

Yamhill County Public Health
Annual Plan
2009-2010

Yamhill County Public Health Annual Plan for Fiscal Year 2009-10

Submitted date:
By :

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Approved by:
Yamhill County Board of Health and
Yamhill County Board of Commissioners



1st Quarter Review by: _____ Date: _____
Public Health Manager

2nd Quarter Review by: _____ Date: _____
Public Health Manager

3rd Quarter Review by: _____ Date: _____
Public Health Manager

4th Quarter Review by: _____ Date: _____
Public Health Manager

**Yamhill County Public Health Annual Plan
2009-2010
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**YAMHILL COUNTY PUBLIC HEALTH ANNUAL PLAN
2009-2010**

I. EXECUTIVE SUMMARY

Yamhill County Public Health's Annual Plan for 2009-2010 reflects improvements over the past year. Overall we continue to fulfill the requirements of the basic public health services required by state law.

Even though we implement new databases and increasingly use technology to gather data, state resources for compiling data have become more limited. For local health data we rely on the Center for Health Statistics, which often times does not have the resources necessary to provide countywide data. A continued need is to better inform ourselves of the health of our community. Much of the data in the assessment portion of this plan reflects 2005.

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. This past year we have faced the implementation of new programs such as Family Planning, Post-Partum Depression and Chronic Disease. In addition, the School-Based Health Center is providing limited primary care to the community. Currently, our resources are dwindling as with the rest of the nation while we attempt to maintain our essential staffing in the areas of communicable disease control, family and child health, and environmental health.

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 2009-10.

II. ASSESSMENT

Description of the Public Health Issues and Needs in Yamhill County

Demographics:

The 2007 population estimate by the Population Research Center for Yamhill County is 93,085. The distribution of population across ages is shown in Table 1. Our age distribution is similar to the state of Oregon. The county experienced 9.5% growth from 2000-07, same as state of Oregon. Net migration is larger than natural increase.

According to Census 2000 data, the largest growing subgroup of our population is in the Hispanic group, with over 10% of residents listed as Hispanic or Latino, (80% of those being of Mexican decent). This was a 118% increase within the last decade. Dayton, Amity and McMinnville are about 14% Hispanic.

Table 1. Percent of Population by Age Category, July 1, 2007, Population Research Center.

Population by Age	Total	%
Under 5	6,003	6.4%
Under 18	22,263	24%
18-24	10,588	11.4%
25-44	26,132	28%
45-64	23,830	25.6%
65+	10,273	11%

Less than 2% of residents are of Asian descent (Japanese, Chinese and Korean), about 1% are Black or African American, and just a few are Native Hawaiian and Other Pacific Islander. According to Census 2000 data, among the 18 languages spoken in Yamhill County homes Spanish is spoken by 9% of our population as well as small amounts of German, French, Chinese and Japanese.

The average household size is 2.78, while among Hispanic households that number increases to 4.4. While not everyone lives in a dwelling, (homeless, jail, etc.) about 30% rent their housing. Almost a quarter of all families with children in Yamhill County are single-parent households. The median family income for 2006 was \$47,805. This implies a wide span of income, and may include a large number of “working poor” younger families. As evidence of this, 42% of public school children are eligible to receive free/reduced price lunches. In addition, 5840 children received food stamps. Yamhill County is facing a shortage of healthcare providers, especially pediatricians. As evidenced in Table 2 below, almost a quarter of county residents are eligible for Medicare or Medicaid.

Table 2. Total enrolled in Oregon Health Plan/Medicare Managed Care, August 2008, Office for Oregon Health Policy & Research:

Program	Yamhill Co.	Oregon
Medicare Aged	11,488	468,444
Medicare Disabled	1,778	77,960
Total Medicare	13,266	547,344
OHP/Medicaid/CHIP Eligible	9,694	386,662
Total Medicare/Medicaid Eligible	22, 960 (24.6%)	

There were 1,391 births in Yamhill County for 2007, and at least 785 deaths. *Data on major causes of the 785 deaths in 2007 was not available at the time of this report.* Results from the 782 deaths in 2005 included cancer (27%), heart disease (19%), stroke (6%), chronic lower respiratory disease (5.6%), accidents (5.4%), diabetes (3.3%), flu and pneumonia (3%), and suicide (1.6%). The percentage of deaths related to tobacco in 2005 was 21.9%, slightly below the state average of 22.4%.

The majority of the county population resides in McMinnville (33%) and Newberg (22%), which is also where the majority of services are located. There is a great need to provide services and community education to the rural areas, especially among lower income populations. The division and lack of integration of outlying populations into existing resources may be due partially to the limited mass transportation provided within the county. Transportation has improved, but primarily in the larger population areas.

Births:

In Yamhill County, 1,391 babies were born in 2007. This includes 11% or 151 babies born to women age 19 or younger. Last year, many babies were born with what is considered a maternal risk factor. These babies don't have the best start in life and may have health or behavioral problems now or in the future. These risk factors include not receiving adequate prenatal care; being born to a mom under the age of 18; born to mothers with less than a high school education; born to unwed mothers; and being were exposed to drugs through their mom during pregnancy.

Table 3. Percent of Births with Maternal Risk Factor, 2007, Oregon Vital Statistics.

	Inadequate care	Age <18	<12 years Education	Unmarried	Tobacco Use
Yamhill (1,391)	4.3%	2.8%	20.7%	35.5%	11.8%
Oregon (49,373)	6.4%	2.6%	19.9%	35.1%	11.7%

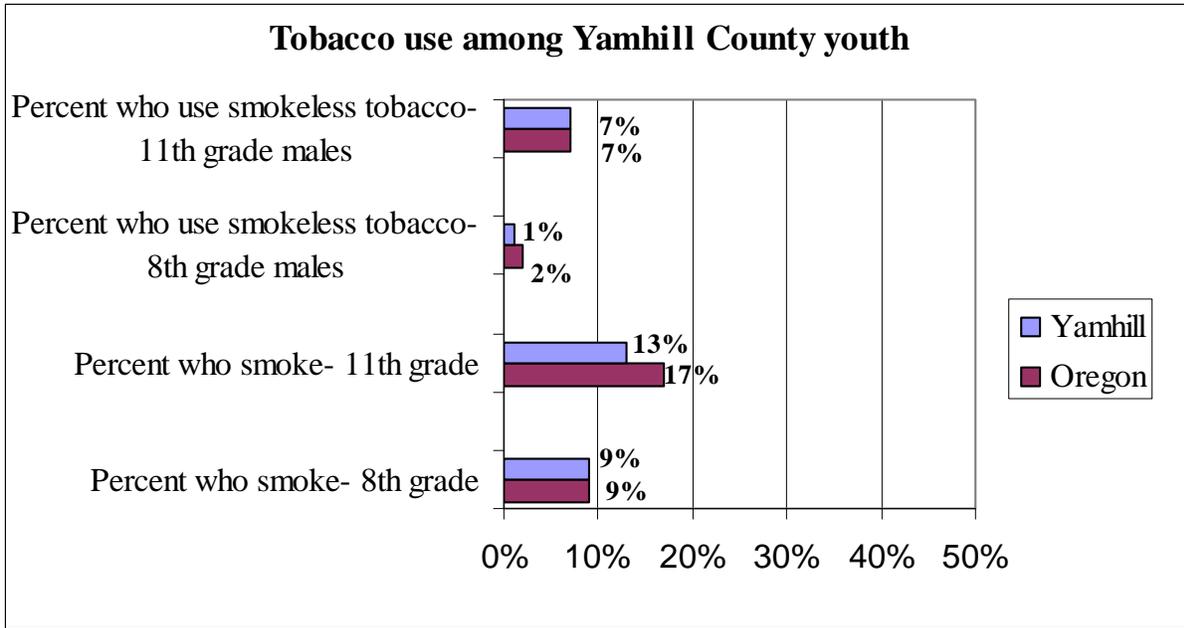
The percent of low-birth weight babies born in 2007 has increased slightly from the previous years to 5.4% of all births, we know that these 79 babies will require more care and services in the future. Prenatal care during the first trimester has held steady at 82% of pregnant mothers in 2007, higher than the state average of 78%. We're still along way from the State's 2010 target of 90% of infants receiving prenatal care beginning in the first trimester. Mothers of 4.3% of the babies born did not receive adequate prenatal care, this is significantly lower than the state average of 6.4%.

The rate of teen pregnancy has been steadily decreasing over the past several years. The County's teen pregnancy rate was just slightly better than the state average of 10.1% for all 10-17 year olds. The number of births to teenagers (ages 10-19) was 151 in 2007, comprising 11% of all births. The number of births has risen significantly (38% increase) from 2005. In regards to pregnancy among all age groups, teens comprise 11% (179) of pregnancies in the county, down from 13.6% in 2000, and 15% in 1994. This includes four pregnancies in girls under the age of 15 and 43 pregnancies for girls ages 15-17. In 2007, 178 pregnancies were terminated, 28 of which were to women age 19 and younger. The majority of terminated pregnancies being among 20-24 year olds.

Tobacco Use and Exposure:

Data on tobacco use among youth comes from the Oregon Healthy Teen survey, of which county data is compiled for the years of 2005-06. 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 in Yamhill County. In the past five years, rates of smoking among youth have seen drastic decreases. We now have 40% fewer 8th grader smokers and cut the rate of 11th grade smoking in half. These decreases far exceed those seen at the state level, 25% decrease in 8th grade smokers and 15% among 11th grade. More work still needs to be done in rural communities such as Amity, Sheridan and Willamina.

Although prevention efforts have been focused on smoking, more work needs to happen to reduce the initiation of smokeless tobacco use. The use of chew among males has increased in the past couple of years. Perhaps this is a reflection on the ease of which chewing can be done more discretely than smoking. This drug still remains more prevalent among males rather than females and shows significant increases during the high school years.



A trend that's becoming more prominent is the number of teen smokers who are trying to quit. This demonstrates that these youth are addicted and not just engaging in recreational use. Of the 16% of 8th graders who have smoked in the past year, over 60% of them have tried to quit. And we know that many are succeeding, as only 10% are current smokers. Likewise, of the 24% of 11th graders who have smoked in the past year, 45% tried to quit.

The percent of adult smokers continues to decrease as a reported 20% of county adults are current users. Of these 14,164 smokers, 3,323 suffer from a serious illness caused by tobacco use.

Exposure to secondhand smoke is known to cause many health, developmental and behavioral problems in youth and adults. According to 8th graders in the county, 12% of them live in a house where someone smokes inside, as well as 9% of 11th graders. 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 8th graders and 92% of 11th graders, report that their parents feel it would be wrong for them to smoke cigarettes.

According to the state's Tobacco Prevention & Education Program, 88% of Yamhill County residents say that people should be protected from secondhand smoke. In addition, an estimated 850 employees working in Yamhill County are not protected by Oregon's Smokefree Workplace Law.

Chronic Disease

Chronic Disease is an ever-growing topic in Public Health in terms of reducing the burden of disease and reducing or delaying the incidence. In 2008, Yamhill County Public Health participated in the Tobacco-Related and Other Chronic Disease Program from Oregon State

Public Health. Through this process, a Community Assessment was completed using primary and secondary data. The assessment can be obtained by contacting Public Health at bates@co.yamhill.or.us. A user-friendly version will be posted on-line fall of 2009. Self-management is a key factor in terms of educating clients and the public about asthma, diabetes, arthritis, hyperlipidemia, and heart disease. In the past few years, 35% of adults in Yamhill County report high blood cholesterol, 29% having arthritis, 22% high blood pressure, 11% asthma, and 6% with diabetes. Prevalence of chronic diseases related to lack of physical activity and poor nutrition is expected to continue to rise across the population, especially Type II diabetes among children.

According to the 2006 Oregon Healthy Teens Survey, 15.8% of 8th graders in Yamhill County have been diagnosed with asthma compared to the state average of 17%; and about 9.3% report still having asthma, these numbers are lower than last year. Among 11th graders, 20.8% report a diagnosis of asthma in the past and 12.4% still have asthma.

Table 4. Populations in Yamhill County that meet CDC Recommendations.
2005-06 Oregon Healthy Teens Survey, 2002-05 Behavioral Risk Factor Surveillance System.

	Recommended amount of fruits or vegetables.	Recommended amount of physical activity.	Overweight or at risk of being overweight
8 th graders	25%	57.8%	29.7%
11 th graders	21%	54%	29.5%
Adults	24%	56%	62.2%

In Yamhill County, less than half of 8th graders and one-third of 11th graders reported eating breakfast every day in the past week. Sadly, almost one-quarter of 11th 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 a healthier alternative. While soda consumption is still high, fewer youth report buying soda from school. In Yamhill County, 27.5% of 8th graders reported having at least one soda a day in the past week, with 87% drinking at least one soda in the past week. The 11th graders are about the same with 29% having at least one soda per day in the past week and 81% drinking at least one soda total in the past week.

On a related topic, about 30% of 8th and 11th graders are overweight or at risk of being overweight. On the perception side, 8th grade girls and boys both tended to overestimate their weight but not by much. Almost twice as many 11th grade girls overestimated their weight while 11th grade boys underestimated. Over 60% of both the 8th & 11th grade girls report 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.

Domestic Violence:

Violence is an issue that continues to be addressed by the Yamhill County Domestic Violence Task Force, which is a countywide partnership that includes public health, professionals, community members and survivors who come together on a monthly basis. The mission of the Task Force is to coordinate, implement and continually evaluate and improve the collaborative community-wide effort to address domestic violence issues, and to create a community free from all forms of domestic violence. The lead agencies for this partnership are Yamhill County Victim Assistance, Y.C. Family and Youth programs, and the Y.C. Commission on Children and Families.

Juliette's House provides a child abuse prevention program to all of the elementary schools in the county, depending on funding. Public Health also participates in the Safe Kids Fair every spring, sponsored by Juliette's House. Also of mention, Yamhill County Family & Youth operates a very active program for treatment of juvenile sex offenders operated. In Yamhill County in 2005, there were 173 confirmed youth abused or neglected. This is a rate of 7.7 victims per 1000 compared to the state average of 7.8. The number has increased from 158 the previous year.

Suicide:

This is a growing issue in our communities as many of our communities are small enough that many people know each other and are connected when a tragedy occurs. *The most recent data from Oregon's Center for Health Statistics is from 2005.* In 2005 there were 11 reported suicide attempts by minors in Yamhill County, although our rate is less than the state average. The ages were across the board including two minors age 12 or younger and six between the ages of 15-17. About 90% of attempts were among females, this also holds true statewide. Among suicide attempts by youth statewide, the most commonly reported reason is family discord (53%) followed by school-related problems (33%).

Depression seems to be a growing topic among youth, and society. Among 8th graders in our county, almost 30% of the girls report feeling depressed on at least 3 days during the week prior to the survey, while the rate is slightly less among 11th grade girls. 18% of 8th graders report feeling sad or hopeless every day for two weeks or more in a row in the past year and stopped doing usual activities. Sadly, 14% of our 8th graders and 13% of 11th graders have seriously considered attempting suicide in the past year; with attempts made by 7% of 8th graders and 6% of 11th graders.

Data for 2005 indicate that 13 suicides were carried out in Yamhill County, including three among youth age 19 and younger. The Yamhill County Suicide Prevention Council was formed in 2005 and is comprised of mental health professionals, school counselors and other educators, along with representatives of Henderson House, Linfield College and other organizations.

Alcohol and Drug Use:

Data on youth behaviors is obtained through the Oregon Healthy Teen survey, although the most recent county data is from 2005-06. Alcohol use among youth is addressed by other county

programs and by schools. According to the Oregon Healthy Teens 2006 data, the reported use of alcohol in the past 30 days by 8th graders was 29.4%, slightly less than the year before as well as the state average. For the 11th graders, 45% report current alcohol use, about the same as the state average, and 27.6% say they binge drank during the past month, just above the state average of 25%.

Alcohol is also reported as being easy for youth to obtain, 61% of 8th graders report that it would be easy for them to get alcohol if they wanted to, while 84 % of 11th graders say it would be easy. Most commonly listed places that 8th graders have obtained alcohol include: from friends over 21 (10.2%), at a party (9.6%), and from a parent with permission (9.1%). And for 11th graders: at a party (27.9%), from friends over 21 (26.2%), from friends under 21 (17.6%), and from a parent with permission (13.2%).

Alcohol is a factor in many traffic accidents resulting in injury. 4.4% of 8th graders in our county report that in the past month they drove a vehicle while drinking; 5.7% rode in a vehicle with a teenage driver who had been drinking alcohol; and 17.5% rode in a vehicle with a parent or other adult that had been drinking alcohol. For 11th graders, 10.8% report they drove a vehicle while drinking; 15.3% rode in a vehicle with a teenage driver who had been drinking alcohol and 13% rode with a parent or other adult that had been drinking alcohol.

Current marijuana use among older youth has surpassed cigarettes as a recreational drug. In the past month, 8.5% of 8th graders report having used marijuana. This is a decrease from 12% of 8th graders in 2001. Although 22.2% of 11th graders report having used marijuana in the past month, this is lower than the 26% reported in 2001. Our rate of marijuana use among 11th graders is much higher than the state average of 18.7%.

Perception of harm from substance use is a topic that can measure social norms. About 80% of 8th and 11th graders think that a person is at moderate or great risk of harming themselves if they smoke one or more packs of cigarettes a day, compared to about 55% that think having one or two alcoholic drinks every day is of moderate or great risk. Risk of harm from regular marijuana use fluctuates from 80% among 8th graders to 71% among 11th graders.

Methamphetamine use has been a topic of community forums and programs around our county and the state. While data on meth use is difficult to obtain, it seems that the drug may be more common among adults than youth. In addition, meth use among youth has declined in the past couple of years. Only 1.2% of our 8th graders and 2.7% of 11th graders report current use of methamphetamine.

Communicable Disease:

In Yamhill County, the most frequently reported communicable diseases continue to be sexually transmitted diseases, at 59% (184 cases) of all the reportable diseases in the county. In 2006 there were 174 reported cases of Chlamydia, just slightly higher than the previous year.

Among the 41% of 11th graders who report ever having sexual intercourse, 37% are currently abstinent. Within these 11th graders, 35% report not using a condom during their last sexual

intercourse, and 18% report not using a method to prevent pregnancy. In our county, 15% of 8th graders report ever having sexual intercourse and about 43% of those are currently abstinent. Among the 15% that have had sex, 40% did not use a condom during their last sexual intercourse and about 47% did not use a method to prevent pregnancy. In addition, 25% of 11th and 34% of 8th graders did not have a lesson or are not sure if they had a lesson about HIV or AIDS at school in the past year.

In 2006 there was one reported new case of AIDS, while no new HIV cases were reported. Last year there was a slight decrease in the number of HIV tests performed in the public health clinic, to 100 tests. The largest age group being tested are still the 18 to 25 year olds, followed by the 26-40 years olds. Surprisingly there were no tests conducted of youth ages 10-17. Throughout the community 158 HIV tests were performed with 62% being of low risk of HIV and 18% being males who have sex with other males (MSM).

Yamhill County 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 for bioterrorism planning and response. The seven staff members that respond to the emergency phone have been trained in communicable disease and local procedures. During a disease outbreak in the community and during flu season, active surveillance is used to collect disease information from local providers and hospitals. This is possible through the fostering of relationships and communication networks with local providers through out the community.

Environmental Health Services

The Environmental Health Specialists (EHS) work closely with the Communicable Disease Nurses to investigate possible disease outbreaks. Last year there were no major foodborne illness outbreaks in Yamhill County, although cases from two national outbreaks were confirmed in the county. Over 472 food safety inspections were performed at mobile and permanent restaurants and schools kitchens in 2008, as well as 42 public pool inspections, and 26 tourist and traveler facility 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 has achieved the goal of conducting sanitary surveys on all PWSs within the five-year cycle recommended by the state 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.

Resources:

In general, access to medical care, food, and transportation is inadequate in Yamhill County for low-income populations. Gaps in care are increasing as local non-profit agencies are unable to continue social service programs. The continuing high unemployment rate in the county adds to the problem.

Adequacy of Basic Services:

Epidemiology and Control of Preventable Diseases and Disorders:

Yamhill County carries out all required communicable disease activities. We continue to provide STD prevention and treatment services, directly and in collaboration with other local healthcare providers.

Parent and Child Health Services, including family planning clinics as described in ORS 435.205:

Beginning 7/1/08, Family Planning returned to YCPH and is offered in McMinnville and in Newberg locations. A full range of integrated parent and child health home visiting programs are provided, including Babies First, CaCoon, Maternity Case Management, and Healthy Start. The Willamina School Based Health Center serves the high school and elementary school with primary care. Middle School students are also eligible for care, but would need to be transported from Grand Ronde. Immunizations for children and adults are provided directly through the Public Health Clinic in McMinnville.

Collection and reporting of health statistics:

All births and deaths in Yamhill County are recorded according to state policy, and certified copies are made available to the public. Local data sources are being identified but not updated on a regular basis. The Oregon Child Health Information Data System, also known as ORCHIDS, provides an efficient and effective data system that delivers quality outcome data about MCH programs. Goals include improving client care, data collection to support retaining and expanding program funding that serves vulnerable MCH populations, and to support Standards of Practice. This data collection system is used for Babies First!, CaCoon and Maternity Case Management programs here in Yamhill County and was implemented in March 2009. Continued use of this data collection system will allow Yamhill County to monitor service data in order to make program decisions and improve nursing services in the home visiting programs.

The Communicable Disease program continues to use the CD Database 2000 data collection system to electronically report required reportable diseases to the State. It is limited to only Communicable Disease reports. In the coming year electronic reporting will transition to a new program called ORPHEUS. ORPHEUS is currently under development and will improve data collection and reporting practices significantly. This program maintains information on Tuberculosis, Sexually Transmitted Infections, Communicable Disease and Animal Bite Reporting in one comprehensive database.

Health information and referral services:

All programs have health information and referral activities in the context of the services provided. Some programs have health information and referral as the predominant activity in specific areas, within the prevention and 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 www.co.yamhill.or.us/ph as well as the Health Information Line at 503-474-4968 or 554-7888. Public Health also serves as an OMAP application assistance site.

Environmental health services:

Yamhill County performs all of the required inspection and licensing functions for food service facilities, tourist accommodations, and public pools and spas. In addition Certified Food Protection Manager training is provided, and staff collaborates with Chemeketa Community College for the provision of on-line Foodhandler Certification. 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, and information is provided to the general public on environmental health issues as requested. The safe drinking water program is within this cluster of services, and program staff coordinate as needed with the DEQ programs that are in the Yamhill County Planning Department.

Adequacy of additional services:**Dental:**

Dental health education is provided by public health nurses in some programs, and education and screening is available to students in the school-based health center. In prior years, the county has sponsored clinics with Northwest Medical Teams' dental van although did not in this past year. Some low-cost dental services are available in the community and serves YCPH clients upon referral. According to the 2006 Oregon Healthy Teens survey, only 65% of 8th graders in our county saw a dental professional in the past year and 76% have had a cavity. Among 11th graders in our county, the number increases to 72% that have not seen a dental professional in the past year and 72% have had a cavity.

Public Health Preparedness

In response to September 11 and the anthrax attacks of 2001, Yamhill County formed the Yamhill County Bioterrorism/Disaster Preparedness Committee in November 2001. This committee meets every other month to address how the county can better prepare and respond to bioterrorism and natural disasters. The Committee is made up of representatives from law enforcement, fire departments, EMS, county agencies, hospitals, funeral services, public health, local government, volunteer organizations and other interested parties. This committee maintains a focus on emergency preparedness through communication, education and collaboration.

YCPH continues to conduct 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.

Health Education and Health Promotion:

Health Education at Yamhill County Public Health includes a combination of funded, and unfunded programs focused on prevention of harmful behaviors in the community. A new program in the past year was Tobacco-Related and Other Chronic Diseases which allowed YCPH to focus efforts the much needed area of physical activity, nutrition and the burden of chronic disease. Family Planning also began in the past fiscal year with an outreach and education component to reduce unintended pregnancies throughout the county. We continue to provide the Tobacco Prevention & Education Program. Skilled interns have been utilized to expand outreach activities that paid staff do not have time to complete. An exciting venture has been the creation of a myspace and facebook pages for Family Planning and twitter page for YCPH. http://www.myspace.com/yamhill_family_planning

Health Educators also review data and information about the community's health and participate in program planning efforts with community partners. The last year has seen this participation increase with the initiation of a Community Health Advisory Council focused on chronic disease, as well as taskforces for tobacco prevention activities. In addition, they respond to a range of inquiries from the public, partnering organizations, and others for data, information and referrals to services. Public Health continues to maintain a website www.co.yamhill.or.us/ph for purposes of public education and awareness as well as an information line for special events or urgent information, 503-474-4968.

Lab Services:

Public Health is currently licensed by CLIA as a PPM laboratory, with the primary facility at Public Health in McMinnville, and the second lab at the school-based health center. Specimens are also collected and sent to a contracted reference lab.

Medical Examiner:

The local Medical Examiner office is administered by the County. Public Health still reviews cause-of-death data and works with other partners where necessary regarding deaths of public health significance. The ME position is shared by two community physicians. The two physicians providing medical examiner services assure that one of them is always available. To help with coordination, Public Health maintains a call schedule. The physicians' response is timely and appropriate. And they consult freely with the State Medical Examiners' office.

Nutrition:

Nutrition education and assessment services are provided to all clients being seen by public health nurses in the home visiting programs, and also to HIV case management clients. 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. This past year, YCPH participated in the Tobacco-Related and Other

Chronic Disease (TROCD) program which included the formation of a Community Health Advisory Council, completion of a community assessment and a three-year Community Action Plan. Among other topics, the effort addressed nutrition in terms of identifying barriers and opportunities in the community; assessing what services are provided by partnering agencies; and creating plans to improve access to fresh fruits and vegetables.

Older Adult Health:

Services to older adults are primarily 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 here that serves elderly. In the coming year we will coordinate Living Well with Chronic Disease classes in strong collaboration with agencies that serve elderly populations.

Primary Health Care:

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

III. ACTION PLAN

A. Epidemiology and control of preventable disease and disorders: OAR 333-014-0050 (2) (a) and ORS 431.416 (2) (a) (Includes Communicable Disease, Tuberculosis case management, Tobacco Prevention and Education Program as well as Healthy Communities and other chronic disease efforts)

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.

The Communicable Disease Program has fully integrated the CD Database 2000 into daily disease reporting activities. In the coming year data reporting and collection will be transitioned into a state-developed reporting program called ORPHEUS. 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 will local Infection Control Practitioners and continue to improve and enhance

communication with local providers and partnering agencies. Outreach has included working with youth in the county detention center regarding bloodborne pathogens, 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.

Yamhill County Public Health Tobacco Prevention and Education Program (TPEP) continues to impact the reduction of tobacco related illness and death. TPEP four goals are: 1) eliminate exposure to second hand smoke, 2) prevent youth from initiating tobacco use, 3) identify and eliminate tobacco related disparities in all populations and 4) help smokers quit. TPEP has implemented the Oregon Indoor Clean Air Act which designated all workers, customers and visitors be protected from breathing secondhand smoke. Yamhill County TPEP monitors WEMS (data base) for businesses complaints/violations then follows through on mandatory paperwork and in-person compliance checks of businesses. Yamhill County has had minimal business complaints of the Oregon Indoor Clean Air Act. Yamhill County TPEP Coordinator provides presentations to schools, juvenile detention facility and minor in possession of tobacco to provide tobacco prevention education to delay the onset of initiation of tobacco use. Yamhill County TPEP Coordinator is working with special populations to provide resources for tobacco prevention and education. Yamhill County TPEP Coordinator is working with Yamhill County Health and Human Services, worksites, health care facilities, and assisted living facilities to provide extensive training and education on the Oregon Tobacco Quit Line.

* Workplans for the Tobacco Prevention and Education Program, Healthy Communities and the Community Action Plan have been submitted to the Oregon Health Division's Health Promotion and Chronic Disease Prevention Program

<u>Yamhill County Public Health CD/STD Plan</u>		
Time Period: FY 2009-2010		
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. Continue to maintain an effective quality assurance system for communicable disease clinic services.	1. Ensure a competent public health workforce serving clients in the YCPH clinic. 2. Conduct periodic chart reviews of clients receiving STD services.	1. Two of three staff will attend Oregon Epidemiologist's Conference Spring 2009. 2. 10% of STD clients will have chart reviews.

	3. Participate in integration efforts related to the state developed reporting database, ORPHEUS.	3. ORPHEUS database will be integrated according to state timelines for database project.
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.	1. Ensure current and timely information regarding STD protection, detection, and public health services are accessible on the public health website. 2. Conduct annual review of printed materials in coordination with local Health Educators.	1. By December 2009 the PH website manager will review the website and links for timely and current information. 2. By July 30, 2009 all printed materials provided to clients in the clinic will be reviewed and approved by the clinic review team.
C. Maintain current resources and references for STD case management services.	1. Ensure that STD standing orders are reviewed annually and signed by H.O. 2. Library materials for STD and CD data are organized and maintained.	1. By July 1, 2009 the STD standing orders will be reviewed and signed. 2. A system for filing reference material will be developed and implemented to organize STD and CD materials in a designated library area.
D. Enhance outreach and prevention activities regarding sexually transmitted diseases.	1. Vaccination against Hepatitis A and B via Twinrix administration will be discussed with 100% of STD clients. 2. Condoms will be offered to 100% of STD clients.	By January 2010 the STD exam record forms will be updated and reviewed, to include vaccination assessment section and other changes.

Yamhill County Public Health HIV Plan		
Time Period: FY 2009-2010		Year 3
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 promote HIV testing and prevention.	1. Work with MCH Nurses participating in Maternal Case Management to share outreach information with referring providers. 2. Continue to contract with Washington County to assist with Latino MSM outreach activities.	1. All MCH nurses will ensure integration of HIV information into Maternity Case Management materials. 2. HIV Outreach Coordinator to continue to improve CTRS activities in high-risk populations.

	3. Continue to conduct HIV testing in Juvenile Detention as part of overall HIV/STD prevention strategy.	
Evaluate the benefits of implementing Rapid HIV testing methods at YCPH.	Health Officer and Nursing Supervisor to continue to review and enhance alternate HIV testing methods (i.e. Rapid HIV testing).	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. Parent and Child Health services, including Family Planning clinics as described in ORS 435.205

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 (PAT) 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. A George Fox social work student is helping to organize the PAT activities as well as assist w/home visit preparation. Healthy Start received 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 yearly site visit in Fall 2008 and was assessed overall to have a strong program with highly skilled staff.

This year a post partum prevention project was added to the public health maternal and child health programs. It is a collaboration between the Behavioral Care Network and Yamhill County Healthy Start.

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.

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.

The family planning clinic opened in July 2008. Since opening out FPEP enrollments have been lower than anticipated when the program first started in July 2008. Our objectives are to increase out FPEP enrollments by 15% for the period ending June 30, 2009. In order to increase our enrollments we plan to promote the program throughout the community and find ways to breakdown barriers for our patients in order to enroll them in the program. Our planed activities to achieve our goals include:

- flyers and brochures posted in community businesses
- door hangers on all multi-dwelling complexes in the county by the end of the Summer
- RN and NP to speak with high school students in school classrooms and small groups.
- Increasing access by creating a weekly evening clinic in Sheridan starting May 6th, 2009
- Have a banner hanging on the outside of the health department promoting the family planning program
- Providing in-services to community partners about our services
- Partnering with community providers to hang posters with out service information

In order to evaluate our progress we have created a survey that is given to new patients asking them to identify where they heard about us and what barriers they have to coming to the clinic. We plan to monitor the number of enrollments quarterly at both the McMinnville clinic and the new Sheridan clinic.

We are only able to insert IUD's one day a week due to only having one practitioner trained to do them. This creates longer wait times for clients to have an IUD inserted. Our objective is to have another Nurse Practitioner trained to insert IUD's. This will allow us to offer IUD inserts two days a week instead of one. To reach this goal we plan to have the trained practitioner train the other in both Paragard and Mirena inserts. We plan to complete this by July 31st, 2009.

Yamhill County Public Health Maternal Child Health Plan

Time Period: FY 2009-2010

Year 3

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

Objectives	Activities	Measures
A. Continue to enhance outreach and education activities regarding maternal child health services and evaluate progress.	Continue to 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, RAPP meetings, the Healthy Start Advisory Committee, Head Start, the Early Intervention group, the "Safety Net" home visitors with Child Welfare, and others.	Maternal Child Health nurses will serve as designated representatives to organized meeting groups and will be responsible for sharing information with groups and reporting information back to public health.
B. Maintain an effective quality assurance system for maternal child health services.	<ol style="list-style-type: none"> 1. Perform analysis on current and common risk factors associated with premature births. 2. Perform regularly scheduled chart reviews for maternal child health services. 	<ol style="list-style-type: none"> 1. Participate in ORCHIDS reporting system with Oregon PHD and review generated reports specific to risk factors associated with premature births. 2. Chart reviews will be conducted on 10% of clients served in maternal child health programs with focus on pre-determined program requirements.
C. Ensure a competent public health workforce providing home visiting services to maternal child health clients.	All maternal child health nurses will be cross-trained to provide various MCH related services (i.e. maternity case management, chemical dependency)	On-going trainings and in-services will be attended or scheduled according to nurse needs and competencies.
D. Decrease the percent of babies born with exposure to prenatal tobacco, alcohol and other drugs use.	<ol style="list-style-type: none"> 1. MCH staff will evaluate results of education effort focused on the short and long-term effects of prenatal exposure to ATOD as part of integrated MCH curriculum. 2. MCH nurses will continue to regularly assess birth certificate data on prenatal exposure to ATOD on an ongoing basis. 	By June 30, 2010 there will be a measurable reduction in babies born with exposure to prenatal tobacco, alcohol and other drug use from 13% to 10%.
E. Increase screening rate by increasing community outreach and continuing to provide dedicated staff	Promote Healthy Start services to agencies and community organizations.	By June 2010, materials and information will be shared with at least ten partner agencies.

time for screening.		
F. Increase parent representation on the Healthy Start advisory committee (Early Childhood Coordinating Council) by participating in regular annual or bi-annual focus groups.		By June 2010, parent input will be collected through a focus group.
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.
G. Increase the FPEP enrollments by 15% for the period ending June 30, 2009.	<ul style="list-style-type: none"> • flyers and brochures posted in community businesses • door hangers on all multi-dwelling complexes in the county by the end of the Summer • RN and NP to speak with high school students in school classrooms and small groups. • Increasing access by creating a weekly evening clinic in Sheridan starting May 6th, 2009 • Have a banner hanging on the outside of the health department promoting the family planning program • Providing in-services to community partners about our services • Partnering with 	<p>Continue to provide patient survey to new patients asking them to identify where they heard about our clinic and what barriers they have to coming to the clinic.</p> <p>Monitor the number of enrollments quarterly at both the McMinnville clinic and the new Sheridan clinic.</p>

	community providers to hang posters with out service information	
H. To have both Family Planning Nurse Practitioners trained to insert IUD's	The trained practitioner will train the other in both Paragard and Mirena inserts.	The training will be complete by July 31 st , 2009. The nurse practitioner will be inserting both IUD's by that time.

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. While this past year did not include any local foodborne outbreaks, staff investigated cases related to nation outbreaks of Salmonella and E-coli.

Through an FDA grant, YCPH was able to purchase a kiosk to place in our lobby in which community members can take the food handler licensure test. The test is administered in English and Spanish during business hours. A computer will soon be set up in which folks can access the state's on-line test. The benefit of this is for community members who do not have access to the internet or credit cards.

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.

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 persons with a "direct and

Time Period: FY 2009-2010		Year 3
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.	1. Ensure state contract is fulfilled 2. Try to obtain outside funding to assist in well head protection of very small systems 3 connections or less to assist the community in guaranteeing	1. Assure that 95% of all required samples are taken for all systems. 2. Assure that all alerts are addressed with-in 24 hours of notification 3. Assure that all SNC are addressed and resolved
Foodhandler Training	Utilize incentives to increase Certified Food Manager class attendance to at least 60 people per year.	Quarterly CFM classes each attended by at least 15 people.
Licensed Facilities Inspections.	Institute risk-based inspection protocol, with routine menu consultation consultations incorporated for appropriate high risk facilities.	Criteria established for high-risk facilities and inspection protocol developed.

tangible interest" in the records (OAR 333-011-0096) within a 24 hour time period. Current identification with photos are required along with a signature is required prior to receiving a certificate. Persons born outside of the state of Oregon are given information to help them request records from other jurisdictions and states. The County Registrar sends notices of death to the County Clerk for the purpose of removing deceased person from voter registration lists ORS 247.570

All Yamhill County vital records are now entered on-line in the State Office of Vital Statistics database OVERS, EDRS Electric Death record system and EBRs Electric Birth record system. All authorized users of this new system, the County Registrar and the Deputy Registrars are now required to be fingerprinted, their identification cleared and to have their signatures on file at the State Office for Vital Statistics. This also includes the county clients who are funeral homes, hospitals, the two Medical Examiners, physicians who sign death certificates, and the two hospital's birthing staff. At this time we have three Deputy Registrars whose primary responsibility is to generate certificates for qualified individuals. Any requested reports regarding vital statistics are now generated by the State Office of Vital Statistics. The current county vital records database we used prior to OVERS was strictly a billing program and is still being used for this purpose.

The Health Officer is in communication with the two Medical Examiners (ME) regarding unattended death reporting and unusual events, (The ME State Office and the State Office for Vital Statistics oversees the County ME's vital records responsibilities) including their vital records responsibilities. Monthly a ME call schedule is mailed or faxed to various agencies including hospitals, funeral homes, and law enforcement

Personal health data is vigorously protected from unauthorized disclosure, in compliance with ORS 432.035; OAR 333-011-0101(6) and 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.

In the past year, YCPH had the privilege of participating in the Tobacco-Related and Other Chronic Disease Program which included completing of a Community Assessment in fall of 2008. The assessment included collecting both primary and secondary data from a wide range of agencies. The assessment was a time-consuming effort but has been met with much interest from partner agencies who would like access to the data. In the coming year YCPH will edit the assessment to be user-friendly and make it available on the web. The assessment has been used to guide community planning activities, grant-writing and decision-making activities.

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. In the coming year efforts will be done to better identify and compile local data into one location for more efficient analysis and access.

Time Period: FY 2009-2010		Year 3
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.		
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 2010, documentation that 100% of certificates are processed accurately.
Increase access to local data.	Assess the types of data gathered by other local partnering agencies.	By June 2010, develop a list of available local data.
Build capacity for analyzing data.	YCPH staff to determine a means of gathering useful data into one location.	By June 2010, key staff will learn methods of conducting basic analysis of data and the data will be easily accessible.
Improve the utilization and sharing of data generated by	To continue to improve effectiveness of local data management systems in	By June 2010, local policy makers and health officials

local programs in response to public/partner inquiries.	providing data for local public health officials and county administrators as well as for state public health program requirements.	will receive accurate information on the health status of the community.
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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. This past year Public Health has worked with the Commission on Children and Families to implement a 211 information line. The information line is a warm-line to provide contact information to the public looking for specific resources or referrals. The 211 line went live on June 1st and will be continuously updated and evaluated during the coming year.

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. This resource has been underutilized for non-emergency use.

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.

Time Period: FY 2009-2010		Year 3
Goal: 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 delivered through efficient channels and key messages reach target audience.	1. Continue to improve, update and simplify the public health website; add essential Spanish language materials and translation as much as possible. 2. Utilize results of	Periodic staff review of the website, for currency and accuracy; include website in program surveys that inquire about information received. By June 2010, development of public information strategies based

	community health assessments to drive public information strategies.	on community assessment.
Continue to educate partnering agencies about our services and eligibility requirements.	Outreach to non-traditional partners to educate them about YCPH services.	By June 2010, materials will be shared with new partners in the community.
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 2010, routinely track utilization of Information Line during significant events and routine time periods.

F. Public Health Emergency Preparedness

Current Condition:

Public Health Emergency Preparedness(PHEP) staff faced a decrease in time for the past year, but picked up a new program. Starting in September, YCPH join the Cities Readiness Initiative (CRI) as part of the Portland-Metro area. Focus of the CRI program was to improve planning efforts to be able to dispense medication to everyone within Yamhill County in 48 hours of an event. This included updating the Strategic National Stockpile plan and related procedures, collaborating with other CRI counties, and conducting drills. A large multi-agency mass vaccination exercise was planned for May 1, 2009 when it had to be cancelled at the last minute due to limited resources in response to H1N1. While PHEP involvement in outbreaks was limited in the past year we did get involved in the winter storms and was heavily engaged in the H1N1 response. YCPH stood up an agency operations center and implemented ICS during the event, an after action report and improvement plan was generated based on input from staff and partner agencies. While the event turned out to be mild, many partner agencies became more aware of public health plans, the threat of pandemic influenza and the need to continue working on planning and response capabilities.

Improvements continue to be made in communications and outreach. In April, key staff attended a communications orientation to learn about redundant systems. Satellite phone equipment was provided to enhance interoperability and work was begun to collaborate with local Amateur Radio Emergency Services. The past year brought staff changes to key agencies including both hospitals and county Emergency Management. YCPH continues to work collaboratively with regional counties, health systems, schools, first responders, social services, the tribe and other partners.

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

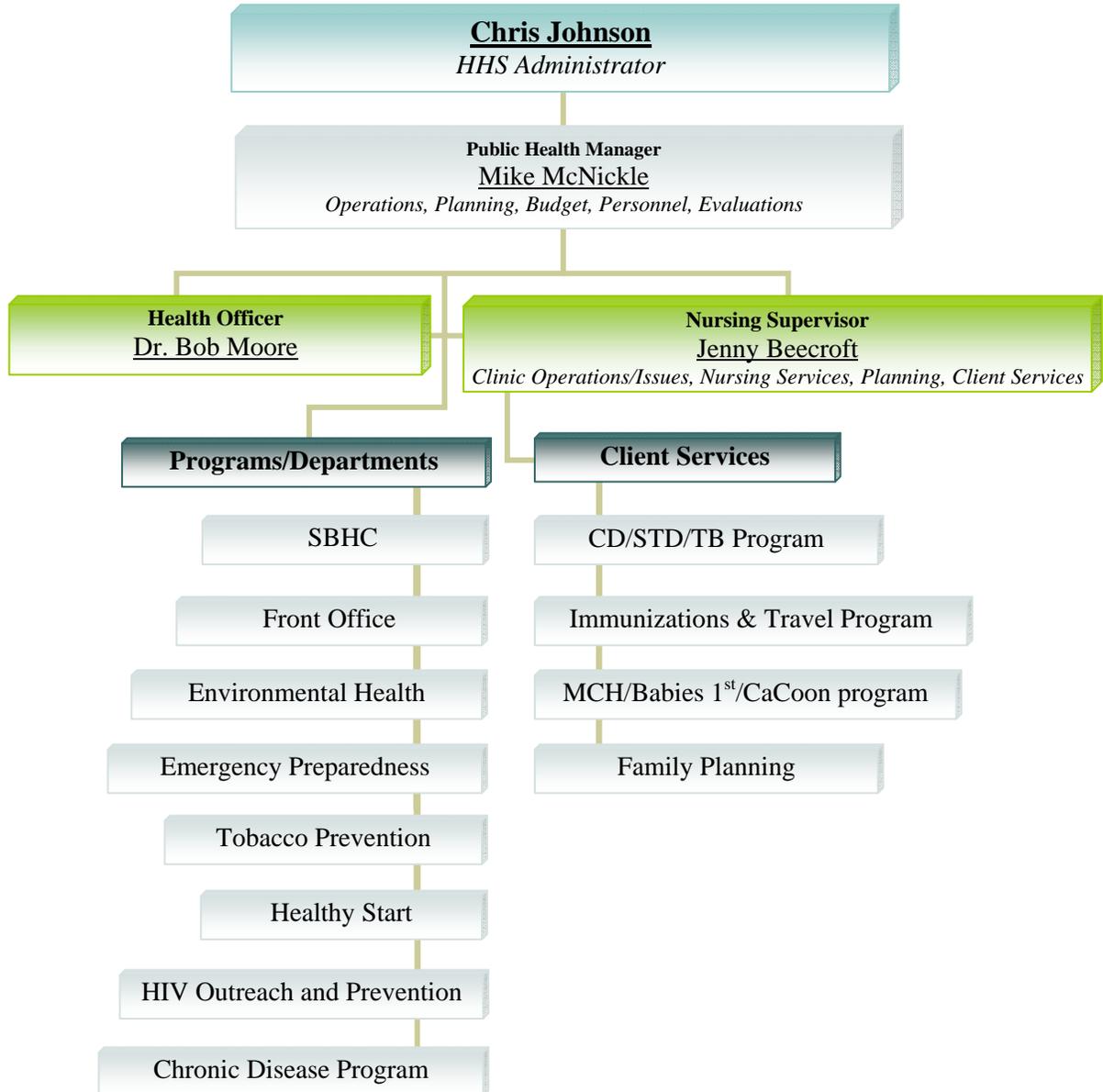
The coming year brings an AmeriCorp Vista volunteer to work on the Medical Reserve Corp program. This will further enhance the capability of YCPH to respond to health-threats by

increasing surge capacity. This next year will see refining of the training plan and a more focused effort on an exercise program.

Yamhill County Public Health Emergency Preparedness Plan		
Time Period: FY 2009-2010		Year 3
Goal: Improve the ability of Public Health to respond to local and state emergencies.		
Objectives	Activities	Measures
Continue to improve emergency preparedness partnerships and agreements with public safety, health care providers, tribes, schools, emergency response, other counties and agencies.	<ol style="list-style-type: none"> 1. Engage school districts, community organizations and partners in pandemic flu planning to adopt MOUs for shared resources. 2. Conduct assessments and update plans specific to each site. 	By June 2010, evidence of signed MOUs with other entities and inclusion of the roles of other entities into YCPH plans and policies.
Continue to improve skills and competency of YCPH staff to respond to an emergency.	<ol style="list-style-type: none"> 1. Revise training plan. 2. Schedule training opportunities. 3. Increase utilization of the training tracking database. 	By June 2010, 95% of staff training related to PHEP will be properly tracked.
Continue to develop and maintain appropriate emergency plans, policies and procedures and exercise existing plans.	<ol style="list-style-type: none"> 1. Revise plans and policies older than three years, ensure current plans reflect changes to county EOP and existing Public Health authority. 2. Update Exercise Program Plan. 	By June 2010, adoption and/or revision of emergency plans, 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.	By June 2010, Evidence of MRC procedure adoption and inclusion in existing YCPH policies.

IV. ADDITIONAL PLANNING REQUIREMENTS

A. Organizational Chart



Use this section to briefly describe the Board of Health. For example: are there formal meetings of a Board of Health that are described as such for public notice? Does the Health Administrator report to the BOH? How often does the BOH meet?

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.

B. Description of BOH and Advisory Boards

Board of Health (BOH) - The Yamhill County Board of Health is an advisory group comprised of seven local resident members: one elected official (County Commissioner), a registered nurse, a veterinarian, an ESD representative, a dentist, a health care administrator and a physician. The Board meets twice a year and reviews policies, fees and other critical policy issues for Public health.

Community Health Advisory Council (CHAC)- The CHAC is an advisory group composed primarily of leaders selected from segments of the community who share a desire to reduce the burden of chronic disease; specifically around nutrition, physical activity and tobacco use. The role of the CHAC is to promote and advocate for policy and system change in our community, schools, worksites and health systems. The three-year Community Action Plan will be overseen by the CHAC, including revising planning efforts and implementation through appropriate taskforces. The group will act collectively in providing guidance and leadership to YCPH on the prevention, early detection and management of chronic disease. The CHAC is a committee under the guidance of the Board of Health.

School Based Health Committee- The Willamina School Based Health Center Advisory Council provides guidance, support, and recommendations in the provision of health care at Willamina School Based Health Center and helps facilitate good communications about the clinic services in the community.

Family Planning Information and Education Advisory Board (YRAPP)- To assist family planning programs by reviewing the agency's educational materials and by participating in the program to be sure it offers appropriate and effective client materials with broad community appeal.

Early Childhood Coordinating Council- The role of the advisory committee is just that (advisory). They stay informed about Healthy Start issues and reports, they review and give feedback on programmatic subjects such as the cultural competency review and other program evaluations and plans.

- Healthy Start
- Early Intervention
- YCCF

C. 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 (CCF), and in this governance role, the needed coordination is achieved between Public Health and the Commission.

The annual plan is shared with CCF staff, who in turn share their comprehensive plan. YCPH and CCF have collaborated heavily in planning efforts related to Healthy Communities in the past year. This includes CCF attendance at two of the TROCD Training Institutes. CCF provides funding for the Healthy Start Program which is operated by YCPH, and regular coordination occurs to ensure an effective program.

V. UNMET NEEDS IN YAMHILL COUNTY: 2009-2010

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 throughout the county, especially for low-income persons.
2. Prescription medication assistance for all ages
3. Continue efforts to support community programs that focus on reduction of STD and teen pregnancy.
4. Systematic attention to prevention of teen pregnancy in Yamhill County, by community-based agencies and leaders
5. More community mobilization against child abuse and domestic violence
6. Funded programs to address prevention and self-management of chronic diseases.
7. Increase available low income housing
8. More rural transportation and door-to-door accessible transport for seniors and persons with special needs; vehicles that accommodate child safety seats
9. Funded health promotera program to serve Latino population
10. Still more bilingual and bicultural staff in HHS offices, though much improvement has been noted
11. Oregon Health Plan coverage issues
12. Increase awareness and efforts for prevention and treatment of substance abuse
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.
15. Increase communication about services.
16. Coordination of services including information and referral among agencies.
17. While many services are available a gap is marketing or awareness of services.

18. Community health center located near a school or mobile unit to provide screening & preventative services.
19. Overcome stigma or initial fear of utilizing services (YCAP).

VI. APPROVED PUBLIC HEALTH BUDGET FOR FISCAL YEAR 09-10

To obtain a copy of the YCPH budget, contact Mike McNickle, YCPH Manager 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.
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. N/A WIC
 - b. Yes No ___ Family Planning
 - c. Yes No ___ Parent and Child Health
 - d. N/A Older Adult Health
 - e. N/A 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: Chris D. Johnson, ACSW

Does the Administrator have a Bachelor degree? Yes (MSW) No

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

Has the Administrator taken a graduate level course in biostatistics? Yes ___ No X
But Social Science statistics = Yes)

Has the Administrator taken a graduate level course in epidemiology? Yes ___ No X
(did attend U of W summer course)

Has the Administrator taken a graduate level course in environmental health? Yes ___ No X
did attend U of W summer course)

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

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

a. Yes X 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 X 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 X 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.

VIII. 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 2009-2010**

July 2009-June 2010

Objectives	Methods / Tasks	Outcome Measure(s)	Results	Progress Notes
<p>A. To increase the DTaP 4th dose rate by an additional 5% (from 70% to 75%) by 6/30/10.</p>	<ul style="list-style-type: none"> ○ Reinforce specific DtaP recall system/strategy developed in prior years. ○ Further promote implemented scheduling procedures that promotes each client to schedule the next appointment before leaving the clinic. ○ Continue reminder calls for appointments and evaluate system for call back for no-show appointments and incorporate in the process. ○ Continue increasing immunization back-up strategies by maintaining a public health nursing workforce at Yamhill County Public Health with a goal of at least 2 trained back-up vaccinating nurses. 	<ul style="list-style-type: none"> ● Achieve a DtaP 4 increase of at least an additional 5% to at least 75% by June 2010, measured by the 2010 AFIX assessment 	<p>To be completed for the FY 2010 Report</p>	<p>To be completed for the FY 2010 Report</p>
<p>Yamhill County Public Health</p>		<p>6/24/2009</p>	<p>P</p>	

July 2009-June 2010

Objectives	Methods / Tasks	Outcome Measure(s)	Results	Progress Notes
<p>B. To increase number of 24 month olds who are totally up to date by an additional 5% (from 64% to 69%) by June 2010.</p>	<ul style="list-style-type: none"> ○ Utilize IRIS Forecaster 100% of the time. ○ Assess and continue effective strategies from prior year; schedule outreach to private providers ○ 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 ○ Assess cross-training efforts and address additional staff training needs to ensure coverage for immunization program. 	<ul style="list-style-type: none"> ● Achieve additional 5% increase in UTD rate to at least 69% in public health and delegate clinics, in 24 month olds, by June 2010, as measured by the 2010 AFIX assessment. 	<p>To be completed for the FY 2010 Report</p>	<p>To be completed for the FY 2010 Report</p>

July 2009-June 2010

Objectives	Methods / Tasks	Outcome Measure(s)	Results	Progress Notes
C. Reduce missed shot rate by 2 percentage points from 17% to 15% or less.	<ul style="list-style-type: none">○ Assess and continue effective strategies from prior year.○ Continue to assure use of forecaster and data entry to ensure complete data are available regarding vaccinations due.○ Continue procedures to provide all age appropriate vaccinations that are due at the time of the vaccination appointment.○ Begin quarterly review of reports to identify problems or successes in vaccination strategies.	<ul style="list-style-type: none">● Missed shot rates reduced by 2 percentage points from previous year or are less than 15%, as measured by the 2010 AFIX assessment.	To be completed for the FY 2010 Report	To be completed for the FY 2010 Report

IX. 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.

Local Public Health Authority

County

Date