education and prevention. Due to the limited funding in the communicable disease program it is not possible for us to continue outreach efforts that provide education and testing off site.*

YCPH does continue to provide walk-in HIV screening and contact tracing. Data suggests there are 47 people diagnosed with HIV/AIDS who currently reside in Yamhill County. These numbers, however, may not be an accurate reflection of the current situation as few people come in for testing services. This may be due to a lack of knowledge of what puts them at risk or lack of knowledge of what services are available to those who do test positive.

### *Goals:*

Improve and maintain the health status of the citizens of Yamhill County by preventing and reducing the incidence of communicable disease through, education, counseling and testing for HIV.

- Maintain an effective quality assurance system for HIV services

### *Activities:*

- Continue to provide rapid and conventional HIV testing in the Public Health clinic
- Ensure a competent public health workforce serving clients in the YCPH clinic

### *Evaluation:*

- All MCH nurses will ensure integration of HIV information into Maternity Case Management materials
- Increase total number of HIV tests performed by YCPH
- Ongoing evaluation of effectiveness of using rapid HIV tests at clinic locations
- Continued annual mandatory confidentiality and BBP training
- Training records will be maintained

## **B. Parent and child health services, including family planning clinics as described in ORS 435.205**

### **Maternal Child Health**

#### *Current Condition:*

Public Health continues to increase efforts to serve as an entry point to a variety of services for parents and children. We have a multidisciplinary and multicultural home visiting team. Services offered directly by Public Health include Babies First, Healthy Start, CaCoon, and Maternity Case Management (MCM). YCPH is part of the County's Early Childhood Coordinating Council (ECCC), a multidisciplinary organization working together to support families with young children. Public Health is also very involved in a subcommittee of the ECCC charged with planning for upcoming changes related to the Early Learning Council.

#### *Objective:*

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, case management, advocacy and in-home services.

#### *Goals:*

- Continue to improve ongoing communication and outreach with providers responsible for referrals to YCPH programs
- Continue to decrease the percent of babies born with exposure to prenatal tobacco, alcohol and other drugs
- Continue to enhance MCM efforts to focus on prenatal education to improve health and birth outcomes; including outreach to pregnant and parenting youth
- Continue and expand coordinated process of reframing local public health home visiting programs to align with evidence based models, standardization, evaluation and statewide applicability
- Improve preconception health of woman through our reproductive health program.

#### *Activities:*

- Continue to provide ongoing information and brochures to medical providers in Yamhill County, to other referring providers and to partnering agencies; includes meeting presentations and continued collaborative discussion with referring providers
- Continue to regularly assess birth certificate data on prenatal exposure to alcohol, tobacco and other drugs (ATOD) on an ongoing basis to use in conjunction with state assessments and resources to implement best practices for teaching clients of the effects of alcohol, tobacco and other drug exposure to the unborn.
- Continue involvement in the ECCC
- Have a Maternal Child Health referral form be part of the WIC intake process
- Assess health risks for women at reproductive health intakes and as needed during family planning visits
- Nursing programs Manager to continue to be involved in the State nurse home visiting quality improvement workgroup

- Station a home visiting nurse at a local medical practice to increase coordination and expedite referrals

*Evaluation:*

- Maternal Child Health case loads in home visiting programs will increase by additional 15% by end of calendar year 2013
- By December 31, 2013 there will be a measurable reduction in babies born with exposure to prenatal tobacco, alcohol and other drug use from 11.5% to 10%
- The multidisciplinary team will meet regularly as defined by program needs to address maternal child health home visiting and implemented program changes based on health care reform

## Healthy Start

*Current Condition:*

Healthy Start continues to function with limited funds. Another statewide cut resulted in decreased staffing time which in turn resulted in a small decrease in the amount of services available for families in Yamhill County. The program continues to incorporate Parents As Teachers (PAT) into the program. A statewide grant called Reading for Healthy Families has been implemented to increase early literacy and facilitate parent involvement early on with their children's literacy. Activities include reading, talking, singing and accessing the library. Healthy Start again received funds to give new board books monthly to all families. The program continues to increase collaboration with pre-natal referral sources which has resulted in an increase in pre-natal referrals. Yamhill County Healthy Start participated in a yearly site visit in September 2011. The statewide program received its national accreditation visit in the summer of 2012 and was reaccredited.

*Goals:*

- Increase the number of screens done for Yamhill County first births

*Activities:*

- Continue to partner with referring agencies
- Increase community partners knowledge in the benefits of screening families even if they will not qualify for intensive in-home services
- Provide a follow-up memo to referring agencies and primary care providers regarding families receiving services
- Continue to partner with other home visiting programs to have the screening tool completed when they are doing home visits
- Regularly visit our two birthing centers to check in with staff and provide screening packets

*Evaluation:*

- Continue to use the Statewide Healthy Start evaluation

- Increase the number of screens by 10% over the next year

## **C. Environmental health**

### **Communicable Disease:**

The Environmental Health Specialists (EHS) work closely with the Communicable Disease Nurses to investigate possible disease outbreaks. In 2011 there were no reported food borne illness outbreaks in Yamhill County.

### **Facilities Inspected :**

Over 612 food safety inspections were performed at mobile and permanent restaurants and school kitchens in 2011, as well as 78 public pool inspections, and 48 tourist and traveler facility inspections , along with 260 temporary restaurants and 25 daycare contract inspections.

### **Safe Drinking Water:**

Yamhill County Public Health regained responsibility for the oversight of small public water systems (PWS) in the county in 2001, and is conducting sanitary surveys as assigned by the Oregon DHS Drinking Water Program. Ongoing efforts are being made to assure that PWSs are identified and classified appropriately, and are meeting the expanded EPA monitoring requirements. Large water systems remain under state jurisdiction.

### *Current Condition:*

Yamhill County Environmental Health is in compliance with essential requirements of the state contract. We are continually working to improve the program, with its steady increase of regulated facilities and water systems in 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.

While there were no active food borne outbreaks reported in Yamhill County in 2011, ongoing surveillance is continually performed.

Through an FDA grant, YCPH was able to train one of its EH Specialists to become a SERVSAFE trainer and proctor, which allows the county to offer a manager's training course for its food service operators.

Yamhill County has also acquired 4 portable hand wash stations through an FDA Grant to assist in the needs of the community regarding temporary events and locations. These hand washing stations have been borrowed by community members when hosting outdoor events. They have consistently been returned in good condition.

### *Goals:*

- Continue to provide effective and professional EH services by optimizing use of available resources and technology, and to improve public and industry education and communication
- Improve consistency of recheck inspections for food service establishments
- Maintain expected levels of inspection frequency for licensed facilities
- Provide Food Manager classes

*Activities:*

- Ensure state Drinking Water contract is fulfilled
- Maintain risk-based inspection protocol, with routine menu consultations incorporated for appropriate high risk facilities

*Evaluation:*

- Assure that 95% of all required water samples are taken by all water systems
- Assure that all drinking water alerts are addressed with-in 24 hours of notification
- Assure that all small public water systems scores are below 10 points

## **D. Health statistics**

The Vital Records department continues to issue death and birth certificates for six months after the event to those eligible and with current identification. All records are kept confidential and, along with the security paper the certificates are printed on, are kept stored in locked cabinets in a locked area. The majority of certificates are issued from the Center of Health Statistics (CHS) vital records system called OVERS (Oregon Vital Events Registration System). Only trained staff in the Vital Records department issue certificates. YCPH has two deputy registrars. Yamhill County Public Health (YCPH) continues to assist with vital record amendments and corrections per state regulations. YCPH does paternity affidavits; whereby a video is shown that explains to the biological parent their parental rights and responsibilities. The vital records department provides Notary services, at no charge, for individuals requesting changes or corrections to records, including paternity affidavits.

The YCPH Vital Records department provides services to other Yamhill County agencies. The list of deaths in the county is sent to the County Clerk on a weekly basis (ORS 247.570) for voter registration removal. . Additionally, a free Veteran's Copy is sent to the Veteran's department for any veteran who died in Yamhill County. Yamhill County has two Medical Examiners who create their own monthly ME call schedule. As their liaison, YCPH sends the call schedule out either by e-mail or FAX to the hospitals, law enforcement agencies, and funeral homes in Yamhill County.

The newest service the YCPH Vital Records department offers is the Biometric Enrollment system. This is used to scan the fingerprints of OVERS users to be used for digital signatures to sign birth and death certificates. Enrolled users include funeral directors, certifying physicians or hospital birth clerks with picture identification and license.

### *Goals:*

- Continue to issue certificates to customers with 100% accuracy
- Continue to enroll users in the Biometric Enrollment system so that eventually 100% of death certificates can be signed digitally and can then be generated through the OVERS system
- Assist in the correction or amendment of vital records per State Vital Records regulations

### *Activities:*

- Continue training on the OVERS systems as updates occur
- Generate birth and death certificates for customers during the first six months following the event
- Continue to receive and retain "Matters of Record", news from the Center for Health Statistics concerning Oregon County Vital Records
- Maintain up to date contact list of medical examiners
- Distribute medical examiner's monthly schedule
- Continue to enroll eligible users in the Biometric Enrollment system
- Instructions on how to obtain a birth or death certificate is available in English and Spanish

### *Evaluation:*

- Compare Vital Records revenue to previous years, to see how much YCPH has increased the number of clients purchasing birth certificates

## **E. Information and referral**

### *Current Condition:*

Information and referral is an activity that takes place across all programs within Yamhill County Public Health. 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.

Yamhill County has made special efforts to reach our local high schools through our Information and Referral Outreach program. This year, our health educators are promoting a Student Lead Initiative in each of our high schools. Health Educators meet with appropriate student groups to identify a project or program for use school or community-wide. Staff are available to mentor guide, and coach students as they build their program specific to their school needs. Staff provide information about various wellness topics and services available through Public Health. Referrals are provided to students as needed.

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 Centers 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.

### *Goals:*

Increase communication, collaboration and coordination within Yamhill County to improve the network of county-wide resources providing residents, workers and visitors with timely and accurate information and resources to improve their health and wellbeing.

### *Activities:*

- Help clients identify needs
- Promote community wellness
- Interview clients to identify eligibility for local, state and national resources
- Increase number of children enrolled in Oregon Healthy Kids and number of adults enrolled OHP by interviewing children and families and referring clients to appropriate organizations for OHP certification/enrollment

- Update automated phone message on health information line, blast fax, and mass emails during times of public health preparedness emergencies for getting information to the public
- Provide culturally sensitive materials
- Continue to work with high school students and faculty to increase awareness of our services

*Evaluation:*

- Number of calls received for services
- Number of referrals and connections made to services
- Number of OHP applications completed
- Number of client interviews
- Number of blast faxes, updated phone messages to health information line and mass emails sent
- Number of calls to 211
- Client demographics

## **F. Public Health Emergency Preparedness**

### *Current Condition:*

The Public Health Emergency Preparedness (PHEP) program has been through a change in the last year. The last year focused on improving the Strategic National Stockpile/Mass Prophylaxis plan with expansion into Push Partner Registry. A score of 97/100 was obtained at the Technical Assistance Review this past summer. This coming year is focusing on continuity of operations as well as enhancing relationships with community partners and building new partnerships.

As with other jurisdictions, Yamhill County has been working on a continuity of operations plan. The resources so far identified need to be coordinated with other HHS programs and countywide so as to ensure services can adequately be provided in a timely manner. These plans are also in need of being shared with all staff and tested by key decision-makers to identify areas for improvement.

Additional needs are to increase the capacity of staff to respond to outbreaks such as creating tools to help implement the incident command system, increase training and opportunities to practice.

We are in our final year of an AmeriCorps Vista volunteer working on the Medical Reserve Corp. This will further enhance the capability of YCPH to respond to health-threats by increasing surge capacity. Fourteen new members were recruited this past year. With currently 34 members, we are working toward recruiting and training members to better respond to local disasters.

Another large area of work in the coming year is with vulnerable populations. We are engaging organizations that work with vulnerable populations in order to better prepare for disaster response. This includes establishing and improving methods of communication for routine and emergency information. This year the task force has begun working on a county-wide registry for people with special needs in an emergency and working with both 911 call centers in our county. We are identifying areas for improvement in our plans and procedures to better serve the needs of vulnerable populations during an emergency.

### *Goals:*

- Maintain TAR score of at least 85
- Build surge capacity by involving trained staff in exercises
- The COOP plan will be exercised appropriately
- Recruit more agencies and conduct exercise for the Push Partner Registry

### *Activities:*

- The Preparedness Coordinator will conduct and document required drills, trainings and awareness to improve the TAR score
- The Preparedness Coordinator will revise and implement the training plan in conjunction with Emergency Management

- The Preparedness Coordinator will work with HHS administration and Emergency Management to exercise the COOP plan for Public Health
- The Preparedness Coordinator will work with CRI to conduct outreach and exercises with new PPR agencies

*Evaluation:*

- By June 2013, a TAR score of 85 will be maintained
- By June 2013, 95% of staff will participate in an exercise related to PHEP
- By June 2013 the COOP Plan will have been exercised and an after action report completed
- By June 2013, at least three PPR agencies will participate in a testing of their plans, policies or procedures

## **G. Other Issues**

### **Dental (Oral Health)**

#### *Current Condition:*

According to the 2008 Oregon Healthy Teens survey, only 66% of 8<sup>th</sup> graders in our county saw a dental professional in the past year and yet 73% have had a cavity. Among 11<sup>th</sup> graders in our county, numbers look relatively similar with only 67% that have seen a dental professional in the past year and 72% who have had a cavity.

#### *Goal:*

To evaluate the oral health needs of Yamhill County residents and create a plan to coordinate resources & providers and involve citizens to create healthier communities county-wide.

#### *Activities:*

- With the funds from the Kaiser Permanente grant, retain the Oral Health Coordinator
- Maintain a Yamhill County Oral Health Coalition
- Based upon the needs assessment develop work plans to address the top two issues identified

#### *Evaluation:*

- Establish monthly meetings of the YCOHC, attendance sign in sheets collected
- Coalition members will sign a letter of support, letters filed with Coordinator
- Needs assessment results will be shared with all stakeholders
- Workgroups will be formed to address the top two needs as described in the needs assessment.

## IV. Additional Requirements

### 1. Organizational Chart for Yamhill County Public Health

See appendix A

### 2. Description of BOH and Advisory Boards:

*Board of Health-* Pursuant to Oregon Administrative Rules 431.410, 431.412, 431.414 and 431.415 our Board of Health consists of seven members plus Yamhill County Public Health staff. The Board of Health meetings are held on a quarterly basis to advise Yamhill County Public Health on matters such as fees and program development.

*School Based Health Advisory Committees-* The Willamina and Yamhill-Carlton School Based Health Center Advisory Committees provide guidance, support, and recommendations in the provision of health care at the School Based Health Centers and help facilitate communication about clinic services within the community. While the SBHC services have been contracted to other organizations this year, YCPH still continues to be involved in the advisory committees.

*Reproductive Health Information and Education Advisory Board (YRAPP) -* Assist family planning programs by reviewing the agency's educational materials and participate in the program to help ensure it offers appropriate, effective and evidence-based client materials with broad community appeal.

*Early Childhood Coordinating Council-* The role of the advisory committee is strictly advisory. The council stays informed about Healthy Start and Commission on Children and Families issues and reports, reviews and gives feedback on programmatic subjects such as the cultural competency review and other program evaluations and plans. Representatives on this council include

- Healthy Start
- Early Intervention
- Commission on Children and Families
- McMinnville School District
- Newberg School District
- Lutheran Community Services
- Reading for All
- Head Start
- Catholic Community Services
- Chehalem Youth & family Services
- McMinnville Library
- WIC

3. Separate from a BOH, Board of Commissioners, the Local Public Health Authority or other similar elected body, is there a Public Health Advisory Board? If so, briefly describe this PHAB and its activities. *Not at this time.*

4. Under separate cover you may receive a letter about your last triennial review. If needed, use this section to describe how you will improve your compliance. *Not needed.*

Statement regarding Senate Bill 555 coordination:

In Yamhill County, the local public health authority is held by the Board of Commissioners (BOC) with the Board of Health functioning in an advisory role. The Board of Commissioners has fiscal and administrative responsibility for the local Commission on Children and Families (CCF). In 2011 the BOC removed the CCF director position and moved the CCF under the direction of the Health and Human Services Department. The HHS Director provides direct oversight to the programs and staff of the CCF.

## V. Unmet needs

The list of unmet needs within Yamhill County came from the Yamhill County Commission on Children and Families Comprehensive Plans list of identified “community Issues.” These issues were identified from analysis of existing plans, reviewing needs assessments from various groups, analyzing the social economic profiles of each community, reviewing the pressures on families that community forum members identified and looking at available data sources. It was also influenced by a planning discussion held by the Early Childhood Coordinating Council and the Juvenile Crime Prevention Planning Group. While this list is has not been prioritized by any review group, it is listed in order of how many times it came up in the overall review.

- Lack of access to physical and mental health services/OHP coverage issues
- Continuing prevention efforts
- Lack of safe and affordable housing
- Drug and alcohol use by kids and adults
- Lack of consistent assessment and collaborative planning across the community - improving the continuum (increased communication, collaboration and coordination among agencies)
- Limited public transportation and transport for seniors and persons with special needs
- Limited child care slot availability, high cost
- Limited family and teen parent supportive services
- Workforce issues – limited availability of family wage jobs
- Sharing of information about services and supports is lacking
- Educational success: 3rd math, 8th grade reading, readiness to learn
- Limited resources addressing child abuse and neglect, and limited treatment
- Lack of resources and support for homeless youth, children, families and single men
- Lack of community mobilization and spirit of inclusiveness
- Resources for addressing childhood poverty
- Lack of employment opportunities for kids
- Lack of prescription medical assistance for all
- More bi-lingual and bi-cultural services
- Difficulties recruiting and retaining qualified bilingual and bicultural providers
- Lack of transitional housing for offenders/treatment/mental health respite

## **VI. Budge**

The Yamhill County budget is available on the web at:

<http://www.co.yamhill.or.us/commissioners/ADOPTED1213.pdf>

## VII. Minimum Standards

Agencies are **required** to complete this section.

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

### Organization

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

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

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

### **Control of Communicable Diseases**

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

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

### **Environmental Health**

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

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

### **Health Education and Health Promotion**

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

69. Yes  No  The health department provides leadership in developing community partnerships to provide health education and health promotion resources for the community.
70. Yes  No  Local health department supports healthy behaviors among employees.
71. Yes  No  Local health department supports continued education and training of staff to provide effective health education.
72. Yes  No  All health department facilities are smoke free.

### **Nutrition**

73. Yes  No  Local health department reviews population data to promote appropriate nutritional services.
74. The following health department programs include an assessment of nutritional status:
- a. Yes  No  WIC
  - b. Yes  No  Family Planning
  - c. Yes  No  Parent and Child Health
  - d. Yes  No  Older Adult Health
  - e. Yes  No  Corrections Health
75. Yes  No  Clients identified at nutritional risk are provided with or referred for appropriate interventions.
76. Yes  No  Culturally and linguistically appropriate nutritional education and promotion materials and methods are integrated within programs.
77. Yes  No  Local health department supports continuing education and training of staff to provide effective nutritional education.

### **Older Adult Health**

78. Yes  No  Health department provides or refers to services that promote detecting chronic diseases and preventing their complications.
79. Yes  No  A mechanism exists for intervening where there is reported elder abuse or neglect.
80. Yes  No  Health department maintains a current list of resources and refers for medical care, mental health, transportation, nutritional services, financial services, rehabilitation services, social services, and substance abuse services.

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

### **Parent and Child Health**

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

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

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

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

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

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

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

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

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

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

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

### **Primary Health Care**

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

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

### **Cultural Competency**

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

## Health Department Personnel Qualifications

### Local health department Health Administrator minimum qualifications:

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

Answer the following questions:

Administrator name: Silas Halloran-Steiner

Does the Administrator have a Bachelor degree? Yes  No

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

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

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

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

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

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

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

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

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

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

AND

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

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

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

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

OR

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

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

- d. Yes  No  **The local health department Health Officer meets minimum qualifications:**

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

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

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

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

Silas Halloran-Steiner  
Local Public Health Authority , Yamhill County

December 21, 2012  
Date

Silas Halloran-Steiner  
Director  
Health & Human Services

CCF Director Duties

Dr. William Koenig  
Health Officer  
(Clinical Function, alt  
PIO)

Lindsey Manfrin  
PH Nurse Manager  
(Mgr II, alt PIO)

Primary Supervisor

Leon Whiting  
Administrative Office  
Specialist

Secondary Supervisor

Bonnie Corns  
Community Health Mgr  
(Mgr II, PIO)

Paul Kushner  
HHS Administrative  
Manger IV

Primary Clinical  
Programs

Family Planning

Communicable  
Diseases & Travel

Immunizations

All Home Visiting  
Programs (MCH)

Deputy Registrar

General Clerical &  
Billing Support

PH Core (Support)  
Staff Team  
Supervisor

Registrar Functions

Environmental Health

Dental

Emergency  
Preparedness (HAN &  
PIO)

Health Promotion &  
Prevention

Margaret Jarmer  
HHS Business Manager  
I

Business Services  
Rosa Duran, Billing  
Tara Geelan, AP  
Janae Cisneros, Data  
Mark Rodgers, RT  
Terry Malay, Contracts

Adult HHS Behavioral  
Health Living Well &  
Tobacco Cessation

Maternity Case  
Management

Babies First

Healthy Start

Cacoon

HHS Family & Youth  
Health Promotion:  
PCIT, David Cano

TROC/TPEP & HIV  
Prevention

A&D and Gambling &  
(SE 70 & 80)

School-based Info &  
Referral